CONTINGENCY PLAN

Nepal:

Floods

[August 2016]

Prepared by the Humanitarian Country Team

5 million

Est. number of affected people

2 %

of total population

416,299

Est. number of displaced households

7 %

of total HHs

STRATEGIC SUMMARY

Nepal continues to struggle from the combined effects of a chronic food insecurity and undernutrition, high rates of poverty and political transition following the 10-year conflict. In April and May 2015, Nepal was hit by two major earthquakes. The Kathmandu Valley and parts of the mid-hill areas remain subject to aftershocks.

Every year, between June and September, flooding and landslide in the Terai and Hills respectively warrants increased preparedness by the Government and the Humanitarian Country Team (HCT). In 2014, heavy rainfall caused floods and landslides across 17 districts causing 134 deaths and affecting over 45,000 families. Four districts of Nepal's Mid-Western Region witnessed the most severe devastation with nearly 29,000 affected families and 28,000 damaged houses.

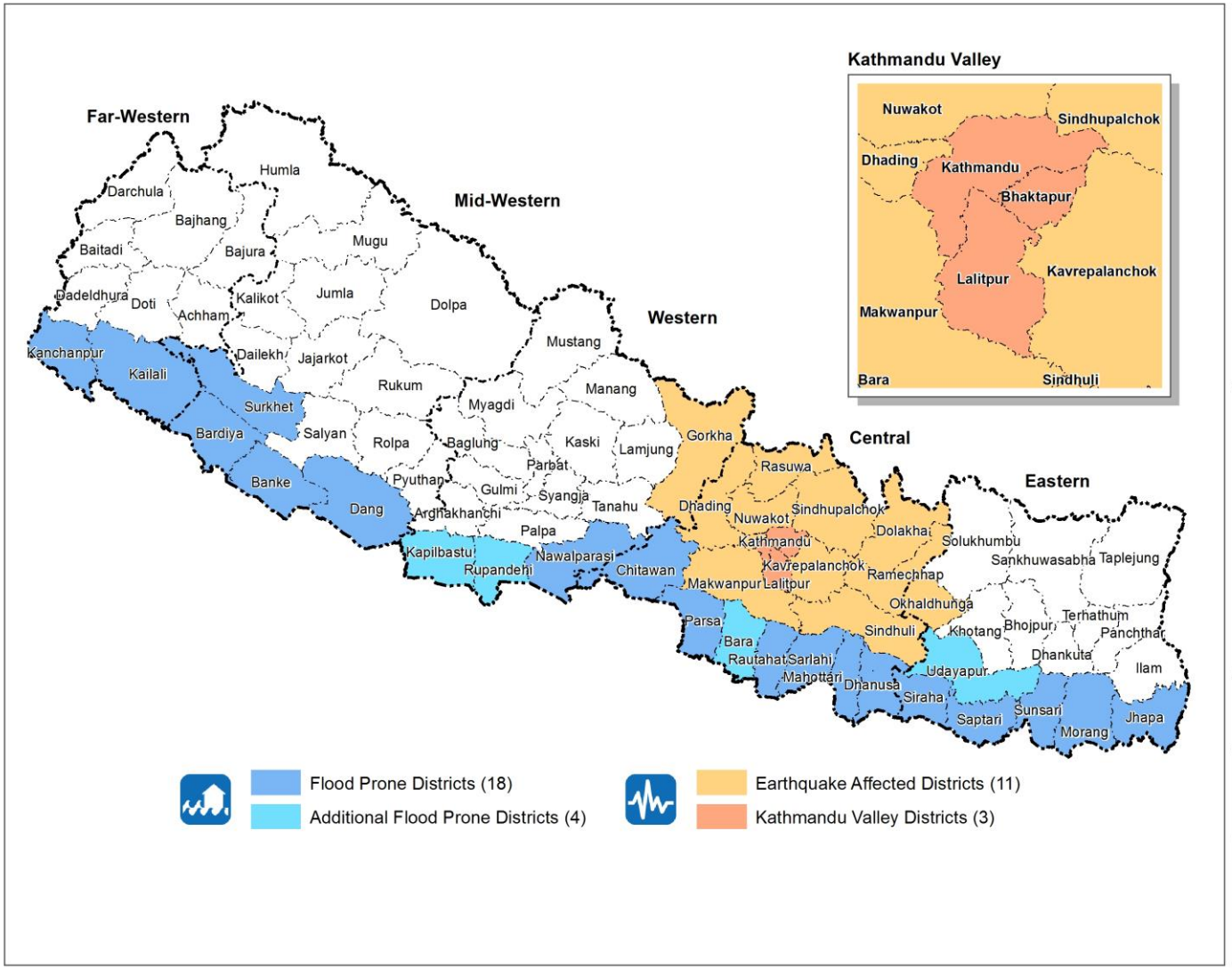
To optimize the speed and volume of critical assistance, the HCT has developed this Plan to:

1. Reach a common understanding of the 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 multi-hazard preparedness across core clusters; and
3. Build the basis for a joint HCT response strategy to meet the needs of affected people in the first 30 days of a humanitarian emergency.

Photo credit: Top – OCHA

Affected Districts	Kanchanpur, Kailali, Bardiya, Banke, Surkhet, Dang, Kapilbastu, Rupendhi, Nawalparasi, Chitwan, Parsa, Bara, Rautahat, Sarlahi, Mahottari, Dhanusa, Siraha, Saptari, Udayapur, Sunsari, Morang, Jhapa, Gorkha, Dhading, Makwanpur, Rasuwa, Nuwakot, Kathmandu, Lalitpur, Bhaktapur, Kavre, Sindhupalchowk, Dolakha, Ramechhap,Sindhuli and Okhaldhunga
Affected Population	5 million people
Core Clusters	Food Security/Nutrition; Health; WASH; Protection/GBV and Shelter/NFI

Nepal: Emergency Response Preparedness (ERP) Districts 2016



Legend

- District Boundary
- Development Region Boundary
- International Boundary

ERP Districts

- Flood Prone Districts (18)
- Additional Flood Prone Districts (4)
- Earthquake Affected Districts (11)
- Kathmandu Valley Districts (3)

Map Doc Name: ERP_II_2016_A4_28APR2016.mxd
Produced By: UN RCHC Office
Creation Date: 28 Aprilt 2016
Projection/Datum: WGS84
Web Resources:

0 45 90 135 km

Map data source(s):
ERP Reports
Geodata: GoN/DoS, GIST, ESRI

Disclaimers:
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Transition Support Strategy
RCHC Office, Nepal

A service of the United Nations Country Team in Nepal.

SITUATION & RISK ANALYSIS

Country Information and Context Analysis

Nepal is at high risk from multiple natural hazards, such as floods, landslides, earthquakes, fires, thunder/hailstorms, and drought. An inventory of past disasters (from 1971-2008) highlights that landslides, floods, flash floods and urban and rural fires are the principle hazards in terms of extent and frequency. In addition, the 25 April and 12 May 2015 events have proven that earthquakes remain a large scale hazard with the country located on an active seismic belt combined and haphazard urbanization creating new risks each day.

Event	Deaths	Injured	Missing	Houses Destroyed	Houses Damaged	Affected
ACCIDENT	1675	646	286	7	516	12826
AVALANCHE	270	126	63	83	33	1568
BIOLOGICAL	0	0	0	0	0	0
BOAT CAPSIZE	306	161	572	0	0	441
COLD WAVE	822	83	0	0	0	2405
DROUGHT	0	0	0	0	0	1625
EARTHQUAKE	9845	29351	0	80,7908	35,6028	39,736
EPIDEMIC	16693	43,076	0	0	0	51,6458
EXPLOSION	36	99	0	4	1	19
FAMINE	10	0	0	0	0	589,957
FIRE	1,539	1,498	0	76,558	2868	30,5874
FLOOD	3,735	603	942	105454	127960	44,53647
FOREST FIRE	71	46	7	1877	2	16,576
FROST	7	0	0	0	0	0
HAIL STORM	65	102	0	208	1,636	213,475
HEAT WAVE	45	20	0	0	0	381
LANDSLIDE	4,993	1,986	769	19,461	34,644	59,9342
LEAK	0	0	0	1	0	0
LIQUEFACTION	0	0	0	1	2	16
OTHER	77	64	11	68	0	11,982
PANIC	89	121	0	0	0	0
PLAGUE	11	0	0	0	0	50
POLLUTION	0	0	0	0	0	1,000
RAINS	96	44	3	791	2319	69,636
SEDIMENTATION	0	0	0	0	0	0
SNOW STORM	82	44	31	102	59	13,750
STORM	91	284	9	1,023	566	2,397
STRONG WIND	184	497	0	2,056	8,712	46,079
STRUCT.COLLAPSE	426	668	8	1308	626	2,671
THUNDERSTORM	1,332	2,716	0	360	518	11,047
TOTAL	**42,500**	**82,235**	**2,701**	**1,017,270**	**536,490**	**6,912,958**

Table 1: Impact of Disaster in Nepal 1971-2013, Source: DesInventar (1971-2013), Ministry of Home Affairs, GoN (2014-2016)

Floods and landslides cause an average of 300 deaths per year in Nepal with economic damage exceeding US$10 million. Most floods in Nepal occur during the monsoon season, between June and September, when 80 per cent of the annual precipitation falls, coinciding with snowmelt in the mountains. Flash floods and bishyari (the breaking of natural dams caused by landslides) are common in the mountains, whilst river flooding occurs when streams augmented by monsoon rains overflow their banks in the plains in the south of the country. These floods go on to affect sections of Uttar Pradesh, Bihar, West Bengal in India and in Bangladesh. Most parts of the middle mountains and Terai are ‘exposed’ to severe flooding.

