Monsoon Preparedness Plan – 2077 (2020)

Nutrition Cluster Nepal

April 2020

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Abbreviation

ACF	Action Centrela Faim
DHS	Demographic Health Survey
DoHS	Department of Health Services
DRR	Disaster Risk Reduction
FWD	Family Welfare Division
GAM	Global Acute Malnutrition
GHAN	Global Health Alliance
HCT	Humanitarian Country Team
HHESS	Himalayan Health and Environmental Services Solukhumbu
HKI	Hellen Keller International
HP	Health Post
HW	Health Workers
IFE	Infant and Young Child Feeding in Emergencies
IMAM	Integrated Management of Acute Malnutrition
IYCF	Infant and Young Child Feeding
LDMC	Local Disaster Management Committee
MAM	Moderate Acute Malnutrition
MNP	Micro-Nutrient Powder
MOHA	Ministry of Home Affairs
MOHP	Ministry of Health and Population
NEPAS	Nepal Paediatric Society
NHSSP	Nepal Health Sector Support Programme
PHD	Provincial Health Directorate
PHRD	Nepal Public Health Research and Development Center
PLW	Pregnant and Lactating Women
SDPC	Social Development and Promotion Center
SO	Strategic Objective
TWG	Technical Working Groups
UNICEF	United Nations Children's Funds
USAID	United States Aid for International Development
tbd	to be decided
WFP	World Food Programme
WVIN	World Vision International Nepal

1. Introduction

Under the leadership of the Family Welfare Division (FWD) of Department of Health Services of Ministry of Health and Population (MoHP), Nutrition Cluster Nepal has been preparing this Monsoon preparedness plan for nutrition in emergency response in different parts of Nepal. The nutrition monsoon preparedness plan for Nepal will be implemented by different partners (Government, UN agencies, Donors, International and National Non-Governmental organizations, and Private sectors among others) working on nutrition program in the country. The preparedness plan is a living document which will be regularly adjusted based on the evolving situation on the ground.

The priorities and targets indicated in this response plan are aligned with the priorities identified by the Ministry of Home Affaires (MoHA), and they will be updated regularly as per the directions from MoHA. The proposed interventions are aligned with the globally recommended minimum nutrition package in emergency. The proposed activities and approaches are also in line with the general government led interagency response and early recovery plan. The impact of the COVID-19 on the nutrition intervention during the emergency response is also taken into consideration while developing this contingency plan.

The preparedness plan covers the period of May to December 2020.

2. Situation:

Hazards: Nepal is among the most multi-hazard prone countries in the world, According to Global Climate Risk Index 2019, Nepal ranks 4th in terms of climate crisis and 11th in terms of global risk for earthquake[1]. and is in top 20 in terms of all multi-hazards countries in the world[2]flood risks[3]. Besides, landslides, and diseases epidemics are also common hazards with increasing frequency every year[4]. affecting the lives and livelihood of the people, hampering the economy and sustainable development, as well as human dignity and rights. For instance, during 1971-2013 floods and landslides caused an average of nearly 200 deaths per year in Nepal with economic damage exceeding US$10 million.

The Hills and Mountain areas of Nepal are highly susceptible to landslides and debris flows, including those caused by landslide damming, excessive erosion of hill slopes and rock falls. Meanwhile, 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. Flooding in Nepal mostly occur during the monsoon season, between June and September, when 80 per cent of the annual precipitation falls, coinciding with snowmelt in the mountains. Flash floods and bishyari (the breaking of natural dams caused by landslides) are common in the Mountains, whilst river flooding occurs when streams augmented by monsoon rains overflow in the Terai plains in the south of the country. These floods can go on to impact Uttar Pradesh, Bihar and West Bengal states in India as well as Bangladesh.

Approximately, more than 36 districts are vulnerable to landslide and floods. Some of the recent disasters in Nepal include:

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[1] Maplecroft 2011

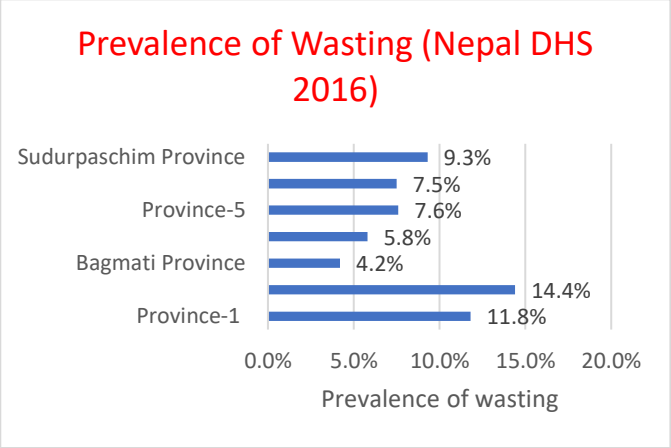
[2] SENDAI Framework for Disaster Risk Reduction, Nepal. https://www.desinventar.net/DesInventar/profiletab.jsp?countrycode=npl

