

CONTINGENCY PLAN

Nepal:

Monsoon flooding and landslides

June 2017



Prepared by the Humanitarian Country Team (HCT)

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2 million people

Numbers of people affected in a 'worst-case' scenario basis

36 districts

Focus of preparedness planning

33,000 and

150,000 people

Confirmed in-country response capacity of the Shelter and Health Clusters

STRATEGIC SUMMARY

Every year, during the monsoon period of June to September, communities in the Terai and Hill areas of Nepal are exposed to increased levels of flood and landslide risk. Such risks can lead to immediate humanitarian suffering; they can exacerbate pre-crisis vulnerabilities and erode development gains.

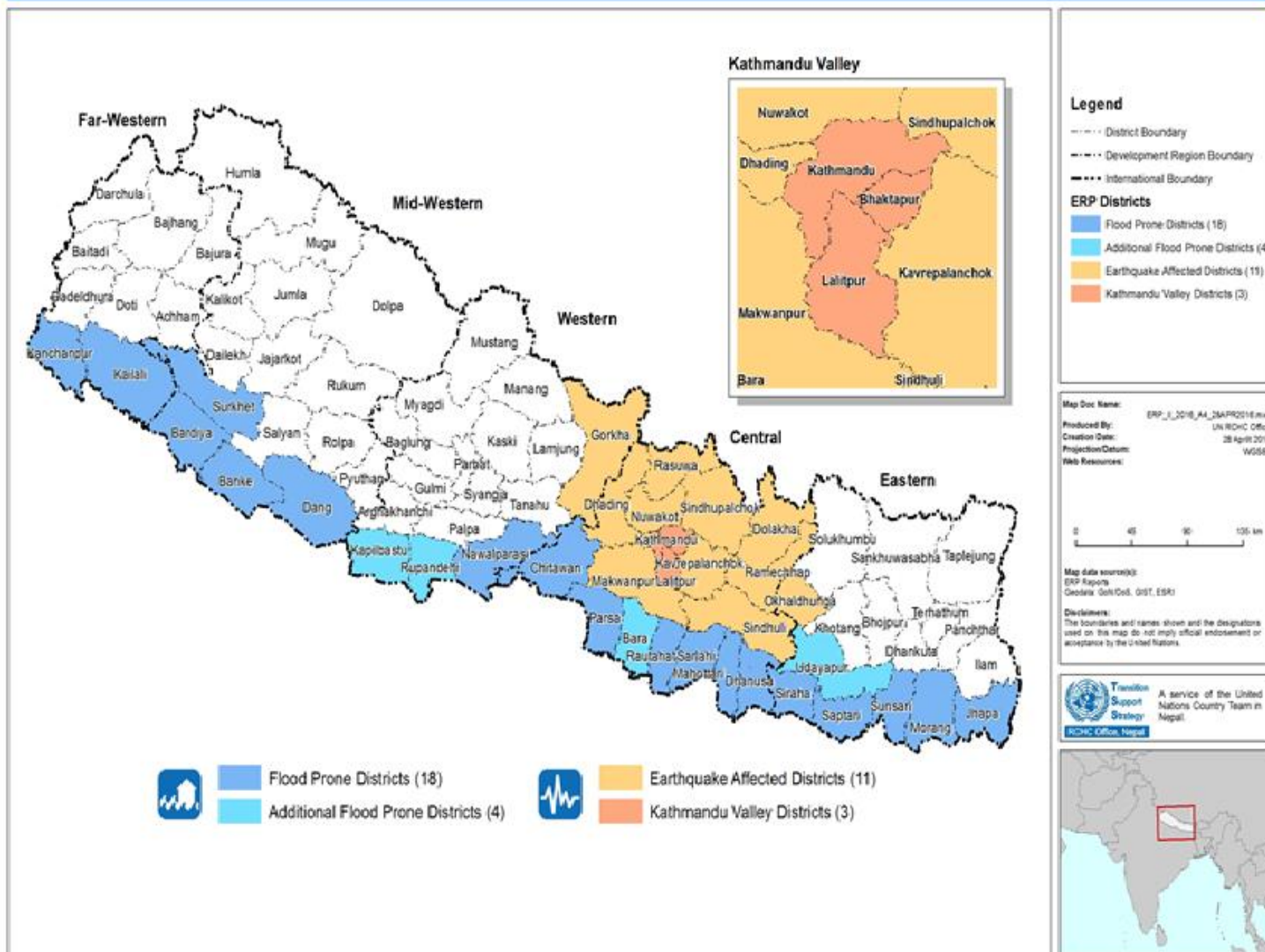
The recurrent nature of monsoon related flooding and landslides and the potential humanitarian needs they can bring about requires the HCT to undertake focused preparedness planning.

The aim of this document is to strengthen preparedness planning in 36 districts - comprised of 22 flood prone districts in the Terai plus 14 earthquake affected districts in Hill areas which face both landslide and flood risk.

To optimize the speed and volume of critical assistance in the aftermath of a flood or landslide, the HCT has developed this document to:

1. Reach a common understanding of flood and landslide risk and how to monitor potential flooding in the Terai to ensure early action is taken when required;
2. Establish a minimum level of multi-hazard preparedness across six core Clusters (Food Security, Nutrition, Protection, Health, Shelter and Water, Sanitation and Hygiene (WASH)) – noting the inter-Cluster significance of the Logistics Cluster also;
3. Establish the parameters for a joint HCT response strategy by six core Clusters to meet the needs of affected people in the first 30 days of a humanitarian emergency;

Nepal: Emergency Response Preparedness (ERP) Districts



SITUATION & RISK ANALYSIS

1. Country Information and Context Analysis

Nepal is at high risk from multiple natural hazards. A [database](#) of past disaster events (covering the period 1971-2008) shows that in terms of numbers of persons affected the principle hazards that Nepal is exposed to are earthquakes, floods, landslides and fires.

In April and May 2015 Nepal experienced two significant earthquakes of 7.8M and 7.3M respectively which caused major loss of life and damage across Central and Western regions of the country. Following the initial earthquake in April 2015 Nepal was impacted by thousands of aftershocks as well as huge numbers of landslides. The likelihood of another major earthquake is high and the HCT has developed a specific contingency planning document to support earthquake preparedness.

Between 1971-2013 floods and landslides caused an average of nearly 200 deaths per year in Nepal with economic damage exceeding US\$10 million (see <http://www.desinventar.net/DesInventar/profiletab.jsp?countrycode=npl>). Most floods in Nepal occur during the monsoon season, between June and September, when 80 per cent of the annual precipitation falls, coinciding with snowmelt in the mountains. Flash floods and *bishyari* (the breaking of natural dams caused by landslides) are common in the Mountains, whilst river flooding occurs when streams augmented by monsoon rains overflow in the Terai plains in the south of the country. These floods can go on to impact Uttar Pradesh, Bihar and West Bengal states in India as well as Bangladesh.

Nepal is generally categorized into three geographical zones – the Terai, Hill and Mountain areas. The Hills and Mountains are highly susceptible to landslides and debris flows, including those caused by landslide damming, excessive erosion of hill slopes and rock falls. The flat plains of the Terai are at high risk to flooding, which can be exacerbated by large disposition of debris in riverbeds and by the construction of embankments across rivers.

The 2014 monsoon season demonstrated the severe impact floods and landslides can have across the country. In August 2014, heavy rainfall caused floods and landslides across 17 districts resulting in 134 deaths and affecting approximately 30,000 families.

The Ministry of Home Affairs (MoHA) is the focal lead agency for the Government of Nepal (GoN) in coordinating disaster preparedness and response. Through MoHA, particularly the National Emergency Operations Centre (NEOC), international and national organizations coordinate response efforts.

2. Summary of Risk

The HCT's contingency planning efforts focuses on the annual hazard of flooding in the 22 districts of the Terai region plus the 14 earthquake affected districts. 'Worst-case' planning assumptions, based on modelling of previous flood and landslide events, for a one-off flood event include:

Areas affected: Kailali, Dhanusha, Bardiya, Banke, Kanchanpur, Mahottari, Saptari, Siraha, Jhapa, Sarlahi, Rautahat, Sunsari, Morang, Parsa, Nawalparasi, Surkhet, Dang, Chitwan, Gorkha, Dhading, Makwanpur, Rasuwa, Nuwakot, Sindhupalchowk, Kavre, Dolakha, Ramechhap, Sindhuli, Okhaldhunga, Lalitpur, Bhaktapur and Kathmandu.

Affected population: approximately 2 million people – 'worst-case' scenario.

Displaced households: 166,000 households – 'worst-case' scenario.

'Worst-case' scenario disaster impacts:

- Houses destroyed and/or submerged under flood waters causing displacement both short and long-term.
- Water and sanitation facilities destroyed leading to an increased risk of disease outbreaks both water and vector borne.
- Heightened exposure to protection risks for vulnerable groups including women, children and elderly and physically disabled persons. Specific social and caste groups are also exposed to increased protection risks during times of crisis.
- Agricultural livelihoods adversely affected as large areas of standing crops are flooded and destroyed and significant numbers of livestock killed in flood waters. This has knock-on consequences for food security and nutrition.

- Critical infrastructure including bridges, roads, airports and electricity and communication networks sustain major damage and in some cases are inoperable.
- Road links to India and within specific areas of Nepal are rendered impassable.
- Local government services severely impacted.

3. Response & Operational Capacity

MoHA is the lead Government agency for emergency preparedness and response. MoHA is responsible for coordinating response across ministries, security forces and humanitarian partners. As the designated lead for preparedness and response, MoHA is also responsible for coordination with partners from national to district level.

Coordination and information management to support response efforts is led by the NEOC, based in Kathmandu. The NEOC is located within and is key unit of MoHA. Working with District Emergency Operations Centres (DEOCs), the NEOC is responsible for collecting information in affected areas and coordinating response efforts. At the district level, District Disaster Relief Committees (DDRCs) are the responsible authorities for coordinating response efforts in districts. In support of district level response, District Lead Support Agencies (DLSAs) have been identified to work with DDRCs and humanitarian actors in coordinating response efforts and facilitating information sharing and management.

Despite a strong coordination framework with the GoN, DLSAs have been beset by a number of coordination-related challenges including in relation to unified approaches to information management and assessments, community engagement and accountability, common positions on standards and other issues. DLSA capacity also varies from district-to-district.

As part of the ERP process, MoHA, Cluster co-leads and the DLSAs agreed on the roles of the DLSAs and on a consistent approach for district level information management. Recent developments in regards to joint and coordinated needs assessments may help to strengthen aspects of district level coordination.

