

EARTHQUAKE CONTINGENCY PLAN

NEPAL

2022
ISSUED FEB 2022

PLANNING ASSUMPTION

PEOPLE IN NEED

12 M



PEOPLE TARGETED

7M



OVERALL FUNDING REQUIREMENTS (\$US)

(PREPAREDNESS + RESPONSE)

236M

RESPONSE REQUIREMENTS (\$US)

220M

Response budget (USD)



Context

Nepal is a high-risk country for natural hazards including earthquakes, floods, landslides, fires and drought. The hazards with the greatest humanitarian impact are earthquakes and floods. Nepal is categorized into three geographical and ecological zones: Terai, hill and mountain areas. The middle hills and higher mountains are highly susceptible to secondary earthquake effects, such as landslides, which can be exacerbated by excessive erosion of hill slopes and rock falls as well as heavy rainfall. The most recent high-impact earthquake in 2015 affected all 37 of 77 districts, 14 of them severely, in the hill and mountain areas. It caused almost 9,000 deaths and displaced approximately 100,000 people.

Accurate earthquake prediction is currently impossible. Preparedness actions therefore need to plan for all possible eventualities, rather than a single specific scenario. It must be a regular exercise to ensure the tools of prioritization and planning remain up-to-date and relevant.

Reflections on lessons from past responses highlight coordination in general and pre-positioning of supplies as the most successful components of however, identified pre-disaster coordination well in advance of natural hazards as critical to

improving response efforts. In particular, early development of relevant emergency response and preparedness (ERP) plans, including identification of resource availability, was noted by responders as useful in enhancing preparedness in a sudden onset emergency. In addition, the importance of coordination mechanisms at the provincial level to avoid duplication and enhancing coordination among the three levels of government.

In 2020 the Provincial Focal Point Agency system has been reinvigorated during the COVID-19 response. This mechanism has been effective in extending coherent and coordinated support to provincial and local governments. In addition, many provincial, and some local level, cluster mechanisms were stood up. The pandemic response has paved the road for enhancing coordination at the provincial level, and this ERP will seek to build on that foundation and continue to enhance the localization of emergency response and preparedness planning.

The COVID-19 pandemic has also added complexity to emergency response planning, as response activities and planning must be modified to ensure travel and movement restrictions are accommodated in planning to rapidly reach people in needs, and that appropriate space is provided in distribution planning to maintaining physical distancing

measures. This is particularly relevant in shelter and camp management response activities. There is also an added duty of care for humanitarian workers, which means adequate provision of protective equipment and information, including for all service providers and frontline workers, must be planned for, in addition to regular stockpiles of traditional humanitarian commodities. These provisions will add time and coordination effort to all response efforts, which must be taken into account.

Purpose

This Earthquake Emergency Response and Preparedness Plan lays out a set of procedures by which the international humanitarian community will work to support National Disaster Risk Reduction and Management Authority (NDRRMA), Government of Nepal led joint national response and preparedness. It seeks to document a set of predictable procedures for the activation of an international humanitarian response in support of the government led response, that can be understood and relied on by the Government of Nepal, humanitarian organizations and donors. In the event of an earthquake, should the Government of Nepal request the activation of an international response, that response will be mobilized based on the plan laid out in this document.

Approach

The Earthquake Emergency Response and Preparedness Plan captures the components of preparedness and response separately in its approach to

planning, in order to serve three distinct but complementary purposes:

1. To practice the process and actions of earthquake **response**, which will remain relevant regardless of the actual earthquake scenario, in order to ensure they are routine and automatic for key response actors.
2. To better plan and prioritize **preparedness** activities to implement, and where to implement them, based on the best available evidence, to reduce risks and support the smooth operation of future response efforts.
3. To set out realistic planning assumptions, objectives, processes, responsibilities and expected activities and outcomes as a basis for design of future response operations.

In order to best achieve these objectives, two sets of scenarios must be considered and included in this plan, based on the best evidence available. Response planning is a necessarily hypothetical exercise, but must be specific, and therefore the response component of this ERP will be based on a single scenario with precise figures of affected, injured, damaged and displaced. Conversely, preparedness planning is not at all hypothetical, and must be grounded in a robust evidence base to enable strategic decision-making on prioritizing preparedness actions in key locations to better enable and facilitate response actions, in the event of an earthquake. This necessitates consideration of the full ensemble of possible future scenarios and impacts, disaggregated at lower

administrative levels, in order to prioritize preparedness activities.

Response objectives

SO1: Affected people are protected and have equal access to assistance, services, and rights without discrimination.

SO2: The immediate food requirements of people in need are met to avoid nutritional deterioration.

SO3: Avoidable increases in mortality and morbidity and the outbreak of communicable diseases are avoided through immediate access to basic water, sanitation, hygiene, essential health (including reproductive health) services and safe disposal of disaster waste.

SO4: Families with destroyed or damaged homes, including the displaced population, attain basic and protective shelter solutions.

SO5: Early recovery needs are addressed, specifically those related to livelihoods and access to education facilities.

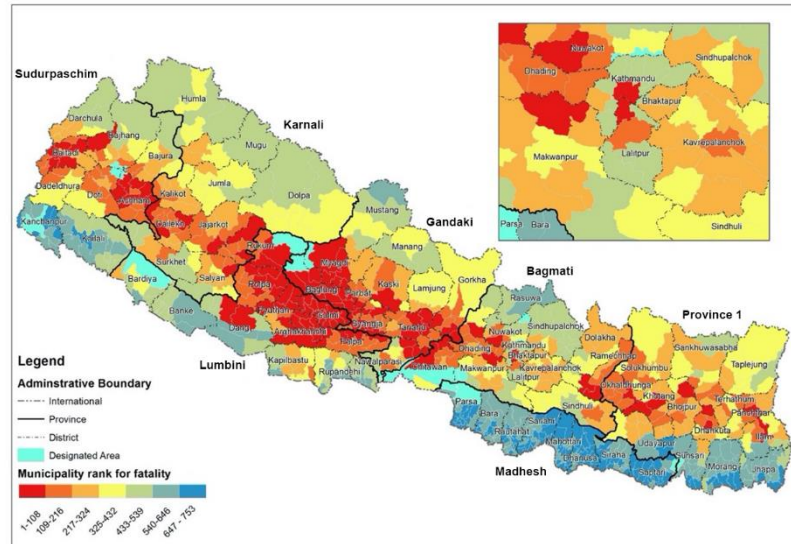
SCENARIO OVERVIEW

Preparedness scenario

The Humanitarian Country Team in Nepal has been working with the Sajag-Nepal project and the Department of Mines and Geology to use scientific data to inform disaster response. Durham University has developed an approach based on climate change ensemble modelling that considers the impacts from 90 different earthquake scenarios in Nepal (Robinson et al. 2018). This simulates the impacts associated with collapsed and damaged residential homes as a result of ground shaking.