[3] Maplecroft 2011

[4] Disaster Risk Reduction in Nepal status report 2019

- *In April and May 2015 Nepal experienced earthquake that caused major loss of life and damage, mainly across Central and Western regions of the country.*
- *In 2016 droughts affected the mid and far western of the country.*
- *In 2018, and 2019 heavy flooding affected some districts in Teri region.*

Nutrition: Despite substantial reduction in the rates of stunting and underweight, the rates of wasting has not showed improvements in Nepal over the last 10 years. The 2016 Nepal Demographic and Health Survey (DHS) documented highest wasting rate in Province-2 (14.4%), followed by Province-1 (11.8%), and Sudurpaschim Province (9.3%). The rates of wasting in Nepal vary by ecological zones; where areas in the Terai ecological zones have relatively higher rates of wasting (12.2%) compared to those in the Hills (6.4%) and Mountains (6.1%). The World Health Organization (WHO) classifies wasting rate of 10% and above with aggravating factor as critical.



Food Security: Chronic food insecurity is a significant issue in the country, namely in the western regions. Difficult topography, poor physical infrastructure, low road connectivity, as well as limited opportunities characterized by few resources available to increase productivity, and thereby income, are the driving factor for low access to food in these regions. Nevertheless, like the nutrition situation, the food security in Nepal has improved in recent years, where 4.6 million people are food-insecure, with 20% of households mildly food-insecure, 22% moderately food-insecure, and 10% severely food-insecure. Households in rural areas of the country are more likely to be food-insecure than people living in urban areas (Nepal DHS 2016). However, the impact of COVID-19 pandemic, and the subsequent movement restrictions to contain the virus may be exacerbating food security issues across the country, and worsen the nutrition situation.

Based on previous emergencies and projections, the MoHA prioritized 23 districts (Banke, Bara, Bardiya, Chitawan, Dang, Dhanusa, Jhapa, Kailali, Kanchanpur, Kapilbastu, Mahottari, Morang, Nawalparasi East, Nawalparasi West, Parsa, Rautahat, Rupandehi, Saptari, Sarlahi, Siraha, Sunsari, Surkhet, Udayapur) in Nepal as vulnerable to monsoon flooding, and the subsequent damages. The 'worst-case scenario' projection estimates that over 1.26 million people and 166,000 households could be affected by the monsoon flooding.

3. Scenario:

Generally, monsoon starts on the second week of June and remains active for around 120 days. During the monsoon cloudbursts, landslides and floods are the leading disasters in terms of death toll, injuries, displacement and loss of property. Torrential rain within short period during monsoon triggers landslide, flash flood, inundation and urban flooding causing human casualties and significant economic losses. An estimated 1.26 million people will be affected by floods and 25,000 by landslides. The numbers are just a

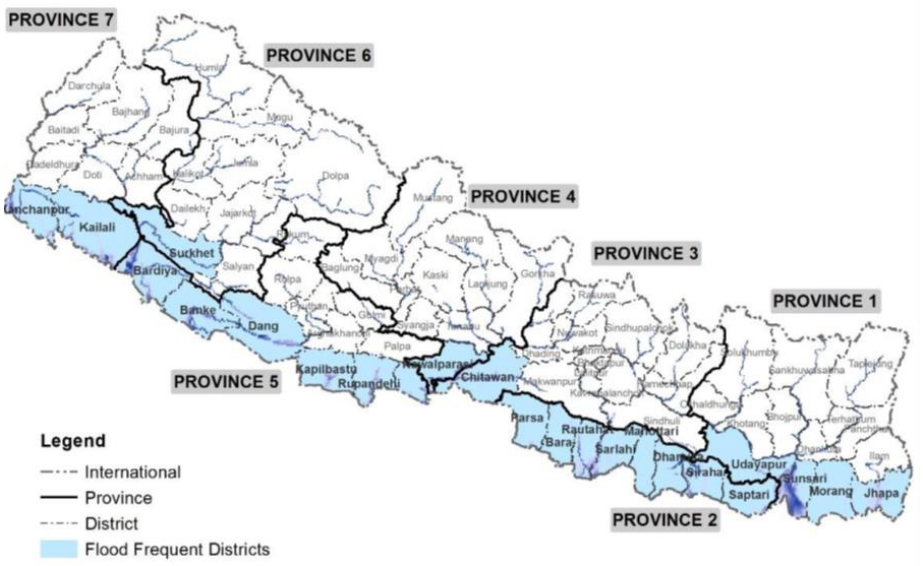
projection of affected population and cluster-wise in-need population should be calculated taking into consideration historical damage and loss data as well.

The nutrition cluster of Nepal lead by Ministry of Health and Population (MoHP) and co-lead by UNICEF provides efforts for Monsoon preparedness plan focusing on the annual hazard of flooding in the 22 districts of the Terai region. 'Worst-case' planning assumptions, based on modelling of previous flood and landslide events, for a one-off flood event include 23 districts as; Kanchanpur, Kailali, Bardiya, Banke, Surkhet, Dang, Kapilvastu, Rupendehi, Nawalparasi East, Nawalparasi West, Chitwan, Parsa, Bara, Rautahat, Sarlahi, Mahottari, Dhanusha, Siraha, Saptari, Udayapur, Sunsari, Morang and Jhapa.