Nepal is generally categorized into three geographical zones – the Terai, Hill and Mountain areas. The middle hills and higher mountains are highly susceptible to landslides and debris flows, including those caused by landslide damming, excessive erosion of hill slopes and rock falls. The flat plains of the Terai are at high risk to flooding,

which can be exacerbated by large disposition of debris in riverbeds and by the construction of embankments across rivers.

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

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

Summary of Risk

This Contingency Plan focuses on the annual hazard of flooding in the Terai region and 14 earthquake affected districts. Planning assumptions include:

Area(s) Affected[1]	Kailali, Dhanusha, Bardiya, Banke, Kanchanpur, Mahottari, Saptari, Siraha, Jhapa, Sarlahi, Rautahat, Sunsari, Morang, Parsa, Nawalparasi, Surkhet, Dang, Chitwan, Gorkha, Dhanding, Makwanpur, Rasuwa, Nuwakot, Sindhupalchowk, Kavre, Dolakha, Ramechhap, Sindhuli, Okhaldhunga, Lalitpur, Bhaktapur and Kathmandu
Deaths	300 people
Injured	1,200 people
Households Displaced	416299 HHs (266690 HHs displaced in EQ affected districts and 149609 HHs displaced in the Terai)
Affected Population	5 million people
Damages	- Water and sanitation facilities completely damaged, increased risk of outbreak of water-borne diseases - Major bridges on main rivers destroyed - Airports in affected districts rendered inoperable - Road links to India and other parts of Nepal impassable - Local government offices severally damaged and/or dysfunctional - Local communication networks down for one week
Displacement	Internal displacement will exceed more than 5 to 10 km and last several months, thus requiring shelter support

Response & Operational Capacity

The Ministry of Home Affairs (MoHA) is the lead Government agency for emergency preparedness and response. The Government is responsible for coordinating response across ministries, security forces and humanitarian partners. As the designated lead for preparedness and response, MoHA is responsible for coordination with

[1] Most likely both areas (hills and Terai) will not be affected simultaneously as they are in different topographical areas.

partners from national to district level. Coordination and information management to support response efforts is done through the National Emergency Operations Centre (NEOC), based in Kathmandu, Nepal. Working with District Emergency Operations Centres (DEOCs), the NEOC is responsible for collecting information in affected areas and coordinating response efforts. At the district level, District Disaster Relief Committees (DDRCs) are the responsible authorities for coordinating response efforts in respective districts. In support of district level response, District Lead Support Agencies (DLSAs) have been identified to work with DDRCs and humanitarian actors in coordinating response efforts and facilitating information sharing and management.

Despite a strong coordination framework with the Government, there has been a lack of clarity about the role of the DLSAs in terms of supporting coordination among humanitarian partners. This results a lack of coordination in response, including a unified approach to information management and assessment, community engagement and accountability, common positions on standards and other issues. As part of the ERP process, MoHA, cluster co-leads and the DLSAs agreed on the roles of the DLSAs and on a consistent approach for district level information management.

In support of a government-led response, the Humanitarian Country Team (HCT) is the strategic and operational decision making and oversight forum established and led by the Humanitarian Coordinator. The HCT is responsible for agreeing on common strategic issues related to humanitarian issues. The Humanitarian Country Team plus (HCT+) includes key donors to further strengthen the coordination of response efforts.

The HCT+ consists of UN agencies, Red Cross, INGOs, and donors which meet on a regular basis to coordinate and plan response efforts. In addition to the HCT+ mechanism, the Association of I/NGOs (AIN) provides a forum for I/NGO partners to coordinate and align response efforts. While coordination forums are well established, there remains a gap in collective information related to existing stocks and capacities that can be coordinated and utilized for response.

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, 10 clusters and one network transitioned to Government leadership with support from traditional cluster leads. Following the 2015 Earthquake, the HCT formally re-activated all clusters. Most of the clusters have subsequently been deactivated.

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

Gaps and constraints

The identified key gaps and constraints faced during the emergency response include:

Coordination

The roles and responsibilities of the District Lead Support Agencies (DLSAs) have been revised in 2015. Through this process, DLSAs should have a clear understanding of their critical role in supporting inter-cluster coordination, developing common processes, and consolidation of information at district level.

In the past, the transition of clusters has led to confusion, particularly surrounding the role of Government ministries and support agencies. It has now been agreed that the Government acts as policy lead while UN and I/NGOs act as operational leads in their clusters. This structure was reinforced when the HCT reactivated the clusters in response to the 2015 Earthquake.

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

Information Management

It is clear that a great deal of data and information is available to support the rapid response to a disaster. 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.

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+ on information management.

Operational Standards

The Nepal Red Cross Society (NRCS) has its own standards regarding Shelter and Non-Food Item (NFI) kits. These are not followed and agreed by all international partners in the field. It is critical to ensure there is

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

Consensus on operational standards will be achieved through review of existing practices and reaching agreement on common approaches.

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.

RESPONSE STRATEGY

Objectives & Response Activities

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

Preliminary objectives for the one-month plan are:

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

OPERATIONAL DELIVERY

1. Sector/Cluster Operational Delivery Plan Summary

Supports Objective O1, O2 and O3

Activities	Indicator	Target
Distribute ready to eat food, conduct general food distribution, provide unconditional market-based solutions (cash and vouchers), and/or conditional market-based solutions (cash and vouchers, food for assets/training)	Proportion of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers	100% of affected people
	Quantity of food assistance distributed, disaggregated by type	Depends on scale of disaster
	Total amount of cash transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned	Depends on scale of disaster
Protect, promote and support breastfeeding practices (through breastfeeding spaces, counseling and management of breastmilk substitutes); promote IYCF practices	# 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 recieved counseling services	# dependent on caseload/assessment (100% coverage of all lactating women requiring support) – however, it

including appropriate complementary feeding		should be initiated as early as possible
Revitalize primary health care services including the management of non-communicable diseases, disabilities, reproductive health, mental health and injury rehabilitation through the provision of essential medicines and supplies, and rehabilitation of damaged health facilities, integrating disaster risk reduction strategies	% of damaged health care facilities that have resumed services	
Provision of safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene.	Number of water supply systems (hand pumps, dugwells, piped water supply systems renovated in the affected area Number of HHs (60,000) receiving water purification solutions for minimum of 30 days	All water supply systems used by 100% of HHs that are not functioning 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/ 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
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 (CGD friendly) identified for affected communities Number of semi-permanent latrine constructed in camp setting following the agreed standards Number of bathing space constructed for male and female	100% of HHs 100% of HHs 100% of HHs
Provision of solid and liquid waste management facilties to safegarud environemtal sanitation and reduce disease burdens among the affected communties	Number of garbage management pit constructed to management solid waste of the community	100% of HHs; as per the setting of the camps
Provision of vector control items and knowledge to protect the affected population from disease and nuisance vectors that are likely to represent a significant risk to health or well-being.	Number of bednets provided to HHs in collaboration wth health cluster Vector control mechanism in place in coordination with health cluster/ Municipality/VDC Number of vector breading places identified and are either dismantled or closed in coordination with community/ CCCM	100% of HHs Focusing on camp setting Focusing on camp setting

