

ICDF 3

「尼泊爾衛生站重建計畫」
結案報告

人道援助處
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尼泊爾衛生站重建計畫結案報告

一、計畫摘要

(一)計畫編號:N/A

(二)計畫名稱:尼泊爾衛生站重建計畫

(三)計畫領域:公共衛生

(四)執行地點:尼泊爾廓爾克縣(Gorkha)、辛杜帕爾喬克縣(Sindhupalchowk)、達定縣(Dhading)與多拉卡縣(Dolakha)

(五)計畫期程:104 年 12 月 9 日至 106 年 3 月 8 日

(六)執行單位:世界展望會尼泊爾分會(World Vision International Nepal, WVIN)

(七)計畫金額:500,000 美元

(八)摘要說明:

104 年 4 月 26 日及 5 月 12 日尼泊爾發生 7.8 級與 7.3 級之強震，導致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。本計畫協助地震重災區廓爾喀縣、辛杜帕爾喬克縣、達定縣與多拉卡縣中 5 個村莊重建 4 座衛生站及乙座診所，以提供災民更具品質之健康照護服務，總計約有 18,295 人受惠。本計畫產出包括：

1. 建設配有足夠 WASH(Water, Sanitation, and Hygiene)設施的抗震衛生站；
2. 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；
3. 提高社區與健康工作者對疾病爆發管理、防災和 WASH 的管理能力。

二、計畫設計與執行評核

(一)計畫設計階段之相關性

1. 計畫來源

104 年 4 月 26 日及 5 月 12 日尼泊爾發生 7.8 級與 7.3 級之強震，導致全國有超過 1,200 座衛生設施(包含縣級醫院、衛生中心、衛生站及診所)倒塌毀損，計約 90%衛生設施無法正常運作，此情形短期影響該國衛生體系回應震災傷患及病患之能力；而以中長期而言，因衛生站硬體及軟體功能均遭受

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。

本次震災尼國 75 縣計有 31 縣受到影響，其中有 14 縣被該國政府災後需求評估(Post Disaster Need Assessment, PDNA)列為重災區，本次計畫目標地區廓爾喀縣、辛杜帕爾喬克縣、達定縣與多拉卡縣 4 縣則為其中損失最嚴重者，4 縣損失總和占全國震災總損失的 26%。就公共衛生領域而言，此 4 縣原設有 258 所衛生設施，因震災全倒或部分受損的有 231 所。

鑒此，本會與 WVIN 合作啟動為期 15 個月之「尼泊爾衛生站重建計畫」，藉由建設配有足夠 WASH(Water, Sanitation, and Hygiene)設施的抗震衛生站；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，並提高社區與健康工作者對疾病爆發管理、防災和 WASH 的管理能力，為 4 縣 5 村莊的災民提供更具品質之健康照護服務。

2. 本會策略之相關性

本計畫係呼應我友好國家發生重大災害之救助需求所推動，依據本會「捐款及實物贈與處理辦法」第五條第二項「遭受嚴重天災」之規範，亦符合本會「加強國際合作，增進對外關係，以促進經濟發展、社會進步及人類福祉」之設置宗旨。

本計畫屬本會五大優先領域當中公共衛生領域之範疇；且本計畫旨在尼國國家健康照護體系內，協助重建衛生站及診所，並協助相關人力培訓，以提供更具品質之健康照護服務，符合本會公共衛生相關策略之具體目標「協助合作國家強化健康照護及衛生體系」。另，透過計畫建構當地人員之能力與本會業務推動之方向一致。

3. 計畫是否符合夥伴國家發展策略

尼泊爾政府因應震災，於 104 年 6 月即發布災後需求評估報告，彙總災情狀況並依各需求領域分類提出政府因應策略，在公共衛生方面，該國政府的三大策略之一即是依據「建構比以前更好之未來(Build Back Better)」之原

則，重建抗震的新衛生設施及設備¹，此策略方向恰為本計畫之主軸。爾後，尼國政府於104年底成立了國家重建局(Nation Reconstruction Authority, NRA)以領導重建相關工作，該局於105年發布之災後重建架構(Post Disaster Recovery Framework 2016-2020)²，提出5項重建策略性目標。本計畫聚焦在衛生站硬體重建與社區及健康照護人員能力建構，即高度符合前揭架構當中之2項策略目標—「在城市及鄉村重建具災難韌性之民房、公共建築與歷史遺跡」，以及「強化人民及社區之能力以減少風險與脆弱度及提升社會凝聚力」。

4. 介入邏輯

104年4月及5月，尼泊爾接連發生芮氏規模7級以上之強震，該國政府對國際求援，總資金需求逾4億美元，其中健康(Health)部門為災後第四大需求項目，據聯合國OCHA財務支出核實處(Financial Tracking Service, FTS)統計，至104年6月之際，健康部門之需求資金為4,182萬美元，資金覆蓋率僅占43%，爰可確認本會資源之投入不至造成資源重複或浪費。

本會為協助我友好國家之災後復原需求，並運用我國比較優勢項目及強化國際合作夥伴關係，爰與本會長期國際人道援助夥伴世界展望會合作推動本計畫，另外外交部責成本會運用我國尼泊爾賑災專戶善款50萬美元執行，以有效運用賑災善款，彰顯我國做為國際人道援助提供者之形象，並以人道援助之管道提升我國與尼國間之友好關係。

(二)計畫內容及執行方式說明

1. 計畫內容

(1) 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。

(2) 計畫產出

¹ 尼泊爾災後需求評估 http://www.npc.gov.np/images/category/PDNA_volume_BFinalVersion.pdf

² 災後重建架構

<https://www.gfdrr.org/sites/default/files/publication/Nepal%20PDRF%20Report%20%289%29%20Final%202016.pdf>

- I. 建設配有足夠 WASH 設施之抗震衛生站。
- II. 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。
- III. 提高社區與健康工作者對疾病爆發管理、防災和 WASH 的管理能力。

2. 計畫人員配置

WVIN 規劃尼國地震回應作業為 2 年期，災後在多拉卡縣、達定縣、廓爾克縣、辛杜帕爾喬克縣及努瓦科縣 5 重災縣設有回應團隊，團隊成員多屬 2 年聘期的專案人員。本計畫執行人員共有 13 名，包括計畫執行的 4 縣各有協調人、工程人員等。

此外，依據尼國政府規定，國際非政府組織(INGOs)皆須與尼國當地非政府組織(PNGOs)合作執行計畫，以建構 PNGOs 之能力。本計畫由於跨 4 縣執行，WVIN 依該會夥伴關係原則，在 4 縣分別甄選出乙個資格符合的 PNGO(如下所示)，共同推動本計畫：

- (1) 辛杜帕爾喬克縣: Janahit Gramin Sewa Samiti (JGSS) 投入人力計 12 人。
- (2) 廓爾克縣: Unification Nepal 投入人力計 9 人。
- (3) 多拉卡縣: Deepjyoti Samaj Sudhar Sangh (DSSS) 投入人力計 6 人。
- (4) 達定縣: Committed Society for Change (COSOC) 投入人力計 9 人。

本會亦於 105 年 3 月派遣具建築專長之專案志工乙名赴駐地協助計畫執行與監督，為期 3 個月。

3. 計畫執行情形

(1) 計畫產出

I. 建設配有足夠 WASH 設施之抗震衛生站

- i. 指標設定為須完成 4 座配有足夠 WASH 設施之抗震衛生站與乙座診所。完成度達 100%。
- ii. 衛生站建築除建築物主體，相關配備包括太陽能備用電力系統、胎盤掩埋坑(placenta pits)、蹲式廁所兩間等。此外，Gairmudi 與 Fulpingkot 兩村莊之衛生站因所在位置有土石崩落之虞，另興建擋土牆以保護衛生站。

iii. 執行遭遇挑戰:

此產出在推動上遭遇相當大的挑戰，不僅硬體工程於執行初期，因印度禁運危機、雨季延長、路況不佳及承包商能力不足等因素有所延誤；另因與地方政府溝通協調及資源分配上屢次遭挫³，亦於計畫執行期間進行 2 次計畫變更，說明如下：

- 計畫執行地點變更:104 年 12 月雙方初始簽訂之合作備忘錄(MOU)係規劃於辛杜帕爾喬克縣與廓爾克縣 2 縣之 5 村莊重建衛生站(所有衛生站均在 MOU 簽訂前即獲 DDRC 同意信函)，惟該國衛生部後以縣級衛生部門(District Health Office, DHO)不同意為由拒絕核准辛縣 Haibung 與廓縣 Ampipal 兩村莊之衛生站重建，經 WVIN 協調後，105 年 3 月我方同意變更衛生站重建地點為達定縣之 Gumdi 與多拉卡縣之 Gairimudi 兩村莊⁴。決議之計畫執行地點如下表所示：

縣	村莊
辛杜帕爾喬克縣	Fulpingkot, Sanosiriwari
廓爾克縣	Chyangli
多拉卡縣(新增)	Gairimudi
達定縣(新增)	Gumdi

- 興建標的物變更:105 年 5 月 WVIN 再度提出計畫變更，此次係針對廓縣 Chyangli 原訂重建之衛生站進行調整，該縣 DHO 執意自行重建原先交由本計畫重建之 Chyangli 半倒的衛生站，並建議本計畫協助興建同一村莊之診所乙座，我方遂同意標的物變更⁵。

儘管在計畫執行期間本項產出之推動遭受政治、環境及天候等各種阻力，最終仍排除萬難如期完成在尼國 4 縣 5 村莊建設 4 座配有足夠 WASH 設施之抗震衛生站與乙座診所，總計約有 18,295 人可受惠於相關設施提供之健康

³ 尼國災後重建由該國政府強勢主導，因應中央政府對於災後重建提出之需求，縣級政府設有專責災難救援委員會(District Disaster Relief Committee, DDRC)，所有 INGOs 之援助計畫需要獲 DDRC 的同意信函(Pre-Consensus Letter)後方可與尼國中央政府相關部會簽署備忘錄。

⁴ 本會於 105 年 3 月 10 日邀集外交部相關司處代表召開計畫地點變更暨進度報告會議，決議在本會投入金額不變之原則下同意變更計畫地點。

⁵ 本會於 105 年 5 月 26 日邀集外交部相關司處代表召開計畫標的物變更暨進度報告會議，決議通過此變更案。

照護服務。

II. 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

- i. 指標設定為須完成 15 場社區健康意識倡導活動，以及在計畫執行 4 縣進行縣級廣播衛教宣導。實際產出為舉辦 16 場社區健康意識倡導活動與在 4 縣完成兩輪(總長度達 7 個月)廣播衛教宣導。完成度達 103%。
- ii. 本計畫所辦理之健康意識倡導活動，多半配合政府健康推廣主題或尼國重要節慶訂定主題，明細如下表：

縣	村莊	場次	觸及人數	主題
辛杜帕爾 喬克縣	Fulpinkot	3	87	餵母乳、碘的運用推廣
	Sanosiriwari	1	41	餵母乳
廓爾克縣	WVIN 縣辦公室 及其他村莊	3	676	餵母乳、家庭計畫、慶祝 Teej Festival 並進行公衛宣導
多拉卡縣	Gairimudi	2	270	餵母乳、碘的運用推廣
達定縣	Gumdi	7	385	營養週、健康工作坊、公衛與營養推廣
		16	1459	

- iii. 在廣播衛教宣導方面，鑒於尼國人口中廣播(包含收音機及以手機收聽廣播者)之普及度已達 90%，爰選在 4 縣之 FM 電台利用每日上午及晚上兩個熱門時段(新聞播報前後之時間)播放衛教訊息，例如腹瀉之處理、推廣使用蚊帳及飲用煮沸過的水等。

III. 提高社區與健康工作者對疾病爆發管理、防災和 WASH 的管理能力

- i. 指標設定為須辦理 15 場衛生及健康相關工作坊，以及 5 場災難準備及風險管理訓練(訓練人數須達 165 人)。實際產出為辦理 24 場衛生及健康相關工作坊及 6 場災難準備及風險管理訓練(訓練人數達 316 人)。完成度達 140%。
- ii. 衛生及健康相關工作坊之對象是健康工作者及女性社區健康志工

(Female Community Health Volunteer, FCHV)等，4 縣總計有 470 人完成關於兒童疾病綜合管理(Integrated Management of Childhood Illness, IMCI)、急救、災後緊急階段之營養、心理健康與心理支持等主題之工作坊。

- iii. 災難準備及風險管理訓練之對象主要係針對衛生站負責人、護理師及衛生站管理委員會成員及 FCHVs 等，4 縣總計有 316 人完成訓練，學習平日針對災難(如地震、洪災)所應做的準備，及應對災難發生的知識與技能。

(2) 計畫成果

本計畫之目標為重建衛生站以提供災民更具品質之健康照護服務，衡量其成果之指標包括 4 座衛生站及乙座診所之完成度，以及受益戶對於前揭設施提供之健康照護服務滿意度。

第一項指標如計畫產出所述，所有硬體建設均如期完成，並移交給當地政府與社區；第二項指標根據 WVIN 針對尼泊爾大地震復原階段進行之評核報告指出，經調查 83.2%之受訪受益戶對於前揭設施所提供之健康照護服務表示滿意(包含 7.4%非常滿意；75.8%滿意)，超出計畫設計時所訂定之 80%滿意度指標。

(三)撥款情形

1. 撥款：依據本會與 WVIN 簽署之 MOU 規定，簽約後由本會撥付第一期款(25 萬美元)。另於 WVIN 繳交第二次進度報告、財務報告⁶與請款函後撥付第二期款(20 萬美元)；尾款(美元 5 萬美元)於收訖 WVIN 結案報告、財務報告與請款函後撥款。撥款管道依據世界展望會之標準程序，先將經費撥至台灣世界展望會，由該組織收訖款項後再將經費轉至世界展望會國際總會(World Vision International, WVI)帳戶中統籌調度，撥付予本計畫執行單位世

