



UNITED NATIONS
NEPAL



NEPAL: MONSOON EMERGENCY RESPONSE PREPAREDNESS PLAN 2020

2020





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Situation Overview:

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 typically leads to a spike in landslides and related mortality and morbidity in Hill and Mountain areas. The flat plains of the Terai are at the highest risk of flooding. Some years are worse than others. In 2017, approximately 1.7 million people across the Terai were affected by monsoon floods including 169 deaths and 460,000 people temporarily displaced from their homes. Economic losses were significant amounting to US\$705 million.

The ERP is developed as the humanitarian community's support to the Government's response to monsoon related disasters. This ERP is based on historical trend analysis which estimates that should flooding occur under the current forecast conditions, and the total affected population could be 1.26 million. This represents the total population in the areas at risk of requiring an emergency response.

As of 18 June, the number of confirmed COVID-19 infected cases passed 6,500 and continues to increase. With the increased return of migrants into Nepal, a further rise in the number of cases can be expected. The response to the outbreak and preparedness for a deteriorating COVID-19 situation are contained in a separate [ERP](#); however, impacts of this will likely been seen throughout the monsoon season and may be compounded by it. These include protection and health-related concerns surrounding established quarantine sites, stigmatization against returned migrants and those who recently returned to their village/home after quarantine, reported shortages of medical equipment and supplies related to COVID-19 including Personal Protective Equipment (PPE) kits. Furthermore, the lockdown is impacting the delivery of basic services, including healthcare, as well as resulting in shortages of commodities in markets, loss of jobs and income generating opportunities, and the ability of international organizations to deliver programmes.

Preparedness and Response Objectives:

1. To support the Government of Nepal in preparing and responding to the 2020 monsoon season within the context of the current COVID-19 pandemic.
2. To ensure that affected people are protected and have equal access to assistance and services without discrimination, in line with humanitarian principles and best practise.
3. To provide support in a way that enables the affected population to recover quickly, effectively and where possible, builds their resilience to future emergencies.



Key Planning figures in affected areas:

| Vulnerable Groups (Based on national figure) | Caseload (1.26 M) |
|--|-------------------|
| Female | 636,300 |
| Male | 623,700 |
| Women of Reproductive Age | 315,000 |
| Differently abled | 25,200 |
| Pregnant | 50,400 |
| Elderly | 107,100 |
| Neonatal | 27,720 |
| Lactating | 133,560 |

Targeted Population

| | Cluster | In need | Target | Unit |
|--|--------------------------|-----------|---------|------------|
| | 1. CCCM | 350,000 | 52,900 | Population |
| | 2. Early Recovery | 63,000 | 15,750 | Household |
| | 3. Education | 315,000 | 100,000 | Population |
| | 4. Food Security | 500,000 | 400,000 | Population |
| | 5. Health | 1,002,467 | 793,307 | Population |
| | 6. Nutrition | 400,000 | 305,519 | Population |
| | 7. Protection | 320,342 | 160,171 | Population |
| | 8. Shelter | 105,000 | 70,000 | Household |
| | 9. WASH | 650,000 | 350,000 | Population |



Funding

Funding required for the Monsoon ERP

| | | |
|--|----------|---------------------------------|
| | Response | <i>USD 36.99 Million</i> |
|--|----------|---------------------------------|



Planning Assumptions:

This ERP is guided by a series of planning assumptions which would affect the preparedness and response to monsoon in Nepal. These include:

Compound disaster: Nepal faces the potential of two concurrent disasters. This monsoon ERP is currently being prepared while analysing the impact that COVID-19 could have on the response. This includes factoring-in the location of potentially flooded areas in relation to COVID-19 designated hospitals, labs and quarantine sites, along with the possible impact of lockdown-related movement restrictions on abilities to undertake preparedness actions and access to affected populations should flooding occur, as well as evaluating the availability of stock-piles and impact on supply chains for an eventual response. Similarly, agencies recognize the need to continue contingency planning for earthquake response.

Limited availability of basic items: households and those providing assistance are reportedly already facing challenges in securing adequate food and other essential relief items. This would be exacerbated by flooding and landslides.

Access constraints: In addition to the challenges of accessing affected communities in monsoon season due to restrictions in flights and obstructions to roads, lockdown measures and movement restrictions are likely to prevent partners from accessing populations in need of assistance, and the scale-up of remote programming therefore must be considered.

Increased protection concerns: pre-existing societal structures, social norms, discriminatory practices and gender roles which create or contribute to heightened risks for vulnerable groups¹ in Nepal are already being further exacerbated by COVID-19. Increases in cases of domestic violence and limited access to assistance for those without legal documentation are some of the emerging issues which need to be factored into preparedness and response planning for the monsoon. Particular attention must be given to women and girls especially from excluded or vulnerable groups².



Coordination:

Coordination between Government, local communities and international partners is essential for an effective response to monsoon-related emergencies in Nepal. Coordination ensures that operations are evidence-based and that programmes undertaken respond effectively to the needs and gaps in a way that avoids duplication and successfully supports Government-leadership and response systems. In Nepal, the Humanitarian Country Team (HCT) is led-by the UN Resident Coordinator.

The HCT is currently working in coordination with the Government of Nepal to support its leadership and management of the COVID-19 outbreak. The Clusters, led by the Government of Nepal and co-led by UN agencies/NGOs, are stood up and started to operationalise their interventions. At provincial level, key

¹ Including children, persons with disabilities, mixed migrants, refugees, sexual and gender minorities, people living with HIV-AIDS, adolescent girls, single women, members of female headed households, pregnant women and lactating mothers, senior citizens, Dalit people, particularly women, as well as people from religious and ethnic minorities and indigenous groups,

² A Common Framework for Gender Equality and Social Inclusion, 17/04/2017,

<https://www.np.undp.org/content/nepal/en/home/library/gender-equality-and-social-inclusion/common-framework-for-GESI.html>

clusters are activated, and the UN has stood-up the Provincial Focal Point Agency system to support inter-cluster coordination and work with cluster-co leads where clusters are yet to be rolled-out. The HCT will capitalise on the activation of this coordination architecture for preparedness and response this monsoon season. A contact list for clusters and provincial focal points can be accessed [here](#).



Logistics:

Damage and blockage of key infrastructure, roads, and tracks caused by floods and landslides creates logistical challenges especially during the initial response phase of the operations and hampers transport and distribution of relief supplies into the affected areas. Rugged terrain and road access constraints remain a challenge for several weeks directly after flooding, and, in some instances, transport of relief supplies can take several days, up to weeks to reach affected population. Poor visibility and bad weather conditions may also restrict transport by air. Further, the disruption to global supply chains, the impact of the lockdown, and use of existing relief stocks for quarantine centers for COVID-19 response also compound the logistical challenges in Nepal, as we approach the monsoon season.

The National Logistics Cluster will support a response operation by filling logistics gaps faced by the Government of Nepal and the humanitarian community, through the provision of the following services, as needed and where possible:

- Assistance with national and local logistics coordination and information management: Provide updated operational information such as access constraint maps, available local transport and storage capacity, sources for logistics services and coordination meeting minutes.
- Establish and maintain a dedicated information sharing platform.
- Logistics common services to the humanitarian community, such as common transport and storage services, can be activated if required, pending funding. In this case, WFP and/or the RCO would seek surge support to enable activation.
- Provision of 23 inflatable and 5 aluminium boats (with outboard engines) for light Search and Rescue, to Ministry of Home Affairs and Chief District Offices, as part of the project “Augmentation of national and local-level emergency logistics preparedness”, strategically prepositioned in districts at-risk of flooding.

