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### NARRATIVE REPORT

#### EXECUTIVE SUMMARY

Name of Implementing Organisation: Caritas Nepal


Duration of Project: February 2016 to January 2017

Location of Project: Sindhupalchowk District, Nepal

Reporting period: February 2016 to January 2017

**OBJECTIVES:**

1. Community has improved understanding of protection issues and established a committee to identify and follow up on protection issues.
2. Enhanced community capacity to prepare and respond to future disasters
3. Enhanced mental well-being
4. Enhanced food and livelihood security

#### UPDATE ON PROJECT BACKGROUND

At the time of developing this project Caritas Nepal was developing a large Earthquake recovery programme to be funded by Caritas Internationalis members. Considering the overlap in the programme areas and the lengthy process involved in getting government approval for the project, this project was made part of the overall Caritas Nepal Earthquake Recovery Programme. The activities included in the CADIS proposal are part of the CN programme in Sindhupalchowk. The programme is being managed and implemented by Caritas Nepal and CADIS staff in the field has only advisory roles.

The project was scheduled to begin in January 2016. However Caritas Nepal had to obtain approval from the Social Welfare Council to implement the programme. As Nepal embarked on a massive and unprecedented reconstruction programme, the country had to revise or formulate its policies and guidelines to manage the recovery programme. This delayed the government approval process. When the integrated proposal was submitted to the government, Caritas was asked to submit separate proposals for shelter, WASH, Livelihood etc. Finally the approvals came through by June 2016.
The new government policy mandated NGOs to cover 100% affected population in the targeted VDCs instead of targeting only the extreme poor. Therefore the project support will be made available to nearly 90% of the village population.

In the meantime there was a leadership change at Caritas Nepal level, which also caused some delay in programme implementation.

**ACTUAL OUTPUTS**

- Household survey covering both poverty assessment and mental wellbeing is being carried out by programme staff. The survey data and analysis will be used to identify programme beneficiaries based on their need and vulnerability.
- 1,702 families have received 12.5 kg paddy seeds each for monsoon crop.
- 72 Community Based Psycho-social Facilitators from 4 districts including 18 from Sindhupalchowk, have been identified and trained for 5 days in July. They have been assigned to one hamlet (ward) each to build rapport with the families, understand issues related to protection and mental wellbeing issues and refer the cases to qualified service providers for follow-up.
- Formation of Farmers and Livestock groups to provide training and agricultural / livestock support have just started.
- Programme staff have been recruited and provided orientation on programme logframe, Caritas values and core principles and Caritas policy on protection.

Total Expenditure: NPR. 6,848,750 (Euro 59,173)

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1. **INTRODUCTION**

### 1.1 BACKGROUND

This Project is being implemented in two Village Development Council areas of Sindhupalchowk district in Nepal. Sindhupalchowk is one of the areas most affected by the devastating earthquakes that hit Nepal on April 25, 2015 with a magnitude of 7.8 with the epicentre in Gorkha District and on May 12, 2015 with a magnitude of 7.3 with the epicentre in Dolakha District. Total confirmed deaths are 8,898 and over 22,309 were injured. According to Government of Nepal data a total of 604,930 houses were fully destroyed and 288,856 houses were partially damaged. The Post-Disaster Needs Assessment of the Government of Nepal estimated that the earthquake impacted the lives of eight million people, which it says is almost a third of the total population of Nepal. Further, it said that thirty-one of the country’s 75 districts were affected. A total of 14 districts were declared ‘crisis-hit.’

### 1.2 IMPLEMENTING ORGANIZATIONS

Caritas Nepal is the social development wing of the Catholic Vicariate of Nepal operating in Nepal for the last 26 years carrying out interventions and initiatives serving the Church and nation, especially the poor and marginalized. The goal of Caritas Nepal is: Peaceful, equitable, and just society where there is solidarity among people and respect for human dignity. According to Fr. Pius Perumana, like Caritas all over the world, Caritas Nepal is a diakonia of the Church, serving its mission “specially the poor and marginalized.” For this reason Caritas Nepal is involved in the areas of relief work, educational and other assistance to the refugees, agricultural field, peace building, service to women and children, village cooperatives and research in climate change. Caritas Nepal is respected in the local communities where it operates. It is visible for its relief interventions in the wake of the earthquake that devastated Nepal on April 25, 2015.

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1 “Caritas Nepal—Twenty Five Years of Dedicated Service to the Nation,” Message of Fr. Pius Perumana, Executive Director, Caritas Nepal, on the occasion of the Silver Jubilee of the founding of Caritas Nepal.
2. PROJECT OBJECTIVES

2.1 LIST THE PROJECT OBJECTIVES AND THE PROGRESS AGAINST EACH OBJECTIVE

a) Community has improved understanding of protection issues and established a committee to identify and follow up on protection issues.

b) Enhanced community capacity to prepare and respond to future disasters

c) Enhanced mental well-being

d) Enhanced food and livelihood security

2.2 COMMENT ON ANY SIGNIFICANT DIFFERENCE BETWEEN PLANS AND OUTCOMES GIVING REASONS. UNPREDICTED BUT SIGNIFICANT IMPACTS OR OUTCOMES SHOULD BE REPORTED

Programme implementation started late due to delayed government approvals and staff recruitment. Only about 18% of the year 1 budget has been utilized so far and much of the activities, except psycho-social support, will be carried over to year 2.

2.3 ARE THERE ANY CHANGES REQUIRED IN THE PROJECT STRATEGY OR MODIFICATIONS IN THE PROJECT DESIGN AND SUBSEQUENT CHANGES TO THE PROJECT GOAL, OBJECTIVES, ACTIVITIES AND PLANS.