⁶本計畫第二季預算執行進度(至 105 年 5 月底)因受工程案撥款條件等因素影響，總預算執行進度僅達 18%，本會於 105 年 8 月 25 日邀集外交部相關司處代表召開第二期撥款協調會議，並請 WVIN 提交至 7 月底之財務報告，鑒於當時第一期款 25 萬美元之執行進度已達 72%，始決議撥款。

界展望會尼泊爾分會。

2. 經費運用：

本計畫經費由世界展望會按規定運用並管控各項支出，包括硬體建設、計畫相關訓練與活動、人事營運費及事後評核費用等，共計花費 500,000 美元。

惟本計畫經過計畫變更，計畫執行區域由 2 縣擴大到 4 縣(詳如前「計畫執行情形」小節所述)，相關人事及交通等成本勢必相應增加。本會於同意 WVIN 進行變更前即與台灣世界展望會就預算進行協調，決議本會提供經費不變，超支部分由台灣世展會支應。據該會估計，至計畫結束約額外挹注本計畫 25,000 美元。

(四)採購作業

本計畫所需勞務及相關物資採購，均由執行單位 WVIN 依據尼國政府採購法規及世展會國際相關標準及規範辦理。

(五)顧問與廠商之履約情形

本計畫相關顧問與廠商除了本會派遣之專案志工，其餘均由 WVIN 在當地僱用或接洽合作，並監督顧問及廠商履約，相關顧問及廠商工作內容如下：

顧問/廠商	工作內容
KD Associates	工程顧問負責衛生站工程之評估，並依政府的相關規範設計預製組件(pre-fabricated)的衛生站。
Galaxy Pumori	承包商負責 4 座衛生站與乙座診所之營建工作。
當地非政府組織	4 縣各有一個合作的 PNGO，包括 JGSS、Unification Nepal、DSSS 及 COSOC，與 WVIN 共同推行本計畫之各項活動。
本會專案志工	協助進行工地現場監造工作；針對設計、施工工法上適時給予建議；協助圖面電腦繪製。

上表各單位以工程承包商執行較有狀況，除了進度一度落後，部分衛生

站工程有工人素質參差不齊的問題。WVIN 表示尼國合格承包商數目本來就少，但震災後之重建規模卻是空前浩大，因此承包商承包 INGOs 之工程案往往超過其能力所及。為因應此問題，WVIN 在每個計畫執行縣之辦公室均派有工程人員監督各工程之執行，亦外聘工程顧問在各施工地點協助檢視承包商施工情形。

(六) 借款人或執行單位之績效

本計畫係呼應我友好國家發生重大災害之救助需求所推動，由外交部責成本會運用我國尼泊爾賑災專戶善款執行，由該專戶出資計畫所需經費 50 萬美元，計畫執行之各利害關係人並無借貸關係。

本計畫執行單位 WVIN 達到計畫成果所訂定之兩項指標，包括重建 4 座衛生站與乙座診所，以及受益戶對於前揭設施提供之健康照護服務滿意度逾 80%，WVIN 所聘外部評核顧問調查結果顯示滿意度達 83.2%。

本計畫執行初期挑戰重重，包括尼國遭遇印度禁運政策長達 4 個月，燃料、資材的運輸等受到阻礙；雨季延長使得衛生站工程進行緩慢；加上尼國政府強勢主導，溝通不易等，致使計畫兩度變更且工程進度一度落後，但世界展望會係人道援助專業 INGO，運用其經驗與在地資源一一排除困難，最終仍如期如質達到計畫目標。

三、績效評核

(一) 相關性：平均 4.59 分，表現良好

1. 計畫介入邏輯：

- 本計畫設計與規劃，符合尼泊爾政府因應震災於 104 年 6 月發布之災後需求評估報告當中之公共衛生策略—依據「建構比以前更好之未來(Build Back Better)」之原則，重建抗震的新衛生設施及設備。另亦符合該國 NRA 災後重建架構(Post Disaster Recovery Framework 2016-2020) 之相關策略性目標—「在城市及鄉村重建具災難韌性之民房、公共建築與歷史遺跡」，以及「強化人民及社區之能力以減少風險與脆弱度及提升社會凝聚力」。
- 本計畫係呼應我友好國家發生重大災害之救助需求所推動，雖我國於尼泊爾未

設置代表處，但透過本計畫業提升我國能見度，並擴大我國國際參與。另外外交部貴成本會運用我國尼泊爾賑災專戶善款 50 萬美元執行，NGO 國際事務會及外交部亞東太平洋司亦於本計畫核定階段協助計畫審核及提供相關建議，以發揮運用賑災善款彰顯我國為一國際人道援助提供者之形象，並為我國發展與尼泊爾關係注入正向能量等效益。

- 本計畫符合本會「加強國際合作，增進對外關係，以促進經濟發展、社會進步及人類福祉」之設置宗旨，屬本會五大優先領域當中公共衛生領域之範疇，且符合本會公共衛生相關策略之具體目標「協助合作國家強化健康照護及衛生體系」。另，透過計畫建構當地人員之能力與本會業務推動之方向一致。

2. 計畫一致性：

- 本計畫目標群體之需求源自 104 年尼泊爾強震對其衛生設施造成之破壞，計畫執行之 4 縣皆為政府認定重災區，4 縣總計原有 258 所衛生設施，因震災全倒或部分受損的有 231 所，致使現有體系及設施無法發揮應有之診療及衛生教育功能；另，災後各縣肺炎、腹瀉等病例增加，但因衛生設施之損壞，民眾就醫困難。本計畫目標爰設定為重建衛生站以提供災民更具品質之健康照護服務，足見計畫核定時計畫設計確符合目標群體之需求。
- 本計畫結案時，4 座衛生站與乙座診所均竣工並交接予當地政府與社區；能力建構部分，計畫相關產出多高於原設定指標，顯見計畫成果符合尼國 NRA 之策略性目標：「在城市及鄉村重建具災難韌性之民房、公共建築與歷史遺跡」，以及「強化人民及社區之能力以減少風險與脆弱度及提升社會凝聚力」。
- 本計畫主要產出包括 4 座衛生站與乙座診所之硬體及相關 WASH 設備、社區倡導活動及縣級廣播進行衛教宣導，以及衛生與健康相關工作坊及災難準備及風險管理訓練，根據 105 年本會監督任務在當地詢問受益戶，受訪者均同意受惠於本計畫產出。此外，成果部分，藉由衛生站重建與健康照護人員能力建構，結案時 83.2% 之受益戶受訪者對於本計畫所建之衛生站所提供之健康照護服務表示滿意，亦可顯示渠等受惠於計畫執行成果。

3. 計畫設計品質：

- 本計畫能有效辨識利害關係人，在政府層面，因尼國政府在此次災後重建中強

勢主導，因此計畫設計時業與尼國政府中央層級單位[衛生部(Ministry of Health and Population, MoHP)]及縣級相關單位，包括災難救援委員會(District Disaster Relief Committee, DDRC 與 DHO 溝通協調，以確認計畫設計符合政府程序與規範；另在地方層面，亦與各執行單位(PNGOs)與社區居民溝通，廣泛徵詢相關意見。

- 由 WVIN 與 4 個 PNGOs，包括 JGSS、Unification Nepal、DSSS 及 COSOC 分別在 4 縣推動本計畫。WVIN 在尼泊爾執行業務已有 35 年，在全國 75 個縣中的 10 縣執行業務，內容包含孕產婦保健、營養、教育、生計、兒童保護、供水衛生等領域之計畫，總計約有 205 名員工。地震後另成立震災回應團隊，除運用部分原有人力，亦加入兩年聘期之國際與當地員工，總計約 190 人，其中國際員工主負責設計回應計畫及後續之管理監督，惟恐因對當地政治運作、外部環境瞭解不足，略影響計畫推動。另，WVIN 合作之 PNGOs，均由該會之甄選小組根據該會之夥伴關係原則進行遴選，包括登報公開招募，對申請之 PNGOs 之書面資料(包括組織架構、是否合法註冊、過往合作對象與相關領域經驗等條件)進行審核，最後遴選出合適的執行單位並簽訂合作備忘錄。本計畫合作的 PNGOs 多與 WVIN、其他 INGOs 或國際組織有相關合作經驗，爰整體執行情況堪稱良好。
- 本計畫之計畫書引用尼國災前、災後相關數據，清楚分析問題及其影響範圍，在此基礎上，清楚界定核心問題，並提出可行合理之相應解決對策。
- 世界展望會在國際間執行災後重建健康領域相關計畫經驗豐富，因此本計畫之成果、產出及活動規劃，兼顧硬體建設與能力建構，涵蓋範圍全面，各活動、產出之間連結緊密與計畫成果具備因果關係。
- 計畫規劃階段已考量當地環境條件的限制及可行性，例如本計畫在設計之際，尼國遭遇印度禁運，因尼國物資缺乏，燃料、建材及技術工人等各方面均大量仰賴印度，考量此項限制，在一開始便將計畫期程由一般一年期人道援助計畫延長至 15 個月，使執行期獲得緩衝，最終計畫始得如期完成。
- 本計畫在監控計畫成果與產出之指標、基線值與目標值設定上應屬合理；WVIN 設有專門監控評核(M&E)小組負責計畫指標監控，爰相關資料之蒐集方法與頻率設計，使計畫管理人員得確實掌握計畫執行效益。
- 計畫活動里程碑與工作進度表之設計堪稱合理，能力建構部分進度均如期，甚

至部分超前；惟硬體部分，執行時遭遇外部環境(印度禁運、政治及天候等因素)之阻力而須因應做調整，然在計畫結束時各項產出均確實完成。此外，Gairmudi 與 Fulpinkot 兩村莊之衛生站基地位處險坡邊緣，有土石崩落之疑慮，在設計階段卻未考慮擋土牆需求，直到工程完成後因地方社區積極要求，始由台灣世展會自行追加預算增蓋擋土牆。

- 本計畫設計時確有預估風險，當時雖有判定出天災、政治及人員等類型之風險，但無明確風險緩衝方案，導致當執行階段遭遇政府部門阻力與雨季延長之變因時，執行進度便較無法有效管控。

(二)效能:平均 4.00 分，表現良好

1. 檢驗計畫成果：

- 強震導致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。WVIN 針對尼泊爾大地震復原階段進行之評核報告指出，各縣受訪家戶在地震後曾有家庭成員求助於衛生站等衛生設施者，平均高達 87.6%；另經調查，83.2%之受訪受益戶對於本計畫所建之衛生站所提供之健康照護服務表示滿意，超出計畫設計時所訂定之 80%滿意度指標；此外，83.7%之目標族群認為獲取健康照護服務之可近性已獲改善。爰可見多數目標群體對於本計畫產出之服務、財務及知識，有實際需求。
- 在計畫如期如實部分，如本報告「計畫執行情形」部分所述，計畫兩度變更，執行期間硬體建設進度屢屢延遲，扣除不可預期之天候因素，政治阻力與承包商能力等因素仍與 WVIN 之協調能力相關，惟在計畫成果部分，最終指標仍如期如實達標，實屬可幸。
- 在品質部分，本計畫衛生站之設計皆經尼國政府審核通過符合其標準。另，所有衛生站均採用預製組件(prefabricated)統一規格，於工廠完成金屬架構之製成後再至基地組裝，因此建築的品質應較為一致且容易監督控制。有關能力建構之成果，105 年 10 月本會監督任務期間，與各類曾接受本計畫訓練之利害關係人進行訪談，大多數受訪者皆表示，無論是衛生及健康相關工作坊或災難準備及風險管理訓練，對於渠等改善日常生活衛生狀況、處理疾病或應對災難之準備，均頗有助益。

2. 計畫管理效能

- WVIN 迄今已在尼泊爾深耕 34 年，對於尼國境內相關機構、資源概況等均有一定程度之瞭解與聯繫網絡，惟該組織震災回應團隊之管理階層多為短期任務性派駐至尼國之國際員工，因此在計畫初始階段，該組織似對於整體情勢與進度之掌控力有未逮。特別反應在與政府溝通部分，計畫須在進行 2 次地點變更後，始獲所有相關政府單位同意一事，係計畫執行前期進度落後之主因之一。但整體執行至相關工程啟動後即有所改善，計畫仍於預計期限內順利完成。
- 本計畫派遣建築背景專案志工乙位赴尼國第一線參與計畫執行，該志工參與各衛生站之開工典禮與社區居民互動熱絡，有助於我國能見度在當地之提升；惟志工派遣時程係依據 WVIN 之建議，但實際工程進度落後導致志工服務期間無法如預期以在各工程基地監督為主，反而多數時間留在加德滿都總部，無法完全發揮長才。另，本計畫在委託承包商之溝通管理上亦有須加強之處，例如衛生站重建地點之一 Phulpingkot 即因施工團隊表現不佳，而須更換團隊，致使該衛生站工程進度落後於其他衛生站。
- 本計畫宣傳管道及作法相當全面完整，硬體部分在完成後均舉辦竣工典禮邀請政府代表、社區成員等參加，在典禮上公布完整捐贈設備資材清單，讓社區民眾瞭解衛生站之設備及所能提供之服務，以鼓勵民眾善用衛生站，亦監督衛生站設備之使用及維護。另，本計畫所舉辦之衛生及健康工作坊及災難準備與風險管理培訓亦均完整傳達相關訓練之宗旨與意義，105 年 10 月本會監督任務期間，與各類曾接受本計畫訓練之利害關係人進行訪談結果顯示目標群體瞭解本計畫，且願意接受相關觀念與知識。