In the 23 districts, 166,000 households will be displaced and approximately 1.26 million people will be affected (worst-case' scenario) where more than 400,000 people are considered the most vulnerable such as; children under five years of age, pregnant and lactating women and elderly people (more than 60 years)

4. Risk Analysis

The Nutrition Contingency Planning efforts focus on annual hazard of riverine flooding in all seven provinces with a specific focus on highly flood prone Palikas (local government) of 23 districts such as; Banke, Bara, Bardiya, Chitwan, Dang, Dhanusha, Jhapa, Kailali, Kanchanpur, Kapilbastu, Mohattari, Morang, Nawalparasi, Parsa, Rautahat, Rupandehi, Saptari, Sarlahi, Siraha, Sunsari, Surkhet and Udayapur districts.



Displaced HHs:	'Worst-case' scenario disaster impacts on nutrition:
166,000 households will be displaced Estimated affected population: Approximately 1.26 million people	• Houses submerged / destroyed damaging food stores contributing to nutrition insecurity • Health facilities submerged / damaged interrupting regular nutrition services • Outreach clinics affected interrupting regular nutrition services • Agricultural livelihoods adversely affected as large areas of standing crops are flooded and destroyed. Significant numbers of livestock and poultry killed by floodwaters in addition to fishponds destroyed. This has knock-on consequences for nutrition security. • Water and sanitation facilities destroyed leading to an increased risk of water and vector borne disease outbreaks, further deteriorating nutrition status of vulnerable population • Critical infrastructure including bridges, roads (including road links to India), airports, electricity, and communication networks sustain major damage and, in some cases, are inoperable. This has ripple effect on nutrition insecurity.

	• Nutrition insecurity leading to high incidence of wasting among children and worsening among children already wasted prior to emergency onset • The regular transportation halted, affecting distribution of nutrition commodities • Nutrition service delivery mechanism disturbed and non-functional

5. Case load analysis:

As per the caseload analysis done by nutrition cluster, the potential cases in the sector/cluster is 305, 519 who need nutrition services and those include children under five years of age, pregnant and lactating women and elderly population more than 60 years. (in need population, cluster capacity to serve # of person); disaggregation by tiers of governance level (Please refer to annexed doc. for estimated data)

District	Total Case Load (Population to be Affected from Flood)	Total Caseloads for Nutrition Cluster in need of nutrition services (population taken from HMIS target population 2076/2077)											
		0-59 months children (10.1%)	6-59 months children (9.1%)	6-23 months children (3%)	0-6 months children (1.04%)	Pregnant women (2.53%	Lactating women (4.04%)	Elderly population (8.65%)	SAM (3% of 6-59 mo)	MAM (11% of 6-59 mo)	BSFP for children aged 6-59 months	BSFP to PLWs	Total target Caseload of nutrition cluster
BANKE	34,095	3,444	3,103	1,023	355	863	1,377	2,949	93	341	2,668	2,240	**8,292**
BARA	971	98	88	29	10	25	39	84	3	10	76	64	**236**
BARDIYA	64,769	6,542	5,894	1,943	674	1,639	2,617	5,603	177	648	5,069	4,255	**15,752**
CHITAWAN	43,130	4,356	3,925	1,294	449	1,091	1,742	3,731	118	432	3,375	2,834	**10,489**
DANG	46,273	4,674	4,211	1,388	481	1,171	1,869	4,003	126	463	3,621	3,040	**11,254**
DHANUSA	22,331	2,255	2,032	670	232	565	902	1,932	61	224	1,748	1,467	**5,431**
JHAPA	44,081	4,452	4,011	1,322	458	1,115	1,781	3,813	120	441	3,450	2,896	**10,720**
KAILALI	63,799	6,444	5,806	1,914	664	1,614	2,577	5,519	174	639	4,993	4,192	**15,516**
KANCHANPUR	70,962	7,167	6,458	2,129	738	1,795	2,867	6,138	194	710	5,553	4,662	**17,258**
KAPILBASTU	22,785	2,301	2,073	684	237	576	921	1,971	62	228	1,783	1,497	**5,541**
MAHOTTARI	29,030	2,932	2,642	871	302	734	1,173	2,511	79	291	2,272	1,907	**7,060**
MORANG	30,616	3,092	2,786	918	318	775	1,237	2,648	84	306	2,396	2,011	**7,446**
NAWALPARASI EAST	45,370	4,582	4,129	1,361	472	1,148	1,833	3,925	124	454	3,551	2,981	**11,034**
NAWALPARASI WEST	26,005	2,626	2,366	780	270	658	1,051	2,249	71	260	2,035	1,709	**6,324**
PARSA	11,261	1,137	1,025	338	117	285	455	974	31	113	881	740	**2,739**
RAUTAHAT	165,490	16,714	15,060	4,965	1,721	4,187	6,686	14,315	452	1,657	12,951	10,873	**40,247**
RUPANDEHI	33,577	3,391	3,056	1,007	349	850	1,357	2,904	92	336	2,628	2,206	**8,166**
SAPTARI	48,416	4,890	4,406	1,452	504	1,225	1,956	4,188	132	485	3,789	3,181	**11,775**

