

## 出國報告（出國類別：計畫評估）

# 尼泊爾「衛生站重建計畫」暨 「糧食安全及生計支援計畫」 評估任務返國報告

出差人員：	財團法人國際合作發展基金會	李副秘書長栢淳
	財團法人國際合作發展基金會	王處長宏慈
	財團法人國際合作發展基金會	曾專員建堯

派赴國家： 尼泊爾

出國期間： 104 年 9 月 28 日至 10 月 9 日

## 摘要

本次評估任務分別為與世界展望會尼泊爾分會(World Vision International Nepal, WVN)合作之「衛生站重建計畫」及國際關懷協會尼泊爾分會(Care Nepal)合作之「糧食安全及生計支援計畫」，以下依不同任務說明考察成果：

### 壹、衛生站重建計畫

- 一、**計畫成果：**本計畫核心問題原為因地震倒塌之衛生站，無法提供該有之健康服務。經參酌尼國政府對於災後重建之策略-「建構比以前更好之未來(Build Back Better, BBB)」，本團建議修正計畫成果為「重建衛生站以提供災民更具品質之健康照護服務」。
- 二、**我國及本會能見度：**本團此行拜會 Gorkha 縣衛生局主管說明本會將於 Gorkha 縣與 WVN 合作衛生站重建計畫，該局主管表達感謝之意，並希冀能有更多投入。另針對計畫執行後之我國及本會能見度，WVN 回應團隊處長( Response Team Director ) Ms. Jenny MacCann 承諾將比照以往模式，呈現於計畫相關設施及物品上。
- 三、**計畫地點：**考量我國與本會之能見度及尼國 Gorkha 縣政府衛生局建議之優先救援助地點(以全毀者優先)，本團建議 WVN 變更 Gorkha 縣其中一計畫地點-Kerabari VDC (該 VDC 離 Gorkha 縣中心約 4.5 小時車程，加上登山步行 2.5 小時，且衛生站未全倒塌)。Ms. Jenny MacCann 表示將儘速進行地點變更之評估，並於本年 10 月 16 日前回覆本會。
- 四、**計畫時程與經費：**本計畫期程因考量基線調查及當地施工緩慢之因素，將延長至 15 個月，預計本年 12 月 7 日前啟動，WVN 將於啟動後提供季報表 4 份及結案報告乙份予本會。另雖時程延長，整體計畫費用將維持美金 50 萬元，且 WVN 同意依本會間接費用及人事費之標準重新調整加總後之預算比例至 20%以下。
- 五、**本會專案志工：**依據以往合作模式，雙方同意由本會派遣志工參與本計畫，時間以 3 個月為基礎，另因簽證申請問題，最多不超過 5 個月。志工工作規範書以參與企劃(programing)及計畫執行工作為主。

六、**WVN 執行能力**：本次地震已達 WVN 定義之 Category 3，雖震央地區 Gorkha 縣非原來 WVN 的發展型計畫地區，惟其在地震後仍迅速籌組回應團隊，目前成員 190 人，其中聘僱當地人員 165 人，國際人員(含顧問)25 人，後者主要與 UN 及國際非政府組織協調溝通參與之 cluster 及分工事宜。倘就安排本團拜會衛生局會議之執行力與找尋當地合作夥伴<sup>1</sup>之進度而言，WVN 仍待加強。另 WVN 已獲尼國 Gorkha 縣災難救援委員會 (District Disaster Relief Committee, DDRC) 之同意信函(pre-consensus letter)，述明 WVN 介入的村莊(Village Development Community, VDC)與合作領域(含健康)，另 WVN 已於本年 10 月 8 日提交衛生部(Ministry of Health and Population, MoHP)該會之「震後復原計畫」。

## 貳、糧食安全及生計支援計畫

- 一、**計畫成果**：本計畫核心問題原為脆弱家戶無法恢復地震前之生活，爰計畫成果為「協助 1000 戶脆弱家戶恢復地震前之生活並協助建立市場運作機制，以增加家戶收入」。此與尼國政府對於災後重建之策略(建構比以前更好之未來)相符。惟因計畫原來經費未含本會專家赴尼國所需費用，爰將因應經費調整下修受益家戶至 800 戶。
- 二、**我國及本會能見度**：本團此行拜會 Gorkha 縣災難救援委員會、縣立發展委員會(District Development Committee, DDC)<sup>2</sup>、農業局(District Agriculture Development Office, DADO)及畜牧局(District Livestock Support Office, DLISO)主管說明本會將與 Care Nepal 合作糧食安全及生計支援計畫，與會人員均表達感謝之意，並希冀能有更多投入。另針對計畫執行後之我國及本會能見度，本團以與 WV 及美慈組織合作之案例呈現能見度之圖片，Care Nepal 同意將比照辦理。
- 三、**計畫地點**：為使計畫區域更具整體性及提升我國能見度，原計畫 Gorkha 縣之地點將在檢視預算後調整可涵蓋之地點，續將連同計畫書一併提供本會。

<sup>1</sup> 為協助當地 NGO 之能力建構，尼國政府要求所有國際非政府組織必須和當地 NGO 合作，方能執行計畫。

<sup>2</sup> DDC 負責協調國際非政府組織與 Local NGO 之發展型計畫

- 四、 **計畫時程與經費**：本計畫期程依原定時間執行 12 個月，預計本年 11 月中旬啟動，並由 Care Nepal 提供季報表 3 份及結案報告乙份予本會。鑒於本會與 Care Nepal 係初次合作，雙方就計畫預算編列部分進行長時間溝通討論，最終雙方同意依本會間接費用及人事費之標準重新調整加總後的比例至 20% 以下，另在不超過美金 50 萬元的總額下，加入本會專家赴尼國所需費用，並相應調整其他費用。未來倘合作關係良好，不排除進行第二階段合作。
- 五、 **本會專家**：為強化本會之參與，雙方同意由本會派遣園藝專家參與本計畫，以 3 個月為基礎，專家工作規範書將由 Care Nepal 依據農時事後提供，主要工作負責進入社區輔導農民提升蔬菜栽種能力。
- 六、 **Care Nepal 執行能力**：Care Nepal 以原該會當地人員為主要協調人員，在地化能力高，對於尼國現況相當瞭解，團隊協調能力佳，且 Gorkha 縣原為其發展型計畫之執行地點，長期與當地 NGO-SSICDC 搭配，深耕許久，因與當地政府官員熟識，隨時知悉官員目前動態，因此在考察期間皆可迅速依本團意見調整參訪地點與行程。另因應本次災後援助，新招募超過 110 名當地人員。Care Nepal 已獲尼國 Dhading、Gorkha 等縣級災難救援委員會之同意信函，並已將整體復原企劃書(介入 Cluster 包含農業、庇護所、保護等<sup>3</sup>)提交尼國社會福利部(Social Welfare Council, SWC)進行最終確認，目前等待與該部簽署備忘錄。

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<sup>3</sup> 健康之 Cluster 需要另外與衛生部簽署，其他 Cluster 可以一次簽署 MOU



A TaiwanICDF appraisal mission visited Nepal for assessing the feasibility of both "Assisting the Recovery of Nepal Earthquake-affected Health Posts Project" cooperating with World Vision Nepal(WVN) and "Food Security and Livelihoods Support Program" with Care Nepal. The results for two projects are illustrated respectively as follow:

### **"Assisting the Recovery of Nepal Earthquake-affected Health Posts Project"**

1. **Project Outcome:** The core issue of health in Nepal is that the provision of the health service is not available since the health posts were damaged by the earthquake. In accordance with the recovery strategy "Build Back Better, BBB" proposed by Nepali Government, the project outcome was agreed to be amended to "To contribute to the restoration and improvement of quality health services for the earthquake affected population in target areas".
2. **Visibility:** The mission presented the officer of District Public Health Office(DPHO) in Gorkha the upcoming project cooperated with WVN and received the positive feedback. It was agreed by Ms Jenny MacCann, the Response Team Director, WVN, that the symbol of Taiwan and logo of TaiwanICDF are required to be put on materials and equipment provided under this funding source in accordance with the previous cooperative projects with World Vision.
3. **Project Location:** Considering the visibility of Taiwan and TaiwanICDF and the reconstruction priority by DPHO, the health post in Kerabari Village Development Community(VDC), which is partially damaged and too long distance from the center of Gorkha District, was suggested to be replaced. The final locations will be confirmed with Ms Jenny MacCann, WVN, before the Oct. 16th, 2015.
4. **Project period and funding:** According to the time for baseline research and health posts' reconstruction, the project period is extended to 15 months with 4 quarterly reports and one completion report from WVN, and the project is expected to incept before Dec. 7<sup>th</sup>, 2015. It was agreed that TaiwanICDF's funding for the project would remain a lump sum contribution of US\$ 500,000, and that the overhead, the amount of indirect cost and staff costs not directly for project operation, should be less than 20%.
5. **Project Volunteer dispatched by TaiwanICDF:** According to the previous cooperation, it was agreed that TaiwanICDF shall dispatch a volunteer to assist in project programming and implementation. In terms of serving period of volunteer, it was agreed that it is estimated to be 3 months, and it would be extended to no more than 2 months subject to the VISA application.
6. **Executive capacity of WVN:** The earthquake in Nepal was defined as a Category 3 disaster by World Vision. Although Gorkha, one of the hardest-hit districts by the earthquakes, was not an area of WVN's Area Development Program(ADP), a WVN response team was rapidly It composes of 190 staffs, including 165 Nepalese and 25 international staffs. According to the flexibility and arrangement of the appraisal mission as well as the progress to looking for local NGOs, efficiency is suggested to be improved for WVN. WVN has received the pre-consensus

a letter from District Disaster Relief Committee(DDRC), Gorkha, which noted the project VDCs and cooperative sectors, and has submitted the MOU for "Implementing Post-earthquake Recovery Plan in Nepal's Health Sector" to Ministry of Health and Population on Oct. 8th, 2015.

### **"Food Security and Livelihoods Support Program"**

1. **Project Outcome:** The core issue of food security and livelihoods support is the vulnerable households' loss of livelihood leading to increased food insecurity. In accordance with the BBB strategy, the project outcome was "1000 disaster affected HHs livelihoods are recovered and mechanisms established to meet their food security by end of the project". However, considering the additional expenditure of dispatching TaiwanICDF expert, it was agreed that the number of beneficiaries is down to 800 HHs.
2. **Visibility:** The mission team presented the officers of District Disaster Relief Committee(DDRC), District Development Committee(DDC), District Agriculture Development Office(DADO) and District Livestock Support Office(DLSO) in Gorkha the upcoming project cooperated with Care Nepal. Positive feedbacks were from them. In addition, Care Nepal was agreed that, according to the TaiwanICDF projects cooperated with World Vision and Mercy Corps, the symbol of Taiwan and the logo of TaiwanICDF are required to be put on materials and equipment provided under this funding source.
3. **Project Location:** For the geographic holistic approach and promotion of Taiwan's visibility, the VDCs in Gorkha district covered by the project were adjusted. A detailed project proposal need be submitted to TaiwanICDF after assessing the budget.
4. **Project period and funding:** The project period remains 12 months with 3 quarterly reports and one completion report from Care Nepal, and the project is expected to incept before the mid-November, 2015. Since it is the first cooperation between Care Nepal and TaiwanICDF, budget allocation had been under a long negotiation, and it was agreed that the overhead, the amount of indirect cost and staff costs not directly for project operation, should be less than 20%. In addition, the funding for the project including the expenditure of dispatching an expert by TaiwanICDF would remain a lump sum contribution of US\$ 500,000. The phase 2 cooperation between Care Nepal and TaiwanICDF shall be considered subject to the performance of this project.
5. **Expert dispatched by TaiwanICDF:** In order to enhance involvement in the project, it was agreed that a horticulture expert from TaiwanICDF will be dispatched to assist in improving the vegetable cultivation of the farmers basically for 3 months. The Terms of the Reference shall be provided by Care Nepal soon.
6. **Executive capacity of Care Nepal:** Care Nepal teams have rooted in local districts for many years. Given Care Nepal has developed a long-term relationship with local NGO-SSICDC and

District Government officers for the development projects in Gorkha, the mission schedule and VDCs' selection can be rapidly adjusted in accordance with the request by TaiwanICDF's appraisal team. For emergency relief and recovery projects, Care Nepal has recruited more than 110 local staffs. Meanwhile, Care Nepal has submitted a MOU of recovery strategy reflecting all planned interventions, including agriculture, shelter, protection, etc., for the approval and signature by the Social Welfare Council(SWC), Nepal.

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## 尼泊爾「衛生站重建計畫」暨「糧食安全及生計支援計畫」

### 評估任務返國報告

#### 壹、任務說明

##### 一、計畫緣起

本(104)年 4 月 25 日，尼泊爾發生 7.8 級強震，並於 5 月 12 日續發生第二次 7.3 級地震，尼泊爾 75 個縣中有 35 個縣受到影響，其中 14 個縣因地震毀損情況嚴重；截至本年 7 月 17 日止，統計總死亡人數為 8,702 人，受傷人數為 16,808 人，房屋全毀(destroyed)數達 505,745 間，受損(damaged)數達 279,330 間。

根據世界衛生組織和尼泊爾衛生部(Ministry of Health and Population, MoHP)報告，本次地震讓尼泊爾受災區 90%之醫療機構失去功能，供水、衛生系統與社區基礎設施也因地震嚴重毀損，加以季風季節即將來臨，致各類水源性或傳染性疾病如麻疹、B 型肝炎和霍亂等疫病爆發的風險更高。其中廓爾喀縣(Gorkha)及辛杜帕爾喬克縣(Sindhupalchowk)為第一次及第二次地震受災最嚴重的地區之一，爰重建此二地區之社區衛生站並提高社區與健康工作者對健康、疾病管理能力、防災和 Water, Sanitation and Hygiene(WASH)的管理能力實刻不容緩。

另本次地震亦重創了以農業和畜牧業作為主要糧食與生計來源的尼泊爾，根據尼泊爾農業發展部(The Ministry of Agriculture Development, MoAD)估計，地震造成尼泊爾農業超過一億美元的損失，包括 13 萬噸食物與儲備糧食、牲畜及農具的損失。其中廓爾喀縣為本次重災區之一，當地因地震失去勞動人口，也失去儲糧、種子及相關農資材，加以市場交易停滯，致該縣災民糧食安全影響甚鉅。

為改善現況，本會與世界展望會(World Vision)合作進行「尼泊爾衛生站重建計畫」，以協助恢復及改善廓爾喀縣(Gorkha)及辛杜帕爾喬克縣(Sindhupalchowk)基礎健康服務；並與國際關懷協會尼泊爾分會

(Care Nepal)合作進行「尼泊爾糧食安全及生計支援計畫」，以期協助災民恢復既有之糧食安全程度。本會由人道援助處王處長宏慈偕同曾專員建堯於本年9月28日至10月3日赴尼泊爾與世界展望會共同進行計畫評估任務。另鑒於本會未曾與國際關懷協會合作，為瞭解該機構評估人道援助計畫之執行方法，並確認當地實際需求及計畫執行細節，爰由李副秘書長栢淳代表本會於本年10月2日至9日赴尼泊爾，並偕同王處長宏慈、曾專員建堯與該機構共同進行聯合評估任務。

## 二、執行期間

本 104 年 9 月 28 日至 10 月 9 日。

## 三、任務目標

- (一) 確認二計畫之計畫架構及細部規劃（含技術可行性、計畫書內容及預算等）。
- (二) 釐清二計畫潛在風險及限制等。
- (三) 瞭解世界展望會及國際關懷協會評估與執行人道援助計畫之方法。

## 四、考察工作範圍及評估重點

- (一) **合作單位執行能力及合作模式評估：**評估合作單位投入資源及執行能力，釐清利害關係人角色，並確認能力建構項目及合作模式(含技術人員派遣之合作模式評估)。
- (二) **計畫規模與執行項目評估：**確認計畫規模、投入之成本與執行項目，並評估與分析現有規劃是否可達成預期效益。
- (三) **計畫細部內容規劃：**依據評估結果確認計畫目標、內容、效益、預算等細部規劃。
- (四) **計畫之風險評估：**針對考察發現提出潛在之執行風險，作為計畫規劃之參考。
- (五) **世界展望會與國際關懷協會評估方法觀察：**透過本次考察瞭解

尼泊爾「衛生站重建計畫」暨「糧食安全及生計支援計畫」評估任務返國報告  
世界展望會及國際關懷協會評估與執行人道援助計畫之方法，  
以作為本會未來推動相關作業之參考。

#### 五、考察行程（詳細行程請參照附件一）

日期	行程	成員	備註
9/28	由台灣出發經香港至尼泊爾	王宏慈 曾建堯	
9/29-10/3	<ul style="list-style-type: none"> <li>評估世界展望會執行能力及合作模式</li> <li>評估計畫規模、執行項目與風險</li> <li>規劃計畫細部內容</li> <li>瞭解世界展望會評估與執行人道援助計畫之方法</li> </ul>	王宏慈 曾建堯	李栢淳於10月2日自台灣出發經香港，並於當日晚上抵達尼泊爾，10月3日參與「尼泊爾衛生站重建計畫」評估任務總結會議行程。
10/5-10/8	<ul style="list-style-type: none"> <li>評估國際關懷協會執行能力及合作模式</li> <li>評估計畫規模、執行項目與風險</li> <li>規劃計畫細部內容</li> <li>瞭解國際關懷協會評估與執行人道援助計畫之方法</li> </ul>	李栢淳 王宏慈 曾建堯	
10/8-10/9	自尼泊爾經香港返回台灣	李栢淳 王宏慈 曾建堯	



## 貳、任務發現與建議方案

本次尼國地震造成 70 個縣中約有 35 個位於西北者受到影響，其中 14 個縣影響最為嚴重，包括北方山區丘陵地帶，其中 Gorkha 縣、Sindhupalchowk 縣與首都加德滿都情況嚴重，根據 OCHA 於本年 8 月 31 日提出之報告顯示，已有超過 60 萬戶房屋倒塌、近 30 萬戶房屋受損及近 9000 人死亡。另發生包括道路中斷、醫療院所與電力設備毀損等災情，臨時居所、糧食、乾淨水資源、衛生及醫療需求龐大且資源匱乏，潛藏疾病（如麻疹及水源性傳染病）爆發風險。

本次評估任務考察地點為震央所在之 Gorkha 縣，縣內共有 67 個 VDCs。在醫療資源配置上，每個 VDC 都設有一個衛生站（health post）；全縣則設有 2 家醫院。根據災後需求評估（Post-Disaster Needs Assessment, PDNA<sup>4</sup>）92 個醫療設施中僅 19 個（20%）尚可運作。另根據 2011 年的農業普查，縣內約 80% 的家戶都以農業為生，主要種植馬鈴薯、玉米、小麥及多葉蔬菜，並飼養牛與犏牛，是一有穀物剩餘（糧食生產高於消費）的行政區。

本次任務包含與世界展望會尼泊爾分會（World Vision International Nepal, WVN）合作之「衛生站重建計畫」及與國際關懷協會尼泊爾分會（Care Nepal）合作之「糧食安全及生計支援計畫」，以下依不同任務期間，兩計畫與尼國中央政府、縣級政府、主責計畫之國際非政府組織（International NGO, INGO）執行能力及計畫內容逐一說明，並以本次任務所達成之計畫共識及後續追蹤事項進行總結：

### 一、「衛生站重建計畫」

#### （一）尼國政府災後健康重建策略與現況

根據尼國災後需求評估（Post Disaster Needs Assessment），尼國政府瞭解健康服務重建工作非一蹴可幾，以健康體系的復原與重建來說，初期主要分為三個階段，每個階段有其需求與復原策略：

<sup>4</sup> <http://un.org.np/sites/default/files/PDNa-volume-B.pdf>

1. 緊急階段(Immediate)：係以恢復提供健康服務為首要目標，因此以提供臨時搭建的衛生站為優先工作，並儘速恢復孕產、心理及復健等照護服務以及提供衛生教育活動等，以滿足民眾基本健康需求，同時註明透過媒體等方式宣傳公眾健康訊息，提升民眾對衛生議題之認知。
2. 中介階段(Intermediate)：係以修建永久性的衛生站為主要工作，並要逐漸取代臨時性的衛生站，部分新建的衛生站將採用統一設計架構，以具備提供相同服務之基本功能。同時，此階段特別強調需強化民眾對於災難準備及災後之管理應變能力。
3. 中程階段(Medium)：需依據各地區的人口結構與醫療服務對象規劃衛生機構，並根據復原及重建階段的主要策略-「建構比以前更好之未來」(Build Back Better, BBB)，強化醫療建築物功能並具備防震能力，但除了基礎建設的重要性外，此階段亦重視建構民眾疾病預防能力。

災後救援計畫方面，為因應中央政府對於災後重建所提出之需求，縣級政府方面設有專責災難救援委員會(District Disaster Relief Committee, DDRC)<sup>5</sup>，所有災後的國際非政府組織活動需要獲得該委員會的同意信函(Pre-Consensus Letter)後方可與尼國中央政府（社會福利部或衛生部）簽署備忘錄。尼國中央與地方政府強勢主導，包含各國際非政府組織所參與的地點、活動與時程（Where, What, When, Who, 4W）均於 UN 駐地代表與尼國官員共同主持的 Cluster 會議中獲致共識，而各 Clusters 根據救援情況進入復原及重建的時間點並不一致，以 Health Cluster 進度而言，10 月份開始進入復原階段。

<sup>5</sup>以縣級政府角度來看，其主要負責第一線重建工作，根據 Gorkha 縣衛生局長 Mahendra Dhaj Adhikari 所述，尼國災後健康重建優先順序係以衛生站是否完全倒塌為依據，為恢復提供基本照護服務能力，將從全倒之衛生站復原工作做起。而計畫原定之計畫地點 Chungli 及 Kerabari 皆未完全倒塌（衛生站倒塌情形統計表請參照附件二），渠建議本團及 WVN 將計畫區域移至 Darbhung 及 Bakrang 兩處，分別離 Gorkha 市區約 10 公里及 8 公里路程。

## (二) 社區現況及基礎衛生體系運作簡介

### 1. 村莊基本組成架構：

本次地震受災嚴重地區共計 14 個縣，每個縣係由數十個村莊集合而成，每個村莊(Village Development Community, VDC)有 9 個鄰(Ward)，共計約 3000 人<sup>6</sup>。許多年輕男性長期在村外工作，村落內以女性、老人及孩童為主。多由女性負責農作，婦女會在當地也相當活躍，惟村莊管理委員會及家戶內仍以男性領導為主。

### 2. 社區疾病與衛生站現況：

村內常見疾病包含腹瀉、呼吸道感染、皮膚病及寄生蟲等，糖尿病及高血壓等慢性疾病的情形相對不多。每個村的基礎健康照護服務係以衛生站(Health Post)為單位，服務時間為上午 10 點至下午 3 點，其服務內容包含衛生教育、產前及產後照護及緊急出診等。站內常備藥品及補充營養品包含維他命 A、抗生素及驅蟲藥等，整體而言，藥品補充上不虞匱乏，即使地震後亦未曾發生缺藥等補給不足情形。

以 Kerabari 村為例，衛生站興建至今已有 20 年，是泥石結構，除診間及候診區外，另建有儲藏室及一間供職員及患者使用的廁所。而地震後多數牆面出現龜裂情形，為免餘震可能造成房屋倒塌壓傷人員，已不再使用，目前僅作為藥品及雜物儲存空間。自地震後，目前以竹子搭建棚子作為臨時衛生站使用，站內僅具有 1 個簡單診間（衛生站現況請參照圖 1 至圖 4）。而根據尼國政府規定，建築物重建應座落在低風險位置，因此興建衛生站時恐涉及徵用當地居民土地之情事發生，根據尼國法規規定，倘要徵用居民土地，須由地主捐贈給村莊管理委員會後授權提供作村落的衛生站使用。

在衛生人力方面，每個衛生站皆有一名由政府指派之衛生站

<sup>6</sup>以 Kerabari 村為例，每個鄰約有 65 戶，以每戶 5 人計算，計約 3000 人。

負責人(In Charge)，主要功能在於提供基本照護服務，並給予患者就醫建議。當病情嚴重時，負責人需出診前往家戶進行診療及判斷後送需求，最遠的家戶離衛生站距離甚至約需步行 1 小

圖 1. 臨時衛生站 1

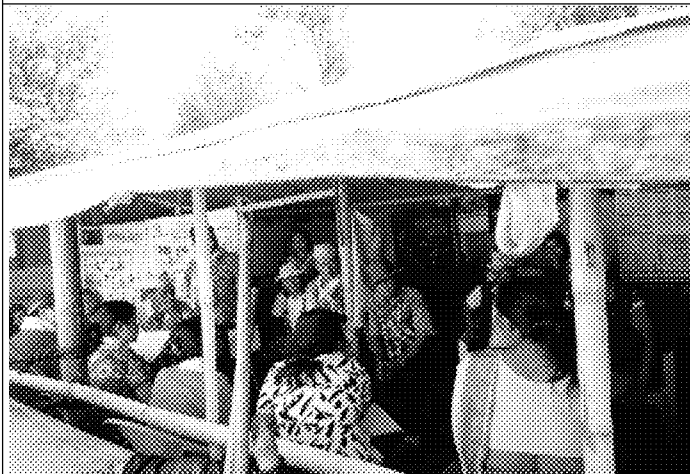


圖 2. 臨時衛生站 2



圖 3. 受損衛生站 1

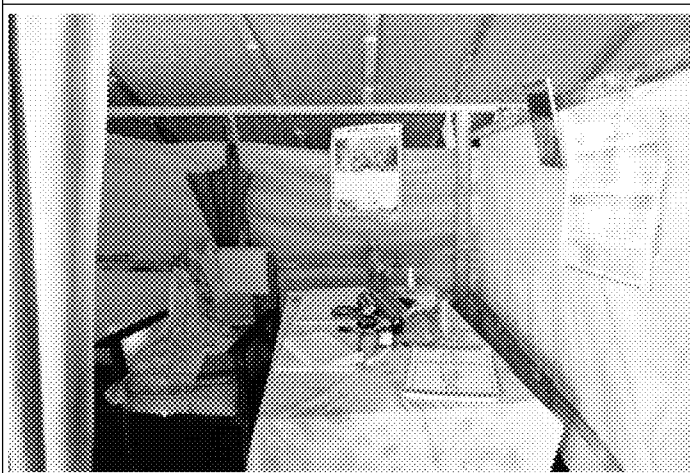
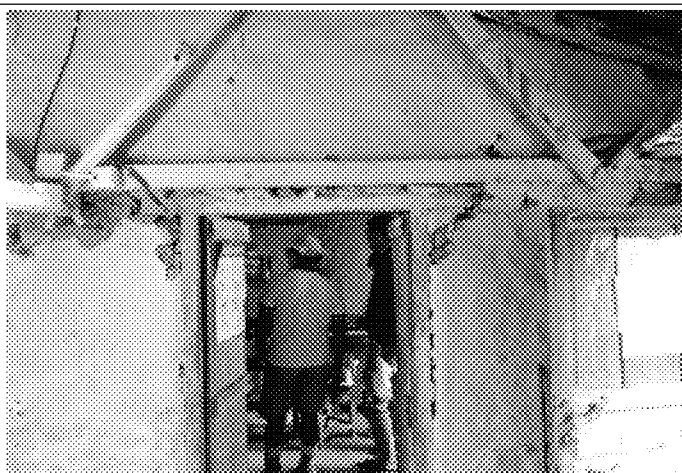


圖 4. 受損衛生站 2



時；另村內每鄰設有婦女團體遴選的女性社區健康志工 (Female Community Health Volunteer, FCHV) 乙人，主要功能在於傳遞健康相關消息，其等每月接受健康訊息或衛教訓練，每次約 2 至 5 日，擔任初期會有基本衛教訓練，內容包含常見疾病、溫度計使用、疫苗及營養等健康議題，期間達 18 日。志工的任期長達 10 年，除獲頒證書及制服乙套外，每年政府另提供 4,000 元盧比補助。衛生站負責人需彙整志工報告提交地方衛生局，而地方衛生官員每年約 2-3 次視察衛生站，瞭解當地衛生狀況。另社區中

有傳統助產士(Traditional Birth Attendants, TBA)，當遇有緊急情況時，可以擔架把產婦送至最近的衛生中心，但以 Kerabari 為例，最近的衛生中心亦需費時約 5 小時，因此村內的衛生站也可供緊急分娩使用。

### (三) World Vision International Nepal (WVN)<sup>7</sup>計畫執行能力

#### 1. 地震後之回應:

本次尼國地震，其嚴重程度已達 WVN 定義之 Category 3，因此災難發生時，WVN 立即組成回應團隊，回應機制則係由該會之當地分會(national office)和地震回應經理(response manager) 在 Cluster 會議前根據該會所擁有的資源(包括可以拿到的經費)、該會的能力及想要參與的 Cluster 提送回應策略(response strategy)，並在 cluster meeting 中與所有利害關係人(包括各國際非政府組織)討論執行單位(Who)、分配區域(Where)、做什麼(What)以及啟動(When)等議題。

在人力資源與工作分配上，此回應團隊中成員共計有 190 人，其中受聘僱之當地人員有 165 名、國際人員(含顧問)計有 25 名。以 Gorkha Response Office 為例，該辦公室人員預估任務期間為兩年，故此團隊成員皆為兩年聘期的專案人員，負責與縣級政府及當地非政府組織合作，並同時執行與監督計畫，目前辦公室團員人數共計超過 20 人；相較於當地人員具備的草根經驗，國際人員則主要位於 WVN 總部，並負責設計回應計畫及與其他國際組織溝通協調。

#### 2. WVN 業獲得災難救援委員會同意執行計畫

根據尼國政府規定，凡於尼國執行計畫之國際非政府組

<sup>7</sup> WVN 成立於 1982 年，地震發生前共有尼國人員 205 名及國際人員 4 名，與當地政府及聯合國 Clusters 等皆建立良好關係，定期進行討論會議，另與 44 個當地非政府組織合作，共計於 14 個縣執行各類型發展計畫，計畫領域包含庇護所(Shelter)、飲水衛生(WASH)、健康(Health)及教育(Education)等。WVN 資金來源多元，主要資助者包含 Taiwan ICDF, Canada DFATD, Irish Aid, Australia DFAT, WV Netherland DRA, UK DEC, Netherlands SHO, HK SAR, New Zealand MFAT, WFP, ECHO, UNICEF 及 Germany ADH 等共計 13 個國際組織及國際非政府組織，另亦有來自 28 國的民眾善款挹注。

尼泊爾「衛生站重建計畫」暨「糧食安全及生計支援計畫」評估任務返國報告  
織皆需與尼國社會福利部(Social Welfare Council, SWC)簽署  
合作備忘錄。以緊急復原健康計畫來說，不同於其他領域<sup>8</sup>，  
需單獨提交衛生部(Ministry of Health and Population, MoHP)  
以簽署合作備忘錄。

根據前述合作步驟，目前 WVN 已與尼國政府簽署「災  
後復原健康計畫備忘錄(For Implementation post-earthquake  
Recovery Plan in Nepal's Health Sector)」(請參照附件三)，  
其執行地點包含 Gorkha、Sindhupalchowk 及 Sindhuli 三縣共  
計 12 村，其中 MOU 內容中包含本計畫的預計執行地點  
Sindhupalchowk 縣內的 Fulpinkot 及 Sanosiriwari 兩村，而  
WVN 雖已取得 Gorkha 縣災難救援委員會針對計畫執行地點  
之同意信函(Pre-Consensus Letter)，但仍尚未納入此次備忘錄  
中，且備忘錄效期僅至本年 12 月 15 日止，爰 WVN 依據該  
MOU 中第五條-修訂(Amendment)的內容，業於 10 月 8 日向  
衛生部提出 MOU 更新及展期申請。

### 3. 隨機應變能力

以本次實地考察經驗，WVN Gorkha Response Office 在  
安排本團拜會衛生局會議之執行力與找尋當地合作夥伴之進  
度方面皆稍有不足之處，如：對於官員的行程未能確實掌握，  
發生臨時告知會議取消情形；另遭遇尼國因印度禁運燃料導  
致油料不足問題，行程規劃上無法像 Care Nepal 依本團要求  
臨時彈性調整，顯示應變能力仍有精進空間。

### 4. 與當地非政府組織合作方式

依據尼國政府規定，國際非政府組織皆須和尼國當地非  
政府組織<sup>9</sup>合作執行計畫，以建構渠等能力。因此 WVN 設有  
與當地非政府組織合作之標準作業模式，首先會在媒體（如

<sup>8</sup>執行健康領域以外之各類計畫需於取得各縣級政府的災難救援委員會同意信函(pre-consensus letter)後，統一提  
交社會福利部審查後即可簽約。

<sup>9</sup>目前尼國 NGO 高達 36000 家以上。

尼泊爾「衛生站重建計畫」暨「糧食安全及生計支援計畫」評估任務返國報告雜誌)及公共場所公開計畫需求訊息,以達公平公開原則,倘合作計畫為災後回應計畫(Response Plan),為求時效,約在1星期內完成篩選(包含進行機構實地參訪等),經過3-6個月試用期,表現良好者可與其簽署1-2年的合約。

當地非政府組織的特色是具有在地影響力,包括熟稔當地人脈(包括政治關係)、懂得如何運用在地資源推動計畫,因此WVN會委由當地NGOs進行動員當地相關團體之工作。相對來說,缺點方面則是常碰到財務狀況不佳以及規模過小之困境。計畫經費方面,WVN會負擔當地非政府組織之間接費用,其中僅納入使用辦公室的空間費用以及管理財務的人員部分薪資,總費用比例不超過15-20%,所需之電腦、家具及相關設備物品等採購係應由其自行負責。

目前WVN雖有與當地非政府組織合作,惟仍需再評估其表現後方能決定是否與其簽署合約負責執行本計畫,爰本團並未直接對潛在對象進行考察。

#### 5. 所獲資源

針對本次地震,該會預計募款達美金5千萬元,已募得約美金3,874萬元,目前資助國家包含加拿大、德國、紐西蘭及荷蘭等國。

#### (四) 發展協調

尼國災後復原計畫係由Cluster會議中統籌分配與管理,依據聯合國人道援助協調廳(OCHA)資料顯示,Gorkha及Sindhupalchowk縣內分別有16及24個國際組織及國際非政府組織(含:AmeriCares、CAN、PAN、UNFPA、UNICEF、WHO及WVN等)執行健康相關計畫;本計畫合作之當地非政府組織將由WVN依其評選程序續予遴選適任組織。