Distribute NFIs	Flood affected families receive NFI	8000 families
Distribute shelter kits	Shelter kits distributed for families to repair or build temporary shelters	1300 families
Distribute tarpaulins	Families receive tarpaulins to cover damaged roofs / protection	500 families
Prevent and respond to gender based violence	# of GBV cases reported # of cases referred for appropriate services # female friendly spaces (FFS) established/operational and psychological support, case management and other services integrated # of security personnel including women deployed in the camp/affected areas # of community based mechanism mobilized for prevent and response to GBV # of Women and Adolescent girls involved in camp/shleter management committee and relief materials distribution # of dignity kits distributed to WRA including pregnant and lactating with GBV prevention and referral messages	100% in fisrt week 100% referred in first week # of FFS etsblished and operational as per requirement 20% women security personnel in first week 100% in first week 100% in first week # dignity kits distributed
Psychosocial support, including child friendly spaces	# of psychological first aid provided to the affected population by community psychosocial workers # of focused psychosocial care provided by the councellors. # of cases referred for specialized care (psychiatric treatment, mental health treatment) # child friendly spaces (CFS) established/operational and psychosocial support is integrated in the CFS	10% in second week 20% of the identified cases 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 # of separated people, including children, reunified	100% of the identified cases

2. Addressing cross-cutting and context-specific issues

Cash as a modality among others to deliver on key humanitarian objectives

In the particular circumstances of Nepal at the present time, there are opportunities and situations where the provision of emergency multi-purpose cash may be identified as an effective and efficient modality of relief delivery. Unrestricted and unconditional cash transfers can provide households with the ability to meet their basic daily needs as and when they arise for a limited period of time. The humanitarian response may choose this modality when a number of factors are at play:

- Where markets are functioning well;
- To ease the burden of the transportation of imported goods where logistics are challenging, time-consuming, and costly;
- Where providing a household with flexible options to help themselves is a prime and necessary objective;
- Where financial services exist to disburse funds responsibly;

This modality also makes use of local markets and can stimulate businesses and recovery in a cost-efficient manner. 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 meet immediate urgent daily needs, support good household coping mechanisms (forestalling self destructive ones such as the sale of household assets), and at the same time enable households to engage in activities to rebuild or repair their houses and means of livelihood, as they see fit. It can enable households to prepare for the upcoming monsoon and a transition to medium and long-term recovery.

To guide and define the use of this modality, the humanitarian community has established a Cash Coordination Working Group, linked closely to key 'life-saving' clusters (food security, WASH, health, NFI/shelter) and logistics.

Accountability to affected people is critical

Engagement with and accountability to affected people are critical. Affected people need to be kept informed about available services. Without access to reliable, timely, and accurate information, survivors are may be unable to make the choices necessary to develop their own survival strategies to recover and rebuild.

An inter-agency common service may be established so that affected people have access to information and are able to provide feedback more systematically to influence the strategic direction of the humanitarian response. This would support strategic coordination through enhanced and scaled cross-sectoral community feedback. Feedback from affected communities would be elevated to leadership through one single and easily accessible mechanism to ensure response management and strategies are connected to needs and concerns of those being served.

Promoting gender equality in the humanitarian response

Although the legal frameworks of Nepal (including the Constitution) largely support women's rights and equality, various social norms and discriminatory practices have a devastating impact on women and girls when disaster strikes. Pre-existing gender inequalities undermine the ability of women and girls to fully participate in humanitarian action and response. It is therefore critical to understand how the crises affect women and men, girls and boys of different ages and other diversities for an effective humanitarian response.

The integration of gender equality into humanitarian action is about better targeting and programming and therefore the effectiveness and accountability of humanitarian action. Humanitarian responses must ensure that the different situations, 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, costing, implementing, monitoring and evaluating humanitarian response efforts and across the humanitarian-development continuum. Women, girls, boys and men are exposed to differential risks and vulnerabilities but also play unique and important roles in responding to emergencies within their respective communities. Notably, opportunities to transform gender relations through the empowerment of women are often missed elements of humanitarian response, despite the fact it is key to the response's effectiveness and for the longer-term resilience of communities. The Gender Equality and Social Inclusion (GESI) guidance committed to by the Government of Nepal, IASC commitments to mainstream gender in humanitarian action, the SENDAI Framework on DRR 2015-2030, World Humanitarian Summit 2016 calls for calls for gender equality, women's empowerment and women's rights in humanitarian action and international commitments to Gender Equality and the Empowerment of Women (CEDAW, BPfA, SDGs, UNSCRs 1325 and 1820, etc) offer the framework for implementing an inclusive and equitable approach.

Key Action Points:

- Collect, analyse and use sex, age, disability, caste/ethnicity (and other social diversities) 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. Establish a women's fund for women-specific programmes (prioritizing issues for single women, older women and women with disabilities including access) and ensuring a formal role for women's organizations in the management and disbursement of such a fund.
- 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 & 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.

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 to 24 years of age) represent more than half (55 percent) of the total population, while adolescents (10 to 19 years) account for 24 percent. Adolescents and youth, especially girls and those in early adolescence (10 to 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 environment. 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.

In the emergency response activities throughout sectors and clusters, a special focus will be needed on families from disadvantaged groups with adolescent girls, who may push child marriage as an economic choice. Service delivery focusing on adolescent sexual and reproductive health and rights would also be urgently needed.

COORDINATION & MANAGEMENT ARRANGEMENTS

Coordination Arrangements

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

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:

- Food Security / Emergency Nutrition
- Health
- WASH
- Protection / GBV
- Shelter / NFI

The Humanitarian Coordinator (HC) is responsible for coordinating the HCT+ during an emergency response. Under the guidance of the HC, the HCT+ 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+ to strengthen coordination and information sharing to facilitate resource mobilization.

In accordance with the direction of the HCT+, cluster aupport agencies, district level support agencies and humanitarian partners will ensure a coordinated response among partners. This responsibility requires coordination with the Government of Nepal (GoN), other agencies and local NGOs. Humanitarian operations in Nepal focus on ten clusters and one network.

For the HCT+, the HC would immediately convene a meeting, attended by heads of agencies. The NEOC and the HCT+ would be in constant communication to ensure optimal results during the response. The HCT+ partners, through the NEOC would coordinate international response and relief efforts for Nepal, in coordination with the GoN. The HCT+ 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.

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

Public Outreach and Advocacy

At any given time, but in particular during a crisis, the HCT+ communications priorities should be: (i) timely, clear and effective messaging to the public, in particular those affected, and (ii) internal coordination of the HCT+ communications efforts to ensure consistent and targeted messaging.

A smooth and continuous flow of information is vital at all times, particularly during crisis and emergency situations. Information flow should be ensured and optimized, and should focus on both external and internal audiences.

Any crisis situation will generate a frenzy of media inquiries that need to be addressed; it is crucial for the HCT+ to keep to the commonly agreed message(s). This does not preclude HCT+ members from carrying out their planned communications initiatives, on the contrary; it is only meant to ensure that all humanitarian messaging is consistent and focused.

Overview of Communications Strategy:

- The HC must call for and chair 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 the outreach approach.

- The HC is the chief UN spokesperson for the humanitarian system in any crisis situation. However, every HCT+ partner operating in Nepal during a crisis situation must also identify an official or temporary spokesperson who is articulate and who can speak on its behalf at all times. Identifying a Nepali-speaking spokesperson would be an asset.
- The HC Office 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+ 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 and work of their offices.
- 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 HC Office, 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+.
- Political or security-related messages from the UN should be solely handled by the HC/Chief UN Spokesperson. The latter must coordinate all political messages and what can be voiced regarding security-related issues, and the HC must coordinate daily with the UN DSS.
- Regarding humanitarian issues, the role of the HC will be key in ensuring that critical messages related to relief efforts are communicated in a timely manner to the media.
- HC Office is responsible for drafting flash updates and situation reports on the HCT 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+ members to ensure consistency in the collection of information that is used by the HCT+ during an emergency.
- Every HCT+ 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 HC and ECG for broader distribution to the media.

OPERATIONAL SUPPORT ARRANGEMENTS

Needs Assessments

It has been agreed by HCT+ partners that much of the information required for immediate response exists within baseline data. Thirty six priority districts have been identified with detailed profiles prepared outlining baseline data that can be used to support response planning. Building on baseline data, the Initial Rapid Assessment (IRA) will provide data on casualties and initial damages. The IRA will be launched by the Nepal Red Cross Society in the first days of the disaster. The IRA form/template has been agreed and accepted by all HCT+ partners. However, it has been identified that improvement in community capacity to collect information and endorsement via DDRC is required.

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

The Multi-Cluster Initial Rapid Assessment (MIRA) is a coordinated assessment methodology that has been agreed by HCT+ 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.