(三)效率:平均 4.53 分，表現良好

1. 投入能有效達成預期成果

- 強震導致尼國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，本計畫協助地震重災 4 縣中 5 個村莊重建 4 座衛生站及乙座診所，並進行衛教宣導及相關健康照護人員能力建構，以提供災民更具品質之健康照護服務，確為目標群體所需之最適方案。
- 計畫執行總花費高於本會提供之 500,000 美元，係因計畫地點變更，衛生站從原定分布於 2 縣擴展到 4 縣，相關人事及交通等成本相應增加。此外，Gairmudi

與 Fulpinkot 兩村莊之衛生站所在位置有土石崩落之虞，因此 WVIN 與社區討論後決定補建擋土牆，此工程亦須額外花費。惟本會與台灣世界展望會協調決議本會提供經費不變，本計畫超支部分均由台灣世展會支應，據該會估計，至計畫結束約額外挹注本計畫 25,000 美元。

- 本計畫所重建之衛生站，不僅在於回復災前之功能，亦強調最大化衛生站之資源應用，亦即納入接生及產房之空間，並協助購置相關設備，期讓衛生站同時可作為各村莊的接生中心，降低婦女在家生產之比例，提升產婦照護品質。

2. 程序效率

- 計畫啟動之初因地點變更，再加上耗時等候與尼國官方簽訂本計畫與衛生部、NRA 之三方合作備忘錄，影響計畫初期硬體相關活動之推動，致使計畫前期進度較為落後，但相關建設最終均有如期完成。
- 本會主要透過台灣世展會與 WVIN 聯繫，在計畫執行前期台灣世展會派有乙名協調人駐尼泊爾參與震災回應團隊並居間協調本計畫，後期主要透過本會對台灣世展會長期合作窗口溝通，因此橫向聯繫及針對計畫相關議題之討論，均相當快速有效率。
- 計畫主要執行人員包括 WVIN 及 PNGOs 之員工，其中各縣 WVIN 人員相當積極訓練 PNGOs 人員，密集定期的開會及聽取 PNGOs 匯報進度。PNGOs 投入之人力平均達 9 人，渠等多半有健康及 WASH 領域計畫之相關經驗，且熟悉地方社區，因此對於與社區溝通或人力動員上助益極大。惟在計畫初始階段 WVIN 未能快速地與 DHO 建立關係，導致部分計畫地點核准事獲阻；另自 WVIN 安排本會 2 次考察任務行程，無法協助本會與 DHO 有效率的溝通，即可見端倪。

但 WVIN 亦持續積極建立關係及互信，藉由加深 DHO 參與本計畫之方式改善互動情形，例如聘用 DHO 人員作為相關工作坊與訓練之講師，以及使 DHO 相關人員了解執行中之工程進度。

- WVIN 均依據與本會簽署合作備忘錄執行計畫，另關於因計畫內容更動而導致投注金額須增加一事，台灣世展會亦依雙方協商之決議履行額外注入資金之承諾。
- 儘管計畫初期遭遇之阻力較大，WVIN 始終將相關資訊透過台灣世展會即時提

供予本會，共同討論可行方案。此外，WVIN 與台灣世展會在計畫執行期間亦協助本會進行評估任務，使出差人員可在現地深入了解計畫執行狀況並與利益關係人直接交流。另，計畫執行期間該組織對於本會要求提供之計畫相關資訊，配合度亦高，透明度良好。

- 本案執行單位 WVIN 在指標設定及後續監督管理方面，均由該會專業團隊定期執行落實，計畫結束後並委由第三方顧問客觀地檢視計畫執行成果。
- 本案派遣建築專長之專案志工乙名至現地服務 3 個月，過程中由 WVIN 協助工作規劃及生活管理，該志工任務如期完成，雙方互動良好。惟較可惜之處係該會在計畫初期要求本會派遣專案志工之時間並未隨衛生站工程進度落後調整，導致志工工作內容無法如原規劃以在各工程基地監工為主。
- WVIN 有其全球共通採購規範，本案相關之駐地採購作業均依據尼泊爾法令及世展會相關規定辦理。惟在工程承包廠商部分，優良承包商供不應求，因尼國合格承包商數目少，但震災後之重建規模卻是空前浩大，承包商所承包 INGOs 之工程案已超過其能力所及，致使施工期間出現 WVIN 須更換不適任團隊延誤進度的情形，以及須花費更多資源，額外聘請工程顧問以監督檢視施工品質。

(四) 韌性: 平均 4.50 分，表現良好

1. 目標群體韌性:

- 本計畫在能力建構部分，提供計畫執行社區之居民、FCHVs 與健康照護相關人員，對於衛生、疾病與災難風險管理的知識推廣及培訓，協助目標群體獲得應對衝擊之知識及能力。
- 本計畫所建之衛生站為達抗震效果採用輕鋼構架構，可抗強風及芮氏規模 9 級之強震；設備部分，本計畫不僅購置新設備，並訓練衛生站相關人員使用，倘未來再發生地震等災難，衛生站之架構應可度過災難，且相關設施亦可協助受災社區回應災難衝擊與後續恢復工作。

2. 系統韌性:

- 本計畫自設計到執行均與尼國各縣 DHO 緊密聯繫溝通，計畫結束之際並將衛生站之建物及其中的設備移交社區所成立的管理委員會；另該委員會成員亦是

本計畫災難準備及風險管理訓練的重點對象，旨在使參與此機制的人力具備應有的風險管理能力。

此外，衛生站及其設備於計畫結束前已完成官方註冊，以確保計畫成果納入該國衛生體系中運作。

綜上，前揭作法應可確保計畫成果遭遇可預防風險時，得有效降低其損害；且倘災害再度發生，亦可有效回應並投入災後復原及重建。

ICDF 3

四、整體評價與建議

(一) 整體評價

本計畫評價平均分數為 4.41，計畫績效整體表現良好，各項得分如下：

1. 相關性 (得分 4.59/5.00，良好)
2. 效能 (得分 4.00/5.00，良好)
3. 效率 (得分 4.53/5.00，良好)
4. 韌性 (得分 4.50/5.00，良好)

本計畫係因應尼泊爾接連發生兩起規模芮氏 7 級以上地震所造成之衛生站毀損，進而影響社區基本健康照護服務而推動，因此在相關性部分平均表現優異，介入邏輯與計畫一致性之評分優異；計畫設計品質層面分數稍低，原因係在設計階段並未考量部分衛生站位處邊坡有土石崩落之虞，應規劃建置擋土牆，此外雖有預設風險，但無明確風險緩衝方案，導致當執行階段遭遇政府部門阻力與雨季延長之變因時，執行進度便較無法有效管控的問題。

在效能部分，相較於其他判據，得分較低。其中檢驗計畫成果部分，因目標群體確有對於健康照護服務之需求，且成果指標達標，因此表現堪成良好；惟在計畫管理效能部分僅達符合標準，因執行單位人員在計畫初始階段對於整體情勢與進度之掌控力有未逮，與重要官方利害關係人似無建立良好關係，導致本計畫執行初期進度較為落後；另，對於本會專案志工之派遣期程無因應進度落後進行調整，致使志工無法完全發揮專業。

在效率部分，整體表現堪成良好。本計畫預算因計畫變更所需金額提高，但台灣世展會做為本會長期人道援助夥伴，額外挹注資金，使計畫仍可順利達

成預期效果；在程序效率層面，執行單位 WVIN 雖與本會首次合作，但台灣世展會居間協調使雙方合作無磨合期，可專注在計畫執行上，WVIN 亦善盡計畫監督管理之責任，且流程與相關文件透明公開，惟該組織對於尼國政府部門關係之掌控度較低，無法協助本會有效率地與尼國官方溝通。

在韌性部分，本計畫表現良好。在強化目標群體韌性層面，包括硬體與能力建構兩部分，衛生站硬體自設計階段到完工，均符合該國政府規定的抗震標準；能力建構部分，本計畫加強計畫執行社區之居民與健康照護相關人員對於衛生、疾病與災難風險管理之知識推廣及培訓，相關產出均達到或高於原訂指標。在強化系統韌性部分，本計畫執行期間保持與 DHO 溝通並邀其參與計畫活動，計畫結束除將衛生站之建物及其中的設備移交社區所成立的管理委員會，並進行官方註冊以確保計畫成果納入該國衛生體系，可持續運作及維護。

世界展望會在本次尼國震災之人道回應上投入極多的資源，係當地主要 INGOs 之一，透過與該組織合作，本計畫得以接軌國際人道援助體系。本計畫之經費投入業受聯合國人道事務協調廳(OCHA)財務支出核實處平台登載，有助於提升我國在國際上之能見度。另，派遣專案志工直接參與計畫，除了監督計畫執行，並可參與所有計畫地點之活動，讓志工在第一線與社區互動，介紹臺灣，有助於提升駐地能見度。兩者均能彰顯我國作為人道援助提供者之正面形象。

(二)所獲經驗

1. 慎選具規模與執行力之 INGO 合作執行計畫係計畫推動之關鍵。

在本會執行人道援助之國家，經常未派有本會長期駐地人員，須仰賴深耕當地設有駐地辦公室之 INGO 執行計畫，此類 INGO 因為參與國際人道援助之協調機制，需要獲得對方政府核准始可執行。本會為我國官方專業援外機構，亦均須遵守受援國之規範，因此合作單位對本會而言至為重要。以尼泊爾為例，本次震災後的復原重建是本會首次投入尼泊爾進行人道援助，在計畫初期，該國因與印度關係緊張、國內政治不安定、政府對災後重建主導性強，加上天候及路況等各種因素，硬體建設推動窒礙難行，加以世界展望會震災回應團隊係由

國際員工主導，一開始在掌握當地情況、外部環境時略顯不足，以致前半段期程進度落後頗多，惟該組織均能適時提出有效解決方案；且執行後期經費需求增加，也因其具財務實力，有能力挹注額外經費至本計畫，最終計畫得如期如質完成，實應歸功於世展會之投入，讓計畫執行得以迎頭趕上。

(三)建議

1. 以硬體建設為主要產出之計畫，須在計畫設計時便更全面評估相關風險、擬定對策，並妥善規劃工作時程。

本計畫執行期間逢印度對尼國經濟制裁，禁運燃料及各類物資，致使施工相關資材均相當缺乏，本計畫所採用之輕鋼構建材及相關技術均須從印度輸入，惟印度禁運一直到計畫推行第 7 個月(105 年 6 月)始解除，而影響執行進度；但雨季隨後到來，嚴重破壞部分道路或造成土石流，再度迫使工程進度延後。因此在設計階段擬定相關對策，例如雨季或許會有提早或延長之情況，但原則上還是有其時節性，在計畫設計時便應納入各工作項目時程規劃考量。

2. 本會人員派遣時間須依計畫執行進度彈性調整。

本計畫專案志工派遣時程雖是依 WVIN 建議安排，但 WVIN 在實際執行進度落後後並未提出調整之要求，使得該志工抵達尼國時，多數基地仍處在甫開工及整地階段，志工服務期間前期多在加德滿都辦公室服務，直至後期才較有機會赴各衛生站基地監工。鑒於派遣專案志工與短期專家直接參與人道援助計畫已成為本會人道援助業務執行之常態，為使參與人員得以發揮其專業與影響力，在計畫評估階段應將人員派遣時程保留彈性，於計畫執行期間確認最適時機後再行安排。

附件一、計畫績效評核評分表

(一)相關性

次判 據	題 目	評分欄位(勾 選) 1 為非常不符合 5 為非常符合
1-1 計畫 介入 邏輯	1-1-1 計畫之預期成果(計畫目標)能回應夥伴國發展目標與政策之程度	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	1-1-2 計畫符合我國在該國(區)之國家利益，有助於鞏固我國與該國之外交關係之程度	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
	1-1-3 計畫能回應本會之願景、策略與發展目標之程度	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
1-2 計畫 一致 性	1-2-1 計畫於董事會核定時，計畫書或結果鏈設計符合目標群體的需求之程度	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	1-2-2 計畫結案時或移交後，計畫執行成果符合夥伴國回應計畫或發展目標之程度。	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	1-2-3 計畫結案或移交後，目標群體受惠於計畫執行成果與產出之程度	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
1-3 計畫 設計 品質	1-3-1 計畫能有效辨識利害關係人，使計畫能廣泛徵詢渠等意見進而使計畫設計內涵更為完善	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	1-3-2 計畫合作單位執行能力符合期待，可包含組織層級、作業規章、人員素質、過往績效與財務狀況	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
	1-3-3 計畫問題分析之品質，計畫能準確辨識問題成因、分析問題影響範圍並提出可行之問題解決對策	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	1-3-4 計畫成果、產出與活動之規劃合理並且具備因果關係	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	1-3-5 計畫的結果鏈設計能考量當地環境條件的限制、務實且具備可行性	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
	1-3-6 監控計畫成果與產出之指標、基線值與目標值設定合理	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