In support of a GoN-led response, the HCT, Principals is the apex and strategic and decision making and oversight forum established and led by the Humanitarian Coordinator (HC) and includes Cluster co-leads, representatives from the Red Cross and international NGOs (iNGOs) and donors. The HCT, Principals is responsible for agreeing on common strategic issues related to humanitarian action.

The HCT, Principals is supported by the HCT, Operational Group. The Operational Group, chaired by the head of the UN Resident Coordinator's Office (UNRCO), also includes donor, NGO and Red Cross representatives. As its name implies its focus is on issues of an operational nature.

In addition to the HCT groups the Association of I/NGOs (AIN) provides a forum for iNGO partners to coordinate and align response efforts.

While coordination forums are well established their ability to perform certain tasks remains a challenge. For example, joint situational analysis and reporting and 'who, what, where' (3W) mapping and analysis (including in relation to stockpiled relief items) are produced irregularly.

In 2012, UNOCHA reduced its presence in Nepal, while remaining actively supportive through the Regional Office for Asia and the Pacific, based in Bangkok. At the same time, ten Clusters and one network transitioned to GoN leadership with support from traditional Cluster leads. Following the April 2015 earthquake, the HCT re-activated all Clusters although they have since been deactivated.

As agreed by the HCT Principals, immediate disaster response efforts will be planned through an Initial Rapid Assessment (IRA), conducted by the Nepal Red Cross Society (NRCS).

4. Gaps and constraints

Key identified key gaps and constraints include:

Coordination

The emergence of new structures and administrative entities following restructuring are likely to bring with them a number of coordination-related challenges particularly in the initial months after new structures have been established.

The GoN's 'unbundling report' on administrative restructuring sets out the roles and responsibilities of government agencies in a federal structure. For disaster management, as with other GoN functions, it is likely that new structures will take a time to mature and for clarity on roles and responsibilities to be fully understood by non-state disaster

management actors. For the 2017 monsoon season MoHA has confirmed that district structures will be used for preparedness and response actions.

Government ministries act as overall Cluster leads with UN and iNGOs providing operational support in their respective Clusters. Cluster co-lead agencies continue to play a fundamental role in preparedness and it is expected they will play major roles in any responses.

Experience has shown that response efforts at district level rely heavily on the leadership of Chief District Officers (CDOs). Across districts the disaster coordination experience as well as length of tenure (i.e. intimate knowledge of the district) vary greatly. This also means that the capacity to coordinate and respond can vary.

Information Management

There is an abundance of disaster related data in Nepal which can be used to support rapid and informed humanitarian responses. The challenge is for this data to be identified, compiled, and made available to disaster responders in a way they can use. Dedicated capacity to do this is required to ensure partners can access credible data in a timely manner to support response planning.

This contingency plan and the accompanying district profiles aim to harness existing data and to provide humanitarian actors with a robust foundation on which to make initial and prioritized response decisions.

Information management in Nepal is streamlined through the Information Management Working Group (IMWG). This Group is responsible for compiling key datasets, agreeing to common sharing platforms and supporting the HCT groups on information management.

Operational Standards

The NRCS has its own standards regarding Shelter and Non-Food Item (NFI) kits. These are not followed and agreed by all international partners in the field.

It is critical to ensure there is widespread consensus on the need to follow one standard and agree on the content of the basic packages. Upon agreement from all partners, packages could be customized for groups with special needs.

Consensus on operational standards will be achieved through review of existing practices and reaching agreement on common approaches. Recent 3W mapping, undertaken in May 2017, has highlighted the range of different relief items (in terms of specifications) that Cluster members hold.

5. Triggers

The aim of this plan is to complement the role of the GoN as the overall lead actor on emergency response in Nepal. In the event of a disaster event the decision to trigger and initiate use of this contingency plan must be taken in close consultation with MoHA. Any decision to trigger this plan must consider the primacy of the GoN as lead response actor i.e. this plan should not be seen as a substitute for the GoN but rather as a means to support and complement GoN led efforts.

Rather than adopt a prescriptive trigger based on an affected caseload, for example, this plan will be initiated following consultations with MoHA. This approach will enable the HCT to operationalize this plan in a flexible manner and in a way that can best support the GoN. For example, this plan can be operationalized in an individual district to respond to localized flooding to augment GoN responses or in the event of a major flood across a number of districts where GoN capacity is overburdened.

The HCT will regularly assess rainfall data and river monitoring information from the [Department of Hydrology and Meteorology](#) throughout the monsoon period. Use of early warning data might enable this plan to be initiated ahead of a flood event occurring as a preparedness measure.

6. Planning figures for humanitarian assistance

Planning figures were developed by bringing together 2011 census statistics with data on historic flood and landslide risk. Flood risk data was obtained from studies authored by the World Food Programme and by the Department of Irrigation. Data on landslide risk via the International Centre for Integrated Mountain Development and also via 2016 geo-hazard assessment undertaken by the National Reconstruction Authority (NRA).

By combining different datasets we are able to estimate the numbers of people living in areas prone to flooding and landslides. This is the first time this approach has been used by the HCT to support preparedness planning for the monsoon period.

Our new approach significantly reduces the worst-case scenario caseload in comparison to previous years. For example, the contingency plan for 2016 had a worst-case scenario of 5 million people. This was predicated on the assumption that 25% of the population in each of the 36 districts would be impacted by flooding in a worst-case scenario basis. The non-linear nature of flooding and the availability of robust data which shows the whereabouts of flooding over a number of years meant we were able to re-visit this assumption.

The Department of Irrigation study classifies vulnerability to flooding according to different criteria; low risk, moderate risk, high risk and extensive risk. The World Food Programme study categorizes areas according to risk of different inundation levels (<50cm, 50-100cm, 100-150cm, 150-200cm, >200cm). Our worst-case scenario would affect the respective populations of each of these criteria and would impact some 2 million people. However, the likelihood of all focus districts being simultaneously affected by comparable inundation levels is negligible meaning the overall worst-case scenario figure should be treated with caution. More operationally useful are the district level caseloads detailed in the district profiles. Use of district level information will support humanitarian agencies to develop an understanding of the likely impacts of a flood or landslide and the differentiated affects they have across districts.

A weakness of our model is that it does not capture duration of inundation. A flash flood may have very different humanitarian consequences compared to a period of prolonged inundation. Further work is needed to adjust our model to integrate such considerations.

Information provided in the district profiles can help humanitarian agencies to prioritize and refine the different caseload scenarios associated with our model. For example, pre-crisis [food security data](#) and nutrition data can help responding agencies to identify particularly vulnerable groups and to prioritize response actions. GESI related information can also be combined with food security data to further refine scenario figures.

Our new approach therefore combines historic data regarding floods and landslides with GoN census information all of which can be filtered by the HCT by using data on pre-crisis vulnerabilities. This approach facilitates rapid prioritization and can support humanitarian agencies to take 'low regrets' response decisions. Another key strength of the current approach is that it relies chiefly on GoN data.

RESPONSE STRATEGY

The Contingency Plan is designed to support the Government of Nepal's response to the immediate humanitarian needs of the people affected by floods.

Preliminary objectives for this initial 30-day plan are:

SO1	The immediate food needs of affected people are met to avoid nutritional deterioration.
SO2	Families with destroyed or damaged homes, including the displaced population, attain basic and protective shelter solutions.
SO3	Prevent increases in mortality and morbidity and the outbreak of communicable diseases through immediate access to basic water, sanitation, hygiene, and health services.
SO4	Affected people are protected against violence and have equal access to assistance, services, and rights without discrimination.

OPERATIONAL DELIVERY

1. Sector/Cluster Operational Delivery Plan Summary

The UNRCO will work with Cluster co-lead agencies to review progress against delivery of the operational plan.

Supports Objective O1, O2 and O3

Activities	Indicator	Target
Distribute ready to eat food, conduct general food distribution, provide unconditional market-based solutions (cash and vouchers), and/or conditional market-based solutions (cash and vouchers, food for assets/training)	Proportion of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers	100% of affected people
	Quantity of food assistance distributed, disaggregated by type	Depends on scale of disaster
	Total amount of cash transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned	Depends on scale of disaster
Protect, promote and support breastfeeding practices (through breastfeeding spaces, counseling and management of breastmilk substitutes); promote infant and young child feeding practices including appropriate complementary feeding	# of organizations providing unsolicited donations, distribution and use of breast milk substitutes or milk powder	0 (immediately after disaster onwards)
	Proportion of affected mothers and children requiring support received counseling services	# dependent on caseload/assessment (100% coverage of all lactating women requiring support) – however, it should be initiated as early as possible
Revitalize primary health care services including the management of non-communicable diseases, disabilities, reproductive health, mental health and injury rehabilitation through the provision of essential medicines and supplies, and rehabilitation of damaged health facilities, integrating disaster risk reduction strategies	% of damaged health care facilities that have resumed services	Depends on scale of disaster

Provision of safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene.	Number of water supply systems (hand pumps, dugwells, piped water supply systems renovated in the affected area	All water supply systems used by 100% of households (HHs) that are not functioning
	Number of HHs (60,000) receiving water purification solutions for minimum of 30 days	100% of HHs
Public water points are sufficiently close to households to enable use of the minimum water requirement.	Number of temporary medical camps, temporary learning centers/ early childhood development sites provided with water supply facilities	Target depending on the need and request from temporary medical camps, temporary learning centers/ early childhood development sites or providers of it
Provision of adequate numbers of toilets, sufficiently close to their dwellings, to allow them rapid, safe and acceptable access at all times of the day and night.	Number of sanitation facilities (child, gender and differently-abled friendly) identified for affected communities	100% of HHs
	Number of semi-permanent latrine constructed in camp setting following the agreed standards	100% of HHs
	Number of bathing space constructed for male and female	100% of HHs
Provision of solid and liquid waste management facilities to safegaurud environemtal sanitation and reduce disease burdens among the affected communties	Number of garbage management pit constructed to management solid waste of the community	100% of HHs; as per the setting of the camps
Provision of vector control items and knowledge to protect the affected population from disease and nuisance vectors that are likely to represent a significant risk to health or well-being.	Number of bednets provided to HHs in collaboration with health cluster	100% of HHs
	Vector control mechanism in place in coordination with health Cluster/ Municipality/local administrative units	
	Number of vector breeding places identified and are either dismantled or closed in coordination with communities/ humanitarian Clusters	
Distribute NFIs / provision of unconditional cash-transfers	Flood affected families receive non-food relief items or unconditional cash-transfers	8,000 families
Distribute shelter kits / provision of unconditional cash-transfers	Shelter kits distributed for families to repair or build temporary shelters or receive unconditional cash-transfers	1,300 families
Distribute tarpaulins / provision of unconditional cash-transfers	Families receive tarpaulins to cover damaged roofs / protection / receive unconditional cash-transfers	2,500 families

Prevent and respond to gender based violence	# of case of gender-based violence (GBV) reported	100% in first week
	# of cases referred for appropriate services	100% referred in first week
	# female friendly spaces (FFS) established/operational and psychological support, case management and other services integrated	# of FFS established and operational as per requirement
	# of security personnel including women deployed in the camp/affected areas	20% women security personnel in first week
	# of community based mechanism mobilized for prevent and response to GBV	100% in first week
	# of Women and adolescent girls involved in camp/shelter management committee and relief materials distribution	100% in first week
	# of dignity kits distributed to WRA including pregnant and lactating with GBV prevention and referral messages	# dignity kits distributed
Psychosocial support, including child friendly spaces	# of psychological first aid provided to the affected population by community psychosocial workers	10% in second week
	# of focused psychosocial care provided by the counsellors. # of cases referred for specialized care (psychiatric treatment, mental health treatment)	20% of the identified cases
	# child friendly spaces (CFS) established/operational and psychosocial support is integrated in the CFS	100% in camp settings
Family tracing and reunification	# of Information desks and free phone service in camps and affected areas established to help families make contact.	
	# of missing and separated people, including children, identified	100% of the identified cases
	# of separated people, including children, reunified	

2. Addressing cross-cutting and context-specific issues

Cash-based humanitarian programming

The provision of emergency multi-purpose cash-based assistance should be considered, alongside other delivery mechanisms, as means to support disaster affected communities. Unconditional cash transfers can provide households with the ability to meet their basic needs in way that promotes the agency of affected persons and local economic recovery.