Information Management

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

- Compiling key baseline datasets
- Agreeing/supporting common data-sharing platforms (e.g. DevInfo)
- Supporting HCT+ 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 Initial Rapid Assessment (IRA). The baseline data will provide key datasets in a district and VDC level profile. These profiles can be accessed at www.un.org.np/data-coll

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

	Type	Source
Pre-crisis data	Demographic Information	Central Bureau of Statistics; VDC Level Surveys
	Population SADD	Central Bureau of Statistics; EMIS; NMIP
	Access to Social Services	DPMAS
	Capacity Mapping	DDRP; Contingency Plans; 3W
	Security Situation	UNDSS; NGO Security Updates
	Livelihoods	Chamber of Commerce; Sectoral Line Ministries
	Settlement Patterns	Municipality; Department of Survey
	Open Spaces	IOM; Satellite Images; CDMP; DPRP
	Transportation and Infrastructure	Transportation Association; OpenStreet Map
Post-crisis data	Casualties	IRA; DDRC; Red Cross; MoHA
	# and location of displaced	IRA; DDRC; Red Cross, MoHA
	Homes Destroyed	IRA; DDRC; Red Cross; MoHA
	Loss of Livestock / Livelihoods	Line Ministries and Sectoral Agencies
	SADD Population	IRA/HC; VDC records
	Location of Impact	IRA; DDRC; Red Cross; MoHA
	Status of Basic Services	Line Ministries; Telecom Companies
	Logistics	DDRC; Police; Military, Ministry of Transport
	Security Situation	UNDSS
	Organizational Mapping	3W
	Priority Needs	IRA; Sectoral Assessments; MIRA

Common Service Areas

Security

UNDSS can play 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 DSS Security Advisor (SA) would also be able to make assessments in the field should there be a requirement to clear an area for humanitarian operations. The DSS continues to ensure staff safety in all stages foreseen in the emergency programme and will network with security focal points of other UN agencies to ensure a coordinated response to the maintenance of both staff and operational security requirements. Agencies are expected to supplement the SA with any additional security staff felt to be required for their specific needs.

The Security Plan and SOPs essentially address:

- 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
- Within country staff lists
- Communications during and immediately after emergency
- Briefings and training
- Office and residential security
- Area Security Coordinator, 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 MOSS and 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) Protective gear
b) Communication equipment (radios/satellite phones, etc.)
c) Trauma tit, etc.
d) Field vehicles with MOSS compliance equipment

Communications

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

As per Nepal-specific MOSS, the Interagency Radio Room will be operational on a 24/7 basis and the DO, SMT 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.

PREPAREDNESS GAPS & ACTIONS

Coordination Systems

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

- Inter-cluster coordination at the district level;
- Development of common positions around community engagement, including communication with communities and accountability, joint messaging on programming and feedback mechanisms; tracking of private sector donations and other issues;
- Consolidation of information at the district level, by being the “one-stop-shop” for baseline information, and sharing this information with the cluster coordinators.

Information Management

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

Assessments

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

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

Humanitarian Principles and Operational Standards

Action 1: Review and recommit to common standards for NFIs and other aid, including agreements on enhanced packages for vulnerable groups, such as women with small children or differently-abled people. Strengthen cluster coordination mechanisms for discussing any variations from common standards.

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

FUNDING REQUIREMENTS

Effective response to humanitarian needs at the onset of a crisis depends on the level of preparedness and planning of agencies in the field, as well as the capacities and resources available to them. The HC, with RCO support, will be responsible for identifying locally available sources/donors and available up front resources (e.g. CERF). In consultation with the HCT+, the HC will decide at the onset of the crisis, the need for launching a flash appeal.

During a crisis, the HC should organize regular donor briefings in country. With the support of OCHA, donor briefings can be held in New York or Geneva.

ANNEX I:
CLUSTER OPERATIONAL DELIVERY PLANS

FOOD SECURITY AND NUTRITION

Lead agency: WFP and UNICEF
Contact information: Dorothy Hector and Anirudra Sharma (Dorothy.hector@wfp.org, ansharma@unicef.org)

The first objective of the coordinated response includes meeting the immediate food needs of flood-affected people in the targeted identified districts, as well as avoiding nutritional deterioriation among the affected population. To achieve this objective, the situation will be independently assessed by the partners under the guidance and leadership of the GoN. The data of the affected population will be shared with the clusters, followed by the following activities:

- Food Assistance: 1) Distribution of ready to eat food; 2) General food distribution; 3) Unconditional market-based solutions (cash and vouchers); and/or 4) Conditional market-based solutions (cash and vouchers, food for assets/training)
- Nutritional Assistance: 1) Protection, promotion and support of breastfeeding and infant and young child feeding; 2) Prevention and management of moderate and severe acute malnutrition; and 3) Prevention and management of micro-nutrient deficiency disorders

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 humanity, impartiality and neutrality.

In order to protect nutritional status, supplementary feeding will be prioritized for vulnerable groups, such as pregnant and lactating women and children 6-23 months, which will help meet their additional nutritional needs. Access to food and the maintainance of an adequate 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 a disaster. 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 moderate and severe acute malnutrition of children under the age of five, and prevent and manage micro-nutritient deficiency disorders among the same target age group, the following activities will be implemented: 1) screening and identification of acute malnutrition in children under five; 2) therapeutic feeding; 3) supplementary feeding; 4) distribution of multiple micro-nutrient powder for home fortification; and 5) distribution of vitamin A capsules, iodised salt, and Iron Folic Acid (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 the Food Security Reponse

Agencies/organizations will assess the available resources, including existing food stocks with the GoN, in particular the Nepal Food Corporation (NFC), to determine gaps, and engage in fundraising, including procedures to access emergency response funds (LWF has an Emergency Response fund of 15,000 USD accessible within three days and the ACT Allianace Mechanism for a large scale disaster with resources between 60,000-100,000 USD; DCA has access to 5 million USD in HQ funding; WFP can prepare an IR-EMOP for up to 0.5 million USD; CARE has access to emergency relief packages within 48 hours; NRCS has an emergency fund of 2 million NPR for emergency response, and 22 million NPR for disaster response operations, as well as a Disaster Relief Emergency Fund with 50,000 Swiss Francs accessible within 48 hours).

The following step will be food procurement (WFP) through pre-identified suppliers, and local and regional stocks will be used as available (NFC, STC, SAARC and national food security stocks). Networks on the ground will be

activated and utilized to assist with food assistance distribution (NRCS and HKI can take the lead). Ready to eat food (High Energy Biscuits) may also be procured depending on the scale of the disaster and fund availability.

After procurement, food assistance will be distributed to the affected population (WFP in coordination with NRCS) as per a distribution plan, which will include a map of stakeholder activities and a food assessment plan. Monitoring of the food assistance will be ongoing, led by NRCS, and a compliant mechanism will be put in place (DCA and LWF). A food quality monitoring system will also be established to ensure that the affected population is receiving food that meets their needs in terms of quality and quantity, and a post-distribution monitoring system will also be established (WFP and FAO).

Operational Plan for Emergency Nutrition Response

Support of nutritional needs in emergencies is life saving. 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 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 feedingto 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 eight of the priority districts (Jhapa, Morang, Saptari, Dhanusha, Parsa, Banke, 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 150 SAM children can be managed at a time in all eight districts in the NRH.

Out of the 16 priority districts, six have ongoing integrated management of acute malnutrition (IMAM) programmes with the support of UNICEF and GoN. The districts are Saptari, Dhanusha, Sarlahi, Bardiya and Kanchanpur; and in Saptari district, ACF has been providing technical support and UNICEF provides ready to use therapeutic food (RUTF) and other anthropometric equipment 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 10,000 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, Pathalaya, Nepalgunj and Kathmandu.