This approach looks to inform HCT preparedness planning to enable it to more thoroughly understand the types and levels of risk facing different parts of the country, as a basis for prioritizing preparedness interventions. The approach uses population and building data from the 2011 National Census to establish the impacts, in terms of building damage and casualties, resulting from all 90 scenarios. This considers the number of scenarios causing impacts, the average number of impacts, the maximum (worst-case) impacts; and the variability in impacts across all scenarios. The model will be updated in 2022 with data from the 2021 census, when it becomes available, and in consultation with all clusters on the relevant risk metrics.

The variability score enables the humanitarian community to determine whether to prepare



for average or worst-case impacts. Locations with low variability have impacts that are consistent and on average much smaller than the worst-case. Locations with high variability have different impacts in each scenario meaning future impacts are unpredictable.

These metrics provide an assessment of physical risk which is then combined with two measures of social vulnerability that represent a population's resilience to earthquake impacts: remoteness, and Human Development Index. These combined, estimate the total earthquake risk across Nepal.

The earthquake risk map (below) for Nepal allows humanitarian stakeholders to identify locations to prioritize for urgent earthquake disaster risk reduction, and individual risk metric maps enable identification of factors to target for to most effectively reduce risk for each location.

Response scenario

The response scenario is one possible earthquake scenario (as modeled by Durham University) that could strike Nepal. A scenario which impacts provinces with higher overall likelihood of impacts has been selected. However, any single scenario selected would be extremely unlikely to be the next earthquake that impacts Nepal, due to the unpredictable nature of earthquakes. For the purposes of the response planning exercise, the following single scenario has been selected:

A 7.8 magnitude earthquake occurs at 2:00pm on a Wednesday, along the Main Frontal Thrust, with an epicentre in Rukum West of Karnali Province. Based on the earthquake modeling by Durham University, within 24 hours the HCT is able to estimate the following impacts across the affected areas:



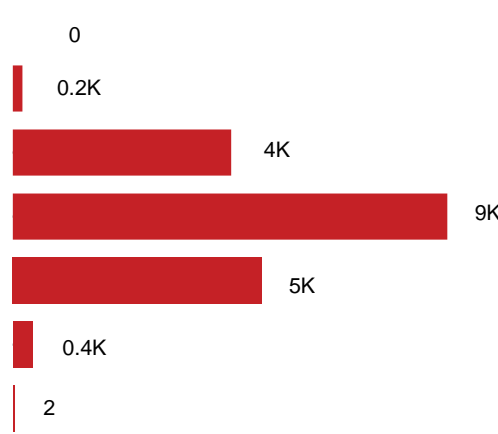
BUILDING DAMAGE

PROVINCE	Slight	Moderate	Extensive	Complete	Collapsed
One	206,507	61,404	3,432	150	6
Madhesh	195,189	144,572	45,328	13,508	1,939
Bagmati	219,010	420,895	251,882	212,985	36,763
Gandaki	6,829	16,811	31,865	440,798	75,885
Lumbini	102,835	191,159	175,136	286,556	50,061
Karnali	72,187	106,824	51,577	24,066	4,238
Sudurpaschim	155,102	69,906	7,114	448	57
TOTAL	957,659	1,011,571	566,334	978,511	168,949

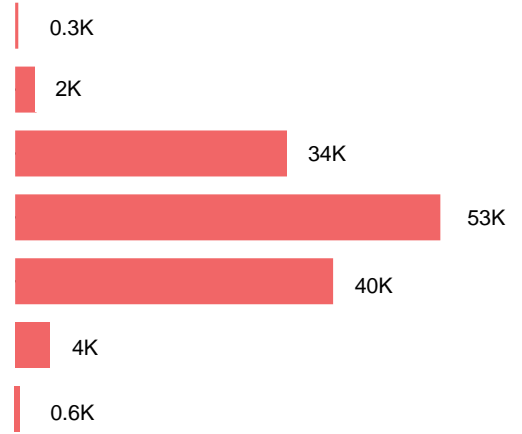


Fatalities

Province One
Madhesh
Bagmati
Gandaki
Lumbini
Karnali
Sudurpaschim

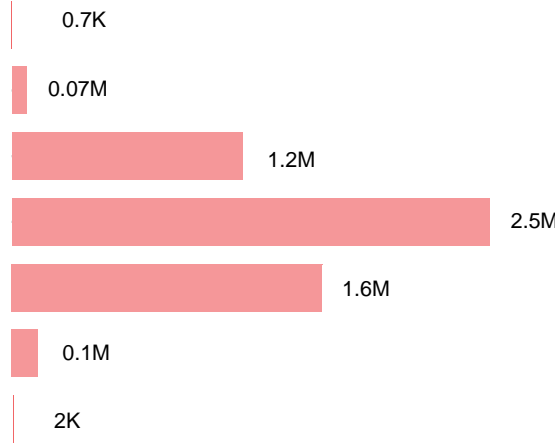


Injuries

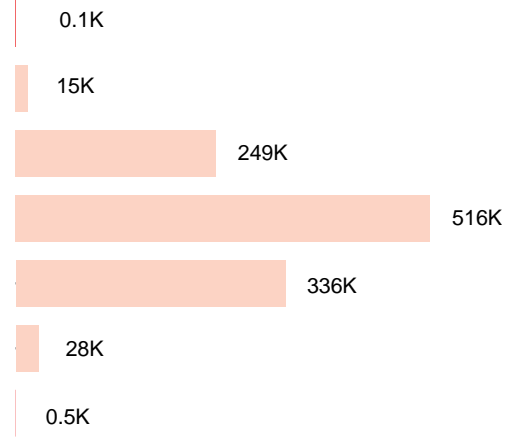







Affected people

Province One
Madhesh
Bagmati
Gandaki
Lumbini
Karnali
Sudurpaschim



Affected HHs



					
PROVINCE	Affected women	Women of reproductive age (15-49)	Affected pregnant and lactating women	Affected disabled people	Affected children under five
One	382	216	39	15	74
Madhesh	37,787	21,350	3,905	1,467	7,330
Bagmati	610,946	345,185	63,140	23,726	118,512
Gandaki	1,263,936	714,124	130,626	49,085	245,179
Lumbini	823,449	465,249	85,102	31,979	159,733
Karnali	69,239	39,120	7,156	2,689	13,431
Sudurpaschim	1,235	698	128	48	240
TOTAL	2,806,974	1,585,940	290,097	109,009	544,498

Planning assumptions

Key immediate needs

The Resident Coordinator's Office conducts an annual, nationwide, representative community perception survey to ensure the HCT has up-to-date understanding of disaster resilience of communities, preferred modalities of support, communication channels and feedback mechanisms in the event of emergency. These surveys have occurred annually since 2017 and have to date covered 7,200 people across the country through four randomly sampled, representative surveys. Respondents have been affected by earthquake, flood, drought and who are vulnerable to multiple hazards. In 2020 the survey was conducted by telephone, due to COVID-19, but from 2017-2019 was conducted through in-person interviews.

