

CONTINGENCY PLAN

Nepal:

Monsoon flooding

May 2018



Prepared by the Humanitarian Country Team (HCT)

Contents

Strategic summary: page 1

Situation and risk analysis: pages 2-5

Response strategy: page 5

Operational delivery: pages 6-9

Coordination and management arrangement: pages 12-14

Operational support arrangements: pages 15-17

Preparedness gaps and actions: page 18

Annex I: Cluster operational delivery plans: pages 19-38

Annex II: Key contacts: pages 39-41

Annex III: Standard operating guidance: the first 24 hours to 7 days of the response: pages 42-42

Annex IV: Funding requirements page 44

1.26 million people

Estimated caseload in 2018 based on historic trend analysis

315,592

Estimated number of women and girls of reproductive age in the overall affected caseload

150,000 people

Capacity of the WASH Cluster

STRATEGIC SUMMARY

Every year, during the monsoon period of June to September, communities in the Terai face heightened risk of flooding. 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 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 seven provinces with a focus on highly flood prone municipalities, rural municipalities and metropolitan areas in the Terai.

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

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

SITUATION AND RISK ANALYSIS

1. Country Information and Context Analysis

Nepal is at high risk from multiple natural hazards. Analysis of past disaster events (covering the period 1971-2017) shows that in terms of numbers of persons affected the principle hazards that Nepal is exposed to include 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.

Since 1971 monsoon related hazards, principally floods and landslides, have caused on average 200 deaths per year. Economic losses during the monsoon period have averaged US\$10 million on annual basis over the last 47 years. 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 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 monsoon season leads to a spike in the occurrence of landslides and related mortality and morbidity in Hill and Mountain areas. 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. In 2017 approximately 1.7 million people across the Terai were affected by monsoon floods including 460,000 people who were displaced from their homes. In 2017 monsoon floods also led to 169 deaths. Economic losses in 2017 were significant and amounted to US\$705 million – greatly exceeding the annual average losses highlighted above. Areas of the Terai impacted by annual monsoon related hazards include some of the lowest performing areas of Nepal in development terms such as Saptari, Rautahat, Mahottari, Dhanusa and Siraha districts in Province 2.

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 seven provinces with a specific focus on highly flood prone municipalities, rural municipalities and metropolitan locations in the Terai. The HCT's planning assumptions for 2018, which are based on a trend analysis of previous flood events, include:

Areas affected: Provinces 1,2,3,4,5,6 and 7 (Banke, Bara, Bardiya, Chitwan, Dang, Dhanusha, Jhapa, Kailali, Kanchanpur, Kapilbastu, Mohattari, Morang, Nawalparasi, Parsa, Rautahat, Rupendhi, Saptari, Sarlahi, Siraha, Sunsari, Surkhet and Udaypur).

Affected population: Approximately 1.26 million people.

'Worst-case' scenario disaster impacts:

- Houses destroyed and/or submerged under flood waters causing displacement both short and long-term. Schools and health facilities damaged and destroyed and related service provision impeded.
- 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 disadvantaged 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. Significant numbers of livestock and poultry killed by flood waters in addition to fish ponds destroyed. 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

In September 2017 Nepal's parliament enacted the 'Disaster Risk Reduction and Management Act'. This, amongst other things, establishes a National Disaster Risk Reduction Management Authority (NDRRMA) and sets out the nature of disaster risk management (DRM) in a federal context. The Act and the NDRRMA represent *major* developments in DRM in Nepal. Work is ongoing, led by the MoHA to operationalize the 2017 act.

Throughout the 2018 monsoon MoHA will be responsible for coordinating preparedness and response actions across Government ministries, with the security forces and humanitarian partners both domestic and international.

This year newly elected representatives and Government officials at the provincial and local levels will play highly important roles in preparedness and response. In addition, Chief District Officers (CDOs) and other actors will continue to play important disaster related roles as they did under the previous unitary system. For example, CDOs will retain the ability to mobilize the security forces for the purposes of preparedness and response actions.

It is possible that gaps may present themselves during the 2018 monsoon as roles associated with the unitary system of government are disbanded and new roles under the federal system take root.

Under the unitary system coordination and information management to support response efforts was led by the National Emergency Operation Centre (NEOC) based in Kathmandu. The NEOC is located within and is key unit of MoHA. The NEOC is responsible for collecting information in affected areas and coordinating response efforts and is a key interlocutor of the HCT.

In support of a GoN-led response, the HCT, Principals is the apex and strategic and decision making and oversight forum and is led by the Resident Coordinator (RC) and includes Cluster co-leads, representatives from the Red Cross and international NGOs (iNGOs) and donors. In 2017 MoHA attended several meetings of the HCT, Principals during the monsoon response as well as an *ex post* lessons learning session. MoHA's attendance at the HCT, Principals in 2017 was welcome and MoHA will be invited to attend meetings in 2018 should this contingency plan be triggered.

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 local governments, the Nepal Red Cross Society (NRCS), and District Disaster Management Committee (DDMC)

4. Gaps and constraints

Key identified key gaps and constraints include:

Coordination

The emergence of new structures and administrative entities following the move to federalism are likely to bring with them a number of coordination-related challenges as highlighted above. Experience from recovery efforts following the 2017 monsoon floods showed that newly elected representatives were attuned to the needs of their constituents and in some instances elected politicians worked very proactively to address the needs of affected persons. It is likely that the 2018 monsoon will see that newly elected representatives place great importance in being able to demonstrate leadership in response activities. This may provide a boon to coordination.