An updated stockpile list can be accessed [here](#):



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

The COVID-19 pandemic is having a disproportionate impact on women and is exacerbating gender inequalities. In addition to the existing unpaid care burden, women are taking on the work of home-based health care and make up the majority of nursing staff in professional health care settings; these healthcare workers experience a disproportionate exposure to infection, are often underpaid, and work in under resourced conditions, which are aggravated during infectious outbreaks. Support staff in these settings are also largely female, such as cleaners, laundry, and catering staff, and are at heightened risk of exposure to infectious sources.

This impact is likely to be further compounded in monsoon season due to the fact that in every humanitarian crisis, we know that women and girls are affected differently than men and boys, and that vulnerabilities are often exacerbated by other factors such as age, disability, sexual orientation and gender identity, caste, ethnicity or religion and pre-existing societal structures and discriminatory and harmful practices. Gender inequalities and discrimination can also undermine the ability of women, girls and gender minorities to fully participate in, or lead, preparedness efforts. It can also block their access to basic services, information, economic livelihoods and meaningful representation in planning and decision making. Further, the risk of sexual and gender-based violence (SGBV) is exacerbated during emergencies.

Overwhelmed health services, reduced mobility and diverted funding will likely hamper women and girl's access to health services, including sexual and reproductive health, GBV survivor care, HIV/AIDS treatment and attended childbirth and other natal services, exacerbating preventable maternal deaths.

It is also crucial to take into consideration multiple forms of discrimination that particular individuals may be subjected to, in order to recognize their different and specific needs, capacities and priorities. The active participation and leadership of women, girls and other excluded and vulnerable groups in humanitarian decisions should be facilitated and transformative change in their lives promoted. Gender equality and social inclusion perspectives should be incorporated into all preparedness activities, including gender balance and diversity in stakeholders' meetings, emergency simulations, and training of staff on gender equality and social inclusion in humanitarian action. Any response should ensure that all data gathered according to sex, age, disability, diversity disaggregated data.

Any communication, information sharing initiatives must take into consideration appropriate means of communication to reach all community members, reflecting literacy levels and language requirements. With low levels of literacy - especially amongst women and girls - it is important that messaging is relayed through appropriate materials and means that are accessible and understandable by all.

A [Checklist for Gender Equality and Social Inclusion](#) in Disaster/ Emergency Preparedness in the COVID-19 Context prepared by UN Women drawing on inputs from Gender and Humanitarian Task Team and the IASC Gender Alter for COVID-19 Outbreak has been developed and should be applied.



Cash and Voucher Assistance

Cash and Voucher Assistance (CVA) Programming is effective in supporting populations affected by disasters in a manner that maintains dignity and choice for beneficiaries. Digital cash in the context of COVID-19 also supports physical distancing within affected communities.

The Nepal Cash Coordination Group (CCG) is currently co-chaired by the Ministry of Federal Affairs and General Administration, the Nepal Red Cross Society (NRCS) and Danish Church Aid (DCA). The group coordinates the use of cash in Nepal for emergency preparedness and response. The Government of Nepal delivers social security allowance in the form of cash-based transfer to the registered beneficiaries of its social protection system and also provides cash to affected populations after an emergency through other modalities and mechanism particularly as compensation. The UN and INGOs also undertake cash and voucher assistance programming.

In order to scale-up with cash coordination in Nepal, the CCG and the Ministry of Federal Affairs and General Administration (MOFAGA) are working to develop common cash assistance guidelines for local

government which will guide the use of cash for emergency preparedness and response. Additionally, work is beginning on adapting Government social safety net systems for emergency response through horizontal and vertical expansion of the social security allowance delivery system. Cash delivered by humanitarian partners must be complementary to Government-led modalities, the CCG leads the strategic engagement of humanitarian partners to this end. Ongoing work to standardize the approach to cash for emergency preparedness and response is the primary preparedness action undertaken by the group prior to the monsoon season.



Accountability to affected people (AAP) / communicating with communities (CwC) is critical

In an emergency, it is critical that effective two-way communication mechanisms are put in place to communicate, support and coordinate with affected people. Community engagement and accountability is the process of and commitment to providing timely, relevant and actionable lifesaving and life-enhancing information to the affected communities. The community engagement approach uses the most appropriate communication tools and techniques with active participation from the communities to listen to communities' needs, feedback and complaints along with creating the feedback loop for taking the corrective and timely actions.

The HCT will therefore activate the **Community Engagement Working Group (CEWG)** led by UNICEF with support from the UN RCO is already active in response to the COVID-19 pandemic and therefore this work will now incorporate monsoon preparedness and response.

The Working Group will seek to achieve the following:

- Humanitarian response is informed by the views of affected populations (regularly collect gender, age, ethnicity, caste, physical ability and age disaggregated feedback on community needs, broad perceptions and narrow complaints, ensuring inclusion of vulnerable groups).
- Communities have the information and communications capacity they need to make informed decisions and stay safe: providing affected populations with needed information, including progress report on responder's feedback (if any), messaging to support psychosocial counselling and use of various communication channels and approaches to reach out communities about the available services and available mechanisms to address their concerns.
- Community responders and volunteer groups are mobilized and connected with the international response
- Undertake preparedness actions including trainings for both broadcasters, humanitarian workers and positioning of technology

The **Inter-Agency Common Feedback Tool** will also be activated should flooding occur this monsoon season. This has proven a valuable tool in the past to ensure coordinated feedback on community needs and programme implementation. In the first instance, an interactive voice recognition (IVR) survey is pre-recorded and ready to be deployed to affected areas to get an initial snapshot of the scale of the emergency and the key assistance needs. Secondly, should an emergency response be required, the working group is looking to deploy a more detailed telephone survey enabling verbal feedback on the assistance provided. This is usually undertaken via on the ground interviews in affected areas but given access constraints due to Covid-19, a telephone survey is more likely.



Information Management/Data Preparedness:

There is an abundance of disaster related data in Nepal which can be used to prepare for and 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.