Findings from surveys on key immediate needs, in which respondents are asked to list their five critical needs in the first two weeks following a natural disaster, and the second two weeks following a natural disaster, consistently highlight food (70-90%), safe drinking water (30-50%), latrines (33%), medicines (36%), livelihood options (29%) and safe spaces for women (16%) and children (18%) as key needs in the first two weeks following a natural disaster. In earthquake affected communities, shelter is ranked much more highly than in communities affected by flood or drought, with 50-60% identifying it as a key immediate need. Healthcare related needs were ranked more highly in the survey conducted in 2020, with 66% of respondents citing medicines as a key immediate need, perhaps reflecting that COVID-19 was very much on the minds of respondents at the time.

Details of key immediate needs findings from each sector in both the first and second two weeks following a natural disaster can be found in cluster specific sections, below.

Standard operating procedures

Coordination

In September 2017 Nepal's parliament enacted the 'Disaster Risk Reduction and Management Act'-2074, which was amended on 3 of March 2019. This establishes a National Disaster Risk Reduction Management Authority (NDRRMA) and

sets out the nature of disaster risk management (DRM) in a federal context. The Act and the NDRRMA represent major developments in DRM in Nepal. Work is ongoing, led by MoHA, to operationalize the NDRRM Act.

NDRRMA is responsible for coordinating preparedness and response actions across Government ministries, with the security forces and humanitarian partners both domestic and international, and has the opportunity to leverage inter-governmental collaboration and coordination among provincial and local governments, which play critical roles in preparedness and response. In addition, Chief District Officers (CDOs) retain the ability to mobilize the security forces for the purposes of preparedness and response actions.

The Resident Coordinator's Office has a humanitarian coordination capacity, augmented by UN OCHA's Regional Office for Asia and the Pacific. Eleven clusters have been adopted under GoN leadership with support from cluster co-leads. These clusters are active throughout the year for preparedness and response planning and responding to reoccurring hazard events, as necessary and remain on standby to scale-up response efforts as requested by GoN in the event of a crisis.

In support of a GoN-led response, the HCT Principals is the strategic decision making and oversight forum of the international humanitarian community and is led by the Resident Coordinator (RC). It includes Cluster co-leads, representatives from the Red Cross and international NGOs (INGOs) and donors. Should the GoN request international assistance in the event of an earthquake, the HCT Principals, through the NDRRMA/National Emergency Operations Centre, would coordinate international response and relief efforts for Nepal, in support of the government led response. The HCT Principals will authorize a scaled-up response and emergency appeals, as required. External resources, such as an UNDAC team, may also be brought in.

The HCT Principals is supported by the HCT Operational Group. The Operational Group, chaired by the UN Resident Coordinator's Office (UNRCO), also includes donors, UN agencies, I/NGO and Red Cross representatives. As its name implies its focus is on issues of an operational nature. The Association of I/NGOs (AIN) also provides a forum for I/NGO partners to coordinate and align response efforts. In addition, the

humanitarian community works through inter-cluster working groups on gender in humanitarian action, cash programming, accountability/community engagement and information management. Nepal has a vast network of UN agencies, international and national NGOs working on humanitarian, recovery and development programmes.

Civil society organisations (CSOs), women and vulnerable peoples' groups and networks, and the private sector also play a critical role in emergency response. The NDRRMA, with support of the HCT Operational Group, will work to ensure linkages and coordination with these actors to maximize response efforts.

Public Outreach and Advocacy

In response to a humanitarian emergency, communication priorities are to ensure timely, clear and effective messaging to the public, with particular attention to disaster affected communities, and to ensure consistency of messaging by responders.

NDRRMA has the primary responsibility for messaging to the public, which the HCT will support on emergency related matters, in the event of a disaster. NDRRMA Chief Executive and Spokesperson are the key spokespersons for the government, and the Resident Coordinator (RC) is the chief UN spokesperson for the international humanitarian system in any crisis.

The RC will call for and chair Emergency Communications Group (ECG) meetings during a crisis to ensure continuous information-sharing among all HCT members and humanitarian partners, and to agree on key messages and suggested outreach. The UNRCO is responsible for drafting flash updates and situation reports on the HCT's disaster response. Those reports are shared with media, clusters, NGO and civil society partners.

Needs analysis

The Government of Nepal maintains the Building Information Platform Against Disaster (BIPAD) system for information on disaster risk reduction and management. In the event of a natural disaster the Information Management Working Group will meet and extract available information from the BIPAD system and take relevant pre-crisis data

into account to jointly agree on an initial scenario definite with NDRRMA, including an overall caseload. Relevant pre-crisis data may include, but is not limited to, Sajag-Nepal project earthquake modeling, community perception survey results, including on key immediate needs and existing, well-established and nationwide multi-sectoral monitoring systems, such as the Nepal food security monitoring system (NeKSAP). These will provide additional information on the extent and impact of the disaster(s) and guide relief and recovery efforts. The initial scenario definition will support the National Disaster Risk Reduction and Management Executive Committee and HCT Principals and Clusters to determine sectoral response and undertake swift action, initiating response plans, to be continuously refined as more information becomes available.

WFP's 72-hour assessment approach will also be launched in the event of disaster. This approach aims to provide a snapshot to fill the initial information vacuum in the first three days after a disaster. The WFP VAM Unit will work closely with the Food Security Cluster lead (Ministry of Agriculture and Livestock Development) to produce a series of updated reports. The assessment will also incorporate the HCT-agreed results of the Initial Rapid Assessment (IRA) to be led by the Nepal Red Cross Society (NRCS). Information from the IRA will complement the 72-hour assessment findings in order to better estimate the number of people in need and validate findings from secondary data.