The 2017 ERP noted that “response efforts at district level rely heavily on the leadership of CDOs”. Under federalism CDOs will be responsible administering and executing decisions taken at the provincial level including the distribution of material assistance. Particularly during the search and rescue phase, CDOs will also retain specific DRM related powers including those related to the mobilization of the security forces.

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 responses.

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 provincial 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.

To further augment information management in 2018 the Key Immediate Needs Working (KINWG) has been established. The KINWG will advise the HCT, Principals on whether or not to trigger the ERP (see *Triggers* section) and it will also support the HCT to arrive at an initial scenario definition including a beneficiary caseload.

Operational Standards

The NRCS has its own standards for Shelter and Non-Food Item (NFI) kits. In the past not, all agencies have adhered to these standards.

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.

Recent 3W mapping, undertaken in May 2018, has highlighted the range of different relief items (in terms of specifications) that Cluster members hold.

Experience from the 2017 monsoon has shown the complications involved with the provision of different types of support by humanitarian agencies from the same Cluster. When different support is provided within a Cluster it can complicate efforts to assess the extent of response coverage.

In defining the composition of assistance packages that their members will provide this contingency plan is an important accountability tool for Clusters and the HCT, Principals.

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 by the HCT, Principals 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 a substitute for the GoN but rather 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.

The KINWG will support the HCT in deciding whether or not to trigger the ERP. The UNRCO will convene a meeting of the KINWG to assess rainfall and inundation data plus other information including from humanitarian partners and will make a recommendation to the HCT, Principals regarding mobilizing the ERP. Throughout the monsoon the UNRCO 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.

In 2017 MoHA requested the HCT, Principals to trigger its contingency plan for the monsoon following a period of intense rainfall in August. Looking ahead, the GoN in 2018 may also request the HCT, Principals to mobilize its preparedness plans.

6. Planning figures for humanitarian assistance

Planning figures for 2018 were developed by bringing together data on historic flood risk via two different sources <https://www.desinventar.net/DesInventar/profiletab.jsp?countrycode=npl&continue=y> and <http://drrportal.gov.np/>

A trend analysis of numbers of flood affected persons was conducted using data from 1971 to 2017. Trend analysis suggest an *estimated* caseload of approximately 1.26 million people across provinces 1,2,3,4,5,6 and 7 (with a focus on Banke, Bara, Bardiya, Chitwan, Dang, Dhanusha, Jhapa, Kailali, Kanchanpur, Kapilbastu, Mohattari, Morang, Nawalparasi, Parsa, Rautahat, Rupendhi, Saptari, Sarlahi, Siraha, Sunsari, Surkhet and Udaypur districts).

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.

Principal objectives for this initial 30-day plan are:

| | |
|------------|---|
| SO1 | Affected people are protected against violence and have equal access to assistance, services, and rights without discrimination. |
| SO2 | The immediate food needs of affected people are met to avoid nutritional deterioration. |
| SO3 | Prevent increases in mortality and morbidity and the outbreak of communicable diseases through immediate access to basic water, sanitation, hygienehealth services and safe disposal of disaster waste. |
| SO4 | Families with destroyed or damaged homes, including the displaced population, attain basic and protective shelter solutions. |
| SO5 | Early Recovery needs of affected communities are addressed specifically those related to livelihoods and access to education facilities. |

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 Objectives O1, O2, O3, O4 and O5 | | |
|---|---|--|
| 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 counselling services | # dependent on caseload/assessment (100% coverage of all lactating women requiring support) – however, it should be initiated as early as possible |
| Nutrition in emergencies | # and percentage of flood affected children aged 0-23 months accessing Infant and Young Child Feeding Counselling services | |
| | # and percentage of flood affected children aged 0-59 months suffering from severe and moderate malnutrition treated through therapeutic and supplementary feeding programmes | |
| | # and percentage of flood affected PLW suffering from acute malnutrition treated through therapeutic and supplementary feeding programmes | |
| | # and percentage of flood affected children <5 years adolescent girls, PLW with access to essential micro-nutrient services | |
| Revitalize primary health care services including the management of non-communicable diseases, disabilities, implementation of Minimum Initial Service Package (MISP) and comprehensive 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 displaced/affected population covered for health care services | Depends on scale of disaster |
| | % of damaged health care facilities that have resumed services | |

| | | |
|---|---|---|
| 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, dug-wells, 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 safeguard environmental sanitation and reduce disease burdens among the affected communities | 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 bed nets 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 GBV cases reported | No target |
| | # of cases referred for appropriate multi-sectoral services | 100% referred |
| | # of security personnel including women deployed in the camp/affected areas | Women security personnel per affected location |
| | # of women and children prevented from being trafficked | # of women and children intercepted |
| | # of community based mechanism activated and 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 women and adolescent girls involved in the committee and distributions |
| | # Female friendly spaces (FFS) established/operational and psychosocial support, case management, outreach and other services integrated | # of FFS established and operational as per requirement |
| | # of dignity kits distributed to WRA including pregnant and lactating with GBV prevention and referral messages | # dignity kits distributed |
| | # of IEC materials distributed and messages disseminated on GBV prevention and response | # IEC materials and messages distributed and disseminated |
| 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 counselors. # 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 | |
| Resumption of livelihoods and income generation activities | # of flood affected households who have received financial/in-kind assistance to resume cultivation | |
| | # of flood affected households who have received financial/in-kind assistance to re-stock livestock/poultry/fishery | 30% of severely affected households |
| | # of flood affected households who have received financial assistance to replace productive assets/enterprises affected | |
| Rehabilitation of essential community infrastructure | # of essential community infrastructure rehabilitated # of people who benefitted from access to relief and other basis services | 55 community infrastructure initiatives in most affected Gaunpalika/Nagarpalika |
| | # of flood affected people who benefited from emergency employment via cash-for-work schemes | |

| | | |
|--|---|------------------------------|
| Safe disposal of disaster waste to prevent public health hazards | # of dead bodies/livestock/poultry carcasses safely and appropriately disposed | Target depending on need |
| | # tons/litres of disaster waste safely disposed | |
| Education emergencies | in # and percentage of flood affected students accessing emergency education services | 100,000 students (50% girls) |
| | # and percentage of affected schools / learning spaces provided with educations supplies | 800 schools |
| | # and percentage of affected schools / learning spaces supported with functional WASH facilities (for boys and girls) | 200 schools |

