

Nepal Earthquake: Emergency Shelter and NFIs to Affected Households funded by Department of Foreign Affairs and Trade, End-Line Assessment 2016



INTERNATIONAL INSTITUTE OF INDEPENDENT
RESEARCHERS (3iR) PVT. LTD.

25th July 2016

**Nepal Earthquake: Emergency Shelter and NFIs to Affected
Households funded by Department of Foreign Affairs and
Trade, End-line Assessment**

ENDLINE ASSESSMENT REPORT

**Submitted to
CARE Nepal
Dhobighat, Lalitpur**

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25th July 2016

Table of Contents

Table of Contents	3
List of Figure	5
List of Tables	6
Acknowledgement	7
Acronyms	8
Team Members	8
Executive Summary	9
Chapter I: Introduction	13
1.1 Background of the study.....	13
1.2 Emergence of the study	13
1.3 Description of Relief Distribution materials.....	14
1.4 Objective of the Study	15
1.5 Scope of the Study	16
1.6 Brief Description of the Study VDCs	16
1.6.1Sindhupalchowk.....	16
Chapter II: Study Methodology	19
1.1 Study Methodology.....	19
2.2 End-line assessment Study Design.....	19
2.3 Key Indicators of End-line Assessment Study	20
2.4 Sample Size and Sampling Strategy	21
2.5Data Collection.....	22
2.6 Data Analysis.....	23
2.7 Study Limitations	23
Chapter III: Major Findings and Presentation of data	24
3.1. Demographic and Household information of the Respondents.....	24
3.1.1 Respondent’s Profile	24
3.1.2. Receiving of various materials	26
3.2 Shelter	27
3.2.1 Winterization Voucher	27
3.2.2 Household NFI Kit.....	31
3.3 Water, Sanitation and Hygiene (WASH)	34

3.3.1 Water Distribution System.....	35
3.3.2 Hygiene Kit	39
3.3.3. Temporary Sanitation Facility	41
3.3.4 Hygiene Promotion Information	43
3.4 Gender Based Violence (GBV).....	45
Chapter IV Summary Conclusion	46
4.1 Summary Conclusion.....	46
Annex Tables.....	48
Annex Field Photo	61

List of Figure

Figure 1: Epicenter of 2015 earthquake	13
Figure 2: End line Assessment Study Area	16
Figure 3: Linear results chain model	19
Figure 4: Gender of the respondents.....	24
Figure 5: Ethnic composition of the respondents.....	24
Figure 6: Education Level of the Respondents.....	25
Figure 7: Beneficiaries receiving Various Materials.....	26
Figure 8: Adequacy on quantity of winterization voucher	27
Figure 9:Quality of items from Winterization Voucher	27
Figure 10:Quality of winterization items by gender	28
Figure 11: Female needs met by winterization items.....	28
Figure 12: Helpfulness of the winterization items.....	29
Figure 13: Helpfulness of winterization items based on gender	29
Figure 14: Easiness of receiving winterization items.....	30
Figure 15: Adequacy of quantity of HHNFI kit	31
Figure 16: Quality of Household NFI Kit.....	32
Figure 17: Quality of HHNFI Kit by Gender responses	32
Figure 18:Meeting of female needs by the HHNFI Kit	33
Figure 19: Easiness of receiving HHNFI items by gender responses.....	33
Figure 20:Facilities accessed due to water distribution system	35
Figure 21: Quality of water from the distribution system	35
Figure 22: Quality of water from the distribution system by gender responses.....	36
Figure 23: Adequacy of water from the distribution system.....	36
Figure 24:Adequacy of water from the distribution system by gender response.....	36
Figure 25:Helpfulness of water distribution system for females.....	37
Figure 26:Help of water distribution system in increasing hygiene practices.....	37
Figure 27: Adequacy of quantity of Hygiene Kit	39
Figure 28: Specific needs of female met by Hygiene Kit.....	39
Figure 29: Helpfulness of hygiene kit.....	40
Figure 30: Adequacy of temporary sanitation materials	41
Figure 31: Quality of temporary sanitation facility.....	42
Figure 32: Meeting of Female needs by Temporary Sanitation facility.....	42
Figure 33: Hygiene Promotion Issues familiar to the respondents	44
Figure 34: Utilization of Hygiene Promotion Information	44
Figure 35: Knowledge about various GBV issues.....	45
Figure 36: Helpfulness of GBV/VAW.....	45

List of Tables

Table 1: Detail Description about relief materials	14
Table 2: Outcome, Output and Indicators Table	20
Table 3: Detail sampling technique.....	22
Table 4: Collected Samples from the study area	22
Table 5: Family composition of the respondents	25
Table 6: Females satisfied with adequate quantity of Voucher	27
Table 7: Quality of winterization items by female.....	28
Table 8: Specific needs of Female met	29
Table 9: Helpfulness of winterization items responded by females.....	29
Table 10: Adequate quantity of HHNFI by females	32
Table 11: Female respondents on the quality of water.....	35
Table 12: Female respondents on the quality of Hygiene kit	39
Table 13: Immediate needs of female met by hygiene kit	40
Table 14: Need of female met by Temporary sanitation facility by female responses	42
Table 15: Utilization of hygiene promotion information by females	44

Acknowledgement

We would like to thank CARE Nepal for conferring us with the responsibility of conducting this End-line survey. Though the assignment was commissioned amidst the uncertainties of monsoon period, all the preparatory and field works went smoothly as planned. Sincere efforts of all the team members, 3iR staffs, CARE Nepal team and implementing partner staffs have made timely completion of the assignment possible.

Our sincere thanks to all the CARE Nepal Field Staff for their valuable support in the field survey, without this support, field works could not have been completed smoothly and finished in the given time.

Finally, we would like to express our gratitude to the communities and the respondents who provided the necessary information for the survey and sparing us their valuable time.

3iR Pvt. Ltd.

Acronyms

3iR	:	International Institute of Independent Researchers
CGI	:	Corrugated Galvanized Iron
DFATD	:	Department of Foreign Affairs and Trade
FSL	:	Food, Security and Livelihood
GBV	:	Gender Based Violence
HH	:	Households
NFI	:	Non Food Items
VDC	:	Village Development Committee
WASH	:	Water , Sanitation and Hygiene
VAW	:	Violence Against Women

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Executive Summary

1. CARE Nepal had implemented relief distribution post the earthquake of 25th April 2015, in four districts of Nepal that were severely affected by the earthquake. Under one of such recovery program DFATD's "**Nepal Earthquake: Emergency Shelter and NFIs to Affected Households**" began immediately after the earthquake. The earthquakes damaged people's households, existing drinking water supply systems in communities, sanitation facilities, thus hampering people's sanitation standards and exposing them to heavy rainfall. CARE Nepal's DFATD funded project sought to meet the immediate needs of earthquake affected people through the distribution of emergency shelter materials, household NFIs, materials for the construction of household latrines, and hygiene kits. Adding further the DFATD also distributed winter items to help the affected people to face the winter season. As commissioned by CARE Nepal, International Institute of Independent Researchers (3iR) Pvt. Ltd has conducted the End-line survey focused on the DFATD response project in Sindupalchowk Distirct.
2. The major objective of the study was to analyze the outcome and output of the recovery project focused on the project logframe which particularly emphasis on the distribution of winterization items/voucher, household kit, water distribution system, toilet construction, hygiene kit, hygiene promotion and GBV promotion information.

Methodology

3. Given the fact that it was an emergency response action project, where the setting specific objectives and targets were difficult and so were the parameters for monitoring the activities of the program. Adding further the lack of baseline study further disrupts the analysis of the outcome and output. Thus, 3iR conducted a Descriptive study design for the survey and provide the situational analysis of the beneficiaries while comparing the results with the project target goals on various indicators.

The study is primarily based on **quantitative measurement** (household interviews) along with qualitative methods (KII and FGD) for evaluation of the project's activities.

4. The sampling techniques used include **Multistage Sampling** where in the first phase the VDC were purposively selected by CARE Nepal as the intervened VDC for the DFATD project. As the sample size was 140 samples (10% of the total 1400 household beneficiaries), 40% was allocated to Banskharka and 60% to Lagarche in the second stage of the sampling. This **proportional sampling** was divided based upon the total number of beneficiaries in each VDC, where Lagarche had more number of beneficiaries than Banskharka. Then the wards were purposively selected three for Basnkharka (Ward 1,3,7) and two for Lagarche (1,3) based upon the distribution of materials in each VDC. As the focus of distribution items in the two VDCs were different. After the selection of wards the respondents were also selected randomly based on the beneficiary list provided by CARE Nepal. Finally the household respondents were selected based upon the availability during the field visit with criteria that the respondents must be 18 years and above.

Respondent Information

5. One of the major indicators of this study was to find the accessibility and benefit of female population from the distributed materials in the study area. Thus with a total of 154 respondents, 50% of the respondents were observed to be females. Ethnically majority of the respondents were observed to be from Tamang community, which is also the major ethnic group in Sindupalchowk district.

Shelter

6. Shelter items were sub-divided into Winterization Voucher and Household NFI Kit. The focus area for the distribution of shelter item was only in Lagarche VDC.

Winterization Voucher

7. A total of 66 respondents were reported to have received the winterization voucher in the VDC. Out of which 70% were observed to be satisfied with the quantity adequacy from the items. From the 66 respondents 40 were females and 72.5% of female were happy with the quantity of the items they could receive with the winterization voucher.
8. In the case of quality of the items 80.3% reported it to be of good quality, and only a negligible 1.5% reported the quality to be poor. Here and in rest of the analysis it must be understood that for quality the scale was mentioned as poor, fair, good and very good, where the later three were considered as positive responses.
9. The meeting of female needs from the distributed items was a major indicator to assess the success of the project. Thus for the winterization voucher, 92% of the respondents said that the needs of female in their households were satisfied by the items. Out of the 40 female respondents 97.5% reported to have said that their specific needs were met.
10. Similarly, upon asking how helpful was the items to cope with winter, 55% reported it to be quite helpful, 39% and 6% said it to be very helpful and somewhat helpful respectively. As in the case of quality the helpfulness was measured as not helpful at all and not very helpful (negative responses) to somewhat helpful, quite helpful and very helpful (positive responses) across all of the other sectors.

Household NFI Kit

11. A total of 95 respondents reported to have received Household NFI kit, 94 from Lagarche and one respondent from Banskharka. The household NFI Kit had two sub items namely Kitchen Utensils and Blanket plus mattress which were distributed under DFATD project in the VDCs.
12. The beneficiaries of the household NFI kit were observed to be very satisfied with the adequate quantity of the items as reported by 97% of the respondents. Furthermore out of the 50 female respondents who had received the items, 98% said that the items quantity had fulfilled their needs.
13. 68.4% of the respondents reported that the quality of the household NFI kit was good, 25% reported fair and 5.3% reported it be of very good quality. The main reason for the household NFI Kit to be of poor quality was observed due to the kitchen utensils not being compatible with the cooking style of the local people.
14. Accordingly, nearly 98% of the respondents reported that the household NFI kit was able to meet the needs of the female in the household. This shows the relevancy of the items towards the female population in the study area.

15. As the household NFI Kit was distributed in the distribution centers near to the VDC, it was reported that 53% found it to be somewhat easy and 39% reported it to be quite easy. Among the 6% who said that it was not very easy, most of them said that it was due to the distance from their home to the distribution centers and they fact that they had to carry all the distributed items back to their home which was hard as well.

WASH

16. Under WASH four sections was developed by DFATD, which included water distribution system and temporary sanitation facility (implemented in Banskharka only), Hygiene Kit and Hygiene Promotion Information (Implemented in both VDCs)

Water Distribution System

17. This facility was implemented in Banskharka only, where 52 respondents reported to have received the facility in their community.
18. Out of all the responses counted (not the respondents), 73.1% reported that the system has helped them in easy access to clean drinking water, 53.8% reported that they did not have to travel far for water which saved them time and decreased their workload.
19. Similarly, the respondents were also observed to be content with the quality of water from the distribution system. As majority of the responses was good (56%), Fair (32%) and very good (8%) but 4% reported the quality to be poor.
20. On the subject of the adequate quantity of water for use the respondents were also positive with the adequacy. Almost 96% (Adding responses of quite adequate, very adequate and somewhat adequate) reported that the quantity of water from the distribution system was adequate to fulfill their household needs.

Hygiene Kit

21. Another major component of WASH sector is the distribution of Hygiene Kit. This kit comprised of various items such as hand washing soaps, sanitary pads, laundry soaps, water container, ORS, hygiene bags etc. It was observed that all the 154 respondents were the beneficiary of the Hygiene Kit.
22. 98.7% of the respondents reported that the quantity of the hygiene kit was adequate to fulfill their household needs. Similarly, 97.4% of the female respondents were satisfied with the quantity of the hygiene kit.
23. The quality of Hygiene Kit was also observed to be of good (77.3%) and fair (14.3%). Quality determines the usefulness in usage of the item; hygiene kit had essential items necessary for keeping oneself clean.
24. 97.4% of the respondent reported that the kit met the immediate need of the female members of their family. This indicates that the relief items were focused on vulnerable groups of the community as well as catered to their specific needs. Similarly, 69% of the respondents reported that the hygiene kit has helped them in improving their hygiene practice and 27.9% said it has somewhat helped them.

Temporary Sanitation Facility

25. One of DFATD project's main objectives was to provide temporary and then permanent toilet facility to the affected people. The temporary sanitation facility was only provided in Banskharka VDC where 55 respondents reported that they had received the facility.

26. 92.7% reported that the quantity was adequate for them to construct the toilets. Among the respondents who reported that it was not adequate, the major reason was the inadequate number of CGI sheets.
27. The quality of the temporary sanitation facility was also observed to be good as reported by 73% of the respondents. Here all the respondents were observed to be content with the quality as the observed responses were only very good, good and fair.
28. 98.2% of the respondent reported that it has met the need of the females. And when asked only to female respondents 100% reported the temporary sanitation facility has met the needs of female in affected area.

Hygiene Promotion Information

29. Out of the total 154 respondents 140 reported to have received hygiene promotion information through various sources. When further asked to the 140 respondents about hygiene promotion information majority of them focused on latrine use followed by food hygiene
30. On utilization of the hygiene promotion information by females only it was observed that out of 70 female respondents 69 (98.6%) utilize them in day to day life.

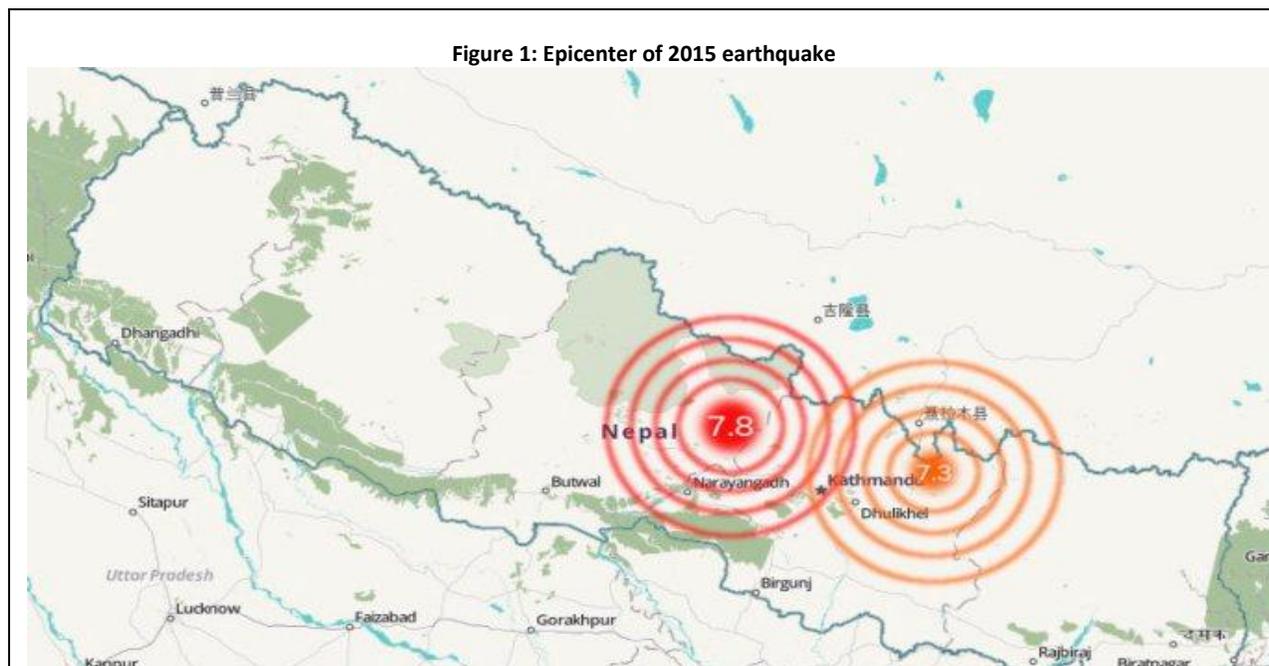
Gender Based Violence (GBV)

31. In times of disaster GBV becomes more prominent as, it is a stressful situation in individual and social level violence can occur from either places. Thus in order to reduce this situation and protection of vulnerable group in the society, CARE Nepal also initiated GBV knowledge information. This information was disseminated through radio, street dramas and pamphlets.
32. When further asked about the helpfulness of GBV/VAW information, the respondents reported that it was quite helpful (58%) and somewhat helpful 34%.