As a next step, rapid field assessments will be launched by humanitarian agencies, under the coordination and leadership of the Government, alongside local governments and District Disaster Management Committees in the first 2-3 weeks of the emergency to assess loss and damage, as well as needs and gaps. In the event of a large-scale disaster that requires international assistance, the Multi-Cluster Initial Rapid Assessment (MIRA), a coordinated assessment methodology that has been agreed by the RC and the Government, may be launched instead. This decision will be made following the approval of the Government of Nepal. As Executive Committee or NDRRMA and HCT-agreed results become available, they will be incorporated into the 72-hour approach report. The HCT shall ensure that vulnerable and excluded groups are included in all assessments.

In addition, cluster-specific or joint assessments may be deemed necessary and carried out,

depending on the scope of the disaster, in order to better understand needs, gaps and the operating environment to further refine response options and activities. WFP VAM Unit will lead market assessments in collaboration with FAO in all districts that WFP and Food Security Cluster members expect to implement CBT to determine appropriateness and feasibility. Market assessments and regular price monitoring, including Market Functionality Index will continue during CBT implementation to ensure any inflationary pressures are accounted for.

Common Services

Security

Nepal Police maintains law and order and is the key focal point for ensuring security of relief materials and humanitarian responders throughout all response phases.

UNDSS plays a crucial role in taking accountability for UN staff in the event of an emergency, as well as providing information and advising relief workers in advance of deployment to areas affected by disaster. The UNDSS Security Advisor (SA) will also be able to make assessments in the field should there be a requirement to clear/approve an area for humanitarian operations. In response to a humanitarian emergency, UNDSS will lead the development of a specific security plan and standard operating procedures for UN staff use during response.

Communications

Anticipating communications breakdowns in emergencies due to damaged infrastructure and overloaded systems, among others, alternative means of communication (radio/satellite, etc.) will be prepared for use as required. Initial communication on coordination of response effort will occur through NEOC and UN Radio Room as the primary line of communication until backup systems are up and running.

All UN country offices are adequately equipped with communication equipment and most project offices/field offices are equipped with landline and cellular telephones. The Emergency Telecommunications Cluster (ETC), headed by WFP, will support the HCT to ensure essential communication systems are online in order to support a coordinated response.

Cash-based humanitarian programming

In an emergency response, humanitarian cash transfers are an effective tool to support people affected by disasters to meet their immediate needs in a way that maintains dignity and stimulates the local economy and markets. Cash and voucher transfers and cash for work programmes can immensely benefit women and excluded groups and tend to increase the quality of food consumption, timely payments of debts, increase assets, increase enrolment of girls in school and use of preventive health care services. In addition, such transfers are shown to have a transformational impact on gender relations, positively impacting women's empowerment and social capital and alleviate poverty. Cash and voucher programmes are often designed to address the most urgent needs households, including women and girls' gender specific necessities that can be addressed through additional financial support for reproductive health, hygiene & sanitation needs, education, shelter and NFIs, food and nutrition and livelihoods. Cash for work/training programmes are designed to encourage women and vulnerable groups to learn market skills, develop financial literacy and independence and create opportunities for earning, which promotes women's empowerment and control over resources at the household level. Food/cash assistance for work programmes are guided by existing standard procedures, agreed upon by all UN agencies and the Government. These guidelines were originally developed for the Prime Minister Employment Programme (PMEP). The Employment Information Management System (EMIS) and its database of unemployed people/households can be used to complement the PMEP to increase beneficiaries and geographic reach.

The United Nations, including its member agencies and a broad range of partners, have committed to increase the use and coordination of cash-based programming, when feasible, to improve humanitarian efficiency and effectiveness, as well as to build on national mechanisms such as social protection systems in line with the 2016 World Humanitarian Summit and the Grand Bargain commitments.

Social protection and safety nets can play a key role in reducing the risks households face, not only to poverty but also to a range of natural disasters. Nepal has a well-established social security system targeting socially and demographically vulnerable

groups which could be mobilized to enable humanitarian cash transfers in times of crisis, as part of emergency response and recovery efforts. However, in absence of comprehensive social registry of households, the existing social protection database and payment systems have limitations for vertical or horizontal expansion of the system to deliver humanitarian assistance.

Cash transfer programming, as part of an overall humanitarian response, needs to be well coordinated to help alleviate human needs, ensure that resources are used effectively and avoid duplication. To this end, the UN system in Nepal has developed a Joint UN Humanitarian Cash Framework and agreed on the joint procurement of financial service providers, inter-operable beneficiary data management platform and data sharing arrangement, and harmonized humanitarian cash programming arrangement. Multi-purpose cash transfers are envisioned to enable disaster affected households to meet their essential needs during an emergency without compromising basic food security, nutrition, and survival of the family members. In addition, the Nepal Cash Coordination Group (CCG) has been formed to strengthen collaboration and coordination on the preparation and implementation of cash related activities. The main objective of the CCG is to support the Government of Nepal (GoN), the UN, donors, I/NGO partners and clusters in the preparation, coordination, design and implementation of harmonized and standardized cash-based assistance to support disaster affected people in a timely and systematic manner. The CCG has carried out the Essential Need Analyses (ENA) and Minimum Expenditure Basket (MEB), based on which the multi-purpose cash transfer value has also been established.

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

Natural disasters do not affect everyone in the same way. In every humanitarian crisis, women and girls, as well as those who are gender non-conforming, are affected differently than men and boys. Existing vulnerabilities are often exacerbated by other factors such as age, disability, sexual orientation and gender identity, caste, ethnicity, or religion. Pre-existing societal structures, social norms, discriminatory and harmful practices as well

as gender roles create or contribute to heightened risks for some members of the affected community¹ such as children, persons with disabilities, LGBTIQ+, people living with HIV/AIDS, adolescent girls, single women, members of female headed households, pregnant women and lactating mothers, senior citizens, Dalit women, women from religious and ethnic minorities and indigenous women.

Gender inequalities and discrimination can also undermine the ability of women, girls, and gender minorities to fully lead or participate in preparedness and response efforts. The active participation and leadership of women and girls and other excluded and vulnerable groups in humanitarian decision-making fora should be consciously facilitated, and transformative change in their lives promoted. Increasing incidents of maternal deaths, precipitated by lack of, or delayed, access to reproductive health services, rising care burden for women and girls, and increase in sexual and gender-based violence (SGBV) are some of the critical gender issues which evidence shows have spiked during past disasters in Nepal. Further, women and excluded groups' access to information, livelihoods, essential services and resources are likely to be severely limited during disasters². A snapshot of key indicators on women by province is presented below.

¹ Inter-Agency Standing Committee Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action, 3 Nov 2017.