Increasing the use of cash-based programming in post-disaster situations is a key objective of the Grand Bargain. Nepal took part in a regional Grand Bargain event in February 2017 organized by the UK and OCHA.

The 2015 earthquake response has provided the humanitarian community in Nepal with rich learning about the use of cash transfers. So learning can be operationalized future cash-based responses should be led and coordinated by the Cash Coordination Group (CCG). In May 2017 the HCT, Principals requested that the CCG formally join the HCT groups as a member.

Humanitarian responders may decide to use cash-based approaches when several conditions are present:

- *Approval from District Disaster Relief Committees (DDRCs)* – MoHA has stipulated that responding agencies must seek approval from DDRCs to implement cash-based activities so that they do not undermine or duplicate the role played by government social protection mechanisms.
- *Functional markets and financial service providers* – no major price inflation, necessary goods available, markets able to respond positively to an injection of financial resources. Capable and robust financial service providers;

- *GoN social protection mechanisms* – existing relevant GoN schemes in place to support financial disbursements.
- *To overcome logistical constraints* – to ease the burden of the transportation of imported goods where logistics are challenging, time-consuming, and costly;
- *The promotion of agency and choice* – where providing a household with flexible options to help themselves is a prime and necessary objective;

This modality also makes use of local markets and can help to stimulate businesses and economic recovery. Cash can also be combined with in-kind, work schemes, and voucher approaches. Its essential flexibility is key to both the short and medium term objectives of this plan. Cash can help to address immediate urgent needs, support positive household coping mechanisms (forestalling injurious ones such as the sale of household assets, taking loans, skipping meals etc.) and at the same time it enables households to engage in activities that promotes long-term recovery such as works to rebuild houses or to repair community infrastructure through cash-for-work programmes. It can enable households to prepare for the post-monsoon winter season and a transition to medium and long-term recovery.

MoHA encourages responding agencies to provide support through existing GoN social protection mechanisms. The CCG can provide guidance to humanitarian agencies about the range of different mechanisms in Nepal and how these might be used in the event of an emergency.

Effective coordination with the GoN on cash is *essential* and the CCG is key component of the humanitarian architecture in this regard. Consensus must be reached amongst responding humanitarian agencies on targeting strategies and disbursement mechanisms. Recommended actions must be communicated to MoHA at the earliest opportunity via the CCG.

Accountability to affected people is critical

Engagement with and accountability to affected people is critical. Affected people need to be kept informed about available humanitarian services so that they understand what assistance they are entitled to and how they can access it. A lack of reliable, timely and accurate information might jeopardize post-disaster recovery as communities might act on imperfect or patchy information.

Humanitarian responders must also give affected people the opportunity to voice their opinions about relief operations. Responding organizations must commit to monitor, track and act on beneficiary feedback.

Following the April 2015 earthquake, the inter-agency **Common Feedback Project** (CFP) was established. The CFP is ground-breaking and well embedded within the humanitarian architecture in Nepal. Future accountability related activities should build on the investments and learning generated from the CFP. The CFP is focused solely on the earthquake response in 14 specific districts.

For responses outside of the 14 earthquake affected districts accountability mechanisms and approaches can be discussed with the CFP and the Communications Working Group (CWG). Amongst other things the CWG maintains a repository of pre-agreed messages that can be disseminated by different means prior to or in the event of an emergency. More generally the CWG plays a central role in coordinating communications-related activities.

Promoting gender equality and social inclusion (GESI) in humanitarian responses

Although the legal frameworks of Nepal (including the constitution) support women's rights and equality, various social norms and discriminatory practices can exacerbate the impact of a disaster event on women and girls. Pre-existing gender inequalities can also undermine the ability of women and girls to fully participate in humanitarian responses. It is therefore critical to understand the differentiated impacts that crises can have on different demographic groups including women, men, girls and boys of different ages.

Humanitarian organizations must also be able to the distinct nature of Nepali society and particularly the numerous ethnic minorities and social and language groups it is composed of. As with gender, membership of a particular social or ethnic group might complicate participation in humanitarian responses meaning there is a risk that individuals or communities are left behind.

The aim of integrating gender equality and social inclusion considerations in humanitarian action is to improve system-wide effectiveness and accountability. Humanitarian responses must ensure that the different needs, priorities and capacities of women, men, girls and boys, and of those exposed to multiple vulnerabilities (people living

with disabilities, sexual and gender minorities, senior citizens, different caste/ethnic groups, etc), are addressed when designing, planning, implementing, monitoring and evaluating humanitarian response efforts.

Women, girls, boys and men are exposed to different risks and vulnerabilities but also play unique and important roles in responding to emergencies within their respective communities. Through appropriate targeting and program design response interventions can have a transformational impact on pre-crisis vulnerabilities and promote long-term resilience.

In promoting GESI considerations in humanitarian action relief agencies can point to a series of domestic and international frameworks to support their efforts. For example, see the commitments made by the [Inter-Agency Standing Committee](#) to mainstream gender in humanitarian action, the Sendai Framework on disaster risk reduction (2015-2030) as well as various outcome documents from the World Humanitarian Summit (2016).

Key Action Points:

- Collect, analyse and use sex, age, disability, caste/ethnicity disaggregated data in the design, planning, implementation and monitoring of all programmes, and ensure that programmes respond to identified gender and social gaps. Refer to existing national and district gender profiles.
- Apply the principles of gender responsive budgeting in the planning, programming and monitoring of humanitarian response related expenditures.
- Ensure leadership and meaningful equal representation of women and women's groups in the planning, management, implementation and monitoring of humanitarian response activities and ensure they receive equal pay and benefits for work of equal value.
- Establish effective and transparent complaint mechanisms for sexual exploitation and abuse and ensure all women, girls, boys and men of the affected population are aware of the mechanism.
- Ensure compliance with key actions points in the Gender Equality Resource Guide for the Nepal Emergency Response Preparedness Plan – see <http://un.org.np/attachments/main-guidance-document-%E2%80%9Cmainstreaming-gender-equality-preparedness-and-response-erp%E2%80%9D>.

To mainstream and integrate gender equality and the empowerment of women in the humanitarian response for humanitarian effectiveness and accountability, the HCT may activate the inter-cluster Gender Working Group (GWG) and request Cluster Leads and Co-leads to nominate Cluster Gender Focal Points to join the GWG. The GWG may then establish a multi-stakeholder forum (UN, NGOs, INGOs, DPs, etc) and district level GWGs. A GenCap Adviser (co-hosted by UN Women and UN OCHA) may be deployed to provide technical support to the GWG and the GWG is to have a Coordinator and Information Management Officer deployed. The GWG is to be co-chaired by UN Women, UNOCHA and the Government of Nepal. The GWG will be a member of any inter-cluster coordination mechanism.

Protecting and enabling youth in the emergency response

In Nepal, children and youth (15-24 years of age) represent approximately 20 percent of the total population, according to MoHA. Adolescents (10-19 years) account for 24 percent. Adolescents and youth, especially girls and those in early adolescence (10-14 years), are vulnerable to various risks concerning their development, protection and participation. It is essential that after an emergency adolescents go back to primary and secondary education and continue structured learning in safe and protective environments. Livelihood opportunities for families should be provided considering adolescents' educational and developmental needs. The risk of child marriage is likely to increase after the onset of any sudden humanitarian event, given scarcity of resources and interrupted livelihoods.

Responding organizations should ensure a focus on families from disadvantaged groups with adolescent girls who may face particular protection risks due to their age and gender. Service delivery focusing on adolescent sexual and reproductive health and rights would also be urgently needed.

Logistics

Given the difficult terrain in Nepal, access remains a challenge. In some cases, ensuring relief can be accessed by affected populations can take days. The delay in delivering relief items is a result of limited transport equipment (particularly for remote areas) and insufficient pre-positioning of stocks.

Key to overcoming logistical challenges is identification and planning. Through the contingency planning process, Clusters will be able to determine logistics challenges and identify strategies for ensuring relief items can reach affected communities.

The Logistics Cluster has completed a detailed capacity assessment of national logistics infrastructure which is available at:
<http://dlca.logcluster.org/display/public/DLCA/Nepal;jsessionid=144CBDDF0F86EEB76ADA4F39A2968EC4> This assessment can support humanitarian agencies to plan responses in an informed manner and to understand the potential impacts that flooding and landslides can have on roads etc.

COORDINATION & MANAGEMENT ARRANGEMENTS

1. HCT

The HCT, Principals is the apex and strategic and decision making and oversight forum established and led by the HC and includes Cluster co-leads, representatives from the Red Cross and iNGOs and donors. The HCT, Principals is responsible for agreeing on common strategic issues related to humanitarian action.

The HCT, Principals is supported by the HCT, Operational Group. The Operational Group, chaired by the head of the UNRCO also includes donor, iNGO and Red Cross representatives. As its name implies its focus is on issues of an operational nature.

In addition to the HCT groups the Association of I/NGOs (AIN) provides a forum for iNGO partners to coordinate and align response efforts.

One of the key lessons learnt from the 2015 earthquake response was the need to formalize the role of the CCG in the humanitarian architecture. To help take this forward the HCT, Principals Group has agreed that the CCG can join the HCT, Operational Group with effect from June 2017.