Chapter I: Introduction

1.1 Background of the study

April 25th, 2015, the day Nepal faced its worst fear, a devastating 7.8 magnitude earthquake struck Nepal. According to Nepal Risk Disaster Reduction Portal, the major quake and the subsequent aftershocks resulted in the loss of 8,969 lives with 22,321 people injured and millions displaced, not to forget the damages worth billions of rupees. Another 7.3 magnitude aftershock on 26th April further worsened the situation, Sindhupalchowk being the worst hit district with a death toll of 3557. These disasters were followed by a series of landslides and avalanches in various parts of the country severely damaging villages and infrastructures across many regions impacting countless lives.



1.2 Emergence of the study

Immediately after the disaster CARE Nepal initiated emergency response program in 4 of the 14 most affected districts namely Gorkha, Lamjung, Dhading & Sindhupalchowk. The DFATD response program covered area of Shelter, water supply, sanitation and hygiene. This first phase the recovery program was carried out for nearly three months, where the gaps identified during this phase were primarily to meet the shelter needs of the affected communities prior to monsoon and distribution of CGI and Household NFIs were identified as a priority by the Shelter Cluster and Government

During the second phase, CARE continued to support earthquake affected households that did not receive shelter or WASH support to address their needs in these two sectors. This included providing shelter improvement packages and NFIs to households in Sindhupalchowk that were in

need of shelter support and giving continuity to hygiene promotion and distribution of hygiene materials, water purification solution and provision of temporary latrines. Additionally CARE supported construction of emergency shelters for IDPs. IDPs were also provided with WASH support in the form of materials for the construction of culturally appropriate and gender sensitive latrines (separate for women and men) and hygiene promotion.

This study was conducted in order to measure the satisfaction of the beneficiaries regarding the distributed materials in term of its quantity and quality. Adding further the relevance of the materials towards its use for the female beneficiaries is also measured in the end-line survey. This study only focuses on the DFATD supported recovery activities carried out by CARE Nepal in Sinduplachowk district.

Thus, as solicited by CARE Nepal for conducting End-line assessment for emergency response, International Institute of Independent Researchers (3IR) Pvt. Ltd (Hereafter referred as 3IR Pvt.Ltd) has commissioned the study.

1.3 Description of Relief Distribution materials

As a part of the endline assessment, there were 3 major intervention areas initiated by CARE Nepal for the DFATD project namely Shelter (Winterization and Household NFI Kit), WASH (Toilet Construction, Water System Distribution, Hygiene Promotion) and GBV information. CARE Nepal in coordination with local authorities deployed their relief materials in two phase to help the affected people to cope with monsoon and winter season and improve their access to sanitation infrastructure and practices. CARE Nepal relief camps were set up in the aforementioned districts and affected VDCs with numerous volunteers and M&E/Accountability Officers deployed in those disaster struck places. Detail description of the DFATD relief materials are as follows:

Table 1: Detail Description about relief materials

S.N	Relief Materials (Sectors)	Sub-Division	Descriptions
1.	Shelter	Winterization	A cash voucher worth NRs 8000 was provided to the affected people, where the receiver of the voucher could buy from a set of 26 pre-identified items to help them cope with the winter season. The items could be collected from the local vendors.
		Household NFI Kit	A set of kitchen utensil and Blanket and mattress was included in this kit, where the beneficiaries could collect them from the camps set by CARE Nepal.
2.	WASH	Toilet Construction Materials	Toilet Constructions materials included cement, CGI sheet and certain tools where, a single set was provided to four households who could construct the toilet and use it in initial state. But in

S.N	Relief Materials (Sectors)	Sub-Division	Descriptions
			later state individual household were provided with toilet pans for construction of private toilets
		Water Supply Distribution	Water supply distribution was provided to the community rather than in household level. CARE Nepal identified set of water sources in relevant wards, then provided the pipes and taps for the community for construction of the water distribution system.
		Hygiene Promotion Information	Hygiene promotion information was provided to the existing social groups and its members with focus on 6 key hygiene messages: Latrine Use, Hand washing, Safe Drinking water, Menstrual Hygiene, Food Hygiene and taking sick people to clinic. The information was disseminated using FGDs, street dramas and pamphlets.
3.	Gender Based Violence (GBV)	GBV information	Similar to hygiene promotion, GBV information was disseminated among the social group using FGDs, street dramas and pamphlets. The focus was on sexual abuse, Rape, child marriage and human trafficking.

1.4 Objective of the Study

The overall objective of this survey is to access the result (output & immediate outcome of the project) as an end-line survey of the project including Knowledge, Attitude and Practice (KAP). The specific objectives of the study are to:

- To assess the level/degree of quantitative and qualitative impact of the project against its expected results;
- To evaluate the progress of the project against the target set in project plan;
- To identify and assess key internal and external factors (positive and negative) that have contributed, affected, or impeded the achievements, and how CARE and the partner have managed these factors;
- To assess how the project has impacted upon the protection of the target and affected population and contributed to a reduction of factors of vulnerability;
- To draw key lessons and learning from the project and make recommendations that will help inform CARE's formulation and design of future projects that will benefit the project beneficiaries.

1.5 Scope of the Study

The scope of the study was to establish the information about the relief distribution program carried out in the intensely affected districts post the earthquake focused on the project under DFATD. The two VDCs from Sindupalchowk districts Banskharka and Lagarche were pre-selected and assigned to conduct the survey. The PDM survey was specifically conducted among the beneficiaries of the CARE Nepal distribution programs.

Figure 2: End line Assessment Study Area



1.6 Brief Description of the Study VDCs

1.6.1 Sindhupalchowk

A) Banskharka VDC, Ward 1, 3 and 7: Baskharka is a village located at 12 km north from the nearest market area, Melamchi. The only motor road to village is seasonal, and to drive across is possible only during dry season. Therefore at other times of the year, it takes around 5 hours to reach by foot. The hike to village is moderate in terms of difficulty.

The ethnic composition of the village is proportionate, where people of different caste and religion are living together for decades. Most of the village people are Buddhist. However followers of Hinduism and Christianity were also observed. The people are very friendly and cooperative. People are keen on bringing positive changes and welcome the development activities with proper understanding and cooperation among themselves.

The respondents of Baskharka 1, 3, and 7 are really thankful for the support provided during the hard times by CARE Nepal. Most of the respondents were very happy with the received items of toilet construction materials and hygiene kit which was very useful for them. Most of the respondents really appreciated the distributed goods as they were one of the immediate requirements during the post disaster condition where most of the houses and toilets were destroyed forcing people to defecate in open with unhygienic sanitation practice.

Similarly, the temporary toilets distribution mechanism which was executed by CARE Nepal covered every needy household and was highly effective as quoted by respondents of the village. The distribution process witnessed the mechanism where every 4 household received 1 toilet allowing 85 needy families to get benefits from it. Almost every household reported positive comments about the quality of the toilets received. Satisfaction level is on the positive scale in terms of quality of the toilets.

The repair and maintenance activities for water distribution system executed by CARE Nepal mobilizing the local work force were highly effective. Apparently, people from every corner of the village felt the sense of ownership and responsibility. This has allowed the people of Baskharka to drink safe and clean water with easy accessibility without reaching out far. The support for the maintenance and repair has also decreased the workload for women in the community.

The awareness activities by CARE Nepal at local level have helped the people to get awareness about GBV/ VAW issues. Similarly the hygiene promotion activity has also taught a lot of people about the standard hygiene practices. People are apparently implementing the learned knowledge at the village in an effective manner.

B) ***Lagarche VDC, Ward 1 and 3:*** Lagarche is the village located 9Km towards North West of the nearest market area of Melamchi. The only motor road is seasonal and connects the village to other nearby villages and Melamchi during dry season. It takes around 4 hours to reach by foot to the upper part of the vertical settlement. It is moderate in terms of difficulty to reach.

CARE Nepal distributed various goods to the people of the village by assessing the proper needs and requirements. The people at Lagarche are very happy with the support which they received that included the goods which was highly essential and required during the post disaster condition. The respondents reported positive comments and are highly satisfied with the distribution system implemented by CARE Nepal.

The winterization voucher method as a part of winter relief program by CARE Nepal was highly appreciated by the respondents. The respondent reported about the benefits given to choose was the fact they liked the most. According to them, it allowed them to choose from varieties of 26 items

from which they could choose that were the most necessary to them. It covered their possible necessities of winter.

Similarly, respondents were equally satisfied with the NFI kits received. It fulfilled the kitchen needs of the family allowing them to cook with ease. Similarly, the hygiene kit also satisfied the need of family members allowing them to perform the standard hygiene practice.

The respondents are overall satisfied with the quality of the goods distributed except few items like cooking vessel which was unfortunately incompatible with their cooking styles. The quality of the sanitation kit items and goods purchased from the voucher was satisfactory to the respondents. The newly built settlements are of temporary and are made up of tarpaulins, CGI's and locally available rafters forcing the people of Lagarche to live still under the temporary huts. About the usefulness of the received goods, people of Lagarche are using it on a daily basis depending upon the requirements of the items.

The Hygiene promotion and awareness activities at the village area are on a moderate pace. However, in the case of awareness, it seems most of the people are indifferent towards implication of hygiene information in their daily life. Nonetheless, people of Lagarche are quite conscious about the GBV/VAW after the awareness activities executed by CARE Nepal during the post disaster condition. People there still needs to be informed a lot about GBV/VAW as male members of the family still hesitated to speak about issues relating to menstruation . However, it has made the female members of the family quite aware about its possible cases and techniques to avoid.

Chapter II: Study Methodology

1.1 Study Methodology

For conducting the study, linear results chain model had been applied. Since the activities across different sectors such as, shelter, WASH, GVB and hygiene towards the affected areas is a single activity framework conducted By CARE Nepal only the output and outcome of the activity can be analyzed. Hence, in order to assess the impact of the activities, linear chain results model was used in the first place. This model allows establishing connection among the activities, its outputs, outcomes and the overall impact.

Results chain or pipeline logic models represent a program theory as a linear process with inputs and activities at the front and long-term outcomes at the end¹. Simplified illustration of results chain is provided below, where, project intervention (inputs) leads to immediate output and finally to longer term results or impacts.

Figure 3: Linear results chain model



Hence, the study has adopted the above model for monitoring and evaluating the outputs of the activity.

2.2 End-line assessment Study Design

Given the fact that it was an emergency response action where in setting specific objectives and targets were difficult and so were the parameters for monitoring the activities of the program. Consequently, 3iR conducted a Descriptive study design for the study. The Descriptive model focused precisely on securing a representative sample and data collection techniques were also focused on the subjects (HHs) of the study. Among the various facets of the descriptive design, the study primarily focused on the service utilization by the subjects (HHs) from the intervention program.

The study is primarily based on **quantitative measurement** along with qualitative methods for monitoring the project's activities. Quantitative measures have been utilized among households who have been identified as the beneficiaries of the relief effort and some qualitative measures such as focused group discussions and key informant interviews have been applied to derive real situation analysis of the affected area. Adding further the field staffs were trained to make field note so that their observation could also be incorporated in the study.

¹ Funnell, S. and Rogers, P. (2011) p 387

2.3 Key Indicators of End-line Assessment Study

The key indicators of the end-line assessment study to measure the output and outcome can be understood from the following table and their subsequent reference tables and figures are also provided for easy references.

Table 2: Outcome, Output and Indicators Table

Outcome SHELTER	Indicator (data through survey)	Target	Reference Tables and Figures
Increased access to emergency shelter and improved living conditions for affected households that meet the specific needs of men, women, boys and girls	% of targeted beneficiaries satisfied by the quality and quantity of the distributed shelter items	90%	Figure: 8, 9,10,12,13,14 Table: 6,7 Annex Table: 6,7, 8,9
Increased access to essential household items, including those that meet the specific needs of women and girls	% of targeted beneficiaries satisfied by the quality and quantity of the distributed household items	90%	Figure: 15, 16, 17 Table: 10 Annex Table: 12, 13, 14
Outcome WASH	Indicator (data through survey)		Indicator (data through KAP)
Improved access to sanitation infrastructure, improved water supply and improved hygiene practices for earthquake-affected households			Figure: 20, 25,26,29,34 Annex Table: 18, 23,24b, 30, 36,37,39,40,41,42
Outcome GBV	Indicator (data through survey)		Indicator (data through KAP)
Increased access to information about GBV and protection available to affected populations, especially women and girls.	% of community members surveyed able to identify GBV and Protection issues	80%	Figure: 35, 36 Annex Table: 43-46
OUTPUTS Shelter	Indicator (data through survey)		Indicator (data through KAP)

Shelter packages distributed and winterization voucher for shelter improvement provided to beneficiary households	% female beneficiaries surveyed who were satisfied by the quality and quantity of the distributed household items	90%	Figure: 11 Table: 6,7,8,9 Annex Table: 7,9,10,11,
Household NFI kits distributed to beneficiary households	% female beneficiaries surveyed who were satisfied by the quality and quantity of with the Household NFI kits	90%	Figure: 17, 18,19 Table: 10 Annex Table: 13,15,16
OUTPUTS WASH	Indicator (data through survey)		Indicator (data through KAP)
Water distribution systems repaired or rehabilitated	% female beneficiaries surveyed who benefited from repaired/rehabilitated water distribution systems	90%	Figure: 24,25 Table: 11 Annex Table: 20, 22, 23, 24a,
Households receive hygiene consumables distributed to beneficiary households	% female beneficiaries surveyed who were satisfied by the quality and quantity of hygiene consumables	90%	Figure: 28 Table: 12, 13 Annex Table: 26,28
Temporary sanitation facilities provided	% female beneficiaries surveyed who benefited from adequate sanitation facilities	90%	Figure: 32 Table: 14 Annex Table: 32,34,35,37
Households receive hygiene promotion information	% female beneficiaries who received hygiene promotion messages	90%	Annex Table: 40,41

The assessment for the end-line is done based upon the above mentioned output and outcome with their subsequent indicators.