Stockpiles

Stock	Quantity	Location
RUTF	2000 cartons	Kathmandu : 400 cartoons Biratnagar : 200 cartoons Pathalays : 800 cartons Bharatpur : 200 cartons Nepalgunj : 400 cartons
F100	80 cartons	Kathmandu : 20 cartoons Biratnagar : 10 cartoons Pathalays : 30 cartons Bharatpur : 20 cartons Nepalgunj : 20 cartons
F75	80 cartons	Kathmandu : 20 cartoons Biratnagar : 10 cartoons Pathalays : 30 cartons Bharatpur : 20 cartons Nepalgunj : 20 cartons

Stock	Quantity	Location
Height Boards	300 pieces	Kathmandu : 60 pieces Biratnagar : 40 pieces Pathalays : 60 pieces Bharatpur : 40 pieces Nepalgunj : 40 pieces
Salter scales	300 pieces	Kathmandu : 60 pieces Biratnagar : 40 pieces Pathalays : 60 pieces Bharatpur : 40 pieces Nepalgunj : 40 cartons
MUAC tape	31,000 pieces	Kathmandu : 8000 pieces Biratnagar : 5000 pieces Pathalays : 8000 pieces Bharatpur : 5000 pieces Nepalgunj : 5000 pieces
MNP	220,000 boxes	Kathmandu : 30,000 boxes Biratnagar : 30,000 boxes Pathalays : 100,000 boxes Bharatpur : 30,000 boxes Nepalgunj : 30,000 boxes
Vitamin A capsules	220,000 tablets	Kathmandu : 30,000 capsules Biratnagar : 30,000 capsules Pathalays : 100,000 capsules Bharatpur : 30,000 capsules Nepalgunj : 30,000 capsules
Deworming tablets	220,000 tablets	Kathmandu : 30,000 tablets Biratnagar : 30,000 tablets Pathalays : 100,000 tablets Bharatpur : 30,000 tablets Nepalgunj : 30,000 tablets
Irin and Folic Acid tablets	110,000 tablets	Kathmandu : 30,000 tablets Biratnagar : 30,000 tablets Pathalays : 100,000 tablets Bharatpur : 30,000 tablets Nepalgunj : 30,000 tablets
Supplementary food items		WFP will procure appropriate supplementary food to prevent and/or treat MAM. Priority will be given to local and regional procurement of supplementary food where feasible.

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
Provide supplementary food for vulnerable groups (pregnant and lactating women, children 6-23 months, older persons, persons living with HIV/TB) and manage acute malnutrition among children 6-59 months	Proportion of people who meet the criteria for blanket supplementary feeding who receive supplementary feeding rations	90% in camp setting; 70% in urban area 50% in rural area
	Proportion of 6-59 months children identified with acute malnutrition (Severe Acute Malnutrition [SAM] and Moderate Acute Malnutrition [MAM]) using Mid Upper Arm Circumference (MUAC) and/or Weight/Height	90% in camp setting; 70% in urban area 50% in rural area
	Proportion of 6-59 months children identified with acute malnutrition (SAM and MAM) enrolled in the therapeutic and supplementary feeding programmes	90% in camp setting; 70% in urban area 50% in rural area
	Proportion of 6-59 months children, and women receiving micronutrient supplementation	MN supplementation within first two weeks for 20,000 6-59 month children
Protect, promote and support breastfeeding practices (through breastfeeding spaces, counseling and management of breastmilk substitutes); promote IYCF 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 recieved counseling services	# dependent on caseload/assessment (100% coverage of all lactating women requiring support) – however, it should be initiated as early as possible
Distribute micro-nutrient powder	Proportion of children 6-59 months in the affected areas receive multiple micro-nutrient powder	90% in camps, >80% in rural areas
Disribute vitamin A capsules	Proportion of children 6-59 months who recieve vitamin A capsules	90% in camps, >80% in rural areas
Distribute IFA tablets	Proportion of pregnant and lactating women received and utilized IFA tablets as per policy	90% in camps, >80% in rural areas
Management of dirrhoea with ORS and zinc	Proportion of childen suffering from dirrhoea at the age of 6-59 months are managed with appropriate rehydration and medications	>90% in all settings

HEALTH

Lead agency: WHO
Contact information: Damodar Adhikari (adhikarid@who.int)

With the arrival of the monsoon season, surveillance mechanisms for communicable diseases in the health facilities needs to be strengthened and continue to provide health services to people in hard to reach VDCs. The focus for cluster partners is shifting from acute care to post-surgery rehabilitation and management of patients and mental health and psychosocial support. Revitalization of health care services including the rehabilitation of birthing centers is essential. Three sub-clusters have been established under the Health Cluster to address specific health needs: Injury Rehabilitation, Reproductive Health and Mental Health.

Priority Actions

1. Essential medicine for flood response (diarrhoeal diseases kit - DDK) including ASV, LLIN, chlorination of water (WPT); hygiene promotion messages
2. Immediate mobilization of health human resources (Rapid Response Team - RRT) for surveillance and onsite treatment and referral
3. In case of big magnitude flood with significant number of IDPs, need to set-up mobile clinic to provide health care services and Strengthen the surveillance systems to water and vector borne diseases including outbreak control measures
4. Revitalization of primary health care services including 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 integrating disaster risk reduction strategies
5. Continue life- saving newborn and child health care, including antenatal and postnatal care for mothers; newborn care; routine immunization to prevent the outbreak of vaccine preventable diseases; screening and the treatment of illnesses in children; and prevention and treatment of HIV through health facilities, outreach and mobile services, reproductive health care services (Minimum Initial Service Package for Sexual and Reproductive Health) including safe delivery, emergency obstetric care, clinical management of rape survivors and supporting maternity facilities in health facilities

Monitoring indicators

- Provision of clinical services: % of skilled birth attendants attended deliveries as % of expected pregnancy
- Provision of public health services: proportion of partners submitting daily surveillance reports
- Health Logistics and Coordination: % of affected VDCs covered by health cluster partners
- Rebuilding of public health system: % of damaged health care facilities that have resumed services
- Provision of clinical management of rape survivors: # of rape survivors received health services in the health facilities

Stockpiles

Stock	Quantity	Location
IDDK One DDK cover 100 sever cases or 450 mild cases	19	1 -Biratnagar 1 -Nepalgunj 6 - Kathmandu 11 - Earthquake affected districts (highly)
Diarrhoeal Disease Set Packing	6	2 - Bharatpur 2- Biratnagar 2- Kathmandu

Tent,light weight,rectangular,24m²	16	3 - Bharatpur 3 - Biratnagar 10 - Kathmandu
Tent,light weight,rectangular,42m²	3	1 - Bharatpur 1 - Biratnagar 1 - Kathmandu
IEHK basic unit One basic unit cover 1000 population for three months	22	10 – Nepalgunj 10 - Biratnagar 2 - Kathmandu
Medicine Prepositioned to cover 3,000 population	50	14 earth quake affected districts
Reproductive Health Kits (to service 120,000 population for three months)	3 sets	Kathmandu
Clean delivery kit	3345	1,115 - Bharatpur 1,115- Biratnagar 1,115- Kathmandu
Family Hygiene and Dignity Kit, Standard	3345	1,115 - Bharatpur 1,115- Biratnagar 1,115- Kathmandu
LLIN	6990	2,330 - Bharatpur 2,330- Biratnagar 2,330- Kathmandu
Newborn package	3345	1,115 - Bharatpur 1,115- Biratnagar 1,115- Kathmandu
Newborn package	3345	1,115 - Bharatpur 1,115- Biratnagar 1,115- Kathmandu
BEOC set	9	3 - Bharatpur 3 - Biratnagar 3 - Kathmandu
Midwifery Kit (1,2and 3)	9	3 - Bharatpur 3 - Biratnagar 3 - Kathmandu
ORS fl. 0.5 lX4+Zinc 20mg tablets/PAC-100	15000	5,000 - Bharatpur 5,000 - Biratnagar 5,000 - Kathmandu
iron/folic tsb	10800	36,000 - Bharatpur 36,000 - Biratnagar 36,000 - Kathmandu

Key questions:

1. What are the critical relief needs likely to be? What are the priority assistance measures likely to be?

- Essential medicine for flood response (Diarrhoeal diseases kit - DDK) including ASV, LLIN, *chlorination of water (WPT); hygiene promotion messages*
- Immediate mobilization of health human resources (Rapid Response Team - RRT) for surveillance and onsite treatment and referral
- In case of big magnitude flood with significant number of IDPs, we may need to set-up mobile clinic to support RRT in the field.