Data preparedness constitutes a key component, which underpins the development of the ERP as well as anticipates the needs in a response. This contingency plan and the accompanying provincial profiles and municipal profiles aim to harness existing data and to provide humanitarian actors with a robust foundation on which to make initial and prioritized response decisions. Provincial profiles can be accessed [here](#):

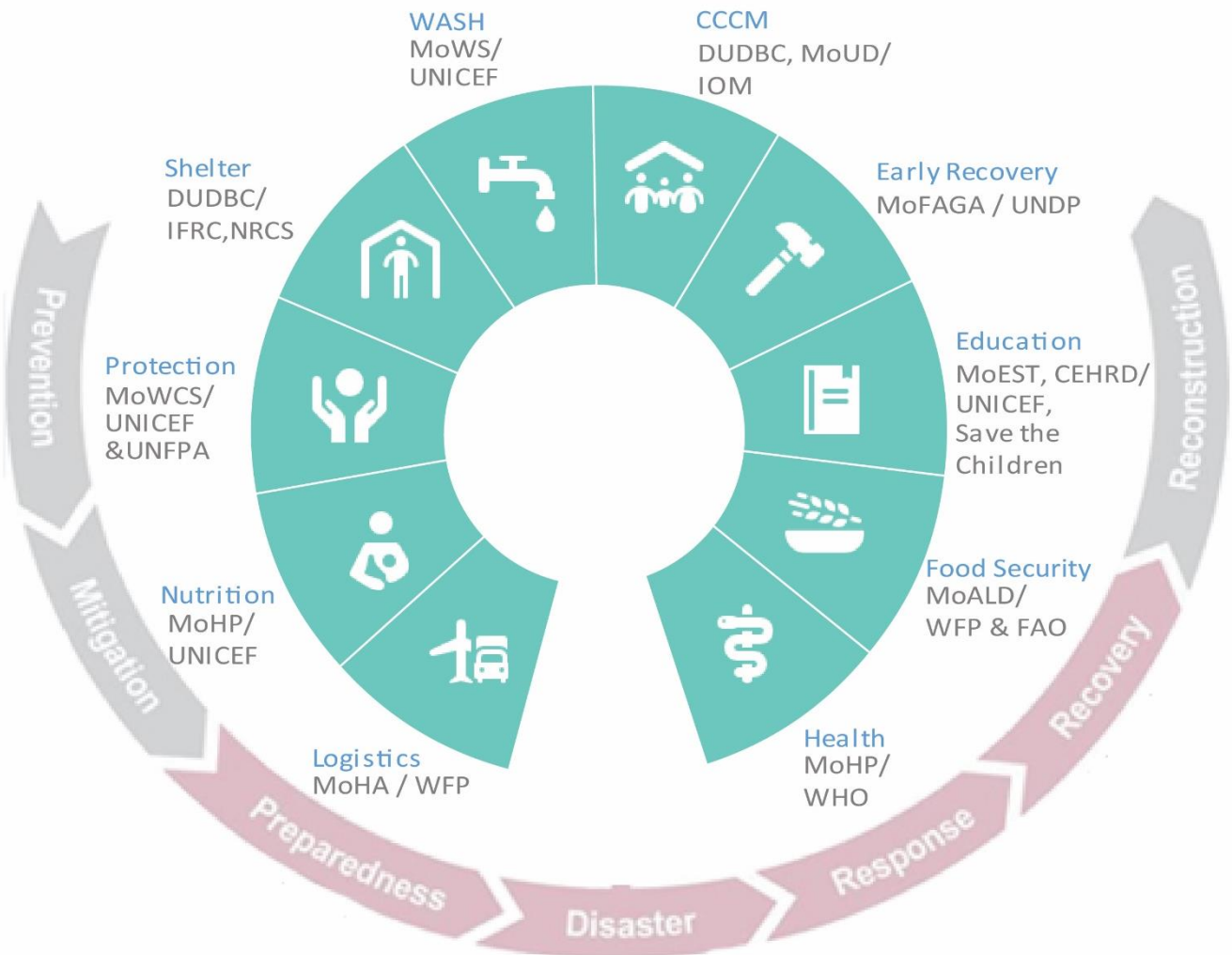
The data preparedness will allow the HCT to make decisions on humanitarian support on a rapid 'no-regrets' basis in the event of floods, while awaiting more detailed assessment.

The Information Management Working Group would, in a response, have the following key responsibilities:

- Compiling inter-cluster baseline data and response information.
- Agreeing/supporting common data-sharing platforms
- Using information from the Key Immediate Needs Working Group, convened to determine an initial scenario of case load in the event of flooding, to support the HCT in deciding 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.



Response by Cluster





Camp Coordination and Camp Management (CCCM)

Affected areas:

Bajhang, Bardiya, Banke, Dang, Kapilvastu, Kaski, Lamjung, Nawalparasi West, Chitwan Makwanpur, Sindhupalchowk, Parsa, Bara, Sarlahi, Dhanusha, Siraha, Udaypur, Saptari, Sunsari, Morang and Jhapa

Target beneficiaries:

350,000 total, 52,900 priority.

Funding required:

US \$ 2 million for response activities.

Lead Agency:

Department of Urban Development and Building Construction (DUDBC)

Co-Lead:

IOM

Sector Members:

UNFPA, UNHCR, IFRC, NRCS, PLAN, Save The Children, OXFAM, TPO, LWF

Sector Overview:

CCCM will support Government of Nepal in responding to displaced population until they are able to return home. The cluster prioritises site improvements, including decongestion of sites and maintenance of community centres and camps and support to returns.

The COVID-19 pandemic has further complicated monsoon preparedness this year. Hundreds of thousands of Nepalis are expected to be returning during this season and the number of quarantine centres and holding centres are growing daily, often exceeding the capacities of these centres to safely house the population inside. The previously identified evacuation centres and public and private infrastructures which could have been used during the monsoon crisis are already filled by the people returning to Nepal due to the –COVID-19 pandemic. Therefore, the CCCM cluster considers in planning, the high - risk districts (in-line with NDRRMA and HCT planning) which takes into account districts that have both high number of COVID-19 cases and are at high risks of floods and landslides.

Priority Preparedness Actions:

- Ensure the timely provision of life saving services to the displaced population living in communal settings.
- Formal/ Informal capacity building for the government and partners on information management and frontline workers in camps and community centres through development of specific camp management modules to orient new staff and rapidly improve the knowledge, skills and attitudes

of existing staff on critical health and WASH information in coordination with WASH and health cluster. Online CCCM training platform to be promoted.

- Development of tools and guidance for site planning in open spaces, including for contingency spaces for expansion of services in coordination with the government agencies and health and WASH cluster.
- Mapping of community centres and accommodation capacity (considering social distancing) in each of the flood affected areas to be used as evacuation centre in coordination with shelter cluster.

Priority Response Actions:

- Work in close coordinating with the WASH, Health clusters, Shelter Cluster and other clusters for site decongestion and to prevent outbreak of COVID-19, dengue and other water borne diseases in camps and community centres.
- Establish and ensure reporting feedback and complaint mechanisms are available at the camp level and community centres.
- Establish and maintain information hub that includes PSEA awareness, referral information and service information.
- Support returns (transport, consolidated returned package through cash and in-kind, etc.) in coordination with shelter and other clusters.
- For priority locations, where return is not yet possible, provide site improvement infrastructure
- Decommission, disinfection and closure of sites that include returning the sites to its original use when appropriate.



Early Recovery

Affected areas:

Severely impacted areas across the country with major focus in 24 districts likely to be impacted by flood having recurrences, as mapped out by Ministry of Home Affairs (MoHA)

Target beneficiaries:

Against the overall caseload of 1.26 million flood affected people the Early Recovery Cluster will target 15,750 households i.e. 25 % of severely affected households (63,000) that are most vulnerable.

Funding required:

US \$ 2,247,500 for response activities

Lead Agency:

Ministry of Federal Affairs and General Administration (MoFAGA)

Co-Lead:

UNDP and UNICEF

Sector Members:

Respective Government Ministries and NPC, FAO, ILO, IOM, UNFPA, UNHABITAT, UN Women, WFP, Red Cross/IFRC, AAN,ADRA, Care, CRS, Christian Aid, CECI, DCA Good Neighbors, LWF Mercy Corps, LWR, NGO Federation Nepal, Mission East, Oxfam, PIN, Plan Nepal, Save the Children, UMN, WVI, Municipal and Rural Associations of Nepal, and FNCCI, Chamber of Commerce.