#### (五) 本會策略

依據本會願景2022策略書揭示,公共衛生係本會優先發展

領域，而其具體目標為協助合作國家強化健康照護及衛生體系，行動方案之一為協助合作國家提升醫療衛生體系功能。本計畫旨在重建具抗震能力之村莊衛生站，以恢復並強化衛生站應有功能，改善就醫可近性，並提供具有品質之基礎健康服務，此符合本會提升衛生體系功能之核心策略。

## （六）志工派遣<sup>10</sup>

### 1. 志工派遣時間與工作規範

有關志工工作內容，根據本團與 WVN 健康顧問 Moniek Kindred 討論結果，目前雙方之共識為志工派遣時間以 3 個月為主，最多不超過 5 個月；志工工作規範書將以本會與該會合作菲律賓海燕風災及索羅門洪災之志工工作內容進行整併修訂，並以參與企劃及計畫執行工作為主要方向，同時可進行本計畫監督作業（初步規劃之工作計畫書請參照附件四）。

### 2. 津貼發放

為保障我國志工福利並摺節經費，本會將比照國際人員薪資整付標準<sup>11</sup>，提供志工生活津貼每月美金 600 元（尼國生活費消費價格列表請參照附件五）。惟目前國際人員無法在尼國開立帳戶，將另考慮請 WVN 代發津貼或由本會直接撥款至志工台灣帳戶，另由志工直接於提款機領取當地幣的方式進行。

## （七）計畫原因

1. 尼國土地遼闊、群山環繞，交通不便造成民眾就醫困難，爰各村衛生站係尼國衛生體系中非常重要的服務單位，負責提供民眾必須之基礎照護服務。地震後，多數衛生站倒塌毀損，無法發揮應有之診療及衛生教育功能，亦增加民眾就醫困難。

<sup>10</sup>尼國政府要求國際非政府組織需優先提供當地人員工作機會，因此即使是災後復原重建計畫，尼國僅提供國際人員於災害發生後 2 個月內有緊急救援物資之免稅豁免優惠，之後則需固定收取 30%稅額。

<sup>11</sup>當地人員薪資約每月美金 300 元，國際人員薪資支付方式可採整付或以日支計算，整付以每月美金 600 元計算，日支以每日美金 30 元（早餐-5 元；午餐-7 元；晚餐-18 元）計算。



2. 尼國社區辦理衛生教育方式係透過女性社區健康志工負責至衛生局受訓後，返回各村、鄰進行宣導，惟社區普遍缺乏地震災後衛生、疾病與災難風險管理之知識與能力，整體應變能力不足，災後亦無法發揮初級疾病預防之功能。

#### (八) 計畫設計合理性及修正方向

本計畫考察期間依 WVN 提供之計畫概念書提出計畫相關問題，業獲該會逐一回復（Checklist 詳細內容請參附件六），以下就本計畫設計內容之合理性及建議修正方向簡述如下：

##### 1. 計畫地點：

有關本計畫地區共計 5 個村莊，原定為 Sindhupalchowk 縣內的 Fulpingkot 及 Sanosiriwari 2 個村及 Gorkha 縣內的 Aampipal、Chyangli 及 Kerabari 等 3 個村。鑒於尼國政府係以衛生站是否全倒為援助順序之主要標準，並考量 WVN 之援助策略、本會能見度及計畫地點可近性等因素，將原定 Gorkha 縣內之 Kerabari 村改以 Sindhupalchowk 縣內的 Haibun 村取代，此村的衛生站經尼國評估為全倒，且離尼國首都加德滿都僅 2 小時車程，同時符合尼國政府、WVN 及本會對計畫地點之優先排序標準。

##### 2. 計畫期程方面：

根據人道援助計畫經驗，將於資金到位及計畫啟動後方開始進行細部基線調查作業，另考量當地常有施工緩慢等情事，爰將期程延長至 15 個月。

##### 3. 計畫設計方面：

- A. 成果：本計畫內容包含衛生站重建、能力建構及健康促進等主要產出，並以衛生站重建為計畫主軸，將加強衛生站防震功能，符合尼國「**建構比以前更好之未來**」之**回應策略**。惟現行計畫概念書的成果僅說明恢復至原來基礎照護服務，未能詳盡闡述實際計畫成果。因此 WVN

尼泊爾「衛生站重建計畫」暨「糧食安全及生計支援計畫」評估任務返國報告將修正計畫書的成果用字，強調將可提供災民更具有「品質」之健康服務。

- B. 重建防震並有 WASH 設施的衛生站：WVN 表示在專業設計及營造上將聘請設計人員協助，並由承包商承攬作業，以建造出具抗震及 WASH 設施之衛生站，以符合尼國災後復原及重建階段的主要策略--**BBB**。另為強化社區參與衛生站重建事務，將依需求與當地居民可以參與的工作（例如：清除雜物等工作），提供以工代賑(Cash For Work, CFW)<sup>12</sup>的方式提供當地居民工作機會。

而計畫書中於衛生站設置汲雨設施部分，經與 WVN 討論後，瞭解汲雨設施僅於雨季期間(3 個月)可稍發揮其作用，其餘時間的功能有限，對衛生站而言屬非必要之設施，爰應視實際需求另行考慮是否配置。

- C. 建置太陽能後備電力設備：尼國衛生站於地震前業有架設太陽能電源設備（請參照圖 5），主要是供孕婦緊急分娩或有其他緊急醫療需求時提供照明及簡單醫療處置所用。而尼國販售太陽能設備的廠商相當普及，為避免後

續圖 5. 太陽能後備電力設備  
維



<sup>12</sup>技術性與非技術性人員之費用皆已固定，非技術性人員每日費用為盧比 510 元、技術性人員每日費用為盧比 750 元。本計畫是提供非技術性人員 CFW，費用將依照現有規定發放。

尼泊爾「衛生站重建計畫」暨「糧食安全及生計支援計畫」評估任務返國報告  
續維修困難，採購費用亦將包含後續維修服務費，爰此  
活動設計確實符合需要並且可行。

- D. 發放水質測試工具 (water testing kits)及興建焚化爐：原定計畫中的水質測試工具 (water testing kits) 已由 WVN 募得其他資金，提供所需物品及負責辦理使用方式教學課程；焚化爐<sup>13</sup>部分則因尼國政府目前規定所有垃圾（含感染性廢棄物）將採用掩埋方式進行。因此原計畫所設計內容已不符所需，將予以刪除。
- E. 辦理社區衛教活動：依健康志工過去經驗，社區衛教活動每次約有 25 人參加，其中以婦女為主要參與對象（佔 90%），但因婦女需負責農作，因此辦理衛教時間建議以早上 7 至 9 點為佳，此時亦可供兒童一併參加。此項活動設計符合災後復原評估報告需求--**中程階段之建構民眾疾病預防能力**。
- F. 透過媒體宣傳衛生活動：因尼國民眾有收聽收音機的習慣，計畫中設計透過收音機通知並鼓勵民眾參加健康促進的活動（如：疫苗施打）係符合災後復原評估報告需求--**緊急階段之透過媒體方式宣傳健康訊息**。WVN 並具有與尼國政府合作執行媒體宣傳經驗，主要方式有兩種，一是與尼國政府合作，配合國家層級的資訊廣播電台製作廣播內容；二是由縣政府局處負責接洽廣播的單位自行與地方電台合作，在重要節慶的時候，依據不同類型之計畫所需，請電台設計並播放所需內容。
- G. 健康與衛生能力建構：衛生教育相關的知識訓練將由 WVN 與衛生站、當地非政府組織共同決定其訓練內容，受訓對象為各村的女性社區健康志工、兒童社團及青年團體等，授課教材方面，目前 WVN 跟尼國政府均有其

<sup>13</sup>WVN 目前已完成之焚化爐，每座費用約美金 9,000 元整，每次可燃容量僅有 15 公斤。

尼泊爾「衛生站重建計畫」暨「糧食安全及生計支援計畫」評估任務返國報告各自教材，尼國教材甚至是當地語言版本，知識傳遞上將不會因語言造成錯誤或障礙，此活動亦符合災後復原評估報告需求--**中程階段之建構民眾疾病預防能力**。

- H. 災難風險管理能力建構：另本計畫中所提供之提升降低災害風險知識訓練，對象包含：衛生站負責人、醫院員工及 Health Facility Operation & Management Committee (HFOMC)<sup>14</sup>等，係符合災後復原評估報告需求--**中介階段之強化民眾對於災難準備及災後之管理應變能力**。

### (九) 計畫書初稿

#### 1. 計畫影響、成果及產出

本次考察團業與 WVN 就計畫影響、成果及產出達成共識如下：

計畫影響：受到地震影響之家庭與孩童能獲得基本健康服務。

計畫成果：重建衛生站以提供災民更具品質之健康照護服務。

計畫產出：

- A. 建設配有足夠 WASH 設施的抗震衛生站
- B. 提高社區與健康工作者對健康、疾病爆發管理、防災和 WASH 的管理能力
- C. 加強社區與健康工作者對災後衛生、疾病與災難風險管理之知識

#### 2. 財務規劃(Financing Plan)

- A. 本計畫總經費將維持 50 萬美元。
- B. 本會就 WVN 編列之預算合理性進行討論，WVN 同意將依人員實際投入本計畫之比例，調整預算中人事費用的投入，並符合本會間接費用及人事費加總後的比例需至總預

<sup>14</sup>HFOMC 的成員是以志願為主，每個委員會包含 9-11 人，其擔任之主要原因在於能提升個人知識與社會威望。

尼泊爾「衛生站重建計畫」暨「糧食安全及生計支援計畫」評估任務返國報告  
算 20%以下的標準。

### 3. 計畫投入規劃(Project Investment Plan)

本計畫內容包含衛生站重建、能力建構及健康促進等主要產出，而本會投入之美金 50 萬元主要負責衛生站重建。相對來說，當地健康志工能力建構及辦理民眾健康促進等活動之投入較少，WVN 表示已規劃與其他到位資金之計畫活動共同辦理，撙節支用。

### 4. 計畫執行規劃(Implementation Arrangements)

#### A. 計畫管理 (Project Management)

本計畫將由 WVN 負責執行，將於每季提供季報表予本會（共計四份季報表），並於計畫結束後 2 個月內提送結案報告及財務報告至本會審查。

#### B. 執行期限 (Implementation Period)

計畫期程共計 15 個月(預定自 2015 年 12 月 01 日啟動)。

#### C. 支出及核銷規劃

依據國際合作慣例，由 WVN 於各期款項撥款後，提供領據予本會存查，尾款則需將領據、收支明細表及結案報告一併函送本會。

## (十) 計畫受益對象、社會層面影響及風險

### 1. 受益對象 Beneficiaries (who, how many, level at different outputs)

計畫受益對象分析表

受益對象	受益方式	產出程度
Gorkha 及 Sindhupalchowk 兩縣中五個 VDC 的村民	於本計畫投入的村莊內重建具抗震能力之衛生站，以發揮衛生站應有之功能，提供村民可就近持續安心獲得衛生教	受益人數每村約 3,000 人，總受益人數共計約 15,000 人。

	育、疫苗施打及診療等基礎健康照護服務。	
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## 2. 社會層面影響評估 Social Aspects (social analysis)

健康相關計畫並未特別針對窮人或婦女設計，惟以尼國現況，青年男性多赴其他國家工作，村莊內以女性居多，其次則是老人及兒童為主，皆屬弱勢族群，衛生站的重建將有助於提高此等族群之就醫可近性。

## 3. 潛在風險

- A. 當地發生其他重大災害，致使相關援助活動與資源需調整至緊急救災上。
- B. 政治情勢導致尼國政府要求變更計畫內容或地點。
- C. 社區健康志工對於計畫活動參與度不足。

## (十一) 保證事項 (Assurance)

### 1. 特別保證事項 (Special Assurance)

由於本會業與 WV 合作過菲律賓海燕風災及索羅門洪災計畫，總結會議中隨即與 WVN 達成共識，將比照過去合作經驗，於計畫相關設施及物品上展現我國能見度。

### 2. 計畫啟動方式(Conditions for Effectiveness)

依本次考察總結會議紀錄，WVN 將於 11 月 12 日前將修訂後之完整工作計畫書報予本會，俟取得同意後，完成計畫合作備忘錄簽署，預計於 104 年 12 月初啟動本計畫。

### 3. 經費撥付方式(Conditions for Disbursement)

計畫經費撥付方面，雙方同意於簽約後由本會撥付第一期款（美金 25 萬元），另於 WVN 繳交第二次季報表後撥付第二期款（美金 20 萬元），其餘尾款（美金 5 萬元）將於收到 WVN 提交之結案與財務報告後撥付。

## 二、「糧食安全及生計支援計畫」

### (一) 尼國政府災後重建策略-農業

根據尼國災後需求評估報告，與健康方面的需求相同，政府特別強調要「建構比以前更好之未來」，因此主要的目標是要建設比災前更好的農牧生產環境。政策方面主要需求為儘速恢復灌溉系統，並降低農業造成之經濟損失。因此，在復原階段，主要是恢復農作物、畜牧及水產養殖之產量，所提出之需求包含「提供栽種作物之供應來源」、「提供水產養殖之供應來源」及「提供畜牧之供應來源及獸醫」。而進入重建階段時，尼國政府另提出五項需求如下：

1. 更換必要之農業、漁業及畜牧所需之工具。
2. 補足損失的家畜。
3. 重建農業所需的基礎建設，如禽畜舍、農牧服務中心、集貨場、塑膠簡易網室等。
4. 重建魚池及渠道。
5. 立即修復小型灌溉系統。

亦如前「衛生站重建計畫」考察發現中所述，尼國中央與地方政府強勢主導，需取得縣級政府災難救援委員同意後，續與社會福利部簽署備忘錄後方得執行計畫，目前 Care Nepal 已獲 Gorkha 縣政府提供之同意信函，並等待與社會福利部辦理簽署備忘錄。

考察期間，本團另拜會縣政府各計畫相關單位及官員，瞭解各單位分工與計畫意見。其中各縣災難救援委員會主席(Chief District Officer, CDO)即負責協調地區緊急援助計畫，避免資源重複的情形發生，以 Gorkha 縣主席 Mr. Uddhslo Prassd Timilsena 為例，其原為縣發展委員會(District Development Committee, DDC)主管，行政經驗豐富，根據其所規劃之藍圖，未來希望能由一個國際非政府組織負責一村，含括所有需要項目包括健康、營養、

保護及教育等不同面向之投入。對於本會之參與，希冀更多投入，倘可投入的資源有限，建議減少投入地區，參與更多面向，以便可在少數地區發揮更大的計畫影響力。首長對本會之參與表示歡迎之意，並贊成本會直接與國際非政府組織合作，此將可保有計畫彈性與時效性。倘捐贈之善款是由尼國中央政府接收，則經費需另由財政部等政府單位進行行政流程，時程上將緩不濟急。

另本計畫分屬於縣政府農業局 (District Agriculture Development Office, DADO) 及 畜牧局 (District Livestock Support Office, DLSO) 管轄：

農業局方面，其主要功能在建構農民耕作技術，如辦理訓練班，以本計畫而言，將與該局共同辦理園藝訓練班，考察期間適逢該局官員前往監督 Care Nepal 辦理之塑膠簡易網室搭建訓練班，該訓練班參加人數約 20 人，參加對象為已獲得 Care Nepal 提供之塑膠網室材料的脆弱家戶，訓練情形請參下圖 6。經本團報告本計畫之規劃方向，官員對本計畫表示支持，並提供相關資訊供本團參考。

圖 6. 棚架製作訓練班辦理情形。



畜牧局方面，地震發生前，該局日常工作之一即依農民之



養豬意願<sup>15</sup>、社會地位、畜養潛力及市場導向等考量因素，選出 22-25 戶農民組成團體，提供該團體豬隻及相關訓練；地震後，該局派員組成行動獸醫團隊（Mobile Veterinary Team），提供免費藥品、疫苗及飼料等協助，以降低受災戶家畜損失。

經向畜牧局官員說明本計畫內容後，官員對本計畫表示支持，另提供幾項建議如下：

1. 計畫中提供家戶之羊與豬等家畜可加入動物保險(Animal Insurance)，以提供家戶因動物死亡而獲得補助

動物保險是由尼國保險公司提供之服務，保險費用由政府與農民共同負擔，政府補助 75%、農民自負 25%，倘本計畫確實納入本活動，計畫經費將可協助負擔農民自負保費部分<sup>16</sup>。

2. 增加提供家戶之羊隻數量達至少兩隻

依據官員經驗，倘僅提供家戶一隻羊，僅有確保家戶本身生計之功效，並不具任何經濟改善效益，對家庭幫助有限，爰建議能增加羊隻提供數量。惟經 Care Nepal 農業及生計計畫秘書 Anil Neupane 現場表示，此項建議可在未來發展型計畫中納入考量，本計畫主要目的在提供家戶基本生計維持能力，而非商業用途。

3. 建議向政府購買品種佳之牲畜提供計畫受益戶

尼國設有畜牧研究中心，畜牧局官員對該中心所培育之牲畜品質極具信心，以豬隻種類而言，有純種約克夏及蘭洛斯等，爰建議計畫可向政府購買牲畜發放給計畫受益對象。

4. 建議審核受益對象之條件中優先以有家畜甚至家庭成員死亡之家戶為對象

為確實提供有需求之對象，畜牧局官員強調計畫受益對

<sup>15</sup> 鑒於文化因素，尼國民眾認為養豬屬於低下階層之活動，故非所有農民皆有養豬意願；相對而言，飼養羊隻係尼國普遍家戶願意從事之活動。



<sup>16</sup> 本計畫係提供免費之羊與豬，是否有補助之必要性，仍需思考。

尼泊爾「衛生站重建計畫」暨「糧食安全及生計支援計畫」評估任務返國報告

象審查標準的重要性，目前尼國政府將受災戶以顏色區分為紅色（房屋全倒）及黃色（房屋半倒）兩類，除優先考量房屋全倒的家戶外，另建議將家戶中是否有人員死亡或家畜損失之條件納入篩選標準。

## （二）Gorkha 縣 Chhoprak 糧食安全現況簡介

針對本計畫區域 Gorkha 縣糧食安全現況，本次考察團赴 Chhoprak 村進行實地訪視，以下就 Chhoprak 發現之家戶現況、農作及園藝規劃、市場機制等面向以圖文說明：

訪視圖片	說明
	<p>圖 7. 完全倒塌之家戶</p> <p>(Completed Damage): 全村共約 1,500 戶家戶，該鄰為人口最多的一鄰，約 300 戶，完全倒塌之家戶共計 200 戶。</p> <p>房屋重建費用約盧比 50 萬元，政府補助 20 萬元，臨時居所 1.5 萬元，為一次性補助。</p>
	<p>圖 8. 部分倒塌之家戶(Partial Damage): 該鄰部分倒塌之家戶共計 100 戶。</p>

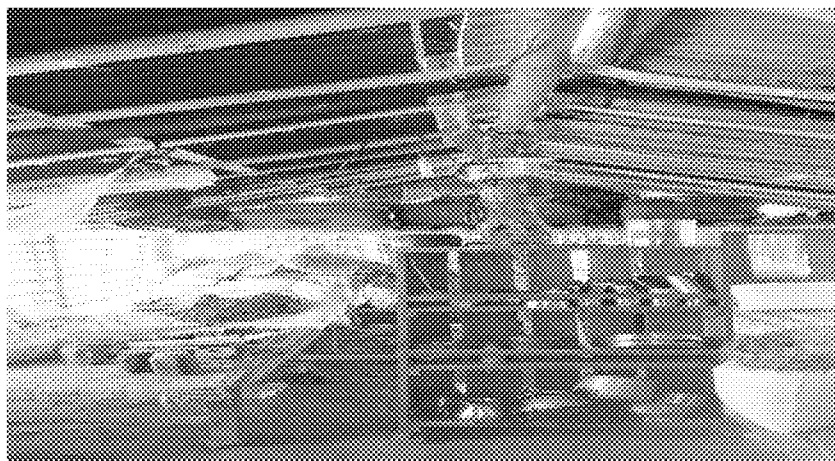


圖 9. 受災戶居住之臨時居所  
主要由竹子與波紋鍍鋅鐵板  
(Corrugate Galvanised Iron, CGI)  
搭建而成。



圖 10. 當地民眾協助清運房屋殘  
骸:未來計畫中以工代賑之工作  
內容將以此類活動為主。



圖 11. 因地震受傷而無法工作的  
農民，造成家戶收入損失:該村  
死亡人數共 6 人，平均每鄰 2  
人；受傷人數平均每鄰約 5 人。



圖 12. 目前該鄰農民販賣作物方式有兩種，一是由農民每日各自背負產品至市場販售(每人平均約可挑 100 公斤之貨物)；另一由合作社共同蒐集後，每周兩次租用他鄰卡車赴市場販賣。

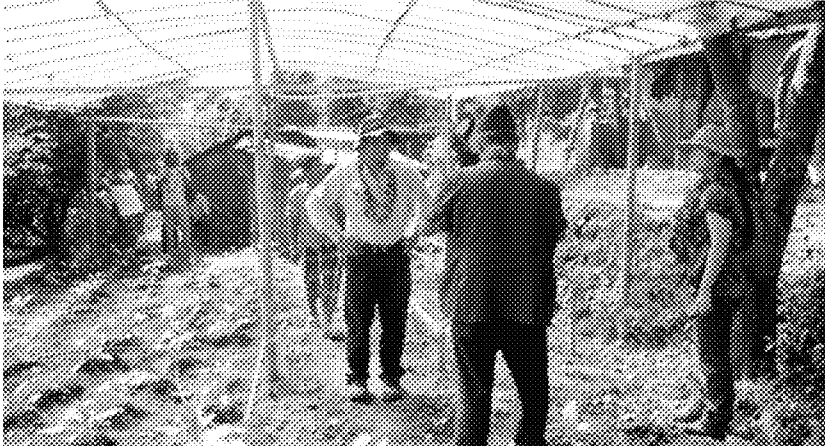


圖 13. 家戶菜園 Kitchen Garden 面積約 60 (4\*15)平方公尺，位於家戶旁邊。

當地種植的番茄有病毒感染，種植間距約 50 公分，但間距參差不齊，未來倘派遣專家，此為需要技術指導之一。



圖 14. 此為家戶現有儲水方式，本計畫將在此處設置儲水設施，收集雨水及家庭廢水供農業灌溉使用。當地家庭廢水並未使用化學清潔劑，偶有木頭灰燼殘留，與雨水成分相近，可供灌溉使用。



圖 15. 簡易網室-合作社成員共同擁有:占地約 500 平方公尺，此處種植番茄，產量約 200kg，價格約美金 0.6 元/kg，淨利約美金 45 元；其餘當地作物包含：胡瓜、苦瓜、黃瓜、花椰菜及香料作物等。





圖 16. 受損儲水塘(Pond): 於池底鋪設塑膠布，用於收集雨水及山泉，但目前因地震受損沒有發揮功能。

此水池容量約 50,000 公升。計畫中將協助受災或新建之儲水池容量約 2,000 公升。

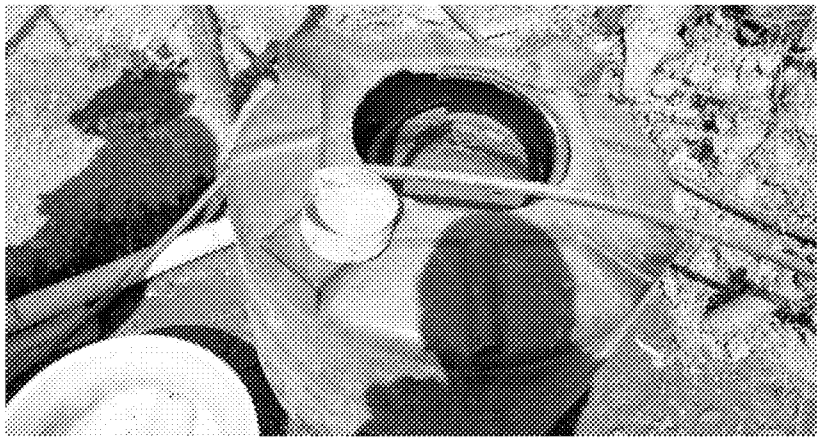


圖 17. 菜圃水桶: 因位於山區，村民需至遠處提水倒入此水桶中進行灌溉；僅接近河流地區才有渠道引水灌溉機制。

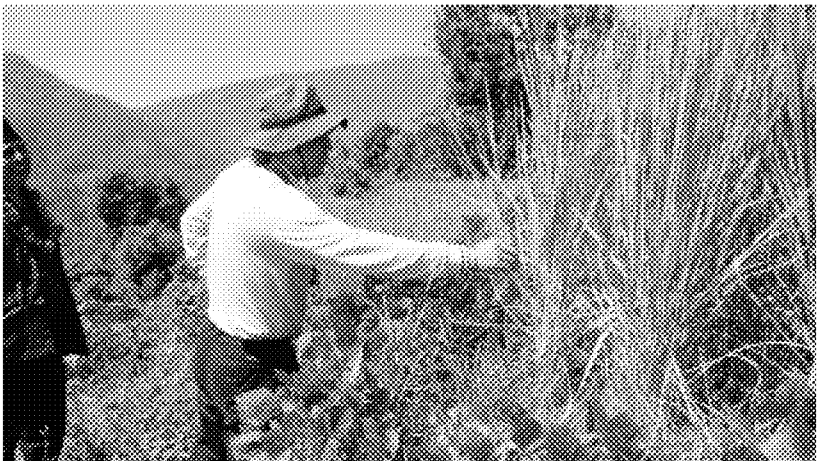


圖 18. 水稻耕種現況:與平地相比，山區收成時間較晚兩星期。



圖 19. 羊隻為當地主要家戶飼養家畜。



圖 20. 當地是以合作社 (cooperative) 形式成立農業團體，以女性成員為主。惟雖女性是主要成員，能獲得政府青年創業補助的共有兩位，其中一位是當地農民領袖，具 17 年工作經驗之男性。

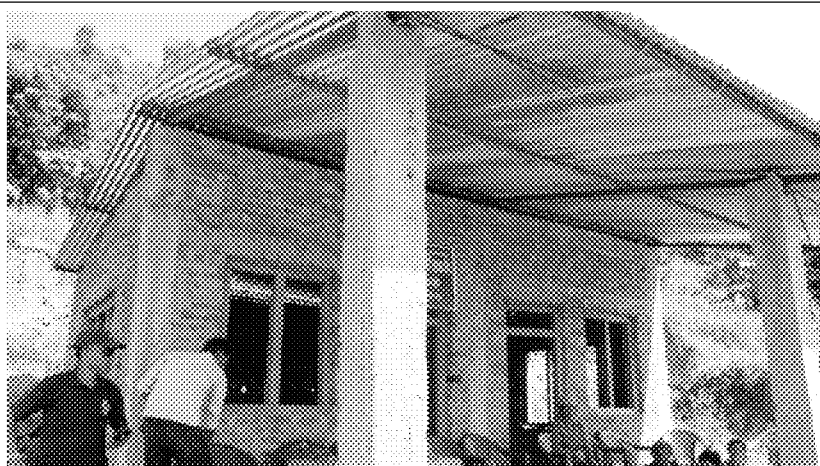


圖 21. 集貨場外觀：共有兩間房，分別作為作物儲存及管理用，頂棚以 CGI 板遮蔽。  
集貨場土地是由村民共同挑選，並由 2 位農民捐贈土地後由農業局出資興建。集貨場興建費用約為盧比 585,000 元。  
本計畫欲興建之集貨場將比農業局興建的更大，將有儲藏室及辦公室各一間，外有簡易處理場。

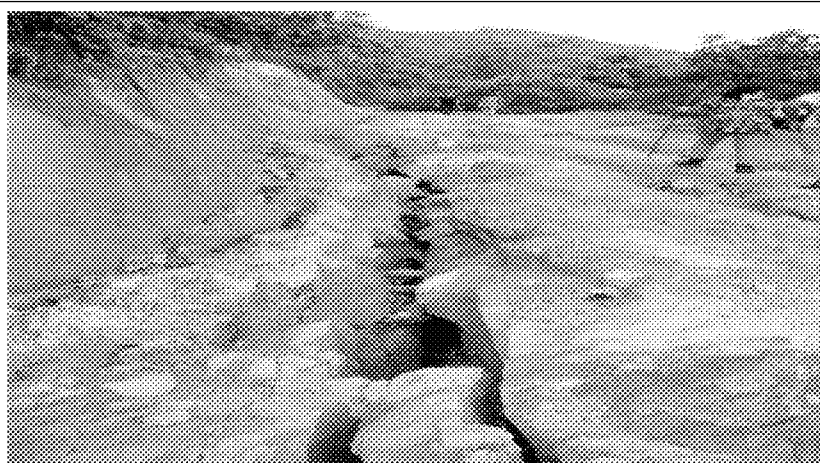


圖 22. 交通極為不便：可能於運送過程中導致農作物損失。

整體而言，地震後多數家戶房舍倒塌、毀損，造成民眾、作物、家畜家具、農具等受損情形，當地農民係以女性為主，一旦

有農作物的產收不足或家畜損失，將嚴重影響家戶生計。

惟尼國路面崎嶇不平、坍方情形嚴重，尤其雨季剛過，沖刷情形嚴重，交通不便利易造成作物於運送過程中的損失，儘管災難救援委員會持續投資源入進行道路品質改善工作，採以工代賑之模式進行清理，惟目前因印度禁運燃料，導致石油短缺問題，可能造成修復期程延宕。然每年一旦進入雨季，道路容易再遭沖刷損壞，此為長期性問題，尼國政府須正視之，非人道援助之短期介入所能解決。

### (三) Care Nepal<sup>17</sup>計畫執行能力

#### 1. 協助 Food Security Cluster 完成農業及生計影響評估報告:

長期以來 Care Nepal 與尼國政府及其他國際組織皆有良好的合作關係，以此次地震而言，Food Security Cluster 成員與尼國政府、國際糧農組織(Food and Agriculture Organization, FAO)共同完成「重災區農業及生計影響評估報告」(Agricultural Livelihood Impact Appraisal in Six Most Affected Districts)，Care Nepal 亦為其中成員。

#### 2. 地震後之回應:

地震後立即籌組回應團隊(Response Team)，該團隊係與發展型計畫團隊位於同一工作場所，並由 Country Director 同時負責管理發展型計畫團隊與回應團隊，與 WVN 分別獨立設置的發展及回應團隊的架構不同，針對地震災後復原計畫方面，Care Nepal 主要集中於 Dhading, Gorkha, Sindhupalchowk and Lamjung 等四個縣內提供援助，為因應本次災後援助，Care Nepal 已新招募超過 110 名當地人員。

#### 3. 獲得縣級災難救援委員會同意執行受災區之復原計畫，並等待與社會福利部簽署備忘錄

<sup>17</sup>於 1978 年成立，主要協助之計畫內容含基礎建設、糧食安全、生計、健康、飲水衛生及婦女安全等，地震發生前，Care Nepal 已有 2 名國際人員及 150 名尼國人員投入 46 個縣內的長期發展型計畫。CARE Nepal 2015 年年度預算為美金 10,685,865 元，資金來源多元，主要資助者包含 ECHO、DFID、NIN、DEC、DANIDA、MOFA Luxemburg、USAID 及 UNFPA 等共計 12 個國際組織及國際非政府組織。

Care Nepal 先前已獲尼國 Dhading、Gorkha 等縣災難救援委員會之同意信函，並已將 4 年整體復原企劃書(介入 Cluster 包含農業、庇護所、保護等<sup>18</sup>)提交尼國社會福利部進行最終確認，目前等待與該部簽署備忘錄。根據 Care Nepal 表示目前雖尚未與社會福利部簽署備忘錄，然因深耕許久，與政府部門關係良好，在拿到各國資助款後，已啟動各項計畫，「糧食安全及生計支援計畫」亦可提早正式啟動。

#### 4. 隨機應變能力:

Care Nepal 具有良好的行動能力，強調與當地政府交流及動員能力(Moblization)之重要性，並會定期與政府官員開會溝通。以本次選取考察地點為例，原訂地點為 Muchchowk，是本計畫區域中距離最遠之村莊，車程約 2-3 小時，下車後尚須步行約 1 小時方可抵達。對此，本團提出集中區域並因應計畫設計新增參訪點（如：集貨場）之要求，儘管全國各地陷入燃料短缺之問題，Care Nepal 仍隨即調整行程與相關政府單位之拜會。實地參訪期間，Care Nepal Gorkha 縣協調人亦可隨時掌握官員目前動態，路程中臨時安排本團瞭解農業局與 Care Nepal 合辦之訓練班模式，可見其應變能力佳且與官方單位熟識，深耕地方。

#### 5. 與當地 NGO 合作

根據尼國政府政策，所有國際非政府組織皆須與當地非政府組織合作執行計畫，Care Nepal 與世界展望會公開招募合作單位之模式相似，先以公告徵求有意願合作之組織後，以書面審核及面試方式進行單位遴選，選出之合作單位雖可簽署合作備忘錄，每年仍須由 Care Nepal 評估是否續約。

以 Gorkha 縣而言，目前合作對象為 SSICDC，成立於 1987 年，僅限於 Gorkha 縣執行計畫，並同時與 Save The Children 等其他組織合作，旨在協助提升民眾收入。地震前該組織僅有 13

<sup>18</sup> 健康之 Cluster 需要另外與衛生部簽署，其他 Cluster 可以一次簽署 MOU



尼泊爾「衛生站重建計畫」暨「糧食安全及生計支援計畫」評估任務返國報告人，震災後為執行相關計畫業增加至 44 人，包含計畫協調人、社會推動者(Social Mobilizer)、財務人員及技術助理(Junior Technical Assistant)等，該機構長期與 Care Nepal 合作，默契佳，本計畫未來亦將與該組織共同執行。每年 Care 會審查該組織之計畫執行表現，以掌控計畫品質。

#### 6. 所獲資源

針對本次地震，該會預計募款達美金 4 千萬元，截至本年 9 月 22 日止，Care Nepal 已募得美金（及等值物品）計 28,334,562 元，主要資助國家包含美國、英國、加拿大及挪威等國。

#### **（四）發展協調**

尼國災後復原計畫係由 Cluster 會議中統籌分配與管理，依據 OCHA 資料顯示，Gorkha 縣內共有 12 個國際組織及國際非政府組織（含：FAO、WFP、Care Nepal 及 Eco Nepal 等）執行糧食安全計畫，本計畫地點（Khoplang、Chhoprak、Harmi 及 Gankhu 等四個村莊）經 Gorkha 縣災難救援委員會同意後交由 Care Nepal 負責。