Though the project goal, objectives and activities are still relevant and needs no change as such, the geographic area and the targeting strategy has been changed marginally to align this CADIS proposal with Caritas Nepal’s Emergency Appeal (EA 031/2015) proposal to Caritas Internationalis and the revised/new policies of Nepal Government with regard to programme targeting. Below noted are the main differences in the two proposals:

- The Caritas EA proposal is an integrated one with Shelter, WaSH (Water, Sanitation and Hygiene), Livelihood and DRR, Protection and Psychosocial support components. The investment in each sector is much more intense than what is planned in the CADIS proposal.

- Activities related to disaster risk reduction have been budgeted for year 2 in the CN proposal to Caritas Internationalis.

- The CN proposal to Caritas Internationalis covers only Kalika and Thokarpa VDCs in Sindhupalchowk. Yamuna Danda VDC which was in the CADIS proposal has been left out. But the number of beneficiaries covered will be more than what is proposed in CADIS proposal.

- The number of activities that are being supported for safe drinking water and irrigation support are more than what has been planned in CADIS proposal.

- CASH grant for poor households has not been approved by government. This amount would be utilized for Cash For Work involving poor households.

3. PROGRAMME ACTIVITIES AND PROGRESS DURING THE REPORTING PERIOD

3.1 COMMENT ON EACH OF THE MAIN PROJECT ACTIVITIES (AS PER THE PROPOSAL OR THE MAIN BUDGET HEADS) STATING WHAT HAS BEEN DONE AND COMPARING THIS WITH WHAT WAS PLANNED. COMMENT ON SIGNIFICANT DELAYS OR DEVIATIONS GIVING REASONS FOR THIS.

1. Participatory poverty and vulnerability assessment to identify extreme poor HHs

A household survey covering both poverty assessment and mental wellbeing has been completed. The survey data and analysis is being finalized. This will help to identify the most vulnerable families who will get the project support. The survey started in August but the progress is slow. The household survey was developed by Caritas Nepal team with guidance from the CI Facilitation team. An external consultant has been hired to do the tabulation, data analysis and report writing by ward, VDC and district. The survey report is expected by March 2017.
2. Risk and vulnerability mapping  
   Activity planned for year 2
3. Development of community-based disaster preparedness plan and training of DRR Task Force  
   Activity planned for year 2
4. Social forestry and natural resource management  
   Not started yet
5. Community emergency shelter  
   (Thokarpa VDC)  
   No progress has been made so far
6. Needs assessment  
   The household survey has questions to assess the type and magnitude of psycho-social issues prevalent in the area. The household survey report is awaited.
7. Training of Community Based Psychosocial Support Facilitators (CBPSF)
   - On the request of Caritas Nepal, CADIS has agreed to take the lead in providing psycho-social support training to CN Program staff from all the four districts where CN is working. Accordingly CADIS organized 5 days training in psychosocial support for 86 members totally, including 72 CBPSFs and 16 CN staff. The training module was drafted by Fr. Sam from CADIS and reviewed and finalised in consultation with Dr. Consuelo from Spain, Dr. Biju Sebastian from India and Prof. Usha from Nepal who facilitated the training.
   - It was found difficult for the trainees to cope with English language translation. Therefore CADIS Resource team modified the methodology and facilitated a 5 days TOT for 16 CN staff from 14th - 18th November 2016.

8. Counselling Referral support
   Through family visits, CBPSFs have identified a few potential cases who may need counselling support. So far only one case has been referred to district level counselling service providers. The project has made provision for transportation cost for the referral services but people are expecting financial support to cover medicine costs which is quiet expensive. The project team has requested for budgetary provision to support medicine cost in very deserving cases.

9. Unconditional cash transfer for highly vulnerable families (30 days per HH)
   This activity has been excluded from the CN proposal as it is not approved by the Government. Instead the cash for work activity has been increased to support more families with wage employment opportunities.

10. Cash for work for severely affected households (30 days per HH)
    The Technical Advisor has guided Caritas Nepal to develop cash for Work Guideline. This has been translated into Nepali. Community cash for work activities have been identified through community consultations. A total of 269 families from Kalika and Thokarpa VDCs have been engaged for CFW and the work is in progress. Payment is yet to be made.

CN staff taking part in the ToT group discussion sessions run by CADIS, a partner organisation, along with Caritas Nepal, in Kavre district, Nepal.
Cash for work program was used by the beneficiaries for debris clearance, irrigation canal clearance, road repair and other activities depending on the project.

11. Agricultural support (input for agricultural production)

- Paddy seed support of 12.5 kg each has been provided to 1,702 farmers in June for monsoon crop. Rice is the local staple food. With a good monsoon this year farmers were able to harvest a very crop this year, which enhances their food security.
- Farm input support: seeds, fodder, fruit saplings, farming tools, equipment, plastic tunnel, etc. were provided to 356 families who also benefitted from the paddy seed support. A total of Rs. 3,637,929 was spent for this support.
- Kitchen garden training and material support

75 families have been provided training in kitchen gardening. Support for kitchen gardening include garden pipe, seeds of radish, coriander, turnip, carrot and peas, small hand sprayer and multi vitamin worth Rs. 1,150 each.

Another 150 families received training and material support for commercial farming of seasonal vegetables. They received plastic sheets for tunnel, garden pipe, NPK bio-fertilizer -25 kg, NPK foliar spray-100ml, sprinkle, plastic drum and knapsack sprayer.