2.4 Sample Size and Sampling Strategy

The survey has been conducted in Lagarche and Banskharka VDCs of Sindupalchowk district. The sampling techniques used include **Multistage Sampling** where in the first phase the VDC were purposively selected by CARE Nepal as the intervened VDC for the DFATD project. As the sample size was 140 samples (10% of the total 1400 household beneficiaries), 40% (56 Households) was allocated to Banskharka and 60% (84 Households) to Lagarche in the second stage of the sampling. This **proportional sampling** was divided based upon the total number of beneficiaries in each

VDC, where Lagarche had more number of beneficiaries than Banskarkha. Then the wards were purposively selected three for Banskarkha (Ward 1,3,7) and two for Lagarche (1,3) based upon the distribution of materials in each VDC. As the focus of distribution items in the two VDCs were different. After the selection of wards the respondents were also selected randomly based on the beneficiary list provided by CARE Nepal. Finally the household respondents were selected based upon the availability during the field visit with criteria that the respondents must be 18 years and above. Details of the sampling method can be observed in the table below:

Table 3: Detail sampling technique

STAGE 1	1	District and Two VDCs (Banskarkha and Lagarche)	⇒	Purposively Selected as the implementation area of DFATD project
	2	1400 Target Households	⇒	CARE Nepal target HH across the District
	3	10% Samples from target HH	⇒	140 sample to be interviewed which is divided into 40% to Lagarche and 60% to Banskarkha
STAGE 2	4	Providing of List of the HH (By CARE Nepal)	⇒	Sample ward from the VDC purposively selected based on the highest numbers of beneficiaries from the project in both VDCs
	5	Respondent selection	⇒	After the selection of HH respondent to be selected based upon the availability while administrating the questionnaire

The following table depicts the total number of samples collected in corresponding districts:-

Table 4: Collected Samples from the study area

VDC		Ward No.				Total
		1	2	3	7	
Banskarkha	Count	10	1	32	16	59
	%	16.9%	1.7%	54.2%	27.1%	38.3%
Lagarche	Count	74	0	21	0	95
	%	77.9%	0.0%	22.1%	0.0%	61.7%
Total						154
						100.0%

A total of 154 sample household were collected for the Endline assessment, comprising of 59 household from Banskarkha and 95 household from Lagarche.

2.5 Data Collection

A mix of both qualitative and quantitative data has been collected through primary survey. 3iR has collected primary information through i) Structured questionnaire survey ii) Key Informant Interviews and iii) Focused Group Discussions

i) Structured questionnaire survey

The key quantitative data collection technique was the structured questionnaire survey, where a set of questionnaires were administered to the beneficiary households that have received emergency responses from the program. The questionnaire survey has covered the sector of Shelter, WASH, GBV and awareness promotions of the relief materials provided by CARE Nepal which will be the basis of analyzing the outcome form the recovery response program.

ii) Key informant interviews

A total of six KIIs have been monitored in the two VDCs (3 each). The KII was a brief semi-structured interview which will be conducted with relevant key stakeholders including: VDC representative, Health posts representative, Mother's group representative and youth group representative.

iii) Focused Group Discussion (FGD)

Furthermore two FGDs was conducted (1 each in VDC) to gather information on the community satisfaction of the recovery response program. The FGD was conducted with a heterogeneous group of 5-8 participants from mother's group, school teacher, VDC representative and other various community organizations, where the questions related to outcome focused to women and girls was prioritized.

2.6 Data Analysis

The data collected from field has been entered into computer by experienced data entry operators. The data have been processed and cleaned using SPSS statistical software. Necessary statistical tables have been presented based upon the guidelines of CARE Nepal which are mostly descriptive analysis.

2.7 Study Limitations

The End-line survey didn't encounter any study limitations as such apart from few of the following:-

- Time spent on the field was limited, had the study been conducted for longer durations more information could have been derived
- There were some cases where in the target households had migrated elsewhere and couldn't be located at the field
- Minor variations in the target households lists and actual recipients of the relief materials were found in some wards
- As the survey was conducted in the rice plantation season, the study could not survey the anticipated number of female respondents, none the less 50% of the respondents were female.
- The study focused only in the beneficiaries of CARE Nepal relief program and thus does not represent the situation of all the affected people who received relief items from other sources.

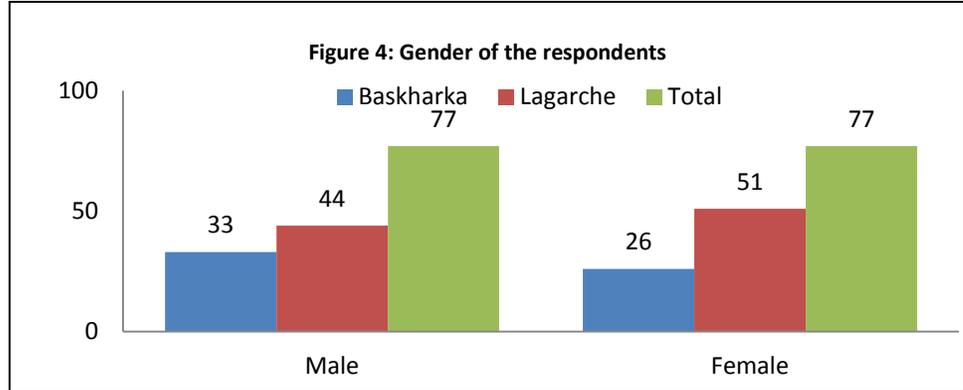
Chapter III: Major Findings and Presentation of data

3.1. Demographic and Household information of the Respondents

3.1.1 Respondent's Profile

A. Gender of Respondents

One of the major indicators of this study was to find the accessibility and benefit of female population from the distributed materials in the study area. Thus with a total of 154 respondents, 50% of the respondents were observed to be females. As this field survey was conducted in the time of rice plantation season, most of the female as well as male were busy working in the field.

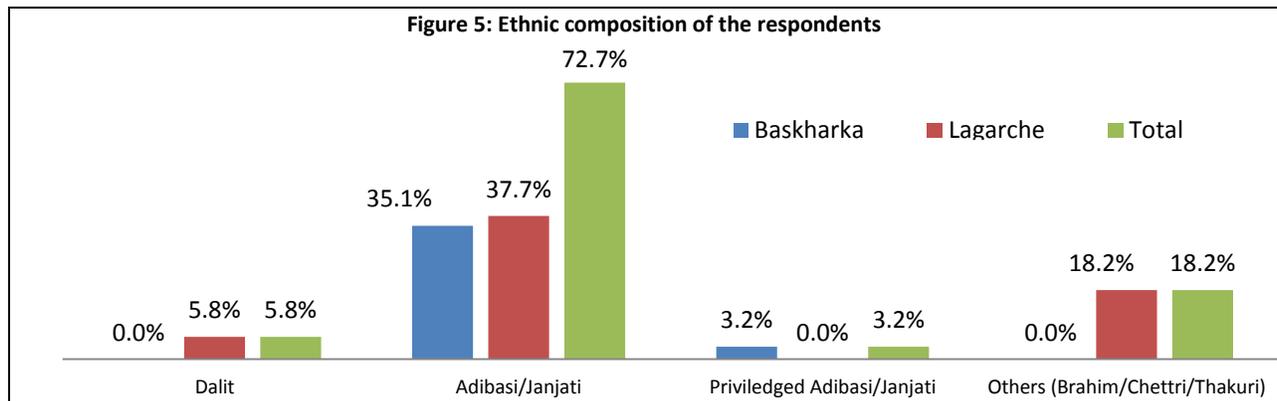


Nonetheless 50% (Figure 4) of the female samples is adequate in representation and analyzing the impact of the project on women.

Based on field observation it was also reported that most of the population comprised elderly population since, most of the younger generation had migrated to other countries as labor or to Kathmandu for job opportunities after the earthquake.

B. Ethnic composition of respondents

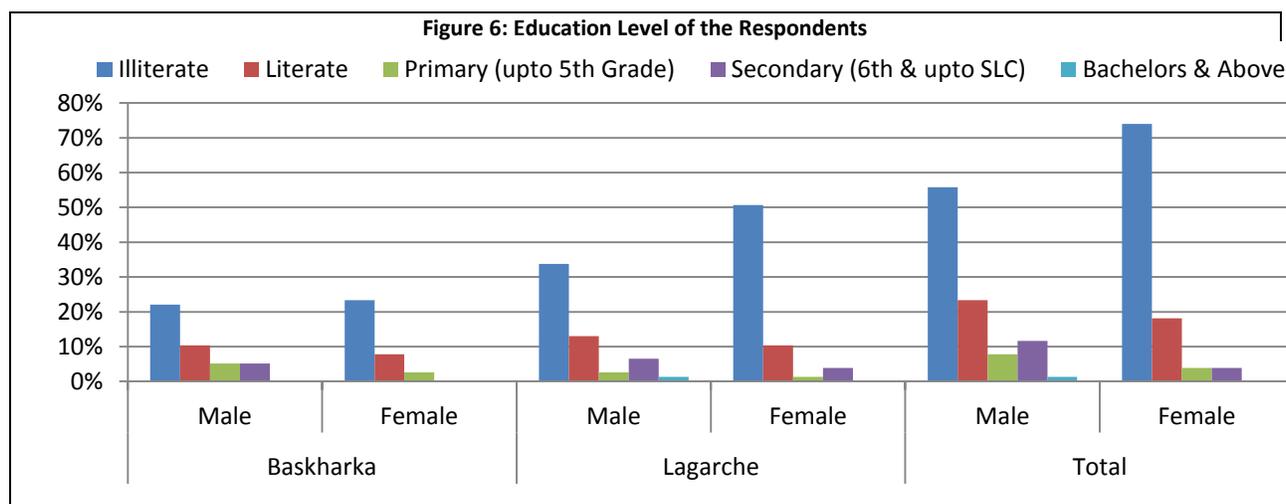
Ethnically majority of the respondents were observed to be from Tamang community, which is also the major ethnic group in Sindupalchowk district. Apart from Tamang; Brahim and Chetteri comprised 18.2% of the samples. This group were majorly found in Lagarche rather than in Banskharka, which was a predominantly a Tamang settlement area.



Only five respondents were observed to be from the Privileged Adibasi/Janjati group, which were mostly from the Newar community (Figure 5).

C. Educational Level of the Respondents

As reported earlier, majority of the respondent were from the older generation, due to which the education level of the respondents was also observed to illiterate. 50.6% of male and 74% of females were observed to be illiterate. Only one male respondent was observed to have passed the Bachelors and above level of education (Figure: 6). Out of the total sample only 35.1% of the respondents were observed to be literate (from literate to bachelors and above including both male and female).



This data contradicts the National Data where in 2013/14 Sindupalchowk was declared a 100% literate district.² During the endline assessment survey, the respondents were thoroughly asked if they could understand the writing in the questionnaire, then only they were categorized on the literacy level. Though the respondents were not asked if they had received/ taken part in any informal education, the absence of practice in their daily life could be the main reason they responded that they were illiterate.

D. Family Composition

Family Composition is the composition of the respondent family based upon gender and age. The respondents were asked to provide details about their family composition from which the following information was gathered.

Table 5: Family composition of the respondents

Indicator	Male (Adult+Child)	Female (Adult+Child)	Total
Average number in HH	2.03	2.12	4.16
Sum of total Respondent HH	314	326	640
	Adult (Male+Female)	Child Under 16yrs (Male +Female)	Total

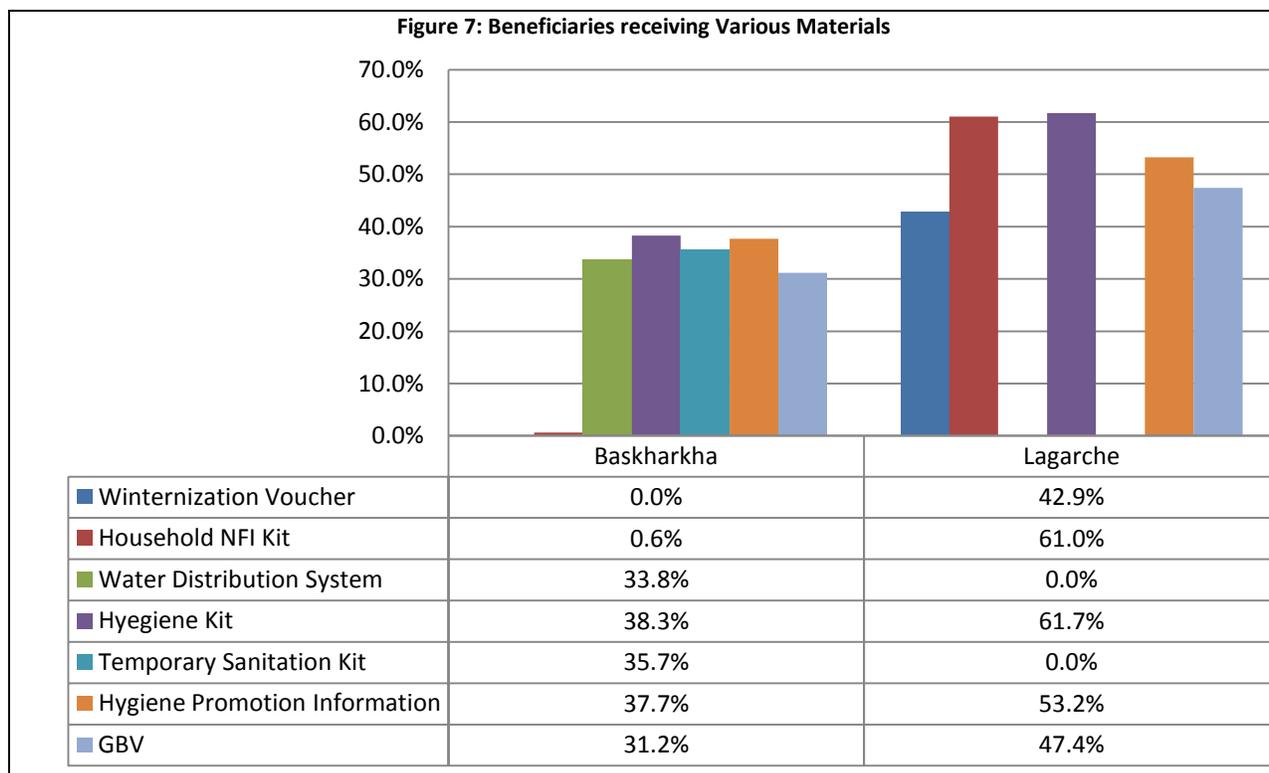
² Non-Formal Education In Nepal Status Report 2014-15, GoN, Non-Formal Education Centre.

Average	2.64	1.5	4.16
Sum	404	236	640

The average household size was observed to be 4.16 members, where the male comprised of 2.03 portions and female comprised of 2.12 of the portion. Similarly out of that portion 2.64 were adults and 1.5 was children under the age of 16 years of age.

3.1.2. Receiving of various materials

CARE Nepal had distributed various relief materials in the affected districts of Nepal. In case of Sindupalchowk, various materials were distributed according to the need of the particular VDC. Similarly, the distribution based upon DFATD in Baskharch was focused on Water distribution system, Toilet construction materials, Hygiene promotion and GBV. In Lagarche VDC distribution materials were more focused on distribution of Winterization Voucher, Household NFI Kit and Hygiene and GBV promotion. Thus the respondent of this survey also had differences in receiving of various materials which can be further understood from the figure 7.



It can be observed that winterization voucher and temporary sanitation kit (toilet construction material) plus water distribution system were only observed in Lagarche and Baskharcha respectively. Thus analysis on the specific materials is done based upon the receiver of the items only. For example out of the total 154 respondents 123 reported (Baskharcha + Lagarche) to have received GBV information (Annex Table 1), thus in portion of GBV all the data are considered under the 123 respondents only and the remaining are considered as missing variables.

3.2 Shelter

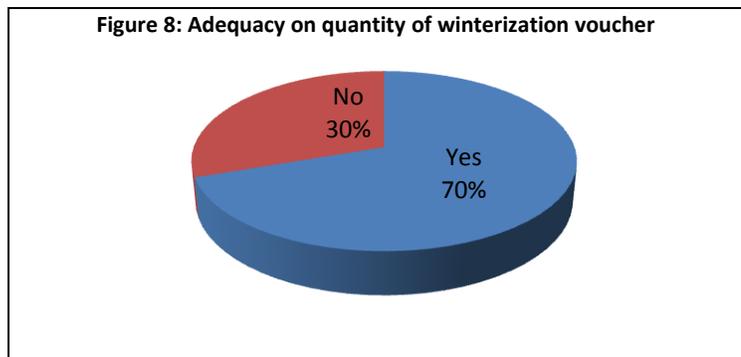
Under Shelter, the distributed items were Winterization Voucher and Household NFI Kit. The distributions of these items were mainly focused in Lagarche VDC.