#### **（五）本會策略**

依據本會願景 2022 策略書揭示，農業係本會優先發展領域，而其具體目標為協助合作國家確保糧食安全，減少糧食危機帶來之衝擊，並提升合作國家農業活動的附加價值，協助農民改善生活品質。行動方案之一為調整合作國家產銷結構，和農業供應鏈與降低市場供需間資訊落差，藉此提供農民收益。而本計畫旨在恢復計畫區域之農業活動，同時建立農民與市場之連結，以確保作物可維持農民生計進而提供經濟收入，此符合本會執行農業計畫之核心策略。

#### **（六）專家派遣**

本計畫將派遣本會園藝專家赴尼國服務 3 個月<sup>19</sup>，協助訓練

<sup>19</sup> 因尼國目前國際非政府組織人員皆以觀光簽證赴尼國服務，爰本會專家服務期間將不超過 5 個月為限。

農民及當地員工栽種農作物，同時進行監督作業等。雖 Care Nepal 未與其他資助者有此等模式之合作經驗，但認為此合作機制有益於計畫執行，亦將配合安排，並提供專家派遣之工作規範書予本會。

### (七) 計畫原因

1. 尼國 Gorkha 縣為農業縣，農戶 80% 為女性。本年度地震後造成房舍倒塌、農作物、家畜及人員損失，使家戶失去糧食來源。在缺乏種子、家畜、耕種技術及對外市場連結等問題下，民眾未來的糧食缺乏問題將更為嚴重，所獲得之食物將更為匱乏。
2. 為改善家戶生計，Care Nepal 依據尼國政府災後復原評估報告向本會提出本項計畫，希冀透過提供蔬菜、辛香料等種子、協助於家戶周邊建置汲雨設施，教導家戶耕種，捐贈豬羊並修復欄舍等，維持民眾基本生計，為確保家戶長期之糧食安全與生計來源，並規劃建立村級集貨場，以提供村莊與外界市場之連結。

### (八) 計畫設計合理性及修正方向

本計畫考察期間依 Care Nepal 提供之計畫概念書提出計畫相關問題，業獲該會逐一回復(Checklist 詳細內容請參附件七)，以下就本計畫內容之合理性及建議修正方向簡述如下：

#### 1. 計畫地點：

有關本會捐贈經費所執行之計畫地點原定共有 Khoplang、Chhoprak、Harmi、Gankhu、Muchchowk 及 Palungtar Municipality 等六村，惟經核對地圖位置，Muchchowk 與其他五村非坐落於相同區域，為使計畫點更為集中，並考量現有計畫預算，本計畫將集中投入位於 Gorkha 西側的村莊為主，共有 Khoplang、Chhoprak、Harmi 及 Gankhu 等四個村莊作為本計畫地點。

## 2. 受益對象:

篩選機制方面，原則上係以尼國政府調查之全毀房屋家戶為優先，後由 Care Nepal 自篩選後的名單中優先選擇脆弱族群作為計畫之主要受益對象。Care Nepal 表示未來執行後將提供受益對象名單，並於名單上註明其被篩選條件。而根據 Gorkha 縣畜牧局官員建議，亦可考慮將家戶中是否有人員死亡或家畜損失之條件併入篩選標準。考量本會園藝專家派遣及計畫成果調查衍生之經費，受益戶數自 1000 戶調整為至少 800 戶。

## 3. 計畫設計：

- A. 當地居民耕種能力:雖普遍有基本知識，但在執行能力上仍有待加強與改善，目前欠缺蔬果與辛香料種子，計畫書中設計相關農業投入如種子、工具等，符合尼國災後復原評估報告需求--**提供栽種作物之供應來源及更換必要之農業及畜牧所需工具。**
- B. 豬羊發放與修復欄舍:許多家戶因地震家畜傷亡嚴重，計畫書中發放 2 隻豬或 1 隻羊為提供家戶之標準，並優先以豬隻提供家戶，其原因在於願意飼養豬隻的家戶通常階級較低，符合計畫設計之受益對象，而兩隻豬可進一步繁衍，提供家戶後續收入。而羊係屬尼國普遍飼養之家畜，接受度較高。羊豬隻之發放搭配修復欄舍之設計，符合尼國災後復原評估報告需求--**補足損失的家畜及重建欄舍。**
- C. 農作灌溉:因地震造成取水不便甚至水源缺乏的情形發生，故汲雨設施設計應可發揮其功能，無論在雨季期間或非雨季期間皆可蒐集雨水及家庭廢水供家庭菜園灌溉，而原計畫中註明大小為 2M\*1M\*1M，因尚未確定家戶實際所需容量或是幾戶共同分享一池，為保有彈性，應依實際需求調整水池大小。此項設計符合尼國災後復原評估報告需求--**立即修復小**

**型灌溉系統；**

- D. 集貨場建置:目前計畫區甫由農業局興建 2 所集貨場，尚未啟用，根據規劃集貨場於集中產品後，銷售至外部市場，另本計畫將新增 2 所集貨場，此項設計可協助農戶建立對外市場聯繫機制，藉以增加收入，符合災後復原評估報告需求--**重建農業所需的基礎建設如集貨場**。本團並參訪運作良好之集貨場，其運作方式係農民將收成之農產品扛到該場，直接收取現金，集貨場行政人員再統一賣到加德滿都等地之市場，獲得的利潤支付集貨場人員之薪水，其餘分給集貨場之管理委員會成員；另計畫中針對集貨場的活動包含一項「訓練集貨場管理委員會成員核發農藥產品販售執照能力」，經本團與尼國中央農業部負責規劃推廣集貨場之官員討論後，本活動應修正為「訓練集貨場管理委員會成員管理能力」，而「核發農藥產品販售執照」之權力僅限於官方單位，爰此活動應據以修正。

**(九) 計畫書初稿**

1. 計畫影響、成果及產出

本次考察團業與 Care Nepal 就計畫影響、成果及產出達成共識如下：

計畫影響：Gorkha 縣中受地震影響之最脆弱的災民得以維持立即及中程糧食安全及生計需求。

計畫成果：Gorkha 縣中至少 800 戶受地震影響之脆弱家戶得以恢復基本生計，進而建立對外市場連結機制以維持糧食安全。

計畫產出：

- A. Gorkha 縣中至少 800 戶受地震影響之脆弱家戶之農業生計得以恢復。
- B. 強化目標區域之市場連結，改善市場機制。

C. 強化社區恢復能力，並提供耕種訓練。

## 2. 財務規劃(Financing Plan)

A. 本計畫總經費將維持 50 萬美元。

B. 鑒於本會與 Care Nepal 係初次合作，雙方就計畫預算編列方式與定義進行長時間溝通討論，雙方同意依本會間接費用及人事費之標準重新調整加總後的比例至 20% 以下，另在不超過美金 50 萬元的總額下，加入本會專家赴尼國所需費用及成果調查費用，並相應調整其他費用。

## 3. 計畫投入規劃(Project Investment Plan)

本會將投入美金 50 萬元支助 Care Nepal 執行本計畫，主要協助建置集貨場、汲雨設施、蔬菜種子發放、羊豬提供及畜舍修復等活動，計畫額外所需之經費將由 Care Nepal 自有經費、補助款或其他善款挹注。

## 4. 計畫執行規劃(Implementation Arrangements)

### A. 計畫管理 (Project Management)

本計畫將由 Care Nepal 負責執行，將於每季提供季報表予本會，並於計畫結束後 2 個月內提送結案報告及財務報告至本會審查。

### B. 執行期限 (Implementation Period)

計畫期程 12 個月(預估自 2015 年 11 月 14 日起動)。

### C. 支出及核銷規劃

依據國際合作慣例，由 Care Nepal 提供計畫經費領據及收支明細表併同結案報告報予本會。

## (十) 計畫受益對象、影響及風險

### 1. 受益對象 Beneficiaries (who, how many, level at different outputs)

計畫受益對象分析表

受益對象	受益方式	產出程度
Gorkha 縣四	提供計畫區域中脆弱家戶所	至少 800 戶家戶取得蔬

個村莊之脆弱家戶	需之蔬菜種子、家畜及農耕工具，並協助建置汲雨設施及提供教育訓練，建構家戶維持基本糧食安全及生計能力。	菜種子或家畜。
Gorkha 縣 2 個村莊之農民	建置新的集貨場，並提供集貨場管理人員訓練，發揮連結農民與外部市場之功能。	至少新建 2 個集貨場，受益家戶至少 2000 戶。

## 2. 社會層面影響評估 Social Aspects (social analysis)

### A. 貧窮 (Poverty)

尼國在世界銀行的評比中屬低所得國家，其國民收入低於國際貧窮線（每日收入 1.25 美元）以下之比率為 24.8%。Gorkha 縣除少數區域具有農作外銷能力外，多數村莊的經濟條件落後，地震後，多數家戶失去作物及耕種能力。而本計畫推動後，將有助於弱勢家戶維持基本生計，改善生活條件。

### B. 性別 (Gender)

根據尼國現況，因青年男性多赴其他國家工作，農民以女性為主(約佔 80%)，故提供農民蔬菜及辛香料種子、家畜、農耕工具、建置汲雨設施及耕種訓練等計畫活動，女性皆為主要受益對象。

## 3. 潛在風險

- A. 其他重大天然災害如土石流及餘震再次發生。
- B. 政府欠缺安置災民之能力，如災民沒有獲得永久居住之地點至人口外流。
- C. 受益戶學習意願低落。

## (十一) 保證事項 (Assurance)

### 1. 特別保證事項 (Special Assurance)

本團以與 WV 及美慈組織合作之案例呈現能見度之照片，

尼泊爾「衛生站重建計畫」暨「糧食安全及生計支援計畫」評估任務返國報告  
與 Care Nepal 達成共識，將比照辦理呈現於計畫相關設施及物品上。

## 2. 計畫啟動方式(Conditions for Effectiveness)

鑒於本會與 Care Nepal 為初次合作，且 Care Nepal 未曾直接與資助者合作之經驗<sup>20</sup>，而本次 Care Nepal 經 Care International 授權，開例由該會直接與本會簽署合作備忘錄，預計本年 11 月中旬啟動本計畫。

## 3. 經費撥付方式(Conditions for Disbursement)

雙方同意於簽約後由本會撥付第一期款（美金 25 萬元）予 Care Nepal，另於 Care Nepal 繳交第二次季報表後撥付第二期款（美金 20 萬元），其餘尾款（美金 5 萬元）將於收到結案與財務報告後撥付。

# 參、結論與建議

## 一、 結論：

### （一） 兩計畫符合尼國災後復原與重建需求

本次考察期間拜會 Gorkha 縣主管兩計畫之縣級政府單位（如：災難救援委員會、縣政府衛生局、農業局及畜牧局等），說明兩計畫之規劃方向，官員感謝本會之投入，其等表示所提計畫符合尼國災後復原需求，會議間並提出相關建議以供參考。另本團分別與 WVN 與 Care Nepal 達成共識，將比照本會與國際非政府組織合作模式，展現我國及本會能見度。

### （二） WVN 與 Care Nepal 執行與動員力應無疑慮

#### WVN 執行能力：

地震後 WVN 迅速籌組回應團隊，目前成員 190 人，其中聘僱當地人員 165 人，國際人員(含顧問)25 人。另 WVN 已獲尼國 Gorkha 縣災難救援委員會之同意信函，並業於本年 10 月 8 日將該

<sup>20</sup>依過去 CARE Nepal 接受援贈經驗，需透過各 CARE National Team 進行募款後，後由募得之 CARE National Team 撥款至 CARE Nepal，如 USAID 捐贈給 CARE Nepal 之款項須經由 CARE USA 撥款至 CARE Nepal。

尼泊爾「衛生站重建計畫」暨「糧食安全及生計支援計畫」評估任務返國報告會「震後復原計畫」提交衛生部審核，等待續辦備忘錄簽署事宜。

### **Care Nepal 執行力：**

該會地震後亦立即籌組回應團隊，新招募超過 110 名當地人員。以當地人員為主要協調人員，在地化能力高，團隊協調能力佳，且 Gorkha 縣原為其發展型計畫之執行地點，長期與當地 NGO 搭配，深耕許久，與當地政府官員熟稔，考察期間迅速依本團意見調整行程。Care Nepal 已獲尼國 Dhading、Gorkha 等縣級災難救援委員會之同意信函，並已提交尼國社會福利部整體復原企劃書(介入 Clusters 包含農業、庇護所、保護等)，目前等待與該部簽署備忘錄。

### **(三) 兩計畫書內容經評估可行性高**

本次就參訪地點驗證兩計畫書草稿及邏輯架構表(Log frame)所提內容，可行性高，僅需就部分內容進行調整。WVN 所提「建康重建計畫」應呼應尼國復原策略「建構比以前更好之未來」，調整計畫成果「修復 5 所衛生站，以提供當地居民具有品質之地方衛生服務。」、計畫期程 15 個月、計畫執行村、預算及不同衛生站汲水配備之必要性等活動設計;Care Nepal 所提「糧食安全及生計支援計畫」調整受惠家戶、計畫執行村、預算及集貨場委員會成員訓練等活動設計。

### **(四) 「衛生站重建計畫」搭配專案志工派遣及「糧食安全及生計支援計畫」搭配園藝專家派遣**

本會派遣專案志工協助 WVN「衛生站重建計畫」，以參與企劃(programing)與計畫執行工作為主。另會依據農時派遣園藝專家協助 Care Nepal「糧食安全及生計支援計畫」，負責進入社區輔導農民提升蔬菜栽種能力。以上兩位考量簽證因素，派遣期間以 3 個月為基礎，最多不超過 5 個月。

### **(五) 掌握參與國際人道援助計畫的即時性**



人道援助講究時效性，重大災難發生後，經受災國請求 OCHA 協助介入後，OCHA 即啟動 Cluster Approach，以此次尼國地震為例，OCHA 駐地 UN 代表與尼國政府共同主持 cluster 會議，邀請國際非政府組織及 LNGOs 出席，會中依據 4W(Who, Where, When, What)原則，分配各國際非政府組織及 NGOs 之參與。本次考察 Gorkha 受災區發現，各雙邊與多邊國際援助組織均全數湧入災區以期即時提供援助。本團評估任務已順利與 WVN 與 Care Nepal 磋商計畫啟動之預計時程，避免原規劃地區被其他組織先佔之情況發生。

## 二、建議：

### (一) 拓展本會合作對象，建立國際夥伴關係

聯合國於最新公布之永續發展目標(Sustainable Development Goals, SDGs)中包含「強化執行手段及活化全球夥伴關係」，而本會亦於策略書中強調戮力成為永續發展的最佳夥伴。本年度尼國震災後，多數國際非政府組織進駐尼國進行救援計畫，無論 WVN 或 Care Nepal 皆因於尼國長期執行發展型計畫，對於當地政府、文化、人力及資源等都有深入瞭解，當災難發生時可立即依當地需求籌組回應團隊，並與 Cluster 內成員皆有密切互動，可互相交流經驗、避免資源浪費。因此，未來本會亦應與更多類似的國際非政府組織發展合作夥伴關係，除美國組織外，亦可尋求與歐洲組織合作機會，增加多元的合作對象，將有助於本會更能與國際接軌，並能共同分享經驗，進一步提升本會計畫成效。

### (二) 增加本會駐外人員參與國際人道援助 Cluster 之機會並強化合作能力

根據本次考察發現，人道救援類型計畫特別強調其即時性，依國際上執行緊急救援計畫方式，災難發生後即由參與 Cluster 會議的各組織與受災國政府共同討論決定 4W。而本會雖有長期派遣駐外人員，對於各駐地情形有深入瞭解，未來應鼓勵本會駐外團

隊積極與其他國際非政府組織建立關係，並主動爭取參與援助發展相關會議之機會，除瞭解 4W 的統籌機制外，更能適時提出本會意見，透過意見交流建構我駐外人員與國際非政府組織之溝通能力，進而在未來可爭取適合本會投入之人道援助計畫內容與地點，發揮我國及本會之優勢領域，展現我國援外實力。

(三) 邀請尼國政府官員及新的計畫合作對象 Care Nepal 派員來台參加本會農業相關訓練

本次任務期間另與尼國農業部負責農業政策規劃及農民輔導與農業推廣之官員 Dr. Rudra Bahadur Shrestha 會談，該官員於本年獲得我國屏東科技大學博士學位，對我極為友好，熟悉我國合作社運作辦法及功能，爰建議可透過該官員邀其他尼國政府農業相關人員來台參加農業相關訓練班，加強尼國政府對我國農業制度的瞭解，提升雙邊友好關係；另本會與 Care Nepal 為初次合作，對彼此合作方式及執行能力仍在瞭解與探索階段，透過本次考察任務，本團就近觀察 Care Nepal 的執行能力，對該會方有更明確的認識。而為能建立良好合作關係與互信，增進 Care Nepal 對本會之瞭解，亦建議可邀請 Care Nepal 派員來台參加短期訓練班，就近瞭解我國農業優勢與發展，強化彼此合作關係。

#### 肆、後續追蹤

一、「衛生站重建計畫」

- (一) 104 年 11 月 12 日前 WVN 會提出修正計畫書。
- (二) 104 年 11 月 30 日前完成簽署 MOU。
- (三) 104 年 12 月 7 日前計畫正式啟動。

二、「糧食安全及生計支援計畫」

- (一) 104 年 10 月 31 日前 Care Nepal 提出修正計畫書。
- (二) 104 年 11 月 13 日前完成 MOU 簽訂事宜。
- (三) 104 年 11 月 15 日前計畫正式啟動。

## 伍、誌謝

本次赴尼國執行「衛生站重建計畫」任務期間承蒙世界展望會尼泊爾回應團隊處長 Jennifer MacCann、計畫經理 Valentina Mirza、健康顧問 Moniek Kindred、台灣世展會國際事工處胡經理炎煌、范專員金鳳及全體計畫人員之協助安排，另於執行「糧食安全及生計支援計畫」任務期間承蒙 Care Nepal 回應團隊領袖 Patrick Ndungu、緊急回應協調人 Santosh Sharma、農業暨生計計畫經理 Anil Neupane 及全體計畫人員之協助，兩計畫方得順利完成，謹在此一併申謝。

## 附件一、行程表

「衛生站重建計畫」

Itinerary for ICDF's visit (Gorkha)

(Sep. 28-Oct. 3, 2015)

Version: 2015-09-25

Time	Activities
9/28 (Mon )	
22:00	ICDF guests arrive in KTM via CX5192 Ms. Cathy Wang, Director Mr. Tim Tseng, Program officer Pick up by Hotel Greenwich Village
9/29 (Tue)	
09:10	Meeting w/ ICDF guests in the lobby of Hotel Greenwich Village
09:30-11:00	Orientation to ICDF guests 1. Venue: Response office meeting room 2. Participants: (8) 1) ICDF: Cathy Wang, Director; Tim Tseng, Program Officer (2) 2) WVTaiwan: Mars Hu, HEA/Grant team leader (1) 3) Response Team: Valentina Mirza, Program Manager; Rebekah Mierau, Senior Program Officer; Moniek Kindred, Health Manager; Joy Fan, Program Officer; Bijaya Shahi, Security Manager (5) 3. Agenda: 1) Introduction of WVIN Nepal Response Team by Valentina Mirza 2) Response program update by Rebekah Mierau (Moniek helps if there are questions raised by ICDF guests) 3) Go through Itinerary by Joy Fan 4) Go through Security status in Nepal by Bijaya Shahi
11:00-17:00	Kathamandu to Gorkha (5+1 hrs, incl. lunch), lunch on the way to Gorkha Participants: (6) 1. ICDF: Cathy Wang, Director; Tim Tseng, program officer (2) 2. WVTaiwan: Mars Hu, HEA/Grant team leader (1) 3. Response Team: Anup Rana (9/28 and 9/29 morning only), Moniek Kindred, Joy Fan (3)
Night	Stay in Gorkha, Hotel Miracle: 6 people 1. Cathy Wang, 2. Tim Tseng, 3. Mars Hu, 4. Anup Rana, 5. Moniek Kindred, 6. Joy Fan
9/30 (Wed)	

Time	Activities
05:30	Gorkha to Kerabari (5-6hrs)
10:00-18:00	Visit Kerabari disaster areas (incl. health service center, infrastructure situation, meeting w/ community people and potential locations of health posts)
night	Stay in Kerabari Hotel Chainpur, a temporary hotel, we need to bring our own tents and sleeping bags (prepared by KTM and Gorkha offices, to be confirmed by Raju and Prabin)
10/1 (Thu)	
06:30-18:00	Come back from Kerabari to Kathamandu (10-12 hrs)
Night	Stay in Gorkha, Hotel Miracle: 5 people 1. Cathy Wang, 2. Tim Tseng, 3. Mars Hu, 4. Moniek Kindred, 5. Joy Fan
10/2 (Fri)	
10:00-16:00	Meeting with Shelter and Infrastructure Manager and WASH advisor
22:00	Dr. P.P. Lee arrives in KTM, pick up by Greenwich Hotel
Night	Stay in KTM Hotel Greenwich Village (breakfast included)
10/3 (Sat)	
09:40	Meeting w/ ICDF guests in the lobby of Hotel Greenwich Village
10:00-12:00	Exit meeting 2. Venue: Greenwich Hotel meeting room 3. Participants: (8) 1) ICDF: Dr. PaiPo Lee, Deputy General Secretary; Cathy Wang, Director, Tim Tseng, Program Officer (3) 2) WVTaiwan: Mars Hu, HEA/Grant team leader (1) 3) Response Team: Jennifer MacCann, Response Director; Valentina Mirza, Program Manager; Moniek Kindred, Health Manager; Joy Fan, Program Officer (4) 4. Agenda: 1) to share the observations and recommendations after the visit 2) to ask questions from the check list (if there are any outstanding question have not been answered by WV after the visit) 3) to discuss and finalize project related issues, such as ● timeline of the project ● timeline to submit proposal and progress report ● feasibility of donor visibility/ identity ● ICDF volunteer related questions ● Funding commitment schedule

Time	Activities
	4) Others
10/6 (Tue)	
16:30	Meeting w/ District Public Health Officer

Remarks:

1. In Kerabari, we need to walk around 1-2 hours to the village. Please wear a pair of nice walking shoes.
2. ICDF guests will settle their hotel bill themselves. Hotel Greenwich in KTM, US\$60+tax/night, can be paid by credit card; Hotel Miracle in Gorkha, NPR2,250-2,500+tax/night, paid by cash only. NPR: Nepalese Rupee=Rs
3. Hotel Greenwich room rate includes breakfast, but Hotel Miracle not. Hotel Miracle breakfast NPR250/person.

Mars Hu's cost charge to Taiwan PNS.

「糧食安全及生計支援計畫」

**Tentative Itinerary,  
Care-Taiwan, ICDF  
October 5 – 9, 2015**

<b>Date</b>	<b>Time</b>	<b>Activity</b>	<b>Responsible</b>	<b>Remarks</b>
<b>5 October, 015</b>	9:00-10:00	Pick-up at Hotel and security debrief	Security Manager – Naresh Sijapati	Night stay at Gorkha district Headquarter
	10:00-11:00	Introduction and briefing on Care Nepal Programme, discussion on the proposal and itinerary (with Lex, Patrick, Santosh and Anil )	Partick/Anil/Santosh	
	11:00-15:00	Travel to Gorkha with lunch on the way	Anil	
<b>6 October, 015</b>	8:30- 10:30	Movement to field by vehicle, Chhoprak	Madhav/ Anil	Night stay at Gorkha district Headquarter
	10:30 - 12:30	Interaction with community people about Care Emergency support program focus on livelihood	Madhav/ Anil	
	12:30 - 13:30	Lunch Break at Field	Madhav/ Anil	
	13:30 - 14:30	Participation in training program by DADO	Madhav/ Anil	
	14:30 - 16:30	Returned back from Field visit	Madhav/ Anil	
<b>7 October, 015</b>	10:30 - 12:00	Meeting with DADO (District Agriculture Development Office)	Madhav/ Anil/Santosh	Night stay at Gorkha district Headquarter
	12:00 - 13:00	<b>Lunch break</b>		
	13:00 - 14:00	Meeting with DLSO (District Livestock Support Office)	Madhav/ Anil/Santosh	
	14:00 - 15:00	Meeting with Care Gorkha Team	Madhav/ Anil/Santosh	
	15:00 - 16:00	Meeting with district team and Partner SSICDC and briefing about next day field visit	Anil/Santosh	



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	16:00 - 16:30	Meeting with CDO (District Chief Officer, overall in charge of District. The position Coordinates all Emergency Work)	Madhav/ Anil/Santosh	
<b>8 October , 015</b>		<i><b>Return back from Gorkha</b></i>		
	9:00 - 12:00	Departure from Gorkha and arrival at Kathmandu ( with another visit to a collection center on the way to Kathmandu)	Madhav/ Anil/Santosh	Departure from Kathmandu
	14:00 - 17:30	Debriefing meeting at Care Nepal, Kathmandu	Patrick/Anil/Santosh/Lex	

## 附件二、衛生站倒塌情形統計表

District	VDC	HL_Name	Recommended Action	Land_Own	PDNA_DS_I8	Allocated/ Not Allocated	Supporting Organization signed MoU with MoHP
Gorkha	AaruChantute	Aaruchantute Primary Health Care Cen	Investigate (Building by DUJ)	Owned	Completely Damaged	Allocated	Save the children
Gorkha	Jaubari	Jaubari PHCC	repair work	Owned	Partially Damaged	Not Allocated	
Gorkha	Maknising	Maknising Primary Health Care Centre,	repair work	Owned	Partially Damaged	Not Allocated	
Gorkha	PrithbinarayamN.P.	Tarunagar Sub Health Post, Gorkha	No land ownership	No Land	Partially Damaged	Not Allocated	
Gorkha	PrithbinarayamN.P.	Raniswara Sub Health Post, Gorkha	No land ownership	No Land	Functional	NA	
Gorkha	AaruArbang	Aru Arbang Sub Health Post, Gorkha	Standard Prefab HP Type-1	Owned	Completely Damaged	Allocated	IMC
Gorkha	Masel	Khanchwok Health Post, Gorkha	functional	Owned	Functional	Allocated	Save the children
Gorkha	Nareswor	Nareswor Sub Health Post, Gorkha	No land ownership	No Land	Partially Damaged	Allocated	Save the children
Gorkha	Bunkot	Bunkot Health Post, Gorkha	functional	Owned	Functional	NA	
Gorkha	Thumi	Thumi Sub Health Post, Gorkha	Standard Prefab HP-Type-2	Owned	Completely Damaged	Not Allocated	
Gorkha	Taple	Taple Health Post, Gorkha	Standard Prefab HP-Type-2	Owned	Completely Damaged	Allocated	International Medical Corps (IMC)
Gorkha	Baguwa	Baguwa Sub Health Post, Gorkha	under construction	Owned	Completely Damaged	Allocated	Save the children
Gorkha	Pahumtar	Baddanda Health Post, Gorkha	Standard Prefab HP-Type-2	Owned	Partially Damaged	Not Allocated	
Gorkha	Simjung	Simjung Health Post, Gorkha	repair work	Owned	Partially Damaged	Not Allocated	
Gorkha	Finam	Finam Sub Health Post, Gorkha	No land ownership	No Land	Partially Damaged	Not Allocated	
Gorkha	Panchkhuwadeurali	Panchkhuwa Deurali Sub Health Post, (repair work		Owned	Partially Damaged	Allocated	Save the children
Gorkha	Aanppal	Aanppal Sub Health Post, Gorkha	no need of construction	Owned	Completely Damaged	Not Allocated	
Gorkha	Chhoprak	Chhoprak Sub Health Post, Gorkha	No land ownership	No Land	Partially Damaged	Not Allocated	
Gorkha	Ghairung	Ghairung Sub Health Post, Gorkha	repair work	Owned	Partially Damaged	Not Allocated	
Gorkha	Fujel	Fujel Sub Health Post, Gorkha	repair work	Owned	Partially Damaged	Not Allocated	
Gorkha	Gaikhur	Gaikhur Sub Health Post, Gorkha	repair work	Owned	Partially Damaged	Not Allocated	
Gorkha	Saurpami	Saurapami Health Post, Gorkha	Standard Prefab HP-Type-2	Owned	Completely Damaged	Allocated	International Medical Corps (IMC)

Gorkha	Takumajhi Lakuribot	Takumajhi Lakuribot Health Post, Gorkha	Owned	Functional	NA	Save the children
Gorkha	Gorkha	Gorkha Sub Health Post, Gorkha	No Land	Partially Damaged	Not Allocated	International Medical Corps (IMC)
Gorkha	Dharwakot	Dharwakot Health Post, Gorkha	Owned	Partially Damaged	Not Allocated	International Medical Corps (IMC)
Gorkha	Ghyachok	Ghyachok Health Post, Gorkha	Owned	Partially Damaged	NA	Save the children
Gorkha	Takukot	Takukot Sub Health Post, Gorkha	No Land	Completely Damaged	Allocated	International Medical Corps (IMC)
Gorkha	Muchhok	Muchhok Sub Health Post, Gorkha	Owned	Completely Damaged	Allocated	International Medical Corps (IMC)
Gorkha	Swara	Swara Sub Health Post, Gorkha	Owned	Completely Damaged	Allocated	Save the children
Gorkha	Lapu	Lapu Sub Health Post, Gorkha	Owned	Completely Damaged	Not Allocated	International Medical Corps (IMC)
Gorkha	Keraja	Keraja Sub Health Post, Gorkha	No Land	Completely Damaged	Not Allocated	International Medical Corps (IMC)
Gorkha	Taklung	Taklung Sub Health Post, Gorkha	Owned	Partially Damaged	Not Allocated	Save the children
Gorkha	Tanglichok	Tanglichok Sub Health Post, Gorkha	Owned	Partially Damaged	Not Allocated	Save the children
Gorkha	Pandrung	Pandrung Sub Health Post, Gorkha	Owned	Completely Damaged	Allocated	Save the children
Gorkha	Keraban	Keraban Sub Health Post, Gorkha	Owned	Partially Damaged	Not Allocated	Save the children
Gorkha	Manakamana	Manakamana Health Post, Gorkha	No Land	Functional	NA	Save the children
Gorkha	Tandrang	Tandrang Sub Health Post, Gorkha	No Land	Completely Damaged	Allocated	Save the children
Gorkha	Harni	Harni Sub Health Post, Gorkha	Owned	Partially Damaged	Not Allocated	Save the children
Gorkha	Thalajung	Thalajung Health Post, Gorkha	Owned	Completely Damaged	NA	Save the children
Gorkha	Namjung	Namjung Sub Health Post, Gorkha	Owned	Partially Damaged	Not Allocated	Save the children
Gorkha	Warpak	Warpak Health Post, Gorkha	No Land	Completely Damaged	Not Allocated	Save the children
Gorkha	Chyangli	Chyangli Sub Health Post, Gorkha	No Land	Partially Damaged	Not Allocated	Save the children
Gorkha	Minkot	Minkot Sub Health Post, Gorkha	Owned	Completely Damaged	Allocated	NLR
Gorkha	Hamsapur	Hamsapur Sub Health Post, Gorkha	Owned	Functional	NA	NLR
Gorkha	Astrang	Astrang Health Post, Gorkha	Owned	Functional	NA	NLR
Gorkha	Borlang	Borlang Health Post, Gorkha	Owned	Completely Damaged	NA	NLR
Gorkha	Darbhung	Darbhung Health Post, Gorkha	Owned	Completely Damaged	Not Allocated	NLR
Gorkha	Khoplung	Khoplung Health Post, Gorkha	Owned	Partially Damaged	NA	NLR
Gorkha	Shree Nathkot	Shree Nathkot Sub Health Post, Gorkha	No Land	Completely Damaged	NA	NLR

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District	VDC	Health Institution Name	Recommended Action	Damage Status	Land Ownership	Allocated/ Not Allocated	Supporting Organization signed MoU with MoHP)
Sindhupalchok	Melamchi	Melamchi Primary Health Care Centre	under construction	Partially Damaged	Owned	NA	Japanese Redcross America Nepal
Sindhupalchok	Rauthe	Rauthe Primary health care centre	Standard Prefab HP Type-1 repair work	Completely Damaged	Owned	Allocated	Madec
Sindhupalchok	Jalbre	Jalbre Health Post, Sindhupalchok	No land ownership	Partially Damaged	Owned	Not Allocated	Himedia
Sindhupalchok	Guti	Guti Sub Health Post, Sindhupalchok	No land ownership	Completely Damaged	No Land	Not Allocated	
Sindhupalchok	Bairabise	Bairabise Sub Health Post, Sindhupalchok	No land ownership	Partially Damaged	No Land	Not Allocated	
Sindhupalchok	Payreter	Payreter Sub Health Post, Sindhupalchok	No land ownership	Partially Damaged	No Land	Not Allocated	
Sindhupalchok	Sandikotari	Sandikotari Sub Health Post, Sindhupalchok	No land ownership	Completely Damaged	No Land	Allocated	America Nepal Medical Foundation-Nepal
Sindhupalchok	Mardila	Mangsha Sub Health Post, Sindhupalchok	No land ownership	Partially Damaged	No Land	Not Allocated	
Sindhupalchok	Pakshila	Pakshila Sub Health Post, Sindhupalchok	repair work	Partially Damaged	Owned	Not Allocated	
Sindhupalchok	Petaku	Petaku Sub Health Post, Sindhupalchok	No land ownership	Partially Damaged	No Land	Not Allocated	
Sindhupalchok	Gusakot	Guska Sub Health Post, Sindhupalchok	No land ownership	Completely Damaged	No Land	Not Allocated	
Sindhupalchok	Banbari	Banbari Sub Health Post, Sindhupalchok	Standard prefab HP-type-2	Completely Damaged	Owned	Allocated	America Nepal Medical Foundation-Nepal
Sindhupalchok	Kubinsu	Kubinsu Sub Health Post, Sindhupalchok	No land ownership	Completely Damaged	No Land	Not Allocated	
Sindhupalchok	Sipa Pokhara	Sipa Pokhara Health Post, Sindhupalchok	Standard prefab HP-type-2	Completely Damaged	Owned	Allocated	America Nepal Medical Foundation-Nepal
Sindhupalchok	Bhimtar	Bhimtar Health Post	Standard prefab HP-type-2	Completely Damaged	Owned	Allocated	
Sindhupalchok	Tekangur	Tekangur Health Post, Sindhupalchok	under construction	Partially Damaged	Owned	NA	
Sindhupalchok	Jyamre	Jyamre Sub Health Post, Sindhupalchok	No land ownership	Partially Damaged	No Land	Not Allocated	
Sindhupalchok	Bhadaripa	Bhadaripa Health Post, Sindhupalchok	No land ownership	Partially Damaged	No Land	Not Allocated	
Sindhupalchok	Chokati	Chokati Sub Health Post, Sindhupalchok	No land ownership	Completely Damaged	No Land	Not Allocated	
Sindhupalchok	Besekhar	Besekhar Health Post, Sindhupalchok	No land ownership	Partially Damaged	No Land	Not Allocated	
Sindhupalchok	Sidharpur	Sidharpur Sub Health Post, Sindhupalchok	No land ownership	Completely Damaged	No Land	Not Allocated	
Sindhupalchok	BhokraNamang	BhokraNamang Sub Health Post, Sindhupalchok	No land ownership	Partially Damaged	No Land	Not Allocated	
Sindhupalchok	Besgaun	Besgaun Health Post, Sindhupalchok	repair work	Partially Damaged	Owned	Not Allocated	
Sindhupalchok	Thun Fakhar	Thun Fakhar Sub Health Post, Sindhupalchok	No land ownership	Partially Damaged	No Land	Not Allocated	
Sindhupalchok	Bause	Bause Sub Health Post, Sindhupalchok	No land ownership	Completely Damaged	No Land	Not Allocated	
Sindhupalchok	Kurchoi	Kurchoi Health Post, Sindhupalchok	No land ownership	Partially Damaged	No Land	Not Allocated	
Sindhupalchok	Selang	Selang Health Post	Investigate (Building by DUBC)	Completely Damaged	Owned	Not Allocated	