Sector Overview:

The immediate action on early recovery support with focus on livelihood/economic restoration for those affected by flooding to bridge the gap until more longer-term solutions are identified and implemented for sustained economic stabilization. The impact of COVID-19 on the informal economy will mean that more focus will need to be on livelihood assistance as employment opportunities are likely to be restricted. The Cluster will target households that include elderly and disabled persons, female headed households, daily wage-based households and households making their livelihoods through informal sector economic activities.

Specific objectives include:

1. To ensure resumption of livelihoods and income general opportunities.
2. To rehabilitate essential community infrastructures, offering local employment opportunities through cash for work mechanisms and unconditional cash transfers where needed.

Priority Preparedness Actions:

- Identify existing programmes and need for mobilizing resources (public and private) to channel livelihood assistance (funds and technical support through social protection/safety net and cash-based interventions) to most vulnerable groups of affected population.

- Discuss with Cash Working Group on the potential cash-based intervention modalities, linking relief assistance with recovery.
- Develop/review ER Introductory material including PPT for sharing with provinces and NP/GPs in case of a disaster response.

Priority Response Actions:

- Identify and implement livelihood/income generation programmes, cash transfers, inputs and safety nets to support the most affected population. This would involve emergency employment in support of livelihoods, restoration of community infrastructures and micro-enterprise start-up grants.
- Livelihoods/food security recovery and employment generating programmes for rehabilitation/reconstruction of agriculture infrastructures, community productive infrastructure/assets such as storage, processing, marketing, irrigation, water supply, and other damaged community infrastructures/assets through cash assistance for assets modality, in coordination with early recovery and other relevant clusters, in the worst affected/food insecure areas.



Education

Affected areas:

2,300 schools in 16 districts in Five Provinces (Province 1, 2, 3, 5 & 7)

Target beneficiaries:

2.2 million school children affected, Total of 2300 Schools (P1: 600, P2: 1000, P3: 140, P5: 230, P7: 330)

Need: 25 % of affected population **Cluster Target:** 100,000 children

Funding required:

US \$ 1.26 Million for response activities.

Lead Agency: Ministry of Education, Science and Technology (MoEST) and Centre for Education and Human Resource Development (CEHRD)

Co-Lead:

UNICEF, Save the Children

Sector Members:

Action Aid Nepal, ADRA Nepal, ASMAN Nepal, CARE International, CMC-Nepal, Community School Management Committee Federation of Nepal, Confederation of Nepalese Teachers, Educational Pages, Finn Church Aid, German Nepalese Help Association, Global Action, Good Neighbors International, Humanitarian Inclusion, Mercy Crops, National Campaign for Education, National Society for Earthquake Technology, Nepal Red Cross Society, PABSON, People in Need, Plan International, Rato Bangla Foundation, Restless Development, Samunnat Nepal, Save the Children, Seto Gurans, Shanti Volunteers Association, Street Child of Nepal, Sunrise Education, UNESCO, UNICEF, VSO, World Education, World Vision

Sector Overview:

Based on past recurrent flooding, the impact on education will be seen mainly in 2300 schools of 16 flood prone districts. Province 1 (Morang, Jhapa and Sunsari), Province 2 (Bara, Parsa, Rautahat, Saptari, Siraha, Mahottari, Dhanusa and Sarlahi) and Bagmati Province (Chitwan), Province 5 (Banke and Bardiya) and Sudur Pashim Province (Kailai, Kanchanpur). These schools are close to river basins and highly vulnerable to floods. These schools and provinces face high social and economic and developmental challenges in addition to the impact of the current COVID-19 pandemic, which further exacerbates their vulnerability. Currently more than 2000 schools are used as quarantine centres, which will mean they take longer to re-open. For the schools in flood affected areas, the impact of both crises, will further delay the access education for affected children. To address the double impact, the education cluster will work jointly with the health, WASH, and protection clusters to ensure children are able to access learning through alternative modalities, such as distance learning, home visit by teachers, and coaching by youth volunteers.

Out of five targeted provinces, Province 2 has the highest number of children out of school and there is a greater chance of high impact on Non-Formal Centres as part of alternative learning of out of school children in this province. It is estimated that, approximately 25 % of affected students across all affected areas are likely to be dependent on educational relief support.

Based on the past learning, most of the classroom and WASH facilities of the targeted schools will be filled by mud and debris. This will mean further delays to resuming classes until the cleaning of debris and repair and maintenance of WaSH facilities can be finalised. Similarly, it is anticipated that 20 % of schools' infrastructure including learning materials, WaSH facilities, as well as student's residents, will be partially or completely damaged due to torrential rain.

Priority Preparedness Activities:

- Preparation of awareness raising materials on flood preparedness including COVID-19 consequences
- Revision of standard operating procedures for collecting damage information of schools in the lockdown period.
- Ensure that cluster members are maintaining a minimum Prepositioning of EiE supplies and develop warehouse and distribution plans
- Conduct capacity development trainings of the cluster members, particularly on emergency preparedness, response and reporting
- Conduct community Mobilization at local levels (community, SMC, PTA, Youth Clubs) to contribute to preparedness and school safety activities such as pre-identifying safe spaces and conducting drills/simulations
- Strengthen SOPs/guidelines on reaching out-of-school children, children with disabilities, and affected populations in most remote/least accessible areas
- Develop a cluster guideline on humanitarian cash transfers and integrate education in multi-sectoral cash response

Priority Response Activities:

- Distribute essential emergency education supplies to run teaching and learning activities including ECD Centres, NFE Centres, including training on use of materials to teachers, should class-based education resume
- Support repair & maintenance of WASH facilities in schools.
- Establish temporary classrooms (TCs) for the most affected children, both formal and non-formal education (out of school children), gender and disability friendly should class-based education resume.
- Rapid mobilization of local and district education authorities and cluster partners to re-open schools and temporary learning centres if permitted.
- Ensure targeted response to most vulnerable groups, such as children with disabilities, out-of-school children, children from marginalized communities, based on gaps and local needs, such as educational materials support, an appliance for children with disabilities, cash transfers, etc
- Conduct psychosocial first aid trainings to teachers, ECD facilitators in coordination with Protection Cluster



Food Security

Affected areas:

The flood/inundation and landslide affected areas in 23 Terai and hilly districts (Province 1: Jhapa, Morang, Sunsari, Udayapur; Province 2: Saptari, Siraha, Dhanusha, Mahottari, Sarlahi, Rautahat, Bara, Parsa; Bagmati Province: Chitwan; Gandaki Province: Nawalparasi east; Province 5: Nawalparasi west, Rupandehi, Kapilbastu, Dang, Banke, Bardiya; Karnali Province: Surkhet; Sudur-Paschim Province: Kailali and Kanchanpur).

Target beneficiaries:

Out of 1.26m estimated affected population, around one third (400,000 people) will be highly food insecure requiring life-saving food assistance as an immediate priority, based on the proportion of caseload in 2017 and 2019 floods/landslides. The household level targeting will be closely coordinated with respective local governments where both flood affected and COVID-19 affected households are registered.