	1-3-7 指標監控資料的蒐集方法與頻率能使計畫管理人員確實掌握計畫執行效益	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	1-3-8 計畫活動里程碑與工作進度表的設計品質良好	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
	1-3-9 計畫設計能充分辨識風險因素，且規劃有效的風險緩衝或減害方案	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
摘要說明		
計畫 介入邏輯	<p>—本計畫設計與規劃，符合尼泊爾政府因應震災於 104 年 6 月發布之災後需求評估報告當中之公共衛生策略—依據「建構比以前更好之未來(Build Back Better)」之原則，重建抗震的新衛生設施及設備。另亦符合該國 NRA 災後重建架構(Post Disaster Recovery Framework 2016-2020) 之相關策略性目標—「在城市及鄉村重建具災難韌性之民房、公共建築與歷史遺跡」，以及「強化人民及社區之能力以減少風險與脆弱度及提升社會凝聚力」。</p> <p>— 本計畫係呼應我友好國家發生重大災害之救助需求所推動，雖我國於尼泊爾未設置代表處，但透過本計畫業提升我國能見度，並擴大我國國際參與。另外外交部責成本會運用我國尼泊爾賑災專戶善款 50 萬美元執行，NGO 國際事務會及外交部亞東太平洋司亦於本計畫核定階段協助計畫審核及提供相關建議，以發揮運用賑災善款彰顯我國為一國際人道援助提供者之形象，並為我國發展與尼泊爾關係注入正向能量等效益。</p> <p>—本計畫符合本會「加強國際合作，增進對外關係，以促進經濟發展、社會進步及人類福祉」之設置宗旨，屬本會五大優先領域當中公共衛生領域之範疇，且符合本會公共衛生相關策略之具體目標「協助合作國家強化健康照護及衛生體系」。另，透過計畫建構當地人員之能力與本會業務推動之方向一致。</p> <p>此節得分 4.67，表現優異。</p>	
計畫 一致性	<p>— 本計畫目標群體之需求源自 104 年尼泊爾強震對其衛生設施造成之破壞，計畫執行之 4 縣皆為政府認定重災區，4 縣總計原有 258 所衛生設施，因震災全倒或部分受損的有 231 所，致使現有</p>	

	<p>體系及設施無法發揮應有之診療及衛生教育功能；另，災後各縣肺炎、腹瀉等病例增加，但因衛生設施之損壞，民眾就醫困難。本計畫目標爰設定為重建衛生站以提供災民更具品質之健康照護服務，足見計畫核定時計畫設計確符合目標群體之需求。</p> <p>—本計畫結案時，4 座衛生站與乙座診所均竣工並交接予當地政府與社區；能力建構部分，計畫相關產出多高於原設定指標，顯見計畫成果符合尼國 NRA 之策略性目標：「在城市及鄉村重建具災難韌性之民房、公共建築與歷史遺跡」，以及「強化人民及社區之能力以減少風險與脆弱度及提升社會凝聚力」。</p> <p>— 本計畫主要產出包括 4 座衛生站與乙座診所之硬體及相關 WASH 設備、社區倡導活動及縣級廣播進行衛教宣導，以及衛生與健康相關工作坊及災難準備及風險管理訓練，根據 105 年本會監督任務在當地詢問受益戶，受訪者均同意受惠於本計畫產出。此外，成果部分，藉由衛生站重建與健康照護人員能力建構，結案時 83.2%之受益戶受訪者對於本計畫所建之衛生站所提供之健康照護服務表示滿意，亦可顯示渠等受惠於計畫執行成果。</p> <p>此節得分 4.67，表現優異。</p>
<p>計畫 設計品質</p>	<p>— 本計畫能有效辨識利害關係人，在政府層面，因尼國政府在此次災後重建中強勢主導，因此計畫設計時業與尼國政府中央層級單位[衛生部(Ministry of Health and Population, MoHP)]及縣級相關單位，包括災難救援委員會(District Disaster Relief Committee, DDRC 與 DHO 溝通協調，以確認計畫設計符合政府程序與規範；另在地方層面，亦與各執行單位(PNGOs)與社區居民溝通，廣泛徵詢相關意見。</p> <p>— 由 WVIN 與 4 個 PNGOs，包括 JGSS、Unification Nepal、DSSS 及 COSOC 分別在 4 縣推動本計畫。WVIN 在尼泊爾執行業務已有 35 年，在全國 75 個縣中的 10 縣執行業務，內容包含孕產婦保健、營養、教育、生計、兒童保護、供水衛生等領域之計畫，總計約有 205 名員工。地震後另成立震災回應團隊，除運用部分</p>

原有人力，亦加入兩年聘期之國際與當地員工，總計約 190 人，其中國際員工主負責設計回應計畫及後續之管理監督，惟恐因對當地政治運作、外部環境瞭解不足，略影響計畫推動。另，WVIN 合作之 PNGOs，均由該會之甄選小組根據該會之夥伴關係原則進行遴選，包括登報公開招募，對申請之 PNGOs 之書面資料(包括組織架構、是否合法註冊、過往合作對象與相關領域經驗等條件)進行審核，最後遴選出合適的執行單位並簽訂合作備忘錄。本計畫合作的 PNGOs 多與 WVIN、其他 INGOs 或國際組織有相關合作經驗，爰整體執行情況堪稱良好。

- 本計畫之計畫書引用尼國災前、災後相關數據，清楚分析問題及其影響範圍，在此基礎上，清楚界定核心問題，並提出可行合理之相應解決對策。
- 世界展望會在國際間執行災後重建健康領域相關計畫經驗豐富，因此本計畫之成果、產出及活動規劃，兼顧硬體建設與能力建構，涵蓋範圍全面，各活動、產出之間連結緊密與計畫成果具備因果關係。
- 計畫規劃階段已考量當地環境條件的限制及可行性，例如本計畫在設計之際，尼國遭遇印度禁運，因尼國物資缺乏，燃料、建材及技術工人等各方面均大量仰賴印度，考量此項限制，在一開始便將計畫期程由一般一年期人道援助計畫延長至 15 個月，使執行期獲得緩衝，最終計畫始得如期完成。
- 本計畫在監控計畫成果與產出之指標、基線值與目標值設定上應屬合理；WVIN 設有專門監控評核(M&E)小組負責計畫指標監控，爰相關資料之蒐集方法與頻率設計，使計畫管理人員得確實掌握計畫執行效益。
- 計畫活動里程碑與工作進度表之設計堪稱合理，能力建構部分進度均如期，甚至部分超前；惟硬體部分，執行時遭遇外部環境(印度禁運、政治及天候等因素)之阻力而須因應做調整，然在計畫結束時各項產出均確實完成。此外，Gairmudi 與 Fulpinkot 兩村莊之衛生站基地位處險坡邊緣，有土石崩落之疑慮，在設計階段

	<p>卻未考慮擋土牆需求，直到工程完成後因地方社區積極要求，始由台灣世展會自行追加預算增蓋擋土牆。</p> <p>- 本計畫設計時確有預估風險，當時雖有判定出天災、政治及人員等類型之風險，但無明確風險緩衝方案，導致當執行階段遭遇政府部門阻力與雨季延長之變因時，執行進度便較無法有效管控。</p> <p>此節得分 4.44，表現良好。</p>
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(二) 效能

次判 據	題 目	評分欄位(勾選) 1 為非常不符合 5 為非常符合
2-1 檢驗 計畫 成果	2-1-1 經計畫執行驗證後，目標群體需要該計畫所產出的服務、財物或知識的程度	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	2-1-2 計畫能如期如實達成預期成果的程度	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
	2-1-3 計畫產出符合規畫時所要求的品質	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
2-2 計畫 管理 效能	2-2-1 合作單位的計畫執行成果對成果達成與目標群體有實質貢獻	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2-2-2 計畫相關人員(包括：短期專家、顧問，或委託外部單位)，對協助計畫達成預期成果之貢獻程度	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2-2-3 計畫能有效宣傳，使目標群體能瞭解計畫內容，願意接受計畫所傳達的觀念、知識與方法	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
摘要說明		
檢驗 計畫成果	<p>- 強震導致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。WVIN 針對尼泊爾大地震復原階段進行之評核報告指出，各縣受訪家戶在地震後曾有家庭成員求助於衛生站等衛生設施者，平均高達 87.6%；另經調查，83.2%之受訪受益戶對於本計畫所建之衛生站所提供之健康照護服務表示滿意，超出計畫設計時所訂定之 80%滿意度指標；此外，83.7%之目標族群認為獲取健康照護服務之可近性已獲改善。爰可見多數目標群體對於本計畫產出之服務、財務及知識，有實際需求。</p>	

	<p>-在計畫如期如實部分，如本報告「計畫執行情形」部分所述，計畫兩度變更，執行期間硬體建設進度屢屢延遲，扣除不可預期之天候因素，政治阻力與承包商能力等因素仍與 WVIN 之協調能力相關，惟在計畫成果部分，最終指標仍如期如實達標，實屬可幸。</p> <p>-在品質部分，本計畫衛生站之設計皆經尼國政府審核通過符合其標準。另，所有衛生站均採用預製組件(prefabricated)統一規格，於工廠完成金屬架構之製成後再至基地組裝，因此建築的品質應較為一致且容易監督控制。有關能力建構之成果，105 年 10 月本會監督任務期間，與各類曾接受本計畫訓練之利害關係人進行訪談，大多數受訪者皆表示，無論是衛生及健康相關工作坊或災難準備及風險管理訓練，對於渠等改善日常生活衛生狀況、處理疾病或應對災難之準備，均頗有助益。</p> <p>此節得分 4.33，表現良好。</p>
<p>計畫 管理效能</p>	<p>-WVIN 迄今已在尼泊爾深耕 34 年，對於尼國境內相關機構、資源概況等均有一定程度之瞭解與聯繫網絡，惟該組織震災回應團隊之管理階層多為短期任務性派駐至尼國之國際員工，因此在計畫初始階段，該組織似對於整體情勢與進度之掌控力有未逮。特別反應在與政府溝通部分，計畫須在進行 2 次地點變更後，始獲所有相關政府單位同意一事，係計畫執行前期進度落後之主因之一。但整體執行至相關工程啟動後即有所改善，計畫仍於預計期限內順利完成。</p> <p>-本計畫派遣建築背景專案志工乙位赴尼國第一線參與計畫執行，該志工參與各衛生站之開工典禮與社區居民互動熱絡，有助於我國能見度在當地之提升；惟志工派遣時程係依據 WVIN 之建議，但實際工程進度落後導致志工服務期間無法如預期以在各工程基地監督為主，反而多數時間留在加德滿都總部，無法完全發揮長才。另，本計畫在委託承包商之溝通管理上亦有須加強之處，例如衛生站重建地點之一 Phulpingkot 即因施工團隊表現不佳，</p>

	<p>而須更換團隊，致使該衛生站工程進度落後於其他衛生站。</p> <p>一本計畫宣傳管道及作法相當全面完整，硬體部分在完成後均舉辦竣工典禮邀請政府代表、社區成員等參加，在典禮上公布完整捐贈設備資材清單，讓社區民眾瞭解衛生站之設備及所能提供之服務，以鼓勵民眾善用衛生站，亦監督衛生站設備之使用及維護。另，本計畫所舉辦之衛生及健康工作坊及災難準備與風險管理培訓亦均完整傳達相關訓練之宗旨與意義，105 年 10 月本會監督任務期間，與各類曾接受本計畫訓練之利害關係人進行訪談結果顯示目標群體瞭解本計畫，且願意接受相關觀念與知識。</p> <p>此節得分 3.67，符合標準。</p>
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(三)效率

次判 據	題 目	評分欄位(勾選) 1 為非常不符合 5 為非常符合
3-1 投入 能 有 效 達 成 預 期 成 果	3-1-1 依現有的資料與當下的觀察，評估計畫產出之產品、服務或是知識確實為目標群體所需之最適方案	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	3-1-2 計畫之預算規劃(資金需求預測)符合計畫執行之實際需求	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
	3-1-3 計畫能有效運用資源，將資源使用效能最大化	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
3-2 程序 效率	3-2-1 能依規劃執行計畫活動並依時或提前交付產品(提供服務)	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
	3-2-2 本會計畫執行人員的橫向聯繫良好且溝通順暢，雙方合作關係有助於提升計畫行政效能	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	3-2-3 合作單位與當地其他單位或利害關係人溝通良好，能作為本會與當地其他單位與利害關係人之合作橋樑	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3-2-4 合作單位能遵守雙方簽訂之法律文件，能依協議履行計畫並達成所承諾之事項 (倘對方承諾相對出資，則對方能按時如實注入資金)	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

	3-2-5 合作單位能秉持誠信原則偕同我方共同執行計畫，於執行期間能充分揭露與計畫相關之資訊	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	3-2-6 計畫監督與管理效能良好，能依 DMF 設定之指標與監控機制監督計畫執行成效，並定期檢視計畫執行成果	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	3-2-7 計畫能有效管理我方專業人員(技師、顧問或志工等)，使渠等服務品質能有效依計畫之工作規範內容執行	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
	3-2-8 計畫能依相關規定辦理國內或駐地採購，採購品項之品質良好且符合需求	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
摘要說明		
投入能有效達成預期成果	<p>—強震導致尼國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，本計畫協助地震重災 4 縣中 5 個村莊重建 4 座衛生站及乙座診所，並進行衛教宣導及相關健康照護人員能力建構，以提供災民更具品質之健康照護服務，確為目標群體所需之最適方案。</p> <p>—計畫執行總花費高於本會提供之 500,000 美元，係因計畫地點變更，衛生站從原定分布於 2 縣擴展到 4 縣，相關人事及交通等成本相應增加。此外，Gairmudi 與 Fulpingkot 兩村莊之衛生站所在位置有土石崩落之虞，因此 WVIN 與社區討論後決定補建擋土牆，此工程亦須額外花費。惟本會與台灣世界展望會協調決議本會提供經費不變，本計畫超支部分均由台灣世展會支應，據該會估計，至計畫結束約額外挹注本計畫 25,000 美元。</p> <p>—本計畫所重建之衛生站，不僅在於回復災前之功能，亦強調最大化衛生站之資源應用，亦即納入接生及產房之空間，並協助購置相關設備，期讓衛生站同時可作為各村莊的接生中心，降低婦女在家生產之比例，提升產婦照護品質。</p> <p>此節得分 4.67，表現優異。</p>	
程序效率	<p>—計畫啟動之初因地點變更，再加上耗時等候與尼國官方簽訂本計畫與衛生部、NRA 之三方合作備忘錄，影響計畫初期硬體相關活動之推動，致使計畫前期進度較為落後，但相關建設最終</p>	