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Sindurpalchok	Ghusum	Ekusum Sub Health Post, Sindurpalchok	No land ownership	Partially Damaged	No Land	NA	America Nepal Medical
Sindurpalchok	Baranchi	Baranchi Sub Health Post, Sindurpalchok	No land ownership	Completely Damaged	No Land	Not Allocated	Foundation Nepal
Sindurpalchok	Indhu	Indhu Health Post, Sindurpalchok	No land ownership	Partially Damaged	No Land	Not Allocated	NA
Sindurpalchok	IndhuSindham	Indhu Sindham Sub Health Post, Sindurpalchok	No land ownership	Completely Damaged	No Land	Not Allocated	NA
Sindurpalchok	Gardhali	Gardhali Sub Health Post, Sindurpalchok	No land ownership	Completely Damaged	No Land	Not Allocated	NA
Sindurpalchok	Pyeledda	Pyeledda Sub Health Post, Sindurpalchok	No land ownership	Completely Damaged	No Land	Not Allocated	NA
Sindurpalchok	Sangchok	Jalkum Health Post, Sindurpalchok	No land ownership	Completely Damaged	No Land	Not Allocated	NA
Sindurpalchok	Dubachar	Dubachar Sub Health Post, Spalchok	Standard prefab HP-type-2 repair work	Completely Damaged	owned	Allocated	America Nepal Medical
Sindurpalchok	Navajpur	Navajpur Health Post	repair work	Partially Damaged	Owned	Not Allocated	Foundation Nepal
Sindurpalchok	Tharpalak	Tharpalak Sub Health Post, Sindurpalchok	No land ownership	No Damage	No Land	NA	NA
Sindurpalchok	TharpalChhap	Golmadan Sub Health Post, Sindurpalchok	No land ownership	Completely Damaged	No Land	Not Allocated	NA
Sindurpalchok	Sindakot	Sindakot Health Post	repair work	Partially Damaged	Owned	Not Allocated	NA
Sindurpalchok	Bansheria	Bansheria Health Post	Standard prefab HP-type-2	Completely Damaged	Owned	Allocated	America Nepal Medical
Sindurpalchok	Kaliika	Kaliika Sub Health Post, Spalchok	No land ownership	Completely Damaged	No Land	Not Allocated	Foundation Nepal
Sindurpalchok	Mansawa	Mansawa Sub Health Post, Sindurpalchok	No land ownership	No Damage	No Land	NA	NA
Sindurpalchok	Kurachi	Bodhesa Health Post, Sindurpalchok	Functioning	No Damage	Owned	Not Allocated	NA
Sindurpalchok	Tatyeni	Tatyeni Health post	repair work	Partially Damaged	Owned	Not Allocated	NA
Sindurpalchok	Pangang	Pangang Sub Health Post, Sindurpalchok	No land ownership	Completely Damaged	No Land	Not Allocated	NA
Sindurpalchok	Kadambar	Kadambar Sub Health Post, Sindurpalchok	No land ownership	Completely Damaged	No Land	Not Allocated	NA
Sindurpalchok	Jerial	Siddhanga Sub Health Post, Sindurpalchok	No land ownership	Completely Damaged	No Land	Allocated	Save the children
Sindurpalchok	Thokarpa	Thokarpa Sub Health Post, Sindurpalchok	No land ownership	Partially Damaged	No Land	Not Allocated	NA
Sindurpalchok	SyaleBarar	Syale Sub Health Post, Sindurpalchok	No land ownership	Partially Damaged	No Land	Not Allocated	NA
Sindurpalchok	Sukdiani	Devasthan Health Post, Sindurpalchok	Standard prefab HP-type-2	Completely Damaged	Owned (verify)	Allocated	America Nepal Medical
Sindurpalchok	Mahawal	Taramurang Health Post, Sindurpalchok	No land ownership	Partially Damaged	No Land	Allocated	Foundation Nepal
Sindurpalchok	Yamunadanda	Yamuna Danda Sub Health Post, Sindurpalchok	No land ownership	Completely Damaged	No Land	Not Allocated	Save the children
Sindurpalchok	Syeikaare	Sympakare Sub Health Post, Sindurpalchok	Standard prefab HP-type-2	Completely Damaged	Owned	Allocated	America Nepal Medical
Sindurpalchok	Pokar	Pokar Health Post	Investigate (Building by DUTBC under construction)	Completely Damaged	Owned	Not Allocated	Foundation Nepal
Sindurpalchok	Thadepokar	Danda Pokhar Health Post	under construction	Partially Damaged	Owned	Not Allocated	Save the children
Sindurpalchok	Kiwol	Kiwol Sub Health Post, Sindurpalchok	No land ownership	Completely Damaged	No Land	Not Allocated	NA
Sindurpalchok	Isok	Isok Sub Health Post, Sindurpalchok	No land ownership	Completely Damaged	No Land	Not Allocated	NA
Sindurpalchok	Harbang	Harbang Sub Health Post, Sindurpalchok	No land ownership	Completely Damaged	No Land	Not Allocated	NA
Sindurpalchok	Pujungkati	Pujungkati Health Post, Sindurpalchok	No land ownership	No Damage	No Land	NA	NA

Sindupalchok	Atarpur	Atarpur Sub Health Post, Sindupalchok	repair work	Partially Damaged	Owned	Not Allocated	America Nepal Medical Foundation-Nepal
Sindupalchok	Fulchowk	Fulchowk Sub Health Post, Sindupalchok	No land ownership	Completely Damaged	No Land	Not Allocated	
Sindupalchok	Warung	Chakra Sub Health Post, Sindupalchok	Standard prefab HP type-2	Completely Damaged	Owned	Allocated	
Sindupalchok	Thakle/Thading	Thakle Thading Sub Health Post, Sindupalchok	No land ownership	Completely Damaged	No Land	Not Allocated	
Sindupalchok	Lagatze	Lagatze Sub Health Post, Sindupalchok	under construction	Completely Damaged	owned	NA	
Sindupalchok	Thakam	Thakam Sub Health Post, Sindupalchok	No land ownership	No Damage	No Land	NA	
Sindupalchok	Lisakhu	Lisakhu health post	repair work	Partially Damaged	Owned	Not Allocated	
Sindupalchok	Morang	Bawang Sub Health Post, Sindupalchok	No land ownership	Completely Damaged	No Land	Not Allocated	
Sindupalchok	Tachali	Tachali Health Post, Nepal, Sindupalchok	repair work	Partially Damaged	Owned	Not Allocated	
Sindupalchok	Listike	Listi Health Post, Sindupalchok	No land ownership	Completely Damaged	No Land	Not Allocated	
Sindupalchok	Gurba	Guantiang Sub Health Post, Sindupalchok	No land ownership	No Damage	No Land	NA	
Sindupalchok	Barwa	Barwa Sub Health Post, Sindupalchok	Standard prefab HP type-2	Completely Damaged	Owned	Allocated	America Nepal Medical Foundation-Nepal
Sindupalchok	Mahankel	Mahankel Sub Health Post, Syabrubesi	No land ownership	Completely Damaged	No Land	Not Allocated	
Sindupalchok	Hagan	Hagan Sub Health Post, Sindupalchok	No land ownership	Completely Damaged	No Land	Not Allocated	
Sindupalchok	Pupungdunagan	Bajepu Health Post, Sindupalchok	No land ownership	Completely Damaged	No Land	Allocated	Save the children
Sindupalchok	Hakimbu	Hakimbu Sub Health Post, Sindupalchok	No land ownership	Completely Damaged	No Land	NA	
Sindupalchok	Gurba	Gurba Sub Health Post, Sindupalchok	No land ownership	Completely Damaged	No Land	NA	
Sindupalchok	Ghorle	Ghorle Sub Health Post, Sindupalchok	No land ownership	Completely Damaged	No Land	Not Allocated	
Sindupalchok	Bupreng	Bupreng Sub Health Post, Sindupalchok	No land ownership	Completely Damaged	No Land	NA	
Sindupalchok	Chaurta	Entriect Hospital	Standard Prefab HP Type-1	Completely Damaged	owned	Allocated	America Nepal Medical Foundation-Nepal

**附件三、「災後復原健康計畫備忘錄(For  
Implementation post-earthquake Recovery  
Plan in Nepal's Health Sector)」**



# Memorandum of Understanding

## For Implementing Post-earthquake Recovery Plan in Nepal's Health Sector

This Memorandum of Understanding (MoU) is an agreement made between the following parties:

### Party A (Ministry of Health and Population)

Organisation Name	Ministry of Health and Population (MoHP)
Address	Ramchah Path, Kathmandu, Nepal
Contact Person	Mahendra Shrestha, Director-PPICD (Policy Planning International Coordination Division)   ppicd@mohp.gov.np   +977-1-4262862

### Party B (World Vision International Nepal)

Organisation Name	World Vision International Nepal
Address	Lagankhel, Lalitpur -3, Nepal GPO Box # 21969, Kathmandu, Lalitpur
Contact Person	Sanjay Kumar Nidhi, Health and Nutrition Specialist, Nepal Earthquake Response   sanjay_nidhi@wvi.org   +977-9841689111

## 1. Purpose

Ministry of Health and Population (MoHP) remains committed to restore and regularize basic health care services in district highly affected by the April earthquake. For this, MoHP has prepared "Health Sector Recovery Plan."

To implement this plan, MoHP requests financial, technical, and logistical support from different national and international organizations who have come forward to help the citizens of Nepal in this hour of need. **This MoU is an instrument to frame this support from partner organizations and highlight mutual commitments** to support Nepal's health sector recovery plan. Furthermore, this MoU will also support to:

- Consolidate support from partner organizations
- Avoid duplication of efforts and utilization of right skills in right places
- Document efforts made in implementing health sector recovery plan

The arrangement and the purpose for the proposed project are set out in this MoU, the attached annex-1 "Proposal on Post Earthquake Health Sector recovery and reconstruction supports" and Annex-2 "Self Declaration on the source and assurance of the fund for post disaster rehabilitation and reconstruction support". It is collectively referred to this MoU as this arrangement.

## 2. COMMITMENTS

MoHP (Party A) commits to:

- 2.1. Stipulate working procedures, norms and standard design and specifications of physical infrastructure and equipment. This includes providing 'Standard Guidelines for Post-disaster Reconstruction of Health Buildings to the supporting parties
- 2.2. Review, provide feedback and adjudicate on the submitted proposal.
- 2.3. Supervise and monitor the progress and performance of the project
- 2.4. Coordinate with relevant government authorities to facilitate the procedure for bringing in required materials and logistics for project work.
- 2.5. Provide technical guidance and suggestions as and when required

**World Vision International Nepal (Party B) commits to:**

- 1.1. Implement the project activities as outlined in the approved proposal (Annex-1) attached with this MoU.
- 1.2. Start the project work within a week of proposal approved date and complete the project work within the stipulated time frame
- 1.3. Submit the progress report as per agreed upon schedule in the project proposal
- 1.4. Submit the audit report to MoHP after the completion of the project
- 1.5. Coordinate with District Public Health Office and other relevant local government line agencies to regularly inform them on project activities.
- 1.6. All proposed software programmes will be well coordinated with the DPHO's priorities as well as with programs being conducted by other supporting organizations.
- 1.7. Coordinate with District Public Health Office and other relevant local government line agencies to regularly inform them on project activities
- 1.8. Submit the detailed estimates with BoQ of the Repair and Maintenance measures based on the detailed assessment report of MoHP.
- 1.9. The details of the pre-fabricated construction materials (Option 1, 2, or 3), will be provided to MoHP within by September 22, 2015.
- 1.10. Conduct capacity building activities in close coordination with MOHP and relevant divisions and departments, while strictly complying with the guidelines and standards prescribed by Government of Nepal.
- 1.11. Comply with the standard specifications specified by Logistic Management Division (LMD) for equipment procurement and get verification and permission from PPICD as well and LMD before supplying the proposed support of medical equipment, furniture, kits, medicines and other logistics supplied for birthing centers in Gorkha, Sindhuli and Sindhupalchowk.

**3. POLICIES**

- 1.1. Maximum validity period of this MoU is up to **15-December, 2015**.
- 1.2. Projects implemented under this MoU must adhere to the following priorities set forth by MoHP:

1.2.1. Restoring health facilities damaged by the April earthquake

1.2.2. Resuming healthcare service delivery in affected districts

1.2.3. Responding to the additional healthcare needs emerging after the earthquake:

- Psychosocial Counselling
- Rehabilitation of the disabled
- Long-term trauma care management

1.2.4. Replenishing damaged equipment and supplies

1.3. Any change in the agreed-upon working modality (e.g. changes in the design of buildings, service delivery approach, etc.), during the course of project implementation, requires an approval from MoHP

1.4. In implementing the projects, supporting parties comply with prevailing acts and policies of Nepal, including the Development Cooperation Policy of 2014

1.5. Supporting parties must have the proposed funds before signing of the MoU. Raising funds for the project after the agreement is strictly prohibited.

1.6. Supporting parties are required to sign *Self-Declaration on the Source and Assurance of the Fund* (Annex 2) and submit it to MoHP alongside the project proposal.

1.7. All parties agree to use prevailing accounting principles for expenditure tracking.

1.8. Supporting parties use local human resources and materials to the extent possible. In cases where foreign experts or human resource are need, prior approval of MoHP is required

1.9. All parties agree to disclose and disseminate information related to the project, both technical and financial as provisioned by Nepal's Right to Information Act. For better transparency and accountability of the project work, all parties are highly encouraged to regularly broadcast project related information through local media outlets

1.10. Supporting parties respect Nepal's sovereignty, cultural practices, different religious values and social cohesion in delivering their commitments

1.11. Supporting parties refrain from displaying religious, communal and cultural symbols on infrastructure built or logistics supplied under the project

1.12. All parties refrain from making remarks, disseminate photographs or information that may negatively affect the on-going disaster management efforts

1.13. Supporting parties refrain from engaging in commercial advertising of their products or services during the project phase

1.14. Supporting parties agree to abide by MoF's *Guidelines on Mobilizing National and International Support 2015* for post-disaster recovery and reconstruction

#### 4. FUNDING

The partners agree to implement the activities within the total budget of USD 490,000 (Four hundred ninety thousand). The detail breakdown of the activities is included in the proposal in annex 1.

#### 5. AMENDMENTS

- 5.1. Amendments to this MoU can be made at any time so long as the parties agree in writing and both parties duly sign the amendments.
- 5.2. Parties will resolve the differences relating to this MoU through good faith discussion.

## 6. BREACHES

- 6.1. In case of non-compliance on the commitments from the signatory parties, MoHP may terminate this MoU unilaterally.
- 6.2. MoHP will provide the reasons for terminating the MoU in writing to all parties.
- 6.3. In case of terminated MoU, MoHP shall have legal authority over the properties built or equipment/materials supplied to date as part of the project work. MoHP will not provide any compensations.
- 6.4. Failure to comply with the *Self-Declaration on the Source and Assurance of the Fund* will constitute violation of agreement and will lead to automatic termination of this MoU.

The parties affirm to know, understand and agree to all articles of this MoU as negotiated together.

### MoHP (Party A) REPRESENTATIVE

Signature: \_\_\_\_\_

Name: Mahendra Shrestha

Position: Director-FPICD

Date: 2072/11/30

Official Seal: \_\_\_\_\_



### World Vision International Nepal PARTY B REPRESENTATIVE

Signature: \_\_\_\_\_

Name: Elizabeth Salow

Position: National Director

Date: 9/12/2015

Official Seal: \_\_\_\_\_

World Vision  
WV International NEPAL

### WITNESS

Signature: \_\_\_\_\_

Name: Sagar Dahal

Position: Senior Public Health Administrator, FPICD/ MoHP

Date: 07/12/15

**ANNEX-1**



A handwritten signature in black ink, likely of an official from the Ministry of Health and Population.

**Ministry of Health and Population**  
Kathmandu, Nepal

**Proposal on**  
**Post-Earthquake Health Sector Recovery**  
**and Reconstruction Support**

**Proposal submitted by:**

Name of the Agency: **World Vision International**  
Address: **Lalitpur, Nepal**  
**GPO Box # 21969, Kathmandu, Lalitpur**  
Phone: **+977-1-5548877**  
Email: **info\_nepal@wvi.org**

Contact person: **Sanjay Kumar Nidhi**  
Phone: **9841689111**  
Email: **sanjay\_nidhi@wvi.org**

A handwritten signature in black ink, likely of an official from World Vision.

**Name of the Project: Nepal Earthquake Response – Health Program**

**Name and Address of Supporting Party:**

**Background**

**Description (Max. 500 words)**

World Vision International Nepal (WVIN), is a registered INGO and has an MOU with the government to operate. WVIN is a Christian relief, development and advocacy organization dedicated to working with children, families and communities to overcome poverty and injustice. World Vision serves all people regardless of religion, race, ethnicity or gender. Prior to the earthquake it was working in 73 project areas in 11 districts, with 43 local partners in the areas of material and child health, education, child protection, livelihoods and water, sanitation and hygiene.

Since the earthquake WVIN has increased its operational area to meet the needs of the affected people in Sindhuli, Gorkha and Sindhupalchowk. Since the beginning of the response, WVIN has MOUs for a multi sectorial response with the DDRCs in Sindhuli, Gorkha and Sindhupalchowk to work in the VDCs: Dudbhanjyang, Basheswor, Bhubaneswori, Solpathana and Gaikhur, Palumtar and Fulpingkot, Sanusiruwari, Kubinde, respectively. WVIN has signed onto the Basic Operating Guidelines for development and humanitarian response. It is a representative of the Association of International NGOs (AIN) for the HCT (Humanitarian Coordination Team), and the co-chair of 5 AIN technical working groups: Protection, Health, Education, DRR and Communications. As part of this response, the association has appointed the WV National Director as the INGOs representation in the HCT.

Gorkha and Sindupalchowk are two of the most affected districts and have been prioritized by the Government of Nepal due to the impact of the earthquake on the community, including damage to houses, government infrastructure including health facilities and houses of health workers. Damaged health facilities that have been replaced by tents, need to be replaced by stronger structures that will withstand the monsoon rain and winds.

As well as infrastructure, health staffs have also been affected by the earthquakes but are still working to meet the needs of their communities, sometimes with the help of foreign and local medical teams. These teams are phasing out, but the needs of the affected communities have not decreased. People are afraid of further aftershocks and report increased anxiety. Many continue to stay in tents and other crowded temporary shelters, exposing them to the elements and increasing the risk of disease such as diarrhea, colds, fever and ARI, especially in children.

Prior to the earthquake, the health and nutritional status of many pregnant women and young children were compromised. Rates of malnutrition in children were very high with 40% of children under-five years suffering from stunting, 29% were underweight and 11% wasted. National data from the MoH in 2011 reported 18% of pregnant women had a low body mass index, anemia rates were 36% among women of reproductive age and one quarter of all infants were born with low birth weight. With limited access to safe water and overcrowding in camps and buildings, the risk of severe illness and death to pregnant women, infants and young children has reached a dangerous peak. Threats from diseases such as measles, diarrhea, pneumonia and vector borne diseases are ever present.

## Objectives

Improved access to adequate and appropriate primary healthcare facilities and services for earthquake-affected communities.

## Project Location (District/VDCs/Municipalities)

**Gorkha:** Palumtar HP (software and hardware, including HP and birthing center repair),  
Gaikhur (software and hardware, including HP repair),  
**Sindhupalchowk:** Fulpingkot (software and hardware, including prefab (2)),  
Kubinde (software only),  
Jalbire (software only),  
Sanosiriwari (software only),  
Pipaldanda (software and hardware, including prefab (2)),  
Bhotechaur (software and hardware, including HP repair).  
**Sindhuli:** Dudbhanjyang (software only, phase out end October 2015),  
Basheswor (software only, phase out end October 2015),  
Bhubaneswori (software only, phase out end October 2015),  
Solpathana (software only, phase out end October 2015).

## Support area and Project Activities

### Main area:

World Vision has the capacity to implement programs in health, nutrition, WASH, shelter, child protection, education and food security and will continue to use a multi sectorial approach where ever possible.

Since the earthquake World Vision has been providing a multi sectoral response in three VDCs in Sindhupalchowk: Fulpinkot, Kubinde and Sanusiruwari, two VDCs in Gorkha: Palumtar and Gaikhur, and four VDCs in Sindhuli: Dudbhanjyang, Basheswor, Bhubaneswori, Solpathana. Under World Visions Earthquake Response Health Program has been and will continue to support these districts in the follow activities:

#### Hardware

- Repair/reconstruct Health Posts/birthing centers according to MoHP standard guidelines.
  - The details of the pre-fabricated construction materials (Option 1, 2, or 3), will be provided to MoHP within a week from the signing of the MoU (By September 15, 2015).
- Replace damaged medical equipment (including solar power and cold chain) for Health Posts and Outreach Posts. (Palumtar (HP and birthing center), Gaikhur, Fulpinkot, Pipaldanda, Bhotecahur)
- Clean water facilities and latrines for Outreach Posts (Palumtar, Gaikhur, Fulpinkot, Pipaldanda, Bhotecahur)
- Provide water filters for Outreach Posts
- Construction of medical waste management units at Health Post
- Distribution of baby hygiene kits (including, bath towel, safety pins, baby soap, baby oil, talc powder, nappy rash cream, washable diapers, baby blanket).
- Distribution of Clean delivery kits (400 kit provided as GIK by UNFPA and additional needs purchased by WV. Kits include soap, plastic sheet, blade, umbilical tape, bag, cotton cloth, latex gloves, IEC materials)

#### Software

- Women, Adolescent and Young Children Spaces (WAYCS) for community trainings, workshops and counselling sessions on health related topics
- Health promotion/advocacy via media campaigns, national/international level advocacy campaigns and IEC materials
- House to house counselling (ttC) targeting health/nutrition topics to 1000 days women
- MHPSS training for health staff and FCHVs/counselors, including screening and referrals
- Disaster preparedness, risk management and disease outbreak prevention training for health staff, HP board members and communities
- CMAM training for health staff and FCHVs, including screening and referrals
- Reproductive health training (family planning) for community
- Health/Nutrition cluster coordination support

All proposed software programmes will be well coordinated with the DPHO's priorities as well as with programs being conducted by other supporting organizations.

*(More details included in budget)*



## Expected Outputs/Results

1. Operations of primary health care services in Sindhupalchowk, Gorkha and Sindhuli supported with proper medical facilities and equipment
2. Water and sanitation conditions in health facilities improved in target locations
3. Increase capacity and awareness towards maternal and child health, and mental health services in earthquake affected communities in Sindhupalchowk, Gorkha and Sindhuli
4. Enhance awareness and knowledge of health workers and communities on sanitation, disease, nutrition, food security and disaster risk management

## Project Period

**August 2015 - May 2016**

Software activities will run throughout the whole program

### Gantt chart for HP construction

Health Post	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May
Sign MOU with MoHP	■									
Gaikhur	■	■	■							
Palumtar HP	■	■	■	■						
Palumtar birthing center	■	■	■	■	■					
Fulpinkot		■	■	■	■	■				
Pipildanda				■	■	■	■	■		
Bhotechaur							■	■	■	■
Assessment		■								
Preparation and procurement		■								
Construction		■								

End of SHO and DEC grant in October

## Total Project Cost: \$490,000

Total resource available (US \$)

Total fund:	\$347,000 (NR 34,700,000) + overhead costs		
Distribution by major activities:			
Major activities	District (VDC)	Fund (US \$)	Link with MoHP Priorities

1. Demolition and clearing of land for 2 Health Post reconstruction (prefab)	Sindhupalchowk (Fulpingkot, Pipaldanda)	14,000	Second strategy - Repair and retrofitting of Building and Establishing pre-fabricated structures
2. Repair/rebuild 6 Health Posts/birthing centers including medical equipment, furniture, medical waste and WASH facilities	Gorkha (Gaikhur and Palumtar HP and birthing center) Sindhupalchowk (Fulpingkot, Pipaldanda, Bhotechaur)	352,000	Second strategy - Repair and retrofitting of Building and Establishing pre-fabricated structures
3. Women, Adolescent and Young Child Spaces (WAYCS) set up in 12 VDCs to support ORCs and 1000 days women	Gorkha (Gaikhur and Palumtar) Sindhupalchowk (Fulpingkot, Kubinde, Jalbire, Pipaldanda, Sanosiriwari and Bhotechaur) Sindhuli (Dudbhanjyang, Basheswor, Bhubaneswori, Solpathana)	66,000	Second strategy - Strengthen surveillance system and improve quality of services
4. Capacity building of health staff and FCHVs in 12 VDCs. Training will include topics on: psychosocial counselling, nutrition, newborn care, safe motherhood etc	Gorkha (Gaikhur and Palumtar) Sindhupalchowk (Fulpingkot, Kubinde, Jalbire, Pipaldanda, Sanosiriwari and Bhotechaur) Sindhuli (Dudbhanjyang, Basheswor, Bhubaneswori, Solpathana)	58,000	Second strategy - Improve quality of services and capacity building
5. Distribution of clean delivery kits and baby hygiene kits in 12 VDCs	Gorkha (Gaikhur and Palumtar) Sindhupalchowk (Fulpingkot, Kubinde, Jalbire, Pipaldanda,	32,500	Second strategy - Strengthen surveillance system and improve quality of services

	Sanosiriwari and Bhotechaur) Sindhuli (Dudbhanjyang, Basheswor, Bhubaneswori, Solpathana)		
6. House to house counselling (including psychosocial counselling) House to house counselling is conducted based on World Visions model of timed and targeted counselling (ttC) which cover 7 key health messages for women and 11 key health messages for children (eg, safe motherhood, clean delivery, nutrition, immunization).	Gorkha (Gaikhur and Palumtar) Sindhupalchowk (Fulpingkot, Kubinde, Jalbire, Pipaldanda, Sanosiriwari and Bhotechaur) Sindhuli (Dudbhanjyang, Basheswor, Bhubaneswori, Solpathana)	35,500	Second strategy - Strengthen surveillance system and improve quality of services
7. Support national/international health campaigns (breast feeding week, M&R campaign, nutrition week etc) and produce media campaign in 3 districts. (World Vision has an agreement with ACORAB to produce and air a radio drama with key health and disaster recovery messages).	Gorkha (Gaikhur and Palumtar) Sindhupalchowk (Fulpingkot, Kubinde, Jalbire, Pipaldanda, Sanosiriwari and Bhotechaur) Sindhuli (Dudbhanjyang, Basheswor, Bhubaneswori, Solpathana)	12,000	Second strategy - Improve quality of services and capacity building

### Type of Support

Type	If yes (✓)
1. Financial	
2. In kind	✓
3. Other (specify _____)	

### Source of funding

Source	Fund (US \$)
1. Bi-lateral agency (specify name)	
2. Multi-lateral (specify name)	
3. Countries (specify name)	
4. Individual donation (specify name)	
5. Foundation (specify name)	
6. Other (specify name DEC (UK), SHO (Netherlands), World Vision PNS funding)	169,980 (DEC) 267,206 (SHO) 53,000 (PNS)
Total	

### Fund-flow Mechanism

Funding modality	(✓)	Short description on modality
1. Through Govt. Budget		
2. Direct implementation	✓	Implementation through local NGOs as agreed in current partnership MOUs.
3. Turn-key Basis		
4. Commodity Aid		
5. Other (specify )		
Additional information:		

### Reporting requirements

Information type	Reporting frequency	Remarks
Project Progress Report	Monthly	
Project Completion Requirement	At the end of Project	

### Exit plan

World Vision will formally hand all hardware inputs over to the district health office for their ownership and responsibility by the time the program has ended. World Vision will work closely

with government offices to determine appropriate closure of project in line with community needs.

### Support duration

Time period:	From 1 <sup>st</sup> September 2015	To 31 <sup>st</sup> May 2016
Remarks: World Vision is already working in Sindhupalchowk, Gorkha and Sindhuli throughout the earth quake response period. This work will continue as transition into the recovery period and programing while increasing our working are in Sindhupalchowk and Gorkha. World Vision will follow all prescribed handover procedures as according to the MoHPs standard guidelines.		

### List of Human Resources and Expertise (List the international and local human resources with their expertise)

Name	Position	International/Local
Moniek Kindred	Health Manager	International
Sanjay Kumar Nidhi	Health and Nutrition Specialist	Local
Shiva Poudel	MCHN and hygiene officer	Local
Nilesh Kumar Pravara	MCHN and hygiene officer	Local
Rajiv Kumar Sharma	MCHN and hygiene coordinator	Local

### Attachments

1. Recommendation letter from Sindhupalchowk and Gorkha DHOs
2. Request letter of World Vision
3. Organization Profile.
4. Social Welfare Council Affiliation certificate
5. Technical Proposal ( will be submitted before implementation)

Approved:



Date:



**ANNEX-2**


**Self-Declaration on the Source and Assurance of the Fund  
for  
Post-disaster Rehabilitation and Reconstruction Support**

I/we hear by declare that:

1. The entire project design and implementation cost will be covered by my/our internal/core resources. I/we will not collect any forms of donation/funding at the local level;
2. I confirm that the source of funding for the project is legal. I/we also confirm that all the funds are in compliance with the Anti-Money Laundering Act of Nepal;
3. I/we have enough resources to implement the assigned project. I/we will not seek further funding for the project after the MoU is signed;
4. I/we confirm that the above mentioned information is accurate. I/we accept legal consequences if the above information is proven false.

Name of the Supporting Party: **World Vision International**

Representative's Name: **Elizabeth Satow, National Director**

Signature: 

Date: 

**World Vision**  
WV International NEPAL 

## 附件四、WVN 志工工作規範書

### Terms of Reference for Technical Engineer (Volunteer)

The deployment of the Technical Engineer is contingent upon successful completion of all WV paperwork and the Volunteer must agree to all overall organizational standards and policies including WV's Child Protection Policy. The deployment is also contingent upon approval by the WV Nepal Earthquake Response (WVNER) Director.

## JOB DESCRIPTION

Position Title:    Technical Engineer	JOB GRADE:    Volunteer (Per diem and Travel covered by TaiwanICDF)
Division        : Operation Department:    Shelter	Date Prepared/Updated/Version: Oct. 09, 2015
<p>Reporting Relationship:</p> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Operation Manager</div> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 30px; margin: 5px auto; width: 20px;"></div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Shelter Advisor</div> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 30px; margin: 5px auto; width: 20px;"></div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"><b>Technical</b></div> </div>	
Reports To:	
The Position:	

## I. POSITION PURPOSE/JOB MISSION

Under the direction of the Shelter & Infrastructure and Health Sector Managers, the Technical Engineer (TE) will work with WVNER team to monitor, supervise and advise all works to be carried out in the implementation of 5 health posts on behalf of ICDF. The TE will monitor and supervise contractors, materials and commodities flowing to the sites in partnership with WVNER personnel. The TE will provide technical inputs into the implementation of health post construction activities for the project, and will be responsible for field monitoring and providing timely reporting on the implementation of the activities



## II. MAJOR RESPONSIBILITIES (BASED ON GOALS AND OBJECTIVES)

- A. Provide expertise and advice to the WVNER team to ensure the effective implementation of the Health Post construction.
- B. Advise, supervise and encourage Site Officers appointed to supervise contractors, suppliers and activities on specific projects.
- C. Monitor site activities to ensure project on-time delivery, maintenance of costs to budget, project quality and safety.
- D. Contribute to monthly, annual and end-of-project narrative reports as required by the donor.
- E. Liaise with the Contract Manager on contractual matters as they arise, and assist in resolution of on-site contractual issues.
- F. Maintain community relations at a high level.
- G. Facilitate and provide training to relevant sector personnel on the implementation, procedural and construction monitoring requirements as appropriate.
- H. Coordinate with local government representatives, other NGO's, and with other stakeholders within the project area.
- I. Take a hands-on approach with projects and provide feedback to the Sector specific Construction Manager on project management issues.

## III. EDUCATION/EXPERIENCE/EXPERTISE REQUIREMENTS

The following competency may be acquired through a combination of personal commitment, formal schooling, education, prior experience:

### A. *REQUIRED:*

1. **Experience in managing large-scale multi- disciplined projects across a large geographical area.**
2. **Experience working for a large Main Contractor managing multiple sites.**
3. **Strong analytical problem solving and organizational skills.**
4. **Ability to effectively present technical concepts to lay users in various settings and by various means (verbal and written).**
5. **Service oriented with the ability to organize, prioritize, and delegate tasks while transferring knowledge and expertise.**
6. **Strong communication skills to interact with all levels of staff and management.**
7. **Experience in small to medium project management and the ability to lead teams.**
8. **Ability to train non-technical users in the use of technical systems in a cross-cultural setting.**
9. **Ability to work under pressure and on multiple tasks.**
10. **Formal education or appropriate experience (+5 years) in construction management, Degree in Building Construction Management or Civil Engineering desirable.**
11. **Working knowledge in English is essential.**
12. Ability to work in remote areas with limited access to facilities, communications and daily comforts is a requirement of the candidate

### B. *PREFERRED:*

1. Ability to work with a reasonably level of comfort in high tension and high security risk situations.
2. Ability to maintain performance expectations in diverse cultural contexts psychologically stressful environments and physical hardships.
3. Understands work from a process point of view and uses measurement and accountability systems effectively.
4. Excellent time-management and prioritization.
5. Demonstrates openness and transparency
6. Willingness and ability to do multi-tasks.