Past experiences show almost 40% of the total affected need urgent recovery response to rehabilitate the disrupted agriculture-based livelihoods. Thus, 500,000 people (100,000 households) need agriculture emergency supports out of 1.26 Million assumed affected people.

Funding required:

Total: US \$ 14.29 million for response activities

- Immediate food assistance/unconditional cash transfers: US \$ 12.59 million
- Livestock and agriculture sector response: US \$ 1.7 million

Lead Agency:

Ministry of Agriculture and Livestock Development (MoALD)

Co-Lead:

WFP and FAO

Sector Members:

Action Against Hunger; Action Aid Nepal; Adventist Development and Relief Agency (ADRA) Nepal, Aide-et-Action; Association of International NGOs in Nepal (AIN); Association of International Solidarity for Asia; Arbeiterwohlfahrt (AWO) International; Care Nepal; Caritas Nepal; CBM; Christian Aid Nepal; Catholic Relief Services (CRS); Development Alternatives Incorporated (DAI); Dan Church Aid (DCA) Nepal; International Development Enterprises (iDE); Individuell Manniskohjelp (IM) Sweden; Islamic Relief; Finn Church Aid (FCA); Felm Nepal; Good Neighbours; Good Neighbours International Nepal; Heifer; Helen Keeler International; Help Aged; Housing Recovery and Reconstruction Platform (HRRP) Nepal; Lutheran World Federation; Lutheran World Relief; Mercy Corps; Mountain; Nepal Red Cross Society; Oxfam Nepal; People in Need; Plan International Nepal; Practical Action; Raleigh International Nepal; Rural Village Water Resources Management Project; Save the Children; Stichting BRAC International Nepal; Street Child; Sunrise Children's Association; Tevel B'Tzedek; United Mission to Nepal; VSO Nepal; Welthungerhilfe; World Education; World Neighbours; & World Vision International Nepal.

Sector Overview:

The main objective of the food security cluster response includes meeting the immediate food needs of flood/landslide-affected people in the targeted geographic locations, as well as avoiding nutritional deterioration among the affected population. After the immediate food assistance, the livelihoods recovery and food security restoration support will be provided. This year, the COVID-19 containment measures including country-wide lockdown has suspended almost all economic activities and has further compounded burdens of care for households with young children, disabled or chronically ill, and elderly persons – especially for female-headed households. In light of this, infants, young children, pregnant women, and breastfeeding mothers face significant risks to their nutritional status and well-being as access to essential health and nutrition services and affordable nutritious diets are constrained.

The food security cluster's humanitarian response should focus on ensuring access to food for the most vulnerable and food insecure whose means of livelihood and the level of income are severely affected by the COVID-19 and floods concurrently, while supporting in the repair of assets and the restoration of livelihoods.

Past experiences have shown that thousands of livestock are killed by drowning and tens of thousands that survive are left with poor health conditions that requires immediate veterinary attention and provisions of emergency feed and fodder. Carcass management and disinfection of burial sites need to be considered which otherwise will pose a greater risk of epidemics in both human and livestock population. In addition, emergency feed and fodder need to be provided to livestock, run mobile animal health rescue and treatment camps and carcass management of dead animals to prevent epidemics in human and animals.

Priority Preparedness Actions:

- Standby agreement with the partners (Nepal Red Cross Society in case of WFP) and agricultural seed suppliers in case of FAO).
- Bilateral agreement/understanding between WFP and Food Management and Trading Company (FMTC) for procurement of the food during emergencies.
- Agreement with the financial service providers for cash-based transfers implementation.
- Mobile animal health camps for affected livestock
- Pre - positioning of feed/fodder/agriculture input for survived livestock and pre-agreed distribution plans.
- Preparation of awareness raising materials on flood preparedness including COVID-19 consequences,
- Strengthen capacity of the cluster members, particularly on emergency preparedness, and rapid responses.

Priority Response Activities:

- 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)
- Support to run mobile animal health camps in affected areas
- Provision of emergency feed/fodder

- Support to manage carcass of dead animals
- Provide essential emergency agriculture inputs including livestock services to the most affected households with special focus on the female headed HHs,
- Ensure targeted response to most vulnerable groups, such as children with disabilities, women headed households in the most affected areas

The food assistance response plan of the cluster:

- Phase I: First 1 month: if markets are functional, unconditional cash-assistance for target population, if markets are not functional immediate aftermath of floods, 10 days food/in-kind assistance plus 20 days cash-based food assistance
- Phase II: after 1 month: early livelihoods and agricultural recovery – cash for assets/training activities, crop seed distribution starts as per cropping season, and development of animal health treatment plan and implementation
- Phase III: after 2 months: Livelihoods and agricultural recovery including cash for assets/training activities

Phase I – immediate food assistance calculation (in-kind/cash-based transfer):

- If markets are functional, Unconditional multi-purpose cash transfer/grant (MPG) value for 400,000 people for 1 month (NPR 90/person/day): NPR 1,080,000,000.00; OR
- If markets are not functional immediate aftermath of floods, food assistance (10 days food/in-kind assistance plus 20 days cash-based food assistance) for 400,000 people for 1 month with daily ration equivalent to 2152 kcal/person/day):

| S.N. | Food assistance | Requirement (MT) |
|------|--|--------------------|
| A | Unconditional in-kind assistance for initial 10 days for 400,000 people: | |
| 1 | Ready to eat food (high energy biscuit, beaten rice etc.) | As available |
| 2 | Rice (400 gm/person/day) | 1600 MT |
| 3 | Pulses (120 gm/person/day) | 480 MT |
| 4 | Vegetable oil (34 gm/person/day) | 136 MT |
| 5 | Salt (5 gm/person/day) | 20 MT |
| B | Unconditional multi-purpose cash-based transfer for following 20 days for 400,000 people (after markets get functional) to enable the affected population to meet essential needs (food and non-food)/survival minimum expenditure basket: | |
| 6 | Multi-purpose cash-based transfer value (NPR 90/person/day) | NPR 720,000,000.00 |
| 7 | Feed/fodder, animal health camps and carcass management | NPR 10,000,000.00 |
| 8 | Support to immediate supports of seasonal seed (paddy, vegetables, maize) and safe storage of food grains and crop harvest | NPR 10,000,000.00 |

Livestock related response plan:

- 1-2 weeks: Provision of emergency feed and fodder for affected livestock, mobile rescue and treatment services for livestock and carcass management of dead animals (estimated 20,000 HHs owned animals)

Food security restoration activities:

- Distribution of vegetable seed, wheat/maize seed, agriculture tools etc for most affected farmers
- Rehabilitation of disrupted livelihood/productive infrastructures and reclamation of the sand casted areas with suitable crop species, immediate income support through rehabilitation/reconstruction of agriculture infrastructures, community productive infrastructure/assets.

| S.N. | Agriculture Emergency Activities | Targets |
|------|--|--------------------|
| 1. | • Distribution of vegetable seed packets for most affected farmers | 50,000 HHs |
| 2. | • Distribution of wheat / winter maize seed for most affected farmers (50,000 Households) | 50,000 HHs |
| 3. | • Provision of agriculture tools for the most affected farmers (50,000 HHs) | 50,000 HHs |
| 4. | • Rehabilitation of community managed Small-Scale Irrigation systems (20 units -covering 1,000 hectares), | 20 Units |
| 5. | • Reclamation of the sand casted areas with suitable crop species in Terai (500 Hectares) | 5,00 Hectares |
| 6. | • Support to storage facilities to store immediate crop (maize and vegetables) harvest in Terai areas (10 units -1000 HHs) | 100 Units |
| 7. | • Support to rehabilitate the livestock shelters (200 Units -provide shelter 500 animals) | 200 Units |
| 8. | • Support the treatment of injured and infected animals (10,000 animals) | 10,000 Animals |
| 9. | • Support vaccination campaigns (10 locations) | 10 locations |
| 10. | • Rehabilitation of fishponds and fingerlings (ponds managed by women groups and/or disadvantaged groups). | 20 Affected ponds. |