3.2.1 Winterization Voucher

The winterization voucher was worth NRs 8000 which was provided to the affected people, where the receiver of the voucher could buy from a set of 26 pre-identified items to help them cope with the winter season. These items could be collected from the local vendors.

A. Quantity of the winterization voucher

Any item of distribution without adequate quantity does not help the beneficiary. A total of 66 respondents from Lagarche had received the winterization voucher. Out of these respondents 69.7% of the respondents reported that the quantity of the winterization items was adequate for their household (Figure 8).



Nonetheless, nearly 30% of the respondents were not satisfied with the quantity of the items they could buy from the voucher. The major reason for their dissatisfaction was observed to be inadequate amount (cash voucher amount) to buy items for their entire family. The respondents reported that either they had to buy cheaper items for the whole family or buy few specific items which cost more. This indicator sets that outcome 1 for shelter has not been achieved for winterization voucher.

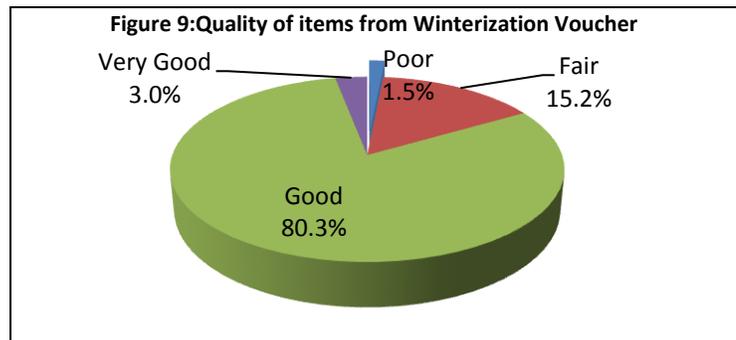
Table 6: Females satisfied with adequate quantity of Voucher

Female	Count	Percent
Yes	29	72.5%
No	11	27.5%
Total	40	100.0%

Similarly, out of the 40 female respondents only 72.5% were observed to be satisfied from the quantity of the winterization voucher (Table 6). These respondents were also dissatisfied with the amount and its relation to the 26 items they could buy from it.

B. Quality of the Winterization Voucher

Based on the information provided by the respondents the items which could be bought were of two qualities which was directly correlated to the cost of the item. But overall it was observed that majority of the respondents were happy with the quality of the items from the

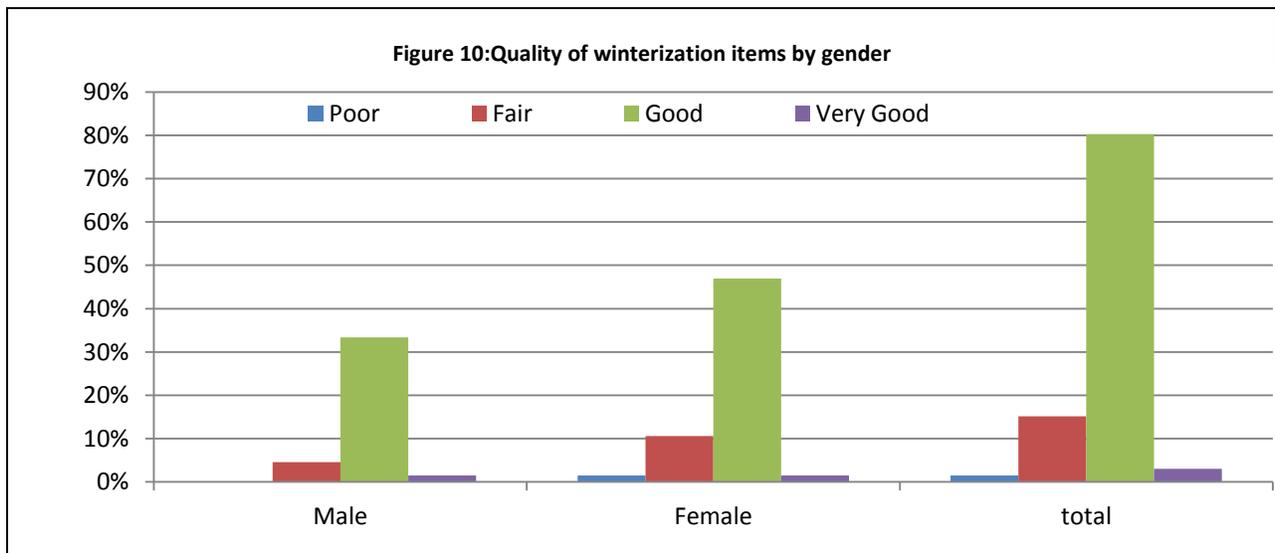


winterization voucher as 80% reported it to be good and 3 % reported it be of very good quality (Figure 9). 15% also reported it to be fair where as only 1.5% thought that the quality of the items was poor. The main reason for the respondents reporting the items to be poor was that the items tore easily.

The female beneficiaries were also observed to be quite content about the quality of the items from winterization voucher as 77.5% reported it to be of good quality and 2.5 % reported it be of very good quality (Table 7 and figure 10).

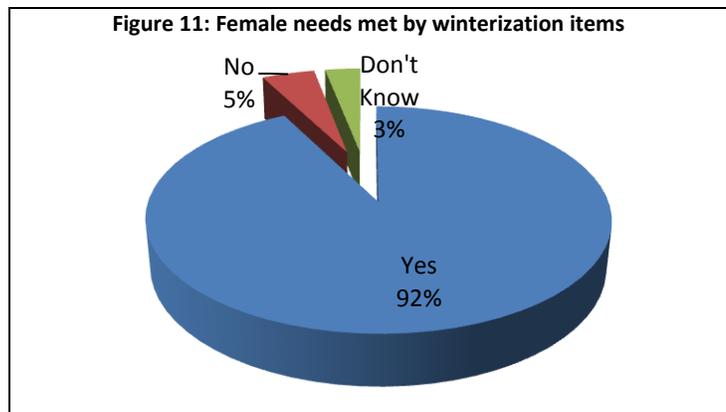
Table 7: Quality of winterization items by female

Female	Count	Percent
Poor	1	2.5%
Fair	7	17.5%
Good	31	77.5%
Very Good	1	2.5%
Total	40	100.0%



C. Meeting of Female Needs

One of the major objectives of the DFATD relief distribution project was to increase the asses of female population and reduce their vulnerability in times of disaster. Thus meeting the needs of females is an important indicator to assess the success of the project. In terms of the winterization voucher 92% of the respondents reported that the needs of women were fulfilled by it. This meant that the items that were distributed under winterization voucher catered to the needs of the female in the area



(Figure 11). Among the 5% who reported that the needs were not met the major response was that the items were expensive and the voucher had limited amount to it.

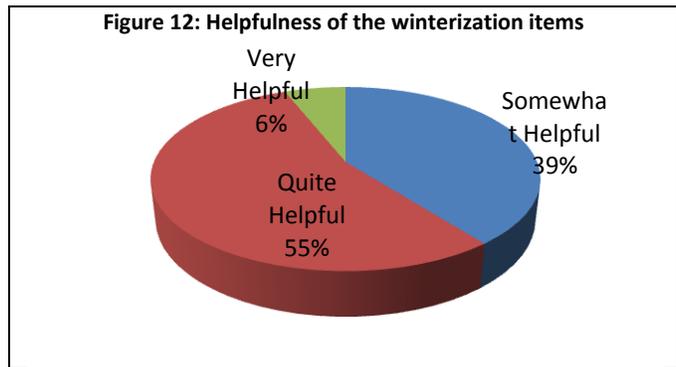
Accordingly, when asked about the meeting of needs of female specifically to female respondents it was observed that 97.5% of the female respondents felt that their needs had been met. Details can be observed from the Table 8.

Table 8: Specific needs of Female met

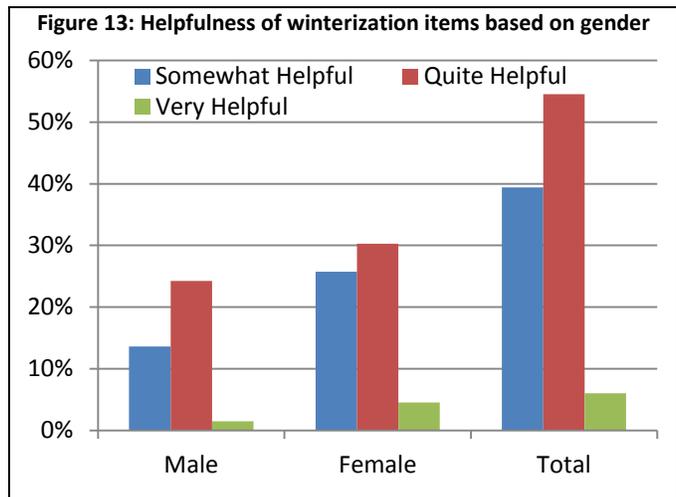
Female	Count	Percent
Yes	39	97.5%
No	1	2.5%
Don't Know	0	0.0%
Total	40	100.0%

D. Helpfulness of the winterization Items

The distribution of the winterization voucher was to help the disaster affected people to cope with the cold in the winter season. This was the major reason for the distribution. This section helps to understand on how helpful was the items to the beneficiaries in winter season. As reported by 54.5% and 39.4% of the respondents the items were quite helpful and somewhat helpful respectively (Figure 12). Adding further 6.1% also said that the items were very helpful in helping them cope with the cold. Which shows that all the respondents (100%) had positive responses regarding the helpfulness of the winterization items. Thus it could be understood that those items were extremely relevant to the beneficiary and served its purpose.



Furthermore, when asked to the female respondents on degree of helpfulness of the winterization items 50% reported it to be quite helpful and 42.5% reported it to be somewhat helpful (Table 9 and Figure 13).



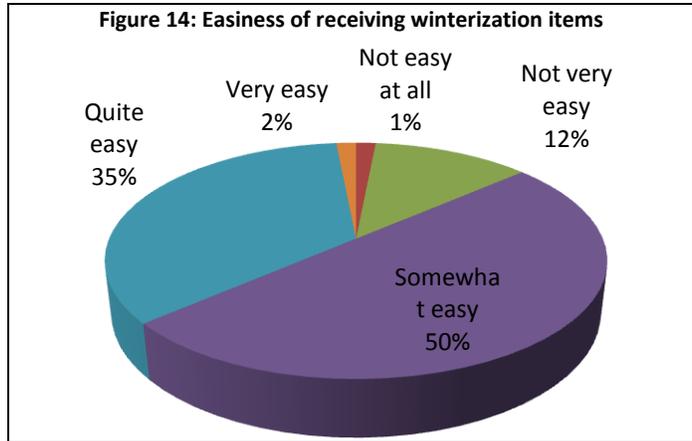
The respondents were very thankful for the winterization items which they received. They reported that they would have not bought the items if it wasn't for the provided voucher.

Table 9: Helpfulness of winterization items responded by females

Female	Count	Percent
Somewhat helpful	17	42.5%
Quite Helpful	20	50.0%
Very Helpful	3	7.5%
Total	40	100.0%

E. Easiness of receiving the winterization items

The distribution of the winterization materials and voucher was given in accordance for easy access to the beneficiaries. The distributing vendors were local vendors and the vouchers were distributed in the VDC and ward office by the local social mobilize of CARE Nepal. Thus when asked about the easiness of receiving the items, 50% of the respondents said that it was somewhat easy and 35% said it was quite easy. However 12.1% reported it to be not very easy and 1.5% reported it to be not easy at all.



The major reason reported by the respondents for not being easy was that they had to stay in long lines to receive the voucher and once the voucher were received they had to travel far to reach the vendor for receiving the items they needed. Though CARE Nepal took immense importance for the easiness of distribution, some of the beneficiaries had far away homes and limited family members to take the journey for receiving vouchers and winterization items.

KII 1: Chitra Khadka, a school teacher

Name	Chitra Khadka, Lagarche-1	
Age	27 Yrs.	
Sex	Male	
Occupation	Teacher and Farmer	
Community Involvement in Organization	Naulingeshwori Lower Secondary School.	
Position in Organization	Teacher	
Family Composition	Male	Female
Child		
Adult	1	2

Chitra Khadka a permanent resident of Lagarche-1, believes education is the prominent factor for development. With this intuition, he is serving at the local school of Lagarche since 2012. With his effort and interest, the student enrollment ratio is increasing at the school, said one of the village member.

He is highly satisfied with the support received from CARE Nepal. He reported, CARE Nepal didn't distribute randomly what they had. They distributed items only after the proper need assessment of the people of Lagarche. The hygiene kit, NFI kit, Winterization voucher and every other items besides it were needed here, he said. However, only some portion of the village people received the Winterization voucher which has created a kind of social conflict among the societies within the village, he further added.

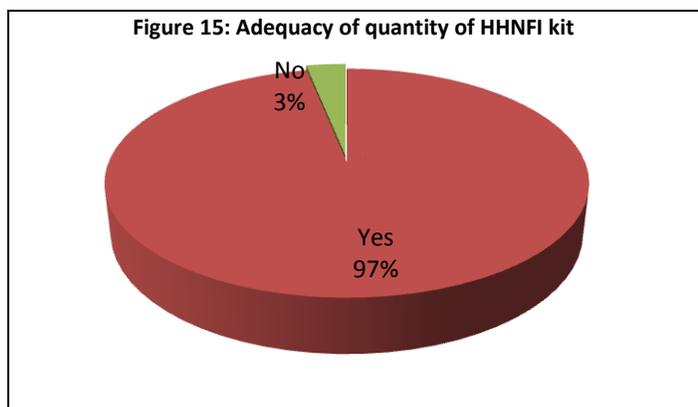
With the benefit given to choose among the listed items allowed the people to buy items that is needed for them, this way people could fulfill their necessities and he felt this one was one of the unique and effective system. However, due to small family size, he was not eligible to receive Winterization voucher but felt it to be the one of the most effective technique to satisfy the needs of the people. The quality of the product was satisfactory, whereas for some of the big families the received items became inadequate. According to him, Hygiene kit was most useful as it had items that helped the people to remain clean and healthy. It has significantly impacted on the hygiene practice and has improvised the behavioral practice. However, due to settlement inside the temporary shelters has made the people difficult to follow the standard hygiene practices, he explained. He also added, how important the awareness and promotional activities are to bring out the behavioral change. However, he reported the people of Lagarche are quite ignorant when it comes to hygiene practice and tend to attend such programs only to eat and drink the served food and beverages. He felt really frustrated sharing the following fact. But, it is not the same in case of GBV/ VAW, people are trying to learn as much as possible information. It is because villagers have realized the importance of its awareness as with the help of awareness programs, they have come to know the fact that anyone could be the victim of it. Salute to the effort of this young gentleman, who despite of having a good degree and ability to work anywhere chose to serve his own village.

3.2.2 Household NFI Kit

Household NFI kit from DFATD was primarily distributed in Lagarche VDC. This kit comprised of basically two components of Kitchen Utensils and Blanket plus mattress. Household NFI kit was distributed so that the affected people could have a comfortable place to sleep and utensils to help them cook. Out of the 154 total respondents 95 respondents were observed to have Household NFI Kit. Only one respondent from Banskharka reported to have received the kit.

A. Quantity of the Household NFI Kit

The item provided under this kit is used in day to day activity. The adequate quantity of kit is important so as to help up bring the moral of the affected people as they had gone through various technical processes to receive the item. Nonetheless, it was observed that 97% of the respondents were satisfied with the quantity of the household NFI Kit (Annex Table 12). This massive approval on the quantity shows that the distribution program had made immense impact on the daily lives of the beneficiaries. Whereas, the 3% who were not satisfied with the quantity of the items, reported that they have a large family, hence the inadequacy.