12. Agriculture training

20 Farmers groups have been formed in the VDCs through participatory process. Agricultural training has been provided to 356 farmers.

The training topics included the following:

a) Importance of kitchen garden
b) Site selection, lay out and feasibility of kitchen garden.
c) Insect/pests of Kitchen Garden
d) Advantage and disadvantages of pesticides and chemical pesticides.
e) Pest management by bio-pesticides.
f) Conserve the nutrient loss of compost and urine manure.
g) Nursery bed preparation along with sowing seeds. (practical session)
h) E.M making 
i) Introduction to off seasonal vegetables farming, advantages, infrastructures require for commercial vegetables farming and challenges
j) Soil, pH, method of collecting soil samples for soil test.
k) Practical knowledge regarding the preparation of botanical pesticides using the local botanical herbs.
l) Seed bed preparation and sowing seeds.
m) Utilization of cattle urine and conserving the unwanted nutrients loss of compost by covering the compost with shed.
n) To provide the detail information regarding the cultivation of cash crops like tomatoes, bitter gourd, sponge gourds and capsicum.

o) Demonstrate the construction of plastic house for the commercial vegetables farming.

13. Support for livestock

20 beneficiary groups have been formed in the villages through participatory process. Livestock management training has been given to 227 beneficiaries. 88 families have been given two she goats each. The livestock has been insured.


Caritas has included only Thokarpa and Kalika VDCs in the Recovery Programme and therefore this activity will not be done in Yamunadanda.

7 Irrigation canals have been repaired under cash for work programme in Thokarpa and 1 in kalika.

15. Restoration of access to safe drinking water

Feasibility study of 6 water supply systems have been completed and work initiated to restore water supply. Community Facilitators have been trained and provided with water testing equipment to test sources of water that people use. Based on the test findings, remedial measures are suggested to the people. This will provide access to safe drinking water to 366 families.
3.2 COMMENT ON OUTCOMES – WHAT HAVE THESE ACTIVITIES ACHIEVED, WHAT CHANGES HAVE COME ABOUT AS A RESULT OF THESE ACTIVITIES.

- The progress during the first year of the programme has been slow but the groundwork has been done to scale up the programme in the coming months. There is acceptance of the programme among local communities and work has started in many sectors like shelter reconstruction, water, sanitation and hygiene promotion, restoration of livelihoods etc.
- Training in agriculture, kitchen gardening and livestock management together with farm and livestock support have helped earthquake affected families to restart farming activities.
- The support provided for farming activities have enhanced food security for 3-9 months.
- Interventions in the areas of protection and psycho-social support has provided a platform for women, girls and children, besides others to meet at community level to share their problems and seek solutions.
- The household survey data will be used to identify and select the most vulnerable sections of the society for programme support.

3.3 WHAT ARE THE KEY FACTORS, POSITIVE AND NEGATIVE, EXPECTED AND UNEXPECTED, THAT HAVE INFLUENCED THE PROJECT’S PROGRESS?

The project has made very modest progress during the first year. CN and the programme team had to face a number of challenges in the implementation process. Following are the key factors.

a) Political unrest: A new constitution was adopted by the country in September 2015 and this resulted in a prolonged agitation by the people of the plains of Nepal, adjoining India. Nepal gets most of its essential supplies including petroleum products, gas, medicines, food supplies and consumer goods from India and Nepal faces a severe fuel crisis from September 2016 to January 2016. Though the agitation was withdrawn in January end, it took 2-3 months to normalize supply of fuel and other commodities. This resulted in sharp increase in the prices of all commodities including construction materials and transport.

b) Change of political leadership at national level following the adoption of the new constitution delayed formulation of government recovery policies and guidelines. Thus all humanitarian agencies who were involved in emergency response had to wait till May – June to get government approval.

c) The EA is a huge programme for CN, several times bigger than what it has handled in the past. CN had to recruit a large number of staff to manage the programme and it was a tough task to find qualified personnel. With several organizations launching large scale recovery programme simultaneously the organization took time to get the required number of staff on board and the quality of human resource is still a challenge.

d) By the time the government approvals and staff recruitment came through, monsoon picked up and communication became a serious problem. Programme area has mud roads and many parts got damaged in the rain and landslides.

e) With an unstable coalition government in the country political parties use it as an opportunity to gain political ground in the affected areas by influencing programme implementation and even staff recruitment. They exert undue pressure at community level to have their way in all matters relating to any development or recovery work in the villages.

f) Some of the political parties do not appreciate the work of humanitarian agencies, especially from the west, and run propaganda against their presence and work.

g) Though there is obvious need for expertise from outside to support local organizations and government in the massive reconstruction work, there is general hesitation at various levels to accept such expertise.

4. IMPACT OF PROJECT ON PROGRAMME PARTICIPANTS

4.1 SPECIFIC INFORMATION ON THE NUMBERS OF PROGRAMME PARTICIPANTS (MEN/WOMEN) SHOULD BE GIVEN.

Work on reconstruction / repair of 6 water supply schemes has begun and this will benefit a population of 1,327 [male: 580, female: 747] from 366 families.

1.2 Comment on the involvement/participation of Programme Participants in the project

The programme is being implemented through various community / beneficiary groups. Farmers groups, water user groups, livestock groups, etc have been formed in all villages and they are involved in programme planning. However their level of participation and involvement in decision making process needs to be improved further. Another area of concern is that beneficiaries have self-selected to the groups of their choice / interest. Those who could not come for the meetings...
are not in the groups yet. No screening of beneficiaries is done and the project team suggest that if the household survey reveals that some very vulnerable people have been left out, they will be included in the 2nd year.