#### **IV. OTHER DUTIES AND RESPONSIBILITIES**

- A. Adhere to World Vision policies and work to Acknowledged International Construction Management standards.
- B. Coaching, mentoring and Capacity building will be required as the program progresses.

Name of Incumbent:	Reviewed and Approved by:
Accepted /Date :	Date:

## 附件五、生活費消費價格列表

Consumer prices in KMT

Item	NRs	Remarks
1 Coke	\$60	500 ml
2 eggs	\$180	12 pieces
3 Apple jam	\$126	500g
4 Noodles	\$86	1kg
5 Spaghetti	\$124	500g
6 Japanese noodles	\$270	300g
7 Instant cup noodle (Korean style)	\$116	62g
8 Rice	\$118	1kg
9 Tampon	\$64	6 pads
10 Baby wet wipes (濕紙巾)	\$145	35 pcs
11 Kleenex (面紙)	\$136	box
12 Paper handkerchief	\$82	4 packs
13 Frozen chicken momo (水餃)	\$300	30 pcs
14 Ground pork	\$350	500g
15 Chicken breast	\$400	500g
16 Chick wings	\$434	10 pcs
17 Chicken legs	\$600	3pcs/600g
18 Buff sausage	\$160	5pcs/250g
19 Chicken sausage	\$315	8pcs/400g
20 Soap (Dove)	\$80	1 pc
21 Shampoo (Dove)	\$280	250 mg
22 Tooth brush	\$40	1 pc
23 Vaseline lotion	\$340	400ml
24 Vaseline Cleansing lotion	\$215	200ml
25 Toothpaste (Colgate)	\$150	200g
26 Cotton pads (化妝棉)	\$85	100 pads
27 Soy sauce	\$663	1 liter
28 White vinegar	\$128	473ml
29 Extra virgin olive oil	\$600	500ml
30 Having meal outside	\$300-\$800/meal	

Remarks:

1. You can buy meats in Nepali stores or markets, but I personally do not recommend, because of hygiene issue.
2. 1 USD=103NRs.
3. It is easier to buy groceries in Kathamandu, not so easy in the fields, i.e. Gorkha.
4. It is suggested to have meals in restaurants most of the time if staying in the field or to cook instant noodles, adding eggs and vegetables.

## 附件六、Checklist -Health

### Humanitarian Assistance Appraisal Mission Checklist (Health & WASH)

計畫名稱 Project Name	尼泊爾震災衛生站重建計畫 Assisting the recovery of Nepal earthquake affected health posts
計畫執行地點 Implementation Location	尼泊爾西部發展區廓爾喀縣(Gorkha)及尼泊爾中部專區辛杜帕爾喬克縣(Sindhupalchowk) <b>Gorkha Districts: Kerabari, Aampipal and Changli (3 VDCs, to be confirmed)</b> <b>Sindhupalchowk: Fulpingkott, Sanosiriwari (2 VDCs)</b>
計畫目的 Project Goal	恢復災區廓爾喀縣及辛杜帕爾喬克縣基礎健康服務 Improved access to adequate and appropriate primary healthCare facilities and services for earthquake-affected communities
合作單位 Executing Agency	世界展望會尼泊爾分會 World Vision Nepal Response Team
計畫期程 Implementation Period	1 年
計畫經費 Project Amount	US\$500,000

Item	Questions
Overall	
Policy, regulations, demography and current health status	1. How does the Nepali government/VDCs work with INGO or local NGOs at the stage of recovery? OCHA lead the health cluster under OCHA until September 2015; the government has taken over coordinating cluster meetings. World Vision has been and will continue to be a key member in both the health and nutrition clusters at both National and District levels. World Vision is a registered NGO in Nepal and works through local NGOs to directly implement their projects. The health sector has signed MoUs with local NGOs in each district to work with them to implement the projects during the response period. The local NGOs performance will be reviewed and if they are implementing well then their contracts will be extended into the recovery period. Would this have any effect on the implementation of project? Working with a local NGO can make the implementation more complex and add the

Item	Questions
Overall	
	<p>risk of delay. As the government policy is for INGOs to work with local implementing partners, WVIN will continue to work with local organizations. How could your organization prepare or respond? e.g. Legal basis: How to make sure the cooperation with the Nepali government or VDCs? Signed MOU or any other legal documents? Who is the objective of signing MOU? (Central government, local government or VDCs?) WVIN has an MOU with the Government of Nepal, providing it with the legal right to operate in the country. It is also in the process of finalizing its Project Agreement with the government specific to the earthquake response, providing further guarantee of its ability to continue implementing response activities in the affected areas. WVIN has signed MOUs for the whole health program at the Ministry of Health Level. We have signed MOUs with the DDRC for a multi-sectoral response at the district level which incorporates which VDCs World Vision is working in.</p> <ol style="list-style-type: none"> <li>2. What is the Public Health structure in Nepal? Please see for reference:  <a href="http://umeshg.com.np/organizational-structure-of-district-health-office/">http://umeshg.com.np/organizational-structure-of-district-health-office/</a> . Within each district there are various levels of health Care: District hospitals, Primary health Care centers, health posts and outreach clinics.</li> <li>3. What is the basic composition of a team in each health post? (Doctor, Nurse, TBA, Health worker, etc.) How many members are there? 1 Health Assistant responsible for medical treatment and overall functioning and administrative work, 1 Auxiliary Nurse Midwife for ANC/PNC check-up and operating ORC Clinics, 1 VHW responsible for running immunization, 1 Office Assistant for looking after office work. Total = 4</li> <li>4. How is the age distribution among the local population? How many people are there living below the poverty line? Pls see the attachment 1.</li> <li>5. What are major diseases which VDCs are fighting with? What is the pathogenesis? How serious are those diseases? (prevalence, morbidity &amp; mortality rate) Pneumonia, diarrhea, etc. Detailed information to be provided once VDCs supported by ICDF are confirmed.</li> <li>6. How many patients are there visiting a health post per day? The flow of patients in a health post in Nepal depends on several factors such as population of the particular VDC, prevalence and occurrence of disease, associability of health post, and presence/availability of the health attendants at health post. However, in general, the average number of patients visiting any health post are 10-15 per day. Are the medical services and medicine free?</li> </ol>

Item	Questions
<b>Overall</b>	
	<p>According to Health policy 2014 of Government of Nepal, the medical services in health post are free of cost and medicines are provided free of cost in these institutions all over Nepal (<a href="http://umeshg.com.np/wp-content/uploads/2015/05/New-health-policy-2014-Unofficial-translation.pdf">http://umeshg.com.np/wp-content/uploads/2015/05/New-health-policy-2014-Unofficial-translation.pdf</a>). According to Health regulations of Department of HEALTH Government of Nepal, (<a href="http://www.mohp.gov.np/index.php/publication-1/act-regulation">http://www.mohp.gov.np/index.php/publication-1/act-regulation</a>), more than 70 types of medicines should be provided free of cost through Health Institutions. However, the distribution of medicines by health services depends on availability of medicine in their stock. Information to be provided for revised VDCs.</p> <p>7. Is there any medical record mechanism? How do you record the medical status, or how to manage the medical resources?</p> <p>In Government Health System, there is provision for medical record mechanism. The medical records are maintained at the Health Post using HMIS (Health Management and Information System). The medical resources are managed by local health staff using the provisions provided by logistics department of Department of HEALTH. Health post data is submitted to the district health office on a monthly basis which is compiled into the HMIS which is submitted to department of health services at National level. (<a href="http://dohs.gov.np/divisions/logistics-management-division/">http://dohs.gov.np/divisions/logistics-management-division/</a>).</p>
<b>Stakeholders</b>	<p>1. Who are the other stakeholders and what will their responsibilities and opinions be? Other health stakeholders are: MDM France, Save, Plan, Care, IMC, Humanica, UNFPA, WHO and IOM.</p> <p>2. Which department or international organization is the host of the Health Cluster? WHO is currently the co-lead with the Ministry of Health.</p>
<b>Executing agency (World Vision Nepal)</b>	<p>1. <b>Methodology:</b> How do you implement your humanitarian assistance projects? Could you introduce your approach and methods to project intervention and cooperating with governments/NGOs? Is there any regular meeting (eg. Cluster meeting)?</p> <p>World Vision has been responding in the target districts, since the beginning of the WV response the day after the earthquake (26<sup>th</sup> of April 2015) through the provision and distribution of emergency relief supplies. World Vision has established strong relationships with the District Disaster Recovery Committee (DDRC) and the Village Development</p>



Item	Questions
Overall	
	<p>Committees in the areas in which we are working, which will also guarantee continued access to the targeted communities. A district office has been established in Sindhupalchowk and Gorkha to provide an ongoing presence in the area, and World Vision is planning on implementing longer-term programming in the sectors of shelter, WASH, health and education in addition to the provision of emergency relief supplies.</p> <p>WV has strong relationships with the Nepali government engaging in regular dialogue with the relevant government ministries and departments to ensure that WV has the ongoing ability to undertake its operations in the affected areas (as the government is the coordinating mechanism for these operations, including the cluster system). At the district level, WV engages with the respective DDRCs and the Village Development Committees to obtain permission to undertake its operations in the target areas and to maintain a strong working relationship with these organizations. Besides, World Vision is an active participant in the UN cluster system, including shelter, health and nutrition, education, and protection. In accordance with government directives and to promote collaboration, World Vision also established agreements with local NGOs at district level to facilitate the implementation of its projects, as it is a government requirement that all development and relief activities undertaken by bigger and more experienced NGOs like World Vision to be implemented at the field level in partnership with and/or by local NGOs.</p> <p><b>2. <u>Organizational capacity:</u></b></p> <p>2.1 Please provide relevant details such as the size of the executing agency, human resources etc.</p> <p>World Vision (WV) has been operating in Nepal since 1982 and has a total of 205 national and four international staff across the country. With this long term presence in Nepal (34 years) WVI Nepal is deeply rooted within the Nepalese society and has established good working relationships with the Government Ministries at the national level and the government line agencies at the district level, including the District Disaster Recovery Committees (DDRCs) and the Division Cooperative Office. This will help to ensure that the implementation of the proposed project will be in line with local the development plans. World Vision</p>

Item	Questions
Overall	<p>International Nepal (WVIN) has a wide geographic presence, operating in 14 districts across the country. In 2014, working together with 44 local partners, WVIN implemented programs in 90 VDCs and two municipalities across Nepal.</p> <p>2.2 How many employees are international staffs and how many employs are national staffs? WV currently engages a total of 190 staff for the Nepal Earthquake Response, 165 are Nepalese, who have an extensive local knowledge and understanding of the local context, 7 international staff who already worked for WV Nepal before the earthquake as well as 3 international consultants and 15 international WV staff who will be supporting the response temporarily.</p> <p>2.3 Do you have any volunteers? Yes, we engage with local volunteers and female community health volunteers (FCHV) to delivery certain activities. Would you hire external experts or contractors only for this program? WV has our own sector advisors, no external experts needed at this moment. However, we will do when it is necessary. Construction contractors will be hired to build health posts in 5 VDCs. How many workers will you invest especially in this program? World Vision: 6 full-time, 3 shared cost, Local NGOs: 2 (Estimate)</p> <p>2.4 Please explain your procedures for procuring labor and property. In terms of procurement of property, how will you respond if the material or equipment is unavailable domestically?. Attached please see WVNEP procurement guideline (attachment 2). There is usually no problem in procuring goods and property for Health Post building. These materials (sand, aggregate, cement, iron rod, etc.) mostly available at local level (District Headquarter) as well as local labor also available.</p> <p>3. <b>Others:</b> Where do the salary and fringe benefits of international staff come from? (Project budget or headquarters?) This project will be charged its fair proportion of International staff's salary (and their respective benefits) supporting this project. Do you have any cooperation projects with China at present? No current cooperation projects with China currently.</p>
Project related	

Outcome	
<p>To contribute to the restoration and improvement of quality health services for the earthquake affected population in target areas</p>	<ol style="list-style-type: none"> <li>1. How did you locate the project site? Through cluster, district and sector coordination.</li> <li>2. Who are the target population? How many people are there? Target population is health workers, mothers and children. Total population numbers will only be known when VDCs are 100% confirmed but we can estimate 20,000</li> <li>3. What is the definition of quality health services? In Nepal, the basic health services means providing promotive, preventive, curative and rehabilitative health services with the minimum degree of health Care considered to be necessary to maintain adequate health and protection from disease. These services include, but are not limited to, the management of health services resources, such as manpower, monies, and facilities; preventive and curative health measures; evacuation of the wounded, injured, or sick. All services performed, provided, or arranged by the Services to promote, improve, conserve, or restore the mental or physical well-being of local people. Several variations of the term 'Essential Health Package' exist, generally using the terms basic, minimum, health Care, services or benefit package. For the purposes of this Brief, these terms are taken to all mean the same. The Department of health Services in Nepal has categorized Essential Health Care Services (EHCS) into 4 elements - a) Family Planning, Safe motherhood and Neonatal health b) Child Health c) Communicable Disease Control d) Out-patient Care services which produce the greatest reduction in health burden and the poorest people. World Vision will not only be aiming to ensure the return of basic health Care services to communities but to also improve the quality of services provided. The WHO defines quality health Care according to six key elements:                         <ol style="list-style-type: none"> <li>1) Effective - delivering health Care that is adherent to an evidence base and results in improved health outcomes for individuals and communities, based on need;</li> <li>2) Efficient - delivering health Care in a manner which maximizes resource use and avoids waste</li> <li>3) Accessible, delivering health Care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need</li> <li>4) Acceptable/patient-centered - delivering health Care which takes into account the preferences and aspirations of individual service users and the cultures of their communities;</li> </ol> </li> </ol>

	<p>5) Equitable - delivering health Care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status;</p> <p>6) Safe - delivering health Care which minimizes risks and harm to service users</p> <p>4. Which standard of basic health services (WHO or Nepali Government) will the program adopt? Government of Nepal's Health Services has set up their own standards of basic health services. For each of the following broad categories, there are specific interventions to be provided under at the health post, health Centre and district hospital levels: a) Family health: ante-natal Care; delivery and newborn Care; post-natal Care; family planning; b) child health – Integrated Management of Childhood Illness (IMCI); growth monitoring and essential nutrition actions; immunization; adolescent reproductive health c) Communicable diseases: TB and leprosy; HIV/AIDS and sexually transmitted infections; epidemic diseases (including malaria surveillance); rabies d) Basic curative Care and treatment of major chronic conditions. What are the necessary supplies and medicine for basic health services? The Nepal government has a list Where are the health supplies and medicine for basic health services from? WHO and Nepal government. How do you ensure the sustainable provision? This is under the government's responsibility but WV will support but providing additional cold chain equipment.</p> <p>5. How do you determine the baseline? Are the underlying assumptions for determining the baseline reasonable? How do you collect data? WVIN has already conducted a baseline, which encompasses health related data. This information will be used as a basis for collecting data more relevant for this project. The baseline will be determined based on the information required. Looking at to the outcome and outputs, a separate baseline is required. However it seems some information are overlapping with current baseline, which we can provide internally. The major assumptions are 1. Coverage of the District in the intervention 2. How representative the sample 3. What methods and tools to be used to collect data as household survey, Focus group discussions, Interviews with key informants etc.</p> <p>6. How do you facilitate, supervise, and monitor the trained health workers to offer basic health services? Training will be facilitated through the local NGO and local experts will be engaged to deliver the training. The local NGO will be supervised by World Vision district health officer and the program will be monitored by using monitoring documents, activity tracking and monitoring visits.</p> <p>7. What is the sustainability plan once the project is completed? Health posts and equipment's will be formally</p>
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	<p>handed over to the local authorities. Software activities will be conducted within the government structures and community groups..</p> <p>8. How many private providers are there? How do they charge? The number of private organizations may vary depending on the local situation. It needs to be assessed at local level. However, there can be 5-10 private service providers in a district on an average. The charge of the private service depends on the type of service sought. On average, private service providers charges NRs. 400-1000 (USD 4-10) according to their quality of service.</p> <p>9. If there is a gap between the hardware and software established for provision of basic health services, what is your responsive strategy? Software activities will be able to be started from the beginning of the project. Hardware activities will be staggered (due to work load) and therefore not all of it will be completed at the same time. Health services will continue running out of tents or temporary buildings until the hardware activities are complete.</p> <p>10. What's the relationship of the activities and the outputs to the project outcome especially in basic health services? By achieving re-constructed, functioning and safe health post buildings with good quality of Cares. Alongside supporting the community and health workers in their capacity building. The project will aim to achieve an 'improvement of basic health services for the earthquake affected population in target areas.'</p>
<b>Output</b>	
<b>Output 1:</b> Reconstruction of earthquake-resistant health posts with adequate water, sanitation and hygiene facilities.	<p>1. How many health posts are there in a VDC? What are the criteria for selecting the damaged health posts? There is one health post per VDC. The criteria for selection is based on the needs of that district, cooperation and coordination capacity in district level governments and local NGOs.</p> <p>2. What is the current situation of WASH facilities, and what is your expectation? Where is the water source? Information will be provided after we have done the in-depth site assessment once we have confirmed the VDCs.</p> <p>3. How do you ensure the facilities are earthquake-resistant? How large will be the earthquake that the facilities are expected to resist? As yet the GoN has not published specific guidelines regarding the Magnitude of earthquake that these structures should be able to resist. However any design implemented by WVIN shall be designed to resist a minimum Magnitude and this can be modelled with structural engineering analysis software to verify a design</p> <p>4. Is there any freeze-proof mechanism for those facilities during winter? It is not envisaged that these facilities will</p>

<p><b>Output 2:</b> Enhance awareness and knowledge of health workers and communities on sanitation, disease and disaster risk management.</p>	<p>be built in VDC's above 2000 meters in elevation. This is the lowest approximate snow line in the district. Therefore, no specific mechanisms are planned to prevent freezing.</p> <p>5. What is the logistical and/or traffic situation at the project site? How (if at all) will this affect access or transportation for personnel or materials?</p> <p>Once the VDCs are confirmed, we will provide more detailed description. During the rainy season monsoons potentially will cause road blocks; Should this occur, materials may need to be shipped by porters, which will increase the costs the projects and time of completion.</p> <p>2.1. How many health workers are there in the VDCs? What are the obligations of health worker? Under Government Services, health workers include Auxiliary Health Worker (AHW), Maternal and Child Health Worker (MCHW), Village Heath Worker (VHW), Female Community Health Volunteer (FCHV). Primary responsibilities of health workers may include treating minor illnesses, looking after pregnant women and caring for children. Additional duties may involve family planning services, promotion of sanitation and hygiene, screening for communicable diseases, performing health education activities, collecting statistics, maintaining records and providing health Care referrals. Who are the targets? Main targets are health workers and community people.</p> <p>2.2. How do you select the beneficiaries, and how many? Is there any gender issues influencing the selection? Or, is it all-inclusive? All health workers and community members in the target VDCs will be included.</p> <p>2.3. Who will be the instructors? Where appropriate we will engage with local experts in the field of training we are conducting. If FCHV has the ability to conduct related trainings, we will involve the FCHV. Do you need any teaching materials? if so, how do you obtain them? WVIN will require training materials. WVIN will engage those who are experienced and often have appropriate training materials. If materials are not appropriate we will investigate if the government or other agencies have appropriate materials. If no appropriate materials are available in Nepal, WV will design our own.</p> <p>2.4. How will you encourage the health workers and population to join the knowledge enhancement activities? Through working with a local NGO, the staff included here are community mobilisers and MNCH officers. These staff will be based in the VDCs and have very strong links with the community members. We will also be working closely with Female Community Health Volunteers (FCHV) from each VDC and involved them in mobilizing the community for health needs.</p>
<p><b>Output 3:</b> Improved capacity of</p>	

<p>health workers on topics of health, disease outbreak management, disaster preparedness and WASH.</p>	<p>2.5. Is there any specific standard for testing the awareness results at the community level? Pre-test and post-test? To be decided after we have more understanding about the health works and VDCs.</p> <p>3.1. What are the top health issues? (e.g. Cough or Difficult Breathing, Diarrhea, Fever, Malaria, etc.) ARI , Diarrhea, Pneumonia</p> <p>3.2. What are the major duties of health workers? What capability do they generally have now? What will be the major differences after the workshops? Auxiliary Health Worker (AHW) main responsibility is to conduct outreach clinics, antenatal and post-natal checkups. Maternal and Child Health Worker (MCHW) are responsible for providing child health Care, Village Health Worker (VHW) are responsible for conducting immunization clinics at VDC and ward level, Female Community Health Volunteer (FCHV) are mainly responsible for distribution of vitamin A, basic health Care and act as main source of health information at ward level. After workshop, their capacity will be enhanced so that they will be able to provide better services at grassroots level.</p> <p>3.3. How often do you carry out a workshop prior to the earthquake? Who is responsible for that? What the major topics are there? World Vision was not present in these districts before the earthquake</p> <p>3.4. How do you select the beneficiaries, and how many? All Health workers in target VDCs will be selected. Approx. 4 Health staff and 9 FCHVs per VDC.</p>
Activities	
<p>1.1 Repairing/Construction of earthquake-proof Health posts, with WASH facilities (i.e. water tank, piping, permanent water purification system, latrines, or rain water harvesting structure, etc.).</p>	<p>1.1.1 How much volume is the tank installed? How do you decide the volume? How will the winter affect the water tank? Is there any freeze-proof mechanism? After the in-depth site assessment that has been mentioned above, WVIN will develop the final design that will consider the sustainability of the water source (spring, well, river, rain, etc...), water quality (laboratory test), sustainable water treatment (filter, chemical and biological treatment), sustainable distribution, projected population, standards (national and international), including the sustainability of any technology adopted in the system (O&amp;M skills, spare parts).</p> <p>1.1.2 Is there any running water for piping? Some health posts have running water, we generally do not use running water e.g. river water for piping.</p> <p>1.1.3 How does the permanent water purification system work? Is there any necessary supplies? How do you ensure the provision of the supplies? We will support water filters to purify water to reduce risk of</p>

<p>1.2 Solar/electricity back up system for health post.</p>	<p>contamination. Yes, we can support water filters. We can test existing source of waters at Health post and as per based on result we can supports water filters/ supplies.</p> <p>1.1.4 How do you decide the number of latrines? Sphere standards. What are local standards? As per the local practices and minimum standard of government under health, we will construct 2 toilets in each Health Post (one for male and one for female], as per Sphere standards 50 people = 1 toilet.</p> <p>1.1.5 What kind of rain water harvesting system is that? Small kind of collection of rain water and cultivation purpose to support kitchen gardening and other required purpose. To be confirmed after in-depth assessment.</p> <p>1.2.1. What is the main purpose of solar/electricity backup system for health post? Lights, cold chain and water pump. Main purpose of solar backup is to maintain cold chain for regular vaccination/Immunization, lights, water pump and suction pump (in case of child delivery) Is there any electrical medical equipment? Yes. What are the office hours? 10am-4pm. Where do you procure the material from? Local suppliers in Nepal. If there is any shortage of raw materials, how will you response? Outsource, but this is a common commodity in Nepal so it is unlikely to have shortage.</p> <p>1.2.2. Is there any mechanism for administration and maintenance of the backup system? Is there extra expenditure for the administration and maintenance? If so, do you have sustainable budget for that? WVIN will encourage the health post to budget additional funding for maintenance of the solar/electricity system into their annual budget plans.</p>
<p>2.1. Community awareness raising campaigns.</p> <p>2.2. District level Media campaign.</p>	<p>2.1.1 Who is responsible for the campaigns? The campaigns will be conducted in collaboration with the government and other cluster partners.</p> <p>2.1.2 When will the campaigns be? To be confirmed when the Health Posts are done How much time does a campaign need? Varying times as per the need. Under other grants since the earthquake we have successfully supported: Child nutrition week, World Breast Feeding Week, Governments Measles and Rubella immunization campaign.</p> <p>2.2.1. What media will be used for the campaign? Radio Who is responsible for it? We have previous engaged a local radio broadcaster (ACORAB) under other grants. We will expand this program and partnership under this funding. How does it charge? Information to be provided once the time and the contents of campaign</p>



	confirmed.
	2.2.2. What is the frequency of the campaign? Due to cost constraints, there will be only 1 campaign in 1 district.
3.1. Capacity building training workshop for local group Child club, youth group, FCHV and health worker on health and hygiene education.	3.1~3.2
3.2. Disaster preparedness & risk management training for health Facility In-charge, Hospital Staff, Health Facility Operation & Management Committee and FCHW.	<p>(1) How do you notify those organizations and request them having representatives joining the workshop? We will engage community mobilisers from the community and local NGO to mobilize beneficiaries.</p> <p>(2) How many workshops and training will be there? 3 workshops in each VDC, 15 in total. How many trainees will be there for each instance? Will be based on the needs of the VDCs.</p> <p>(3) Could you introduce the training plan to us? Who would be in charge? Ministry of Health, Local government or other professional associations?</p> <p>The exact trainings and schedules are not known yet. Trainings will be delivered on a need basis and specific to each different context. Trainings will be organized by the local NGO and in most cases an external health professional (doctors, Nurse or DHO staff) will be engaged to conduct the training.</p> <p>(4) Where are the training venues? Trainings will be run in local Health Posts, Outreach posts or community spaces, where most appropriate. Is there any transportation problem? Yes, beneficiaries will need to walk several hours to reach (Nepali hills). Additional challenge during monsoon period. If there is any additional budget, we would like to dedicate it to the training lines as there are not many for a whole year project.</p>
3.3. Supportive supervision & monitoring to Health posts.	<p>3.3.1 Who will be responsible for this activity? Does the supervisor have the authority? Supervision will be with the District Health Office and World Vision.</p> <p>3.3.2 How do you supervise and monitor the performance? World Vision will assign an Engineer with specific responsibility for monitoring the day to day progress on site. Progress will be measured against milestones set in the contract and work plan agreed upon by the contractor and World Vision. Payment is usually tagged to these milestones, so it is in the contractors' interest to stay on schedule. Similarly, typical construction contracts include penalty clauses for delays and a 12 month defect liability period.</p>
<b>Budget</b>	1. A breakdown of costs for the component would be best if you could possibly provide this <u>in advance</u> . Breakdown cost has been provided to ICDF. Revised one to be submitted once VDCs are all confirmed. A final budget will be presented in Proposal to ICDF.

	2. How do you categorize which items are indirect costs or direct costs? And what are the proportions/percentages of direct/indirect costs? Please see the budget cost we provided to ICDF.
Cooperation model	<p>1. <b><u>Disbursements:</u></b></p> <p>4.1 The Taiwan ICDF shall make contributions to the Project in the amount of USD 500,000 over a 1 year period in three (3) installments.</p> <p>4.2 The installments will be disbursed as follows:</p> <p>i. 1st installment, payment of USD 200,000: After signing this MOU and upon receipt of the request for funds from WV Nepal.</p> <p>ii. 2nd installment, payment of USD 250,000: Within 15 days of receipt of the request for funds and the second quarter report.</p> <p>iii. 3rd installment, payment of USD 50,000: Upon receipt of the request for funds and acceptance of the final and financial reports.</p> <p>2. <b><u>Project reporting dates:</u></b> Submission dates for quarterly progress report and the final and financial reports to the TaiwanICDF.</p> <p>3. <b><u>Visibility of the TaiwanICDF:</u></b> Putting TaiwanICDF logo on walls or making a video of the project outcome featuring the TaiwanICDF's logo. The possibility of Taiwan's national flag? Due to the political situation , this may not easy, but we will try our best.</p> <p>4. <b><u>Dispatch of short-term volunteer:</u></b></p> <p>4.1 Would it be possible to dispatch a short-term Taiwan ICDF volunteer to join project implementation? yes</p> <p>4.2 If yes, when and for what period would you recommend the short-term volunteer visit? Beginning of 2016. (to be confirmed when the project kicks off).</p> <p>4.3 Would the short-term volunteer need a working VISA or work permit, and if so, could you help us to apply for it? What are the expiry dates for a working VISA or work permit? Tourist visa is suggested</p> <p>4.4 Could you introduce your security and information management system? Most updated information will be provided before the volunteer is on board.</p> <p>4.5 What would the scope of work of our short-term volunteer be?</p>

	<ul style="list-style-type: none"> <li>● Provide expertise and advice to the WVIN team to ensure the effective implementation of the Health Post construction.</li> <li>● Advise, supervise and encourage Site Officers appointed to supervise contractors, suppliers and activities on specific projects.</li> <li>● Monitor site activities to ensure project on-time delivery, maintenance of costs to budget, project quality and safety.</li> <li>● Contribute to monthly, annual and end-of-project narrative reports as required by the donor.</li> <li>● Liaise with the Contract Manager on contractual matters as they arise, and assist in resolution of on-site contractual issues.</li> <li>● Maintain community relations at a high level.</li> <li>● Facilitate and provide training to relevant sector personnel on the implementation, procedural and construction monitoring requirements as appropriate.</li> <li>● Coordinate with local government representatives, other NGO's, and with other stakeholders within the project area.</li> <li>● Take a hands-on approach with projects and provide feedback to the Sector specific Construction Manager on project management issues.</li> </ul> <p>4.6 What form of transportation would you be able to provide to the volunteer? Depends on the location of volunteer works, sometimes organization shuttle bus, and sometimes reimbursed taxi fee by WVIN.</p> <p>4.7 Could you introduce us to the living environment the short-term volunteer would experience in the field? Yes, once the working location of volunteer is confirmed.</p> <p>4.8 Would you be able to provide our volunteer's accommodation in the field? (Volunteer's monthly allowance, insurance and round-trip tickets will be covered by TaiwanICDF.) Yes</p> <p>4.9 Who would be responsible for supervising our short-term volunteer and evaluating his/her performance? Shelter advisor or Senior Program Officer, depending the qualification of the volunteer</p> <p>4.10 Could you provide any related training for our volunteer? (If required) Yes, mainly on-job-training.</p>
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## 附件七、Checklist-Food Security

## Humanitarian Assistance Appraisal Mission Checklist (Food Security)

Project Name	Nepal Earthquake –Gorkha Food Security and Livelihoods Support Program
Implementation Location	Gorkha District VDCs: Khoplang, Chhoprak, Harmi, Gankhu, Muchchok, Palungtar
Project Objective	To meet the immediate and medium-term food security and livelihood needs of the most vulnerable earthquake-affected households in Gorkha District, Nepal
Executing Agency	CARE Nepal
Implementation Period	1 year
Project Amount	US\$500,000

Item	Questions
Overall	
Policy and regulations	<p>8. How does the Nepali government/VDCs work with INGO or local NGOs at the stage of recovery? Would this have any effect on the implementation of project? How could your organization prepare or respond? E.g. Legal basis: How to make sure the cooperation with the Nepali government or VDCs? Signed MOU or any other legal documents? Who is the objective of signing MOU? (Central government, local government or VDCs?)</p> <p>CARE has signed a broad framework agreement at national level with the Social Welfare Council (SWC), the body that governs all INGOs and NGOs in Nepal. The agreement legally allows CARE to operate in Nepal. Over and above the national agreement, prior project approval must be obtained from the SWC for all projects before commencement of implementation. In some instances, the SWC has been flexible, allowing INGOs and NGOs to commence implementation while the proposal is undergoing review. INGOs and NGOs are required to facilitate annual monitoring visits, report on implementation progress and project completion to the SWCs. At the district level, INGOs and NGOs are required to secure a pre- consensus letter from the District Development Relief Committee (DDRC) on all projects prior to implementation. CARE Nepal has received a pre consensus letter from DDRC. The proposed project falls within CARE' s 4-year broad recovery strategy, a comprehensive proposal covering the entire strategy and reflecting all planned interventions. This has been submitted to the SWC and now awaiting their feedback/approval. All district approval requirements have</p>

	<p>been met through the pre-consensus, required to be annexed to the broad proposal.</p> <p>CARE Nepal participates at district level inter-cluster coordination meetings organised by the DDRCs to facilitate and expedite relief and rehabilitation work in which. CARE collaborates with VDC leadership structures, the ward level Citizen Awareness Committee (CAC) and Ward Citizen Forum (WCF) of the Government of Nepal. In addition, CARE Nepal also coordinates with respective line ministries for example DADO (District Agriculture Development Office) in the case of food security and livelihood activities.</p> <p>The coordination and collaboration with Government of Nepal and other development agencies and line ministries helps to mitigate and minimise duplication and allows various humanitarian actors to concentrate their resources more effectively across all earthquake affected areas as per need and government recommendation.</p>
Stakeholders	<p>3. Who are the other stakeholders and what will their responsibilities and opinions be?</p> <p>Humanitarian agencies, Civil Society Organizations (CSOs), Community Based Organizations (CBOs), Political parties at district and local level and NGO federations are some other stakeholders. CARE Nepal will primarily be accountable for the full execution of the proposed project. Implementation will be through a local partner in Gorkha, adding value to the project through their long standing knowledge of the local context. The Gorkha DDC will allocate VDCs to CARE and will fulfil its coordination role of implementation activities. Technical line ministries will provide technical support including joint surveys, approval of technical designs for the agricultural infrastructure, provide extension support to the targeted rural farmers and monitor implementation progress. CARE will coordinate its interventions with other INGOs and LNGOs across multiple levels (ward, VDC, district and national) ensuring complementarity, exchange of technical and operational experiences. CARE will work with the private sector to strengthen the input and output markets. Communities will be at the center of planning and project implementation with support from CARE in organizing them into implementation groups.</p>
Executing agency (CARE Nepal)	<p>3. <u>Methodology</u>: How do you implement your humanitarian assistance projects? Could you introduce your approach and methods to project intervention and cooperating with governments/NGOs?</p> <p>CARE engages the District level authorities including line Ministries and the communities in determining priority needs in target areas. Local assessment reports and direct assessments made by CARE inform the design process. For this proposed project, CARE is already responding to the effects of the earthquake that occurred on the 25<sup>th</sup> April ' 15. The Post Disaster National Assessment Report (PDNA), a Government Report on the impact of the Disaster has been used to inform the design, drawing from its recommendations. Consultations have been conducted with the DDC, the local Development offices and District Agricultural Offices, augmented by the local partner and community feedbacks gathered through other ongoing interventions in determining community food security</p>

priority needs. Upon approval, CARE normally presents the project to the District Authorities and engages them in a consultative processes, walking them through the project goal, objectives, key interventions, deliverables, implementation methodologies, timelines, name of the donor, branding/visibility requirements, limitations of the project and dos and don'ts. This process allows for a better understanding of the design allowing further alignment with the local conditions and culminates in agreement on a work plan, definition of roles of various actors including CARE's local implementing partner, the community and requisite coordination mechanisms. The inception process is cascaded to VDC level structures where actual implementation planning with communities that is sensitized to their local activity calendar is refined. Issues on beneficiary eligibility criterion 資格標準 and gender considerations are clarified and beneficiaries selected with communities paving way for the rollout of implementation activities.