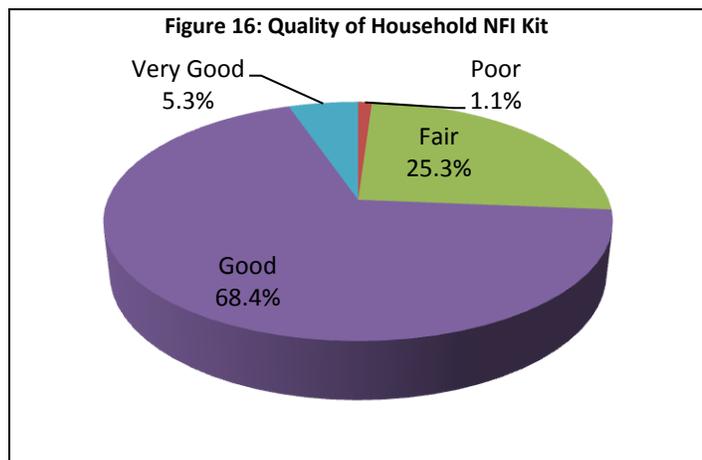
While asking the female respondents (51 respondents), it was observed that 98% were satisfied with the quantity of the items they received under Household NFI (Table 10). Based on field observations, the blanket and mattress were the primary items they were still using for resting and sleeping and the kitchen utensils were being used in a daily basis.

Table 10: Adequate quantity of HHNFI by females

Female	Count	Percent
Yes	50	98%
No	1	2%
Don't Know	0	0.0%
Total	51	100.0%

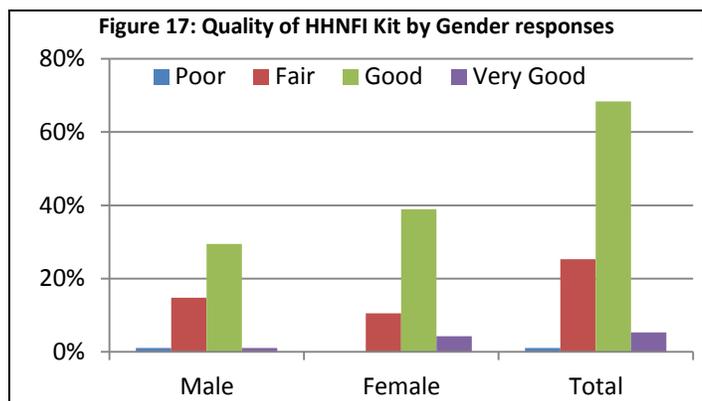
B. Quality of Household NFI Kit

Almost all the respondents were pleased with the quality of the Household NFI kit. Based on the observations it was reported that 68.4% said that the quality was good, 25.3% said it to be fair and 5.3% said it to be of very good quality (Figure 16). The respondents who reported that the kit was of poor quality had experienced the kitchen utensil to break while cooking in open fire. This puts in perspective that the items were not suitable for cooking in open fire and the respondents were not prior told on the proper usage of the distributed items.



The female respondents were observed to be content with the quality of the received household NFI kit, as 72.5% reported it to be of good quality while 19.6% and 7.8% said that it was fair and very good quality respectively.

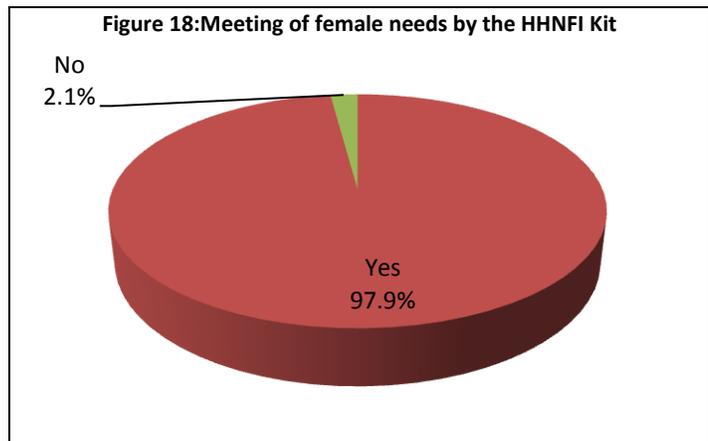
Both male and female respondents were satisfied with the quality of the Household NFI kit, as only one respondent was observed to have been dissatisfied with the quality of the item.



Thus upon observing the responses on the quality of the Household NFI kit, it is admirable that CARE Nepal could provide such good qualities item to the affected people in a post disaster situation.

C. Meeting of Female Needs

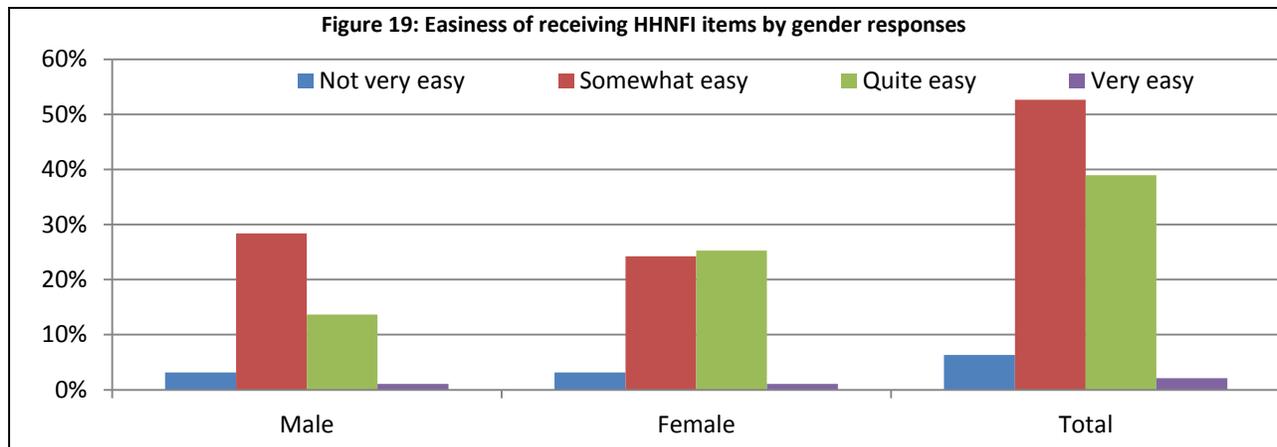
As discussed earlier, household NFI Kit must also be able to fulfill some specific needs of female beneficiaries. In this regard upon asking the meeting of female needs by the Household NFI kit, majority (97.9%) of the respondents reported that this kit has met the needs of the females (Figure 18). The traditional rural society of Nepal considers kitchen to be the responsibility of females, which mentality was also observed in the data collection field work, could be the reason for receiving such positive responses. The responses were found similar among males and females as well (Annex Table 16). Eventually it can be reported that the items have been successful in meeting the specific need of the female. The 2.1% who reported that it was not met reported that the items were inadequate and they needed more of those items.



D. Easiness of receiving Household NFI Kit

The winterization voucher and the Household Kit were distributed in different times after the earthquake and also followed a separate pattern of distribution. The distribution was done in location which was easily accessible by the majority people and the distribution system was focused on to be easy, 6% of the respondents reported that it was not very easy in receiving the Household NFI Kit as they had to travel far for receiving the item and it was also difficult to carry the items back to their home.

However so, maximum of the respondents reported that the receiving of the items were easy (Figure 19). They were observed to be simply happy that they had received the items and even though had experienced some difficulties in receiving the item, just receiving them, felt the whole process to be easy.



KII 2: Rajan Khadka, A farmer

Name	RajanKhadka, Lagarche -1	
Age	28 Yrs.	
Sex	Male	
Occupation	Farmer	
Community Involvement in Organization	VDC Public Ward Committee	
Position in Organization	Coordinator	
Family Composition	Male	Female
Child		
Adult	1	2



Rajan Khadka an active citizen of the village is highly concerned with the development activities at village. He was really very satisfied with the support received from CARE Nepal.

He reported, he was more than happy to receive the amount and type of items that CARE Nepal distributed. According to him, all the items distributed, supported and helped everyone across the village. However, sanitation helped the female population of village the most. He further adds, women population got immense relief from the received items during their menstrual cycle. As during the post disaster situation they were in a difficult situation.

Similarly, he also discussed about how NFI kit helped the families to cook and eat, when all of their houses were in rubble.

He also talked about how beneficial the Winterization voucher was, keeping the people of Lagarche warm even during the coldest time of the year.

Talking about the quality of the distributed, he said it was of a very standard quality and also compatible with the village conditions. So, there was no any room for complains about it.

Similarly, he was also keen on discussing about the positive behavioral change, which the hygiene promotion campaigns have brought across the village. Even though, few people are ignorant, he added.

Similarly, he also explained about why GBV/VAW awareness campaigns executed by CARE Nepal are important and how aware he is. He said, he had already received the formal information on these issues at one of such programs. Similarly, he also discussed about the fact that women are quite interested to learn about such issues so that they can speak up and prevent themselves from GBV related issues.

With all these information shared and discussed, he had a suggestion to increase the number of awareness programs related to hygiene.

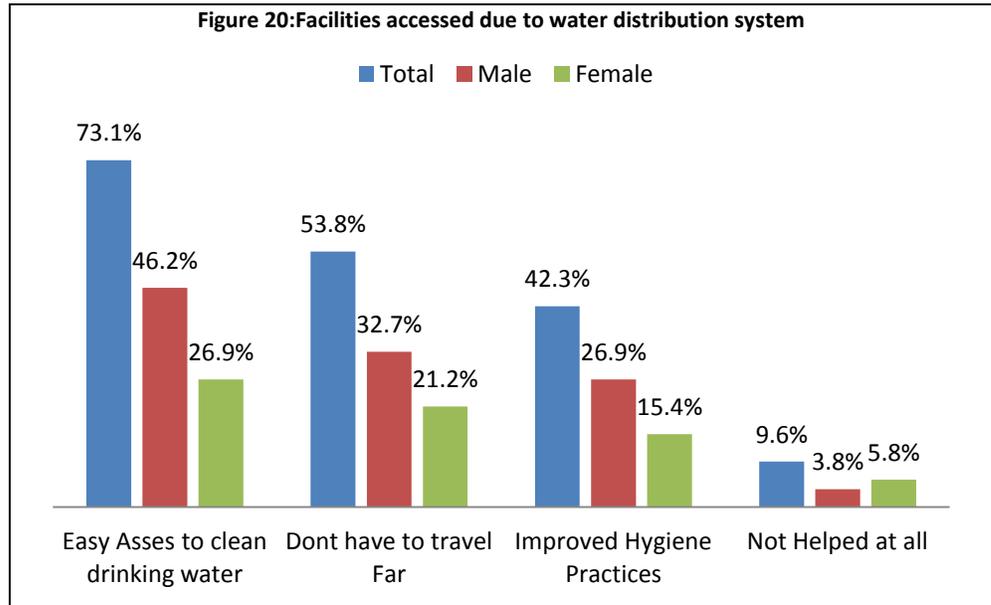
3.3 Water, Sanitation and Hygiene (WASH)

In times of disaster, WASH helps in mitigating and preventing the spread of epidemic and water borne diseases and spreads knowledge about proper sanitation and hygiene practices.

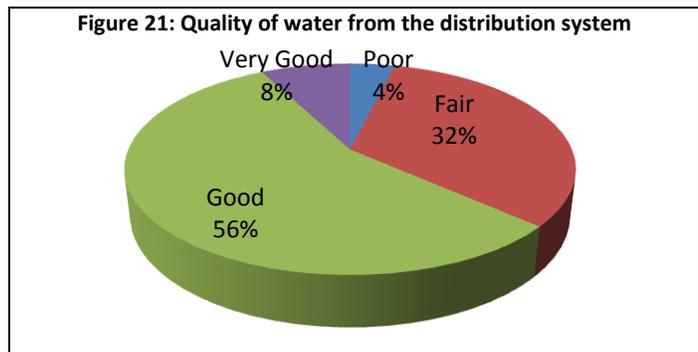
Through this project, as a part of WASH interventions waetr distribution systems were rehabilitated/reconstructed and temporary and permanent toilet construction materials were provided in Banskharka VDC. Along with the distributed material of Hygiene kit, hygiene promotion information was also disseminated through street dramas, pamphlets distribution and group discussions in both the study VDCS.

3.3.1 Water Distribution System

CARE Nepal in coordination with the local community helped in rehabilitating and reconstructing of the existing water sources by providing pipes, taps and cements. Fifty two respondents reported to have access to water distribution system out of the 154 respondents. This distribution was based upon community level rather than individual



household level. The respondents reported to have had easy access to clean drinking water as the direct result of the distribution system. Apart from that respondents also said that it has helped in decreasing their work load as they do not have to travel far for fetching water plus with the availability of water their hygiene practices has also improved. But few of the respondents also reported that the new distribution system is more far away then it was previously located (Figure 20).



A. Quality of water from the distribution system

The essence of establishing water distribution system was to provide the people with clean source of water. When asked about the quality of water 56% reported that it was of good quality and 32% said it was just fair, while 8% said it was of very good quality (Figure 21). But 4% also said that the quality was poor as the main reason being some of the pipes was already damaged and no repair work is followed. Though majority of the respondents were observed to be satisfied, it must be considered that the survey was done during monsoon season when there is minimal shortage of water and the responses could differ if the survey was conducted during the dry season. However,

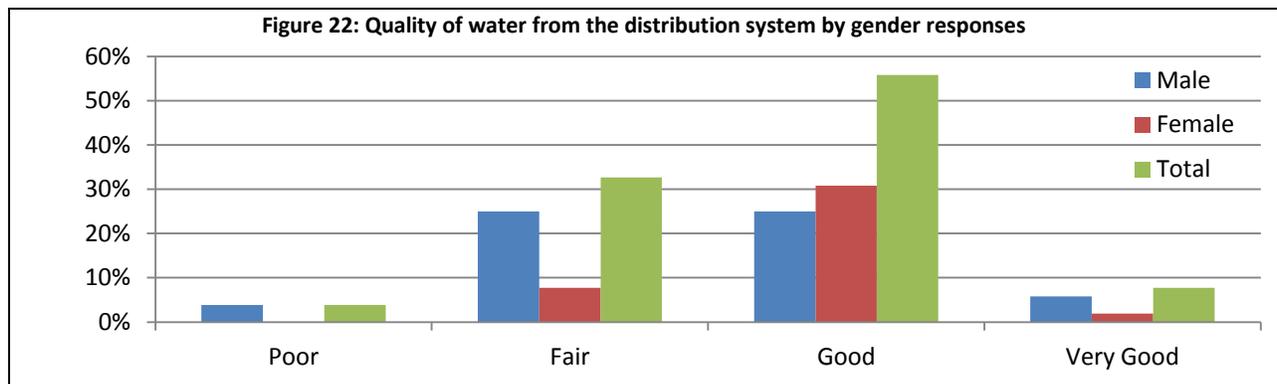
Table 11: Female respondents on the quality of water

Female	Count	Percent
Poor	0	0.0%
Fair	4	19.0%
Good	16	76.2%
Very Good	1	4.8%
Total	21	100.0%

in general it was observed the respondents were satisfied with the quality of water from the distribution system.

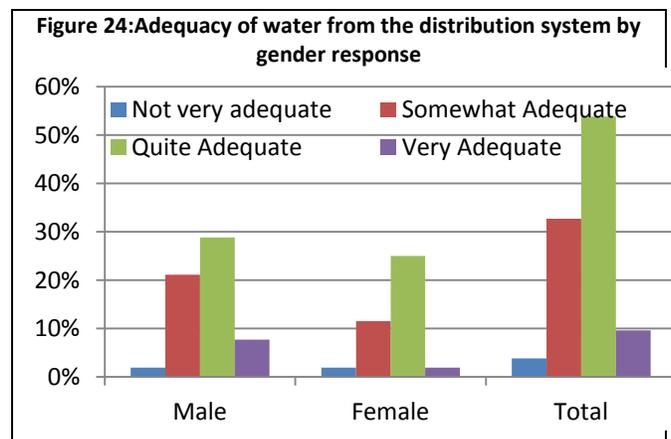
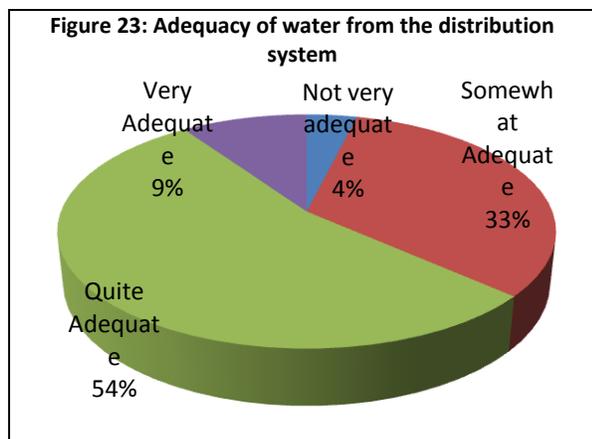
Accordingly, out of the 21 female respondents, it was observed that 76.2% reported that the quality of water was good and 4.8% said it was very good and none of the female respondent reported it to be of poor quality (Table 11).