4.3 Comment on the impact of the activities/outputs on the PP, what changes have the project brought about and how have these changes benefited the PP. Justify with examples and case studies.

The project has utilized only about 18% of the year 1 budget till December 2016. As such it is too early to comment on the programme impact. Partial support has been provide to earthquake affected people in the form of cash for work, agricultural training and farm input support, livestock management training and livestock support, restoration of potable water systems, and training of community based psycho-social support facilitators who provide community much needed orientation and guidance on psycho-social issues.

5. CAPACITY BUILDING OF ImplementING ORGANISATION

5.1 WHAT SIGNIFICANT CAPACITY BUILDING ACTIVITIES [E.G. STAFF TRAININGS] TOOK PLACE DURING THIS REPORTING PERIOD? (WHAT ARE THE KEY LEARNINGS AND WHAT FOLLOW UP IS PLANNED?)

- Finance management training to Finance staff
- Project orientation to all programme staff
- All staff have undergone an induction on programme to familiarise themselves with the core values and principles of Caritas.
- Key programme staff were given a three day training in Core Humanitarian Standard on Quality and Accountability (Sphere Project, Humanitarian Accountability Partnership and People in Aid), Catholic Social Teachings, and Caritas Internationalis Management Standards.
- All staff have received training in protection mainstreaming.
- Sectoral staff have received ToT on Psycho-social Support.
- Revision or development of organizational policies / manuals have been done in the areas of procurement and logistics, finance manual, IT manual, HR manual etc.

5.2 WHAT IMPACT WAS THERE IN TERMS OF CAPACITY DEVELOPMENT OF THE IMPLEMENTING ORGANISATION? HOW HAS THE ORGANISATION BENEFITED FROM THE INITIATIVES [IF AT ALL]

- Staff have improved understanding of the programme, objectives and strategy.
- Staffs of the Psycho-social support unit are able to conduct training for Community based Psycho-social Support Facilitators. This is an altogether new sector for Caritas Nepal.
6. LINKAGES ESTABLISHED/STRENGTHENED WITH OTHER ORGANISATIONS DURING THE PERIOD

CN participates in various cluster coordination meetings that take place at national and district level. There are several member organizations of Caritas Internationalis present in Nepal and they meet once a month to share information and each one's activities, problems faced and also explore areas of collaborative action.

7. PROJECT MANAGEMENT

7.1 STAFFING – ANY CHANGES DURING THE PERIOD (TURNOVER, RESTRUCTURING, CHANGE OF JOB DESCRIPTION)

Caritas is a national organisation and the salary package is a modest one. There are a large number of INGO’s involved in the rehabilitation programme, they are able to offer salaries which is beyond the capacity of CN and therefore there has been some staff turnover. Staff recruitment was delayed and there has been some staff turnover due to higher remuneration offered by INGO’s.

There has been a four fold increase in the number of staff at CN level and the organization has made some serious effort to improve staff management. However HR department requires considerable capacity and systems development to cope with the demands of this large programme keeping in mind the need for a standardized policy and systems across all programmes at CN level. Areas like performance management, staff capacity need assessment and capacity development, job satisfaction, etc needs further improvement. and it requires considerable improvement and HR management.

7.2 MONITORING & EVALUATION - INTERNAL REVIEWS, EXTERNAL REVIEWS AND EVALUATIONS (MAJOR FINDINGS AND RECOMMENDATIONS AND FOLLOW UP ACTIONS TAKEN/PLANNED)

With technical support from CRS, CADIS Rome, CADIS India represented by Mr. Sebastian PV as technical consultant and the CI Technical Advisors, CN has developed a Monitoring and Evaluation framework for the Recovery Programme. This M&E Framework needs to be rolled out among programme staff and fields and authentic and periodic data collected as per the framework.

8. PROGRAMME CHALLENGES AND CONSTRAINTS

- This programme has been made part of the CN Earthquake Recovery Programme. It is being implemented by CN staff who are more familiar with implementation of development programs which are usually slow. Efforts to speed up programme implementation have met with constant resistance.
- The focus of the programme staff is on implementing the activities related to their sectors and very little attention is given to achievement of programme results.
- Programme planning so far has been activity based. CN programme management team needs to adopt a results based planning and monitoring and integrated approach to achieve programme outcomes and impact. However the team is quite reluctant to move in this direction, primarily due to lack of experience.
- The district did not have an annual, quarterly and monthly plan for most part of the year. Planning has been adhoc and mostly directed by the PMU. Planning process has seen some improvement during the last quarter.
- Though the project had envisaged that the household survey would enlist all the households in the target villages and the survey data would be used to identify the most vulnerable sections of the communities. The HH survey was not prioritised by the programme team and it is yet to be completed. Beneficiaries were given opportunity to self-select. This process could leave out a number of extreme poor families who may not be able to attend the village meetings due to various reasons. The joint monitoring visit in November 2016 has pointed out this issue and CN has agreed to take steps to ensure inclusion.
- Most activities are planned at random and there is no system of communication to the team members. CADIS team have made several attempts to have regular staff meetings to review progress and develop monthly activity plans but that has not happened so far.
• Political interference is affecting programme implementation as they try to corner benefits for their friends and relatives.
• CN has a number of policies and guidelines in place but they are not properly implemented or monitored.

9. FINANCIAL COMMENTARY (PLEASE SEE ATTACHED FINANCIAL REPORT FOR DETAILS)

9.1 REFERING TO THE ATTACHED FINANCIAL REPORT, IS OVERALL EXPENDITURE IN LINE WITH WHAT WAS EXPECTED?

Against the Year 1 allocation of Euro 252,066, the expenses till December 2016 are Euro 59,173 (23.48 %) only.