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 relevant GoN actors* – In previous years MoHA has stipulated that responding agencies must seek approval from District Disaster Management Committees to implement cash-based activities so that they do not undermine or duplicate the role played by government social protection mechanisms. In 2018 approval is likely to be required from provincial and possibly local level actors.
- *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 (AAP) / communicating with communities (CwC) 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.

During the 2017 monsoon response the CFP expanded its engagement to include a focus on flood affected communities in the Terai. Over the period October 2017 to February 2018 the CFP completed two surveys across 10 flood affected districts and during each survey the CFP gathered feedback from 1,800 respondents. See <http://www.cfp.org.np/reports/>

Through the CFP the HCT, Principals could better understand how flood affected communities perceived response actors as well giving them important insights into the stated needs of those impacted by the floods. In addition, the CFP also asked questions about peoples' preferences regarding the provision of humanitarian support and if cash or in-kind contributions were preferred. Information generated by the CFP in 2017 will be used by the HCT, Principals to guide response planning in 2018.

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 different demographic groups including women, men, girls and boys of different ages.

Humanitarian organizations must also be alive 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, analyze 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 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 RC 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 in 2017 agreed that CCG could join the HCT, Operational Group. Other working groups that support preparedness and response for the HCT, Principals and Operational groups are the GWG, the CwC Working Group, the KINWG and the IMWG.

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);
- 7) Education;
- 8) Early Recovery;

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 neighboring countries).

The RC is responsible for coordinating the HCT, Principals during an emergency response. Under the guidance of the RC, 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 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 RC would immediately convene a meeting, attended by heads of agencies. It is anticipated that the HCT, Principals / Operational would meet on weekly basis during the monsoon period following an HCT response. As noted earlier, the MoHA would be invited to attend meetings of the HCT, Principals following a decision to trigger this contingency plan. The NEOC and the HCT, Principals would be in constant communication to ensure optimal results during any responses during the 2018 monsoon. 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. As noted earlier, once inaugurated the NDRRMA will play an increasingly important role in DRM. During the 2018 monsoon – and before the NDRRMA is formally instituted - the Executive Committee (EC) will provide overall national oversight of responses. In the case of a disaster, the EC would meet immediately to assess the situation, and if it is considered necessary, officially request international assistance.

The private sector also plays a critical role in emergency response. The 2017 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 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 RC 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 RC is the chief UN spokesperson for the humanitarian system in any crisis. However, every HCT, Principals partner operating in Nepal during a crisis 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 RC /Chief UN Spokesperson. The latter must coordinate all political messages and what can be voiced regarding security-related issues, and the RC must coordinate daily with the UN DSS.
- Regarding humanitarian issues, the role of the RC 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.

4. Response planning – key processes and timelines

Annex I and IV provide detailed information about the targeting strategies of individual Clusters, what support they will provide and the level of financial resources they will require to respond to a caseload of 1.26 million people.

Annex III sets out the key outputs that the HCT and other actors will deliver in the initial 7 days of this contingency plan being triggered.

Annex V provides a framework – agreed by the Protection, Food Security, Nutrition, Health, Shelter, WASH, Education and Early Recovery Clusters – for a funding application to the UN's Central Emergency Response Fund (CERF) in order to kick-start an HCT response to monsoon flooding.

The HCT's preparedness plan allows for flexibility but as much as possible pre-crisis agreements made regarding the type of support to be provided and the prioritisation of a request to the CERF should be adhered to.

OPERATIONAL SUPPORT ARRANGEMENTS

1. Needs Assessments

Much of the information required for *immediate* response exists within baseline data. Within Nepal's 7 provinces a number of specific locations are identified as highly flood prone. Detailed profiles for highly flood prone rural and urban municipalities plus metropolitan locations have been developed by the UNRCO. These profiles can support responding organizations to take 'low-regrets' initial response actions (and to prioritize preparedness investments).

As noted above, the KINWG will meet if this contingency plan is triggered. As an initial task (to be completed within a period of 24 hours) the KINWG will agree on an immediate scenario definition including an overall target caseload. This information will then be used by Clusters to determine sectoral responses.

Building on baseline data, the IRA will provide data on casualties and initial damages. The IRA will be launched by the NRCS, local government and DDMCs will take a leading role 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 is required.

In 2017 during the monsoon response the IRA process took approximately 10 days to complete. Given the availability of pre-crisis secondary data the HCT, Principals may in 2018 initiate a response ahead of an IRA being finalized. The KINWG will support to the HCT, Principals to swift action via the development of an initial scenario definition.