Similarly, both male and female respondents were observed to be satisfied with the quality of water. Though male respondents reported the quality to be more of fair quality where as female reported it to be more good quality (Figure 22 and Annex Table 20).



B. Adequacy of water from the distribution system

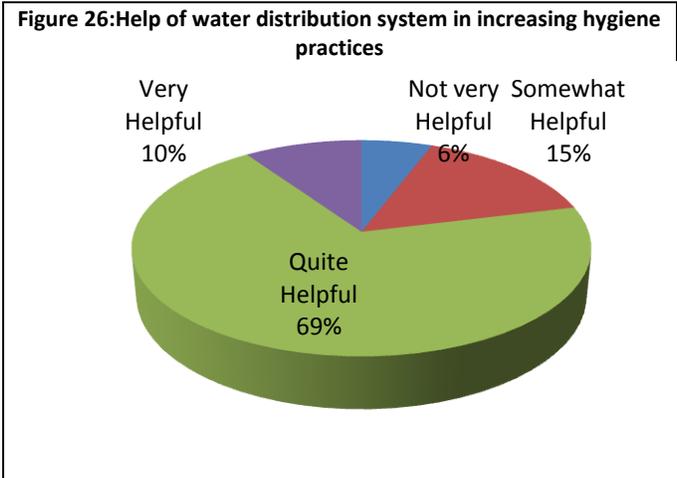
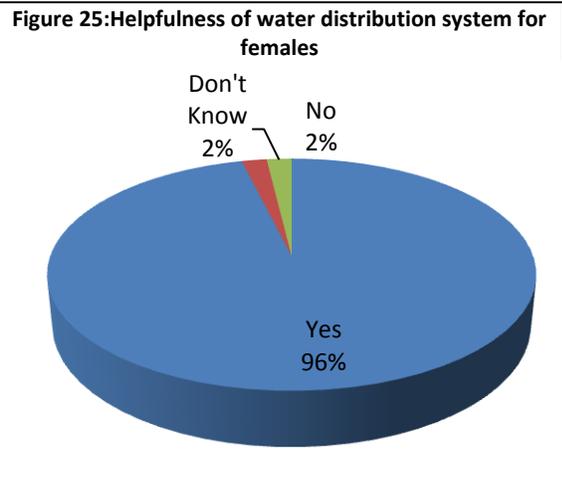
Another major variable to be considered for proper assessment of the distribution system is the adequacy of water. With the major response of quite adequate (54%) followed by somewhat adequate (33%) it is safe to assume that the quantity of water from the distribution system till now has been adequate to the respondents (Figure 23). But as mentioned before, the adequacy of water in monsoon season cannot be neglected. Also among the 4% who mentioned that the quantity was not adequate said it because, in winter season they had to travel farther away to fetch water as the system nearby had dried up and other reason being the quantity is sufficient for household purposes but not for commercial purpose.



The desegregation of information by male and female also puts in perspective that male and female both feel that the quantity of water is quite adequate for them and their household (Figure 24).

C. Helpfulness of the water distribution system

Water distribution system in the community is meant to help the female of the community to decrease the workload and also help the community to improve their hygiene practice. 96% of the respondents reported that the water distribution system has helped the female members of their household. The major help for the female is the near proximity of water source (Figure 25) where in average before it took about 6.57 minutes to fetch water but after the rehabilitation/ reconstruction the time has decreased to 2.61 minutes (Annex Table 24 c) . It is also reported that the work load for women has decreased due to the easy access to water. They can easily fetch water, wash their food and clothes which has further helped them improve their hygiene practices as well as 69.2% of the respondents reported for helpful in improving hygiene practices (Figure 26). Similarly out of the 21 female respondents who benefited from the water distribution system, it was observed that 95.2% said they were benefited and 4.8% reported to have not been benefited.



KII 3: Jay Narayan Shrestha, A Mason

Name	Jaya Narayan Shrestha, Baskharka -1	
Age	25 Yrs.	
Sex	Male	
Occupation	Mason and Farmer	
Community Organization Involvement	VDC Awareness Center	
Position in Organization	President	
Family Composition	Male	Female
Child		
Adult	1	2



Jaya Narayan Shrestha, an only male member in the family who lives with his mother and sister is one of the most active youth in the village. Despite of his personal responsibilities, he was actively involved in coordinating and managing the relief distribution activities across the village and also to adjacent villages.

He is really thankful to CARE Nepal for their initial support of items such as hygiene kit and temporary toilets. He is happy with the support received and has found the distributed items has brought the significant positive impacts to the people of Baskharka. He also discussed about how importantly did the sanitary kit helped the female population of the village. He added, the sanitary kit supported by CARE prevented the females to become embarrassed in front of numerous people. He further said, the hygiene kit was the most beneficial items among stall. When talked about the impacts and usefulness of water distribution system maintenance, he reported it to be highly useful and prevented the village members to get contaminated from water and hygiene related diseases. Thankfully, there were not any serious health issues because of it. The women, kids, old age people, everyone had benefits from the proper water distribution system, he added.

He also shared about positive impacts on lives of people brought by the executed awareness programs by CARE Nepal. However, he is not completely satisfied with the impacts. He suggested, the slight modification and improvement on implementation methodology can bring much more impacts.

The people are highly conscious about hygiene as awareness programs conducted by CARE Nepal depicted the possible cause and effect relation is what he reported. With suggestion on improvisation on awareness programs he ended the discussion. Kudos to his social activism at village.

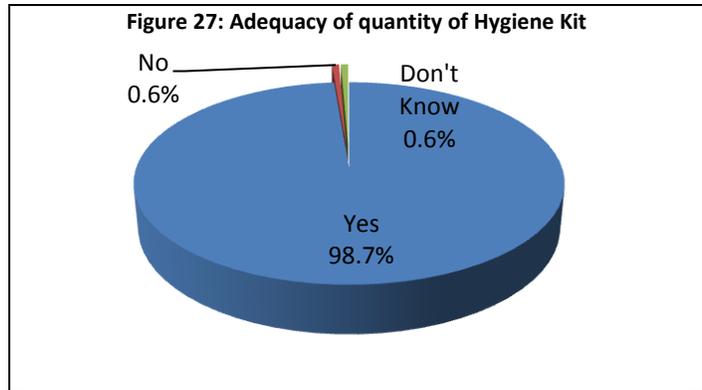
3.3.2 Hygiene Kit

Another major component of WASH sector is the distribution of Hygiene Kit. This kit comprised of various items such as hand washing soaps, sanitary pads, laundry soaps, water container, ORS, hygiene bags etc. This kit was organized in order to meet the immediate need of the disaster affected people just after the disaster. Hygiene kit is the only item which was reported to have been received by all the respondents from the two study VDCs.

A. Quantity of Hygiene Kit

The hygiene kit package was designed to fulfill the immediate need of the household. With the use hygiene kit they would decrease their vulnerability on exposure to various diseases. Upon asking if the quantity of the hygiene kit was adequate to meet their immediate need 98.7% reported that it was adequate (Figure 27).

Similarly, 97.4% of the female respondents were satisfied with the quantity of the hygiene kit that was distributed. Hygiene Kit was most widely distributed item quantity and was most satisfying to the beneficiaries.



B. Quality of Hygiene Kit

The quality of Hygiene Kit was also observed to be good (77.3%) and fair (14.3%), Annex table 27. Quality

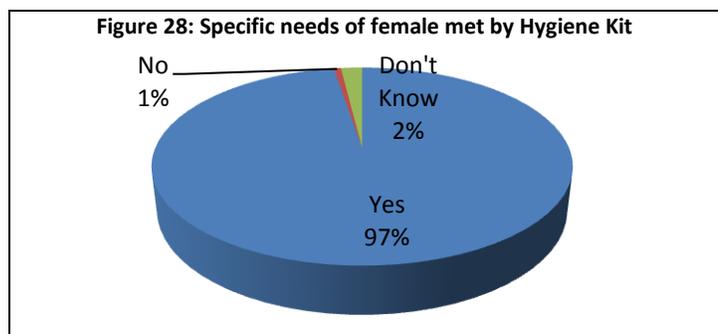
determines the usefulness in usage of the item; hygiene kit had quit essential items necessary for keeping oneself clean. It was also reported that the hygiene kit was particularly beneficial for women as well as reported by 97.4% of the female respondents on its quality (Table 12).

Table 12: Female respondents on the quality of Hygiene kit

Female	Count	Percent
Yes	75	97.4%
No	1	1.3%
Don't Know	1	1.3%
Total	77	100.0%

C. Meeting of Female Needs

Hygiene Kit had specific items such as sanitary pad and reusable sanitary cloth which were specifically focused for female beneficiary of the kit. Thus 97% of the respondent reported that the kit met the immediate need of the female members of their family. This indicates that the relief items were focused on vulnerable groups of the community as well as catered to their specific needs.



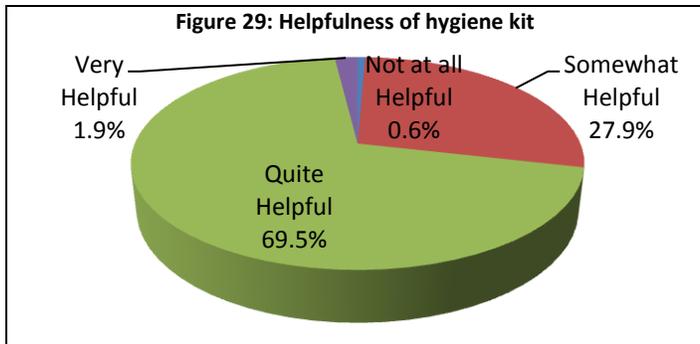
More so, when asked to female respondents only 98.7% reported that the hygiene kit had met their and their female family members immediate needs (Table 13).

Table 13: Immediate needs of female met by hygiene kit

Female	Count	Percent
Yes	76	98.7%
No	1	1.3%
Don't Know	0	0.0%
Total	77	100.0%

D. Helpfulness of Hygiene Kit in improving Hygiene practice

Sixty Nine percent of the respondents reported that the hygiene kit has helped them in improving their hygiene practice and 27.9% said it has somewhat helped them (Figure 29). This information helps in understanding that the implication of Hygiene kit has helped the beneficiaries to improve their hygiene practice. Based upon field observation it was informed that people in Baskharka were more keen on having better hygiene practice than in Lagarche as, in Baskharka there were always a presence of soap in every tap and the toilets were also kept clean.



KII 4: Prem Tamang, VDC representative

Name	Prem Tamang, Baskharka-3	
Age	33 Yrs.	
Sex	Male	
Occupation	Farmer	
Community Organization Involvement	VDC Ward Public Committee	
Position in Organization	Coordinator	
Family Composition	Male	Female
Child	2	1
Adult	1	1

Prem Tamang an active resident of Ward No. 3 has helped the humanitarian organizations in coordination for distribution of relief items. He was also was involved during the relief items distributed by CARE Nepal. He is immensely thankful for the support provided by CARE Nepal to the people of Banskharka. The items distributed according to him were more than adequate and are of high quality. He stated, the repaired and maintained water distribution system has allowed the female population of the village to utilize their free time on learning the skillful activities, as apparently it allowed them to complete their household chores very efficiently with at ease. He also said about few people getting no any benefit from the water distribution improvement effort by CARE Nepal, as number of houses at few clusters is less than 10 making them not eligible to fall under the criteria to obtain benefits. Mostly, the female members are highly benefited as they don't have to walk far to fetch water is what he added. He also explained about the usefulness of the distributed Permanent toilet construction materials and hygiene kit. The kit helped the people to remain clean and healthy, he added. He further also explained about how significantly the hygiene practice of the people has

changed consecutively. He said, the behavioral change in practice is the result of the continuous effort of CARE Nepal on making people aware
 When asked about the GBV/VAW and the cases, he was well informed about the issues and also had received the formal informative session at village. He reported, with the awareness activities executed by CARE Nepal on a regular interval, women these days are very well informed about the possibilities and can avoid and prevent themselves from being victimized. Thankfully, there were not such cases at village, he explained.
 With a recommendation to also look after the remaining clusters for proper water distribution, we came to an end of the discussion.

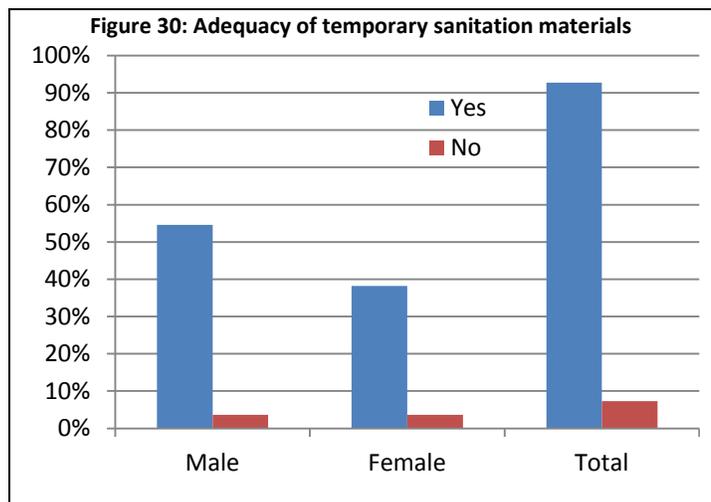
3.3.3. Temporary Sanitation Facility

One of DFATD project’s main objectives was to provide temporary and then permanent toilet facility to the affected people. The temporary sanitation facility was only provided in Baskharka VDC where 55 respondents reported that they had received the facility. They were provided with toilet pan, CGI sheet and toilet cleaning materials for this purpose.

The availability of toilet is very important in controlling various kinds of diseases which can rapidly spread in disaster affected areas. The opportunity to construct toilets was greatly appreciated by people of Baskharka based on field observations.

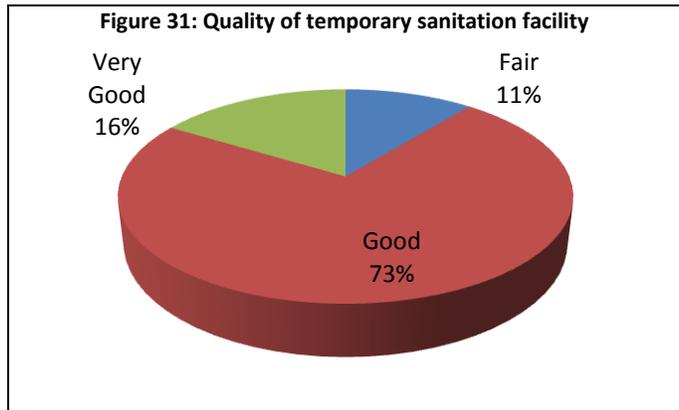
A. Quantity of Temporary Sanitation facility

Initially the beneficiaries were provided with temporary latrine items such as tarpaulins and toilet pans, then in later stages they were given CGI sheet for a more permanent toilet. As a result the respondents of Baskharka were very satisfied with the quantity of the items received to construct toilets. 92.7% reported that the quantity was adequate for them to construct the toilets. Among the respondents who reported to that it was not adequate, the major reason was the inadequate amount of CGI sheet (Figure 30).