9.2 ARE INDIVIDUAL BUDGET LINE ITEMS IN LINE WITH WHAT WAS EXPECTED? (EXPLAIN ANY SIGNIFICANT VARIATIONS 10% OR MORE)

Expenses are in line with approved budget line items, however the amount of support provided is less than the planned per family rate. This will affect the benefit people derive from the intervention.

10. FUTURE PLANS

CN is yet to finalize the budget for 2017. The unutilized budget of 2016 will get carried over to 2017. In view of the slow progress of the programme CADIS HQ will review and decide on the fund allocation for year 2. The approximate budget for 2017 will be as follows:

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<td>Year 2 budget as per revised budget:</td>
<td>224,198</td>
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<td>Year 1 carried over budget:</td>
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<td>Total (£)</td>
<td>417,091</td>
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11. CONCLUSION

WHAT CAN BE SAID ABOUT THE CONTRIBUTION THE PROJECT HAS MADE SO FAR TO THE OVERALL PROJECT OBJECTIVE?

The project has made very little progress towards its objectives so far. Ground work has been done and the activities are likely to pick up in the coming months.

Community based psycho social support facilitators (CBPSF) pose with CN-CADIS team on the occasion of a review meeting held in Sindupalchowk district.
## Title of the Project: Human Security and Social Inclusion: Reducing Vulnerability and Building the Resilience of Communities in the District of Sindhupalchowk, Nepal

**Implementation Timeline:** 10/01/2015 - 10/30/2018

**Budget Version:** 2

### 12. ANNEXURES

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<th>Costs</th>
<th>Definition of Unit</th>
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<th>No. of Units</th>
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<th>Total Budget (Euro)</th>
<th>% of Total Costs</th>
<th>Implementation Timeline (In Euro)</th>
<th>% of Y1 Budget</th>
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<td>Year 1</td>
<td>Utilization as of December 2016</td>
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<td>Participatory poverty and vulnerability assessment to identify extreme poor HHs</td>
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<td>Sub-total Result 2</td>
<td>5,562,932.00</td>
<td>6,770,932.00</td>
<td>61,553.93</td>
<td>10.46%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3.1</td>
<td></td>
<td>Needs assessment</td>
<td>Ward</td>
<td>2,000.00</td>
<td>27</td>
<td>54,000.00</td>
<td>490.91</td>
<td>490.91</td>
<td>35,259</td>
</tr>
<tr>
<td>3.2</td>
<td></td>
<td>Training of community-based psychosocial support facilitators</td>
<td>District</td>
<td>795,000.00</td>
<td>1</td>
<td>795,000.00</td>
<td>7,227.27</td>
<td>7,227.27</td>
<td>541,628</td>
</tr>
<tr>
<td>3.3</td>
<td></td>
<td>Counseling support</td>
<td>Ward</td>
<td>18,000.00</td>
<td>27</td>
<td>486,000.00</td>
<td>4,418.18</td>
<td>4,418.18</td>
<td>-</td>
</tr>
<tr>
<td>3.4</td>
<td></td>
<td>District Resident Project Assistant (6 months)</td>
<td>District</td>
<td>230,466.00</td>
<td>1</td>
<td>230,466.00</td>
<td>2,095.15</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sub-total Result 3</td>
<td>1,565,466.00</td>
<td>14,231.51</td>
<td>2.42%</td>
<td>12,136.36</td>
<td>576,886</td>
<td>4,984</td>
<td>41.07</td>
</tr>
<tr>
<td>4.1</td>
<td></td>
<td>Unconditional cash transfer for highly vulnerable families (30 days per HH)</td>
<td>Households</td>
<td>15,300.00</td>
<td>606</td>
<td>9,271,800.00</td>
<td>84,289.09</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4.2</td>
<td></td>
<td>Cash for work for severely affected households (30 days per HH)</td>
<td>Households</td>
<td>15,300.00</td>
<td>606</td>
<td>9,271,800.00</td>
<td>84,289.09</td>
<td>84,289.09</td>
<td>7,800</td>
</tr>
</tbody>
</table>

**Result 1**
Extreme Poor and Vulnerable Households Identified and Included in the Program Activities

- Participatory poverty and vulnerability assessment to identify extreme poor HHs
- Development of community-based disaster preparedness plan and training of DRR Task Force
- Social forestry and natural resource management
- Community emergency shelter (Thokarpa VDC)
- Technical inputs from Participatory Community and Vulnerability Specialist
- District Resident Project Assistant (12 months)

**Result 2**
Community-Based Risk Reduction Plan

- Risk and vulnerability mapping
- Development of community-based disaster preparedness plan and training of DRR Task Force
- Social forestry and natural resource management
- Community emergency shelter (Thokarpa VDC)
- Technical inputs from Participatory Community and Vulnerability Specialist (6 months)
- District Resident Project Assistant (12 months)

**Result 3**
Enhanced Mental well-being

- Needs assessment
- Training of community-based psychosocial support facilitators
- Counseling support
- District Resident Project Assistant (6 months)