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 the RC 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 IMWG which will have the following key responsibilities:

- Compiling key baseline datasets
- Agreeing/supporting common data-sharing platforms (e.g. DevInfo)
- Supporting the RC 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 profiles in-line with Nepal's new federal structure. 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, Red Cross, MoHA/DDMC |
| | Homes Destroyed | IRA, Red Cross, MoHA/DDMC |
| | Loss of Livestock / Livelihoods | Line ministries and sectoral agencies, http://www.neksap.org.np/ |
| | SADD Population | IRA, Red Cross, MoHA/DDMC |
| | Location of Impact | IRA, Red Cross, MoHA/DDMC |
| | Status of Basic Services | MoHA and other line Ministries; telecommunications companies |
| | Logistics | MoHA, Police; Nepal Army, Ministry of Physical Infrastructure and Transport |
| | Security Situation | MoHA; UNDSS |
| | Organizational Mapping | 3W |
| | Priority Needs | MoHA/DDMC ; 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 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: Clarify the roles and responsibilities for the coordination of preparedness and response activities of GoN and non-government humanitarian actors at the provincial, district and local levels.

Information Management

Action 1: Clusters must ensure that information central to effective preparedness and response including '3W' datasets, information regarding relief supplies etc. are kept up-to-date.

Assessments

Action 1: A priority preparedness action is to ensure the availability and accessibility of relevant baseline data. The KINWG 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.

Humanitarian Principles and Operational Standards

Action 1: Recommit to common standards for NFRIs and other aid. Strengthen cluster coordination mechanisms for discussing any variations from common standards.

Action 2: Lead outreach and familiarization regarding this contingency plan strategy for key partners, including newly elected representatives and Government officials at the provincial and local levels.

ANNEX I: CLUSTER OPERATIONAL DELIVERY PLANS

Shelter Cluster



International Federation of the Red Cross (IFRC)
Contact information: Sanjeev Hada (sanjeev.hada@ifrc.org)

In-country response capacity (confirmed) as of May 2018

- 36,379 NFRI kits;
- 1,570 shelter kits (sufficient for a family/household of 5.6 people)
- 8,936 tarpaulins;
- 10,392 blankets;
- 9,538 ropes;

Targeting strategy

Against a caseload of 1.26 million people affected by floods the Shelter Cluster will target the following:

- 35,065 households whose homes have sustained complete destruction.
- 14,026 households whose homes have sustained partial damage.

Note that blanket assistance will be provided to those households whose homes have sustained complete destruction. Female and child headed households and those with a vulnerable person, specifically an elderly family member or a pregnant and lactating woman will be provided with support to address partial damage of dwellings.

Persons assisted by the Shelter Cluster will receive in-kind support (specifications to be determined by the Cluster) or a cash grant equivalent to US\$100.

A total of US\$4.6 million is required to meet the needs of 35,065 households whose homes have sustained complete destruction 14,026 households whose homes have sustained partial damage. As of May 2018, the Shelter Cluster has relief commodities stockpiled in Nepal worth a combined US\$2.8 million leaving a response gap of US\$1.8 million.

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 affected households;
- To strengthen accountability to disaster affected people;

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

- Shelter Cluster partners provide immediate life-saving emergency shelter solutions with cash-based support or through in-kind allocations of tarpaulins, tents, plastic sheets, shelter kits and NFI for the most vulnerable flood affected households who are unable to return to their homes:
 - ✓ Distribution of NPR10,000 per household in lieu of in-kind assistance.
 - ✓ 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 2018

Finances:

- US\$792,000 (with WHO).

Relief supplies:

Health Cluster partners have the capacity to provide immediate support to approximately XXXXX people.

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

Adventist Development and Relief Agency:

- US\$15,000 available within 24 hours with further funding also potentially available;
- 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;
- Essential medicines for 100 households;
- 16x nurses trained on family planning methods (with specialisms in intrauterine contraceptive device);
- Equipment to establish a temporary office (currently stockpiled in Banepa).

Save the Children:

- [Emergency Health Unit](#) deployable within a 72-hour period for major crises;
- Funding available from HQ; between \$80,000 and US\$1 million.

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);

Family Planning Association of Nepal (FNAN):

- Reproductive Health Kits- 1x each of kits 5, 6 8, 9 and 11 (Army hospital)

| Item | Quantity | Location |
|--|----------|---|
| Tent (42m ²) for maternity units and Female Friendly Space | 5 | 2: Kathmandu 1: Janakpur 1: Dang 1: Dhangadhi |
| Tent (24m ²) for maternity units and Female Friendly Space | 5 | 2: Kathmandu 1: Janakpur 1: Dang 1: Dhangadhi |
| Reproductive Health Kits to service 300,000 population for three months (kit types 0,2A&2B, 3,4,5,6,7,8,9 and 10 and one set of 11A&11B) | 3 sets | Kathmandu (Tribhuvan University teaching hospital, Patan and Bhaktapur) |

| | | |
|--------------------|---------|--|
| Clean delivery kit | 750 pcs | 450: Kathmandu 100: Janakpur 100: Dang 100: Dhangadhi |
|--------------------|---------|--|