均有如期完成。

- 本會主要透過台灣世展會與 WVIN 聯繫，在計畫執行前期台灣世展會派有乙名協調人駐尼泊爾參與震災回應團隊並居間協調本計畫，後期主要透過本會對台灣世展會長期合作窗口溝通，因此橫向聯繫及針對計畫相關議題之討論，均相當快速有效率。

- 計畫主要執行人員包括 WVIN 及 PNGOs 之員工，其中各縣 WVIN 人員相當積極訓練 PNGOs 人員，密集定期的開會及聽取 PNGOs 匯報進度。PNGOs 投入之人力平均達 9 人，渠等多半有健康及 WASH 領域計畫之相關經驗，且熟悉地方社區，因此對於與社區溝通或人力動員上助益極大。惟在計畫初始階段 WVIN 未能快速地與 DHO 建立關係，導致部分計畫地點核准事獲阻；另自 WVIN 安排本會 2 次考察任務行程，無法協助本會與 DHO 有效率的溝通，即可見端倪。

但 WVIN 亦持續積極建立關係及互信，藉由加深 DHO 參與本計畫之方式改善互動情形，例如聘用 DHO 人員作為相關工作坊與訓練之講師，以及使 DHO 相關人員了解執行中之工程進度。

- WVIN 均依據與本會簽署合作備忘錄執行計畫，另關於因計畫內容更動而導致投注金額須增加一事，台灣世展會亦依雙方協商之決議履行額外注入資金之承諾。
- 儘管計畫初期遭遇之阻力較大，WVIN 始終將相關資訊透過台灣世展會即時提供予本會，共同討論可行方案。此外，WVIN 與台灣世展會在計畫執行期間亦協助本會進行評估任務，使出差人員可在現地深入了解計畫執行狀況並與利益關係人直接交流。另，計畫執行期間該組織對於本會要求提供之計畫相關資訊，配合度亦高，透明度良好。
- 本案執行單位 WVIN 在指標設定及後續監督管理方面，均由該會專業團隊定期執行落實，計畫結束後並委由第三方顧問客觀地檢視計畫執行成果。

	<p>-本案派遣建築專長之專案志工乙名至現地服務3個月，過程中由WVIN協助工作規劃及生活管理，該志工任務如期完成，雙方互動良好。惟較可惜之處係該會在計畫初期要求本會派遣專案志工之時間並未隨衛生站工程進度落後調整，導致志工工作內容無法如原規劃以在各工程基地監工為主。</p> <p>-WVIN有其全球共通採購規範，本案相關之駐地採購作業均依據尼泊爾法令及世展會相關規定辦理。惟在工程承包廠商部分，優良承包商供不應求，因尼國合格承包商數目少，但震災後之重建規模卻是空前浩大，承包商所承包INGOs之工程案已超過其能力所及，致使施工期間出現WVIN須更換不適任團隊延誤進度的情形，以及須花費更多資源，額外聘請工程顧問以監督檢視施工品質。</p> <p>此節得分4.38，表現良好。</p>
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(四)韌性

次判 據	題 目	評分欄位(勾選) 1 為非常不符合 5 為非常符合
4-1 目標 群體 韌性	4-1-1 依現有的資料與當下的觀察，倘相關災難再度發生，目標群體(包括受益社區或地方政府機構)已具備應對衝擊之知識及能力。	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	4-1-2 依現有的資料與當下的觀察，倘相關災難再度發生，目標群體(包括受益社區或地方政府機構)得應用計畫相關資源或設備應對災難衝擊。	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
4-2 系統 韌性	4-2-1 依現有的資料與當下的觀察，計畫的風險管控機制能有效辨識風險，確保計畫成果遭遇可預防之風險時可有效降低其損害。	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
	4-2-2 依現有的資料與當下的觀察，計畫發展出系統性網絡或機制，倘相關災難再度發生，可有效回應並投入災後復原及重建。	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
摘要說明		

目標群體韌性	<p>-本計畫在能力建構部分，提供計畫執行社區之居民、FCHVs 與健康照護相關人員，對於衛生、疾病與災難風險管理的知識推廣及培訓，協助目標群體獲得應對衝擊之知識及能力。</p> <p>-本計畫所建之衛生站為達抗震效果採用輕鋼構架構，可抗強風及芮氏規模 9 級之強震；設備部分，本計畫不僅購置新設備，並訓練衛生站相關人員使用，倘未來再發生地震等災難，衛生站之架構應可度過災難，且相關設施亦可協助受災社區回應災難衝擊與後續恢復工作。</p> <p>此節得分 4.50，表現良好。</p>
系統韌性	<p>-本計畫自設計到執行均與尼國各縣 DHO 緊密聯繫溝通，計畫結束之際並將衛生站之建物及其中的設備移交社區所成立的管理委員會；另該委員會成員亦是本計畫災難準備及風險管理訓練的重點對象，旨在使參與此機制的人力具備應有的風險管理能力。</p> <p>此外，衛生站及其設備於計畫結束前已完成官方註冊，以確保計畫成果納入該國衛生體系中運作。</p> <p>綜上，前揭作法應可確保計畫成果遭遇可預防風險時，得有效降低其損害；且倘災害再度發生，亦可有效回應並投入災後復原及重建。</p> <p>此節得分 4.50，表現良好。</p>

(五)分數定義

1 分	非常不符合判據標準，或有重大缺失，重大缺失定義者，為其造成本會重大損失、影響我國與本會聲譽或抵觸我國與駐在國法令者
2 分	未達判據標準，且有極大改善空間
3 分	符合判據標準，但無重大缺失
4 分	符合判據標準，但仍需精進
5 分	符合判據標準，且無缺失

(六)判據等第表

請計算每一判據之分數，並判斷分數落在「優異、良好、符合標準、未達標準或不佳」之任一等第中，例如某計畫相關性平均分數為 4.2 分，則屬於「相關性良好」，並落於 B 級。

判據	等第	等第區間與分數
相關性 (25%)	優異	$4.6 \leq N \leq 5$
	良好	$4 \leq N < 4.6$
	符合標準	$3 \leq N < 4$
	未達標準	$2 \leq N < 3$
	不佳	$1 \leq N < 2$
效能 (25%)	優異	$4.6 \leq N \leq 5$
	良好	$4 \leq N < 4.6$
	符合標準	$3 \leq N < 4$
	未達標準	$2 \leq N < 3$
	不佳	$1 \leq N < 2$
效率 (25%)	優異	$4.6 \leq N \leq 5$
	良好	$4 \leq N < 4.6$
	符合標準	$3 \leq N < 4$
	未達標準	$2 \leq N < 3$
	不佳	$1 \leq N < 2$
韌性 (25%)	優異	$4.6 \leq N \leq 5$
	良好	$4 \leq N < 4.6$
	符合標準	$3 \leq N < 4$
	未達標準	$2 \leq N < 3$
	不佳	$1 \leq N < 2$

(七)計畫績效級距表

計畫依四項判據完成等第評分後，四項判據之平均分數便成為受評計畫績效等第，要注意的是，倘「績效良好」之「優異組」與「良好組」之等第組合中任一判據為 E，則計畫績效逕為「符合標準」；「倘符合標準」等第組合中超過 2 個 E 或 3 個 D，則計畫績效逕為「未達標準」。

計畫績效		參考積分區間	績效說明
績 效 良 好	優異組	$4.6 \leq N \leq 5$	計畫績效整體表現優異，計畫設計與執行方式可做為典範實務以供其他單位或計畫參考。
	良好組	$4 \leq N < 4.6$	計畫績效整體表現良好。
符合標準		$3 \leq N < 4$	計畫績效整體表現中等，符合本會標準。
未達標準		$2 \leq N < 3$	計畫績效整體表現欠佳。
績效不佳		$1 \leq N < 2$	計畫績效整體表現不良。

附件二、執行單位之結案報告及財務明細表

Taiwan-ICDF END OF PROJECT REPORT

Submitted By: Susan Gyanaprakash – Programme Officer, NER

Date Submitted: 8th May 2017

ICDF 3

I. Project Brief

- (1) **Project Number:** 205007
- (2) **Project Name:** Assisting the recovery of Nepal earthquake affected Health Posts
- (3) **Project Area:** Health, WASH
- (4) **Location:** Sindhupalchowk, Gorkha, Dolakha and Dhading districts of Nepal
- (5) **Implementation Period:** December 9, 2015 - March 8, 2017
- (6) **Executing Agency:** World Vision International Nepal and local partner NGOs
- (7) **Project Amount:** US\$ 500,000
- (8) **Description:** This report covered the project implementation period of 15 months, December 9, 2015 to March 8, 2017. The project outputs were:
 - Reconstruction and repair of earthquake resilient health posts and one outreach clinic, with WASH facilities.
 - Campaigns to raise the awareness and knowledge of health workers and communities on sanitation, disease and disaster risk management.
 - Conduct training workshops to improve the capacity of health workers on health, disease outbreak management, disaster preparedness and WASH health services.

II. Evaluation of Design and Implementation

A. Relevance of Design and Formulation

Nepal was struck by a 7.8 magnitude earthquake at 11:56am on 25 April 2015. The quake affected 31 out of Nepal's 75 districts in the western and central regions of the country with an epicentre in Gorkha. On 12 May 2015, 17 days after the initial earthquake, a 7.3 magnitude quake struck Khodari in Sindhupalchowk district.

According to GoN Post Disaster Need Assessment (PDNA) released on June 2015, 31 of the country's 75 districts have been affected, out of which 14 were declared 'crisis-hit'.

According to the PDNA report, over 1,200 health facilities were damaged or destroyed as a result of the earthquake, affecting the functionality and capacity of the health system to respond to the impacts of the disaster. A total of 446 public health facilities (consisting of 5 hospitals, 12 Primary Health Care Centers, 417 Health Posts, and 12 others) were completely damaged, and 765 health facilities were partially damaged. Out of total 794 health facilities in 14 crisis-hit districts, 337 health facilities were fully damaged and 288 were partially damaged representing 78.72% health facilities in those areas. This has resulted in the decreased ability of health facilities to respond to the health care needs of the earthquake affected areas, especially the most vulnerable. Therefore, a key priority is to rebuild the damaged health facilities and ensure a continuation of health services in the affected areas.

The PDNA also noted that Sindhupalchowk, Gorkha, Dolakha and Dhading were the top four districts suffering the most damage and losses by the earthquake, with these four districts alone accounting for 26% of damage and losses. Of the 79 health facilities which were functioning prior to the earthquake at Sindhupalchowk, 44 were fully damaged and 24 were been partly damaged, leaving an estimated 220,559 people in need of health care.⁷

Of the 70 health facilities functional prior to the earthquake at Gorkha, 36 were fully damaged and 27 were partly damaged⁸. In Dolakha 57 health facilities were functioning prior to the earthquake 34 were completely damaged with 18 partially damaged. Out of the 52 functioning health posts in Dhading, 34 were fully damaged and 14 partly damaged.

Gorkha, Sidhupalchowk and Dolakha were the hardest hit districts following the earthquake bearing 22.4% of damages and loss.

World Vision International Nepal (WVIN) conducted and published Rapid Need Assessment (RNA) on May 2015. Based on the assessment's information WVIN focused on Shelter and NFIs, Children in Emergencies (Education and Child protection), Health and Nutrition, WASH and Food Security as priority sectors. Initially, 7 districts were targeted for the

⁷ Ministry of Health Report-PDNA

⁸ Ministry of Health Report-PDNA

emergency phase (Gorkha, Lamjung, Sindhupalchowk, Sindhuli, Bhaktapur, Kathmandu, Lalitpur) based on a Rapid Needs Assessment. With the availability of PDNA assessment data and through coordination at cluster level, WVIN revised the Affected Area Analysis and reprioritized the 3 additional districts to be targeted for the Recovery phase based on need and resources. Thus, WVIN expanded the operational footprint to 3 new districts (Dolakha, Dhading and Nuwakot) for the recovery phase considering the high need in the affected districts. The selection process was validated through a rapid assessment conducted by a WV multi-functional team in each district considered for expansion. 5 districts- Gorkha, Sindhupalchowk, Dolakha, Dhading and Nuwakot⁹ were identified for Recovery phase (October 2015 – September 2016).

Recovery and reconstruction needs of health facilities outlined in the PDNA¹⁰ by Ministry of Health and Population (MoHP) adopted a three-pillared strategy for recovery and reconstruction that covered the immediate term (until mid-July 2015), intermediate term (over 2015-2016) and medium term (2015-2-16 to 2019-2020):

- The immediate-term strategy was to treat the injured and resume health services.
- The intermediate-term strategy was to replace the temporary health centers (e.g. sheds on rent) with short-term arrangements to ensure continuity of service delivery, cater to the changing pattern of healthcare needs, and provide routine services in an uninterrupted manner. The setting up hospitals and rehabilitation centres, and strengthening institutional capacities of disaster preparedness, were also initiated.
- The medium-term strategy focused on the reconstruction of the sector from a longer term perspective to build back better. This entailed the reconstruction of buildings for health facilities after a more rigorous assessment of the existing network of health facilities and their capacities, giving due consideration to geography and the size of the concerned catchment population.

Based on Affected Area Analysis and in consultation with government line agencies (Social Welfare Council and MoHP), WVIN submitted proposed working area (Sindhupalchowk, Dolakha, Gorkha and Dhading) under ICDF to MoHP for approval. MoHP approved the VDCs after verification to avoid duplication with other organizations.

⁹ Nuwakot is not funded by ICDF but Nuwakot is one of the identified district for recovery phase implementation. The result of recovery phase draft report is inclusive of Nuwakot.