² Gender in Humanitarian Action-Asia and the Pacific Working Group

ANNEX: Infographics on Summary of key indicators on women, by province

	Female population ³	Female headed households ⁴	Female population aged five and above illiterate ⁵	Women of reproductive age (15 - 49)	Pregnant women (15 -49)	Female population with disability ⁶	Employed female population in informal sector ⁷	Ownership of mobile phone ⁸	Violence against women ⁹		
Indicator	Sex ratio	% of total HHs in province	% of total above five female population in province	% of total population	% of total population	% of total female population, province-wide	% of employed women are working in the informal sector	% of women aged 15-49 own a mobile phone	% of women aged 15-49 experienced physical violence	% of women aged 15-49 experienced sexual violence	% of ever-married women aged 15-49 experienced spousal violence (emotional, physical or sexual)
Province 1	90.3	26.6%	34.1%	29.6%	2.6%	2.2%	68.1%	73.1%	18.9%	6.3%	21.6%
Madhesh	101.2	13.2%	57.7%	27.9%	2.4%	1.2%	87.1%	62.2%	34.2%	6.1%	37.1%
Bagmati	95	25.7%	36.8%	28.0%	2.5%	1.7%	54.3%	82.7%	19.6%	7.6%	25.9%
Gandaki	89.3	36.8%	32.8%	30.8%	2.7%	2.4%	63.5	84.4%	12%	4.9%	15.5%
Lumbini	87.8	31.7%	38.4%	29.6%	2.6%	1.9%	70.2%	69.7%	22.6%	7.7%	28.8%
Karnali	97.7	17.1%	49.1%	28.6%	2.5%	3.1%	68.1%	69.3%	15%	7.7%	19.1%
Sudurpaschim	90.3	25.8%	48%	29.6%	2.6%	2.7%	72.7%	33.1%	17.4%	7.5%	21.6%

For more details of provincial profile of women, and their socio-economic and equality status, please refer to the **Provincial Factsheets on Women: Province 1, Madhesh, Bagmati, Gandaki, Lumbini, Karnali, Sudurpaschim**.¹⁰

³ Government of Nepal, Central Bureau of Statistics, National Population and Housing Census 2011.

⁴ Government of Nepal, Central Bureau of Statistics, National Population and Housing Census 2011. The percentage was calculated against the total number of households in the province.

⁵ Government of Nepal, Central Bureau of Statistics, National Population and Housing Census 2011. The percentage was calculated against the total female population in the province. Department of Health Services, Annual Report 2019/2020

⁶ Government of Nepal, Central Bureau of Statistics, National Population and Housing Census 2011. The percentage was calculated against the total female population in the province.

⁷ Government of Nepal National Planning Commission Central Bureau of Statistics, Report on the Nepal Labour Force Survey 2017/18, 2019. The percentage was calculated against the total female population employed in the province.

⁸ Ministry of Health and Population, Nepal Demographic Health Survey 2016, 2017

⁹ Ministry of Health and Population, Nepal Demographic Health Survey 2016, 2017

¹⁰ The Provincial Factsheets on Women: <https://un.org.np/resource/factsheet-women>.

Gender equality and social inclusion perspectives must be incorporated into all preparedness and response activities. Specific actions include commissioning rapid gender analysis, ensuring women's equal leadership in preparedness and response actions, ensuring gender balance and diversity in stakeholders' meetings and any capacity building efforts, emergency simulations, and training of staff and partners on gender equality and social inclusion in humanitarian action¹¹.

It is key that all cluster-based humanitarian response programming to prioritise financing for gender equality and the empowerment of women and girls. The practitioner's guidance prepared by UN Women will be an effective tool for humanitarian to consider for integration in the respective cluster plans. Awareness raising and efforts to strengthen the prevention of sexual exploitation and abuse and harassment (PSEAH) must be integrated/embedded in all humanitarian response activities.

Any communication or information sharing initiative must take into consideration appropriate means of

communication to reach all community members, reflecting literacy levels and language requirements. With low levels of literacy - especially amongst women and girls - it is important that messaging is relayed through appropriate materials and means that are accessible to all. Further, dedicated financing for GESI interventions is critical to have meaningful results.

Tools such as the [Checklist for Gender Equality and Social Inclusion in Disaster/ Emergency Preparedness](#); The and the [GESI Checklist for Multipurpose Community Centers](#), developed by Women Friendly Disaster Management Group has been updated, drawing on inputs from GiHA Task Team and IASC Guidance.

The UN Country team has applied the Gender and Age Marker to strengthen action to improve attention to gender and age in the humanitarian programming¹². In 2021 this will be further strengthened with the development of a dedicated gender coding tool which will assess all joint programmes, including humanitarian programming.

First 24 hours – triggering international humanitarian action

Phase	Procedure (specific response action)	International humanitarian lead
+3 hours	RC receives request for international humanitarian assistance from Government of Nepal, which is also communicated to the Emergency Relief Coordinator, Cluster Co-Leads in country and donors. UNDSS takes accountability for UN staff.	RCO
+6 hours	Requests for international support received by cluster co-leads. Information Management Working Group convenes with NDRRMA to determine an initial scenario based on pre-crisis data and any post-crisis information available.	Cluster Co-Lead agencies and RCO
+12 hours	HCT meeting is called. Initial Flash Update issued. Initial resource mobilization plan in place.	RCO
+24 hours	HCT Operational Group meets and response planning process begins, including the initiation of assessments (see above). Clusters meet with their respective members, lead and co-lead.	Cluster Co-Lead agencies and RCO

¹¹ IASC (2017), *The Gender Handbook for Humanitarian Action*, page 75

¹² [IASC Gender with Age Marker](#)

Phase 1: weeks 1-2

Procedure	International humanitarian lead
Response plan produced based on initial scenario definition. In-country response launched. UNDAC team arrives.	NDRRMA/RCO/OCHA/Cluster Lead and Co-Leads
Sitrep and initial Flash Appeal Issued. Cluster specific assessments commence. Surge support arrives. CERF request issued.	RCO/OCHA
On-Site Operations Coordination Centre (OSOCC) established.	OCHA
Clusters meet regularly with Leads, Co-Leads and members to stock take, plan, rationalize and operationalize response activities.	Cluster Lead and Co-Leads
Delivery of assistance to affected communities begins.	Cluster Leads and Co-Leads
Clusters coordinate with members and donors on mobilization of resources, as required.	Cluster Leads and Co-Leads, donors
Field operations scale-up. Staff re-deployed to crisis side. Sub-OSOC established.	RCO/OCHA/Cluster Co-Leads
IRA results released and cluster-specific assessments determined. Used to triangulate 72 hr assessment information.	NDRRMA and Cluster Co-leads
Complementary needs assessments launched if required.	Cluster Co-Leads