Immediately following the onset of flooding, the primary focus will be on coordination with the 'core group' which comprises of the following agreed priority sectors / Clusters:

- 1) Food Security;
- 2) Nutrition;
- 3) Health;
- 4) WASH
- 5) Protection;
- 6) Shelter (including non-food relief items (NFRIs));

In addition to the above Clusters, close coordination will be required with the Logistics Cluster to ensure humanitarian operations can be promptly and efficiently delivered (see Annex III for contact details). Humanitarian agencies are encouraged to consult the logistics capacity assessment (<http://dlca.logcluster.org/display/public/DLCA/Nepal;jsessionid=144CBDDF0F86EEB76ADA4F39A2968EC4>) to better understand the logistical context across the country (and in neighbouring countries).

The HC is responsible for coordinating the HCT, Principals during an emergency response. Under the guidance of the HC, the HCT, Principals is responsible for the effective and efficient implementation of inter-agency disaster response activities in Nepal. Key donor partners are included members of the HCT, Principals to strengthen coordination and information sharing to facilitate resource mobilization.

In accordance with the direction of the HCT, Principals Cluster support agencies, DLSAs and humanitarian partners will ensure a coordinated response among partners. This responsibility requires coordination with the GoN, other agencies and local NGOs.

For the HCT, Principals the HC would immediately convene a meeting, attended by heads of agencies. It is anticipated that the HCT, Principals / Operational would meet on a bimonthly basis during the monsoon period following an HCT response. The NEOC and the HCT, Principals would be in constant communication to ensure optimal results during the response. The HCT, Principals through the NEOC would coordinate international response and relief efforts for Nepal, in coordination with the GoN. The HCT, Principals will organize needs assessments and emergency appeals, information management and other common services. External resources, such as an UNDAC team, may also be brought in.

2. Coordination with Government/Civil Society and National NGOs/Donors

The GoN holds the responsibility for disaster prevention, mitigation, preparedness, response and recovery. MoHA is the focal ministry for emergency response assisted by the relevant line ministries. The Central Natural Disaster Relief Committee (CNDRC) and the DDRCs are mandated to coordinate any emergency related activities. For the GoN, in the case of a disaster, the CNDRC would meet immediately to assess the situation, and if it is considered necessary, officially request international assistance. The National Emergency Operations Centre (NEOC), MoHA will coordinate all response activities with support from the DDRCs.

The private sector also plays a critical role in emergency response. The 2014 August floods highlighted financial commitments made by the private sector, in which donations and relief items were collected individually or through the Prime Ministers Natural Disaster Relief Fund. Tracking of these commitments and coordinating with private sector to maximize response efforts from the Government and the HCT, Principals has been limited.

3. Public Outreach and Advocacy

A smooth and continuous flow of information is vital at all times, particularly during crisis and emergency situations.

In response to a humanitarian emergency the communications priorities of the HCT should be to; ensure timely, clear and effective messaging to the public especially disaster affected communities; and to ensure consistency of messaging by the HCT and its members.

Any crisis situation will generate a frenzy of media interest including from domestic and international media organizations. It is crucial for the HCT, Principals to adhere to agreed and common message. This does not preclude members of the HCT, Principals group from carrying out their planned communications initiatives; rather it is only meant to ensure that all humanitarian messaging amongst HCT, Principals members is consistent and focused.

Overview of communications strategy:

- The HC must call for and chair Emergency Communications Group (ECG) meetings during a crisis to ensure continuous information-sharing among all the HCT members and humanitarian partners, and to agree on key messages and suggested outreach.
- The HC is the chief UN spokesperson for the humanitarian system in any crisis situation. However, every HCT, Principals partner operating in Nepal during a crisis situation must also identify an official or temporary spokesperson who is articulate and who can speak on its behalf at all times. Identifying a Nepali-speaking spokesperson would be an asset.
- The UNRCO should prepare a list of all the spokespersons for the humanitarian system with full contact information. The list would then be shared within the HCT, Principals system.
- The spokespersons must, whenever possible and safe, engage in field work, communicate daily with the Chief UN Spokesperson, respond to media queries, hold interviews and draft press releases on the priority messages.
- UN spokespersons must be available at all times to respond to media queries or to conduct interviews. In crisis situations, the UN must also be proactive and reach out to media to communicate its messages.
- The UNRCO, assisted if necessary by communication officers from other UN offices, must update all its local, regional and international media lists at the beginning of any crisis. The updated list must then be shared with the HCT, Principals.
- Political or security-related messages from the UN should be solely handled by the HC/Chief UN Spokesperson. The latter must coordinate all political messages and what can be voiced regarding security-related issues, and the HC must coordinate daily with the UN DSS.
- Regarding humanitarian issues, the role of the HC will be key in ensuring that critical messages related to relief efforts are communicated in a timely manner to the media.
- The UNRCO is responsible for drafting flash updates and situation reports on the HCT, Principals activities. These will be circulated with humanitarian partners and published on ReliefWeb. Similarly, the clusters are responsible for producing more elaborate and specialized reports on their topics of concern. Those reports are also shared with media, clusters, NGO and civil society partners. A standard format for situation reports has been developed and will be agreed by HCT, Principals members to ensure consistency in the collection of information that is used by the HCT during an emergency.
- Every HCT, Principals partner operating during the crisis is encouraged to produce individual press releases to keep the public informed of its activities and these must be shared with the UNRCO, HC and ECG for broader distribution to the media.

OPERATIONAL SUPPORT ARRANGEMENTS

1. Needs Assessments

Much of the information required for immediate response exists within baseline data. Thirty-six priority districts have been identified with detailed profiles prepared outlining baseline data that can be used to support response planning. These profiles can support responding organizations to take 'low-regrets' initial response actions (and to prioritise preparedness investments). The district profiles can also help to support the development of Flash and other coordinated appeals.

Building on baseline data, the IRA will provide data on casualties and initial damages. The IRA will be launched by the NRCS in the first days of the disaster. The IRA form/template has been agreed and accepted by all HCT, Principals partners. However, it has been identified that improvement in community capacity to collect information and endorsement via DDRC is required.

Supplementary assessments to the IRA will only be completed following joint agreement of agencies at the district level. Obtaining joint agreement is critical to ensure validation of data and gaps are covered. Donor partners will not accept assessments that have not been completed through a coordinated approach. In-depth sectoral information that is not available via other sources can be collected during/after week three of the disaster.

The Multi-Cluster Initial Rapid Assessment (MIRA) is a coordinated assessment methodology that has been agreed by HC and the Government, but will only be activated for large-scale disasters which require international assistance.

Existing, well-established and nationwide multi-sectoral monitoring systems, such as the Nepal food security monitoring system (NeKSAP), which are led and coordinated by district-level authorities, will provide additional information on the extent and impact of the disaster(s) to guide relief and recovery efforts.

2. Information Management

A great deal of pre-crisis data and information is available to support rapid responses to disasters. The challenge is for this data to be identified, compiled, and made available to disaster responders in a way they can use. Dedicated capacity to do this is required. This will be the role of the Information Management Working Group (IMWG), which will have the following key responsibilities:

- Compiling key baseline datasets
- Agreeing/supporting common data-sharing platforms (e.g. DevInfo)
- Supporting HC in the management of information and spatial analysis to enhance coordination

As agreed by the HCT, immediate response planning will utilize pre-existing baseline data which will be supplemented with the IRA. The baseline data will provide key datasets in a district and VDC level profile. These profiles can be accessed at www.un.org.np/data-coll

The following table outlines key information types and sources that can be accessed for preparedness and response efforts:

	Type	Source
Pre-crisis data	Demographic Information	Central Bureau of Statistics;
	Population sex, age disaggregated data (SADD)	Central Bureau of Statistics; Education Management Information System.
	Access to Social Services	District Poverty Monitoring and Analysis System
	Capacity Mapping	Disaster Preparedness Response Plan (DPRP); Cluster contingency plans;
	Security Situation	UN Department for Safety and Security (UNDSS); MoHA
	Livelihoods	Chamber of Commerce; Sectoral Line Ministries
	Settlement patterns	Municipality; Department of Survey

	Open Spaces	IOM; Satellite Images i.e. http://www.copernicus.eu/ ; https://unitar.org/unosat/ ; DPRP
	Transportation and Infrastructure	Transportation Association; OpenStreet Map
Post-crisis data	Casualties	IRA; District Disaster Relief Committees (DDRC); Red Cross; MoHA
	# and location of displaced	IRA; DDRC; Red Cross, MoHA
	Homes Destroyed	IRA; DDRC; Red Cross; MoHA
	Loss of Livestock / Livelihoods	Line ministries and sectoral agencies, http://www.neksap.org.np/
	SADD Population	IRA/HC; VDC records
	Location of Impact	IRA; DDRC; Red Cross; MoHA
	Status of Basic Services	MoHA and other line Ministries; telecommunications companies
	Logistics	MoHA, DDRC; Police; Military, Ministry of Transport
	Security Situation	MoHA; UNDSS
	Organizational Mapping	3W
Priority Needs	MoHA; IRA; sectoral assessments; MIRA	

3. Common Service Areas

Security

UNDSS plays a crucial role in providing information and advising relief workers in advance of deployment to the areas affected by natural and/or man-made disasters. The UNDSS Security Advisor (SA) would also be able to make assessments in the field should there be a requirement to clear/approve an area for humanitarian operations.

In response to a humanitarian emergency UNDSS would lead the development of a specific security plan and standard operating procedures to address the following:

- Security Phase;
- Movement to and from capital city/affected areas;
- Status and condition of key infrastructure;
- Movement within affected area(s);
- Additional measures to be taken while travelling outside capital/affected area(s);
- Travel by air, travel by road, travel in rivers and lakes;
- Visiting UN staff list;
- In-country country UN staff list;
- Communications during and immediately after emergency;
- Briefings and training;
- Office and residential security;
- Area Security Coordinator (ASC), Deputy ASC, Assistant Field Security Coordinator;
- Agency Security Focal Points;
- Safe havens/ relocation sites;
- Medical support and med-evac procedures;

There will be a full revision of the Nepal-specific minimum operation security standard (MOSS) and minimum operation residential security standard (MORSS) during emergency situations; however, Phase-III baseline MOSS arrangements might be incorporated in the contingency plan, if Security Phase is raised to Phase-III.

Special attention should be given to urgently procure the following equipment if the situation warrants:

- a) Personal protection equipment; hard hats, life-vests, gloves, air filtration masks, whistle, torch, water purification tablets etc.
- b) Communication equipment; HF and VHF radios, mobile and satellite phones etc.
- c) First aid trauma kit.
- d) Field vehicles with MOSS compliance equipment

Communications

Communication on security matters will generally be transmitted via the existing telecommunications network (primarily by telephone and email) within Nepal and to/from UN HQ. Anticipating possible breakdowns in emergencies, alternative means of communication (radio/satellite, etc.) will be used if and when required. All UN country offices are adequately equipped with communication equipment and most project offices/ field officers are equipped with landline and cellular telephones or both.