¹⁰ PDNA-GoN

Within WVIN's approved working areas, the actual locations to construct the pre-fab health posts were allocated by the MoHP which were in their plan for re-construction. Since the MoHP re-construction plan was part of the overall reconstruction work plan set up by the National Reconstruction Authority (NRA), a tri-partite agreement was signed among NRA, MoHP and WVIN. Following the signing of the agreement, WVIN submitted the design of the health posts to NRA and MoHP, after whose review four health posts and one outreach clinic (ORC) were approved for reconstruction.

Working through Local Partners

To build the capacity of local NGOs in Nepal, the Government of Nepal requested all INGOs to work through local partners. Partnering with local NGOs provides WVIN with added value, such as local knowledge, leveraging off existing relationships with the communities, and effective coordination with local stakeholders resulting in maximum impact and sustainability. In the initial earthquake response relief phase, WVIN worked with local NGOs in all its operational districts during relief phase and continued partnering into the recovery period, in Gorkha, Dhading, Dolakha and Sindhupalchowk districts.

For the implementation of the Taiwan ICDF project, WVIN worked with Janahit Gramin Sewa Samiti (JGSS) in Sindhupalchowk. JGSS has been working in Sindhupalchowk district for more than 13 years, and has experience working with several INGOs, such as UNDP and UNHABITAT. WVIN worked with JGSS during the relief period as well.

In Gorkha, WVIN worked with Unification Nepal. It was established 2009, and has fruitful experiences working for DDC (District Development Committee), Gorkha and INGOs, such as World Bank, CARE, WWF, CRS Germany, etc. WVIN worked with Unification Nepal (UN) during the relief period as well.

In Dolakha, WVIN cooperated through Deepjyoti Samaj Sudhar Sangh (DSSS), which has been working more than 13 years in Dolakha district. DSSS had fruitful experiences working for district level government, such as District Development Committee, Village Development Committee and INGO, i.e. UN HABTAT.

In Dhading, WVIN worked with Committed Society for Change (COSOC). COSOC started its services in Dhading district since 2004 and had many experiences working with INGO, such as UNDP, UNICEF, Oxfam, United Mission Nepal, etc.

B. Disbursement

The installments were disbursed as follows:

- 1st installment, payment of USD 250,000: After signing of MOU
- 2nd installment, payment of USD 200,000: After submitting second progress report and financial report with 70% of burn rate.
- 3rd installment, payment of USD 50,000: Upon acceptance of the final and financial report (awaiting Taiwan-ICDF's approval).

C. Project Schedule and Implementation Arrangement

Output No:	Description Of Outputs	Description Of Activities	Achievements	Responsible:
1	Repair/Reconstruction of earthquake-resistant health posts with adequate water, sanitation and hygiene facilities	1.1 Consultancy for Health post (HP) design and monitoring	<p>-Kuldeep Designs (KD) Associates (consultant) were engaged for the design and monitoring of 4 HPs which was approved following completion by the Ministry of Health.</p> <p>-WVIN hired consultant through Open Tender Method (OTM) in local newspaper publications.</p> <p>-Signed contract between consultant and WVIN prior to construction.</p> <p>-Hand over completed with the district health officials taking responsibility for operations and maintenance of the HPs.</p>	KD Associates for designing, health project team at head office and district and MoHP.
		1.2 Repair/construct	-4 HPs have been	Contractors,

		<p>ICDF 3</p> <p>HPs using build back better techniques, with WASH facilities (i.e. water tank, piping, permanent water purification system, latrines etc), including labour, transport.</p>	<p>ICDF 3</p> <p>repaired/reconstructed using build back better techniques with WASH facilities. -Land for HP construction were registered legally with Government of Nepal by the Partner NGO (PNGO), and Land Revenue Office in each Districts. -Hired Galaxy Phumari (contractor) for the construction of the HP under the supervision of Consultant and PNGO. -Signed contract between PNGO and the contractor. -Contractor was hired through Open Tender Method (OTM) in newspaper publication -Quality checks were conducted by the engineers of WVIN along with representatives of District Health Office (DHO). -All HP handed over to the MoH and a letter was given by the ministry to the DHO.</p>	<p>PNGO for the construction of the HP and ORC</p> <p>Technical supervision by WVIN's infrastructure project team at head office and district, WVIN procurement department.</p>
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		1.3 Solar/electricity back up system installed at health post	<p>Solar/electricity backup systems were installed at each of the 4 HPs.</p> <ul style="list-style-type: none"> - A 1000kVA solar system were installed at HP by contractor as an energy back up system to operate light, cold chain (vaccine), suction sets and other medical equipment. 	<p>PNGO, contractors, procurement department.</p> <p>Technical supervision by WVIN's infrastructure project team at head office and district</p>
		1.4 Construction of medical waste disposal units (e.g. placenta pits) at health post	<p>1 medical waste disposal unit was constructed in each of the 4 HP.</p> <ul style="list-style-type: none"> -Medical waste units (e.g. placenta pits) are a part of a complete HP, designed for the project. -The health post construction design consisted of provision for placenta pit in the structure. The placenta pit were constructed as per the government specification. <p>Note: This structure will serve for better waste management of HP to dispose of post operation fluids that will not contaminate water sources or leak on to</p>	<p>PNGO, contractors, procurement department.</p> <p>Technical supervision by WVIN's infrastructure project team at head office and district.</p>

			the surface	
		1.5 Construction of Outreach Clinic	<p>-1 outreach clinic constructed in Chyangli VDC, Gorkha district</p> <p>-Design was approved by the MoHP</p> <p>-Approval for the construction received by National Reconstruction Authority (NRA), MoHP and DHO.</p> <p>-Land assessment for ORC was done by contractor Designers Nepal P. Ltd and WVI engineers.</p>	<p>PNGO, contractors, procurement department.</p> <p>Technical supervision by WVIN's infrastructure project team at head office and district</p>
2	Enhance awareness and knowledge of health workers and communities on sanitation, disease and disaster risk management	2.1 Community awareness raising campaign (3 campaigns x 5 VDCs)	<p>-16 community awareness raising campaigns were conducted</p> <p>-Coordinated with DHO and local govt. agencies for conducting awareness raising campaigns.</p> <p>-Coordinated with DHO for IEC materials</p> <p>- The campaigns were organized in collaboration with the Government and other cluster partners (such as Save the Children, UNICEF,</p>	<p>PNGO, WVIN's health project team at head office and district office, and Trainers/facilitators from DHO.</p>

			WHO, etc).	
		2.2 District level media campaign (4 districts)	<p>-Media campaigns ran for 7 months in all 4 districts.</p> <p>-WVIN engaged with local radio broadcaster Association of Community Radio Broadcasters (ACORAB) for disseminating radio messages.</p> <p>- Health and nutrition related radio messages (Diarrhea, Hygiene-sanitation, immunization and use of Mosquito nets) were broadcasted through local FM Radio in all four districts.</p>	PNGO, local radio, Health project team at head office and district.
3	Improve the capacity of health workers to deliver disease outbreak management, disaster preparedness and WASH health services	3.1 Capacity building training workshop for local groups (child club, women's groups, FCHV and health workers on health and hygiene education), 3 workshops x 5 VDCs	<p>-24 capacity building training workshops were conducted.</p> <p>- Trainings were organized by the PNGOs and in most cases an external health professional (doctors, nurse or DHO staff) were engaged to conduct the training.</p> <p>-470 health workers received training.</p> <p>Training covered the topics of: Integrated Management of</p>	PNGO, WVIN's health project team at head office and district office, and Trainers/facilitators from DHO.

			Childhood Illness (IMCI), first aid, nutrition in emergencies, mental health and psychosocial support	
		3.2 Disaster preparedness and risk management training for health facility in-charge, health post staff, operations and management committee and female community health volunteers (FCHVs)	6 disaster preparedness and risk management trainings were conducted for officers- in-charge of health facilities, nursing staff, HP operations and management committees and FCHVs. -316 beneficiaries were trained.	PNGO, WVIN's health project team at head office and district office, and Trainers/facilitators from DHO.

D. Consultant Recruitment and Procurement

WVIN utilized the services of consultants, local service providers, contractors, local businesses, transporters, and volunteers to implement this project.

As per the Nepal Government requirements, activities were conducted through local PNGOs to implement activities under this project. WVIN field teams worked closely with PNGOs in the delivery of activities to ensure standards and procedures were followed. Considering the limited time and urgency of project implementation, the process of partner selection was fast-tracked which differed slightly from the process applied to selecting partners in a none-emergency scenario. In districts, where WVIN has been or was active before the emergency, WVIN worked with existing local partners that or those with whom the agency had worked with before. It was with the understanding that these partners are familiar with the context and are well positioned to respond.

The steps followed to select Partner NGOs in this emergency situation included a terms of reference (ToR) outlining the activities, budget and

duration of implementation. This ToR was circulated via local print media to invite expressions of interest, a document review followed with some verification of registration and past work completed. MoU's were signed with all partners under this project.

WVIN's sector field staff provided orientation, close supervision and support to PNGOs to review annual work plans, budgets, reports, and ensured the project progresses as planned. WVIN sector specialist staff based in Kathmandu will provide technical management and regular support to the PNGO.

E. Performance of Consultants, Contractors, and Suppliers

Consultants:	Output Performances:	Targeted Outputs:	Achieved Outputs:
1. KD Associates (Consultant) and Galaxy Pumori (Contractors)	<ul style="list-style-type: none"> ° Participated in assessment of Health Post in consultation with WV team to ensure build back better approach ° Design Health Post in accordance to the guidance provided by the government and requirement of WVIN. 	<ul style="list-style-type: none"> ° Advise on appropriate materials for pre-fab design and construction of the HP. ° Assure timely supply of the materials and completion of HP during the given timeline. 	<ul style="list-style-type: none"> ° Appropriate pre-fab (metal truss, concrete for flooring, were provided to construct the approved HP design (using both community and external resources) ° Final handover report submitted to WVIN/DHO
2. Implementing Partner NGO	<ul style="list-style-type: none"> ° Engagement with local area health post staff and community female health volunteers to provide trainings. ° Provide technical support to community health workers while conducting community trainings 	<ul style="list-style-type: none"> ° Completion of project activities ° Regular follow ups with the contractors ° Frequent on sight monitoring of the HP construction ° Coordination with local government agencies. 	<ul style="list-style-type: none"> ° Constructed 4 HPs and 1 ORC. ° Conducted 16 community awareness raising campaigns were conducted ° Media campaigns ran for 7 months in all 4 districts. ° 24 capacity building training workshops were conducted ° 6 disaster preparedness and risk management

			trainings were conducted for health facility in-charge, health post staff, operations and management committee and FCHVs
3. ICDF Volunteer	<ul style="list-style-type: none"> ° Provide on-sight supervision and technical support ° Ensures build back better designs 	<ul style="list-style-type: none"> ° Regular visit to construction site for quality assurance. ° Regular follow ups with engineer 	<ul style="list-style-type: none"> ° Supported in on-site observation of the sub-structure work. ° Regular visits to field sights for observation of on-going activities.
3. Ministry of Health and Population (MoHP)	<ul style="list-style-type: none"> ° Create understanding and correlation with all 4 district health ministries to support project implementation. ° Approval of the design and completion of the Health Posts. ° Provide technical support to community health workers while conducting community trainings. 	<ul style="list-style-type: none"> ° Approval for the implementation of the project ° Approval of the design of the Health Post ° Monitoring the construction ° Final monitoring before the handover of the buildings ° Provide feedback ° Registration of HP and the equipment's of the HP ° Maintain equipment, ensuring staff are in place and the maintenance of standards. 	<ul style="list-style-type: none"> ° Approval granted for the implementation of project activities. ° Approval and appreciation for the design of the HP. ° Approval of the handover of the HP after final inspection ° Registered the HP built by ICDF for proper monitoring and sustainability of the HP
4. District Health Offices	<ul style="list-style-type: none"> ° Approval and Support in implementing of the project activities ° Coordination with 	<ul style="list-style-type: none"> ° Approval for the implementation of the project ° Registration of the 	<ul style="list-style-type: none"> ° Approval granted to construct Health Post. ° Registered the HP built through the support of

	<p>smaller units like village development committees (VDC) and other line agencies and PNGOs and WVIN</p> <p>HP</p> <ul style="list-style-type: none"> ° Support in providing trainers for the awareness raising activities and workshops ° Monitoring of HP construction ° Undertaking supervision, maintenance and general running of the HPs. <p>ICDF in the district register.</p> <ul style="list-style-type: none"> ° Supported by providing trainers to capacitate HP workers. ° Inspected the completed HP before handover. 	
<p>5. National Reconstruction Authority (NRA)</p>	<ul style="list-style-type: none"> ° Create understanding and correlation with the ministry of Health and Ministry of WASH ° Approval of all reconstruction projects ° Ensures build back better designs ° Provides technical assistance to ensure land, water systems are appropriate to sustain HPs ° Disseminate the approval to the MoHP 	<ul style="list-style-type: none"> ° Provide approval of the project and rectification ° Provided approval in all the changes of the VDC and the reconstruction work (From HP to ORC in case of Chyangli, Gorkha). <p>Approval granted for the implementation of the project activities.</p> <ul style="list-style-type: none"> ° Disseminated letter to the MoHP after the approval of rectified project.