2. What actions will need to be taken as an immediate response to the situation?

- Coordinate with DHO/DPHO for the deployment of RRT to conduction the Rapid Health Assessment and onsite treatment and diseases surveillance.
- Support EDCD based on RHA report.
- Activate the health cluster/sector response mechanism at all level.
- Request partners to re-visit their surge and operational readiness

1. What is the total caseload that can be supported with current capacity?

ADRA:

- Financial surge - $ 15000 within 24 hour; can be expanded to US$ 100,000 through ADRA internal process.
- Human Resource Surge capacity - Emergency response team in-country; regional surge capacity within one month
- In-country capacity on setting up of Emergency Mobile Health Camp.
- Essential medicine for 100 households

Plan Nepal:

- HH 647 (4000 population estimated) NRs. 304,800 support for food items for fund will be approved from country office,
- First Aid Box (as prescribed by (Health Program Coordinator) - 1 set for
- Medicines regularly used by staffs At least for People and Culture Management days
- Water Jerry cane (500 Litre) -1 Pc
- Water purifier 40 ml
- Stretcher1 Set
- Sleeping Bag 26 pcs

SC:

- Health Care Support (PHC, medical aid) to 20% of the affected population and 25% children of the affected children
- Human Resource Surge capacity - Emergency response team in-country; regional surge capacity within one month
- Financial Resource surge capacity including health sector – up to US$ 1,000,000 within a week depending on scale of disaster

UNFPA:

- RH Kits – 3 sets supporting among others safe and clean delivery, family planning, post-rape treatment, STI management (each kit can serve on average 10-30,000 people for three months)
- Tents- 2 (for maternity units)
- Human Resource Surge capacity - Emergency response team in-country; regional surge capacity within one month

UNICEF:

- Clean delivery kit - 3345
- Diarrhoeal Disease Set Packing – 20
- IDDK - 14
- Family Hygiene and Dignity Kit, Standard - 3345
- LLIN,150d,w/b/g,190x180x150cm LxWxH - 6990
- Newborn package - 3345
- BEOC set - 9
- Midwifery Kit (1,2and 3) - 9
- Tent,light weight,rectangular,24m² - 9
- Tent,light weight,rectangular,42m² - 3
- ORS fl. 0.5 lX4+Zinc 20mg tablets/PAC-100 – 15,000
- iron/folic tsb - 10800

WHO:

- Diarrhoeal Diseases Kit (DDK) – 2 = 800 diarrhoeal cases

- Inter-Agency Emergency Health Kit (IEHK) – 70 = 210,000 population for a month
- Surgical Kits – 2 = 200 surgical cases for ten days
- Tent – 2 = each tent can accommodate 35 patience
- Financial Surge - $ 350,000 within 24 hour
- Human Resource Surge from in-country capacity – 30 people (Medical Officers, Technical Officers, Surveillance Medical Officers, National Professional Officers); Regional surge team if necessary

OPERATIONAL DELIVERY

Key questions:

1. What actions will be taken as an immediate response to the situation? Who does what and when?
- DLSA if applicable, to coordinate with DDRC and need to inform HCT IASC cluster/sector leads.
- Coordination with MOHP and partners immediately by WHO within 24 hours
- Activation of cluster/sector contingency plan, National Disaster Response Framework (NDRF) health cluster/sector plan.

  Note: NDRF health cluster/Sector plan clarifies the role of agencies (who does what, when etc)
- Activate individual agency's response plan.

2. What will be the geographic targeting and beneficiary selection criteria?
- Since we are focusing for flood response for priority districts which is geographical targets, any health need identified by RHA will be responded to.

3. What are the provisions in place for immediate response? Have critical relief packages been identified?
- Agency's capacity based on their response plan. For health during flood scenario the RHK, DDK and IEHK are the IASC standard.

4. What would be the most appropriate assistance, taking into account local customs, the functioning of markets and likely coping mechanisms?
- Appropriate assistance is to support the network of existing health facilities if not support through mobile health teams/field hospitals/mobile camps.

5. Has the use of cash transfers been considered? If so what arrangements have been put in place?
- NA in our sector

6. What will be the distribution and monitoring arrangements during the emergency phase? Will those arrangements require additional partners, training, equipment and/or tools?
- The distribution lies in the existing local health structure. Joint monitoring can be done by national, regional and district health authorities, DDRC, **DLSA** and cluster/sector members.

7. What will be the timeline for the delivery of the initial priority assistance?
- Until/for one month.

8. What will be the composition of the initial response team, base on the timeline for delivery of critical assistance?
- Response team includes cluster/sector lead with partners within one week if necessary.

9. Is the Government and sector/cluster partners response capacity known?
- Yes, through NDRF health sector plan.

10. Is there enough information about the populations likely to be affected by the disaster? For instance, are sufficient data available concerning demographic statistics, vulnerabilities, etc.? Are there any information gaps that need to be filled through assessments?
- Census Bureau of Statistics, Nepal demographic and Health Survey (NDHS) and DOHS Annual report are available. Diseases trend/pattern is with DHO/DPHO offices, Vulnerable groups ie. Pregnant and lactating women, elder population, persons with disabilities etc. exist in the district office however there is no consolidated one.
- Rapid health assessment will provide real time status of health needs of affected population.

11. Have stocks of relief items mapped? Have the locations of stocks also mapped?
- WWW matrix for health sector stock exists and needs updating.

12. Have regional stocks been identified? Is the timeline for delivery known?

- Regional: Yes, WHO has stock in Bangkok and Dubai; UNFPA has stock in Copenhegan and Kuala Lumpur; ADRA has stock in Bangkok which can be delivered in two weeks.

- National: WHO has also maintained stock in Biratnagar and Nepalgunj and in Kathmandu; in country regional stock can be delivered in three – four days through road network.

  UNFPA maintained stock in Kathmandu can be delivered in three-four days through road network
  Plan- has provisioned budget amount Rs.50000 for community level response for disaster liable to spent at local for disaster as per need,
  ADRA: Nepalgunj

13. Have potential suppliers been identified? Have procurement arrangements been put in place? Is the timeline for delivery known?

- WHO has pre-identified suppliers globally. Normally it takes three-four weeks to receive goods from suppliers.

- ADRA: Pre identified suppliers in locally

14. Have private sector partners been contacted to discuss their potential support?

- Private sector engagement for health sector response support through MOHP

15. What is the total caseload that can be supported with current sector/cluster capacity?

- Health Sector can support 100,000 to 150,000 population immediately.

WASH

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

The WASH response to affected will meet short term needs depending on the siutation, ensure the core humanitarian principles are followed, and reduce the need for the affected people to adopt potentially damaging coping strategies. Firstly, within 24 hours of an emergency, the Ministry of Urban Development/ Department of water Supply and Sewerage will call a WASH Cluster meeting. An assessment of needs will then be conducted, which will include two components: 1) a preliminary scenario based on baseline, pre-disaster information on population and vulnerabilities; and 2) an initial rapid assessment (by Nepal Red Cross Society within 48 hours). This information will help to identify the caseload, locations affected and infrastructure damage. Based on this, the GoN is expected to request support in the form of WASH humanitarian assistance, demonstrating that the needs are clearly beyond the capacity of the government.

Operational Plan for WASH Reponse

Based on the request of district/GoN the WASH Cluster will assess the the available resource capacities , including existing WASH response capacities with the GoN, namely Department of Water Supply and Sewerage and Nepal Water Supply Coorporation to determine gaps, and engage in fundraising, including procedures to access emergency response funds. The WASH Cluster member will use exiting stocks and resources to mobilise for immediate life saving response and if needed will activiate there international appeals and also global appeal. The

- WASH response includes 5 major areas of intervention where all WASH actors need to address to avoid possible waterborne risks and impacts of the affected population.
- Safe Water Supply- ensure safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene.
- Sanitation- 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.
- Hygiene promotion- ensure that affected people have adequate knowledge and skills of managing and maintenancing hygiene behaviors and facilities
- Solid and liquid waste- ensure people have an environment that is acceptably uncontaminated by solid waste, including medical waste, and have the means to dispose of their domestic waste conveniently and effectively.
- Vectort control – protection of all affected families from nuisance vectors and are living in vector free environment

In order achieve the 5 critical interventions of WASH, the Cluster will depend on the following available stockpiles of the cluster member agencies and follow the specific acitivites in affected communities.

Stockpiles

Stock	Quantity	Location
NRCS- 35,000HH		
Man Pack WPUs	30	20 man packs to be deployed in high risk areas of 7 Districts 10 man packs will be retained in HQ warehouse.
KIT 2 (Aqua Tabs, Jerry Ca KIT 2 (Aqua Tabs, Jerry Cans, Soap, Squatting Plate, 1000 Litre Bladder Tank, Taps)ns, Soap, Squatting Plate, 1000 Litre Bladder Tank, Taps)	10	7 KIT will be prepositioned in high risk 7 districts (especially in Gorkha, Dhading) identified considering rainy season access issue. 3 KIT will be prepositioned in HQ warehouse.