SARLAHI	73,609	7,435	6,698	2,208	766	1,862	2,974	6,367	201	737	5,761	4,836	**17,902**
SIRAHA	63,607	6,424	5,788	1,908	662	1,609	2,570	5,502	174	637	4,978	4,179	**15,469**
SUNSARI	265,037	26,769	24,118	7,951	2,756	6,705	10,707	22,926	724	2,653	20,742	17,413	**64,457**
SURKHET	25,260	2,551	2,299	758	263	639	1,020	2,185	69	253	1,977	1,660	**6,143**
UDAYAPUR	25,770	2,603	2,345	773	268	652	1,041	2,229	70	258	2,017	1,693	**6,267**
Grand Total	**1,256,244**	**126,881**	**114,318**	**37,687**	**13,065**	**31,783**	**50,752**	**108,665**	**3,430**	**12,575**	**98,314**	**82,535**	**305,519**

Note:

- The target population for Vitamin A supplements will be all 6-59 months children of the districts
- SAM and MAM caseload will be more than the estimated above because more children from other areas come to the OTCs and SFP sites for the treatment. Similarly, the caseload can be increased as per the aggravating factors of the disaster as well.
- Total caseload will be 305,519 for all types of emergency nutrition services. However, the Vitamin A supplementation and treatment of SAM and MAM can be changed depending on the aggravating factors

6. Response Objectives;

Overall objectives: The overall objective of this CP is to reduce and avoid excess mortality and morbidity caused by undernutrition in flood-affected areas especially among children under five years of age, pregnant and lactating women (PLW) and elderly population.

Specific objectives (SO):

SO1: Reduce the specific vulnerability of infants and young children in crises through the protection, promotion and support of optimal infant and young child feeding practices

SO2: Prevent under five years children and pregnant and lactating women from malnutrition and malnutrition associated mortality

SO3: Prevent / correct micronutrient deficiencies prevent/correct micronutrient deficiencies through timely, efficient and effective humanitarian responses through timely, efficient and effective humanitarian responses

SO4: Strengthen the capacities of the national and international humanitarian aid system to enhance efficiency and effectiveness in delivery of humanitarian assistance for nutrition

7. Response strategy:

Based on the guiding principles of strong collaboration, coordination, complementarity, and integration, as well as adherence to the national/international protocols/guidelines, the nutrition response plan's strategic focus will include:

- Ensuring availability of timely essential nutrition services to prevent and treat acute malnutrition among the most vulnerable groups, including children under five years of age, pregnant and lactating women (PLW), as well as other groups, such as elderly and people with debilitating medical conditions like HIV/AIDS, TB…etc.
- Enhancing actions to promote, protect and support optimal breastfeeding and age appropriate and safe complementary feeding and feeding practices during emergency.
- Strengthen local capacity to enhance early identification and referral of cases of malnutrition.
- Strengthening coordination at different levels, and among partners, as well as with other sectors including food security, health, and WASH among others.
- Strengthen nutrition information management systems to better monitor the nutrition situation, and emergency response.
- Considering the COVID-19 situation, the response plan will also focus on:
    - Mainstreaming COVID-19 infection, prevention and control measures across emergency nutrition interventions in order prevent spread of the virus.
    - Advocating for the continuous availability of essential services, nutritious foods in the market, social protection schemes and community programs to reduce vulnerability for malnutrition.

8. Gap analysis:

8.1 Relief Items (Food and Non-Food, medicine, logistics etc. for three months)

S.N.	Sub sector need	Unit	Requirement (Quantity)	Availability	Shortfall/ excess	Potential sources
1.	Ready to Use Therapeutic Food	Cartons	10,000	0	4,800	
2.	Ready to use Supplementary Food	Cartons	25,000	0	25,000	
3.	Super cereal (WSB+)/BAG of 3kg	MT	2,750	0	2,750	
4.	F-100 Therap.milk CAN 400g/CAR-24	CAR	300	0	184	
5.	F-75 Therap.milk CAN 400g/CAR-24	CAR	300	0	92	
6.	ReSoMal,42g sachet for 1 litre/CAR-100	CAR	300	0	200	
7.	Retinol 200,000IU soft gel.caps/PAC-500	PAC	6,000	0	6,000	
8.	Albendazole 400mg chewable tabs/PAC-100	PAC	6000	500,000	-	
9.	Ferrous sulfate + folic acid, tablet, (200mg + 0.4mg) box of 1000	Box	8,000	-	Enough available	
10.	Portable baby/child L-hgt mea.syst/SET-2	Set	300	246	54	
11.	Scale, electronic, mother/child,150kgx100g	Pieces	300	85	215	
12.	Scale,infant,springtype,25kg x 100g	Pieces	500	-	500	
13.	Weighing trousers/PAC-5	PAC	500	-	500	
14.	MUAC,Adult,without colour code/PAC-50	PAC	2000	-	2,000	
15.	MUAC,Child 11.5 Red/PAC-50	PAC	3000	55	2,945	
16.	Multiple micrn. pdr, custom sach./PAC-30	PAC	230,000	-	NA	