F. Performance of the Borrower and Executing Agency

<p>Output 1</p> <p>Repair/Reconstruction of earthquake-resistant health posts with adequate water, sanitation</p>	<p>4 VDC health posts and 1 outreach clinic repaired / reconstructed</p>	<ul style="list-style-type: none"> • Design repair / construction of 4 VDC HPs and 1 outreach clinic completed. • 2 HP were constructed at Sanosirubari VDC and Fulpingkot VDC-Sindhupalchowk, 1 HP at Gumdi VDC-Dhading, 1 HP at Gairimudi VDC-Dolakha.
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<p>and hygiene facilities.</p>	<p>4 VDC health posts and 1 outreach clinic augmented with adequate WASH facilities</p>	<ul style="list-style-type: none"> • 1 ORC at Chyangli VDC-Gorkha • Solar/electricity back up system installed at 4 HPs • Medical waste disposal unit (placenta pit) constructed at 4 HPs • Retaining walls were constructed at Gairimudi and Fulpinkot HP for better sustainability of the HP. • Health post at Sanosirubari, Gairimudi and Fulpinkot were completed by December 2016 and Gumdi Health Post was completed by January 2017. • Chyangli Out Reach Clinic was completed by November 2016. • Construction of WASH facilities – water tank, water pipes, permanent water purification system and latrines – at 4 HPs and 1 outreach clinic • 2 HP were constructed at Sanosirubari VDC and Fulpinkot VDC-Sindhupalchowk, 1 HP at Gumdi VDC-Dhading, 1 HP at Gairimudi VDC-Dolakha. • 1 ORC at Chyangli VDC-Gorkha
<p>Output 2 Enhance awareness and knowledge of health workers and communities on sanitation, disease and disaster risk management</p>	<p>5 community awareness raising campaigns conducted</p>	<p>16 awareness raising campaigns were conducted:</p> <ul style="list-style-type: none"> • Gorkha – Celebrated “Breast Feeding Week” (178 Household reached) • Dhading – Celebrated “Breast Feeding Week” (203 Household reached) • Celebrated “National Immunization Campaign” Supported Gumdi Health Post for the program of Declaration of Gumdi VDC as fully Immunized VDC. And according to the full immunization Coordination committee, all the children have immunized according to the NIP (national Immunization Schedule). 125 Households reached. • Sindhupalchowk – Celebrated “Breast

		<p>Feeding Week" and Iodine awareness month. Supported DHO in monitoring of Japanese Encephalitis (JE) campaign and promotion of JE immunization through local FM radio.</p> <ul style="list-style-type: none"> •Dolakha – Celebrated full immunization and "Breast Feeding Week". 1053 people were reached during both breast feeding Campaign. •Gorkha – Celebrated "World Health Day" •Dhading – Celebrated "World Health Day" •Sindhupalchowk – Celebrated "World Health Day" and Iodine awareness month •Dolakha – Celebrated full immunization and "World Health Day" •(Child Immunization after birth of a child - includes BCG, DPT, POLIO, MEASELS ETC.) <p>(World Health Day was celebrated with the theme was "Beat Diabetes".)</p>
	4 district level media campaigns conducted	<ul style="list-style-type: none"> • Media campaigns ran for 7 months in all 4 districts. • Two rounds of health and nutrition radio messages (diarrhea, hygiene-sanitation, immunization and use of mosquito nets) were broadcast though local FM frequency in all four districts. • A health and nutrition radio jingle was played in all districts.
Output 3 Improve the capacity of health workers to deliver disease outbreak management, disaster	5 health & hygiene education training workshops conducted in 5 VDCs for community people and health workers	<ul style="list-style-type: none"> • 24 capacity building training workshops were conducted. • Health workers of target VDCs were selected (health staff and Female Community Health Volunteers-FCHVs) • Community mobilisers from the

<p>preparedness and WASH health services</p>	<p>ICDF</p>	<p>community and the local NGO were engaged to mobilize beneficiaries. Trainings to the health workers were delivered on a need basis and were tailored to each specific context. Training covered the topics of: Integrated Management of Childhood Illness (IMCI), first aid, nutrition in emergencies, mental health and physiological support.</p> <ul style="list-style-type: none"> • Trainings were organized by the PNGOs and in most cases an external health professional (doctors, nurse or DHO staff) were engaged to conduct the training. • Ten workshops (5 each in 2 VDCs) with FCHVs, women's groups and Health Workers in Sindhupalchowk. (Total of 64 people attended) • Four workshops (4 in Gairimudi) with FCHVs, women's groups and Health Workers in Dolakha. (Total of 85 people attended) • Four workshops (4 in Gumdi) with FCHVs, women's groups and Health Workers in Dhading, (Total of 144 people attended) • One capacity building training held in Dolakha (57 people attended), • Four trainings in Sindhupalchowk (43 people in total attended), • One training in Dhading (77 people attended)
	<p>1 disaster preparedness & risk management training conducted in 5 VDCs for community people and health workers</p>	<p>6 disaster preparedness and risk management trainings were completed.</p> <ul style="list-style-type: none"> • One training in Dolakha, (total of 17 people attended) • Two trainings in Sindhupalchowk (Total of 50 people attended) • Two trainings in Dolakha (Total of 92

		<p>people attended)</p> <ul style="list-style-type: none"> • One training in Gorkha (Total of 75 people attended) One training in Dhading. (Total of 82 people attended)
	<p>On average up to 66 participants attend each training/workshop. Participants consist of health workers, FCHV, and community members.</p> <p>Training is conducted in 5 VDCs</p>	<ul style="list-style-type: none"> • 470 people attended the training/workshops in total. • There were requests from the local health community for further workshops as the benefit was positive among them. The costs of the workshops were less than budgeted, therefore this request could be met and further workshops were conducted for a larger group of officials. The breakdown of the 470 beneficiaries are listed below: <ul style="list-style-type: none"> ➤ Ten workshops (5 each in 2 VDCs) with FCHVs, women's groups and Health Workers in Sindhupalchowk. (Total of 64 people attended) ➤ Four workshops (4 in Gairimudi) with FCHVs, women's groups and Health Workers in Dolakha. (Total of 85 people attended) ➤ Four workshops (4 in Gumdi) with FCHVs, women's groups and Health Workers in Dhading, (Total of 144 people attended) ➤ One capacity building training held in Dolakha (57 people attended), ➤ Four trainings in Sindhupalchowk (43 people in total attended), ➤ One training in Dhading (77 people attended)

III. Evaluation of Performance

The results below are an extract from the final evaluation report.

EVALUATION RESULTS AS PER PROJECT INDICATORS				
Objectives	Project Expectations	Indicators	Baseline Results (Overall)	Evaluation Results (ETE) (Overall)
Goal	Improved access to adequate and appropriate primary healthcare facilities and services for earthquake-affected communities.	% of target population with improved access to adequate and appropriate primary healthcare facilities and services as result of WV intervention	75.8%	83.7% ¹¹
Outcome 1	To contribute to the restoration and improvement of quality health services for the earthquake affected population in target areas.	100% completion of restoring/repairing 4 HPs and 1 Outreach Clinic in 5 VDCs.		100%
		80% of beneficiaries fully satisfied about the service received	No Beneficiary survey conducted	83.2% ¹² expressed their satisfaction in seeking health services ¹³
Output 1	Repair/Reconstruction of earthquake-resistant health posts with adequate water, sanitation and hygiene facilities.	4 VDC Health Posts and 1 Outreach Clinic repaired/constructed		4 Health Post and 1 Outreach Clinic constructed
		4 VDC Health Posts and 1 Outreach Clinic augmented with adequate WASH facilities	0	4 Health Post and 1 Outreach Clinic constructed with adequate WASH facilities
Output 2	Enhance awareness and knowledge of health workers and	5 community awareness raising campaigns		16 community awareness raising campaigns

¹¹ NER Recovery Phase Evaluation Report (draft) finding

¹² NER Recovery Phase Evaluation Report (draft) finding

¹³ The % is based on the measurement of HH level satisfaction rather than individual beneficiary level from the NER Recovery Phase Evaluation Report (draft) findings, based on the indicator "% of HHs by satisfaction level of last health service received."

	communities on sanitation, disease and disaster risk management	conducted		conducted.
		4 district level media campaigns conducted	0	4 district level media campaigns conducted.
Output 3	Improve the capacity of health workers to deliver disease outbreak management, disaster preparedness and WASH health services	5 Health & hygiene education training workshops conducted in 5 VDCs for community people and health workers	30	24 Health & hygiene education training workshops conducted in 5 VDCs for community people and health workers
		1 Disaster preparedness & risk management training conducted in 5 VDCs for community people and health workers		6 Disaster preparedness & risk management training conducted in total in 5 VDCs for community people and health workers
		165 people attend each of the training/workshop (average 33 people in each VDC x 5 VDCs. 4 health workers+9 FCHV+20 community people=33 people)		470 people attended the training/workshops in total.

A. Relevance

After the earthquake, people lacked access to basic health services due to the damage sustained by existing health posts. In the aftermath, there was a significant increase in cases of pneumonia, diarrhea and fever in the earthquake affected districts. The relevance of the action was timely given the disastrous effect the earthquake had on the Nepal health structure. In the project areas of Sindhupalchowk, Dholaka and Gorkha pre-disaster pneumonia and diarrhea were high and exacerbated following the earthquake due to a lack of sanitation and healthcare. The

reconstruction, equipping and training of health systems enabled a better access to care than what was experienced prior to the disaster.

In Dhading 48 of the 52 health facilities were either fully or partially damaged following the earthquake. The number of displaced was also high, therefore the possibility of disease outbreaks caused by a lack of health care, water and sanitation was highly likely. The positioning of health posts and related WASH services assisted in prohibiting this likelihood of disease.

This project addressed the lack of access to basic health services for people living in earthquake affected districts and the limited education and awareness to prevent outbreak of infectious diseases.

The health structure in Nepal consists of one HP in each VDC which serves nine wards. Health posts provided basic health services in each VDC and are referral centres of the volunteer cadres of traditional birth attendants (TBAs) and female community health volunteers (FCHVs). Health posts are also a venue for community-based activities such as primary health care outreach clinics and expanded programme on immunisation clinics.

As a result of these urgent needs the project included the reconstruction and repair of health posts, outreach clinics, equipping facilities, training of health professionals and awareness raising of critical health and WASH issues in communities. Training included the capacity building of health workers and community volunteers in psychological first aid and community outreach.

WVIN conducted various radio messaging and campaigns where awareness about the health issues were spread.

B. Effectiveness in Achieving Outcome

The project aimed to "contribute to the restoration and improvement of quality health services for the earthquake affected population in target areas."

As depicted in the recovery phase (period between October 2015 – September 2016) evaluation, most HHs faced common health illnesses such as colds (74%), fever (66%), and coughs (66%) and almost a third of third (29%) experienced diarrhoea.

Positively, 87% of individuals in earthquake-affected districts sought health services, of which the highest district, with 97% accessing health services, being Sindhupalchowk.

There is availability of just one district hospital for the entire district. Community people have to travel long distances to reach the hospital. Health posts also known as government clinics are available in each VDC and people have easy access to the health services. Health posts provide health services at lower prices which are affordable for community people. Since health posts are the responsibility of the government; subsidies, free medicine for some illnesses, free vaccination, etc. are made available. These services provided by the health post are beneficial for the community people who cannot afford expensive health care and services. According to the NER Recovery Phase Evaluation report 83.6% of the HHs sought medical facility for treatment where Sindhupalchowk was the highest with 97.1 %.

The previously existing health post that were damaged by earthquake were located far from the target communities. WVIN reconstructed 4 HPs (under ICDF) in locations that were more accessible by the target communities, increasing community's access to health services.

With increased accessibility due to health posts, community members were able to seek better health services regularly. The health posts were equipped with better medical equipment than before which provided better health services to the community people. The four health posts that were constructed under the project were also equipped as birthing centers which were previously not available in the VDCs. With birthing facilities being made available at community level, safe and timely deliveries were enabled with trained professional medical staff as opposed to lengthy travel to district hospitals or reliance on midwives for child delivery. The availability of birthing center at the health post, would support to reduced potential risk of infant mortality due to delivery complication in the long run.

According to the NER Recovery Phase evaluation report, 83.2% of the beneficiaries were satisfied with the service provided by WV constructed HPs. 83.7% of the target population had improved access to the appropriate health care.

WVIN had constructed health facilities that were damaged by the earthquake, with disability-friendly ramps to make access easier for community members with a disability.

Based on the sub-indicators for health outcome, 87% of the target beneficiaries (HHs) visited medical facility for health care. Similarly, 83.6% sought HP treatment and not traditional healer treatment.

The “% of HHs satisfaction level of last health service received’ based on the overall Recovery Phase Evaluation report (draft) is 83.2% out of which: 7.4% of the beneficiaries were very satisfied with the health service received and 75.8% were satisfied with the service they received.

With the support of ICDF, WVIN was successful in rebuilding four HPs, two in Sindhupalchowk and one each in Dolakha and Dhading, including improved water and sanitation facilities and an outreach clinic in Gorkha was constructed. This helped for the resumption of basic health service provision.

C. Efficiency in Achieving Outcome and Outputs

WV successfully achieved the project’s outputs during the given project timeline, reconstructing HPs and an ORC and providing community and media awareness raising campaigns, health and hygiene education training workshops and disaster preparedness & risk management training conducted for community people and health workers.

The timely completion of training and capacity building activities were successful due to proper coordination with the District Health Offices (DHO), local NGOs, female community health volunteers (FCHVs), Health Facility Operation and Management Committee (HFOMC), HP staff and community members. The community and local health facility management have been committed in providing a health worker to work at the ORC once a week minimum, thereby increasing access to health services for families in remote locations.

The involvement and coordination with the DHOs during the approval stage of implementation was initially challenging. But after the initial situation of planning and allocation of areas and all required approval processes there were strong coordination established with the local/district level govt. line agencies for the implementation of the project. Trainers were hired from the DHOs to conduct trainings in the VDCs. WV coordinated with the DHOs in the implementation and joint monitoring of activities. The monitoring visits supported WV in demonstrating the effectiveness of the program and to getting feedback

to increase acceptance of the program in the community and creating ownership by stakeholders (community people, the local governing bodies and DHO).