Health

Affected areas:

Target beneficiaries:

| Vulnerable population | Affected population (1.26 M) |
|---|------------------------------|
| Differently abled | 25,200 |
| Pregnant | 50,400 |
| Elderly | 107,100 |
| Neonatal | 27,720 |
| Lactating | 133,560 |
| Reproductive Health Services (401,226 beneficiaries for a year) | 100,307 |
| Water and vector borne diseases (~ 40% of total population) | 504,000 |
| Mental Health (15%) | 189,000 |

- In Need Population: 1,002,467
- Target population: 793,307
- Priority population: 209,160

Funding required:

US \$ 3,352,000 for response activities.

Lead Agency:

Ministry of Health and Population

Co-Lead:

WHO

Sector Members:

UNICEF, UNFPA, IOM, ADRA, CARE Nepal, FAIR MED, Family Planning Association of Nepal, MSI, NRCS, NHSSP, Plan Nepal, PSI.

Sector Overview:

The main health hazards during the monsoon season are water-borne and vector-borne diseases such as diarrhea, dengue and malaria, as well as gastro-intestinal, eye and skin infections, response to all of which is complicated by limitation of access to primary care and public health services in affected areas. Mitigating WaSH and integrated vector control interventions as well as continuous awareness are key to prevent and reduce the impact of the key diseases with expected seasonal increase in incidence. The current disruption of health services as a result of the COVID-19 pandemic in Nepal, will also be exacerbated by the monsoon season. Health services in affected areas are already stretched and access to medical supplies has been affected by the disruptions to global and national supply chains.

Specific cluster objectives for monsoon response are:

- To prevent the outbreak of communicable diseases through immediate access to basic water, sanitation, hygiene health services (with WASH cluster), safe disposal of disaster waste and integrated vector control.
- To organize comprehensive health response camps to address the health issues.
- To ensure timely deployment of Epidemic Rapid Response Teams (ERRT) and Emergency Medical Deployment Teams (EMDT) for response.
- To ensure timely implementation of Minimum Initial Service Package (MISP) for Sexual and Reproductive Health Services and health response to Gender Based Violence (GBV) (with Protection cluster)
- To ensure the mental health and psychosocial interventions take place
- To ensure appropriate medicine and medical logistics are delivered

Priority Preparedness Actions:

- Stock-piling of emergency medical supplies and logistics including Medical Camp Kits (MCK), Emergency Reproductive Health (ERH) Kits and vaccines/vaccine commodities in strategic locations
- Orientation/Training on Public Health interventions especially on Post-disaster syndromic diseases surveillance, Minimum Initial Service Package (MISP) for SRH, Maternal and Neonatal Health, Risk communication, Media communication, surveillance, sample collection, MH/Psychosocial counselling etc.
- Build capacity of Epidemic Rapid Response Team (ERRT), Emergency Medical Deployment Teams (EMDT)
- Develop and disseminate necessary tools, templates, guidelines and SOPs for continuation of essential health including SRH services.
- Develop and disseminate rapid assessment tools/checklist.
- Disseminate risk communication and messages relating pregnancy danger signs, Breastfeeding, and mitigating SRH risk in emergencies.
- Support to strengthen primary health care services including for the management of non-communicable diseases, communicable diseases (especially the TB, HIV and Malaria), disabilities, sexual and reproductive health, mental health and injury rehabilitation through the provision of essential medicines and supplies, and recovery of damaged health facilities.

Priority Response Actions:

- Deployment of Epidemic Rapid Response Teams (ERRT) and Emergency Medical Deployment Teams (EMDT) as needed
- Ensure integrated vector control interventions in monsoon response.
- Deployment of mobile clinics for onsite treatment and referrals in cut-off areas including internally displaced communities
- Supply essential medicines and medical supplies for flood response including diarrhoeal disease kits, LLIN and water purification tablets, and vaccine/ vaccine commodities
- Provide Emergency Reproductive Health (ERH) Kits and essential MH and family planning commodities. to deliver the essential reproductive health services to affected populations

- Support to implement minimum initial service package (MISP) for sexual and reproductive health, mental health & psychosocial support and immunization and community case management services
- Support to health response to gender-based violence (GBV) in coordination with protection cluster.
- Ensure continuation of vital health services including sexual and reproductive health, mental health and continuity of care for non-communicable and communicable diseases in affected areas.



Nutrition

Priority Locations:

Kanchanpur, Kailali, Bardiya, Banke, Surkhet, Dang, Kapilvastu, Rupendehi, Nawalparasi east, Nawalparasi west, Chitwan, Parsa, Bara, Rautahat, Sarlahi, Mahottari, Dhanusha, Siraha, Saptari, Udayapur, Sunsari, Morang and Jhapa

In Need Population:

400,000 of the most vulnerable including; under five children, pregnant and lactating women and elderly people (more than 60 years).

Target/ priority beneficiaries: 305,519 (6-59 months children, pregnant and lactating women) across priority locations.

Funding required:

US \$ 2,870,553 for response activities

Lead Agency:

Government of Nepal, Ministry of Health and Population (GoN MoHP)

Co-Lead:

United Nations Children's Fund (UNICEF)

Sector Member:

Ministry of Federal Affairs and General Administration (MOFAGA), National Nutrition and Food Security Secretariat (NNFSS) of NPC, Nepal Paediatric Society (NEPAS), World Bank, USAID, DFID, WHO, WFP, FAO, UN Women, Care Nepal, Helen Keller International (HKI), Nepal Red Cross Society (NRCS), Suahaara, Nepal Health Sector Support Programme (NHSSP), Save the Children, World Vision International in Nepal (WVIN), Action Against Hunger | ACTION CONTRE LA FAIM (ACF), Himalayan Health and Environmental Services Solukhumbu (HHESS), Nepal Public Health and Education Group (NEPHEG), Nepal Youth Foundation (NYF), Social Development and Promotion Center (SDPC), Welt Hunger Hilfe, Global health Aligns Nepal (GHAN), Nepali Technical Assistance Group (NTAG), Aasman Nepal, PSD, SAIFRN-NEPAL, Partnership for Social Development (PSD) Nepal

Sector Overview:

The monsoon season's flooding negatively impacts the nutrition situation every year in Nepal. This is due to the increases in food insecurity, disease epidemics and lack of proper maternal, infant and young child feeding practices. The emergency nutrition situation is compounded by the fact that while the numbers of people stunted and underweight has been substantially reduced, the rates of wasting have remained steady in Nepal over the last 3 decades despite ongoing nutrition interventions such as; Integrated Management of Acute Malnutrition, Infant and Young Child Feeding counselling and, micro-nutrient interventions, This is due to recurrent emergencies, poor WaSH situation in affected areas, food insecurity and lack of care services for children.