In the proposed area CARE shares information about its response activities with other humanitarian actors as part of the Association of International NGOs in Nepal – Task Group on Disaster Management (AIN-TGDM) CARE is fully cooperating through regular coordination and information sharing meetings that take place in the United Nations (UN) compound at national level. At field level, coordination forums have been institutionalised and CARE plays a leading role on some of the. Humanitarian and logistical hubs are also in place including in Gorkha District. INGOs and NGOs implementing emergency response activities participate in these hubs to ensure a coordinated approach.

**UN and Clusters:** CARE regularly attends Humanitarian Coordination Team (HCT) meetings led by the UN Resident Coordinator, where it acts as a representative of the AIN. CARE is actively engaged in the Shelter, Logistics, WASH, Health, Food Security and Livelihoods, and Protection Clusters at district and national level. CARE will participate in cluster-led assessments whilst ensuring that its response is in line with the recommendations of the relevant clusters.

**Government of Nepal:** CARE has strong coordination links with Ministry of Home Affairs (MoHA) and is coordinating with them at the national level. Further, at district level CARE works with and supports District Disaster Relief Committee (DDRCs) to coordinate response activities and actors. CARE works closely with the DADO and the Department of Livestock at district level aimed at strengthening extension services to farmers while complying with Government technical stipulations. CARE is assigned District Lead Support Agency (DLSA) in 13 of 75 districts in Nepal, and in this capacity is ensuring that district-level response is managed effectively and in a coordinated fashion (DDRCs are the apex body responsible in-district for coordination of disaster risk reduction (DRR) and humanitarian response; DLSA are assigned INGOs responsible for ensuring that the DDRC are well supported to prepare and respond).

4. **Financial viability of CARE:** What was your annual budget last year? Would it be possible to provide some details about the financial capabilities of CARE headquarters and its resident branch? Who are the major donors? How much funding was Care Nepal requested

to respond this Earthquake? And How much funding has Care Nepal received (which also includes pledged)?

Annual Budget of CARE Nepal for FY 2015 was USD 10,685,865.00. CARE Nepal has been implementing more than 35 projects in Nepal through a diverse donor funding base. CARE has robust policies, procedures and systems refined over the years to govern its programmes. CARE Nepal has established ERP System for better management of resources and accountability to donors, government and communities that we serve. The organization has an in-house audit department that ensures compliance and effective use of the resources.

CARE' s major donors:

1. ECHO 2. DFID 3. NIN 4. DEC 5. DANIDA 6. MOFA Luxemburg 7. DFATD 8. DFAT 9. SHO 10. USAID 11. Hermes 12. UNFPA

CARE has a target of US\$ 40 million for its earthquake response project in Nepal. As of 22<sup>nd</sup> September 2015, CARE Nepal has secured \$28,334,562, including pledges and Goods in Kinds ( GIKs). Detailed information on CARE USA' s global financial and programme portfolio is available on our website.

5. **Organizational capacity:** Please provide relevant details such as the size of the executing agency, human resources etc. Do you have any volunteers? Would you hire external experts or contractors? Please explain your procedures for procuring labor or property.
- CARE has been operating in Nepal for 35 years, and holds a general agreement with the Government of Nepal (GoN) allowing CARE to operate in country. We collaborate with poor communities to improve infrastructure, food security, livelihoods, health, and water, sanitation and hygiene (WASH); women's empowerment and reduction of gender-based violence cuts across all CARE projects. Our long-term developing projects are active in 46 of Nepal's 75 districts, including many affected by the earthquake.
- CARE's emergency response operations are based in Kathmandu and field operation centers have been established in the districts of Dhading, Gorkha, Sindhupalchok and Lamjung. The multiple operation centers enable quick response and mobility across the affected areas. Our strategic partnerships with the multiple development actors including government at national, district, VDC and local levels, community structures especially in Gorkha and the local organizations will enable rapid mobilization of resources.
- CARE's human resource capacity in Nepal is significant. Prior to the earthquake, CARE had 2 expatriates and 150 national staff in Kathmandu and in six field offices across the country. CARE has institutional emergency technical capacity in the sectors of Food Security and Livelihoods, WASH, Shelter, Sexual, Reproductive and Maternal Health (SRMH) and Gender. In addition, CARE has strong emergency response systems and processes' in place. CARE has been preparing for an earthquake scenario for several years. Our Emergency Preparedness Planning (EPP) workshop just two weeks before the 25th April earthquake engaged field- and Kathmandu-based staff in an earthquake simulation and refresher response training. CARE has mobilized CARE Nepal staff from



	<p>unaffected regions to affected locations where CARE is responding. For the current earthquake response project, CARE has increased its emergency capacity with more than a 20 staff deployed to Nepal from CARE's global emergency roster, including emergency coordinators; food security and livelihoods, shelter, WASH and gender technical experts; logistics and security experts, and information and media managers. CARE has recruited over 110 national staff for the earthquake response project deployed across districts and the Kathmandu country office.</p> <p>CARE's Nepal Earthquake Emergency Response Strategy seeks to address immediate, medium and long term needs of affected communities through relief and recovery activities. CARE seeks to reach 20,000 HHs (100,000 individuals) among the most severely affected, highly vulnerable and marginalized communities with a specific focus on women and adolescent girls. CARE's recovery strategy focuses on supporting vulnerable communities to recover through, building back safer, improved food security and livelihoods and increased resilience, improved access to WASH and SRMH facilities and services, eradication/reduction of Gender-Based Violence (GBV). Gender and protection remain cross-cutting on all sectors. Our priority target populations include; families with houses totally destroyed and loss of belongings (Nepalese Red Cross Society category 1 classification), poor vulnerable and socially excluded (including-families belonging to ethnic minorities, indigenous groups and Dalits), families with no/low coping capacities, gender: CARE Nepal's main programme impact groups are marginalized women and adolescent girls, people Living with HIV, people With disabilities, children under 5, infants and the elderly persons.</p> <p>6. <u>Others</u>: Where do the salary and fringe benefits of international staff come from? (Project budget or headquarters?) Do you have any cooperation projects with China at present?</p> <p>The salary and fringe benefits of both national and international staff comes from the project budgets. CARE does not have any cooperation project with China at present.</p>
<b>Project related</b>	
<b>Outcome</b>	
1000 disaster affected HHs livelihoods are recovered and mechanisms established to meet their food security by end of the	<p>11. How did you determine the baseline? Are the underlying assumptions for determining the baseline reasonable?</p> <p>CARE has consulted assessment reports for studies conducted by the Government of Nepal to ascertain the impact of the earthquake and the aftershocks on affected populations. Such studies include the Post Disaster Needs Assessment (PDNA) by the Government. The Ministry of Agricultural Development (MoAD), estimates Rs 10.69 billion (\$106.9 million USD) in losses to the agriculture sector, including the loss of 135,187 tons of food stocked by farmers in houses that collapsed as a result of the earthquakes. Thousands of farms lost their cattle and farming tools. The studies further highlight damages on agricultural infrastructure including irrigation</p>

project	<p>systems. CARE Nepal has further consulted with local technical agriculture and livestock ministries and communities to derive the needs assessments. The proposed interventions align well with the recommendations in the mentioned studies, including those from the food security cluster. In addition, CARE Nepal is almost completing a multi-sectoral needs assessment in its working areas: 4 earthquake affected districts (Gorkha, Dhading, Lamjung and Sindhupalchowk). The data and results from the multi- sectoral assessment will be used to further refine/validate the design assumptions for the proposed project.</p> <p>12. Who in the household will be responsible for decision-making, managing crops and disposing of crop products at different stages of production and post-production?</p> <p>Due to migration of men to foreign countries for employment, Nepalese community is generally feminized. In the absence of male counterparts, 80% women are responsible for decision making within households and are also actively engaged in agricultural activities. Due to patriarchal nature of the Nepalese society, within some households where men are present, they are the ones at the decision making level and in such cases women are often dominated. CARE will use knowledge and experience on women empowerment to support prominence by women in decision making on the project planning, implementation ensuring they meaningfully benefit from the project and have control over resources. Wealth of experience from sister projects will be deployed to ensure appropriate gender considerations are observed in all aspects of the project, including.</p> <p>13. If the climate or natural conditions are not as good as we predict, do we have any response mechanism to achieve outputs and outcome according to plan?</p> <p>CARE has institutional capacity in design and implementation of food security climate smart programming. Presently, CARE Nepal is implementing various food security, climate change and DRR interventions in Nepal through our development funding streams. The knowledge from the sister projects will be applied to ensure proper mapping of risks and appropriate mitigation measures.</p> <p>14. What is the sustainability plan once the project is completed?</p> <p>Farmers groups will be identified or formed at inception of the project implementation. The groups will be supported to register with the district level Government Line agencies like District Agriculture Development Office (DADO) and District Livestock Support Office (DLSO). Moreover, linkages will be established with government line agencies, allowing the farmer groups to continue receiving extension and input support from the line agencies while creating a sustainable relationship.</p> <p>In addition, the farmers group will establish linkage with agro-vets and local traders who will engage on input and output supply management. The project will assist the farmers groups to establish collection centers which will be managed by a dedicated management committee that will be strengthened through capacity building initiatives provided for in the budget. The capacity of the</p>
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	management committee will be strengthened through trainings and exposure visits thus increasing opportunity for sustainability. This will ensure effective operation of the collection centres, even after the project phases out. CARE will deliver the project through a local partner with a long term commitment in the district, thus ensuring sustainability.
<b>Output</b>	
<p><b>Output 1:</b> 1000 most vulnerable earthquake affected HHs in Gorkha recover their agricultural livelihoods by end of the project</p> <p><b>Output 2:</b> Linkage to markets is enhanced in six targeted VDCs in Gorkha District by end of the project</p> <p><b>Output 3:</b> Enhanced community capacity in resilient and improved production methods in six targeted VDCs in Gorkha by the end of the project</p>	<p>6. What are farmers' most important staple crops and cash crops? Rice, maize, wheat and millet are the most important staple crops. Vegetables like cabbage, cauliflower, cucumber and spices like turmeric and ginger are cash crops. The crops are used for both household consumption and incomes (cash crop).</p> <p>7. Are the project objective crops still as in the proposal, or have some been substituted? Yes, project objective crops are still as per the proposal. Staple crops were already provided to the community and farmers can restore and use the staple crops whereas vegetable crops need to be provided frequently so that they can earn income and create savings for future/subsequent purchases as they recover.</p> <p>8. Do they use such crops for consumption, as an income, or both? The proposed crops are used for both consumption and income. Nepalese people incorporate vegetables in their food twice in a day and a market exists locally, at district and national levels for the same produce.</p> <p>9. What is the distribution area of these crops? These crops are already introduced and cultivated in the targeted area. Some improved variety of crops which are relevant and already tested on the targeted areas will be introduced through consultation with the local DADO office.</p> <p>10. What will be the average area planted per household? The average planted area per household will be one <i>ropani</i> i.e. 500 m<sup>2</sup>.</p> <p>11. What lesser crops might become important in times of stress? When there is stress CARE will provide suitable vegetables like Brinjal, chilly and so on, which have high tolerance level. o</p> <p>12. What are the major plant diseases? How are these prevented? Fungus related disease like Blight, anthracnose and wilt are the common major plant diseases. Two trainings on improved kitchen gardening and efficient cultivation methods will be conducted to provide knowledge on disease and integrated pest management practices. Plant Protection officer from the Government line agencies will be involved to train the farmers and project agriculture technician. Food Security, Livelihood and Cash Manager (who is a trained plant doctor from CABI, UK) will backstop implementing partner staff and CARE Nepal field staff on disease identification and management during the life period of the project. Furthermore,</p>

	<p>during training beneficiaries will be trained on preparation and use of botanical pesticide by using locally available herbs and materials hence strengthening locally appropriate technologies.</p> <p>13. What (if any) irrigation infrastructure is in place in the 6 VDCs? And what are the average amounts of water required for the basic needs of each crop?</p> <p>Traditional types of surface irrigation infrastructure were in place providing irrigation from river/stream. These were damaged by earthquake. Cash for work will be used to rehabilitate/reconstruct irrigation canals. Vegetable and spice crop cultivation requires frequent but little amount of water. The need of water varies from crop to crop and from variety to variety. Generally, water is required to irrigate nursery for seed germination, seedling stage, after transplanting and until harvesting stage. There is no other option of irrigation mechanism so farmers in Nepal, bring water from a faraway source t (in some case the sources dried-up due to earthquake and they have to carry water and often walk arduous uphill journey of 1- 2 hours to transport water. The proposed establishment of water harvesting pond farmers can reuse the waste water from kitchen and household consumption for irrigation purposes.</p> <p>14. What types of cultivation methods are in use? Human power of animal power? Are the majority of men or women farmers?</p> <p>People in Nepal used animal power for ploughing the land and human power utilized for seed sowing, transplanting, inter-cultural operation and harvesting. Due to migration of young men to foreign countries for employment, majority of the farmers are women.</p> <p>15. What is the logistical and/or traffic situation at the project site? How (if at all) will this affect access or transportation for personnel or materials?</p> <p>The local roads have been damaged/blocked by slides during the monsoon season. However, various actors including WFP, CARE and government are already working on trial and road repairs. This will allow implementation teams (CARE and partner) to access the project areas using 4*4 vehicles for transporting staff with tractors transporting materials to project sites.</p> <p>16. How did you determine a reasonable baseline?</p> <p>CARE is using government and UN led Cluster reports, triangulated with information from local stakeholders and key informants. The baseline information will be validated at inception of the project to inform any modification requirements on indicators and other assumptions made at the design phase. A dedicated CARE Nepal Monitoring and Evaluation department at the country office and staff in the field will be involved in the baseline process.</p> <p>17. Is there any questionnaire for satisfaction report?</p> <p>CARE is already conducting a multi-sectoral study to establish for the recovery phase. The assessment tool has been designed with the proposed food and livelihood security proposal in mind and data gathered will be used to inform the implementation design. The</p>
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	<p>study is designed to conclude before start of the proposed project. Nonetheless, the tool will be modified to address project indicators and used to collect baseline data as appropriate.</p> <p>18. What are the income sources to a HH? Is there any income data before the earthquake?</p> <p>Major source of income of HHs are agriculture, however some of the HHs are also engaged in government services and other businesses. The referenced multi-sectoral assessment seeks to establish the decline on incomes, by comparing pre and post-earthquake situation. At inception of the project, CARE will specifically establish levels of household incomes and measure the same at the end of the project to the extent possible, with sample size being informed by available budget resources.</p> <p>19. What kind of community assets will be there?</p> <p>The project will distribute small livestock and support communities to access vet services. Further the project will support reinstatement of irrigation systems and support the construction of collection centres. These will be visible productive assets for communities to use to improve their livelihoods.</p> <p>20. How did you determine a reasonable baseline?</p> <p>Please refer to question 11.</p> <p>21. How will you collect the data?</p> <p>CARE has an M&amp;E structure and systems in place with a big foot print on the ground in each district, with technical support based out of Kathmandu Country office. From inception, the exiting robust system will support the proposed project that will be implemented through an integrated manner alongside other ongoing CARE projects. Both quantitative and qualitative data will be collected through project and partner staff, deployment of Focused Group Discussions (FGDs), Key Informant Interviews (KIIs) and Household surveys.</p> <p>22. How did you decide the numbers specified in each output?</p> <p>CARE consulted the PDNA report and food security and livelihoods assessment reports, the departments livestock and agriculture, the DDRC on the hhs affected by the earthquake and also on the ground assessments. While more people have been affected by the earthquake, the targets have been aligned to prioritized needs on the ground and the resources available from the Taiwan ICDF, concentrating the interventions in a smaller geographical area (as opposed to spreading out thinly) and households targeted through multiple interventions in order to have a meaningful impact. The actual validation of beneficiaries will be done at inception of the project.</p>
Activities	

<p>1.3 Conditional voucher system implemented to supply agricultural inputs (e.g. Vegetable seeds, spices etc.) to farmers thus reinstating farmer production capacities and resuscitating input supply systems.</p>	<p>1.2.1 How to select 1000 households as beneficiaries? As indicated above, CARE consulted with district authorities on the number of households affected by the earthquake and also applied its knowledge from ongoing projects in the proposed VDCs to derive the proposed 1000 households. The actual beneficiaries to be supported through the project will be validated at inception of the project.</p> <p>1.2.2 What are the conditions of the conditional voucher system? The conditional voucher system requires the amount provided for conditional voucher to be used exclusively on the following purposes: (a) purchasing of vegetable seeds and spices crops seeds recommended by the project in close coordination with district government line agencies like DADO and communities, (b) not applicable for other purposes and will not be encashable.</p> <p>1.2.3 What will be the mode of distribution of winter crop seeds, vegetable seeds and/or saplings? The project implementing partner organization will collect demand for winter crop seeds, vegetable seeds and/or sapling and based on the demand will design a production plan. The project will provide vouchers to the identified beneficiaries that will be redeemed in exchange of agricultural inputs from the local agro agro-vet shops.</p> <p>1.2.4 When will be the target crop planting season, growth season and harvest season? In the working VDCs of Gorkha district there are three seasons for vegetable cultivation (for seasonal and off-season) purpose. CARE will follow the existing crop calendar developed by Government line agencies for every district.</p> <p>1.2.5 Before the earthquakes, how did farmers usually get seeds or other planting material for these crops? (Consider all the channels.) Before the earthquake, the farmers usually cultivated local seeds of cereals, vegetable and spice crops sourced from local agro-vet shops within the district and own seed stock saved from the previous season. The input supply systems were disrupted by the earthquake. The design of the project seeks to reinstate the systems and lay a solid foundation for sustainable growth.</p>
<p>1.4 Distribution of Agricultural Tools to vulnerable farmers</p>	<p>1.2.6 What will be the cultivated land (ha) of each major crop? The cultivated land of each major crop will be 0.15-0.25 ha on average</p> <p>1.2.7 Are there important or preferred varieties of specific crops? Yes, there are preferred varieties of specific crops which are recommended by Nepal Government and adopted for particular geographical regions, for instance tomato: Srijana variety is recommended by Nepal government and well adopted in our working areas. CARE frequently meets with the District Agriculture Development Office (DADO), the government authorized line agencies for agriculture and based on their recommendation provides the variety of specific crops seeds.</p> <p>1.2.8 What will be the mode of distribution of tools?</p>

<p>1.5 Distribution of Goat/Pig (1 Goat or 2 Piglets) to vulnerable farmers</p>	<p>Agriculture tools will be provided to the households who are engaged in vegetable production. Agriculture tool kits are not easily available at local level, so CARE procurement team will follow the process and procure at Kathmandu level and will deliver to the district. The toolkits will be handed over to the community through partner organization based on the validated list of beneficiaries.</p> <p>1.2.9 What are the major tools used? The major agri- tools are: Sickles, Spade, Rake, Watering can, Sprinkler, Secateurs, Hoe, Pruning saw, sprayer and corn seller.</p> <p>1.3.1 How to select 500 households as beneficiaries? From the list of earthquake affected vulnerable households supplied by the DDRC, CARE and its local partner will facilitate inclusive processes using social mobilization techniques to select 500 beneficiary households based on an eligibility criterion developed and agreed upon with the target communities as appropriate for ranking levels of vulnerability. Pig rearing is practiced by only a segment of the population while others do not due to certain existing cultural values. For goat support CARE will prioritize the disadvantaged ethnic minority groups, single women and people from marginalized communities including the Dalits.</p> <p>1.3.2 Do the farmers have experience of raising Goats and Pigs? Raising goat is common in every community of Nepal, whereas pig rearing is practiced by a limited section of population from marginalized communities.</p> <p>1.3.3 According to the Agricultural Livelihoods Impact Appraisal report, the most urgent livestock needs is shelter, followed by feed, medicine and vaccinations, and water. If we distribute the goat/pig to vulnerable farmers, would they have enough shelter, medicine and vaccinations, and water to raise and take good Care of goats or pigs? The livestock losses vary and in certain localities, the numbers are quite significant. For the poor vulnerable communities, significant value is attached to small livestock as household assets. CARE will target this households that have no livestock assets. In addition to the livestock, CARE has made provisions in the budget to support the same vulnerable farming households with materials for the reconstruction of animal sheds. CARE and its local implementing partner will also support linkages with the local government livestock office to be engaged in the delivery specific training on animal rearing and other extension support to the farmers. CARE will also support the targeted households to register with District livestock support office, allowing them to access livestock drugs and appropriate vaccination support.</p>
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<p>1.6 Provide industrial construction inputs to livestock farmers and deliver trainings on shed construction to targeted vulnerable farmers</p>	<p>1.4.1 How many sheds are needed? A single shed is needed for one goat. For the pig a single shed will be designed with two compartments for two pigs.</p> <p>1.5.1 Is a rain water harvesting system is needed for each household in the project? Irrigation is crucial for vegetable and spices crop cultivation. Due to earthquake irrigation and drinking system were damaged and people are facing water scarcity. So, the best solution is to introduce the technology of water harvesting so that people can harvest both rain water and waste water. At least 50% of the total targeted household, facing water scarcity but who would like to upscale vegetable cultivation as their business will benefit from technology on water harvesting.</p>
<p>1.7 Establish Rain Water Harvesting Ponds (2 M*1M*1M) for productive purposes</p>	<p>1.8.1 What will be the mode of cash-for-work? How to provide <u>opportunities</u> to 200 households? No repeat? What is the minimum local salary? How to select 200 households as beneficiaries? Schemes for cash for work will be identified through social mobilization process and infra-structure related to agriculture will be prioritized. The schemes on the vicinity or locality inhabited by earthquake affected and most vulnerable populations will be prioritized so that the earthquake affected and most vulnerable households benefit from the reconstruction and are also able to engage in the rehabilitation/reconstruction of the schemes, which will enable them to earn additional income. The wage will be provided as per the government normal rate i.e. decided by DDRC which is NRs. 510 ( approx.5US\$) for unskilled labour in Gorkha district. The selection criteria for 200 households will be as per CAREs policy on targeted beneficiaries: poor, vulnerable, socially excluded, marginalized, and earthquake affected households with labour capacities and no means of income.</p>
<p>1.8 Provide Cash for work opportunities to support the construction of agriculture infrastructure (4,000 working days) while enabling able-bodied food insecure to meet their daily food</p>	<p>1.8.2 What agriculture infrastructure does is needed to be constructed? Irrigation infrastructure like: Canal, Ponds. To establish market linkage between earthquake affected poor farmers to the VDC/district/regional/national market construction of collection centres is also essential.</p>



consumption needs	
2.1 Establishment of 2 vegetable collection centres	<p>2.1.1 Are there two collection centres enough for all six VDCs? Where the centres will be? There are already two collection centres established by DADO. Hence, additional two collection centres will complement existing ones, increasing access the six VDCs.</p>
2.2 Conduct capacity building and exposure visits for collection centre management committee	<p>2.1.2 What is the sustainability plan for the vegetable collection centres? Collection centre management committee and market management committee will be formed as per the guidelines of Nepal Government Agribusiness Promotion and Market Management Director. In order to facilitate smooth and sustainable operation of the collection centres, the capacity of the committees will be further strengthened through trainings and exposure visits. Expertise from Nepal Government, Agribusiness Promotion and Market Management Director will be mobilized to provide the trainings that will include leadership, organizational development, business management skills, marketing, record keeping, conflict management among other topics. This will also link the centre and its authorities with Nepal government and allow the committee to get technical support in the future, as and when required.</p>
2.3 Train collection centre management committee on licensing for agri-inputs shop	<p>2.2.2 Is the committee members, 50? How to select them? The collection centre management committee (managed by farmers group) will comprise of at least 11 members as per Nepal Government Agribusiness Promotion and Market Management Director Guidelines and at least 5 members will form Market management committee. Additional members in the market management committee will be from the executive committee of farmers groups interested in managing the collection centre and marketing the products. A criterion will be agreed upon with the membership and CARE and its local partner will facilitate a participatory process where members elect their leadership committee membership.</p> <p>2.3.1 Is there any licensing mechanism for agri-inputs shop before the earthquake? Yes, there is licensing mechanism for agri-inputs shops before and after the earthquake.</p>
3.1 Train farming HHs on agricultural technologies (vegetable	<p>3.1.1 Please introduce the training plan to us. ((Including how you will train the 500 persons on improving their rain water harvesting technologies? How will you train the 500 farmers on improving their cultivation methods?) The basic training on water harvesting technology include both theoretical and practical sessions. Theoretical session will address issues like: formulation of bill of quantity (BoQ) for materials required for the construction, the quality of plastic used for the</p>

<p>production, animal husbandry, etc.)</p> <p>3.2 Train 500 persons on improved method of rain water harvesting and efficient use of productive water resources</p> <p>3.3 Train agro-vets/local traders on input/output supply management</p> <p>3.4 Establish linkages between farmers and agro vets and cooperative and service providers ( 6 linkages)</p>	<p>construction, how to measure the pond size, procedure of laying down the plastic for the harvesting pond and the usage of fence for the harvesting pond. Similarly practical sessions will address: pond layout, digging, plastic layout, installation and fencing. Out of 1000 households, CARE will provide training on efficient cultivation methods to 500 HHs practicing vegetable cultivation and with ambition plans to upscale their production and farm businesses. For the new farmers, doing vegetable cultivation in their respective kitchen gardens, training will be provided on improved kitchen gardening.</p> <p>3.1.2 Why do they only train 500 farmers? How to define the farming HHs? Only the households practicing cultivation and facing water scarcity will be selected for the training.</p> <p>3.2.1 Why do they train only 500 people? How do you select people? Could you introduce the training plan to us? Please refer to sections 3.1.1 and 3.2.1</p> <p>3.3.1 What is major purpose of this training? How will the local trader benefit HHs? The objective of the concept is to enhance the capacity of value chain actors and input suppliers.</p> <p>3.4.1 How to establish linkage? Interactive workshops and meetings will be organized at VDC level so that farmers, agro-vets, cooperatives and service providers are able to participate and connect with each other. During the workshops they will be encouraged to share their business plans, challenges and work collectively to develop a joint solution tree and action plan.</p> <p>3.4.2 Could you introduce to us the state of operations among local farmers' organizations? Is it necessary for the project to intervene through farmers' organization or VDCs? Yes, intervention is necessary through farmers groups (an informal organization). I/NGOs are not able to implement through VDCs. VDCs (Village Development Committees) are the local government administrative authorities that need to be involved or informed during project implementation and involved to provide an enabling environment.</p>
<p><b>Budget</b></p>	<p>3. According to the new breakdown of costs, how do you categorize which items are indirect costs or direct costs? Direct Costs include activity cost, equipment, staff, program operational support cost and partnership costs. Indirect costs include CARE USA technical support, administrative and management support costs.</p> <p>4. If we dispatch an expert to join the project in the field, and his fringe benefits should be included in the project budget, including per</p>

	<p>diem (US\$186/p/d, becoming US\$55.8/p/d if you can provide accommodation), insurance (about UD\$7-14/p/d), and round-trip flight tickets (about US\$2,100), under such circumstances, how long a period of time would be reasonable for dispatching the expert? Pls also refer to Cooperation Model: <u>Dispatch of short-term expert/volunteer</u></p> <p><b>**According to the new breakdown of costs, we haven't seen the part of fringe benefits of an expert. Excluding the fringe benefit, the cost comes to about US\$ 17,000 for a period of 45 days. See below computations:</b></p> <table><tr><th>Description</th><th>Unit Cost</th><th>Frequency (days/trips)</th><th>Total Cost</th></tr><tr><td>Daily rate</td><td>186</td><td>45</td><td>8370</td></tr><tr><td>Perdiem (meals and incidentals)</td><td>55.8</td><td>45</td><td>2511</td></tr><tr><td>Accommodation (bed &amp; b/fast)</td><td>70</td><td>45</td><td>3150</td></tr><tr><td>Insurance</td><td>14</td><td>45</td><td>630</td></tr><tr><td>Airfare</td><td>2100</td><td>1</td><td>2100</td></tr><tr><td>Grand Total</td><td></td><td></td><td>16761</td></tr></table> <p>Useful to discuss this model further and jointly formulate a ToR to determine the duration of engagement. Also to consider is the local work permit requirements with SWC. The duration of the stay for the expert will also have an impact on the budget and targets potentially. Let us discuss further during your visit.</p>	Description	Unit Cost	Frequency (days/trips)	Total Cost	Daily rate	186	45	8370	Perdiem (meals and incidentals)	55.8	45	2511	Accommodation (bed & b/fast)	70	45	3150	Insurance	14	45	630	Airfare	2100	1	2100	Grand Total			16761
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Perdiem (meals and incidentals)	55.8	45	2511																										
Accommodation (bed & b/fast)	70	45	3150																										
Insurance	14	45	630																										
Airfare	2100	1	2100																										
Grand Total			16761																										
Cooperation model	<p>5. <u>Disbursements:</u></p> <p>8.1 The TaiwanICDF shall make contributions to the Project in the amount of USD 500,000 over a 1 year period in three (3) installments.</p> <p>8.2 The installments will be disbursed as follows:</p> <p>8.2.1 1st installment, payment of USD 200,000: After signing this MOU and upon receipt of the request for funds from CARE Nepal.</p> <p>8.2.2 2nd installment, payment of USD 250,000: Within 15 days of receipt of the request for funds and the second quarter report.</p> <p>8.2.3 3rd installment, payment of USD 50,000: Upon receipt of the request for funds and acceptance of the final and financial reports.</p> <p>Please clarify whether the disbursement schedule is flexible to align with the work plan costed activities when the project requires to spend</p>																												

	<p>more. Let us discuss during your visit.</p> <p>6. <u>Project reporting dates</u>: Submission dates for progress report and the final and financial reports to the Taiwan ICDF. By quarter? Quarterly sounds fine but happy to discuss further and clarify whether TaiwanICDF has specific reporting templates.</p> <p>7. <u>Visibility of the TaiwanICDF</u>: Putting TaiwanICDF logo on walls or making a video of the project outcome featuring the TaiwanICDF's logo. The possibility of Taiwan's national flag? We can incorporate TaiwanICDF logo on any publications and mention to communities and other promotional activities. Happy to further discuss the viability and branding requirements taking into account local sensitivities.</p> <p>8. <u>Dispatch of short-term expert/volunteer</u>:  <u>Purpose</u>: Using the same model as used in instances of cooperation with Mercy Corps and World Vision, dispatch a short-term expert or volunteer to join project implementation, contributing our expertise while also learning more from the experience.</p> <p>4.1 Would it be possible to dispatch a short-term TaiwanICDF expert/volunteer to join project implementation?  Yes, it is possible to dispatch a short-term volunteer to join project implementation. However, Government of Nepal has a stringent policy with regards to expats. It is difficult to get work permits. Let us discuss the duration and your experience on how this has worked with other two agencies in Nepal.</p> <p>4.2 If yes, when and for what period would you recommend the short-term expert/volunteer visit?  We would recommend the volunteer to come for a minimum 1 month and maximum 3 months period.</p> <p>4.3 Would the short-term expert/volunteer need a working VISA or work permit, and if so could you help us to apply for it? What are the expiry dates for a working VISA or work permit?  There are legal difficulties in applying for a working visa for an expat in Nepal. Many expert staff are currently working on a tourist visa. The initial visa is granted for a period of 90 days and can be extended for another two months max per year. Happy to further discuss the approaches during your visit to Nepal.</p> <p>4.4 Could you introduce your security and information management system?  CARE Nepal has a comprehensive safety and security system/unit. The mandate of the unit is ensure security and safety of staff and assets entrusted on the organization. Functionally the unit, is responsible for assessing the work environment (internal and external), monitoring safety and security trends in the country in conjunction with other players, formulate recommendations for approval by management and also ensure enforcement of safety and security policies and procedures of the organization. The unit also provides safety and security training to staff, to all visitors and new hires, monitors staff</p>
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	<p>movements, provides advisories regarding safety and security, daily updates and security briefs to all staff and volunteers working or visiting for CARE Nepal. The Regional Safety and Security Manager, based out of Bangkok visits the country regularly to technical support onsite and off-site support from Bangkok.</p> <p>4.5 What would the scope of work of our short-term expert/volunteer be?</p> <p>Happy to discuss and jointly formulate a comprehensive TOR for the volunteer. Ideally, CARE will expect the volunteer to assist CARE Nepal field and country office with case studies, stories, report writing, documentation and dissemination. However, we can discuss further what would add most value to the individual, CARE Nepal, the project and TaiwanICDF.</p> <p>4.6 What form of transportation would be available to the expert/volunteer? Would you be able to provide it?</p> <p>Yes CARE Nepal will be able to provide local transportation to the volunteer as and when needed for work related purposes. CARE has a fleet of vehicles that support its operation and we envision that the volunteer/expert can easily fit in this system. CAR would not however be able to assign a vehicle for personal use to the volunteer/expert.</p> <p>4.7 Could you introduce us to the living environment the short-term expert/volunteer would experience in the field?</p> <p>The volunteer will stay in Gorkha district, where the project is implemented. Gorkah was the epicenter of the first devastating earthquake that shook Nepal on April 25. The region is still seismically vulnerable and experiencing aftershocks. The project will be implemented in 6 V.D.Cs in Gorkha district so the volunteer will be required to travel to the V.D.Cs on a regular basis which requires long hours of travel on foot due to poor road network. Occasionally, the volunteer also has to travel to country office based in Kathmandu. We shall also be happy to share the human resources, administrative, management and policies and procedures that s/he would be subject to. This is standard practice for all CARE staff, consultants, volunteers and service providers.</p> <p>4.8 Would you be able to provide our volunteer's accommodation in the field? (Volunteer's monthly allowance, insurance and round-tip tickets will be covered by TaiwanICDF)</p> <p>CARE Nepal does arrange accommodation for international staff and visitors. The volunteer/expert would be treated in the same manner. Useful to highlight that Gorkha is a remote and standards of accommodation may not meet the international standards but are rather basic and will do.</p> <p>4.9 Who would be responsible for supervising our short-term expert/volunteer and evaluating his/her performance?</p> <p>CARE Nepal and in particular District Team Leader in Gorkha District will be responsible for supervising the volunteer and evaluating his/her performance.</p>
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	<p>4.10 Could you provide any related training for our expert/volunteer? (If required)</p> <p>The volunteer will be able to get on the job training and exposure visits. S/he will also benefit from various programmatic trainings organized by CARE and the project that may include gender and other food security trainings.</p>
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## 附件八、評估任務工作紀錄