Despite a few delays in construction of HPs due to early onset and prolonged monsoon season damaging access roads, WV completed the construction of the HPs within the project period. HPs were also equipped with medical equipment and WV conducted training with HP staff on how to operate the equipment to ensure proper use and sustainability. WVIN equipped the HP as a birthing center and provided the space and equipment required for a HP to successfully operate as such. The previous HP which was destroyed by the earthquake did not have a birthing space causing prolonged birthing complications to women and their new-born. With WVIN support the newly constructed HPs are a full-fledged birthing center with bio-degradable placenta pit and solar back up of 1000kVA were installed at HP to operate light, cold chain (vaccine), suction sets and other medical equipment.

The HP were built with pre-fab materials which are light in weight but are strong and durable. The materials used in the HP are well explained to the DHO and HP in-charge. Placenta pit has been designed and constructed in such a manner that the waste deposited in the pit automatically gets decomposed. HP incharge and HP staffs are instructed to pour mud at regular intervals for proper decomposition. The decomposed materials can be utilized as manure and through this approach environment will not be harmed.

Similarly, after installation of the solar backup system and before handover of the HP, HP staffs and DHO representatives are well informed about the ways to utilize the solar backup systems. All these materials along with medical equipment are registered at MoHP and DHO for proper monitoring and sustainability.

D. Preliminary Assessment of Sustainability

The project was designed to promote better access to basic health facilities and spread awareness on various health issues in earthquake affected districts through media campaigns and training of community health volunteers and health post staff.

Sustainability of the repaired and constructed health posts was planned from the design phase. All health posts were to be handed over to the DHO in the presence of community people. To ensure the sustainability of the HPs, the facilities and equipment were registered with the Ministry of

Health for regular follow ups. WVIN conducted meetings and coordinated with District Health Office for monitoring the construction process and project activities. The meeting and monitoring visits supported the effectiveness of the project, increasing acceptance in the community and increasing ownership of stakeholders.

Similarly, a billboard outlining the HP construction cost along with ICDF's logo was installed on site. This informs the community on the health services they can access and the HP staff that are accountable for providing the services.

IV. Overall Assessment and Recommendations

A. Overall Assessment

The project overall assessment as per its output target is positive as the project activities have been delivered to its beneficiaries as follows:

Outputs:	Overall Assessment:												
1) Repair/Reconstruction of earthquake-resistant health posts with adequate water, sanitation and hygiene facilities.	<p>Health was the major priority area for WVIN. With the aim to increase access, WVIN recovery phase health programme focused on repair and/or reconstruction of health facilities and equipping affected health posts.</p> <p>WVIN build 4 health posts, 2 at Sanosirubari and Phulingkot of Sindhupalchowk, 1 at Gumdi of Dhading and 1 at Gairimudi of Dolakha. WVIN also build 1 Outreach clinic at Chyangli of Gorkha.</p> <p>WVIN was able to reach a total of 2245 direct beneficiaries through the following activities:</p> <ul style="list-style-type: none">- 1459 beneficiaries through awareness raising campaigns,- 470 beneficiaries through capacity building- 316 beneficiaries through Disaster preparedness and risk management trainings. <p>The health post would be able to provide service to a total of 18,295 people residing in those VDC whenever they require any health benefits.</p>												
	<table><tr><th>HP/ORC</th><th>District</th><th>HH</th><th>Total Population</th></tr><tr><td>Fulpingkot</td><td>Sindhupalchowk</td><td>904</td><td>3,815</td></tr><tr><td>Sanosiriwar</td><td>Sindhupalchowk</td><td>779</td><td>3,274</td></tr></table>	HP/ORC	District	HH	Total Population	Fulpingkot	Sindhupalchowk	904	3,815	Sanosiriwar	Sindhupalchowk	779	3,274
HP/ORC	District	HH	Total Population										
Fulpingkot	Sindhupalchowk	904	3,815										
Sanosiriwar	Sindhupalchowk	779	3,274										

i	wk		
Chyangli (ORC)	Gorkha	465	2,095
Gumdi	Dhading	1,109	4,833
Gairimudi	Dolakha	1,129	4,278
	Total	4,386	18,295

WVIN via DOH also provided medical equipment to these HPs and provided updated and need-based trainings to the HP staff on how to utilize and operate equipment. The HP staffs were also provided awareness on the maintenance of the Solar backup system and placenta pit.

For longer sustainability all the HPs and ORC have been registered in the Ministry of Health and Population and also at District Health Office. Similarly, all HPs and ORC were handover to the MoHP and DHO after the final inspection.

According to the overall Recovery phase evaluation report 87% of HHs sought for health service and 83.2% of the HHs who sought health services were satisfied with the service

2) Enhance awareness and knowledge of health workers and communities on sanitation, disease and disaster risk management

The intervention also included capacity building and training for health workers and community volunteers for psychosocial first aid and community outreach. The ORC is useful community venue to conduct meetings, run immunisation programmes for children and host teaching sessions on basic and essential health issues. The community and local health facility management have shown their commitment by providing a health worker to be at the ORC weekly.

3. Conduct training workshops to improve the capacity of health workers on health, disease outbreak management, disaster

With the need to strengthen Health Facility Operation Management Committee (HFOMC) to take the lead in running health services effectively; capacity building training and review workshops were conducted. Regular monthly meetings enabled a forum to share different health issues and problems identified at community level

<p>preparedness and WASH health services.</p>	<p>and to find solutions at the local level where possible.</p> <p>The disaster preparedness and risk management training for lead health facility workers, health post staff, operations and management committee and FCHVs were very effective (as per the feedback from participants just after training). Participants reported that they could cope with risk situations during the recovery phase of earthquakes as this was new to them. With a high potential for possibilities of earthquake and landslides in these places, participants expressed learning from trainings would be utilized effectively in community whenever there is a disaster. Based on this, the participants also requested for follow up sessions on to refresh and update their skills.</p>
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4. Lessons

The lessons learned during the implementation of the project were:

- HP retaining walls
 - The land where HPs were built had to be excavated to create a level platform. The community feared that another earthquake or landslide could cause the HP to collapse or the access road to be damaged, WV learnt that it is important to include retaining wall requirements during design and planning phase.
- Participatory Planning
 - Participatory planning for the dates of training and workshops with District Health Offices and the community helped to accomplish the activities on time and in an effective manner.
- Practical DRR session
 - DRR-first aid training was conducted by hiring demonstration tool kits as the beneficiaries requested for a practical session to get a better understanding of the instruments in the first aid kits and the ways to use them. WV coordinated with the Red Cross to

hire instruments and materials required to provide live practical sessions on the uses of the instruments and ways to provide first aid using the dummy.

- Coordination with Government Agencies
 - Different decisions made by the District Health Offices (DHO) and the national level Ministry of Health and Population (MoHP) led to a change in target VDCs. It takes time to build rapport with the government authorities for effective coordination, which is a challenge during time pressured response operations. It is suggested that in the future WV plan a longer period for the preparation and construction process, including obtaining all detailed approvals from all levels of government and plan out the time it takes to have detailed construction designs approved by the MoHP.

5. Recommendations

Coordination and approvals from local government was a major challenge for all I/NGOs vis e vis Earthquake Response efforts across all sectors. in particular with this grant, different decisions made by District Health Office (DHO) and national level Ministry of Health and Population (MoHP) led to the change of target VDCs and also created general delays in approvals. It is suggested that in the future a longer time period for all the preparation work in construction process is included in the project DIP, including obtaining all detailed approvals from all levels of government and also adding longer time-frames for detailed construction designs to be approved by the MoHP. Coordination with the government does take time and though WVIN already build rapport with many of the line ministries as part of their development work, these coordination and approval processes were a challenge in meeting the time-pressured timelines of a Response.

Use of remote monitoring for quality assurance and/or additional engineers to ensure dedicated WV site supervision - given the distances between VDCs and Health posts and the capacity of the infrastructure contractors in Nepal, it is suggested that more rigorous remote monitoring be utilised for future infrastructure projects to ensure progress and quality. As part of the Nepal Innovation Lab funded by WVIN, a new app has been developed called Field Sight (in partnership with UNOPS) - this app will be used to remotely monitor construction sites going forward.

In addition, having more qualified engineers as part of the WVIN workforce would support a higher frequency of site supervision where there are multiple sites that are long distances from one another /have access issues (however this impacts overhead costs).

ICDF volunteer architect was deployed to design health posts that benefitted the project. However, for future projects of a similar nature, it would be appropriate to engage an engineer instead of an architect as it would significantly assist with the technical aspects of the construction. The limited English language skills of the volunteer also meant that his technical knowledge could not be as effectively utilised.

ICDF 3

WORLD VISION REPAL - Revised 11 Feb. 2016 (due to VDC changes)

REPAL RATE 100%

BUDGET for ICDF Grant

Line Item Code	Project Activities								
1.1	Consultancy cost for health post design and monitoring	1	100%	14,400	1	Consultancy cost	\$14,400		
1.2	Reconstruct health posts using build back better techniques, with WASH facilities (i.e. water tank, pump, permanent water purification system, latrines etc), excluding labour, transport	4	100%	51,000	1	health post	\$306,000		
1.3	Scientific back up system installed at health post	4	100%	4,250	1	health post	\$17,000		
1.4	Construction of medical waste disposal units (e.g. placenta pits) at health post	4	100%	1,100	1	PA	\$4,400		
1.5	Construction of OHC (NATICS)	1	100%	14,000	1	OHC	\$14,000		
	Sub-Total						\$355,800		
2.1	Community awareness raising campaigns (3 campaigns x 5 VDCs)	15	100%	600	1	campaign	\$7,500		
2.2	District level media campaigns (4 districts)	4	100%	1,500	1	campaign	\$4,200		
	Sub-Total						\$11,700		
3.1	Capacity building training workshop for local groups (child club, women groups, FCHV an health workers on health and hygiene education), 3 workshops x 5 VDCs	15	100%	450	1	workshop	\$6,750		
3.2	Oversee preparedness and risk management training for health facility in charge, health post staff, operators and management committee and FCHVs	5	100%	1,000	1	training	\$5,000		
3.3	Supervise equipment and monitoring to health posts	1	100%	1,200	1	supervision	\$1,200		
	Sub-Total						\$12,950		
4.1	Partner support, training and monitoring costs (incl. partner admin. costs)	15	100%	1,000	1	monthly	\$15,000		
	Total Activity Cost						\$396,450		
5	Training & Monitoring & Evaluation								
5.1	Start up workshop cost (4 districts)	1	100%	1,000	1	workshop	\$1,000		
5.2	Baseline Assessment	1	100%	4,000	1	survey	\$5,000		
5.3	Post intervention monitoring	1	100%	1,000	1	supervision	\$1,000		
5.4	Standard Visitation (charts, stickers, balloons, posters)	1	100%	1,000	1	supervision	\$1,000		
5.5	End of project evaluation (4 districts)	1	100%	6,000	1	supervision	\$6,000		
	Sub-Total						\$12,000		
6	Direct Project Admin Costs								
6.1	Personnel costs (local and international experts and staff)								
6.1.1	District Health and Nutrition Coordinator	4	25%	1,000	15	person	\$15,000		
6.1.2	Infrastructure Officer	4	25%	1,000	15	person	\$15,000		
6.1.3	Office officer	1	100%	1,000	15	person	\$15,000		
6.1.4	Driver	4	25%	600	15	person	\$9,000		
6.1.5	Local NGO - Project coordinator	4	50%	350	15	person	\$10,500		
6.1.6	Local NGO - Finance officer	4	25%	250	15	person	\$3,750		
	Sub-Total						\$68,250		
6.2	Travel/Transportation								
6.2.1	Field Travel/Per diem - Kathmandu to field locations	1	100%	400	15	person	\$6,000		
6.2.2	Field Travel/Hotel Accom - Kathmandu to field locations	1	100%	400	15	person	\$6,000		
6.2.3	Field Travel/Hotel Accom - Field Staff (in Kathmandu)	1	100%	200	15	person	\$3,000		
6.2.4	Field Travel/Per diem Field staff (in Kathmandu)	1	100%	100	15	person	\$1,500		
6.2.5	Motor Vehicle Fuel/running costs- field	1	100%	1,510	15	person	\$22,650		
6.2.6	Accommodation for Taiwan ICDF Volunteer	1	100%	1,500	3	monthly	\$4,500		
6.2.7	Transportation for Taiwan ICDF Volunteer	1	100%	300	3	monthly	\$900		
	Sub-Total						\$44,250		
	Total Direct Project Admin costs						\$112,500		
	Total Direct Project Cost						\$553,200		
7	Program Support and Supervision (Overhead costs)								
7.1	Health Manager	1	20%	9,200	15	person	\$27,600		
7.2	DAE officer	1	40%	800	15	person	\$4,800		
7.3	District Finance officer (4 districts)	4	15%	800	15	person	\$9,600		
7.4	Communications Costs	1	100%	73	15	person	\$1,095		
7.5	Office Supplies and utilities	1	100%	110	15	person	\$1,650		
7.6	Office rentals	1	10%	1,133	15	person	\$1,700		
	Sub-Total						\$46,445		
7.7	Inventory Cost (Project support costs, hardware and district office equipment)						\$25,000		
	Total Overhead Costs						\$71,445		
	Total Budget						\$624,645		

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財團法人國際合作發展基金會 函

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承辦人：吳靜怡

(郵遞區號)

(地址)

受文者：如正(副)本單位

發文日期：中華民國106年9月8日

發文字號：財國合發人援字第1061700431號

速別：普通件

密等及解密條件或保密期限：

附件：如文

主旨：檢呈本會與世界展望會尼泊爾分會合作之「尼泊爾衛生站重建計畫」結案報告及結案會議紀錄各乙份，敬請鑒
察。

正本：外交部

副本：外交部非政府組織國際事務會、外交部亞東太平洋司、外交部國際合作及經濟事務司、駐印度代表處