8.2 Human Resources:

Adequate human resource is the key component of any preparedness plan. With proper coordination and collaboration, the human resources required to manage response activities during monsoon can be managed efficiently. While planning for human resources for monsoon, we need to consider the ongoing Covid-19 context. It is necessary to maintain safety measures and social distancing to avoid the risk of Covid-19 spreading during the response period. There are altogether 285 municipalities under 23 districts. The key partners working in the districts in nutrition sector are UNICEF, WFP, Suaahara II, Save the Children International (SCI) , ACF, Welt hunger Hilfe (WHH)), World Vision International Nepal (WVI, Nepal), Aasman Nepal. Apart from Government's health workers and FCHVs, MSNP Coordinators, MSNP Volunteers and the following additional HR may be deployed for the nutrition monsoon response: managers/specialist/experts/workers

S.N.	Skill Type	Unit	Requirement	Availability	Shortfall/excess	Potential sources
Federal						
1	Cluster lead	Person	1	yes	-	FWD
2	Cluster co-lead	person	1	yes	-	UNICEF

3	Information management officer	Person	1	yes	-	WFP
4	Logistic officer	Person	1	yes	-	UNICEF/WFP
Province Level						
	Province Coordinator	Person	7	yes	-	UNCEF, WFP, SP II, SCI
District Level						
5	District coordinators	Person	23 (1 per district)	SP II-7, ACF-1, UNICEF.?	-	SP II-7, ACF-1, UNICEF, SCI, Aasman Nepal, NEPHEG
6	Logistic Management Officer	Person	11 (1 per 2 district)	No	shortfall	UNICEF, WFP, SCI, Aasman Nepal, NEPHEG
Municipality Level						
7	SFP distributors	person	570 (1 per municipality)	WFP… ???	shortfall	UNICEF, SP II, ACF, SCI, Aasman Nepal, NEPHEG
8	SFP monitors		285 (1 per municipality)	WFP …???	shortfall	UNICEF/SP II, ACF, SCI, Aasman Nepal, NEPHEG
9	OTC monitors	Person	285 (1 per OTC/municipality)	SP II, ACF, UNICEF…???	shortfall	SP II, ACF UNICEF…..

Note: Number of municipalities in the districts: Jhapa-15, Morang-17, Sunsari-12, Siraha-17, Udaypur-8, Dhanushha-18, Saptari-18, Mahottari-15, Sarlahi-20, Rautahat-18, Bara-16, Parsa-15, Chitwan-7, Nawalparasi east-8, Nawalparasiwest-7, Kapilvastu-10, Rupendehi-16, Dang-10, Banke-8, Bardiya-8, Kailali-13, Kanchanpur-9, Total=285

9. Action plan:

9.1 Relief and response (first three months)

S.N.	Activities	Target/ Quantity	Responsible agency	Supporting agency	Timeline	Challenges	Mitigation measures
	Organize nutrition cluster coordination meeting at federal level	12	FWD/MoHP	UNICEF	July- Sept. 2020		
	Organize nutrition cluster coordination meetings on a weekly basis at provincial levels	12	PHD	UNICEF	July- Sept. 2020		
	Revise 3W mapping	1	WFP	Cluster members	July- Sept. 2020		
	Revise nutrition cluster contact list including the list of TWG	1	WFP	Cluster members	July- Sept. 2020		
	Protection, promotion and support for exclusive breast feeding (0-6 months children) (– breast feeding counselling, monitoring the donations of BMS - management of breast-feeding spaces/corners)	13,065	FWD/MoHP	UNICEF and cluster members	July- Sept. 2020		
	Complementary feeding with continuation of breast feeding (– breast feeding counselling, monitoring the donations of BMS - management of breast-feeding spaces/corners)	37,687	FWD/MoHP	UNICEF, Suahaara and cluster members	July- Sept. 2020		
	Blanket supplementary feeding to 6-59 months children	114,318	FWD/MoHP	WFP and cluster members	July- Sept. 2020		
	Blanket Supplementary Feeding to pregnant and lactating women	82,535 (pregnant women: 32,783; lactating women: 50752)	FWD/MoHP	WFP and cluster members	July- Sept. 2020		
	Treatment of 6-59 months children with moderate acute malnutrition	12,575	FWD/MoHP	WFP and cluster members	July- Sept. 2020		