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) | 3 | Kathmandu |
| Interagency emergency health kit (IEHK) | 8 | |
| Surgical supply kit | 19 | |
| Major trauma backpacks | 146 | |
| Medical camp kit (MCK) | 13 | |
| Community water filter | 140 | |
| IDDK | 1 | Bir hospital |
| IEHK | 1 | |
| Surgical supply kit | 4 | |
| Major trauma backpack | 25 | |
| Generator (5 KVA) | 1 | |
| Tent (24sqm) | 5 | |
| Tent (42sqm) | 3 | Civil service hospital |
| IDDK | 1 | |
| IEHK | 1 | |
| Surgical supply kit | 4 | |
| Major trauma backpack | 25 | |
| Generator (5 KVA) | 1 | |
| Tent (24sqm) | 5 | Bhaktapur hospital |
| Tent (42sqm) | 3 | |
| IDDK | 1 | |
| IEHK | 1 | |
| Surgical supply kit | 4 | |
| Major trauma backpack | 25 | |
| Tent (24sqm) | 5 | Shree Birendra hospital |
| Tent (42sqm) | 3 | |
| IDDK | 1 | |
| IEHK | 1 | |
| Surgical supply kit | 4 | |
| Major trauma backpack | 25 | |
| Tent (24sqm) | 5 | Patan hospital |
| Tent (42sqm) | 3 | |
| IDDK | 1 | |
| IEHK | 1 | |
| Surgical supply kit | 4 | |
| Major trauma backpack | 25 | |
| Generator (5 KVA) | 1 | Patan hospital |
| Tent (24sqm) | 5 | |
| Tent (42sqm) | 3 | |
| Tent (42sqm) | 3 | |

Targeting strategy

The Health Cluster, through disease surveillance and health promotion activities, will target the entire flood affected population. Particularly vulnerable persons affected by floods (women, children, elderly persons, PLW and displaced persons) will be targeted as a priority.

Against the overall caseload of 1.26 million people an estimated 315,592 will be women and girls of reproductive age of whom 6,312 will be at risk of sexual GBV.

Of the 315,592 will be women and girls of reproductive age, 31,500 / 10% of the caseload will require life-saving sexual reproductive health services as will an estimated 3,156 survivors of sexual GBV.

A total of US\$XX million is required to meet the needs of XXXXX people. As of May 2018, the Health Cluster has relief commodities stockpiled in Nepal worth a combined US\$XX million leaving a response gap of US\$XX million.

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 (MISP) for sexual and reproductive including coordination support for the 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 activities 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: Hari Karki (hkarki@unfpa.org)

In-country response capacity (confirmed) as of May

Finances:

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

Relief supplies:

- 2,322 dignity kits (for individuals);
- 13 tents (42m²) to support women/child friendly space
- 160 tarpaulins for 'child friendly spaces';
- 50,000 information, education and communications publications regarding anti-trafficking, psychosocial support and GBV;
- 200 'baby packs';
- 264 'recreational kits' (child friendly spaces);

Targeting strategy

Target population are vulnerable groups (women and girls of reproductive age, PLW adolescents, children, women headed households) who will be supported through the provision of dignity kits, clothes, GBV prevention messaging, appropriate shelter and site management and psychosocial services.

Against the overall caseload of 1.26 million people an estimated 315,592 will be women and girls of reproductive age of whom 6,312 will be at risk of sexual GBV.

Of the 315,592 will be women and girls of reproductive age, 31,500 / 10% of the caseload will require life-saving sexual reproductive health services as will an estimated 3,156 survivors of sexual GBV.

In total the Protection Cluster will require US\$XX million in order to provide support to its target caseload.

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

| | | |
|---|---|---|
| Prevent and respond to gender based violence | # of GBV cases reported | No target |
| | # of cases referred for appropriate multi-sectoral services | 100% referred |
| | # of security personnel including women deployed in the camp/affected areas | Women security personnel per affected location |
| | # of women and children prevented from being trafficked | # of women and children intercepted |
| | # of community based mechanism activated and mobilized for prevent and response to GBV | At least one per affected location |
| | # of Women and Adolescent girls involved in camp/shelter management committee and relief materials distribution | % of women and adolescent girls involved in the committee and distributions |
| | # Female friendly spaces (FFS) established/operational and psychosocial support, case management, outreach and other services integrated | # of FFS established and operational as per requirement |
| | # of dignity kits distributed to WRA including pregnant and lactating with GBV prevention and referral messages | # dignity kits distributed |
| | # of IEC materials distributed and messages disseminated on GBV prevention and response | # IEC materials and messages distributed and disseminated |
| 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 counselors. # 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. | 100% of the identified cases |
| | # of missing and separated people, including children, identified | |
| | # of separated people, including children, reunified | |

| | | |
|--|---|--|
| Resumption of livelihoods and income generation activities | # of flood affected households who have received financial/in-kind assistance to resume cultivation | |
| | # of flood affected households who have received financial/in-kind assistance to re-stock livestock/poultry/fishery/replace productive assets | 30% of affected households |
| | # of flood affected households who have received financial assistance to replace productive assets/enterprises affected | |
| Rehabilitation of essential community infrastructure | # of essential community infrastructure rehabilitated | 100 community infrastructure initiatives (5 each in 20 most affected Gaunpalika/Nagarpalika) |
| | # of flood affected people who benefited from emergency employment via cash-for-work schemes | |
| Safe disposal of disaster waste to prevent public health hazards | # of dead bodies/livestock/poultry carcasses safely and appropriately disposed | Target depending on need |
| | # tons/litres of disaster waste safely disposed | |
| Education in emergencies | # and percentage of flood affected students accessing emergency education services | 100,000 students (50% girls) |
| | # and percentage of affected schools / learning spaces provided with educations supplies | 800 schools |
| | # and percentage of affected schools / learning spaces supported with functional WASH facilities (for boys and girls) | 200 schools |

Nutrition Cluster



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

In-country response capacity (confirmed) as of May 2018

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 tapes;
- 100,000 pack of micro-nutrient powder;
- 100,000 boxes of vitamin A capsules;
- 100,000 de-worming tablets;
- 110,000 iron and folic acid tablets;
- -300 Mt of Super Cereal for Pregnant and Lactating Women (PLW) and children 6 to 23 months

Targeting strategy

Out of a total caseload of 1.26 million people the Cluster will target the needs of 255,000 people comprised of children <5 years and PLW. Prevention and treatment of moderate and severe acute malnutrition will be priority activities of Cluster members.