The COVID-19 pandemic is already having a negative impact on household economies. This is impacting the nutrition situation affecting a range of nutrition determinants such as food security, reduced access to markets, weakened health systems and disruption of regular preventative nutrition interventions (such as vitamin A and micro-nutrient supplementation) as well as decreased access to needed treatments for 'common' illnesses and severe acute malnutrition. Due to the disruption of basic health and nutrition services, the food system, and income and livelihood opportunities as a result of the COVID-19 pandemic in Nepal, the nutrition status of children, pregnant and lactating women has likely been affected and it will be further aggravated during monsoon season.

Lessons from past emergency show that in the Terai, malnutrition, particularly acute malnutrition rises during monsoon season. As per the rapid nutrition assessment in 2017 and 2019, it was found that the acute malnutrition of 6-59 months children was 23.1% in average in 2017 In Terai districts but NDHS 2016 reported 14.4% of wasting in province 2 which was highest of all provinces.

The specific objectives of the nutrition cluster are:

- Reduce the specific vulnerability of infants and young children in flood affected areas through the protection, promotion and support of optimal infant and young child feeding practices
- Provide treatment and care of children aged 6-59 months children with moderate and severe acute malnutrition and pregnant and lactating women (PLW) through integrated management of acute malnutrition
- Prevent/correct micronutrient deficiency disorders through timely, efficient and effective humanitarian responses through timely, efficient and effective humanitarian responses
- Strengthen the capacities of the national and international humanitarian aid system to enhance efficiency and effectiveness in delivery of humanitarian assistance for nutrition

Priority Preparedness Actions:

- Prepositioning of essential nutrition commodities such as; anthropometric equipment, Ready to Use Therapeutic Food (RUTF), supplementary foods (WSB+), F100, F75 and Rehydration Solution (ReSoMal), MNP, vitamin A, deworming and IFA tablets
- Strengthen nutrition information management systems to better monitor the nutrition situation, and emergency response.
- Update agreement with CSO partners for beneficiary registration and distribution of supplementary food.
- Implement interim guidance notes for healthcare workers on infant feeding in the context of COVID-19 and technical guidance for adapting the IMAM programme treatment protocols to account for physical distance measures.
- Broadcast information and communication messages through different media focusing on; Risk Communication for all mothers/caregivers, feeding infants and young children 6 months and older, Mothers with suspected or confirmed COVID-19, breastfeeding and Nutrition during pregnancy in the context of COVID -19.

Priority Response:

- Protection, promotion and support for early initiation and exclusive breast feeding of 6-59 months children: 1,350 persons

- Safe, age specific and energy dense complementary feeding with continuation of breast feeding to aged 6-23 months: 37,000 persons.
- Blanket supplementary feeding for children aged 6-59 months: 98,314 persons,
- Blanket supplementary feeding for pregnant and lactating women: 82,535 persons
- Treatment of the 6-59 months children with Moderate Acute malnutrition (MAM): 12,575 persons
- Treatment of the 6-59 months children with Severe Acute malnutrition (SAM): 4,000
- Vitamin A supplementation and MNPs for 6-59 months children: 114,318 persons
- Deworming of 12-59 months children: 101,000 persons
- Iron and Folic Acid tablets for pregnant and postnatal women: 82,535 persons



Protection

Affected areas:

Provinces 1,2,3,4,5,6 and 7 (22 districts in line with priority locations identified within the ERP.)

Target beneficiaries:

Total need: 320,342; target people:160,171.

Funding required:

US \$ 720,000 for response activities.

Lead Agency:

Ministry of Women, Children and Senior Citizens

Co-Lead:

UNFPA & UNICEF (IOM, UNHCR Thematic Lead agencies (for migrants (non - refugee) and refugees respectively)

Sector Members:

UN Women, Nepal Red Cross Society, ICRC, Save the Children, Plan Nepal, Oxfam, WOREC Nepal, National Child Rights Council, TPO Nepal, CIVICT Nepal, Care Nepal, KOSHISH, Terre des homes (TDH, ACF International, DCA, ActionAid Nepal, WFP, Americares, Relief Trust, Family Planning Association of Nepal, Humanity and Inclusion, National Federation of the Disabled-Nepal, National Senior Citizens Federation (NSCF), Nepal Police, VS), Lutheran World Federation (LWF)

Sector Overview:

Pre-existing protection issues in Nepal include violence against women and girls, violence against children including child labour, harmful traditional practices and human trafficking. Owing to the COVID-19, these issues have further intensified with an increase in violence against women (including as a result of the increased care burden on families in the lockdown), border management procedures restricting the movement of migrants, hampered access to critical social services as resources are re-directed for response to COVID-19 and family separation as a result of the lockdown and quarantine procedures.

The impact of monsoon in districts/areas identified as COVID-19 hotspot, which constitutes most of the districts at high risk of monsoon, will further exacerbate the situation given the already constrained socio-economic environment and access to basic and protection services. Particularly, increases are likely in cases of gender based violence, exploitation, abuse, discrimination and neglect arising particularly for marginalized and vulnerable groups such as caste, ethnic, cultural and religious minorities; children; adolescent girls and boys, pregnant women and lactating mothers; female headed households; elderly, people with disabilities; and migrant populations due to the COVID-19.

The protection cluster's aim is that the protection of rights, including protection from discrimination, violence, abuse arising from emergencies is ensured as guaranteed by International and National Laws during emergencies, in particular for vulnerable groups.

Priority Preparedness Actions:

- Update and develop messages on protection issues based on the evolving context. The updated messages focus on mental health and psychosocial concerns, gender-based violence with focus on women and girls, domestic violence, prevention of family separation and support to unaccompanied and separated children, increased burden of unpaid care work on women, migrant workers' concerns and access to services. Specific attention will be paid to ensure access to information by vulnerable groups including elderly and persons with disabilities.
- Identify and coordinate assistance to groups at heightened risk due to cumulative impact of lockdown and monsoon risks.
- Prepositioning of essential lifesaving relief materials and supplies including dignity kits, kishori (adolescent) kits etc.
- Build capacity of protection actors on heightened risk identification tools (identification of the vulnerable populations), SGBV / SEA, best interest determinations and assessments, considering monsoon-related risks.
- Set up and continue protection monitoring methodology and tools.

Priority Response Actions:

- Implement identification, tracing and reunification mechanism for families including children separated by disaster (including COVID) and establish temporary alternative care measures, if necessary.
- Monitor the situation of children in residential care centres to address any unsafe releases and monitor any exposure/ deterioration of care.
- In coordination with Health Cluster, support mental health and psychosocial well-being of affected populations and their families distressed/traumatized by disaster. Continue targeting those in quarantine due to COVID-19 with focus on providing psychological first aid and risk communication messaging.
- Provide essential lifesaving supplies including dignity kits and Kishori (adolescent) kits and services through female friendly spaces provision to women and girls.
- Disseminate protection messages (in local languages) highlighting the vulnerability of women (harmful practices including gender based violence, domestic violence), children, migrants, persons with disabilities, elderly, persons of concern -refugees in the current situation and promoting the use of help-line services including the hotline of Nepal for assistance.
- Ensure essential GBV prevention and response health and social services with adequate resources and capacity to provide survivor-sensitive services including psychosocial counselling, safe houses and shelters and strengthened referral pathways.
- Ensure that the most excluded women and girls including disabled, LGBTQI, displaced persons, migrants, and others have equal access to GBV prevention and response services without discrimination based on gender and /or caste.
- Participatory Mobility Mapping (PMM) to assess the situation and to provide outbreak preparedness and response actors with information to prevent the introduction or to limit the spread of an infectious disease in three provinces of Nepal in coordination with Ministry of Health and Population.
- Orientation/communication/trainings on Safer Migration and Trafficking in Person.