	Treatment of 6-59 months children with severe acute malnutrition	3,430	FWD/MoHP	UNICEF and cluster members	July- Sept. 2020		
	Supplementation of Vitamin A to 6-59 months children	114,318	FWD/MoHP	UNICEF and cluster members	TBD		
	Home fortification of multiple micro-nutrient powder to 6-59 months children	114,318	FWD/MoHP	UNICEF and cluster members	TBD		
	Deworming to 12-59 months children	100,000	FWD/MoHP	Cluster members	TBD		
	IFA to pregnant and postnatal women	40,000	FWD/MoHP	Cluster members	July- Sept. 2020		
	Monitoring of ongoing programme interventions	Every month	FWD/MoHP	IM TWG	July- Sept. 2020		
	Monthly reporting and report analysis	Every months	FWD/MoHP	UNICEF and cluster members	July- Sept. 2020		

9.2 Recovery (3-12 months)

S.N.	Activities	Target/quantity	Responsible agency	Supporting agency	Timeline	Challenges	Mitigation measures
	Organize nutrition cluster coordination meetings on a weekly basis at federal level	Bi-weekly	FWD/MoHP	UNICEF	Sept 2020-June 2021		
	Organize nutrition cluster coordination meetings on a weekly basis at provincial levels	12	PHD	UNICEF	July-September		
	Revise 3W mapping	1 (revision)	WFP	Cluster members	July-September		
	Revise nutrition cluster contact list including the list of TWG	1 (revision)	WFP	Cluster members	July-September		
	Protection, promotion and support for exclusive breast feeding (0-6 months children)	13,065	FWD/MoHP	UNICEF and cluster members	Sept-2020 to June 2021		
	Complementary feeding with continuation of breast feeding	37,687	FWD/MoHP	UNICEF, Suahaara and cluster members	Sept-2020 to June 2021		
	Blanket supplementary feeding to 6-59 months children	114,318	FWD/MoHP	WFP and cluster members	Tbd		
	Blanket Supplementary Feeding to pregnant and lactating women	82,535 (pregnant women: 32,783;	FWD/MoHP	WFP and cluster members	Tbd		

		lactating women: 50752)					
	Treatment of 6-59 months children with moderate acute malnutrition	12,575	FWD/MoHP	WFP and cluster members	Tbd		
	Treatment of 6-59 months children with severe acute malnutrition	3,430	FWD/MoHP	UNICEF and cluster members	Continue…		
	Supplementation of Vitamin A to 6-59 months children	114,318	FWD/MoHP	UNICEF and cluster members	November 2020		
	Home fortification of multiple micro-nutrient powder to 6-59 months children	114,318	FWD/MoHP	UNICEF and cluster members	November 2020		
	Deworming to 12-59 months children	100,000	FWD/MoHP	Cluster members	November 2020		
	IFA to pregnant and postnatal women	40,000	FWD/MoHP	Cluster members	Continue….		
	Monitoring of ongoing programme interventions	Every month	FWD/MoHP	IM TWG	Sept-2020 to June 2021		
	Monthly reporting and report analysis	Every months	FWD/MoHP	UNICEF and cluster members	Sept-2020 to June 2021		

10. Monitoring mechanism with indicators:

Data collection method:

The prevention and treatment of malnutrition are both important considerations in the flood response. Acute malnutrition,– which may be triggered during a crisis – can be prevented and treated with the right nutrition responses. Nutrition responses are key in preventing morbidity and mortality amongaffected populations.

Considering both the flood emergency as well as COVID 19 scenario, information on under nutrition will be collected from the routine information system as well as other sources like household surveys (telephone or other mobile applications). It will be important to review service statistics collected and reported via DHIS2 to understand changes in service utilization. To complement this, service provision monitoring using telephone surveys will be used every two weeks to collect qualitative data on changes to service provision. Monitoring systems in place and used by nutrition stakeholders, development partners, INGO/NGO etc will also be used to inform response effectiveness.

Indicators from other programme areas such as immunization and nutrition programme coverage, disease morbidity, crude infant and under-5 mortality rates etc can help to inform the overall situation.

Indicators:

S.N.	Name of indicator	Means of verification/ Data source	Frequency of data collection
A.	Coordination		
1	Number of Nutrition Cluster Meetings at Federal Level	Meeting Minutes	Weekly for first three months, then biweekly for remaining 9 months
2	Number of Nutrition Cluster meetings at provincial levels	Meeting Minutes	Weekly for first three months, then biweekly for remaining 9 months
B	Service Availability/Assessment		
1	Number of functioning health facilities providing nutrition services (GMP,IYCF, distribution of fortified blended foods, SAM treatment, MNP)	DHIS II or Telephone	One time. Updated if needed
2	Number of functioning OTC centers providing services in programme district	DHIS II or Telephone	One time. Updated if needed
3	Presence of Health Staff with MIYCN/IMAM/CNSI training	DHIS II or Telephone	one time
C.	Supplies/Services availability		
1	Number of OTC centers with stock-out of RUTF	Telephone	Bi-weekly
2	Number of health facilities with stock-out of fortified blended foods	Telephone	Bi-weekly
3	Number of health facilities with stock-out of MNP	Telephone	Bi-weekly
4	Number of health facilities with stock-out of Vitamin 'A' capsule (red capsules)	Telephone	Bi-weekly