Phase 2: weeks 3-4

Procedure	International humanitarian lead
Flash Appeal Revised based on assessment data and tracking of funding received. Accountability assessment launched.	RCO/OCHA
Humanitarian Action Plan covering six months developed.	RCO/OCHA
Humanitarian Operations fully staffed.	HCT

Phase 3: months 2-3

Procedure	International humanitarian lead
Appeal Launched. Humanitarian response scales up in line with scale of emergency. Multi-site humanitarian coordination architecture operational.	HCT
Clusters develop long-term delivery plans with associated staffing plans. Humanitarian delivery ongoing.	Cluster Co-Leads

RESPONSE AND PREPAREDNESS BY CLUSTER

Food Security Cluster



LEAD/CO-LEAD AGENCIES	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQ. (US\$)
MoALD and FAO/WFP	1.5M	1.5M	\$31.8M

Geographic focus: Madhesh, Lumbini and Karnali provinces, which are expected to have the greatest number of people in need of immediate food assistance.

Key preparedness activities

- Maintain information on food stockpiles with partners, Food Management and Trading Company and suppliers.
- Monthly market monitoring to understand price trends as well as rapid market assessment using market functionality index to confirm market resilience and feasibility of cash interventions, including assessment of food availability in local markets, market networks, and supply chain issues.
- Agree on immediate information collection, analyses and management procedures, mechanisms and systems at federal, provincial, district and municipal level.
- **CBT readiness:** Building on past and existing CBT interventions and a series of financial service provider assessments, WFP has established a network of private sector and NGO partners that are capacitated to initiate and/or scale-up CBT interventions, based on the appropriateness (see bullet above and dedicated 'Cash-based Programming' section).
- **Food procurement:** Food Management and Trading Company (FMTC) currently can avail approx. 18,000 Mt of rice including SAARC rice stock and 24,000 Mt of paddy stock across the country in case of emergency. Up to 1,000 – 1,500 Mt of rice can immediately be provided by the FMTC. WFP will support re-bagging of FMTC rice as well as provide logistics support for transport and delivery. It is assumed that Nepal government will supply 2,000 MT, WFP can procure 2,500 MT locally from private sector additionally. The rest of the rice need to be procured regionally from India, of which delivery time is 4 – 6 weeks by road. Limited stocks of lentils (approximately 500 Mt of yellow split peas) and other commodities such as some 100 Mt of vegetable oil can be procured locally. 8 – 10 weeks of delivery time is expected by sea and overland for international purchase of pulses (from GCMF Turkey, Canada) and vegetable oil from Malaysia and Indonesia with lead time of 12 weeks. The following nutritious food will be also procured and reported under the nutrition cluster plan: Wheat Soya Blend (WSB+) through local purchase - delivery time 4-6 weeks by road. International purchase of LNS (Plump'sup) - delivery time 2–3 weeks from existing stock by air. Up to 30 Mt of LNS can be procured from India to provide supplementary feeding for mothers and children. Lead time is approximately 2 and a half months. Main entry point: Kolkota by sea, Nepalgunj, Dhangadhi, Birgunj, Bhairahawa and Biratnagar by road. By air: Kathmandu and Bhairahawa. WFP and government will build on the jointly owned network of Humanitarian Staging Areas at federal, provincial and sub-provincial levels.
- **Standby partnerships:** WFP has established standby partnerships with the Nepal Red Cross Society (NRCS) and several NGOs for the delivery and distribution of food assistance. Likewise, FAO has standby partnership with few seed suppliers and veterinary (livestock) shops in case need arises after the disaster as early recovery response to the most affected farming communities.

Response phase 1: weeks 1-2

The building damage estimated at province level by the Sajag-Nepal project is considered a key indicator for understanding the scale of impact. The National Population and Housing Census 2011 is also used to project the affected population in 2021. The total affected population under the given scenario is estimated based on the percentage of building damage at provincial level. The priority population is estimated using the Multidimensional Poverty Index (MPI, NPC, 2018) and the number of beneficiaries for 1-2 weeks, 2-4 weeks and 1-2 months respectively is projected considering the Household Food Insecurity Access Scale (NDHS, MoH, 2016). The beneficiaries as per the above timeframe are as per the severity scale of food insecurity.

Province	Number of beneficiaries		
	1-2 weeks	2-4 weeks	1-2 months
One	98,451	26,779	9,058
Madhesh	553,833	168,919	59,260
Bagmati	119,801	34,143	10,183
Gandaki	58,420	15,832	3,505
Lumbini	308,966	100,105	31,514
Karnali	234,207	139,822	40,986
Sudurpaschim	168,797	74,608	21,944
Total	1,542,475	560,208	176,450

Impact and key needs

- Information will be imperfect and will come in slowly, making an immediate comprehensive picture of impacts and needs impossible. It is expected that displaced families may have lost food stores in collapsed building and perhaps also productive family members. Those most vulnerable, who are already extremely food insecure, will be at heightened risk and require immediate food assistance.
- Expected short term market disruptions.
- Regular community perception surveys conducted across Nepal find that affected communities consistently prioritize both ready to eat food and staple food as their top need (70-90%) in the two weeks immediately following any type of emergency (earthquake, flood, pandemic, drought)
- The large-scale earthquake and its aftershocks will fully or partially damage building and houses, which will cause large numbers of displaced population across the country.
- The worst affected provinces will be Madhesh, Lumbini and Karnali in terms of the number of people in need of food assistance. A total of 1,542,475 will need immediate life-saving assistance in this phase, as almost all will be displaced and in need of assistance, according to the VAM estimates provided in the beneficiary table above.

- The primary impacts of earthquakes will include structural damage to buildings including schools and health facilities, fires, damage to bridges and roads, and landslides.
- The displaced population will be cut off from basic needs around the epicenter and in the most affected provinces, which will leave a majority of rural and sparsely populated remote areas isolated because of inaccessibility to main roads, markets and other public facilities.
- The effects of the earthquake will be seen not only in urban centres, resulting in the loss of life and damage to homes and other infrastructure, but also devastating on the rural sector and farming communities, creating a significant impact on food security and agriculture-based livelihoods through: loss and injury of family members and workforce; loss of crop yields and livestock; damage to irrigation systems and damage to animal shelters, stock areas and business premises.
- Depending on the timing of the earthquake in the agricultural calendar, the effects on the food security and nutrition situation among the affected populations will differ. However, it is assumed that the displaced populations will require life-saving food assistance for three to six months at least because of the expected scale of the earthquake and extensive time required for recovery of livelihood and rehabilitation of damaged infrastructure.