**Result 4**
Enhanced Food and Livelihood Security

- Unconditional cash transfer for highly vulnerable families (30 days per HH)
- Cash for work for severely affected households (30 days per HH)
<table>
<thead>
<tr>
<th>Code</th>
<th>Costs</th>
<th>Definition of Unit</th>
<th>Unit Cost (Local Currency)</th>
<th>No. of Units</th>
<th>Total Budget (Local Currency)</th>
<th>Total Budget (Euro)</th>
<th>% of Total Costs</th>
<th>Implementation Timeline (in Euro)</th>
<th>% of Y1 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3</td>
<td>Agricultural support (input for agricultural production)</td>
<td>VDC</td>
<td>1,000,000.00</td>
<td>3</td>
<td>3,000,000.00</td>
<td>27,272.73</td>
<td>13,636.36</td>
<td>1,862,699</td>
<td>118.02</td>
</tr>
<tr>
<td>4.4</td>
<td>Agriculture training</td>
<td>VDC</td>
<td>1,000,000.00</td>
<td>3</td>
<td>3,000,000.00</td>
<td>27,272.73</td>
<td>13,636.36</td>
<td>1,109.36</td>
<td>8.14</td>
</tr>
<tr>
<td>4.5</td>
<td>Support for livestock</td>
<td>VDC</td>
<td>2,000,000.00</td>
<td>3</td>
<td>6,000,000.00</td>
<td>54,545.45</td>
<td>27,272.73</td>
<td>1,722,133</td>
<td>54.56</td>
</tr>
<tr>
<td>4.6</td>
<td>Support for irrigation canals (Yamunadanda VDC)</td>
<td>VDC</td>
<td>4,000,000.00</td>
<td>1</td>
<td>4,000,000.00</td>
<td>36,363.64</td>
<td>36,363.64</td>
<td>127,454</td>
<td>30.29</td>
</tr>
<tr>
<td>4.7</td>
<td>Support for Potable Water System Rehabilitation (Kalika VDC)</td>
<td>VDC</td>
<td>4,000,000.00</td>
<td>1</td>
<td>4,000,000.00</td>
<td>36,363.64</td>
<td>36,363.64</td>
<td>1,015.52</td>
<td>30.29</td>
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<tr>
<td>4.8</td>
<td>District Resident Project Assistant (36 months)</td>
<td>District</td>
<td>1,382,796.00</td>
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<td>1,382,796.00</td>
<td>12,570.87</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Sub-total R4** | 39,926,396.00 | 362,967.24 | 61.67% | 211,561.82 | 4,995,974.50 | 43,165.22 | 20.40 |

5 Project Management

<table>
<thead>
<tr>
<th>Code</th>
<th>Costs</th>
<th>Definition of Unit</th>
<th>Unit Cost (Local Currency)</th>
<th>No. of Units</th>
<th>Total Budget (Local Currency)</th>
<th>Total Budget (Euro)</th>
<th>% of Total Costs</th>
<th>Implementation Timeline (in Euro)</th>
<th>% of Y1 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Project Coordinator</td>
<td>Month</td>
<td>60,000.00</td>
<td>39</td>
<td>2,340,000.00</td>
<td>21,272.73</td>
<td>7,090.91</td>
<td>474,746</td>
<td>57.85</td>
</tr>
<tr>
<td>5.2</td>
<td>Finance and Administrative Staff</td>
<td>Month</td>
<td>30,000.00</td>
<td>39</td>
<td>1,170,000.00</td>
<td>10,636.36</td>
<td>3,545.45</td>
<td>239,599</td>
<td>58.39</td>
</tr>
<tr>
<td>5.3</td>
<td>Communications</td>
<td>Month</td>
<td>15,000.00</td>
<td>36</td>
<td>540,000.00</td>
<td>4,909.09</td>
<td>1,636.36</td>
<td>10,933</td>
<td>5.77</td>
</tr>
<tr>
<td>5.4</td>
<td>Transportation &amp; Representation</td>
<td>Month</td>
<td>40,000.00</td>
<td>36</td>
<td>1,440,000.00</td>
<td>13,090.91</td>
<td>4,363.64</td>
<td>292,628</td>
<td>57.94</td>
</tr>
<tr>
<td>5.5</td>
<td>Materials and supplies</td>
<td>Month</td>
<td>10,000.00</td>
<td>36</td>
<td>360,000.00</td>
<td>3,272.73</td>
<td>1,090.91</td>
<td>133,656</td>
<td>105.86</td>
</tr>
<tr>
<td>5.6</td>
<td>Equipments</td>
<td>Lot</td>
<td>150,000.00</td>
<td>1</td>
<td>150,000.00</td>
<td>1,363.64</td>
<td>454.55</td>
<td>50,000</td>
<td>95.04</td>
</tr>
<tr>
<td>5.7</td>
<td>Monitoring, Evaluation, Accountability and Learning (Technical Support, Travel, Lodging)</td>
<td>Quarterly</td>
<td>600,000.00</td>
<td>12</td>
<td>7,200,000.00</td>
<td>65,454.55</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Sub-Total for Project Management** | 13,200,000.00 | 120,000.00 | 20.39% | 18,181.82 | 1,201,562 | 10,381 | 57.10 |

6 Overhead Costs

<table>
<thead>
<tr>
<th>Code</th>
<th>Costs</th>
<th>Definition of Unit</th>
<th>Unit Cost (Local Currency)</th>
<th>No. of Units</th>
<th>Total Budget (Local Currency)</th>
<th>Total Budget (Euro)</th>
<th>% of Total Costs</th>
<th>Implementation Timeline (in Euro)</th>
<th>% of Y1 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Overhead Costs</td>
<td>Month</td>
<td>90,000.00</td>
<td>36</td>
<td>3,240,000.00</td>
<td>29,454.55</td>
<td>5.00%</td>
<td>9,818.18</td>
<td>519</td>
</tr>
</tbody>
</table>

**Total: Total** | 64,743,294 | 588,575 | 1 | 252,066 | 6,848,750 | 59,173 | 23.48 |

Budget for Caritas Nepal | 504,264.55 Y1 balance:  
Direct CADIS expenses | 84,310.85 Total for Y 2 |  
**Total:** | 588,575.40 |
### CASE: Case of Disable

**CASE REPORT**

**Highlight relevant facts.**

Dhan Bahadur Bk and Durga Bahadur BK are two child of age 13 years and 2 year respectively who reside in ward no 4 of hariharpuradi VDC of Sindhuli district. Both of them live with their family of 8 members. Both of them are suffering from blindness. They haven’t gone to school for education.