5	Number of health facilities with stock-out of Iron-Folic Acid (IFA)	Telephone	Bi-weekly
6	Number of children 6 to 59 months received fortified blended foods	DHIS II and Telephone	Monthly
7	Number of children aged 6-59 months received multiple micronutrient powder through health facilities	DHIS II and Telephone	Monthly
8	Number of pregnant and lactating mother received fortified blended foods	DHIS II and Telephone	Monthly
9	Number of mothers/caretakers reached through social media, TV broadcasting, number of villages where megaphone messaging	DHIS II and Telephone	Monthly
	Services		
1	Number of organizations providing unsolicited donations, distribution and use of breast milk substitutes or milk powder	Observation, direct monitoring	Weekly
2	Proportion of affected mothers and children requiring support received counselling services on breast feeding	Telephone	Weekly
3	Proportion of affected mothers and children requiring support received counselling services on complementary feeding with continuation of breast feeding	Telephone	Weekly
4	Proportion of 6-59 months children who receive blanket supplementary feeding rations	DHIS II	Monthly
5	Proportion of pregnant and lactating women who receive blanket supplementary feeding rations	DHIS II	Monthly
6	Proportion of children 6-59 months with moderate acute malnutrition who are treated	DHIS II	Monthly
7	Proportion of children 6-59 months with severe acute malnutrition who are treated	DHIS II	Monthly (HMIS)
8	Proportion of children age 6-59 months who are supplemented Vitamin A capsules	DHIS II	Bi-Annual (HMIS)
9	Proportion of children age 12-59 months who are supplemented with deworming tablet	DHIS II	Bi-Annual (HMIS)
10	Proportion of pregnant and postnatal women who receive Iron and Folic Acid tablets as per rules	DHIS II	Monthly (HMIS)
11	Number of SAM children 6 to 59 months receiving treatment	DHIS II	Monthly (HMIS)
12	Number of SAM children 6 to 59 who months discharged as recovered	DHIS II	Monthly (HMIS)
13	Number of SAM children 6 to 59 months who are discharge as defaulted	DHIS II	Monthly (HMIS)
14	Number of SAM children 6 to 59 months who are discharge as death	DHIS II	Monthly (HMIS)
15	Number of OTC having less than expected number of follow-up cases	DHIS II	Monthly (HMIS)

11. Coordination mechanism –

11.1 Nutrition Cluster Coordination at Federal:

The nutrition cluster was established in Nepal in June 2010 and is led by Ministry of Health and Population and co-led by UNICEF. It comprises 25 different humanitarian agencies including Government agencies, UN, International NGOs and National NGOs. According to the TOR endorsed by nutrition cluster, nutrition cluster has six technical working groups including; (1) Integrated Management of Acute Malnutrition (IMAM) working group; (2)Micro-nutrient working group;(3) Information management working group; (4) assessment working group; (5) Infant and Young Children Feeding (IYCF) working group and (6) Behaviour Change Communication working group. All TWGs have separate terms of reference and the TWGs are actively performing the tasks mentioned in the TOR. Apart from these 6 technical working groups, a Contingency planning working group has also been formed for the function of preparing a COVID-19 plan as well as monsoon preparedness plan within the context of COVID-19. According to the terms of reference of nutrition cluster, meetings are quarterly and in the event of an emergency, are more frequent based on the need.

11.2 Nutrition cluster coordination at Provincial level:

At provincial level, nutrition cluster has been established and activated jointly with health cluster in province #1, Province #2, Bagmati Province, Karnali Province and in Sudur Paschim province. The Health and Nutrition Cluster has been lead by Provincial Health Directorates and co-leading with UNICEF. In Gandaki Province and Province five, health coordination committees are formed and functional for both health and nutrition in emergencies. Monsoon contingency plans are prepared in all provinces led by Provincial Health Directorates.

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11.3 District and below level:

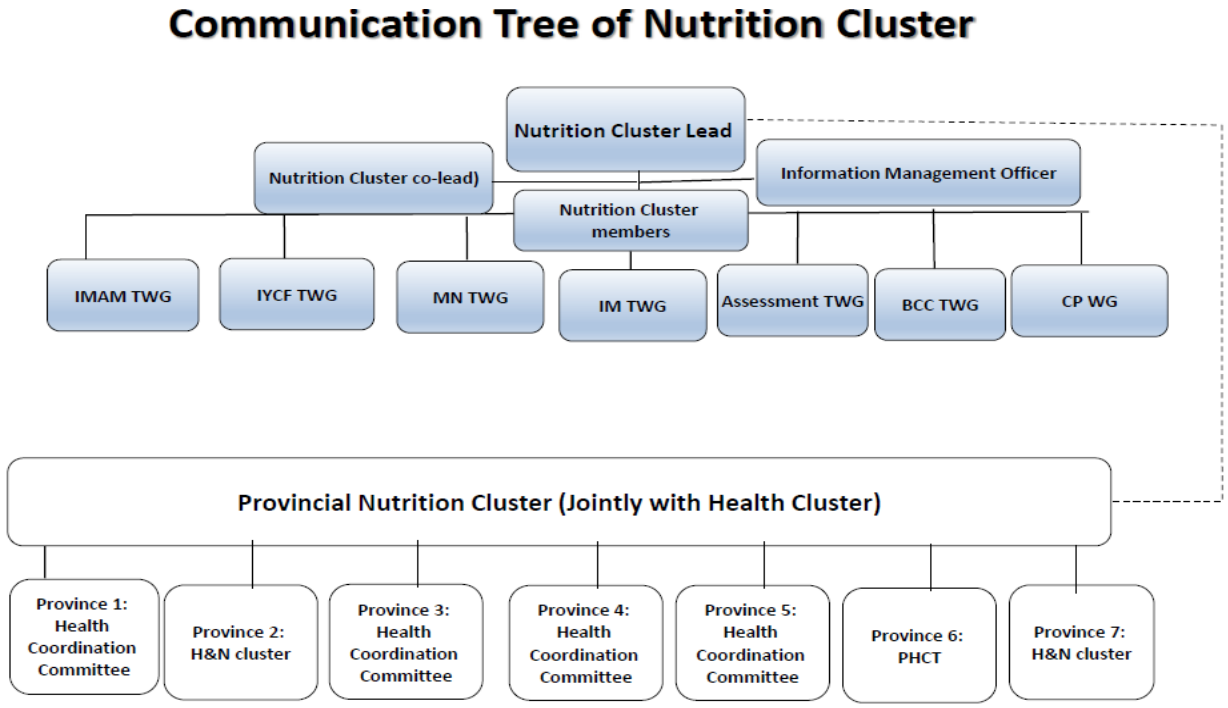
There is gap of legal structures (Disaster Management Committees) at provincial and local (Palika) levels as defined by Nepal Disaster Risk Reduction and Management Act 2017, and no cluster structures are present except at the federal level. However, in the Covod-19 context, cluster system are established at provincial Level. Similarly, there is legal provision of Local Disaster Management Committees (LDMC) at Palika level. Therefore, these bodies can act as a responsible structure to manage any emergencies at local level which can be mitigated by their own resources.

Hence, nutrition responses will be coordinated through federal level Nutrition Cluster Lead Agency (Family Welfare Division, DoHS, MoHP) and with Provincial Health Directorates (PHD) under Ministry of Social Development. Due to above gap, the cluster will coordinate with its members to identify District Lead Support Agency (DLSA), which in turn will coordinate with District Disaster Relief Committee (DDRC), Health Office at the district level, local government (Palika), PHD and the federal cluster. The cluster lead and co-lead agencies will provide all possible support required to DLSA in order to coordinate nutrition response in flood-affected areas. The ToR for DLSA will be developed and endorsed before assigning overall coordination role.

12. Communication tree:

On behalf of cluster lead agency, nutrition cluster has been led by the Chief of Nutrition Section of Family Welfare Division of Department of Health Services of Ministry of Health and Population and co-lead by Nutrition Specialist of UNICEF Nepal. Similarly, information management officer for nutrition cluster has

been managed by World Food Programme. At federal level, all nutrition cluster member agencies have identified cluster focal point and alternate focal point for nutrition cluster. At provincial level, nutrition cluster are formed and functional at Province number one, two, Bagamati Province, Karnali Province and Sudur Paschim province. In the remaining two provinces, provincial health coordination team has been working for both health and nutrition in emergencies. In nutrition cluster, the communication tree between cluster lead, co-lead and member agencies is as follows:



13. Exist strategy:

Principally, nutrition responses will be phased out when the exceptional needs arising from the emergency no longer exists and normal nutrition and related services, together with ongoing development activities, can meet the needs of the population. An evaluation and/or lessons-learned exercise will be undertaken in all cases / stages.

Guiding principles	What to do – key management actions
Phasing out coordination activities • Continue as long as coordination is necessary, but the resources dedicated to coordination may be reduced progressively as activities become more routine and the number of nutrition actors decline **Phasing out programme activities** • Reduce scale of operations progressively in order to sustain in on longer run • Phase out emergency nutrition activities into ongoing regular programming, transferring responsibility to the relevant technical programmes, or into the development activities of other players (	**Phasing out coordination activities** • Progressively reduce number of coordination meetings • Progressively handover coordination meeting responsibility to other players (e.g. state or development actors) **Phasing out programme activities** • Monitor the nutrition status of the population and the performance (quality and coverage) of nutrition services provided by (i) the various elements of the normal health system, and (ii) short-term emergency nutrition actors

• Handover equipment / supplies procured with the project funds to the relevant technical programmes, or into the development activities of other partners • Complete all documentation process	• Discuss exit strategies, potential synergies, phasing-out and handover plans within the Nutrition Cluster • In consultation with the Palika, PHD or other partners directly concerned, draw up a plan and timetable for handing over specific activities and terminating others, defining who will do what, when

Besides above guiding principles and key management actions exist strategy will be developed further with key programmatic indicators at the cluster level.

14. Contact Person (as per the cluster contact list – need to copy and paste here):

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15. Budget required: Estimated total budget for the cluster: NPR 346,647,980 (USD 2,870,553)