- Registering migrant's/mapping vulnerabilities/victim Identifications in the Quarantine Facilities and Shelters.
- Coordinate with security forces to ensure human rights approaches in disaster affected areas, including lockdown enforced area and ensure law enforcement remains an active part of essential CP and GBV services.
- Support assessment of quarantine centres for monsoon related risks and the development of contingency plans as necessary and the integration of measures to mitigate protection risks.



Shelter

Affected areas:

Seven provinces with a focus on highly flood-prone areas in the Terai.

Target Beneficiaries:

| In need | Target | Priority |
|------------------|-----------------|-----------------|
| 105,000 families | 70,000 families | 52,900 families |

The cluster seeks to address 70,000 families (33% of the total affected household) with NFIs, 35,000 (25% of partially damaged household) most vulnerable households with cash and 17,900 families (which is 25% of fully damaged household) with transitional shelter.

Funding required:

US \$ 4,458,000 for response activities.

Lead Agency:

Department of Urban Development and Building Construction (DUDBC)

Co-Lead:

IFRC and NRCS

Sector Members:

IOM, UNICEF, UN-Habitat, UNOPS, Caritas Dan Church Aid HRRP, Lumanti Lutheran World Federation, Mercy Corps, Nepal Red Cross Society, People in Need, Plan International, Save the Children, United Mission to Nepal, Welthungerhilfe, World Vision International

Sector Overview:

With a number of populations in flood affected areas living in informal settlements and houses that are not flood resistant, the Shelter Cluster provides immediate life-saving emergency shelter solutions including through cash-based support or through in-kind support for the most vulnerable flood affected households who are unable to return to their homes..

This year, the monsoon is likely impact quarantine centres, set up in response to the COVID-19 pandemic, in Nepal. The quarantine centres, established in the southern plain areas are the most likely to be affected, the Cluster will need to provide additional shelter assistance. Likewise, the outbreak of the disease, has intensified risk factors to the first responders which may create additional challenges for first responders to conduct assessment and relief distribution if any floods/landslides occur. The shelter Cluster will work closely with the CCM cluster to find alternative sites and provide shelter and relief items to those sites where needed.

Priority Preparedness Actions:

- Purchase and repositioning of the below items. The shortfall reflects the need in this ERP.

| Subsector need | Requirement | Availability | Shortfall |
|----------------------|-------------|--------------|-----------|
| NFIs | 70,000 HH | 35,000 HH | 35,000 |
| Cash | 35,000 HH | 17,500 HH | 17,500 HH |
| Transitional shelter | 17,900 HH | 8,950 HH | 8,950 HH |

- Identify capacity gaps and request support from IFRC surge capacity as per need
- Establish cash modalities including transfer mechanisms in priority locations.
- Establish monitoring and beneficiary accountability mechanism.

Priority Response Actions:

- Distribution of shelter and core relief items to families in flood affected districts and in quarantine centres established for COVID-19 response.
- Provide transitional/durable shelter solution where needed.
- Provide cash transfers for shelter support.



WASH

Affected areas:

23 Terai districts vulnerable to monsoon triggered disasters (floods) *list attached*

Target beneficiaries:

350,000 population including boys and girls, men and women for overall WASH needs and r 650,000 for hygiene promotion for outbreak prevention

Funding required:

US\$ 5,800,000 for response activities.

Lead Agency:

Ministry of Water Supply,

Co-Lead:

UNICEF

Sector Partners:

Department of Water Supply and Sewerage Management, UNICEF, UN-Habitat, WHO, NRCS, NCV, WHH, ACF, CARE, CRS, Caritas, DCA, Good Neighbors, KIRDARC, Mercy Corps, Minergy,, NEWAH, Oxfam, Plan International, Save the Children, SNV, WVI, Water Aid, ABD ENPHO, Government of Finland, GIZ, JICA, USAID, World Bank.

Sector Overview:

Equitable access and the quality of potable water in Nepal is of ongoing concern and water sources are further contaminated during monsoon season. Safe disposal of faeces is also a concern, and this is exacerbated during monsoon season due to the flooding, thus creating risks to secondary hazards including disease outbreaks. Further, there are significant numbers of quarantine sites for COVID-19 across the country which are in flood prone areas, many lacking basic WaSH facilities. Addressing the impact of the monsoon on infection prevention and control in those sites is of highest priority. Similarly, continuous hygiene behaviour such as hand washing practices by all members of the family, proper menstrual hygiene practices, environment cleanliness, food hygiene etc. are a continuing challenge to be reinforced during the monsoon season.

WASH Sector Objectives

- a. To enable safe drinking water to targeted populations (estimated 350,000 population for 30 days) at 7 L/person/day initially and upgraded within one month to 15 L /person/day (for drinking, hygiene and cooking). This includes all -access and safe water to ensure both through system set up which could be temporary/permanent depending on the situation and damage levels, and supply purification items as well.
- b. To provide adequate sanitation facilities for those displaced in partially damage houses in order to \ reduce any major disease outbreak.

- c. To promote healthy hygiene behaviour and practices of disaster affected people and maintain personal, domestic and environmental hygiene to minimize the risk of communicable disease outbreak.

Priority Preparedness Actions:










- Update assessment tools and standards considering monsoon and COVID-19.
- Improve IT infrastructure to support remote information management.
- Prepositioning of basic WASH life - saving items in strategic locations
- Capacity building of the provincial and local government on WASH/Infection prevention and control in the context of monsoon and COVID 19

Priority Response Activities:

- Distribution of drinking water through available and appropriate means (e.g.: trucking in road accessible locations) Bulk chlorination at water filling stations, tube wells and wells
- Distribution of water storage tanks, filters, pipes etc
- Start repair of water supply system through repair of breakages and source, prioritizing temporary repairs as identified in strategy. This includes treatment of contaminated water sources as well.
- Construction of temporary toilets and bathing spaces where needed considering specific needs for women, children and people with disability (in line with humanitarian core standards)
- Distribution of WASH NFRI to the affected populations
- Disseminate hygiene messages using modern and traditional medias, mobilize volunteers (individual and group meeting and health education) using pre-designed hygiene messages, mobilisation of health volunteers (in line with humanitarian core standards)
- Integrate vector control and means to protect from vector borne diseases in the hygiene promotion activities in coordination with health cluster.



Funding

| | Cluster | Response |
|---|-------------------|-----------------------|
|  | 1. CCCM | 2,000,000 |
|  | 2. Early Recovery | 2,247,500 |
|  | 3. Education | 1,260,000 |
|  | 4. Food Security | 14,290,000 |
|  | 5. Health | 3,352,000 |
|  | 6. Nutrition | 2,870,553 |
|  | 7. Protection | 720,000 |
|  | 8. Shelter | 4,458,000 |
|  | 9. WASH | 5,800,000 |
| | Total | USD 36,998,053 |



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