Stock	Quantity	Location
Kit 5 (Water Treatment Plant: Aqua Plus) 2000 l per hour	3	3 Kits prepositioned at NRCS Regional ware house (Bhaktapur, Biratnagar, Nepalgunj)
ORS	2,50,000	At NRCS HQs warehouse.
Cholera KIT (can cure 300 infected people from 1 kit)	3	At NRCS HQs warehouse
Aqua Tabs	4,00,000	Purchasing Process is ongoing
UNICEF- 45000HH		
Aquatab (pac of 50) Piyush + (240ml) Water Floucant (240 sachet per box)	For 45000HHs	UNICEF offices in Kathmandu, Nepalgunj, Bharatpur and Biratnagar
Plastic Bucket - 20 litres Plastic Bucket - 10 litres Plastic Mug - 2 ltr Plastic Mug - 1 ltr Collapsible Jerican- 5 ltrs	45000 sets	UNICEF offices in Kathmandu, Nepalgunj, Bharatpur and Biratnagar
Tap stand Hand pumps (Mark - 2) Fiberglass toilet pan with platform (1:1 meter) Collapsible surperstructure (pops up with door)- for toilet with p trap and 1.5 m pipe (agreed by WASH cluster) or tarpauline Tarpualine rolls for bathing space Pope up bathing tarps	For 5000 displaced HHs out of 45000	UNICEF offices in Kathmandu, Nepalgunj, Bharatpur and Biratnagar
Hygiene Kit with instruction sheet IEC materials	For 45000 HHs	UNICEF offices in Kathmandu, Nepalgunj, Bharatpur and Biratnagar
Portable E- coli test kits with body belt (used in MICS survey) Chlorimeter Multi-indicator water quality test kit PA Vial kit	1000 10 4 1000	UNICEF offices in Kathmandu, Nepalgunj, Bharatpur and Biratnagar
Oxfam- 20000HH		
Hygiene kits, water supply accessories suc as bladdertanks, water storage vessels, water purificaitons solutions,latrine slabs etc)	Reaching 100000 population (20000HH)	Main warehousing in Kathmandu, district level small scale prepositioning in –Sarlahi, Saptari ,Dhanusa,Rautahat , ailali,kanchapur

**As of June 23 2015. Other cluster members are having internal discussion on stockpiles for upcoming flood/landlsides but do not have clear plan of prepositioning, also due to current ongoing disucsion on agency level caseloads and exploration of fund for prepositioning*

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	All key water supply systems that is tapped by 100% of HHs
	Strategy for safe water provision developed based on damage assessment, initial information and understanding/agreement of the Districts WASH Cluster	100% of HHs
	Number of water supply systems (hand pumps, dugwells, piped water supply systems renovated in the affected area	All water supply systems used by 100% of HHs that are not functioning
	Number of HHs (60,000) receiving water purification solutions for minimum of 30 days	100% of HHs
	Two water storage vessels (Bucket/Jerrican - for drinking and cleaning) with dispensers(mug/jug) provided to each affected households	100% of HHs 0,000 HHs
	Distribution plan in place including end use monitoring on use ; KAP survey conducted for behavior monitoring/improvement	100% of HHs
	Number of household drinking water tested for residual chlorine as an indicator of use of purification solutions by the HHs	5% of HHs
	Agreed standard design by the WASH Cluster members	100% of HHs
	Number of dug-wells renovated for use	Target depending on community or camp setup and the type of water supply needs as the sole or alternate source of water
	Monitoring report by field technicians/Engineers on the installation/renovation work	100% of HHs
	Number of water sources tested for microbial contamination	20% of HHs
	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
	Number of volunteers trained on WASH awareness	For 100% of HHs – one volunteer reaching 10 HHs per day
	WASH cluster/WSSDO led team formed to monitor installed HP/ WSS	HP/WSS provided for 60,000 HHs
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 (CGD friendly) identified for affected communities	100% of HHs
	Number HHs identified with need for technical assistance for repair and maintenance of latrines	HH identified as per the damage and need assessment
	Number of WASH Cluster agencies identified for latrine installation, repair and promotion	100% of HHs
	Number of semi- permanent latrine constructed in camp setting following the agreed standards	100% of HHs
	Number of volunteers mobilized for promotion and awareness on excreta disposal and use of latrines	1 Volunteer for 10 HHs/ day
	Number of bathing space constructed for male and female	100% of HHs
Provision of hygiene items and education to flood affected people including vulnerable groups of all ages are aware of key public health risks and are mobilized to	Number of households receiveing standard hygiene kits (one kit for family of 5)	100% of HHs
	Number of volunteers among the displaced if possible)/FCHVs/CBOs/ NGOs to increase awareness on basic hygiene practices such as hand washing with soap, safe water, excreta disposal and effective use of installed latrines and bathing spaces	100% of HHs

adopt measures to prevent the deterioration in hygienic conditions and to use and maintain the facilities provided.	Number of utensil cleaning and drying space constructed with proper drainage systems	100% of HHs
	Number of handwashing stations made nearby latrines and separate handwashing stations as per the requirement of the affected families/camp setting	100% of HHs
	End use monitoring conducted to ensure continued hygiene behaviors	100% of HHs
Provision of Solid and liquid waste management facilties to safegarud environemtal sanitation and reduce disease burdens among the affected communties	Number of garbage bins distributed to the affected communities	100% of HHs
	Number of garbage management pit constructed to management solid waste of the community	100% of HHs; as per the setting of the camps
	Drainage constructed in consultation with community	As per the setting of camps
	Solid and liquid waste management plan in place in the camp setting	100% of HHs - camp setting
Provision of vector control items and knowledge to protect the affected population from disease and nuisance vectors that are likely to represent a significant risk to health or well-being.	Number of bednets provided to HHs in collaboration wth health cluster	100% of HHs
	Vector control mechanism in place in coordination with health cluster/ Municipality/VDC	Focusing on camp setting
	Number of vector breading places identified and are either dismantled or closed in coordination with community/ CCCM	Focusing on camp setting

SHELTER

Lead agency: IFRC and NRCS
Contact information: first name surname (email)

Objectives and activities

Main objective of the shelter cluster under the Contingency Plan 2015 is to put in place the preparedness measures to enable the shelter cluster to carry out its responsibilities in the event of a disaster for the first 30 days, in a rapid, appropriate and effective manner. In addition, it aims to set detailed Standard Operating Procedures which can be followed by the Cluster in the event of a disaster highlighting key stages, accountability and effectiveness measures in the response process.

Specific objecives are;

- To support the government in minimizing flood impacts through effective and timely coordinated response;
- To promote cooperation and co-ordination amongst relevant organizations, as well as inter-cluster coordination in order to meet the needs of emergency shelter and household NFIs during flood situation;
- To strengthen accountability to affected population, to be implemented at field level through a defined inter-agency operational framework.

The primary focus of the contingency plan is to ensure adequate preparedness to respond the flood disaster in any districts for the first 30 days as identified by the HCT as priority districts. In case of flood devastation, the CP ensures the families with destroyed or damaged houses, including displaced population attain protective and critical life saving shelter solutions. In order to achieve the shelter solution, following activities will be undertaken;

- Shelter Cluster partners provide immediate life-saving emergency shelter solutions with tarpaulins, tents, plastic sheets, shelter kits and NFI for the most vulnerable flood affected households.
  - ✓ Distribution of tarpaulins, plastic sheets to provide roof coverage for damaged houses
  - ✓ Distribution of emergency shelter kits to repair damaged houses or build temporary shelters
  - ✓ Distribution of NFI to carry on with daily household chores for the affected families
- Shelter Cluster partners provide immediate life-saving emergency shelter solutions by hosting the shelter affected families in community centers, and areas identified by the government as safe.
  - ✓ Hosting displaced families in community centers that are identified as safe
  - ✓ Providing NFI's to the hosted families to fulfill their daily needs
  - ✓ Assisting the hosted families for safer return to their original dwelling should the return be deemed as safe or habitable
- Shelter Cluster partners effectively deliver and fill gaps in shelter response through effective coordination and information sharing amongst themselves with the help of 3 W matrix and coordination meetings
  - ✓ Shelter Cluster partners share information through 3w matrix to identify needs and gaps.
  - ✓ Gaps filled by partners to meet minimum shelter needs.
  - ✓ Coordinates with key clusters WASH, protection, health and food to meet minimum standards of humanitarian assistance.