The Emergency Telecommunications Cluster (ETC) headed by WFP (see Annex II for relevant contact details) will support the HCT during responses to flooding or landslides.

As per Nepal-specific MOSS, the Interagency Radio Room will be operational on a 24/7 basis and the Designated Official, Senior Management Team members, SA, Agency Security Focal Points, Wardens, all international staff and key national staff have handheld radio sets. As part of MOSS requirements, all heads of agencies and district offices also have satellite phones for emergency communications.

Humanitarian agencies are also advised to consult social media including Twitter (e.g. [@UNICKathmandu](#), [@UNDPNepal](#), [@unicef_Nepal](#) etc.) and Facebook (<https://www.facebook.com/unwebnepal/>) to obtain information regarding the prevailing in-country context.

PREPAREDNESS GAPS & ACTIONS

1. Gaps

Coordination Systems

Action 1: Review DLSA ToRs and clarify the roles and responsibilities for the coordination of preparedness and response activities of humanitarian partners at the district level, including on:

- Inter-Cluster coordination at the district level;
- Consolidation of information at the district level, by being the “one-stop-shop” for baseline information, and sharing this information with the cluster coordinators.

Information Management

Action 1: Agencies must ensure respective data is updated in online 3W tool to ensure up-to-date and accurate overview of current efforts.

Assessments

Action 1: A priority preparedness action is to ensure the availability and accessibility of relevant baseline data. The IMWG will combine baseline data and IRA data to support HCT decision-making.

Action 2: Co-Cluster lead agencies must communicate the agreed assessment plan for an emergency response. This plan calls for clusters to maximize the use of pre-existing baseline data, augment that with data from the IRA, engage in sector-specific assessments when needed, and resist agency-specific assessments, which are not part of a coordinated effort led by the DDRCs.

Humanitarian Principles and Operational Standards

Action 1: Review and recommit to common standards for NFIs and other aid. Strengthen cluster coordination mechanisms for discussing any variations from common standards.

Action 2: Develop an outreach and familiarization strategy for key partners, including political parties involved in DDRCs, with a focus on explaining humanitarian principles and prioritization.

ANNEX I: CLUSTER OPERATIONAL DELIVERY PLANS

Shelter Cluster



International Federation of the Red Cross (IFRC)
Contact information: Deepika Bhardwaj (Deepika.BHARDWAJ@ifrc.org)

In-country response capacity (confirmed) as of May 2017

Finances:

- US\$1.35 million.

Relief supplies (all sufficient for a family/household of 5 people):

- 21,804 non-food relief item (NFRI) kits;
- 6,620 shelter kits;
- 12,740 tarpaulins;

Objectives and activities

The principal objective of the Shelter Cluster is to put in place the preparedness measures so that Cluster can respond to a disaster event in a rapid, appropriate and effective manner for an initial period of 30 days.

Other specific objectives are;

- To support the GoN in minimizing flood impacts through effective and timely coordinated responses;
- To promote cooperation and co-ordination amongst relevant organizations, as well as inter-cluster coordination in order to meet the emergency shelter and NFIs requirements of flood and landslide affected households;
- To strengthen accountability to disaster affected people population;

In operational terms following activities will be undertaken by the Cluster;

- Shelter Cluster partners provide immediate life-saving emergency shelter solutions with tarpaulins, tents, plastic sheets, shelter kits and NFI for the most vulnerable flood affected households:
 - ✓ Distribution of tarpaulins, plastic sheets to help provide roof coverage for damaged houses;
 - ✓ Distribution of emergency shelter kits to repair damaged houses or build temporary shelters;
 - ✓ Distribution of NFIs so that affected families can undertake household chores;
- Shelter Cluster partners provide immediate life-saving emergency shelter solutions via community shelters in areas assessed as safe by the GoN:
 - ✓ Displaced families accommodated in community centers that are identified as safe;
 - ✓ NFIs provided to displaced families accommodated in community centers to enable them to undertake essential household chores (bathing, cleaning, food preparation);
 - ✓ Displaced families assisted to return to their homes assuming conditions permit safe and dignified returns;
- Via effective coordination (including through 3W matrixes and regular meetings) Shelter Cluster partners are able to plug critical gaps:
 - ✓ Information and coordination tools maintained and shared e.g. 3W matrixes and mapping products;
 - ✓ The Shelter Cluster can prioritize and identify key gaps;
 - ✓ Effective inter-Cluster coordination facilitates effective and synergetic responses;

Health Cluster



World Health Organization (WHO)
Contact information: Damodar Adhikari (adhikarid@who.int)

In-country response capacity (confirmed) as of May 2017

Finances:

- US\$1.7 million.

Relief supplies:

Health Cluster partners have the capacity to provide immediate support to approximately 150,000 people.

Key strategic stockpiled items (and human resource (HR) capacity) include:

Adventist Development and Relief Agency:

- Equipment and supplies to support the establishment of two mobile health facilities (currently stockpiled in Banepa);
- In-country HR capacity regarding establishment of mobile health facilities;
- In-country HR capacity to support mobile health facilities; 5x public health officers, 1x monitoring specialist and 1x physician;
- 16x nurses trained on family planning methods (with specialisms in intrauterine contraceptive device);

Save the Children:

- [Emergency Health Unit](#) deployable within a 72-hour period for major crises;
- 5,000 household/family hygiene kits;
- 5,000 household/family WASH kits;

Handicap International:

- In-country capacity to support the establishment of 'step-down' care services;
- In-country HR capacity to support the provision of primary trauma care and emergency trauma management (currently situated in Mid and Far-Western regions);

United Nations Fund for Population Activities:

- [Reproductive health kits](#) (RHK): 1x each of kits 5, 6, 8, 9 and 11, plus 3 RHKs.
- 850 'celan delivery kits';
- 2 tents for establishment of maternity units;

UNICEF:

- 26,900 long-lasting insecticidal nets (LLIN);
- 31 tents (24m²) to support provision of health services;
- 13 tents (42m²) to support provision of health services;
- 8,000 packets of oral rehydration solution (ORS) fl. 0.5 IX4+Zinc 20mg tablets;

WHO:

Item	Amount	Location
Interagency diarrhoeal disease kit (IDDK)	11	Kathmandu
Interagency emergency health kit (IEHK)	13	
Surgical supply kit	19	

Major trauma backpacks	146	
Medical camp kit (MCK)	13	
Community water filter	140	
IDDK	1	
IEHK	1	
Surgical supply kit	4	
Major trauma backpack	25	Bir hospital
Generator (5 KVA)	1	
Tent (24sqm)	5	
Tent (42sqm)	3	
IDDK	1	
IEHK	1	
Surgical supply kit	4	
Major trauma backpack	25	Civil service hospital
Generator (5 KVA)	1	
Tent (24sqm)	5	
Tent (42sqm)	3	
IDDK	1	
IEHK	1	
Surgical supply kit	4	
Major trauma backpack	25	Bhaktapur hospital
Generator (5 KVA)	1	
Tent (24sqm)	5	
Tent (42sqm)	3	
IDDK	1	
IEHK	1	
Surgical supply kit	4	
Major trauma backpack	25	Shree Birendra hospital
Tent (24sqm)	5	
Tent (42sqm)	3	
IDDK	1	
IEHK	1	
Surgical supply kit	4	
Major trauma backpack	25	Patan hospital
Generator (5 KVA)	1	
Tent (24sqm)	5	
Tent (42sqm)	3	

Objectives and activities

The onset of the monsoon season requires Health Cluster partners to step-up disease surveillance for communicable diseases. In addition, Health Cluster partners must also undertake preparedness planning to ensure the ongoing provision of services in remote regions of Nepal where access might be problematic owing to floods or landslides. Further, the three sub-Clusters (Injury Rehabilitation, Reproductive Health (RH), and Mental Health) must be able to support responses and aid coordination.

Key priority actions:

- Essential medicines and supplies for flood response including diarrhoeal disease kits (including for treatment of astrovirus), LLIN and water purification tablets are deployed to affected areas;
- Hygiene promotion messages disseminated in coordination with the WASH Cluster and the CWG;
- Health human resources (such as Rapid Response Teams) mobilized for disease surveillance and onsite treatment and referral services;
- Mobile clinics deployed in response to major internal displacement to provide health care services and strengthen disease surveillance systems (for water and vector borne diseases) and to conduct outbreak control measures;

- Support to strengthen primary health care services including for the management of non-communicable diseases, disabilities, mental health and injury rehabilitation through the provision of essential medicines and supplies, and rehabilitation of damaged health facilities;
- Support to ensure continuation of life-saving services including the 'Minimum Initial Service Package for sexual and reproductive including coordination support for thr RH sub-Cluster. As part of its focus on sexual reproductive health the Health Cluster will assist survivors of sexual violence including through clinical management of rape and identification of multi-sectoral referral pathways, reduce HIV transmission, prevent maternal and neonatal mortality and morbidity (including ensuring emergency obstetric and newborn care services are available and clean delivery kits are provided to birth attendants and visibly pregnant women) and plan for the provision of comprehensive RH services.
- Other essential activites the Health Cluster will undertake are routine immunization to prevent the outbreak of vaccine preventable diseases, screening and the treatment of illnesses in children and public outreach and information provision.

Protection



United Nations Children's Fund (UNICEF) and the United Nations Fund for Population Activities (UNFPA)
 Contact information: Rada Gurung and Hari Karki (rgurung@unicef.org, hkarki@unfpa.org)

In-country response capacity (confirmed) as of May 2017

Finances:

US\$250,000 via UNFPA HQ following declaration of an L3 emergency or disaster event of significant scale.

Relief supplies:

- 3,000 dignity kits (for individuals);
- 8 tents for 'female friendly spaces';
- 160 tarpaulins for 'child friendly spaces';
- 50,000 information, education and communications publications regarding anti-trafficking, psychosocial support and gender-based violence (GBV);
- 200 'baby packs';
- 264 'recreational kits' (child friendly spaces);
- 13 tents (42m²) to support women/child friendly spaces;

Objectives and activities

The overall objective of the Protection Cluster is to ensure that disaster affected communities benefit from the protection of rights afforded by international legal instruments, such as international human rights law, and relevant domestic Nepali legislation during times of crisis.

In particular, the Protection Cluster aims to safeguard marginalized and vulnerable groups including caste, ethnic, cultural and religious minorities; children, adolescent girls, pregnant women and lactating mothers, female headed households, elderly, disabled and displaced persons and to protect civilian populations affected by hazards from risks of violence, exploitation, abuse, discrimination and neglect arising from emergency situations.