## 尼泊爾衛生站重建計畫會議紀錄

- 壹、 時間：民國 104 年 9 月 29 日 上午 9:30
- 貳、 地點：World Vision International Nepal 總部
- 參、 出席者：Cathy Wang, Director of Humanitarian Assistance Department, TaiwanICDF  
Tim Tseng, Program Officer of HA Department, TaiwanICDF  
Valentina Mirza, Program Manager, WV Nepal  
Moniek Kindred, Health Advisor, WV Nepal  
Mars Hu, Manager, WV Taiwan  
Joy Fan, Program Officer, WV Taiwan  
Security Officer

記錄：曾建堯

### 肆、 說明與討論：

- 一、 World Vision Nepal (WVN) 業於尼國進行許多發展型計畫，係由當地的 WVN 長期發展團隊負責；本次地震根據 WV 的災難定義已達 Category 3，爰 WVN 籌組 Response Team，成員包括當地與國際人員，借重當地人員的駐地經驗，與當地政府溝通，國際人員則負責與當地/國際 Clusters 溝通協調。
- 二、 人力資源方面，目前為了因應本次地震 WVN Response Team 人員的數量已超過 200 名，並在 Gorkha 及 Sindupachok 等災區設有地區辦公室；人事聘用方面，尼泊爾政府強力主導，各國際非政府組織需向尼泊爾政府說明國際人員聘用人數需求並解釋聘僱原因，經尼國政府同意之後方可聘僱，目前尚有許多 Response Team 人員領取的是觀光簽證。
- 三、 因尼國政府的強勢主導，各國際非政府組織參與的地點、活動與時程（Where, What, When, Who, 4W）均是由 Cluster 會議中獲致之共識，其中尼國政府官員為 Cluster 的 Co-chair。當有跨 Clusters 的議題時，各國際非政府組織彼此可能會互相合作，如健康與教育



Cluster，WVN 即有與其他國際非政府組織合作。

- 四、各 Clusters 根據救援情況進入復原及重建的時間點並不一致，例如 Health Cluster 進度而言，10 月進入復原階段。
- 五、尼國政府強勢主導要求國際非政府組織提供當地人員工作機會，因此僅提供國際非政府組織人員災害發生後 2 個月的緊急救援物資免稅，之後則固定收取 30%。
- 六、WVN 在當地政府合作之機制，地方政府人員會定期派員前往計畫地點考察與學習，Response Team 完成階段性任務後，倘所執行區域屬於 WVN 的 ADP，則轉由 ADP 繼續執行發展計畫，倘非 WVN 的 ADP，則將計畫移交給地區政府（District Government）執行。
- 七、WVTaiwan 督導范金鳳根據最新行程內容說明本次考察期間注意事項與會談內容（請參照附檔考察行程）。

## 尼泊爾衛生站重建計畫會議紀錄

壹、時間：民國 104 年 9 月 29 日 下午 1:00

貳、地點：前往 WVN Gorkha Office 車內

參、出席者：Cathy Wang, Director, TaiwanICDF

Issac Anup Rana, Deputy Ops Manager, WV Nepal

Mars Hu, Manager, WV Taiwan

記錄：王宏慈

肆、說明與討論：

- 一、根據訪談 WVN 地震回應團隊執行副經理 Anup 表示，WVN 和當地 NGO 合作之模式與做法有其既定程序。
- 二、首先根據尼國政府規定，所有尼國國際非政府組織必須和當地 NGOs 合作執行計畫，以建構當地 NGO 的能力<sup>21</sup>。
- 三、WVN 挑選當地 NGO 之作法為公開計畫所需 NGOs 訊息在媒體如雜誌、公共場所(WVN 的表格)，以達公平公開原則，倘為回應計畫(Response Plan)，為求時效，約在 1 星期內完成 NGO 篩選(包含進行機構實地參訪等)，經過 3-6 個月試用期，表現良好者可簽署 1-2 年的合約。
- 四、WVN 支付當地 NGO 間接費用僅包括使用辦公室的空間費用以及管理財務的人員部分薪資，費用不超過 15-20%。不包括相關電腦、家具之採購等，應由其自行負責。
- 五、當地 NGO 的特色是具有在地影響力，包括熟稔當地人脈(包括政治關係)、懂得如何運用在地資源推動計畫，因此 WVN 會委由其等進行動員當地相關團體之工作。當地 NGO 也常碰到財務狀況不佳以及規模過小之困境。
- 六、另有關災難發生時，世界展望會之回應機制為該會之當地分會(national office)和地震回應經理(response manager) 即在 Cluster 會議前根據該會所擁有的資源(包括可以拿到的經費)、該會的能力及想

<sup>21</sup> 目前尼國 NGO 高達 36000 家以上

要參與的 Cluster 提送回應策略(response strategy)，並在 cluster meeting 中與所有利害關係人(包括各國際非政府組織)討論執行單位(Who)、分配區域(Where)、做什麼(What)以及啟動(When)等議題。

## 尼泊爾衛生站重建計畫會議紀錄

壹、 時間：民國 104 年 9 月 29 日 下午 4:00

貳、 地點：WV Gorkha Office

參、 出席者：Cathy Wang, Director, TaiwanICDF

Tim Tseng, Program Officer, TaiwanICDF

Issac Anup Rana, Deputy Ops Manager, WVNepal

Moniek Kindred, Health Advisor, WV Nepal

Mars Hu, Manager, WV Taiwan

Joy Fan, Program Officer, WV Taiwan

Gorkha Response Team

記錄：曾建堯

肆、 說明與討論：

- 一、 Gorkha Response Office 人員共計超過 20 人。任務執行期間預計為兩年，因此團隊成員皆為兩年聘期的專案人員。
- 二、 本計畫預計將於 Gorkha 縣選擇三個 Village Development Committee (VDC)，其中 Aampipal 及 Chyangli 屬於 Palungtar Municipality 村莊，另一村落為 Kerabari 亦是本次任務主考察地點。
- 三、 尼國民眾習慣於收聽收音機，因此計畫中設計透過收音機通知並鼓勵民眾參加健康促進的活動（如：疫苗施打）符合當地需求，而根據 WVN 的執行經驗，尼國透過收音機廣播通知民眾的方式有兩種，一是與尼國政府合作，配合國家層級的資訊廣播合作所需去發展針對地方的廣播內容；二是由地方辦公室負責廣播的人員與地方的電台合作，在重要節慶的時候，依據不同類型之計畫所需，請電台設計並撥放所需內容。
- 四、 就能力建構方面，WVN 會與衛生站、地方 NGO 共同決定其訓練內容；對象方面，每個 VDC 共有 9 個鄰(ward)，每鄰有女性社區健康志工(FCHV)乙人；教材方面，WVN 跟尼國政府均有其各自教材，尼國教材甚至是當地語言版本。

- 五、本計畫中將提供提升降低災害風險知識訓練，對象包含：衛生站負責人、醫院員工、Health Facility Operation & Management Committee (HFOMC)，其中 HFOMC 的成員是以志願為主，每個委員會包含 9-11 人，其擔任之主要原因在於能提升個人知識與社會威望。
- 六、計畫中衛生站將具備之汲雨設施，主要是雨季（3 個月）時發揮其功能，將屋頂的雨水蒐集至水槽中，所集中的水源主要用於家庭園圃。
- 七、計畫中目前規劃建置有太陽能電源設備的建築結構，對此 WVN 表示主要是當社區在辦公時間（10am-4pm）後，民眾臨時需要接生或其他緊急醫療需求時，可提供照明及簡單醫療處置所用。尼國的太陽能系統相當普及，故可尋得許多當地廠商進行建置，為避免後續維修困難，費用包含後續維修服務之需要。
- 八、原定計畫中的水質測試工具（water testing kits）已不再需要，主因在於已有其他資金協助提供所需物品及使用方式教學課程。
- 九、原定計畫中的焚化爐將不續建，因尼國政府目前規定所有垃圾（含感染性廢棄物）將採用掩埋方式進行。而以成本效益而言，WVN 之前所建之焚化爐費用約美金 9,000 元整，焚化爐容量僅可進行 15 公斤的廢棄物焚化作業。
- 十、據了解尼國已具備 HMIS 資訊系統，此系統協助尼國疫情通報，因此據 WVN 認為系統有比震災前更為優化。在健康資訊蒐集方面，係由衛生站每個月以紙本提供縣級健康單位，後由縣級人員負責登打及上傳。

## 尼泊爾衛生站重建計畫會議紀錄

壹、時間：民國 104 年 9 月 30 日

上午 14:30

貳、地點：Keribari

參、出席者：Cathy Wang, Director, TaiwanICDF

Tim Tseng, Program Officer, TaiwanICDF

Moniek Kindred, Health Advisor, WV Nepal

Sheela Yogi, District Office Manager, WVN

Mars Hu, Manager, WV Taiwan

Joy Fan, Program Officer, WV Taiwan

Keribari Health Post in Charge, FCHV, Village Management

Members

記錄：曾建堯

肆、說明與討論：

- 一、Keribari 共有九個鄰(Ward)，每個鄰約有 65 戶，倘以每戶 5 人計算，本地約 3000 人。許多年輕男性長期在村外工作，村落內以女性、老人及孩童為主。多數由女性負責農作，村莊管理委員會是以男性為主，婦女會在當地也相當活躍，家戶仍由男性領導為主。
- 二、VDC 的居民常見疾病有：腹瀉、呼吸道感染、皮膚病及寄生蟲等（寄生蟲相關訊息是由 World Vision District Manager-Sheela 補充），在糖尿病等慢性疾病的情形不多。
- 三、村落衛生站(Health Post)服務時間為上午 10 點至下午 3 點，3-5 點將由職員進行資料整理及相關行政事務。其服務內容以基礎照護服務為主，包含衛生教育、產前及產後照護、緊急出診等（接生並非主要提供之服務，僅提供緊急分娩所需）。衛生站的常備藥品及補充營養品包含維他命 A、抗生素及驅蟲藥等，在藥品補充上，即使地震後亦未曾發生缺藥等補給不足情形。
- 四、現有村落衛生站是地震後臨時以竹子搭建的棚子，僅具有 1 個簡

單診間，原衛生站興建至今已有 20 年，是泥石結構，除診間及候診區外，另建有儲藏室及一間供職員及患者使用的廁所。而地震後多數牆面出現龜裂情形，為免餘震可能造成房屋倒塌壓傷人員，已不再使用，目前僅作為藥品及雜物儲存空間。而原衛生站屋頂設有由歐盟經費提供之太陽能板，其電力可提供燈光，目前仍可運作。

- 五、 根據尼國政府規定，建築物重建應座落在低風險位置，因此恐涉及徵用當地居民土地之情事發生，根據尼國法規規定，倘要徵用居民土地，須由地主捐贈給村莊管理委員會，並授權提供作村落的衛生站使用，惟因此既定之程序在計畫執行時或因此造成計畫延宕。
- 六、 村落衛生站皆有一名衛生站負責人(In Charge)，是被指派至村落服務，主要功能在於提供基本照護服務，並給予患者就醫建議。當病情嚴重時，負責人需出診前往家戶進行診療及判斷後送需求，該地區最遠的家戶離衛生站距離約 1 小時。負責人僅有一人，負責人外出期間有其他代理人員，原則上負責人並不會進行輪調，唯有許多村民抱怨時，才可能進行調任(村落並未設有意見箱)。
- 七、 FCHV 是由婦女團體遴選擔任，主要功能在於傳遞健康相關消息，每個月接受健康消息及訓練，每次約 2-5 日，擔任初期會有基本健康訓練，內容包含常見疾病、溫度計、疫苗及營養等議題(如：哺乳乳品比例為 80%母乳及 20%水混和製成)，期間達 18 日。FCHV 的任期達 10 年，除頒證書、制服乙套外，每年政府補助 4,000 盧比。
- 八、 依 FCHV 執行社區衛生教育經驗，每次約有 25 人參加，男性比例僅佔約 10% (約 2-3 人)，因為婦女負責農作，因此辦理衛教時間以早上 7-9 點為佳，此時亦可能有兒童參加。
- 九、 村落衛生站負責人及 FCVH 需將報告彙整後，每月向衛生局提出報告，而衛生局每年約有 2-3 次派員到訪衛生站，瞭解當地衛生

狀況。

- 十、志工表示最大的困難在於工作量太多，並希望能有安全的衛生站提供服務，在補助金額方面亦希望能有增加機會。
- 十一、社區中有 TBA，當遇有緊急情況時，將以擔架把產婦送至最近的衛生中心，但所需時間仍需約 5 小時。
- 十二、對於未來衛生站的期待，村民表示安全外，亦希望能有更好的設備進駐。村民知道台灣，但並不知道 TaiwanICDF，爰由王處長簡述本會功能。
- 十三、因 Keribari 地處偏僻，所有物資需仰賴挑夫(porter)負責運送。

伍、其他：

- 一、因尼國邊界抗爭行動導致其境內汽油嚴重不足，故除既定行程外，無法臨時安排任何其他地區參訪機會。



## 尼泊爾衛生站重建計畫會議紀錄

壹、時間：民國 104 年 10 月 02 日 上午 10:00

貳、地點：WV Nepal 總部

參、出席者：Cathy Wang, Director, TaiwanICDF

Tim Tseng, Program Officer, TaiwanICDF

Moniek Kindred, Health Advisor, WV Nepal

Simon Darke, Shelter and Infrastructure Manager, WV Nepal

Novell Tanba, WASH Advisor, WV Nepal

Diana Pradhan, HR Manager, WV Nepal

Mars Hu, Manager, WV Taiwan

Joy Fan, Program Officer, WV Taiwan

記錄：曾建堯

肆、說明與討論：

- 一、本計畫內容包含衛生站重建、能力建構及健康促進等主要產出，但主軸為衛生站重建，能力建構及健康促進等活動方面相對較少，此部分 WVN 打算聯合其他計畫一併強化。
- 二、鑒於尼國政府政策採 Build Back Better (BBB)，意欲提供更安全的建築，因此與現行計畫概念書的成果僅恢復至原來基礎照護服務有所出入，因此 WVN 將修正計畫概念書的影響、成果、產出，供總結會議討論。例如成果基線值可分兩項：
  - (一)房屋方面- 竹子搭建的臨時衛生站
  - (二)居民方面- 居民對衛生站服務滿意度調查
- 三、根據人道援助計畫經驗，將於資金到位及計畫啟動後進行細部田野調查，為符合實際援助所需，保持計畫彈性以因應相關變化。本計畫的基線值將採尼國政府官方資料，惟該資料的正確性有待考驗。
- 四、有關強化社區參與衛生站重建以符尼國政府要求部分，WVN 表示專業設計及營造上會聘設計人員及由承包商承攬，會依需求與當地居民可以參與的工作（例如：清除雜物等工作），提供 Cash for work

的方式提供當地居民工作機會。

五、居所及基礎建設經理 (Shelter and Infrastructure Manager) Simon

Darke, 約上任 4 個月, 表示衛生站的重建指標應會採國際災後重建標準。

六、供水及衛生(WASH)顧問 Novell Tanba, 對於本團提出雨水蒐集系統 (Rain water harvesting system) 必要性之疑問, 表示因其才到任兩週, 暫無法回應, 將再行評估。

七、志工派遣方面

(一)根據人資部門經理 Diana Pradhan 表示 WVN 有與尼國政府簽訂人員派遣相關協定, 目前人員可申請之天數最高達 150 日, 有許多人員皆拿觀光簽證。特別提醒所有國際人員 (含未來本會派遣之志工) 無法在尼國開立帳戶。另依 WVN 當地經驗, 當地人員薪資約每月美金 300 元, 而國際人員薪資分兩種方式支付:

1. 整付: 每月美金 600 元

2. 日支: 每日美金 30 元 (早餐-5 元; 午餐-7 元; 晚餐-18 元)

(二)根據本團與健康顧問 Moniek Kindred 討論志工派遣事宜, 目前雙方共識志工派遣時間以 3 個月為主, 最多不超過 5 個月; 志工 TOR 將以本會與該會合作菲律賓海燕風災之志工 TOR 及索羅門洪災之志工 TOR 整併, 主要希望能夠參與企劃及執行。

八、目前 WVN 已與尼國政府簽署「災後復原健康計畫 MOU(For Implementation post-earthquake Recovery Plan in Nepal's Health Sector)」, 雖然根據合約第三條-政策(Policy), 有效日期至本年 12 月 15 日, 其中包括本計畫預定地點 Sindhupalchowk 縣內的 Fulpingkot 及 Sanosiriwari 兩村, 惟依據本合約第五條-修訂(Amendment), 只要雙方同意即可進行修正, WVN 現與衛生部洽談合約展延。另依 MOU 附件「災後復原及重建援助」計畫書, 援助期間(support duration)至 2016 年 5 月 31 日止。

九、另針對 Gorkha 縣內本會擬資助之 Aampipal、Chyangli 及 Kerabari 衛生

站，WVN 將與尼國政府洽談另一份 MOU。

- 十、WVN Gorkha District Office 於本年 10 月 1 日向本團出示 Gorkha 縣災難救援委員會<sup>22</sup>已同意 WVN 於前述三村執行健康(Health)、住所(Shelter)、教育(Education)、保護(Protection)等計畫之信函。

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<sup>22</sup> 災難救援委員會是縣級主要負責整合災後救援及準備計畫之委員會，由縣長主持，成員包含縣政府的局處官員（供水、教育及健康等）。

## Exit Meeting Minutes- Assisting the Recovery of Nepal Earthquake-affected Health Posts Project

Date	Oct. 3, 2015
Venue:	Hotel Greenwich Village, Kathmandu, Nepal
Attendants:	Dr. Pai Po Lee (TaiwanICDF, Deputy Secretary General) Cathy Wang (TaiwanICDF, Director of Humanitarian Assistance Department) Tim Tseng (TaiwanICDF, Program Officer of Humanitarian Assistance Department) Jennifer MacCann (World Vision Nepal, Response Director) Valentina Mirza (WVN, Program Manager) Moniek Kindred (WVN, Health Manager) Mars Hu (World Vision Taiwan, HEA Team Leader) Joy Fan (World Vision Taiwan, HEA Team Program Officer)

- Both parties conducted the negotiations on an amicable and friendly basis with a view to reaching a mutually beneficial consensus for the successful implementation of the project.
- It was confirmed that project sites include 2 VDCs, Aampipal and Chyangli, in Gorkha, and 2 VDCs, Fulpingkot and Sanosiriwari, in Sindhupalchowk. The remain VDC, Kerabari, will be reconsidered for change, considering distance from district HQ and visibility.
- It was agreed that the Impact, Outcome, and Outputs are stated as follow: (Attached please find the DMF for the information.)
  - (1)Impact: Improved access to adequate and appropriate primary healthcare facilities and services for earthquake-affected communities.
  - (2)Outcome: To contribute to the restoration and improvement of quality health services for the earthquake affected population in target areas.
  - (3)Outputs:
    1. Reconstruction of earthquake-resistant health posts with adequate water, sanitation and hygiene facilities.
    2. Enhance awareness and knowledge of health workers and communities on sanitation, disease and disaster risk management
    3. Improved capacity of health workers to deliver disease outbreak management, disaster preparedness and WASH health services
  - (4)Any extension and change to the project outputs shall be approved by TaiwanICDF, which the total budget must be no more than US\$ 500,000.

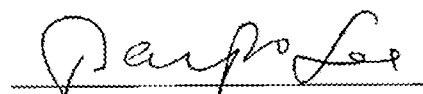
Note: The program baseline is underway, with data collection completed. The final report will be available towards the end of November, but preliminary data can be used to measure the impact and outcome of the project at the end of October. This will be supplemented with secondary data, including Government assessment.

- It was agreed that the project period is 15 months.
- It was agreed that TaiwanICDF's funding for the project would be in the form of a lump sum contribution of US\$ 500,000 for the implementation in Nepal. Three times of disbursement will be conducted for transferring the funding. The first disbursement of USD 250,000 will be transferred to World Vision Taiwan after the project contract is jointly signed by World Vision and TaiwanICDF. The second disbursement of USD 200,000 will be transferred after the second

quarterly report submitted to TaiwanICDF. The remaining amount will be transferred upon receipt of the final completion report from TaiwanICDF.

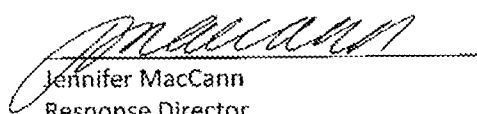
6. It was agreed that four quarterly reports and a completion report are required. Final finance report must be submitted with completion report to TaiwanICDF no later than two months after the project completion.
7. In order to be in line with standard of international aid project, it was agreed WV will modify the percentage of indirect cost of the project to be no more than 7%. Meanwhile, the overhead, the amount of indirect cost and staff costs not directly for project operation, should be less than 20%.
8. It was agreed that Taiwan National flag and logo of TaiwanICDF are required to be printed on materials and equipment provided under this funding source. TaiwanICDF will provide the visibility sample for World Vision's reference.
9. It was agreed that TaiwanICDF shall dispatch one volunteer to assist in project programming and implementation. The Terms of the Reference shall be provided by WV soon. TaiwanICDF shall be responsible for the volunteer recruitment and shall cover the stipend and round-trip tickets for the volunteers. Meanwhile, WV Nepal shall be responsible for accommodation, transportation, first aid, and other basic local needs of the volunteers. In terms of serving period of volunteer, it was agreed that it is estimated to be 3 months, and it would be extended to no more than 2 months subject to the consensus by WV and TaiwanICDF. This is subject to change based on local legislation of Nepal.
10. World Vision has a signed General Agreement with the Social Welfare Council (SWC) as part of the Central Government, which allows INGOs to operate in Nepal. World Vision also has a signed and agreed contract with the Districts of Gorkha and Sindhupalchowk, which has been submitted to the Central Government. WV has an MoU with the Ministry of Health covering the 2 VDCs in Sindhupalchowk. An extension on the current MoU will be requested. Similarly, an amendment to the current MoU or an additional MoU with MOH will be signed for the additional target VDCs in Gorkha.
11. It was agreed that a detailed proposal should be submitted by WV to TaiwanICDF by 12 November 2015. This cooperative MOU and proposal will be subject to the approval of Chairman of TaiwanICDF. The anticipated start date of the project is December 1, 2015.
12. WVN will confirm the time and location of the meeting with the DHO in Gorkha by Monday, Oct 5th.

For and on behalf of the ICDF  
Delegation



Dr. Pai Po Lee  
Deputy Secretary General

For and on behalf of World Vision



Jennifer MacCann  
Response Director

## 尼泊爾衛生站重建計畫會議紀錄

壹、 時間：民國 104 年 10 月 06 日 下午 4:30

貳、 地點：District Public Health Office

參、 出席者：請參照出席簽到單

記錄：曾建堯

肆、 說明與討論：

由李副秘書長向地方公共衛生辦公室首長 Mahendra Dhaj Adhikasi 說明本團考察主要目的及與 WV Nepal 達成之共識，並告知可能轉換計畫區域事宜，渠表示以政府角度而言，以完全倒塌之健康中心為優先計畫地點，因此本計畫預計之 Chungli 應不屬於優先執行計畫之區域，另經本團說明 Kerabai 的衛生站亦未完全倒塌後，渠建議本團將計畫區域移至 Darbhung 及 Bakrang 兩處，離 Gorkha 市區分別約 10 公里及 8 公里。本團對於新建議的計畫區域表示贊同，但作為捐款者，需尊重 WVN 之意見，將儘速與 WVN 取得共識後請該會回復 DPHO。首長亦表示將全力配合執行計畫之後續相關文件辦理。

6 Oct, 2015  
Tuesday

Today 2078/6/13 (2015-10-6) Tuesday in presence of the Chief of District Public Health Officer ~~Mr.~~ Mr. Mahendra Dhaj Adhikari the meeting with International Cooperation and Development fund (ICDF) and World Vision International Nepal, has been conducted with the following agendas and participants:

Name of Participants:	Organization:	Signature
(1) Mr. Mahendra Dhaj Adhikari	DPHO	[Signature]
(2) Mr. Nani Babu Dangi	DPHO	[Signature]
(3) Mr. Ananta Singh Pandey	DPHO	[Signature]
(4) Mr. Paila P. Lee	ICDF	[Signature]
(5) Mrs. Hung - Tzu Wang	ICDF	[Signature]
(6) Mr. Tim	ICDF	[Signature]
(7) Sheela Rangi	WVIN	[Signature]
(8) Rajiv Kr. Sharma	WVIN	[Signature]

### Agenda and Decisions made:

- (I) Regarding Health Post Construction of the Gorkha, after the earthquake with the reference of this meeting with DPHO following Health post buildings were suggested to be built by ICDF & World Vision.
  - (a) Darbung
  - (b) Bakrong

- (II) World Vision will give information to DPHO as soon as possible to start the construction after getting permission from WVIN.

## 尼泊爾糧食安全計畫會議紀錄

壹、 時間：民國 104 年 10 月 05 日 上午 9:30

貳、 地點：Care Nepal Headquarter

參、 出席者：PaiPo Lee, Deputy of Secretary General, TaiwanICDF

Cathy Wang, Director of Humanitarian Assistance Department,  
TaiwanICDF,

Tim Tseng, Program Officer of HA Department, TaiwanICDF

Patrick Ndungu, Team Leader, Care Nepal

Annil Neupane, Care Nepal

Santosh Sharma, Emergency Response Coordinator, Care Nepal

記錄：曾建堯

肆、 說明與討論：

一、 Care Nepal 業於尼國進行許多發展型計畫，並於地震後成立

Response Team，與發展型計畫團隊位於同一工作場所，與 WVN 體系不同，Care Nepal 的 Country Director 同時負責發展型計畫團隊與 Response Team。而 Care Nepal 有其發展策略，約每五年更新一次，最近的新策略期間是自 2016 至 2020 年，並已提交尼國政府參考。發展策略中亦包含緊急應變計畫。本次 Response Team 主要負責區域共有 Dhading, Gorkha, Sindhupalchowk and Lamjung 等四縣，根據 Care Nepal 計畫執行經驗，恢復(Recovery)階段需要 4 年，完成後將計畫移轉尼國政府執行後續發展內容，遇有執行疑問則由 Care Nepal 團隊協助。

二、 與尼國政府合作方面，Care Nepal 執行發展型計畫前已與 Social Welfare Council (SWC) 簽署協議；為因應地震後的緊急救援、復原及重建，Care Nepal 成立 Response Team，目前已取得災難救援委員會的同意信函，目前此信連同回應策略計畫均已提交社會福利部進



行最後確認即可簽署 MOU<sup>23</sup>。為求時效性，依據 Care Nepal 以往執行經驗，獲致捐贈經費後即可啟動計畫，而無需等待 MOU 簽署，此類 MOU 之等待最長曾達 6 個月之久。依據前述內容，預計本計畫可於 12 月初啟動。

- 三、與 Local NGO (LNGO) 合作方面，與 WVN 雷同，Care Nepal 會將與 LNGO 合作需求進行公告，有興趣合作計畫之 LNGOs 將提出申請，經 Care Nepal 的 Due Diligence Assessment 初步篩選後，會剩下 2-3 個 LNGOs，後再進行遴選作業，此過程可能耗時約 2-3 個月不等。選定後與 LNGO 簽訂長期合作備忘錄，但每年會進行機構表現評估，以本計畫未來合作對象 SSICDC 而言，Care Nepal 與其合作已長達 3-4 年，關係良好。
- 四、本次考察地點選取方面，原訂地點為 Muchchowk，是本計畫區域中距離最遠之 VDC，車程約 2-3 小時，下車後須步行約 1 小時方可抵達。對此，考量能見度及新增之參訪（如：集貨場），以及考察行程應先參訪後對計畫更有概念，再與地方政府談，爰本團請 Care Nepal 調整行程。
- 五、Response Team Leader - Patrick 表示計畫啟動後可提供受益對象名單，並於名單上註明其被選擇之原因。原則上來說，受益對象之篩選機制是先由尼國政府調查出房屋全毀或半毀的受災戶，後由 Care Nepal 自篩選後的名單中優先選擇脆弱族群作為計畫之主要受益對象。
- 六、本計畫中主要生產作物以蔬菜及香料等作物為主，其主因在於蔬菜的收入較高；計畫中發放家畜部分，種類主要為豬（2 頭）或羊（1 隻），其差別在於養豬戶的社會地位相對較低，文化因素可能導致民眾不願養豬。成本方面豬一隻約 4,000 元、羊一隻約 10,000 元。而以賣價而言，羊的賣價為雞的 3 倍，更具有經濟價值。整體而言，羊是尼國較受歡迎之家畜選擇，但因地震期間許多家畜圈養小屋已

<sup>23</sup> 社會福利部已召開跨部會會議，CARE Nepal 並依會議中決議修改回應策略計畫後再次提交該部，該部後續需與 11 個部會進行最後確認

倒塌無法使用，因此 Care Nepal 也將提供圈養小屋的興建訓練班。

- 七、針對計畫中建設農產品集貨場部分，預計興建一只約 10\*12 公尺之平房作為集貨場，目前六個計畫 VDCs 中共有 2 個集貨場，本計畫預計另興建 2 所中心，一個在高速公路旁，另一在交通便利處，集貨場設計草圖已由農業局設計完成，每個中心約可供 500 位農民使用，此集貨場是以 VDC 層級為主。
- 八、計畫中將提供農民種子及相關耕種之農具，皆由首都採購運送而來，計畫將提供計畫家戶免費種子（僅第一次）<sup>24</sup>。
- 九、針對以工代賑(Cash for Work)部分，Care Nepal 為不破壞勞動市場，並能針對最需要幫助之脆弱家戶提供部分經濟來源，所支付的費用約美金 5 元，負責之工作以清除雜物等內容為主。
- 十、計畫中之汲雨設施須配合塑膠布鋪設在水池底部進行雨水蒐集，非雨季期間，民眾亦可將生活中產生之廢水（碗盤清潔及盥洗用水）匯集至水池中，蒐集後做為農業灌溉使用。水池原設計位於居家旁邊，大小為 2M\*1M\*1M，但仍可保留彈性，將視居民對於共用水池的意願作為水池大小需求之依據。
- 十一、有關本會簽約對象是 Care 或 Care Nepal，Patrick 將於確認後回覆本會。
- 十二、繳交計畫季報表部分，Care Nepal 表示將同意配合；計畫經費部分，由於本計畫的初期支出較高，除保留尾款美金五萬元外，其餘兩次撥款金額比例將依 Care Nepal 提出建議；志工或專家派遣部分，Care Nepal 本身過去並沒有相關經驗，但認為此機制將可協助 Care Nepal 執行計畫，故表示將同意配合。

<sup>24</sup> CARE 計畫將提供家戶農作物之種子，第一年採全額補助方式，家戶免費取得種子，第二年開始則要求家戶負擔部分費用，CARE 依計畫執行年度分別降低種子費用補助為 75%、50%、15%，自第四年度開始，則由家戶全額負擔種子費用。


## 尼泊爾糧食安全計畫田野調查紀錄

壹、 時間：民國 104 年 10 月 06 日

上午 10:00

貳、 地點：Chhoprake Ward 1

參、 參訪紀要：

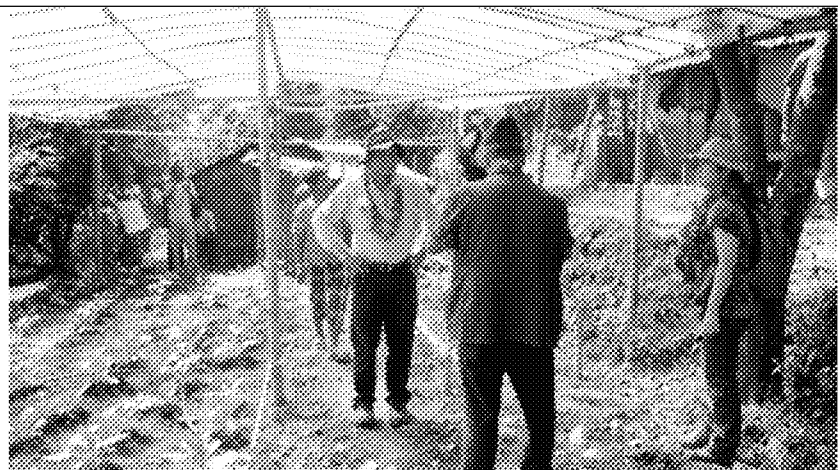
照片	說明
	<p>完全倒塌之家戶（Completed Damage）</p> <p>全村共約 1,500 戶家戶，該鄰為人口最多的一鄰，約 300 戶，完全倒塌之家戶共計 200 戶。</p> <p>房屋重建費用約盧比 50 萬元，政府補助 20 萬元，臨時居所 1.5 萬元，為一次性補助。</p>
	<p>部分倒塌之家戶 (Partial Damage)</p> <p>該鄰部分倒塌之家戶共計 100 戶。</p>



受災戶居住之臨時居所  
主要由竹子波紋鍍鋅鐵板  
(Corrugate Galvanised Iron,  
CGI)搭建而成



當地民眾清運房屋殘骸  
未來計畫中以工代賑之工作內  
容將以此類活動為主。



家戶菜圃 Kitchen Garden  
面積約 60 (4\*15)平方公尺，位  
於家戶旁邊。  
當地種植番茄有病毒感染，種  
植間距約 50 公分，但間距參差  
不齊，未來倘派遣專家，此為  
需要技術指導之一。