Sector/Cluster Operational Delivery Plan Summary

Activity	Indicator	Target	Ability to allocate funds	HR capacity for immediate release
Distribute 8000……NFI	8000 flood affected families receive NFI	8000 families	SC: USD 80,000-100,000 Care: USD 50,000-100,000 NRCS: 2 million NPR, CHF 250,000 thru DREF	SC: 70 Care: 15 NRCS: 90 (min.5 per district) depending on need
Distribute 1300 shelter kits	1300 shelter kits distributed for families to repair or build temporary shelters	1300 families		
Distribute 500 tarpaulins	500 families receive tarpaulins to cover damaged roofs / protection	500 families		
Disseminate safe fixing and fastening techniques while building emergency shelters	Humanitarian agencies build emergency shelters using safe techniques: demonstration only	Most affected families		
Assist in safe return to orignial dwelling if flooded area is deemed as safe for return	displaced families safely returned back and resume their livelihoods	Based on assessed situations and updated reports		

Stockpiles

Stock	Quantity	Location
NFI	SC: 3000 families Care nepal: 1000 families NRCS: 3000 families Others: 1000 families	SC: Biratnagar, Siraha, Butwal, Nepalgunj and Kathmandu NRCS: all district chapters + Nepalgunj, biratnagar, Birgunj warehouse, udayapur, Bhairahawa
Shelter Kits	NRCS: 600 families SC:400 Care:300	NRCS: Nepalgunj, Biratnagar, Kathmandu
Tarps	NRCS: 200 Sc: 150 Care: 150	

PROTECTION

Lead agency: UNICEF and UNFPA
Contact information: Rada Gurung and Hari Karki (rgurung@unicef.org, hkarki@unfpa.org)

The overall objective of the protection cluster is to ensure the protection of rights guaranteed by International Human Rights Law, International Humanitarian Law and National Laws during emergencies, in particular for marginalized and vulnerable groups such as 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.

To achieve this objective, four major activities in the 18 districts are as follows:

1. Prevent and respond to Gender-based Violence (GBV): GBV often increase 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 to enable a collaborative, multi-functional, inter-agency and community based approach.
2. 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.
3. Family tracing and reunification: People, particularly women, children, disabled and elderly separated from their families due to diasters 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.
4. Distribution of relief materials: During the emergencies most families lose their personal belongings. There will be immediate need for clothes and dignity kits for Women of Reproductive Age (WRA) including pregnant and lactating mothers. When people particularly women and children don't have access to the relief materals like clothes, flash lights they are more vulnerable to sexual abuse and violence.

Based on the needs assessment prevention and response to GBV, psychosocial support, family tracing and reunification and distribution of protection materials will be the immediate response. This will fulfil the protection principles of 1. Avoid exposing people to further harm; 2. Ensure people's access to impartial assistance; 3. Protect people from physical and psychological harm arising from violence and coesion; 4. Assist people to claim their rights, access available remedies and recover from the effects of abuse.

Operational Plan for Protection Cluster

Upon request from the Government (Ministry of Home Affairs), Protection Cluster coordination meeting will be held under the leadership of the Ministry of Women Children and Sociel Welfare/Department of Women and Children. Thereafter, the assessment tool will be used for an initial rapid assessment (assessment tool to be agreed upon by the HCT prior to disaster) to identify the caseload, locations affected, damage, immediate needs of the affected population etc (first week).

Based on the findings of the initial rapid assessment (Cluster Specific assessment will be conducted if required) response plan will be developed (second week). The community based mechanisms i.e. gender – based violence watch groups, youth and adolescent groups, women cooperatives will be immediately mobilized to act as watch dogs to prevent GBV (DWC/UNICEF, UNFPA) (second week). Implement the Minimum Initial Services Package (MISP) to deal with SGBV cases (prevention, case management, availability of post rape kits and clinical management of rape survivors) (UNFPA) (first week). Establish complaint mechamism within the camp setting to report on cases to abuse, exploitation and discrimination (DWC) (second week).

Mobilize trained CPSWs and psychosocial councelors to provide first aid and further psychosocial support (UNICEF/UNFPA in partnership with TPO/CVICT) (second week)

Activitate family tracing and reunification system to register cases of missing and unaccompanied people and reunify them with their family members which includes establishment of a protection desk with phone facilities to contact the relatives of the missing people – NRCS/ICRC/UNICEF) (second week).

Conduct human rights monitoring within the camp settings and affected areas including monitoring whether vulunerable groups have full, free and unimpeded access to all humanitarian assistance and services (NHRC/UNHCR) (first week)

Distribute protection material to the affected population i.e. clothes for children (UNICEF and Save the Children), dignity kits including flash lights for pregnant women and lactating mothers (UNFPA and CARE) – second week. Some of the materials are already pre-positioned. In addition, relevant agencies are in the process of identifying appropriate vendor to develop long term agreement (LTA).

Establishment of female-friendly spaces (FFSs) is also important as women and girls can have access to a place where they can feel safe at any time, receive information and GBV-related services, as well as benefit from recreational activities, support and services. These are often integrated spaces offering a range of services including resources, information, social networks, psychosocial support, referral services, etc (within two weeks).

Establish child friendly spaces within the camp settings to re-establish some sense of normality for children and to support the resilience and well-being of children and young people and stimulate child friendly enivornment (UNICEF, Save the Children and World Vision) – third week

Protection Cluster will also ensure that child protection and GBV prevention issues are integrated into all cluster activities before and during emergencies – first week

Stockpiles

Stock	Quantity	Location
Dignity kits	2000	Kathmandu, Dang, Janakpur and other affected distritcs. Also exploring the possibility to local procurement and preposition in the some of the districts to be affected by floods.
Tents for female friendly spaces	2	Kathmandu
Tents/tarps and recreational kits for Friendly Spaces	150	Kathmandu, Biratnagar and Nepalgunj
IEC materials for anti trafficking, psychosocial support and Gender base violence.	50,000	Kathmandu, Biratnagar, Nepalgunj
Baby pack	200 sets	Biratnagar and Nepalgunj

Supports Objective O1, O2 and O3

Activities	Indicator	Target
Prevent and respond to gender based violence	# of GBV cases reported # of cases referred for appropriate services # of security personnel including women deployed in the camp/affected areas # of community based mechanism mobilized for prevent and response to GBV # of Women and Adolescent girls involved in camp/shleter management committee and relief materials distribution # Female friendly spaces (FFS) established/operational and psychosocial support, case management and other services integrated # of dignity kits distributed to WRA including pregnant and lactating with GBV prevention and referral messages	100% in fisrt week 100% referred in first week 20% women security personnel in first week 100% in first week 100% in first week # of FFS etsblished and operational as per requirement # of FFS etsblished and operational as per requirement # dignity kits distributed

Psychosocial support, including child friendly spaces	# of psychological first aid provided to the affected population by community psychosocial workers.	10% in second week
	# of focused psychosocial care provided by the councellors.	20% of the identified cases
	# of cases referred for specialized care (Psychiatric treatment, mental health treatment)	100% of individuals requiring specialized care referred
	# of affected population aware on psychosocial care and support (through community orientation, airing of psychosocial messages, dissemination of print materials on psychosocial support)	60% in camp setting and affected area
	"Child friendly spaces (CFS) established/operational and psychosocial support is integrated in the CFS	150 CFS established and operational
Family tracing and reunification	# of Information desks and free phone service in camps and affected areas established to help families make contact.	100% in camp settings
	# of missing and separated people, including children, identified	100%
	# of separated people, including children, reunified	100% of the identified cases

ANNEX II:
KEY CONTACTS

FOLLOWING A DISASTER IMMEDIATELY CONTACT		
1	**If there is no OCHA presence, contact the OCHA Regional Office for Asia and the Pacific** Sebastian Rhodes Stampa, Head of Office a.i. Hannes Goegele, Preparedness and Response Unit	 Tel. +66 22882424 Email: rhodesstampa@un.org Tel. +66 22882564 Email: goegele@un.org
2	**If further assistance is needed,** OCHA Emergency Relief Coordination Centre (ERCC) 24/7, Geneva	Tel: +41 22 917 2010

OTHER KEY CONTACTS		
1	**Emergency Relief Coordinator (ERC) – New York** Mr. Steven O'Brien	Tel: +1 212 963 2738 Email: obrien@un.org
2	**OCHA Coordination and Response Division – New York** John Ging, Director **OCHA Desk Officer – CRD, New York** Edem Wosornu, Asia Pacific Section	Tel. +1 212 963 1522 Fax. +1 212 963 3630 Cell: +1 917 288 2913 Email: ging@un.org Tel.: +1 212 963 3653 Email: wosornu@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)		
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10	Paul I. Norton **Representative, IOM**	Tel: Email: pinorton@iom.int
11	Max Santner **Head of Delegation, IFRC**	Tel: Email: al.panico@ifrc.org
	HCT: Cluster Co-Leads	
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6	**PROTECTION** Child Protection: Radha Gurung, UNICEF GBV: Hari B Karki, UNFPA	Tel: 9841220289 Email: rgurung@unicef.org Tel: 9801056006 Email: hkarki@unfpa.org

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

ANNEX III: SOP GUIDANCE

THE FIRST 24 HOURS TO 7 DAYS OF THE RESPONSE

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

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