**Underline Key problems**

- Depend on agriculture
- They need assistance for moving here and there
- Lack of financial resources
- Family is Worried about them

**Focus your analysis**

- Why do they exist? What is the origin of the problem?
  - Disable was by birth
  - Source of income is farming
  - As family has no good financial condition so cannot prefer appropriate treatment.

- How do they impact the person?
  - Fear of future
  - Not able to move wherever they want
  - No education due to the problem
  - Inability to compete with others and work

**Who is responsible for them**

- Poverty
- Lack of resources

**SOLUTIONS**

- Ongoing or proposed solutions. Choose the best solutions.
  - Follow-up should be done in regards to support family. CN to support in referral support
  - Social Volunteers should visit them time-to-time and talk with them so that they feel sense of someone is there to talk with me. Support her and family by CN

### THE CASE: societal intervention for small child

**CASE REPORT**

**Highlight relevant facts.**

Monika Ghale, small girl of 9 years reside in ward no 7 of hariharpuradi VDC of Sindhuli District her family depends on agriculture. She lives with her father step mother and two younger brother. Her mother has eloped so she feels lonely and discriminated in her own family.

**Underline Key problems**

- Isolation
- Lack of love of mother
- Insecure for future
- Poverty
- Need support from CN

**Focus your analysis**

- Why do they exist? What is the origin of the problem?
  - Negligence from parents
  - Societal discrimination

- How do they impact the person?
  - Lack of Emotional attachment with family
  - Insecure future if she could not go to school
  - Loneliness

- Who is responsible for them
  - Parents
  - Lack of awareness
  - Lack of education

**SOLUTIONS**

- Ongoing or proposed solutions. Choose the best solutions.
  - Support her to go to school
  - Counsel the family regarding her situation and aware about the hazards of lack of love to small child.

- What should be done and who should do it?
  - Encourage the family members to send her to school
  - Aware the community regarding the hazards of leaving the child alone.
  - Social volunteers should continuously follow the parents and also the community members of the village regarding the small child situation and her school.
**CASE: the case of disable**

### CASE REPORT

#### Highlight relevant facts.
Sanche Ghalan is a 23 year old man living in ward no 8 chisapani, of hartharpuradi VDC of Sindhuli District. He is married and lives with his wife and 6 family members. He cannot speak since 16 years.

#### Underline Key problems

- Poverty
- Communication problem with others.
- Need support from CN

#### Focus your analysis

<table>
<thead>
<tr>
<th>Main problems</th>
<th>Insecure for future</th>
<th>Poverty</th>
<th>Communication problem with others.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Why do they exist?</th>
<th>What is the origin of the problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>Lack of rearing child in childhood</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How do they impact the person?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling of shyness in front of community</td>
</tr>
<tr>
<td>Lack of communication ability due to which difficult in performing work.</td>
</tr>
<tr>
<td>Feeling of guilty so that he could not do anything to the family.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who is responsible for them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
</tr>
<tr>
<td>Lack of resources</td>
</tr>
<tr>
<td>His speaking problem</td>
</tr>
</tbody>
</table>

### SOLUTIONS

#### Ongoing or proposed solutions. Choose the best

- Followup should be done in regards to his condition Support him for counselling to avoid mental hazards in the future CN to support in referral support

<table>
<thead>
<tr>
<th>What should be done and who should do it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Volunteers should visit him time-to-time and give company to him so that he would her undergo depression from his present situation.</td>
</tr>
<tr>
<td>Support him and family by CN</td>
</tr>
</tbody>
</table>

---

**CASE: the case of single old woman**

### CASE REPORT

#### Highlight relevant facts.
Rudamayagole is a single women of 80 years who live alone in her house. She is one of the victim of earthquake as she lost her house. Her husband is dead before 3 years and also no any children of her. She is performing her daily work though her one eye has been damaged. As she got the instalment of 50000 though she could not build her house because she is alone and cannot do anything.

#### Underline Key problems

- Poverty
- Communication problem with others.
- Need support from CN

#### Focus your analysis

<table>
<thead>
<tr>
<th>Main problems</th>
<th>Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>No one to rear and care</td>
<td></td>
</tr>
<tr>
<td>Small cottage to stay but due to cold and rain unable to live there too.</td>
<td></td>
</tr>
<tr>
<td>Need support from CN</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Why do they exist?</th>
<th>What is the origin of the problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>No families</td>
</tr>
<tr>
<td>Old age</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How do they impact the person?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to perform daily works</td>
</tr>
<tr>
<td>Unable to build house though Government has provided certain fund</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who is responsible for them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
</tr>
<tr>
<td>Lack of human resources</td>
</tr>
<tr>
<td>Her old age</td>
</tr>
</tbody>
</table>

### SOLUTIONS

#### Ongoing or proposed solutions. Choose the best

- Communication with the communities regarding her problem and need to help her to construct her house. CN referral support to. |