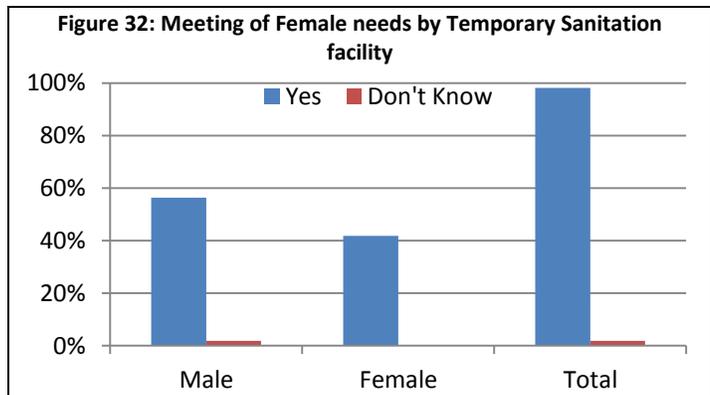
B. Quality of Temporary Sanitation Facility

The quality of the temporary sanitation facility was also observed to be good as reported by 73% of the respondents. Here all the respondents were observed to be content with the quality as the observed responses were only very good, good and fair. (Figure31). Based on field observation it was also seen that the people in Banskharka were keen on learning about hygiene and sanitation practices. They had properly maintained the toilets with regular cleaning and continuo’s supply of water. This scenario shows how a positive attitude with proper knowledge can enhance one practical implication.



C. Meeting of Female needs and improving sanitation practices

The importance of having a personal toilet is very important for females, as it provides privacy and security. 98.2% of the respondent reported that it has met the need of the females. And when asked only to female respondents 100% reported the temporary sanitation facility has met the needs of females in affected area.



The female beneficiaries were very happy that CARE Nepal provided with such a facility and were enthusiastic on learning more on hygiene and sanitation practices.

Table 14: Need of female met by Temporary sanitation facility by female responses

Female	Count	Percent
Yes	23	100.0%
No	0	0.0%
Don't Know	0	0.0%
Total	23	100.0%

In regards to improving sanitation practices, the respondents reported that it was very helpful. The knowledge, attitude and practice of the respondents in Banskharka were quite admirable regarding hygiene and sanitations (Annex Table 36).

KII 5: Furpa Tamang, Ward Public Committee Member

Name	Furpa Syangbo Dong Tamang, Baskharka-6	
Age	49 Yrs.	
Sex	Male	
Occupation	Farmer	
Community Organization Involvement	Ward Public Committee	
Position in Organization	Coordinator	
Family Composition	Male	Female
Adult	3	2
Child	0	0



Furpa Syangbo Dong Tamang, a resident of Baskharka-6 considers himself as a responsible citizen of the village and supports in development activities that brings prosperity and happiness among the society. He believed, the support received from CARE Nepal has restored the confidence among the people of Banskharka on visualizing themselves to normal conditions. He also shared about how vulnerable the situation was prior to support, where people had no place to defecate and were clueless about the importance of hygiene and sanitation.

People eventually realized the importance of hygiene and sanitation when CARE Nepal implemented the awareness programs along with the distribution of Temporary toilets and Sanitation kit. The items distributed were of very good quality and are being used regularly across the village is what he explained. He also reported about how repair and maintenance activities executed with the support of CARE Nepal have helped especially the females of the village. He added the household work such as Cleaning, Washing, Cooking and other household chores have become easy to perform with adequate water supply and received sanitation kit.

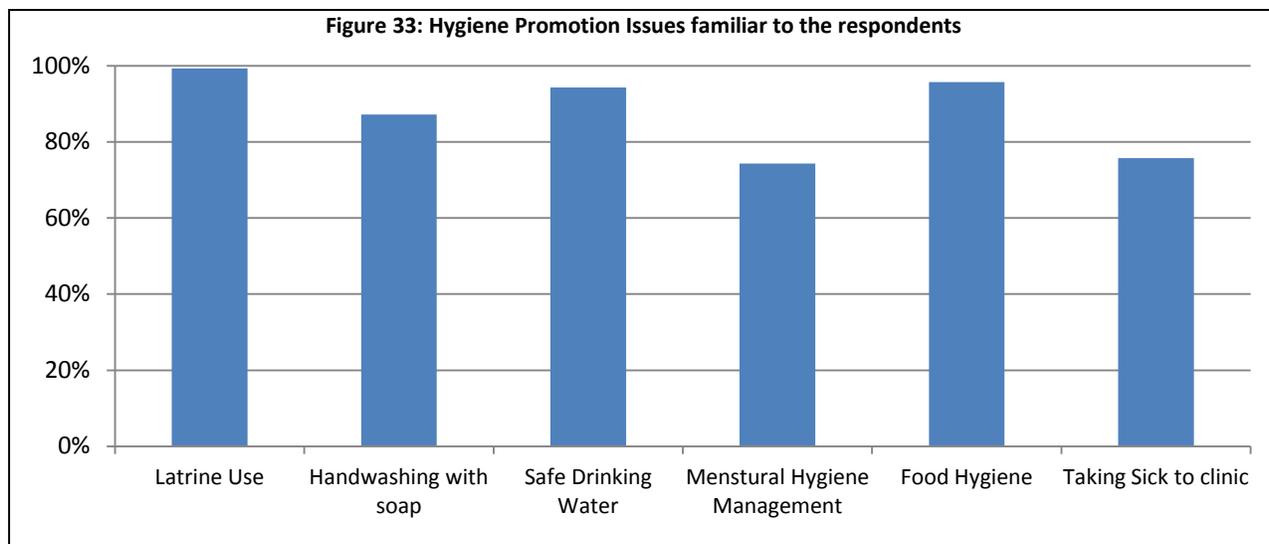
When asked about GBV/ VAW awareness, he replied in an enthusiastic manner explaining almost every possible aspects of it. He further added, the reason of his awareness were the programs implemented by CARE at local level, providing information and knowledge to almost everyone in the village. He also shared about how he voluntarily promotes such programs across the village.

With request for support of items to the left out poor families and recommendation for effective monitoring and supervision on use, he concluded the discussion.

With his positive intuition and beliefs to bring out change, he is actively involved in motivational and awareness activities which are considerably bringing out the change in Banskharka. Thanks to his effort.

3.3.4 Hygiene Promotion Information

Information flow is important in creating awareness and sharing knowledge. DFATD focused hygiene promotion information in both the VDCs. Out of the total 154 respondents, 140 reported to have received hygiene promotion information through various sources. When further asked to the 140 respondents about hygiene promotion information majority of them focused on latrine use followed by food hygiene (Figure33).



When further asked on utilization of the hygiene promotion information 97% (Figure 34) reported they were utilizing them and when asked to females only it was observed that out of 70 female respondents 69 (98.6%) utilize them in day to day life. This is a huge achievement of the hygiene promotion program (Table 15). From the total respondent of hygiene promotion (140) only 5 respondents didn't utilize the information and the major reason is they are old people who feel comfortable in their traditional manner of hygiene (Figure 34).

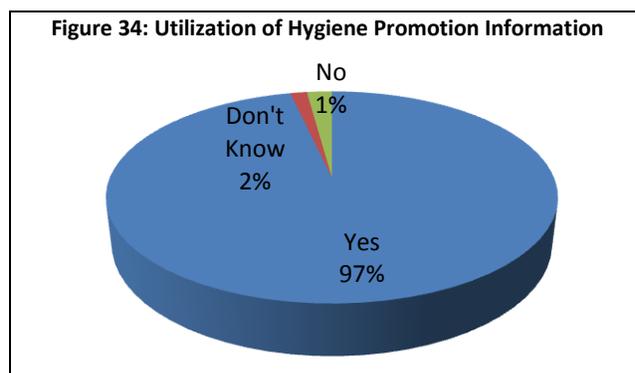
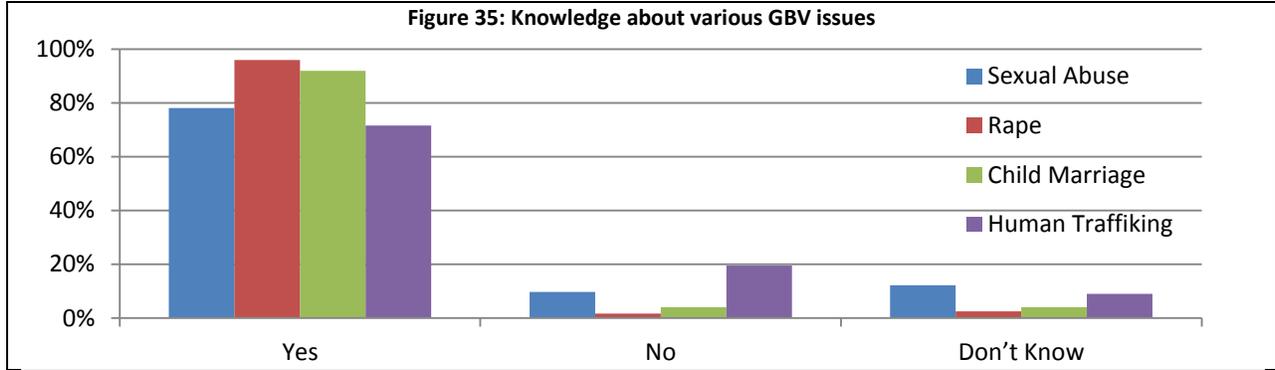


Table 15: Utilization of hygiene promotion information by females

Female	Count	Percent
Yes	69	98.6%
No	0	0.0%
Don't Know	1	1.4%
Total	70	100.0%

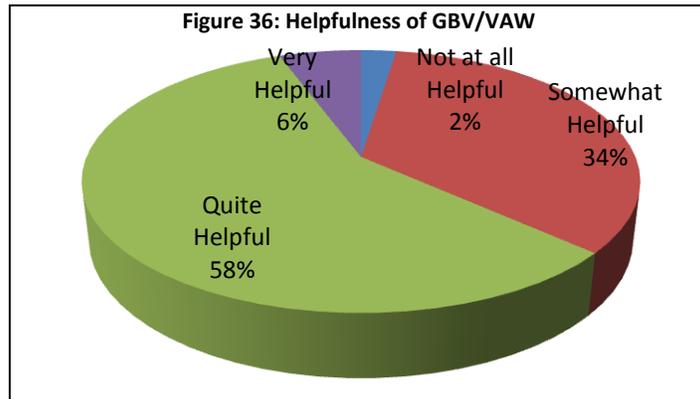
3.4 Gender Based Violence (GBV)

In times of disaster GBV become more prominent as, it is a stressful situation in individual and social level as violence can occur from either places. Thus in order to reduce this situation and



protection of vulnerable group in the society, CARE Nepal also initiated GBV promotion information for the disaster affected community. This information was disseminated through radio, street dramas and pamphlets, where various issues such as sexual abuse, rape, child marriage and human trafficking were highlighted. Thus when asked about the knowledge about GBV/VAW 78.6% reported to have known about GBV/VAW and interestingly 16.2% were unaware about it.

Thus among the respondents who were aware about the GBV/VAW, most of them were aware about Rape (95.9%) followed by Child Marriage (91.9%). Interestingly 19.5 % did not know human trafficking fall under GBV. Detail on understating of GBV is provided in the figure35



When further asked about the helpfulness of GBV/VAW information, the respondents reported that it was quite helpful (58%) and somewhat helpful 34%. 2.4% reported it to be not helpful and the reason behind that was, these respondents were old female who thought these information were useless to them (Figure 36).

Chapter IV Summary Conclusion

4.1 Summary Conclusion

The relief distribution from CARE Nepal in the two VDCs of Lagarche and Baskharakha was greatly appreciated by all the beneficiaries. After a massive earthquake, rescue, relief and rehabilitation is always a challenge for any country. This situation is even more difficult for a developing country like Nepal. Nonetheless with efforts from humanitarian organization such as CARE Nepal, the relief operation has definitely benefited the affected communities.

This report presents the relevancy of the relief materials distributed in the two studied VDCs. Based on the field evaluation and observation from the field staff the relief operation was immensely appreciated by the respondents. Particularly, this study puts in perspective on how the relief distribution programs (DFATD) was conducted and how relevant were the distributed items to the household and female population of the area.

Quantity of the distributed items

The major outcome for the study was to analyze the adequate quantity of the distributed items. It was observed that among the various items distributed most of the items under sectors of Shelter, WASH and GBV were quite adequate for the beneficiaries. The target for to achieve was 90% of the respondents should have been satisfied with the quantity, and across all the items the project has achieved its target except for winterization voucher.

The analysis of quantity was also done in terms of specific female respondents where it was also observed that almost 90% of them were satisfied with the adequate quantity of items. The quantity of Hygiene Kit, Household NFI Kit and Hygiene Promotion were the items that they were most satisfied with.

Quality of the distributed items

Similar to the quantity of the items, quality was also a major indicator to access the success of the distribution project. The success of achieving the target here also demonstrated that the beneficiaries were satisfied with the quality of the items. The beneficiaries were specifically satisfied with the Hygiene Kit and Hygiene Promotion information in this section.

In case of the items quality, all the items have achieved its target of 90% satisfaction across the three sectors.

Meeting of female needs

The distribution of the items was meant to be fulfilling the needs of the female population. Through the survey it was observed that the items and the information promotion system were adequate to fulfill this need as reported by more than 90% of female respondents who participated in the study.

However, through focused group discussions and key informant interviews it was also observed that the beneficiaries thought the information providers (social mobilizers) needs further more training for the information dissemination sessions to be more effective.

Helpfulness of the distributed items

As reported by several respondents and participants from household survey and FGD and KII, without the distributed items, the affected people would not have been in the position that they are today. They have received quit essential items they needed to survive after the disaster and the subsequent seasons.

With the receiving of the items, they have gathered knowledge about its use and have become more sensitive and aware about GBV and hygiene practices. Their attitude towards acquire more knowledge and working together in terms of disaster had also gathered momentum through the work of CARE Nepal in their community. They now practice better hygiene culture and relate to GBV issues.