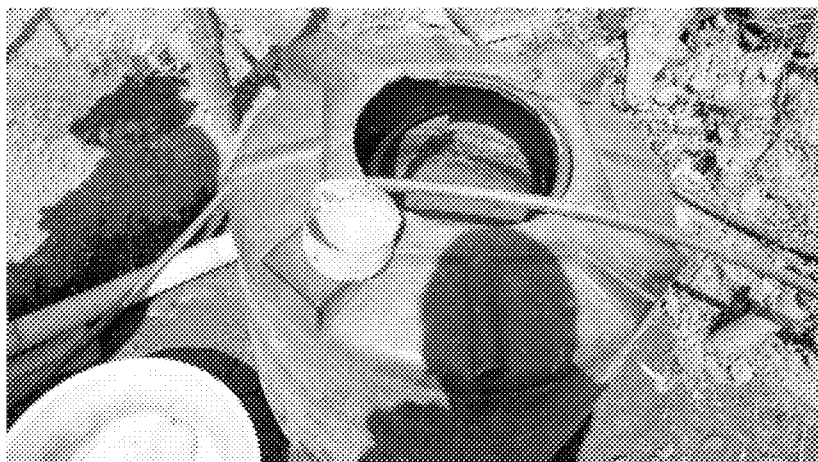
家戶現有儲水方式，本計畫將在此處設置儲水設施，收集雨水及家庭廢水供農業灌溉使用。當地家庭廢水並未使用化學清潔劑，偶有木頭灰燼殘留，與雨水成分相近，可供灌溉使用。



簡易網室-合作社成員共同擁有占地約 500 平方公尺，此處種植番茄，產量約 200kg，價格約美金 0.6 元/kg，淨利約美金 45 元；其餘當地作物包含：胡瓜、苦瓜、黃瓜、花椰菜及香料作物等。



**受損儲水塘(Pond)**  
於池底鋪設塑膠布，用於收集雨水及山泉，但目前因地震受損沒有發揮功能。此水池容量約 50,000 公升。計畫中將協助受災或新建之儲水池容量約 2,000 公升。



### 菜園水桶

因位於山區，村民需至遠處提水倒入此水桶中進行灌溉；僅接近河流地區才有渠道引水灌溉機制。



### 水稻耕種現況

與平地相比，山區收成時間較晚兩星期。



因地震受傷而無法工作的農民，造成家戶收入損失。  
該村死亡人數共 6 人，平均每鄰 2 人；受傷人數平均每鄰約 5 人。



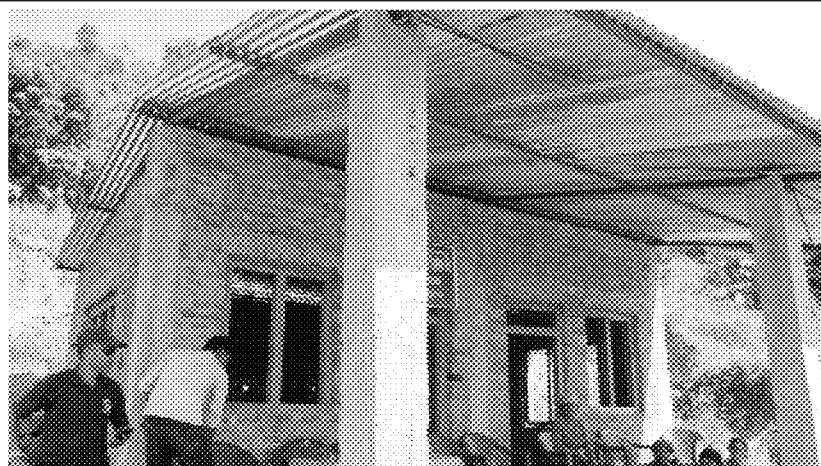


目前該鄰農民販賣作物方式有兩種，一是由農民每日各自背負產品至市場販售；另一由合作社共同蒐集後，每周兩次租用他鄰卡車赴市場販賣。每人平均可挑 100 公斤左右。



Chhoprak 村民至集貨場歡迎考察團成員，並由村民代表致詞。

當地是以合作社(cooperative)形式成立農業團體，以女性成員為主。惟雖女性是主要成員，能獲得政府青年創業補助的共有兩位，其中一位是當地農民領袖，具 17 年工作經驗之男性。



#### 集貨場外觀

共有兩間房，分別作為作物儲存及管理用，頂棚以 CGI 板遮蔽。

集貨場土地是由村民共同挑選，並由 2 位農民捐贈土地後農業局出資興建。集貨場興建費用約為盧比 585,000 元。

本計畫欲興建之集貨場將比縣政府農業局興建的更大，將有儲藏室及辦公室各一間，外有

	<p>簡易處理場。</p> <p>縣政府農業局負責農業技術協助，此為 Care 辦理棚架製作訓練班之情形，每場約 25 人，參加成員為已獲得材料（如塑膠布）之脆弱家戶。</p>
	<p>交通極為不便 可能於運送過程中導致農作物損失。</p>
	<p>羊隻為當地主要家戶飼養牲畜。</p>



## 尼泊爾糧食安全計畫會議紀錄

壹、時間：民國 104 年 10 月 07 日

上午 10:30

貳、地點：District Agriculture Development Office

參、出席者：請參照會議簽到名單

記錄：曾建堯

肆、說明與討論：

- 一、經 Care Nepal 農業及生計計畫秘書 Anil 說明計畫內容後，農業局官員 Mr. Tirtha Kumar Shrestha 對本計畫表示支持，並期待本會有更多投入。
- 二、針對本團洽問目前以工代賑(Cash for work, CFW)提供之薪資，尼國官員表示技術性與非技術性人員之費用皆已固定，非技術性人員每日費用為 510 盧比、技術性人員每日費用為 750 盧比。（註：本計畫是提供非技術性人員 CFW，費用依照現有規定發放）
- 三、當地曳引機(Power Tracker)多為中國製造，平均約 7 萬盧比。
- 四、雖 Gorkha 為一農業縣，但除少數東南部 VDC 具高商業化能力外，其餘 VDC 仍需向其他縣區取得種子，至目前為止，並未發生種子來源缺乏的情形。當地商人取得糧食作物之原種後，由農民進行耕種並留有採種維持後續耕作所需。
- 五、本團針對民眾採用家庭廢水進行灌溉可能汙染作物問題，尼國官員表示因尼國民眾未採用化學清潔劑洗滌碗盤，其廢水成份（含有部分木頭灰燼 wood ash）與雨水差異性不大，故蒐集後可進行菜圃灌溉使用。
- 六、尼國官員回復本團，地震災前政府補助包括種子訓練及技術支援等災後未提供額外補助。
- 七、有關本團提出交通是該縣極需克服之課題事，尼國政府官員表示每年持續編列預算進行修復，但經過雨水沖蝕後，土石流仍經常發生，並無明顯成效，也確實限制該縣的農業發展。

## Meeting Minutes with DADO

A meeting was organized with District Agriculture Development Office (DADO), Gorkha, Taiwan ICDF and CARE Nepal during the appraisal mission of Taiwan ICDF for CARE Nepal proposed project in Gorkha district for recovery.

### Attendance of Meeting Participants

S.N.	Name of Participants	Designation	Organization	Signature
1	Tirtha Kumar Shrestha	Senior Agriculture Development Officer	DADO, Gorkha	
2	Naba Raj Pandit	Agriculture Extension officer	DADO, Gorkha	
3	Ramesh Subedi	Plant Protection Officer	DADO, Gorkha	
4	Pai Po Lee	Deputy Secretary General	Taiwan ICDF	
5	Ms. Hung Tzu Wang	Director	Taiwan ICDF	
6	Tseng Chien-yao,	Program Officer	Taiwan ICDF	
7	Anil Chandra Neupane	Emergency Food Security, Livelihood and Cash Manager	CARE Nepal	
8	Krishan Prasad Poudel	Planning officer	DADO, Gorkha	
9	Mr. Lekh Nath Adhikari	Food Security and Livelihood Officer	CARE Nepal	

### Discussions:

1. Anil Chandra Neupane; EFSLC Manager of CARE Nepal; shared goal, objectives, outputs, target groups and working areas for Gorkha Food Security and Livelihoods Support Program submitted to Taiwan ICDF.
2. Dr. Lee; Deputy Secretary General of Taiwan ICDF; further clarified the issues raised by DADO team.
3. Tritha Kumar Shrestha; Senior Agriculture Development Officer (SADO) of Gorkha district; expressed his sincere thanks to CARE Nepal for the effective and good proposal submitted to Taiwan ICDF. Since the activities mentioned on the proposal were fit for the district and purposed VDCs so, DADO raised the questionnaires on whether there was assessment before submitting the proposal or not? Whether this project covers the Off-seasonal vegetable production or not and what types of Agriculture tools will be distributed from this

program? Anil Chandra Neupane clarified that the proposal was based on the secondary information available from DADO and district development committee (DDC), the project major focus on seasonal and off-seasonal vegetable production including spices crops like Ginger and Turmeric as well. Mr. Neupane further clarified that the Agriculture toolkits will be distributed based on the discussion and suggestion from DADO.

4. Mr. Shrestha further expressed his view regarding the potentialities of Mandarin Orange, Maize seed/crop production, pig farming and vegetable cultivation. He also shared the commercial vegetable production and marketing practices done by farmers of Ghalchowk VDC. Dr. Lee raised the question that maize seed is available locally or need to import? SADO replied that certified and foundation seed need to import from adjoining district like Chitwan and Makwanpur.
5. Ms. Wang, raised the issues that, what is the different before and after earthquake on Nepal Government Policy? SADO replied that there is no difference on Government program before and after the earthquake.
6. Dr. Lee raised the quarry on what is the difference on waste water and rain water use in Agriculture production. SADO replied that there is no difference between two water, as Nepali people collect cleaning of body, cloth and kitchen utensil water as waste water. He further mentioned that People use only wooden ash to clean kitchen utensil not other chemicals so using waste water is not problem in Nepal.
7. Dr. Lee mentioned that establishment of collection centre is important for the farmers to sell their product into the market but there is Road problem to connect collection centre with Market, How about the government plan to support on Road? SADO replied that Nepal Government through District Development Committee and Village Development Committee, invested on Local road construction but due to rain it is damaged.
8. Ms. Wang raised quarry on some of the INGOs like CARE Nepal implements program not only on recovery but also development? How about duplication and How DADO and DDRC are coordinating and managing the program? SADO replied that after earthquake all GOs and I/NGOs that are working on coordination and collaboration and people are getting support. But due to geographical difficulties very few organizations are operating in very difficult parts where using only Helicopter is only the means of transport.

7 Oct. 2015

Joined meeting with District Agriculture Development Office Gorkha, Taiwan ICDF and CARE Nepal.

Participants:

S. No	Name	Position	Organization	Signl.
1.	Tilka K. Khadka	Sr. Ag. Dev. Officer	DADO	[Signature]
2.	Natka Raj Paudel	Ag. Ext. Officer	DADO	[Signature]
3.	Ramesh Babar	Joint Project Deputy Secretary	DADO	[Signature]
4.	Pai Po Lee	General	Taiwan ICDF	[Signature]
5.	[Name]	[Position]	[Organization]	[Signature]
6.	[Name]	[Position]	[Organization]	[Signature]
7.	Anil C. Neupane	Coordinator	CARE Nepal	[Signature]
8.	Krishna Raj Paudel	Planning Officer	DADO, Gorkha	[Signature]

\* कार्यक्रमको विषयहरू:

१. प्रस्तावित कार्यक्रम Taiwan ICDF मा प्रस्तुत गरिएको रवादम सुरक्षा तथा जीविकोपार्जन सुधार सम्बन्धि कार्यक्रमको बारेमा जानकारी गराउनु भयो। यसमा कार्यक्रम सहित सुझाव

२. कार्यक्षेत्रका बारेमा जानकारी भयो।

३. विभिन्न IECF का रिम लिडरकाट छाप गरी गर्ने काम गर्नु भयो।

४. राम्रो र प्रभावकारी कार्यक्रम प्रभाव गर्नु भन्नेका लागि आवश्यक दिन बाहेको भन्ने SADO ले गर्नु भयो।  
- कार्यक्रम प्रभाव गर्नु भन्नेका लागि Assessment गरिएको भयो भन्ने SADO काट प्रदन गर्नु भयो।

- यसमा केरा नेपालका Anil Chandra Nepal ले छाप सफल गर्नु भयो।

५. SADO बाहेक off season vegetable production को बारेमा चासो राख्नु भयो।

- कस्तो स्थानको A क्रियेनको Agriculture परे tools distribution गरिन्छ भन्ने भिन्न भिन्न भिन्न वि. वि. कार्यलय र गैर सरकारी गरि निर्माण भुट्टा Anil Chandra Nepal ले जानकारी गराउनु भयो।

६. SADO जुनले जानकारी गराउनु भयो सोबारे बुझ्नलाई राम्रो हुन्छ, भन्नेको बुझ्नलाई गुणस्तर धेरै राम्रो हो।

- भन्ने बुझ्नलाई Focus गर्नु पर्छ।

- pig farming का Focus गर्नु पर्छ।

- तरकारी खेती को लागि दयालुको लागि गरिन्छ।

का कृषकहरूले आवधिक खेती गरेका हुन्।  
काठमाडौं, विहवन, पोखराको व्यापारमा निम्ति  
गर्दै हुन्। SADO ले जानकारी गराउनु  
भयो।

ह सरकारले कृषकहरूलाई धेरै सन्दा धेरै  
कठिनाई दिने काम भई रहेको छ।

ले ले खेती गर्ने पानी तथा वर्षाको  
पानी संचालन गरेर त्यसको खेती  
मा प्रयोग गर्दा के फरक हुन्छ भन्ने  
प्रश्नमा SADO बाट खास फरक हुने भन्नु  
भयो। खेत भने प्रयोग गरिएको पानीमा कम रकम  
ले ले भन्नु भयो संचालन केन्द्र स्थापना  
महत्त्वपूर्ण छ। बजार रकम लाग्न पुग्छ भन्ने  
लागि। तर मोटर Road को समस्या छ, राख्ने  
के सहयोग गर्दछ।

अ यस्ता SADO ले भन्नु भयो साकारले  
स्थायी Road निर्माणको लागि रकम -  
लागानी गरि रहेको छ। तर वर्षाको सडक  
दाती हुन्छ।

अ HUNY ले प्रश्न गर्नु भयो DADO, DDRC  
र अन्य संस्थाहरूको विकास निचको विकास  
सम्भव कस्तो छ।

1. संस्था विकास कस्तो छ।

- यहाँ SADO ले गर्नु पर्ने, दुकान पडिने  
देखायामा यहाँ न्यारीकारवालाहरु हुन् यहाँ  
गरी समुदायलाई सहयोग गर्दै रहेको छ। जस्तै  
को कचरो क्षेत्रमा काम गर्न मांगेलिकु बिक्रीको  
समस्या छ।

*Signature*

*[Signature]*

*[Signature]*

## 尼泊爾糧食安全計畫會議紀錄

貳、時間：民國 104 年 10 月 07 日

下午 13:00

參、地點：District Livestock Support Office

肆、出席者：請參照會議簽到名單

記錄：曾建堯

伍、說明與討論：

一、針對計畫內容，畜牧局官員 Jagat Bandhu 對計畫表示支持，另提出幾點建議：

(一) 計畫中提供家戶之羊與豬等牲畜可加入動物保險(Animal Insurance)，以提供家戶因動物死亡而獲得補助。

動物保險是由尼國保險公司提供之服務，保險費用由政府與農民共同負擔，政府補助 75%、農民自負 25%，倘本計畫確實納入本活動，計畫經費將可協助負擔農民自負保費部分。對此，李副秘書長表示將與 Care Nepal 後續洽談可能性。

(二) 增加提供家戶之羊隻數量達至少兩隻。

依據官員經驗，倘僅提供家戶一隻羊，將不具任何經濟效益，對家庭幫助有限。對此，Care Nepal 農業及生計計畫秘書 Anil 回應表示，此計畫主要目的在於提供家戶有基本生計維持能力，提供一隻羊予受災家戶可協助維持其生計，較符合本計畫目的。而官員提出之建議可在未來發展型計畫中納入考量。

(三) 向政府購買品質較好之家畜。

畜牧局有研究中心，尼國官員對其培育之家畜品質及具信心（以羊隻種類而言，有純種約克夏及蘭洛斯等），建議計畫可向政府購買牲畜發放給民眾。

(四) 建議審核受益對象之條件中優先以有牲畜甚至家庭成員損失之家戶為對象。

為使計畫確實提供有需要幫助的對象，畜牧局官員強調計畫對象審查標準的重要性，目前尼國政府將受災戶以顏色區分為紅



色（房屋全倒）及黃色（房屋半倒），並建議在考量受益對象的條件中，可優先考慮家庭牲畜有損失，甚至家庭成員死亡等作為篩選條件。

二、 有關政府補助內容，地震前後方式略有不同：

（一）地震前：依農民之養豬意願、社會地位、畜養潛力及市場導向等考量因素，選出 22-25 戶農民組成團體，提供該團體豬隻及相關訓練，改善渠等經濟能力。

（二）地震後：額外增加由政府組成行動獸醫團隊（Mobile Veterinary Team），提供免費藥品、疫苗及飼料等協助民眾降低牲畜損失。

三、 本團對於本計畫與其他計畫或政府活動（如：提供豬隻予農民）可能有資源重複處之疑慮，官員表示每個 VDC 有各自之計畫活動及補助方式，無需擔心資源重複問題。

## Meeting Minutes with DLSO

A meeting was organized with District Livestock Support Office (DLSO), Gorkha, Taiwan ICDF and CARE Nepal during the appraisal mission of Taiwan ICDF for CARE Nepal proposed project in Gorkha district for recovery.

### Attendance of Meeting Participants

S.N.	Name of Participants	Designation	Organization	Signature
1	Dr. Jagat Bandhu Nepali	Senior Livestock Development Officer (SLDO)	DLSO, Gorkha	
2	Ms. Hung Tzu Wang	Director	Taiwan ICDF	
3	Dr. Pai Po Lee	Deputy Secretary General	Taiwan ICDF	
6	Mr. Tim Tseng	Program Officer	Taiwan ICDF	
7	Mr. Anil Chandra Neupane	Emergency Food Security, Livelihood and Cash Manager	CARE Nepal	
8	Mr. Govinda Kumar Shrestha	Veterinary Officer	DLSO, Gorkha	
9	Mr. Som Raj Panta	Livestock Technician	DLSO, Gorkha	
10	Mr. Lekh Nath Adhikari	Food Security and Livelihood Officer	CARE Nepal	

### Discussions:

1. Anil Chandra Neupane; EFSLC Manager of CARE Nepal; shared working areas and activities related to Livestock for Gorkha Food Security and Livelihoods Support Program submitted to Taiwan ICDF.
2. Dr. Jagat Bandhu Nepali, SLDO Gorkha, raised the quarry on the purposed program activities and Mr. Neupane clarified that this program will cover the vegetable production, restocking of small animals like goats and pigs and support materials for animal shed improvement.
3. Dr. Nepali suggested if there is program on Animal insurance that will be more applicable for Gorkha district. Ms. Cathy raised the quarry on about Animal insurance and SLDO clarified that like Life insurance it is insurance and Nepal Government paid 75% of the premium and Farmers paid 25% insurance. She further rose that is there any animal

insurance program in Gokha district? SLDO replied that there is ongoing program on Pig and goat insurance program in Gorkha district. Dr. Lee; Deputy Secretary General of Taiwan ICDF; further raised issues that if farmers pay 25% and Nepal Government Pay for 75% than what is the DLSO expectation from the Taiwan Project. SLDO clarified that the project can help farmers to pay 25% premium and he provided further ideas that if project is going to distribute goat and pigs on 100% subsidy rather than giving 100% subsidy on Goats and Pigs it is better to ask 25% contribution from farmers which can be used for insurance premium.

4. Dr. Nepali shared that they have 50 goat resource centre and around 25-30 pig resource centre are established.
5. Dr. Lee asked the questions that what are the breed available in Goat and Pigs? SLDO, clarified that Yourkshire, Landshire and Durope breed of pigs are available in Pigs and in case of Goats local Khari and Boar breed are available.
6. Ms. Wang suggested that during the bred selection and distribution, CARE will coordinate with DLSO.
7. Dr. Nepali suggested that for poor people not only animal support is enough but also need to support feed as well. Mr. Neupane clarified that farmer will receive training to prepare feed from the materials available locally so that they can prepare and feed their animals.
8. Dr. Nepali suggested that it is better to support more than 2 goats/households and breeding buck for a group, Mr. Neupane clarified that this is the support for recovery and not for commercial purpose. Those farmers who lost their small animals like goat and pigs will receive one goat or 2 piglets and restock their livestock and materials for shed improvement will be provided with the view that farmer will become semi-commercial farmers in the future.
9. Dr. Nepali raised the question on beneficiaries selection criteria for animal support and suggested that those household who are receiving Red Card from the government and losing their animals will be first priority and other criteria will be who lost the family members.
10. Ms. Wang asked the query that what Nepal government subsidy is before and after earthquake. Dr. Nepali replied that before earthquake there were regular program like farmers group formation, Gots/pigs distribution, vaccination, training and linking with markets. After earthquake there is Rapid Response team and Mobile Vetenerary team were mobilized to dispose the carcass of dead Animals and now they are supporting like pig distribution and feed distribution as well. Ms. Wang further raised the query that how DLSO

select beneficiaries, SLDO response that there are criteria likes localities and potentialities, caste of individual farmers, market potentialities and groups as well.

11. Ms. Wang, raised quarry on issue of duplication of support provided by different I/NGOs and Government organization, SLDO replied that different working areas (VDCs) are allocated for different organizations and their support plan shared in Food Security Cluster Meeting so there is no duplication issues.

7 Oct. 2015

Joined meeting with District Livestock Service Office Gorkha, Taiwan ICDF and CARE Nepal.

Participants:

Sl. No.	Name	Title	Organization	Signature
1	Dr. Jagat Bandhu Puri	SL/Incharge DLSO	DLSO	[Signature]
	Mr. Hymen Wang	Director	Taiwan ICDF	[Signature]
	Dr. Bai B. Lee	Deputy Secretary	Taiwan ICDF	[Signature]
	Mr. Tim Tze-y	Technical Officer	Taiwan ICDF	[Signature]
	Mr. Anil C. Neupane	SPSLC (Manager)	CARE Nepal	[Signature]
	Mr. Gopinath K. Shrestha	Vel. Officer	DLSO Gorkha	[Signature]
	Mr. Som Raj Bhatta	Livestock Tech	DLSO Gorkha	[Signature]

- \* यस बैठकमा, रेटाम अनुसारको विषयमा छलफल तथा जानकारी कायम प्रदान गर्ने कार्य भयो।
- काम गर्ने कार्य क्षेत्रहरूको जानकारी भयो।
  - खासतः दुवै ग्रा. बि. के. को काम गरिने छ।
  - SLDO कोट कार्यक्रम तथा भएका कार्यहरू।
  - जि. शास. सार्वजनिक, ता. कार्यालयको पशुपालनमा कार्य र बेगु पालनमा सहयोग गर्ने र

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$\frac{6490}{100} \leq 14 \frac{100}{100}$      $\frac{1510}{100} \leq 15 \frac{100}{100}$      $\frac{5100}{100} \leq 51 \frac{100}{100}$   
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## 尼泊爾糧食安全計畫會議紀錄

壹、時間：民國 104 年 10 月 07 日

下午 14:00

貳、地點：Care Gorkha Office

伍、出席者：Pai Po Lee, Deputy of Secretary General, TaiwanICDF

Cathy Wang, Director of HA Department, TaiwanICDF,

Tim Tseng, Program Officer of HA Department, TaiwanICDF

Madhav, Response Manager, Care Nepal

Annil Neupane, Care Nepal

Santosh Sharma, Emergency Response Coordinator, Care Nepal

記錄：曾建堯

參、說明與討論：

- 一、有關本會捐贈經費所執行之計畫地點原定共有 Khoplang、Chhoprak、Harmi、Gankhu、Muchchowk 及 Palungtar Municipality 等六村，惟經核對地圖位置，Muchchowk 與其他五村非坐落於相同區域，為使計畫點更為集中，經與 Care Nepal 討論後，本計畫將集中投入 Gorkha 西邊 VDC 為主，共有 Khoplang、Chhoprak、Harmi、Gankhu、Aampiple 等五村及 Palungtar Municipality 中的兩個鄰作為本計畫地點。
- 二、對於計畫的基線值，雖 Care Nepal 具有在地經驗，但詳細資料仍待進一步蒐集，目前可提供政府公布之內容作為基線值，另於計畫啟動後進行實地調查。
- 三、家戶菜圃的耕種作物是依據家戶需求提供，一般來農戶同時種植馬鈴薯與番茄。
- 四、蔬菜及玉米等作物全年約有三季可收成。
- 五、當地居民多有畜養經驗，尤其喜愛養羊。
- 六、有關計畫中可派遣由本會推薦之專家或志工部分，Care Nepal 建議派遣專家對於當地民眾幫助更大，其可協助訓練農民及當地員工，並協助進行監督作業等。考量作物收成及簽證等因素，預計派遣專

家之時間以一季為佳，將後續討論 Crop Calendar，再據以安排合適之專家前往。

- 七、有關 Care 接受捐款之方式，依過去合作經驗需透過各 Care National Team 進行募款後，款項由募得之 Care National Team 撥款至需受援之 Care National Team，如：USAID 捐贈給 Care Nepal 之款項須經由 Care USA 撥款至 Care Nepal。而本次 Care Nepal 與本會直接合作方式為首開特例，並期待與本會建立長期合作關係。
- 八、有關道路修建部分，災難救援委員會持續投入進行道路品質改善工作，採以工代賑之模式進行清理，而目前仍有石油短缺問題，可能導致修復期程延宕，預計最晚至明年六、七月前必須完工，一但進入雨季後，道路容易遭沖刷損壞。
- 九、有關動員能力方面，Care Nepal 緊急回應協調人 Santosh 表示 Care 體系強調與當地政府之交流及動員能力(Moblization)，並有定期與政府官員開會溝通，以致在計畫執行面有很好的執行能力。

## 尼泊爾糧食安全計畫會議紀錄

壹、時間：民國 104 年 10 月 07 日

下午 15:00

貳、地點：SSICDC Office

陸、出席者：PaiPo Lee, Deputy of Secretary General, TaiwanICDF

Cathy Wang, Director of HA Department, TaiwanICDF,

Tim Tseng, Program Officer of HA Department, TaiwanICDF

Annil Neupane, Care Nepal

Santosh Sharma, Emergency Response Coordinator, Care Nepal

記錄：曾建堯

參、說明與討論：

- 一、SSICDC 成立於 1987 年，僅於 Gorkha 地區執行計畫，與 Save The Children 及 Care 等組織合作，主要協助提升民眾收入。地震前該組織僅有 13 人，地震後增加至 44 人，包含計畫協調人、社會推動者 (Social Mobilizer)、財務人員及技術助理 (Junior Technical Assistant) 等，其中技術助理的篩選資格必須至少完成政府訓練、常駐社區並直接指導農戶。年度預算方面，SSICDC 去年預算約為美金 50 萬元
- 二、Care Nepal 與 LNGO 合作方式，係委託 LNGO 執行，但每年需進行評估，並視該組織表現，再考慮是否續約？遴選 LNGO 方式與 WVN 相似，公告後進行 LNGO 進行書面審核及面試。以 Gorkha 地區來說，約有 200 個 LNGOs，但僅有 7% 是確實有計畫執行能力的。LNGO 彼此間並未有互相合作情形，係為獨立與國際非政府組織合作。在機構執行力監督方面，Care Nepal 與 LNGO 屬於共同執行，以其與 SSICDC 合作來說，Care Nepal 會協助 SSICDC 進行計畫所需的能力建構，以提升其計畫執行能力。撥款與報告繳交方式可依各計畫情形，設定以每季或半年撥款及繳交報告。在人力資源上，因 Care Nepal 與 SSICDC 具有共同合作關係，Care Nepal 會派員代表參加 SSICDC 招募執行 Care Nepal 計畫的職員，同時依不同之計畫內容，各縣級政府局處（如：農業局及畜牧局等）亦可能派代表出席。

三、間接成本與人事費用編列方面，針對計畫聘用及採購的項目皆算是直接成本，房屋租金、家具、水電及清潔人員等非專屬於單一計畫執行所需，則將按比例分配負擔之費用。

## 尼泊爾糧食安全計畫會議紀錄

壹、 時間：民國 104 年 10 月 07 日

下午 16:00

貳、 地點：CDO Office

參、 出席者：請參照會議出席名單

記錄：曾建堯

肆、 說明與討論：

- 一、 CDO-Mr. Uddhslo Prassd Timilsena 為 DDRCs 主責官員，負責協調地區緊急援助計畫，避免資源重複的情形發生。其原為縣立發展委員會(District Development Committee, DDC)主管，行政經驗豐富。
- 二、 根據 CDO 之規劃藍圖，未來希望能由一個國際非政府組織負責一村，含括所有需要項目包括健康、營養、保護及教育等不同面向之投入。對於本計畫，希冀更多投入，尚可投入的資源有限，建議減少投入地區，參與更多面向，以便可在少數地區發揮更大的計畫影響力。
- 三、 CDO 對於本會之參與表示歡迎之意，並贊成本會直接與國際非政府組織合作，此將可保有計畫彈性與時效性。倘捐贈之善款是由尼國中央政府接收，則經費需另由財政部等政府單位進行行政流程，時程上將緩不濟急。
- 四、 尼國本年四月份大地震前已有多年未發生過地震，因此尼國人員普遍缺乏防震知識與經驗，希望未來尼國人員有機會至其他地震發生國家（如：臺灣）習取必要經驗。

## Debrief Meeting Minutes- Food Security and Livelihoods Support Program

Date	2015/10/8
Venue:	CARE Nepal Head Quarter, Kathmandu, Nepal
Attendants:	Dr. Pai Po Lee (TaiwanCDE, Deputy Secretary General) Cathy Wang (TaiwanCDE, Director of Humanitarian Assistance Department) Tim Tseng (TaiwanCDE, Program Officer of Humanitarian Assistance Department) Patrick Ndungu, Team Leader (CARE, Nepal) Santosh Sharma, Emergency Response Coordinator (CARE Nepal) Popular Gentle, Acting Country Director (CARE Nepal) Anil Neupane, FSLC Manager (CARE Nepal) Cecilia Calderon, Finance Controller (CARE Nepal)

- Both parties conducted the negotiations on an amicable and friendly basis with a view to reaching a mutually beneficial consensus for the successful implementation of the program.
- It was confirmed that project sites include 4 VDCs, Khoplang, Chhoprak, Harmi, Gankhu, and option of 2 wards of Palungtar Municipality to be confirmed in Gorkha.
- It was agreed that the Impact, Outcome, and Outputs are stated as follow:
  - (1)Impact (Goal):  
To meet the immediate and medium-term food security and livelihood needs of the most vulnerable earthquake-affected households in Gorkha District, Nepal
  - (2)Outcome (Specific Objective):  
At least 800 disaster affected HHs livelihoods are recovered and mechanisms established to meet their food security by end of the project  
One of the indicator is 80% of targeted households which increase access to market.
  - (3)Outputs (Results):
    - At least 800 most vulnerable earthquake affected HHs in Gorkha recover their agricultural livelihoods by end of the project
    - Linkage to markets is enhanced in targeted areas in Gorkha District by the end of the project
    - Enhanced community capacity in resilient and improved production methods in targeted areas in Gorkha by end of the project
  - (4)Any extension and change to the program outputs shall be approved by TaiwanCDE, which the total budget must be no more than US\$ 500,000.


Note: The program baseline is underway, with data collection completed. The baseline assessment report will be available by the end of second month of signing MOU, but preliminary data can be used to measure the impact and outcome of the project no later than the end of October, 2015. This will be supplemented with secondary data.

including Government assessment.

4. It was agreed that the program period is 12 months incepted on the signatures of the MOU by both CARE Nepal and TaiwanICDF.
5. It was agreed that TaiwanICDF's funding for the program would be in the form of a lump sum contribution of US\$ 500,000 for the implementation in Nepal. Three times of disbursement will be conducted for transferring the funding. The first disbursement of USD 250,000 will be transferred to CARE after the program contract is jointly signed by CARE and TaiwanICDF. The second disbursement of USD 200,000 will be transferred after the second quarterly report submitted to TaiwanICDF. The remaining USD 50,000 will be transferred upon receipt of the final completion report from TaiwanICDF.
6. It was agreed that three quarterly reports and a completion report are required. Quarterly reports must be submitted no later than 45 days after the end of quarter. Final finance report must be submitted with completion report to TaiwanICDF no later than two months after the program completion.
7. In order to be in line with standard of international aid project, it was agreed that CARE will reallocate the overhead, the amount of indirect cost and staff costs proportionally for program operation, shall be with the cap of 20% of the budget. The Partnership Cost should be modified in accordance with the level of effort dedicated to TaiwanICDF supported project. Personnel Cost is fixed, and operation and other expenditure of the project can be transferred in between no more than 20%.
8. It was agreed that Taiwan National flag and logo of TaiwanICDF are required to be printed on materials and equipment provided under this funding source. TaiwanICDF will provide the visibility sample for CARE's reference.
9. It was agreed that TaiwanICDF shall dispatch a short-term expert to assist in program implementation and activity monitor. The Terms of the Reference shall be provided by CARE soon. The allowance, insurance, and round-trip tickets for the expert shall be covered by the program funding. Besides, CARE Nepal shall be responsible for accommodation, transportation, first aid, and other basic local needs of the expert. In terms of serving period, it was agreed that it is estimated to be three months, and it would be extended to no more than 2 months subject to the consensus by CARE and TaiwanICDF. This is subject to change based on local legislation of Nepal.
10. CARE has a signed General Agreement with the Social Welfare Council (SWC) as part of the Central Government, which allows INGOs to operate in Nepal. CARE also has received a signed and agreed contract (pre-consensus letter) with the Districts of Gorkha, which has been submitted to the SWC.
11. It was agreed that a detailed proposal in accordance with the consensus achieved by CARE and the appraisal mission team should be submitted by CARE to TaiwanICDF by the end of October, 2015. This cooperative MOU and proposal will be subject to the approval of Chairman of TaiwanICDF.



For and on behalf of the ICDF  
Delegation



Dr. Poo Pu Lee  
Deputy Secretary General

For and on behalf of CARE Nepal



Dr. Populir Gentle  
Acting Country Director