In pursuit of its objectives the Protection Cluster will undertake four major activities in flood and landslide affected districts:

- *Prevent and respond to GBV:* GBV often increases during an emergency period. Humanitarian agencies will particularly consider measures that reduce possible risks, including trafficking, forced prostitution, rape or domestic violence and implement standards and instruments that prevent and eradicate the practice of sexual exploitation and abuse. The prevention of and response to GBV will establish a multi-sectoral working group (linking to the SH sub-Cluster, for example) to enable a collaborative, multi-functional, inter-agency and community based approach;
- *Psychosocial support:* Disasters cause significant psychological and social suffering to affected populations. The psychological and social impacts of emergencies may be acute in the short term, but they can also undermine the long-term mental health and psychosocial well-being of the affected population. These impacts may threaten peace, human rights and development. One of the priorities in emergencies is thus to protect and improve people's mental health and psychosocial well-being;
- *Family tracing and reunification:* People, particularly women, children, disabled and elderly separated from their families due to disasters are among the most vulnerable. Separated from those closest to them, these people will lose the care and protection of families in the turmoil, just when they most need them. They face abuse and exploitation and even their very survival may be threatened. In case of children they may assume adult responsibilities like protecting and caring for younger siblings. These are few indicators of impact of humanitarian crisis on individuals.
- *Distribution of relief materials:* During emergencies, disaster affected persons may lose or be unable to access their personal belongings. Consequently, the Protection Cluster will aim to provide essential relief items including clothing, dignity kits for women of reproductive age including pregnant and lactating mothers. Other items such as torches and solar-powered chargers may help to reduce exposure to specific risks.

Supports Objective O1, O2 and O3

Activities	Indicator	Target
Prevent and respond to gender based violence	# of GBV cases reported	No target
	# of cases referred for appropriate services	100% referred
	# of security personnel including women deployed in the camp/affected areas	At least 2 women security personnel per affected location
	# of women and children prevented from being trafficked	# of women and children intercepted
	# of community based mechanism mobilized for prevent and response to GBV	At least one per affected location
	# of Women and Adolescent girls involved in camp/shleter management committee and relief materials distribution	% OF Weomen and Adolescent girls in the committee and distribution
	# Female friendly spaces (FFS) established/operational and psychosocial support, case management, outreach and other services integrated	# of FFS etsblished and operational as per requirement
	# of dignity kits distributed to WRA including pregnant and lactating with GBV prevention and referral messages	# dignity kits distributed
Psychosocial support, including child friendly spaces	# of psychological first aid provided to the affected population by community psychosocial workers.	10% in second week
	# of focused psychosocial care provided by the counsellors.	20% of those receiving psychological first air
	# of cases referred for specialized care (Psychiatric treatment, mental health treatment)	100% of individuals requiring specialized care referred
	% of affected population provided with knowledge on availability of psychosocial care and support (through community orientation, airing of psychosocial messages, dissemination of print materials on psychosocial support)	60% in camp setting and affected area
	Child friendly spaces (CFS) established/operational and psychosocial support is integrated in the CFS	150 CFS established and operational
Family tracing and reunification	# of Information desks and free phone service in camps and affected areas established to help families make contact.	100% in camp settings
	# of missing and separated people, including children, identified	100% of the identified cases
	# of separated people, including children, reunified and placed in appropriate care	100% of the identified cases

Nutrition Cluster



United Nations Children's Fund (UNICEF)
Contact information: Anirudra Sharma (asharma@unicef.org)

In-country response capacity (confirmed) as of May 2017

Relief supplies:

- 1,500 cartons of ready to use therapeutic food;
- 55 cartons of F100;
- 110 cartons of [ReSoMal](#);
- 40 cartons of F75;
- 80 height boards;
- 36 'Salter' scales;
- 40,000 middle-upper-arm-circumference tape;
- 100,000 pack of mirco-nutrient powder;
- 100,000 boxes of vitamin A capsules;
- 100,000 de-worming tablets;
- 110,000 iron and folic acid tablets;

Objectives and activities

The overall objective of the Nutrition Cluster is to meet the immediate nutrition requirements of flood and landslide affected people in the 36 focus districts. The Nutrition Cluster will prioritize the provision of assistance to highly vulnerable groups such as children aged <5 years and pregnant and lactating women. To achieve its objective the Nutrition Cluster will work under the guidance and leadership of the Ministry of Health of the GoN to assess the nutrition context in the event of a disaster event.

The Nutrition Cluster will undertake the following priority activities:

- Protection, promotion and support for early initiation, exclusive and continuation of breast feeding;
- Promotion of on time and appropriate complementary feeding;
- Management of severe acute malnutrition (SAM) of children aged <5 years;
- Prevention and management of moderate acute malnutrition (MAM) of children aged <5 years;
- Prevention and management of acute malnutrition of pregnant and lactating women
- Prevention and management of micro-nutrient deficiency disorders;
- Coordination (including inter-Cluster) at the national level and in affected districts;

The humanitarian principles of humanity, impartiality, neutrality and independence will guide the work of the Nutrition Cluster.

To protect the nutritional status of disaster affected persons blanket supplementary feeding will be prioritized for vulnerable groups such as pregnant and lactating women and children aged 6-59 months. Access to food and the maintenance nutritional status are critical determinants of people's survival in a disaster. Undernutrition is a public health problem and among the leading causes of death, whether directly or indirectly, during times of crisis. The protection, promotion and support of breastfeeding and infant and young child feeding, through the creation of breastfeeding spaces, provision of skilled counselling, and proper management of breastmilk substitutes in accordance with the International Code of Marketing of Breastmilk Substitutes, is lifesaving and helps to protect the nutritional status of breastfeeding children in an emergency setting.

In order to manage MAM and SAM of children <5 years and to prevent and manage micro-nutrients deficiency disorders the following activities will be implemented: 1) screening and identification of moderate and severe acute malnutrition in children under five; 2) therapeutic feeding for the management of severe acute malnutrition of under five years children; 3) targeted supplementary feeding for the management of moderate acute malnutrition of under five years children, pregnant & lactating women; 4) distribution of multiple micro-nutrient powder for home fortification top 6-59 months children; and 5) distribution of vitamin A capsules to 6-59 months children and supplementation of Iron and Folic Acid (IFA) to pregnant and postnatal women (IFA) supplementation for pregnant and lactating women.

Community mobilization will be an integral part of all of the above activities to help ensure increased uptake of services, community awareness, participation and ownership.

Operational Plan for Emergency Nutrition Response

Support of nutritional needs in emergencies is lifesaving. Key actions will include protecting nutritional status of vulnerable groups through the provision of supplementary feeding, protecting, promoting and supporting breastfeeding, prevention and management of micro-nutrient deficiency disorders, and management of severe and moderate acute malnutrition.

Immediately following the request for assistance from the GoN, Nutrition Cluster members responsible for supplementary and therapeutic feeding will assess availability of stocks and procure food for distribution among identified vulnerable groups (WFP for supplementary feeding to prevent and/or treat moderate acute malnutrition (MAM); UNICEF for therapeutic feeding to treat severe acute malnutrition (SAM), IYCF, micro-nutrient supplementation, vitamin A, iron, and folic acid tablet distribution).

Regarding management of acute malnutrition, there are 19 Nutrition Rehabilitation Homes (NRH) in Nepal, with locations in ten of the priority districts (Jhapa, Morang, Saptari, Dhanusha, Parsa, Banke, Dang, Surkhet, Kailali and Kanchanpur), which are run jointly by the GoN and Nepal Youth Foundation. UNICEF currently provides F100, F75 and anthropometric equipment to the GoN to utilize in the NRHs. In a disaster, approximately 15-20 children with severe acute malnutrition can be managed at the NRH at a time in each district. In total, more than 200 SAM children can be managed at a time in all ten districts in the NRH.

Out of the 22 priority districts, seven have ongoing integrated management of acute malnutrition (IMAM) programmes with the support of UNICEF and GoN. The districts are Saptari, Dhanusha, Sarlahi, Parsa, Kapilvastu, Bardiya and Kanchanpur. In these districts, all supports has been provided by UNICEF including RUTF, anthropometric equipment's, training/capacity building and other necessary supports for the IMAM programme. In these districts, all health workers and female community health volunteers (FCHVs) are trained on IMAM activities, as well as protecting, promoting and supporting of breast feeding, infant and young children feeding (IYCF), management of SAM, and management of acute malnutrition with medical complications. Micronutrient supplementation can also be managed easily in these districts.

UNICEF has prepositioned stocks of emergency nutrition supplies such as RUTF for up to 1,500 severe acutely malnourished children, micronutrient powder (MNP) for up to 20,000 children ages 6-59 months, F75, F100, and ReSoMal, as well as anthropometric equipment. Immediately following a disaster, these materials can be utilized. Stocks will need to be replenished as soon as possible for use in the ongoing IMAM programmes. The above items are prepositioned in five different strategic locations: Biratnagar, Bharatpur, Pathalैया, Nepalgunj and Kathmandu.

Supports Objective O1, O2 and O3

Activities	Indicator	Target
Strengthen coordination mechanism	Establish and strengthen effective nutrition cluster coordination mechanism link with other clusters/sectors	All nutrition partners/actors working at national levels lead by MoH co-leading by UNICEF
Nutrition assessment and surveillance	Proportion of children age 6-59 months who are screened by using MUAC tape	All children age 6-59 months in the affected districts
Promote, protect and support for early initiation, exclusive breast feeding targeting to all 0-6 months children	# of organizations providing unsolicited donations, distribution and use of breast milk substitutes or milk powder	0 (immediately after disaster onwards)
	Proportion of affected mothers and children requiring support received counselling services	# dependent on caseload/assessment (100% coverage of all lactating women requiring support) – however, it should be initiated as early as possible

Support for ontime and appropriate complementary feeding targeting to 6-23 months children with continuation of breast feeding	Proportion of affected mothers and children requiring support received counselling services on complementary feeding with continuation of breast feeding	# dependent on caseload/assessment (100% coverage of all lactating women requiring support) – however, it should be initiated as early as possible
Provide blanket supplementary food for vulnerable groups (pregnant and lactating women, children 6-23 months, older persons, persons living with HIV/TB)	Proportion of people who meet the criteria for blanket supplementary feeding who receive supplementary feeding rations	90% in camp setting; 75% in urban area 50% in rural area
Treat moderate acute malnutrition of children 6-59 months, pregnant and lactating women	Proportion of children 6-59 months age with moderate acute malnutrition who are treated moderate acute malnutrition Proportion of acute malnutrition of pregnant and lactating women who are treated acute malnutrition	90% in camp setting; 75% in urban area 50% in rural area
Treat Severe Acute Malnutrition of children 6-59 months	Proportion of children 6-59 months age with severe acute malnutrition children who are treated moderate acute malnutrition	90% in camp setting; 75% in urban area 50% in rural area
Micronutrient for children and women	Proportion of children age 6-59 months who receive multiple micro-nutrient powder for home fortification of nutritious food Proportion of children age 6-59 months who are supplemented Vitamin A capsules Proportion of pregnant and postnatal women who receive Iron and Folic Acid tablets as per rules Proportion of children suffering from diarrhea who receive zinc tablets with enough ORS Proportion of pregnant and lactating women who are screened by using MUAC tape	90% in camps and urban areas, >80% in rural areas All pregnant and lactating women in the affected areas

Food Security Cluster



World Food Programme (WFP)
Contact information: Kishor Aryal (kishor.aryal@wfp.org)

In-country response capacity (confirmed) as of May 2017

Finances:

- WFP can access US\$500,000 from HQ although such funds must be repaid. This support would be sufficient to provide high energy biscuits to 25,000 people for 30 days and the supply of rice and pulses to 25,000 people for a period of 15 days;

Relief supplies:

- The Food Security Cluster will assess in-country food stocks, including those managed by the Nepal Food Corporation, in the event of a disaster event.