<table>
<thead>
<tr>
<th>What should be done and who should do it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Volunteers should visit her and ask what kind of support she needed</td>
</tr>
<tr>
<td>Support her in other programs of CN</td>
</tr>
</tbody>
</table>
## CASE: Overcoming First Stage Mental Disturbances

<table>
<thead>
<tr>
<th>CASE REPORT</th>
<th>See the report made by Protection Team Dolakha</th>
</tr>
</thead>
</table>

### Highlight relevant facts.
- Deepa Nepal, 17 year-old girl, is a resident of AAPG, Chandenimandand VDC of Kavre district.
- She lives with her family of 5 members who depend on agriculture.
- Due to poverty, she was compelled to leave her house until she passed out 10th grade.
- She showed unusual behaviors after two months of her arrival back home. Needed medical treatment support

### Underline Key problems
- Deepa Nepal, 17 year-old girl, is a resident of AAPG, Chandenimandand VDC of Kavre district.
- She lives with her family of 5 members who depend on agriculture.
- Due to poverty, she was compelled to leave her house until she passed out 10th grade.
- She showed unusual behaviors after two months of her arrival back home. Needed medical treatment support

### Focus your analysis

#### Main problems
- Depend on agriculture
- Father is disable and mother is house-wife
- Lack of financial resources
- Isolation and suicidal tendencies (many times)
- Family is Worried about her

#### Why do they exist? What is the origin of the problem?
- Poverty
- Source of income is farming
- Single mother earning in the family
- Medical treatment needed for the father

#### How do they impact the person?
- Fear of future
- Not able to communicate with others (friends and Community)
- Difficulty in communicating with others
- Inability to compete with others and work

#### Who is responsible for them
- Poverty
- Lack of resources
- Chronic health problem of the father
- Single income earner in the family

### SOLUTIONS
- Ongoing or proposed solutions. Choose the best
- Follow-up should be done in regards to her health improvements
- Support her for counselling to avoid isolation in the future
- CN to support in referral support

### What should be done and who should do it?
- Social Volunteers should visit her time-to-time and give company to her to talk freely and openly
- Support her and family by CN

---

## THE CASE: Psycho-social Support Intervention

<table>
<thead>
<tr>
<th>CASE REPORT</th>
<th>Prabhu Narayan Pariyar, aged 31, married, lives in Baseshwar of Sinduli district</th>
</tr>
</thead>
</table>

### Highlight relevant facts.
- Prabhu Narayan Pariyar, aged 31, married, lives in Baseshwar of Sinduli district
- He is a victim of earthquake
- Depend on agriculture
- Suffering from depression and regular medication
- Lack of financial resources
- Depend on other family members
- Difficulty in communicating with others (friends & family members)

### Underline Key problems
- Prabhu Narayan Pariyar, aged 31, married, lives in Baseshwar of Sinduli district
- He is a victim of earthquake
- Depend on agriculture
- Suffering from depression and regular medication
- Lack of financial resources
- Depend on other family members
- Difficulty in communicating with others (friends & family members)

### Focus your analysis

#### Main problems
- Isolation
- Loss of house during earthquake
- Insecure for future
- Dependency on medication
- Poverty
- Need support from CN

#### Why do they exist? What is the origin of the problem?
- Negligence of the family members
- Loss of property
- Future insecurity

#### How do they impact the person?
- Lack of interest in engaging with group and outside work.
- Unable to socialize with others
- Effects of the medication

#### Who is responsible for them
- Lack of resources
- Lack of aid

### SOLUTIONS
- Ongoing or proposed solutions. Choose the best
- Support him and family to engage in community group work
- Follow the process so that he can work normally in daily activities
- More engagement of social activities by CN

### What should be done and who should do it?
- Encourage participation in community group activities
- Build trust to seek their participation
- Motivate on medication until he gets better

---

## FAMILY TREE

- **Sanu Banu Nepal** 40 years
- **Gaeta Nepal** 38 years
- **Rike Damai** Father 64 years
- **Mother**
- **Brother**
- **Sister**
- **Niece** 5 years
- **Wife**
- **Brother (Married)**
- **Younger Brother** 15 years
- **Sister** 17 years
- **Sister** 20 years
**CASE REPORT**

<table>
<thead>
<tr>
<th>Highlight relevant facts.</th>
<th>Underline Key problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarita Waiba, age 16, grade 10th, lives in Hariharpurgadi VDC, Sinduli District.</td>
<td>She lives with her parents and two younger brothers. Suffering from depression and on regular medication. Family is victim of the earthquake. Loss of property. Future insecurity. Poverty. Poor living condition with the resources available with her family. Fear of earthquake.</td>
</tr>
</tbody>
</table>

**Focus your analysis**

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How do they impact the person?</td>
<td>Not able to concentrate on studies and perform well at school. Socialization with others in school. Fear about the future of daughter. Problems getting worst not taking medicine regularly.</td>
</tr>
<tr>
<td>Who is responsible for them?</td>
<td>Lack of support. Lack of resources. Risks and natural disaster (earthquake).</td>
</tr>
</tbody>
</table>

**SOLUTIONS**

<table>
<thead>
<tr>
<th>Ongoing or proposed solutions. Choose the best</th>
<th>Support family and engage them into community group activities by CN. Facilitate her in pursuing further studies. Involvement of parents in her treatment strengthen.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What should be done and who should do it?</td>
<td></td>
</tr>
</tbody>
</table>

**FAMILY TREE**

- Father
- Mother
- Sarita
- Brother
- Brother