US\$4.8 million is required to deliver preventative and treatment activities for moderate and severe acute malnutrition targeting 255,000 children <5 years and PLW.

Objectives and activities

The overall objective of the Nutrition Cluster is to meet the immediate nutrition requirements of flood affected people in the 22 focus districts. The Nutrition Cluster will prioritize the provision of assistance to highly vulnerable groups such as children aged <5 years and PLW. 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 support has been provided by UNICEF including RUTF, anthropometric equipment, training/capacity building and other necessary support 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 |
| | # of organizations providing unsolicited donations, distribution and use of breast milk substitutes or milk powder | 0 (immediately after disaster onwards) |

| | | |
|--|--|--|
| Promote, protect and support for early initiation, exclusive breast feeding targeting to all 0-6 months children | 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 on time 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 with moderate acute malnutrition who are treated moderate acute malnutrition | 90% in camp setting; 75% in urban area 50% in rural area |
| | Proportion of acute malnutrition of pregnant and lactating women who are treated acute malnutrition | |
| Treat Severe Acute Malnutrition of children 6-59 months | Proportion of children 60-59 months 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 | 90% in camps and urban areas, >80% in rural areas |
| | 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 | |

Food Security Cluster



World Food Programme (WFP)
Contact information: Naoki Maegawa (naoki.maegawa@wfp.org)

In-country response capacity (confirmed) as of May 2018

Finances:

WFP can access US\$500,000 internally within 72 hours although such funds must be repaid. This support will be available to provide immediate life-saving food assistance. Through this immediate response mechanism, WFP can procure the required food commodities immediately from local suppliers upon GoN request. WFP warehouses are in Damak, Nepalgunj, Dhangadi and Kathmandu for food storage.

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.

The assistance can be in-kind or cash based on the assessment of market situation.

Targeting strategy

Out of the overall caseload of 1.26 million people, an estimated 900,000 people in flood affected areas will be food insecure. Of this number, around one third (some 300,000 people) will be critically food insecure requiring life-saving food assistance as an immediate priority.

The Cluster members will agree upon the targeting mechanism and criteria, which may be on a geographic basis using a combination of physical access, resources and other context-specific factors. The Cluster will then determine an initial coordinated response plan. The specific attention will be given to vulnerable groups with particular needs i.e. disabled people, women, children, marginalized groups, poorest of the poor and severely food insecure people. In close coordination with local government authorities and other stakeholders, the major gaps such as geographical coverage as well as beneficiary category gaps will be identified and adjustment be made. The response strategy will be revised when new information such as IRA data is gathered. The focus will be to deliver the most appropriate targeted response to the right people at the right time, minimize food security gaps and ensure consistency of relief services through effective coordination among the relevant clusters i.e. nutrition, logistics, shelter, WASH, camp coordination and management etc. The cross-cutting issues such as gender and protection will be incorporated throughout the process.

Effective response to humanitarian needs at the onset of a crisis depends on the capacities and resources available with the local-government and humanitarian agencies. The estimated funding requirement to address the critical food needs of severely food insecure people affected by the floods is estimated at US\$6.8 million.

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: Arinita Maskey Shrestha (amaskeyshrestha@unicef.org)

In-country response capacity (confirmed) as of May 2018

Finances:

- UNICEF can mobilize up to 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 | |
| Fiberglass 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) | 50 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) |

Targeting strategy

Specific aspects of the WASH's Cluster response will target the entire caseload of 1.26 million flood affected persons. For example, WASH-related public health initiatives will target all persons impacted by floods to limit disease outbreaks such as diarrhea.

In addition, the WASH Cluster will also target those persons who are unable to access safe drinking water and safe and dignified WASH facilities such as latrines/toilets and bathing spaces. The WASH Cluster will provide support that is appropriate for children, disabled persons and considers the specific needs of men and women. WASH Cluster support will also address the needs of displaced persons (including those living in temporary, spontaneous settlements and public buildings such as schools).

The Cluster will require US\$4.1 million to meet the WASH needs of flood affected persons.

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 maintenance hygiene behaviours 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 lifesaving response and if needed will work with other HCT members to international appeal mechanisms.

| Supports Objective O1, O2 and O3 | | |
|---|--|---|
| Activities | Indicator | Target |
| 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.) | 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 |
| | Number of water supply systems (hand pumps, dug-wells, piped water supply systems) renovated in the affected area | 100% of households |
| | Number of HHs receiving water purification solutions for minimum of 30 days | |
| | Two water storage vessels (Bucket/Jerrycan - 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 | |

Education Cluster

UNICEF/ Save the Children
 Contact information: Sabina Joshi (sajoshi@unicef.org)
 Pashupati Sapkota (Pashupati.Sapkota@savethechildren.org)

In-country response capacity (confirmed) as of May 2018

Finances:

- The Education Cluster can mobilize supplies worth US\$371,000 for immediate response actions. This is sufficient to meet the needs of 30% of the overall Cluster's requirements.