Objectives and activities

The first objective of the coordinated response includes meeting the immediate food needs of flood-affected people in the 36 target districts, as well as avoiding nutritional deterioration among the affected population. To achieve this objective, the food security context will be independently assessed by Cluster the partners under the guidance and leadership of the GoN. The Food Security Cluster will also coordinate with relevant Clusters.

The Food Security Cluster will undertake the following priority activities:

Food assistance:

- Distribution of ready to eat food;
- General food distribution;
- Unconditional market-based solutions (cash and vouchers);
- Conditional market-based solutions (cash and vouchers, food for assets/training)

Close and effective collaboration with the Nutrition Cluster will also support achievement towards its objective.

In order to meet the immediate food and nutrition needs of flood-affected populations, food and nutrition assistance will be initiated as per the above response activities. Wherever possible, a comprehensive basket of fortified food commodities will be distributed. If markets are functional, food assistance for assets programmes could be delivered as cash and/or voucher, conditional or unconditional. Activity implementation will uphold the core humanitarian principles of independence, humanity, impartiality and neutrality.

Supports Objective O1, O2 and O3

Activities	Indicator	Target
Distribute ready to eat food, conduct general food distribution, provide unconditional market-based solutions (cash and vouchers), and/or conditional market-based solutions (cash and vouchers, food for assets/training)	Proportion of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers	100% of affected people
	Quantity of food assistance distributed, disaggregated by type	Depends on scale of disaster
	Total amount of cash transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned	Depends on scale of disaster
	Cross-cutting indicators	

Proportion of assisted women who make decisions over the use of cash, vouchers or food within the household	25% of affected women
Proportion of assisted men who make decisions over the use of cash, vouchers or food within the household	25% of affected men
Proportion of assisted women and men who make decisions over the use of cash, vouchers or food within the household	50% of affected people
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme sites	80% of affected people

WASH Cluster



UNICEF

Contact information: Sunita Kayastha (skayastha@unicef.org)

In-country response capacity (confirmed) as of May 2017

Finances:

- UNICEF can mobilize upto US\$250,000 for immediate response actions.

Relief supplies:

- WASH Cluster partners have the capacity to meet the immediate needs of 30,000 households (150,000) people.
- The NRCS, Oxfam and UNICEF jointly have stocks sufficient for 27,000 households with other Cluster partners holding supplies for a further 3,000 households.

NRCS: 12,000 households		
Item	Quantity	Location
Water purification unit ('man pack')	30	10x units at HQ, 20x units in 'high risk districts
'Kit 2' (aqua tabs, jerry can, soap, squatting plate, 1,000 litre bladder, tank, taps)	10	3x kits at HQ, 7x kits in 'high risk' districts
'Kit 5' (water treatment plant; 2,000 litres per hour)	3	1x kit each at Bhaktapur, Biratnagar, Nepalgunj,
ORS	250,000	HQ
Cholera treatment kit (1x kit sufficient to treat 300 people)	3	HQ
Aquatab	400,000	Procurement ongoing
UNICEF: 10,000 households		
Aquatab (pack of 50)	45,000 boxes	Kathmandu, Nepalgunj, Bharatpur and Biratnagar
Piyush (60ml)	500 bottles	
Water Floucant (240 sachet per box)	2,000 boxes	
Plastic bucket (10 litre)	10,000	
Plastic mug (1 litre)	10,000	
Fibreglass toilet pan with platform (1 set sufficient for 10 households)	50 sets	
Household hygiene kit (with instruction sheet)	10,000 sets	
Portable e-coli test kits	1,000	
Chlorimeter	6	
Collapsible superstructure for toilet with p-trap and 1.5 metre pipe (1 set sufficient for 10 households)	500 sets	
Tarpaulin rolls for bathing space (4m x 50m)	5,000 rolls	
Plastic toilet (pop-up structure)	5,000 sets	
Plastic toilet pan (110mm)	5,000 sets	
Collapsible jerrycan	5,000	
Oxfam: 5,000 households		
Hygiene kits, bladders, water storage vessels, latrine slabs, water purification supplies	Sufficient for 25,000 people / 5,000 households	Kathmandu (main warehouse, Sarlahi, Saptari, Dhanusa, Rautahat, Kailali, Kanchapur)

Objectives and activities

The overall aim of the Cluster is to address the immediate WASH needs of disaster affected communities and to limit a deterioration in the humanitarian context. The Cluster will also promote effective inter-Cluster working to ensure WASH partners are alive to protection risks and other considerations.

The immediate response of the WASH Cluster will focus on five priority activities with an emphasis on the avoidance of waterborne risks:

- **Safe Water Supply:** Ensure safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene.
- **Sanitation:** Establishment of an appropriate number of toilets located near the dwellings of disaster affected persons. Toilets will be established in a manner that enables safe and dignified usage by all members of society i.e. toilets located close to dwellings to allow affected persons to access in a safe manner on a 24/7 basis including at night.
- **Hygiene promotion:** The provision of culturally sensitive and appropriate information to affected persons to promote safe hygiene practices i.e. ensure that affected people have adequate knowledge and skills of managing and maintaining hygiene behaviors and facilities.
- **Solid and liquid waste:** Ensure that disaster affected communities are not exposed to unnecessary risks associated with solid (including medical) and liquid waste through activities which promote safe, effective and convenient disposal.
- **Vector control:** Ensure that disaster affected communities are not exposed to unnecessary health risks by addressing water-related vector borne disease considerations. i.e. protection of all affected families from nuisance vectors and are living in vector free environment.

Within 24 hours of a disaster event occurring the Cluster lead, the Ministry of Water Supply and Sanitation / Department of Water Supply and Sewerage, will convene a WASH Cluster meeting. UNICEF will provide coordination related support to facilitate the effective functioning of the Cluster and leadership of the Ministry of Water Supply and Sanitation.

The WASH Cluster will facilitate early responses via two initial activities:

- **A preliminary scenario definition based on existing pre-crisis information.** The district profiles annexed to contingency plan can provide the Cluster with important information to support early and effective responses.
- **WASH Cluster partners will also support the implementation of IRA (within 48 hours) and cluster specific assessments should the need arise.** Detailed assessments will enable the HCT to more accurately appraise humanitarian needs and to design appropriate response strategies.

Based on the request of district authorities or the GoN the WASH Cluster will assess available resource capacities including existing WASH response capacities within relevant GoN agencies i.e. the Department of Water Supply and Sewerage, Kathmandu Upatyaka Khanepani Limited and the Nepal Water Supply Corporation to determine gaps, and engage in fundraising, including procedures to access emergency response funds.

WASH Cluster member will use existing stocks and resources to mobilise for immediate life saving response and if needed will work with other HCT members to international appeal mechanisms.

Supports Objective O1, O2 and O3

Activities	Indicator	Target
	Initial Damage assessed /estimated and reported to WASH cluster on the water supply systems/facilities	Assessments undertaken on critical WASH infrastructure
	Strategy for safe water provision developed based on damage assessment, initial information and understanding/agreement of the district-level WASH Cluster	All water supply systems used by 100% of HHs that are not functioning

Provision of safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene. Public water points are sufficiently close to households to enable use of the minimum water requirement.)	Number of water supply systems (hand pumps, dugwells, piped water supply systems) renovated in the affected area	
	Number of HHs receiving water purification solutions for minimum of 30 days	100% of households
	Two water storage vessels (Bucket/Jerrican - for drinking and cleaning) with dispensers(mug/jug) provided to each affected household	
	Number of household drinking water tested for residual chlorine and /or microbial contamination	5% of households
	Number of Volunteers trained for operation and maintenance of water supply systems	Target depending on community or camp setup and the type of water supply needs
	Number of temporary medical camps, temporary learning centers/ ECD sites provided with water supply facilities	Target depending on the need and request from temporary medical camps, temporary learning centers/ ECD sites or providers of it
WASH cluster/WSSDO led team formed to monitor installed HP/ WSS	HP/WSS provided	

ANNEX II: KEY CONTACTS

FOLLOWING A DISASTER IMMEDIATELY CONTACT

1	<p>If there is no OCHA presence, contact the OCHA Regional Office for Asia and the Pacific Markus Werne, Head of Office</p> <p>Rajan Gengaje, Head, Preparedness and Response Unit</p>	<p>Tel. +66819178940 Email: werne@un.org</p> <p>Tel. +66979740789 Email: gengaje@un.org</p>
2	<p>If further assistance is needed, OCHA Emergency Relief Coordination Centre (ERCC) 24/7, Geneva</p>	<p>Tel: +41229172010</p>

OTHER KEY CONTACTS

1	<p>Emergency Relief Coordinator (ERC) – New York Mr. Steven O'Brien</p>	<p>Tel: +1 212 963 2738 Email: obrien@un.org</p>
2	<p>OCHA Coordination and Response Division – New York John Ging, Director</p> <p>OCHA Desk Officer – CRD, New York Edem Wosornu, Asia Pacific Section</p>	<p>Tel. +1 212 963 1522 Fax. +1 212 963 3630 Cell: +1 917 288 2913 Email: ging@un.org</p> <p>Tel.: +1 212 963 3653 Email: wosornu@un.org</p>
3	<p>INSARAG Secretariat – OCHA Geneva (for earthquakes)</p>	<p>Tel: +41 22 917 1600 Fax: +41 22 917 0023</p>
4	<p>UNDAC – OCHA Geneva</p>	<p>Tel: +41 22 917 1600 Fax: +41 22 917 0023 Email: undac_alert@un.org</p>
5	<p>OCHA Programme Support Branch (PSB), Strategic Response Planning, Geneva</p>	<p>Tel: +41 22 917 1636 Email: wylie@un.org</p>
6	<p>UNDSS – New York</p>	<p>Tel: +1 917 367-9438/9439; Fax: +1 212 963 9053 Email: UNDSSComscen@un.org</p>