Key response activities

- 72-hour assessment conducted to fill initial information void, integrating HCT agreed results of IRA, followed by rapid field assessments to identify loss and

- damage as well as needs and gaps
- Mobilize staple food commodities and begin blanket, general food distribution for the most disaster-affected and food insecure districts/municipalities based on data generated from 72-hour assessment and IRA, in line with pre-agreed minimum food assistance package
- Tentative minimum food basket consisting of: rice (400 g/person/day), lentils (120g/person/day), oil (34 g/person/day) and salt (5g/person/day), which meets the minimum 2100 kcal/person/day as recommended by the SPHERE standards.
- Unconditional food/cash assistance will be provided to displaced populations who are extremely food insecure, with due consideration of needs, preferences, and market capacity
- Distribute ready to eat food, FMTC's in county food stocks and any other domestically available food stuffs in coordination with other Clusters distributing NFIs
- Maintain information on stockpile of food with FS cluster partners, FMTC and the suppliers
- Agree on Minimum Food Assistance Package including food basket (ration) based on the availability
- Market survey using market functionality index to assess the availability of food in the local markets, market network and possibility of functionality, and supply chain issues
- Agree on immediate information collection/gathering, analyses and management procedure, mechanism and system at federal, provincial, district and municipal level
- Activate standby partner agreement with NRCS, FMTC, Financial Service Providers and NGOs
- The total required volume of foodstuffs for the first phase is thus estimated at:
 - **Rice: 8,638 Mt**
 - **Pulses: 2,591 Mt**
 - **Oil: 734.2 Mt**
 - **Salt: 108 Mt**
- **Cash and vouchers**
The multipurpose cash transfer value based on the Minimum Expenditure Basket (MEB) is applicable for unconditional cash transfers (social assistance to enable the affected households to meet essential needs). Both the Minimum Expenditure Basket (MEB) and transfer value are

calculated by Cash Coordination Group (CCG) based on national average data; and revised based on inflation if deemed necessary, hence it is valid across Nepal for all the multipurpose cash assistance programmes. The MEB and transfer value may be revised in following cases: 1) once more than 10% variation on prices of essential needs is observed, then Cash Coordination Group (CCG) can update the transfer value in coordination with government counterparts and CCG members; and 2) If CCG members decide it is necessary to revisit the values for any other reasons. Until further revision, the multipurpose cash value of NPR 450/HH/day (@ of 90/person/day for 5 members in a HH) will be provided.

Response phase 2: weeks 3-4

Impact and key needs

- Markets in many areas are likely to have recovered, to varying extents, and many displaced households will have returned to their land, if possible, to do so. Extremely vulnerable households will include those with pre-existing food insecurity and those that have lost productive family members.
- Total of 560,208 people will continue to need immediate life-saving assistance for this phase, according to the estimates provided in the beneficiary table above.
- Community perception surveys find that 60-86% of surveyed people across the country continue to cite staple food as their top priority need in this time period, indicating that food needs remain high throughout the first month after any kind of emergency (earthquake, flood, drought, pandemic)
- When asked about modality preference, communities expressed a strong preference for receiving cash transfers in hand, as opposed to through financial institutions.

Key response activities

- Cluster-led rapid emergency food security and vulnerability assessment
- Assessment of functionality of food commodity market conducted in areas where cash transfer modality may be possible
- Where market assessments indicate functional local markets, Food Security Cluster members will provide vulnerable households with two to three months of

unconditional cash-based assistance to support food security. The transfer value for the multipurpose cash will be NPR 13,500/ household / month (NPR 90/person/day for average family size of 5), as per the CCG endorsed standards unless an updated value is issued by the government or CCG.

- Cash will be disbursed through Financial Service Providers (FSPs) in monthly disbursements. Beneficiary households should be recommended to have or open a bank account. Cash transfer modalities will be adjusted to the local context and beneficiary's preference, which includes usage of remittance companies, cash over bank counters and direct cash hand-outs - cash in envelopes to beneficiaries. In collaboration with local governments, the cash can be transferred leveraging the existing social security allowances delivery mechanism if the existing database and payment system can be used/adapted. In absence of bank accounts, cash distribution will take place through FSP managed branch tellers, cash-camps and/or remittance model.
- The total required volume of foodstuffs for the second phase is thus estimated at:
 - **Rice: 3,137 Mt**
 - **Pulses: 941 Mt**
 - **Oil: 266.7 Mt**
 - **Salt: 39.2 Mt**

Response phase 3: months 2-3

Impact and key needs

- Infrastructure damaged by the earthquake will need to be rehabilitated in order to support the ongoing response and access of communities to assistance as well as markets and services.
- Highly vulnerable households will struggle to recover livelihood and employment opportunities which will have an ongoing negative impact on their food security. Hence, there will be a transition from unconditional transfers to livelihood recovery and infrastructure rehabilitation focused interventions, addressing the humanitarian-development nexus.
- A total of 176,450 people will continue to need food assistance for this phase, according to the estimates provided in the beneficiary table above.

Key response activities

- Cash/food assistance for assets (FFA) programme will contribute to recovering livelihoods and to the repair and rehabilitation of key community infrastructure, including rural roads, canals and water supply systems, community/public buildings, etc., targeting one household member from each of the most vulnerable households. The daily wage for unskilled labour determined by the local governments will be provided as wage for the participants of FFA programme for 40-50 days spread over 3-4 months (the total cash transfer value, number of HHs beneficiaries, number of assets, etc. will be determined after the need assessment and confirmation of resource availability by the FSC partners). The FFA programmes will be implemented in coordination with respective local governments in complementarity to the Prime Minister Employment Programme (PMEP), government's public-work based safety net.
- Distribution of agricultural seeds and tools and rehabilitation of livelihood infrastructure.
- Continued provision of unconditional cash-based assistance to vulnerable households. The transfer value for the multipurpose cash will be NPR 13,500 (NPR 90/person/day for average family size of 5), as per the CCG endorsed standards unless an updated value is issued by the government.