Relief supplies:

- Save the Children, Plan International and UNICEF currently have the following relief items stockpiled in Nepal:
 - Child friendly space kit: 15
 - Adolescent friendly space kit: 15
 - Child kit (for grades 1-5): 5,313
 - Adolescent kit (grades 6+): 3,198
 - Early child development (ECD) kit: 526
 - School kit: 704
 - Teachers' kit: 575
 - Recreational kit: 214

| Education Cluster stockpiling by agencies | | |
|---|----------|--|
| Item | Quantity | Location |
| Save the Children | | |
| Teachers Kit | 575 | Kathmandu: 480 Nepalgunj:50 Dhangadhi:25 Bardibas: 20 |
| ECD Kit | 326 | Kathmandu: 198 Nepalgunj:61 Dhangadhi:45 Bardibas:25 |
| School Kit | 229 | Kathmandu: 179 Nepalgunj:20 Dhangadhi: Bardibas:30 |
| Recreation Kit | 214 | Kathmandu: 169 Nepalgunj: Dhangadhi:25 Bardibas:20 |
| Student Kit Boys Primary | 2215 | Kathmandu:691 Nepalgunj:664 Dhangadhi:365 Bardibas:495 |
| Student Kit Boys Secondary | 1208 | Kathmandu: 175 Nepalgunj:308 Dhangadhi:400 Bardibas:325 |
| Student Kit Girls Primary | 2422 | Kathmandu: 535 Nepalgunj:882 Dhangadhi:500 |

| | | |
|-------------------------------------|------|--|
| | | Bardibas:505 |
| Student Kit Girls Secondary | 1282 | Kathmandu: 195 Nepalgunj:382 Dhangadhi:400 Bardibas:305 |
| Plan International | | |
| Child Friendly Space (CFS) kit | 15 | Nepalgunj: 5 Biratnagar: 5 Makwanpur: 5 |
| Adolescent Friendly Space (AFS) Kit | 15 | Nepalgunj: 5 Biratnagar: 5 Makwanpur: 5 |
| UNICEF | | |
| Children Kit (1-5 Grade) | 676 | Nepalgunj: 525 Bharatpur: 150 Biratnagar: 1 |
| Adolescent Kit (Grade 6+) | 708 | Kathmandu: 0 Nepalgunj: 633 Bharatpur: 75 |
| ECD Kit | 200 | Kathmandu: 158 Nepalgunj: 33 Bharatpur: 9 |
| School Kit | 475 | Kathmandu: 401 Bharatpur: 69 Biratnagar: 5 |

Targeting strategy

The Cluster will address the needs of 100,000 students (of whom 50% will be girls) from 800 flood affected schools. The table, below, provides further details regarding the ages of students the Cluster will target:

| Age Group | % of total caseload | # of students based 1.26 million affected persons | Cluster target (23% of overall affected caseload) |
|---------------|---------------------|---|---|
| 3-5 years | 4% | 50,495 | 11,765 |
| 6-12 years | 20% | 252,473 | 58,825 |
| 13-18 years | 10% | 126,237 | 29,410 |
| TOTAL: | | 429,205 | 100,000 |

In addition to the above, the Cluster will also target:

- A total of 200 community schools will have damaged classrooms (walls and boundary walls) and will require support for debris clearance.
- A total of 200 community schools will have damaged WASH facilities, and will require support.
- A total of 2000 teachers/School Management Committee (SMC) members will need Emergency Response orientation.

At present the Cluster can meet the needs of 47,000 students leaving a gap of 53,000 students.

Objectives and activities

The aims and objectives of the Cluster's contingency plans are to:

- Restore normalcy in the lives of children and teachers especially in the initial first two weeks following a flood event.

- Ensure all girls and boys, especially children with disabilities and children from disadvantaged families have continued access to quality education opportunities in enabling, empowering, and safe school environment.
- Through quality, age-appropriate learning, girls and boys acquire lifesaving disaster preparedness skills and benefit from psychosocial support to restore wellbeing and promote long-term resilience.

Supports Objective O1 and O5

| Activities | Indicator | Target |
|--|---|---|
| Distribute ECD supplies to affected schools | Number of flood affected students accessing ECD supplies | 11,765 students |
| Distribute emergency school supplies (school kits, student kits and recreational Kits) to the affected schools | Number of flood affected students accessing education supplies in emergencies | 88,239 students |
| Establish safe, temporary classrooms including Early Childhood Centers classes in affected area | Number of students accessing education in emergencies (through accessing temporary learning space construction or rehabilitated classrooms) | As per need assessment |
| Cleaning, repair and maintenance of classroom and school premises and furniture | Number of schools benefiting from cleaning, repair and maintenance of classrooms (including furniture) and school premises | 200 schools |
| Establish adequate WASH facilities in schools, temporary classrooms and ECD centers. | Number of schools and temporary learning centres supported for functional WASH facilities in emergencies | 200 schools/ temporary learning centres |
| Training of teachers on psychosocial support (PSS) in collaboration with the Protection Cluster and provide PSS to the affected students | Number of students benefiting from PSS | As per need assessment |
| Orientation for teachers and SMC on emergency | Number of teachers trained on emergency preparedness and disaster recovery | 1000 school teachers and 1000 SMC |

Early Recovery Cluster

UNDP

Contact information: Seeta Giri (seeta.giri@undp.org)

In-country response capacity (confirmed) as of May 2018

Finances: Total required budget for Early Recovery Cluster is USD 4,104,500. The Early Recovery Cluster members can be mobilize about USD 575,000 following declaration of L2 emergency or disaster event of significant scale (UNDP 500,000 via HQ following declaration of L2 crisis; Dan Church Aid via HQ any level of crisis).