Nepal Humanitarian Country Team (HCT)

(HCT group email address: hctoperational@un.org.np)

1	<p>Resident Coordinator Valerie Julliard</p>	<p>Tel: 9801024514 Email: valerie.julliard@one.un.org</p>
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2	Somsak Pipoppinyo Representative FAO	Tel: Email: Somsak.Pipoppinyo@fao.org
3	Renaud Meyer Country Director, UNDP	Tel: Email: renaud.meyer@undp.org
4	Giulia Vallese Representative, UNFPA	Tel: Email: vallese@unfpa.org
5	Padma Sundar Joshi Programme Manager, UNHABITAT	Tel: Email: ps.joshi@unhabitat.org.np
6	Mr. Kevin Allen Representative, UNHCR	Tel: Email: allen@unhcr.org
7	Tomoo Hozumi Representative, UNICEF	Tel: Email: thozumi@unicef.org
8	Pippa Jill Bradford Country Director, WFP	Tel: Email: pippa.bradford@wfp.org
9	Dr. Jos Vandelaer Representative, WHO	Tel: 9801021717 Email: vandelaerjo@who.int
10	Paul I. Norton Representative, IOM	Tel: Email: pinorton@iom.int
11	Max Santner Head of Delegation, IFRC	Tel: Email: Max.SANTNER@ifrc.org

UN Resident Coordinator's Office

1	Stine Heiselberg Head of UNRCO	Tel: 9851091449 Email: stine.heiselberg@one.un.org
2	Dan Ayliffe Humanitarian & Disaster Resilience Adviser	Tel: 9851102852 Email: dan.ayliffe@one.un.org
3	Prem Awasthi Field Coordinator	Tel: 9858021752 Email: prem.awasthi@one.un.org
4	Bronwyn Russel Programme Manager, Common Feedback Project	Tel: 980371959 Email: bronwyn.russel@one.un.org

HCT: Cluster Co-Leads

1	FOOD SECURITY Binod Saha, FAO	Tel: 9851092581 Email: binod.saha@fao.org
	Naoki Maegawa, WFP	Tel: 980 108 3603 Email: naoki.maegawa@wfp.org

2	HEALTH Dr. Reuben Samuel Damodar Adhikari	Tel: 9801010010 Email: samuels@who.int Tel: 9801010022 Email: adhikarid@who.int
3	NUTRITION Anirudra Sharma	Tel: 9851088567 Email: ansharma@unicef.org
4	WASH Arinita Maskey	Tel: 9841410991 Email: amaskeyshrestha@unicef.org
5	EDUCATION Sabina Joshi, UNICEF Pashupati Sapkota, Save the Children	Tel: 9851064207 Email: sajoshi@unicef.org Tel: 9841306406 Email: pashupati.sapkota@savethechildren.org
6	PROTECTION Child Protection: Radha Gurung, UNICEF GBV: Hari B Karki, UNFPA	Tel: 9841220289 Email: rgurung@unicef.org Tel: 9801056006 Email: hkarki@unfpa.org
7	EMERGENCY SHELTER Sanjeev Hada, IFRC Deepika Bhardwaj	Tel: 9851027783 Email: Sanjeev.hada@ifrc.org Tel: 9851240091 Email : deepika.BHARDWAJ@ifrc.org
8	LOGISTICS Ratindra Khatri Thomas Debandt	Tel: 9849811403 Email: ratindra.khatri@wfp.org Tel: Email: thomas.debandt@wfp.org
9	CCCM Patricia Schiavinato	Tel: 9808168577 Email: pschiavinato@iom.int
10	EMERGENCY COMMUNICATION Bhawana Upadhyay	Tel: 9851047841 Email: bhawana.upadhyay@wfp.org
11	EARLY RECOVERY Vijaya Singh UNDP Kedar Dhungana UNDP	Tel: 9851041653 Email: vijaya.singh@undp.org Tel: 9851007816 Email: kedar.dhungana@undp.org

Key in-country Donors

1	DFID Nicola Murray	Tel: 9801155596 Email: n-murray@dfid.gov.uk
2	USAID Santosh Gyawali Kishore KC	Tel: 9801021657 Email: sagyawali@usaid.gov Tel: 9801087994 Email: kishorekc@usaid.gov
3	ECHO Piush Kayastha	Tel: 9851016614 Email: piush.kayastha@echofield.eu

AIN Representatives

1	AIN Chairperson Dr. Prabin Manadhar, CD, The Lutheran World Federation	Tel: 014720217 Email: cd.nep@lwfdws.org
2	Liz Satow CD, World Vision	Tel:9851038603 Email: liz.satow@wvi.org

ANNEX III: SOP GUIDANCE

THE FIRST 24 HOURS TO 7 DAYS OF THE RESPONSE

PHASE	PROCEDURE	WHO
Early Warning		
HOUR 0*	Contact RCO to inform on the threat and cross-check information at field level	All + RCO
	Alert RC/HC	RCO
	Contact Government/MoHA/NEOC to inform/verify threat	RC/HC + RCO
H0 - 3	Alert HCT and Co-clusters leads	RCO
	Review Co-cluster operational delivery plans and update stockpiles	RCO + Co-clusters
H6	Send Flash Update (email) to key partners	RCO
	Inform OCHA Regional Office	RC/HC + RCO
	Inform OCHA HQ, including UNDAC and INSARAG of potential threat	OCHA
H12	Analyze possible need for an UNDAC team	HCT
	Review capacity to respond (information on available stocks, personnel available assessments, staff deployable for a possible response, including capacity of donors/embassies)	HCT and Co-cluster leads
	Share information on NRCS capacity	IFRC
	Share information on UN agencies' capacity	RCO
	Share information on NGO capacity	AIN
H24	Gather relevant data and maps	RCO
	Assign/confirm reporting and information management focal points	Co-clusters + IMWG
H48	Convene HCT meeting (define inter-agency response plans and additional cluster leads on standby)	RC/HC + RCO
	Identify potential mitigating measures	HCT
H72	Identify constraints for accessing potential affected populations	HCT
	Disseminate early warning messages to potentially affected communities and Government on the consequences of the hazard and Initial Response Plans.	Comms Group
	Assess the need for negotiating humanitarian access, if needed	HCT
RESPONSE		
H0	Disaster is declared	MOHA
H0 to H+3	Obtain overview of the scale and scope of the emergency (from national authorities, UN agencies, national and international NGOs, civil society organizations, NRCS, the media, GDACS)	RC/HC + RCO

H0 to H+3	Contact the Government to know: 1. National capacity to deal with the emergency. 2. Intent to declare a state of emergency. 3. Intent to request, welcome or decline international assistance. - If welcoming, outline support options available, request approval for additional humanitarian staff's entry into the country and the need for UNDAC team. - If declining, but assistance is nonetheless required, HCT to increase their capacity to respond.	RC/HC
H+6	Assess if an international response is warranted, offer assistance to the Government.	RC/HC + RCO
	Inform the HCT about the initial findings on impact of the emergency and Government response.	RCO
H+12	If additional capacity is required, request additional human resources (surge capacity)	RC/HC + agencies
	If warranted, request deployment of an UNDAC team and other regional mechanism	RC/HC + RCO
	Activate Contingency Plan	RC/HC + HCT
H+12 to H+24	Initiate regular HCT meetings, as well as inter-cluster meetings	RCO
	Initiate regular cluster meetings	Co-clusters
	If Contingency Plan is not activated, but assistance is requested by Government, coordinate assistance	HCT
	Decide on activation of additional clusters, as deemed necessary.	HCT
D2**	Inform the ERC on activation of additional cluster for approval by IASC	RC/HC
	Ask for dedicated coordinators and other surge capacity	Co-clusters
	Develop key messages for the HCT	CG
	Issue regular Situation Reports (daily, if necessary)	RCO
D1 to D3	Organize an Initial Rapid Assessment (IRA) using agreed methodology and template. Ensure coordination with the government and HCT.	NRCS
D3 to D4	Analyse and share information from assessment as soon as possible and provide regularly inputs	RCO + Co-clusters
D4	Organise donor briefing and ascertain intentions to fund the response. Ensure coordination with local NGOs.	RCO
	Launch Flash Appeal, if required.	RCO + OCHA
	Agree on monitoring and evaluation framework.	+ Co-clusters
	Mobilize emergency funds (emergency cash grants, CERF etc.)	RC/HC + HCT + OCHA
From D1	Liaise with appropriate Government institutions on security matters	UNDSS
	Consider potential need for using Military and Civil Defense Assets	HCT
	If access constraints are due to: 1. Bureaucratic impediments: advocate with Government for simplified visa, entry and travel procedures to affected areas 2. Ongoing hostilities: assess the relevance and feasibility of humanitarian corridors or temporary cessation of hostilities	RC/HC + RCO
	In case of attacks on humanitarian personnel, facilities and/or assets, identify possible solutions to mitigate risks.	UNDSS and HCT

ANNEX IV

FUNDING REQUIREMENTS

1. In-country humanitarian financing arrangements

Nepal lacks a pooled humanitarian fund or other coordinated funding mechanism through which response activities are resourced. This contingency plan can be used to support resource mobilization efforts as it conveys the extent of response capacity in-country and relates this to potential humanitarian caseloads illustrating, in financial terms, the extent of response gaps. Such information can provide the GoN and donors with an approximate sense of required finances which can be updated following detailed needs assessments.

Financial requirements by scenario

The information presented in the table, below, takes into account confirmed in-country Cluster capacity in terms of access to finances and relief items.

Note that the likelihood of all focus districts being simultaneously impacted by worst-case scenario flooding and landslides is negligible. More likely is that districts will be impacted differently at different times of the monsoon period e.g. flooding and landslides could have very localized impacts with some areas suffering worst-case effects and other areas experiencing limited or no impacts.

Given the non-linear nature of flooding and landslides we advise caution when using information from the table, below. Aggregating information for all 36 districts may lead to an exaggerated sense of financial requirements.

Humanitarian agencies are encouraged to consult individual district profiles to understand the financial implications of different scenarios.

Cluster financial requirements US\$: Worst-case scenario impacts							
Food Security		Nutrition	Protection	Health		Shelter	WASH
<i>Immediate needs:</i>	<i>Recovery needs</i>			<i>Immediate needs:</i>	<i>Recovery needs</i>		
5 million	6.5 million	10 million	994,000	20 million	35 million	8.6 million	12 million