Annex Tables

Annex Table 1: Receiving of Various Materials by the respondents

Items	Banskharka		Lagarche	
	Count	%	Count	%
Winterization Voucher	0	0.0%	66	42.9%
Household NFI Kit	1	0.6%	94	61.0%
Water Distribution System	52	33.8%	0	0.0%
Hygiene Kit	59	38.3%	95	61.7%
Temporary Sanitation Kit	55	35.7%	0	0.0%
Hygiene Promotion Information	58	37.7%	82	53.2%
GBV	48	31.2%	73	47.4%
Total	273	177.3%	410	266.2%

Total Exceeds 100% due to multiple responses

Annex Table 2: Sample Size VDC ward Based

VDC		Ward No.				Total
		1	2	3	7	
Banskharka	Count	10	1	32	16	59
	%	16.9%	1.7%	54.2%	27.1%	38.3%
Lagarche	Count	74	0	21	0	95
	%	77.9%	0.0%	22.1%	0.0%	61.7%
Total						154
						100.0%

Annex Table 3: Gender Composition of Respondents

VDC		Gender		Total
		Male	Female	
Banskharka	Count	33	26	59
	% within Gender	42.9%	33.8%	38.3%
Lagarche	Count	44	51	95
	% within Gender	57.1%	66.2%	61.7%
Total	Count	77	77	154
	% within Gender	100.0%	100.0%	100.0%

Annex Table 4: Ethnic Composition of the respondents

Ethnic Group	Baskharka	%	Lagarche	%	Total	%
Dalit	0	0.0%	9	5.8%	9	5.8%
Adibasi/Janjati	54	35.1%	58	37.7%	112	72.7%
Privileged Adibasi/Janjati	5	3.2%	0	0.0%	5	3.2%
Others (Brahim/Chettri/Thakuri)	0	0.0%	28	18.2%	28	18.2%
Total	59	38.3%	95	61.7%	154	100.0%

Annex Table 5: Educational Level of Respondents

Educational Level	Baskharka				Lagarche				Total			
	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%
Illiterate	17	22.1%	18	23.4%	26	33.8%	39	50.6%	43	55.8%	57	74.0%
Literate	8	10.4%	6	7.8%	10	13.0%	8	10.4%	18	23.4%	14	18.2%
Primary (upto 5th Grade)	4	5.2%	2	2.6%	2	2.6%	1	1.3%	6	7.8%	3	3.9%
Secondary (6th & upto SLC)	4	5.2%	0	0.0%	5	6.5%	3	3.9%	9	11.7%	3	3.9%
Bachelors & Above	0	0.0%	0	0.0%	1	1.3%	0	0.0%	1	1.3%	0	0.0%
Total	33	42.9%	26	33.8%	44	57.1%	51	66.2%	77	100.0%	77	100.0%

Winterization Voucher

Annex Table 6: Adequate Quantity of Winterization Items

Responses	Count	%
Yes	46	69.7%
No	20	30.3%
Total	66	100.0%

Annex Table 7: Adequate Quantity of Winterization Items

Response	Male		Female		Total	
	Count	%	Count	%	Count	%
Yes	17	25.8%	29	43.9%	46	69.7%
No	9	13.6%	11	16.67%	20	30.3%
Total	26	39.39%	40	60.61%	66	100.00%

Annex Table 8: Quality of winterization item

Responses	Count	%
Poor	1	1.5%
Fair	10	15.25%
Good	53	80.3%
Very Good	2	3.0%
Total	66	100.0%

Annex Table 9: Quality of winterization item based on gender

Responses	Male		Female		Total	
	Count	%	Count	%	Count	%
Poor	0	0.0%	1	1.5%	1	1.5%
Fair	3	4.5%	7	10.6%	10	15.2%
Good	22	33.3%	31	47.0%	53	80.3%
Very Good	1	1.5%	1	1.5%	2	3.0%
Total	26	39.39%	40	60.6%	66	100.0%

Annex Table 10: Female needs met by winterization items

Responses	Count	%
Yes	61	92.4%
No	3	4.5%
Don't Know	2	3.0%
Total	66	100.0%

Annex Table 11: Female needs met by winterization items based upon gender

Responses	Male		Female		Total	
	Count	%	Count	%	Count	%
Yes	22	33.3%	39	59.1%	61	92.4%
No	2	3.0%	1	1.5%	3	4.5%
Don't Know	2	3.0%	0	0.0%	2	3.0%
Total	26	39.4%	40	60.6%	66	100.0%

Annex Table 12: Helpfulness of the winterization items

Responses	Count	%
Not helpful at all	0	0.00%
Not Very Helpful	0	0.00%
Somewhat Helpful	26	39.4%
Quite Helpful	36	54.5%
Very Helpful	4	6.1%
Total	66	100.0%

Annex Table 12: Easiness of receiving winterization items

Responses	Count	%
Not easy at all	1	1.5%
Not very easy	8	12.1%
Somewhat easy	33	50.0%
Quite easy	23	34.8%
Very easy	1	1.5%
Total	66	100.0%

Households NFI Kit

Annex Table 12: Adequacy of Household NFI Kit

Responses	Count	%
Yes	92	96.8%
No	3	3.2%
Total	95	100.0%

Annex Table 13: Adequacy of household NFI kit based upon gender

Responses	Male		Female		Total	
	Count	%	Count	%	Count	%
Yes	42	44.2%	50	52.6%	92	96.8%
No	2	2.1%	1	1.1%	3	3.2%
Total	44	46.3%	51	53.7%	95	100.0%

Annex Table 14: Quality of Household NFI Kit

Responses	Count	%
Poor	1	1.1%
Fair	24	25.3%
Good	65	68.4%
Very Good	5	5.3%
Total	95	100.0%

Annex Table 15: Female needs met from Household NFI Kit

Responses	Count	%
Yes	93	97.9%
No	2	2.1%
Total	95	100.0%

Annex Table 16: Female needs met from Household NFI Kit based on gender responses

Responses	Male		Female		Total	
	Count	%	Count	%	Count	%
Yes	43	45.3%	50	52.6%	93	97.9%
No	1	1.1%	1	1.1%	2	2.1%
Total	44	46.3%	51	53.7%	95	100.0%

Annex Table 17: Easiness of receiving Household NFI Kit

Responses	Count	%
Not very easy	6	6.3%
Somewhat easy	50	52.6%
Quite easy	37	38.9%
Very easy	2	2.1%
Total	95	100.0%

Water Distribution System

Annex Table 18: How has the water distribution system helped

Responses	Count	%
Easy Access to clean drinking water	38	73.1%
Don't have to travel Far	28	53.8%
Improved Hygiene Practices	22	42.3%
Not Helped at all	5	9.6%
Total	52	178.8%

Total exceeds 100% due to multiple responses

Annex Table 19: Quality of water from the distribution system

Responses	Count	%
Poor	2	3.8%
Fair	17	32.7%
Good	29	55.8%
Very Good	4	7.7%
Total	52	100.0%

Annex Table 20: Quality of water from the distribution system by gender responses

Responses	Male		Female		Total	
	Count	%	Count	%	Count	%
Poor	2	3.8%	0	0.0%	2	3.8%
Fair	13	25.0%	4	7.7%	17	32.7%
Good	13	25.0%	16	30.8%	29	55.8%
Very Good	3	5.8%	1	1.9%	4	7.7%
Total	31	59.6%	21	40.4%	52	100.0%

Annex Table 21: Adequacy of the water from water distribution system

Responses	Count	%
Not very adequate	2	3.8%
Somewhat Adequate	17	32.7%
Quite Adequate	28	53.8%
Very Adequate	5	9.6%
Total	52	100.0%

Annex Table 22: Adequacy of the water from water distribution system by gender responses

Responses	Male		Female		Total	
	Count	%	Count	%	Count	%
Not very adequate	1	1.9%	1	1.9%	2	3.8%
Somewhat Adequate	11	21.2%	6	11.5%	17	32.7%
Quite Adequate	15	28.8%	13	25.0%	28	53.8%
Very Adequate	4	7.7%	1	1.9%	5	9.6%
Total	31	59.6%	21	40.4%	52	100.0%

Annex Table 23: Helpfulness of water distribution system for females

Responses	Count	%
Yes	50	96.2%
No	1	1.9%
Don't Know	1	1.9%
Total	52	100.0%

Annex Table 24a: Water fetching duty in household

Fetching Duty	Count	%
Adult Male	40	76.9%
Adult Female	49	94.2%
Child Male	8	15.4%
Child Female	3	5.8%
Total	52	192.3%

Annex Table 24b: Help of water distribution system in increasing hygiene practices

Responses	Count	%
Not very Helpful	3	5.8%
Somewhat Helpful	8	15.4%
Quite Helpful	36	69.2%
Very Helpful	5	9.6%
Total	52	100.0%

Annex Table 24c: Water fetching time

Time (In Minutes)	
Before	6.57
After	2.61

Hygiene Kit

Annex Table 25: Adequacy of quantity of Hygiene Kit

Responses	Count	%
Yes	152	98.7%
No	1	.6%
Don't Know	1	.6%
Total	154	100.0%

Annex Table 26: Adequacy of quantity of Hygiene Kit by gender response

Responses	Male		Female		Total	
	Count	%	Count	%	Count	%
Yes	77	50.0%	75	48.7%	152	98.7%
No	0	0.0%	1	0.6%	1	0.6%
Don't Know	0	0.0%	1	0.6%	1	0.6%
Total	77	50.0%	77	50.0%	154	100.0%

Annex Table 27: Quality of Hygiene Kit

Response	Count	%
Poor	1	.6%
Fair	22	14.3%
Good	119	77.3%
Very Good	12	7.8%
Total	154	100.0%

Annex Table 28: Quality of hygiene kit by gender responses

Response	Male		Female		Total	
	Count	%	Count	%	Count	%
Poor	0	0.0%	1	0.6%	1	0.6%
Fair	11	7.1%	11	7.1%	22	14.3%
Good	61	39.6%	58	37.7%	119	77.3%
Very Good	5	3.2%	7	4.5%	12	7.8%
Total	77	50.0%	77	50.0%	154	100.0%

Annex Table 29: Meeting of specific female need by hygiene kit

Responses	Count	%
Yes	150	97.4%
No	1	.6%
Don't Know	3	1.9%
Total	154	100.0%

Annex Table 30: Hygiene kit helpful in improving hygiene practices

Responses	Count	%
Not at all Helpful	1	.6%
Somewhat Helpful	43	27.9%
Quite Helpful	107	69.5%
Very Helpful	3	1.9%
Total	154	100.0%

Temporary Sanitation Facility

Annex Table 31: Adequacy of quantity of temporary sanitation facilities

Responses	Count	%
Yes	51	92.7%
No	4	7.3%
Total	55	100.0%

Annex Table 32: Adequacy of quantity of temporary sanitation facilities by gender responses

Responses	Male		Female		Total	
	count	%	count	%	count	%
Yes	30	54.5%	21	38.2%	51	92.7%
No	2	3.6%	2	3.6%	4	7.3%
total	32	58.2%	23	41.8%	55	100.0%

Annex Table 33: Quality of the temporary sanitation facility

Responses	Count	%
Fair	6	10.9%
Good	40	72.7%
Very Good	9	16.4%
Total	55	100.0%

Annex Table 34: Female needs met by Temporary sanitation facility

Responses	Count	%
Yes	54	98.2%
Don't Know	1	1.8%
Total	55	100.0%

Annex Table 35: Female needs met by Temporary sanitation facility by gender responses

Responses	Male		Female		Total	
	Count	%	Count	%	Count	%
Yes	31	56.4%	23	41.8%	54	98.2%
Don't Know	1	1.8%	0	0.0%	1	1.8%
Total	32	58.2%	23	41.8%	55	100.0%

Annex Table 36: Temporary sanitation helpful in improving sanitation practices

Responses	Count	%
Somewhat Helpful	11	20.0%
Quite Helpful	38	69.1%
Very Helpful	6	10.9%
Total	55	100.0%

Annex Table 37: Temporary sanitation helpful in improving sanitation practices by gender responses

Responses	Male		Female		Total	
	Count	%	Count	%	Count	%
Somewhat Helpful	6	10.9%	5	9.1%	11	20.0%
Quite Helpful	21	38.2%	17	30.9%	38	69.1%
Very Helpful	5	9.1%	1	1.8%	6	10.9%
Total	32	58.2%	23	41.8%	55	100.0%

Hygiene Promotion Information

Annex Table 38: Knowledge about various hygiene issues

Promotions issues	Count	%
Latrine Use	139	99.3%
Hand washing with soap	122	87.1%
Safe Drinking Water	132	94.3%
Menstrual Hygiene Management	104	74.3%
Food Hygiene	134	95.7%
Taking Sick to clinic	106	75.7%
Total	737	526.4%

Annex Table 39: Utilization of hygiene practices information by respondents

Responses	Count	%
Yes	135	96.4%
No	2	1.4%
Don't Know	3	2.1%
Total	140	100.0%

Annex Table 40: Utilization of hygiene practices information by gender responses

Response	Male		Female		Total	
	Count	%	Count	%	Count	%
Yes	66	47.1%	69	49.3%	135	96.4%
No	2	1.4%	0	0.0%	2	1.4%
Don't Know	2	1.4%	1	0.7%	3	2.1%
Total	70	50.0%	70	50.0%	140	100.0%

Annex Table 41: Utilization of hygiene promotion information by female household members

Response	Count	%
Yes	111	79.3%
No	5	3.6%
Don't Know	24	17.1%
Total	140	100.0%

Annex Table 42: Helpfulness of the hygiene promotion information

Responses	Count	%
Not at all Helpful	2	1.4%
Not very Helpful	3	2.1%
Somewhat Helpful	38	27.1%
Quite Helpful	91	65.0%
Very Helpful	6	4.3%
Total	140	100.0%

Gender Based Violence (GBV)

Annex Table 43: Knowledge about GBV/VAW

Response	Count	%
Yes	121	78.6%
No	25	16.2%
Don't Know	8	5.2%
Total	154	100.0%

Annex Table 44: Responses on specific GBV related issues

GBV Issues	Yes		No		Don't Know		Total	
	Count	%	Count	%	Count	%	Count	%
Sexual Abuse	96	78.0%	12	9.8%	15	12.2%	123	100.0%
Rape	118	95.9%	2	1.6%	3	2.4%	123	100.0%
Child Marriage	113	91.9%	5	4.1%	5	4.1%	123	100.0%
Human Trafficking	88	71.5%	24	19.5%	11	8.9%	123	100.0%
Total	415	337.4%	43	35.0%	34	27.6%		

Row total exceeds 100% due to multiple responses

Annex Table 45: Helpfulness of the GBV promotion information

Response	Count	%
Not at all Helpful	3	2.4%
Somewhat Helpful	42	34.1%
Quite Helpful	71	57.7%
Very Helpful	7	5.7%
Total	123	100.0%

Annex Table 46: Helpfulness of the GBV promotion information by gender responses

Responses	Male		Female		Total	
	Count	%	Count	%	Count	%
Not at all Helpful	1	0.8%	2	1.6%	3	2.4%
Somewhat Helpful	23	18.7%	19	15.4%	42	34.1%
Quite Helpful	36	29.3%	35	28.5%	71	57.7%
Very Helpful	3	2.4%	4	3.3%	7	5.7%
Total	63	51.2%	60	48.8%	123	100.0%

Annex Field Photo



Picture 1: Women respondent at Ward No. 1, Banskharka.



Picture 2: Local women plucking the vegetables at Ward No. 1, Banskharka.



Picture 3: Newly maintained and repaired water tap at Ward No. 1, Banskharka



Picture 4: KII with one of the key informant at Ward No. 3, Banskharka



Picture 5: Female respondent answering questions with a smile at Ward No. 3, Banskharka.



Picture 6: Beautiful Landscape seen at Ward No. 6, Banskharka.



Picture 7: Paddy plantation is seen at Ward No. 6, Banskharka



Picture 8: Landscape of Ward No. 7, Banskharka.



Picture 9: Landslide seen on the way to Ward No. 7, Banskharka



Picture 10: Animal grazing on the way to Ward No. 7, Banskharka



Picture 11: One of the eldest respondent at Ward No. 7, Banskharka



Picture 12: 3iR RA interacting with the respondents of Ward No. 7, Banskharka



Picture 13: Temporary Shelter at Ward No. 1, Banskharka.



Picture 14: Temporary Shelter Constructed with the help of materials distributed by Care Nepal at Ward No. 7, Banskharka. Household Head at front.



Picture 15: Female respondent actively answering the questions put forward at Ward No. 3, Banskharka



Picture 16: FGD being conducted at VDC office premises, Banskharka



Picture 17: Beautiful Paddy field seen at Ward No. 6, Banskharka



Picture 18: Temporary shelter cluster at Ward No. 3, Banskharka



Picture 19: Women Respondent near to her temporary shelter at Ward No. 1, Lagarche



Picture 20: Temporary Shelter built with the help of distributed Tarps and locally arranged rafters are seen at Ward No. 1, Lagarche



Picture 21: Part of Sanitary Kit being used at Lagarche VDC- 3



Picture 22: Temporary Toilet distributed by Care Nepal seen at Ward No. 3, Lagarche



Picture 23: Temporary Toilet distributed by Care Nepal seen at Ward No. 1, Lagarche



Picture 24: A water reservoir repaired by Care Nepal was seen at Ward No. 1, Baskharka.



Picture 25: A female respondent and a single mother, answering the questions at Ward No. 1, Lagarche



Picture 26: FGD being executed at VDC office premises, Baskharka.



Picture 27: Villagers seen planting the crops on their farmland at Ward No. 3, Baskharka.



Picture 28: Unmarried daughter seen taking care of father at Ward no. 7, Banskharka



Picture 29: An old female respondent answering questions at Ward No. 1, Lagarche.



Picture 30: The male respondent answering question at ward No. 1, Lagarche



Picture 31: A water tank reservoir Repaired by CARE Nepal seen at Ward No. 3, Banskharka.



Picture 32: Female respondents answering the questions while working on their maize field Ward No. 1, Lagarche.



Picture 33: Focal Group Discussion being executed at Ward No. 1, Lagarche



Picture 34: The male respondent answering the question after paddy plantation on his farmland at Ward No. 1, Lagarche.



Picture 35: Temporary Toilet distributed by CARE Nepal was seen being used at Ward No. 1, Lagarche.



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