Targeting strategy

Against the overall caseload of 1.26 million people the Early Recovery will target 25,880 households i.e. 30 % of severely flood affected households that are most vulnerable. The Cluster will target households that include elderly and disabled, persons, PLW and female headed households.

Response strategy will be updated by the ER Cluster when new data/ IRA data is available. The Cluster will also look to provide cash-based support in the first instance where it is appropriate to do so.

The Cluster will require US\$4.1 million to address the recovery needs of 28,880 households.

Objectives and activities

The Cluster's overall objective is to ensure the early recovery needs of affected communities are addressed specifically those related to livelihoods and income.

Other specific objectives include:

1. To ensure resumption of livelihoods and income
2. To rehabilitate of essential community infrastructure for access to relief and other basic services
3. To prevent public health hazard through safe disposal of disaster waste

Supports Objective O1 and O5

| | | |
|--|--|---|
| Resumption of livelihoods and income generation activities | # of flood affected households who have received financial/in-kind assistance to resume cultivation | |
| | # of flood affected households who have received financial/in-kind assistance to re-stock livestock/poultry/fishery/ | 30% of affected households |
| | # of flood affected households who have received financial assistance to replace productive assets/enterprises affected | |
| Rehabilitation of essential community infrastructure | # of essential community infrastructure rehabilitated # of people who benefitted from access to relief and other basic services | 55 community infrastructure initiatives in most affected Gaunpalika/Nagarpalika |
| | # of flood affected people who benefitted from emergency employment via cash-for-work schemes | |
| Safe disposal of disaster waste to prevent public health hazards | # of dead bodies/livestock/poultry carcasses safely and appropriately disposed | Target depending on need |

tons/litres of disaster waste safely disposed

ANNEX II: KEY CONTACTS

Government of Nepal

| | | |
|---|--|---|
| 1 | MoHA, Disaster Management Division Mr Kedar Neupane, Joint Secretary | Tel: 98511400005 Email: KedarNeupane123@hotmail.com KedarNe@gmail.com |
| 2 | NATIONAL EMERGENCY OPERATION CENTRE (NEOC) Shankar Hari Acharya | Tel: 9841509763 Email: shankarhariacharya@gmail.com |

FOLLOWING A DISASTER IMMEDIATELY CONTACT

| | | |
|---|---|--|
| 1 | OCHA Regional Office for Asia and the Pacific Markus Werne, Head of Office Rajan Gengaje, Head, Preparedness and Response Unit | Tel. +66819178940 Email: werne@un.org Tel. +66979740789 Email: gengaje@un.org |
| 2 | If further assistance is needed, OCHA Emergency Relief Coordination Centre (ERCC) 24/7, Geneva | Tel: +41229172010 |

OTHER KEY CONTACTS

| | | |
|---|--|---|
| 1 | Emergency Relief Coordinator (ERC) – New York Mr. Mark Lowcock | Tel: +1 212 963 2738 Email: lowcock@un.org |
| 2 | OCHA Coordination and Response Division – New York John Ging, Director | Tel. +1 212 963 1522 Fax. +1 212 963 3630 Cell: +1 917 288 2913 Email: ging@un.org |
| 3 | INSARAG Secretariat – OCHA Geneva (for earthquakes) | Tel: +41 22 917 1600 Fax: +41 22 917 0023 |
| 4 | UNDAC – OCHA Geneva | Tel: +41 22 917 1600 Fax: +41 22 917 0023 Email: undac_alert@un.org |
| 5 | OCHA Programme Support Branch (PSB), Strategic Response Planning, Geneva | Tel: +41 22 917 1636 Email: wyllie@un.org |
| 6 | UNDSS – New York | Tel: +1 917 367-9438/9439; Fax: +1 212 963 9053 Email: UNDSSComscen@un.org |

Nepal Humanitarian Country Team (HCT)

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

| | | |
|----|---|--|
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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/ | RCO |
| | Contact Government/MoHA/NEOC to inform/verify threat | RC/HC + RCO |
| H0 - 3 | Alert HCT and Co-clusters leads | RCO |
| | Convene meeting of the KINWG and provide advice to the HCT, Principals about whether to trigger the monsoon ERP. | 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 |
| | Convene meeting of the KINWG to agree on use of active data sources to support initial scenario definition. | RCO |
| | Assign/confirm reporting and information management focal points | Co-clusters + IMWG |
| | Convene HCT meeting (define inter-agency response plans and additional cluster leads on standby) | HCT |
| H48 | 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: <ol style="list-style-type: none"> 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. <ul style="list-style-type: none"> - 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 |
| | Release of initial scenario definition | RCO / KINWG |
| | 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 | Analyze and share information from assessment as soon as possible and provide regularly inputs | RCO + Co-clusters |
| D7 | Organize donor briefing and ascertain intentions to fund the response. Ensure coordination with local NGOs. | RCO |
| | Launch Flash Appeal, if required. Agree on monitoring and evaluation framework. | RCO + OCHA + Co-clusters |
| | Mobilize emergency funds (submission of CERF proposal 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

The information presented in the table, below, takes into account confirmed in-country Cluster capacity in terms of access to finances and relief items against an overall caseload of 1.26 million people affected by floods.

| Cluster | Funding required / response gap US\$ |
|----------------|--------------------------------------|
| Protection | 1.1 million |
| Food Security | 6.8 million |
| Nutrition | 4.8 million |
| WASH | 4.5 million |
| Health | 1.6 million |
| Shelter | 1.8 million |
| Education | 1.3 million |
| Early Recovery | 3.5 million |
| Total | US\$25.4 million |

ANNEX V

CERF REQUEST & HCT CERF PARAMETERS