Cross-cutting issues

Gender and inclusion

The Cluster considers that an earthquake will likely cause increased protection risks for beneficiaries and particularly the most vulnerable populations including women, children, the elderly, Dalits and persons with disabilities. Women and girls are disproportionately affected by humanitarian crises due to gender inequality, which shapes and deepens vulnerability. Specifically, these include sexual violence, trafficking, child marriage, exploitation, and abuse. Violence against women and girls is endemic in Nepal. Domestic violence, marital rape, dowry-related violence, child marriage, polygamy, female infanticide, witchcraft accusations, forced prostitution, and the trafficking of women and girls for sexual exploitation are particular problems. Recognising that violence against

women and girls is a manifestation of women's pre-existing vulnerability to violence, which is exacerbated at times of disaster, a strong gender and protection element must be considered within the emergency response, as well as ensuring women take an active and equal role in all relevant aspects related to assistance. Unconditional food and cash assistance programmes particularly target the most vulnerable households that are fully displaced, severely food insecure, socio-economically marginalized and those with vulnerable family members, i.e. elderly, single women, disabled, pregnant and lactating women, children, members with chronic diseases, etc. in close coordination with local governments and community-based organizations. Livelihood support and infrastructure rehabilitation focused food and cash assistance programmes through FFA should identify and register the landless or marginal landholders, female headed households, households with a disabled member, and daily wage labourers who have no access to the government social protection schemes and other viable means for livelihoods during the earthquake recovery phase.

Community Engagement and Accountability

The Cluster will identify the key needs, gaps, and agree on the targeting mechanism and criteria in close coordination with local governments and community-based organizations and target the agreed geographic area and number of beneficiaries among the cluster partners, considering available resources, capacity and other context-specific factors and prepare a coordinated response plan/strategy. In case of a camp setting for IDPs, the cluster will coordinate with other clusters in charge of WASH, NFIs, protection and shelter. The focus will be to deliver the most appropriate targeted response to the right people at the right time, minimize food security gaps and ensure consistency of relief services through effective coordination among the relevant clusters i.e. nutrition, logistics, shelter, WASH, camp coordination and management etc. The cross-cutting issues such as gender and protection will be incorporated throughout the process as local NGOs and diverse community-based organizations will be engaged throughout the process of food assistance. Help desk and other basic facilities including and community feedback mechanism

(CFM) will be made available to the beneficiaries at distribution sites. Accountability towards the beneficiaries will require coordination among the agencies having its own CFM and should be strengthened in terms of a common referral system in close coordination with protection cluster. Process monitoring and post distribution monitoring activities also provide beneficiary's feedback and preferences for types and modalities of assistance to Food Security Cluster agencies for adjustment of plans and new programming.

COVID-19

The Cluster implements the health safety and precautionary measures as per the government and agency specific SOP. Basically, the government will take the responsibility for testing, treatment, contact tracing, and containment for infected people and people at high risk since no UN agencies, development partners or I/NGOs are allowed for management of COVID infected people (testing, treatment, tracing). Therefore, it will be each cluster partner's responsibility to immediately coordinate/communicate with respective LG authorities for medical evacuation, isolation/quarantine, testing or treatment for suspected people found at the distribution sites. Then, government takes the full responsibility for subsequent actions. The cluster will adopt the necessary health safety and precautionary measures to protect communities/beneficiaries from the COVID-19 infection risks. In case establishment of IDP camps is required, the COVID-19 related risks could increase, provided there are difficulties in maintaining social distancing and WASH requirements for IDPs among others. Inter-cluster coordination for COVID-19 sensitive camp management could be a possible mitigation measure.

Prevention of Sexual Exploitation and Abuse (PSEA)

The cluster will conduct various monitoring activities including process/distribution monitoring as well as post distribution monitoring. The field office/staff with the support of implementing partners will ensure collection and reporting of the number of beneficiaries reached, amount of food/cash support distributed, and issues/concerns raised with particular attention to the PSEA. The cluster will ensure a gender, disability, and caste/ethnicity disaggregation of beneficiary data during registration and reporting.

Help desk, dissemination of PSEA messaging/sensitization and CFM will be made available to the beneficiaries at distribution sites, as well as through a toll-free hotline. In order to protect earthquake affected people from exploitation or abuse in the distribution of humanitarian assistance and services, the cluster will ensure: all staff including implementing partners are trained in PSEA; discuss PSEA prevention and action plans with government officials and other local stakeholders; ensure that PSEA focal points are appointed with clear guidance on the role, duties and responsibilities in field operations in each cluster agency; strengthen community engagement and awareness-raising among women, girls, boys and men in

communities of concern and with other stakeholders; in coordination with protection cluster, assess and map potential risk areas by cluster and confirm inter-cluster reporting and common referral mechanism of SEA incidents; and refresher training and information campaign are conducted through the distribution of information sheets, posters and videos, or community meetings and focus group discussions, etc.



Health Cluster

LEAD/CO-LEAD AGENCIES	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQ. (US\$)
MoHP and WHO	1.7M	0.2M	\$28.2M

Key preparedness activities

Geographic focus: Preparedness focuses will be placed on Gandaki, Lumbini, Karnali and Sudurpaschim provinces considering availability of infrastructure and existing resources. The cluster will work closely with Provincial Health Directorate Offices, District Health Offices, hub and satellite hospital networks, health and disaster management sections of municipalities for sectoral preparedness.

- Prepare/update emergency preparedness and disaster response plans at facilities, hub and satellite hospital networks, provincial, district and local levels addressing routine and emergency health services, including essential sexual and reproductive health care.
- Capacity mapping of partners including reproductive health, gender -based violence, mental health and psychosocial support.
- Stockpiling of emergency medical supplies and logistics at provincial medical stores, hub and satellite hospitals, medical colleges and forward logistics bases.
- Training/capacity building for staff from hospitals, health facilities including municipalities, districts and provinces, on mass casualty management, primary/emergency trauma management, mental health and psychosocial support, Minimum Initial Service Package (MISP) for sexual and reproductive health and clinical management of rape.
- Strengthen Rapid Response Teams (RRT) and Emergency Medical Deployment Teams (EMDT) and provide appropriate logistics for rapid deployment and long-term support.
- Ensure tools, templates, guidelines, SOPs are in place for risk assessment, risk and media communication.
- Identification of open spaces for the establishment of temporary health facilities, mobile hospitals, medical camp kits, mortuaries.

- Strengthen the Incident Command System (ICS) at Health Emergency Operation Centre (HEOC) and provincial HEOCs through orientation/training at MoHP and MoSD.

Response phase 1: weeks 1-2

Impact and key needs

Impacts	2015 EQ	Given scenario
Fatalities	8,897	19,644
Injuries	22,303	137,052
Trauma cases	15,000	92,175
Major surgeries	3,000	18,435
Minor surgeries	4,000	24,580
Pregnant women	93,000	82,570
Women of reproductive age	1,400,000	1,362,609

Estimates for displaced and injured population were made using the Sajag-Nepal modelling, with comparison for the 2015 earthquake, and categorized into trauma, major/minor surgeries, pregnant women and women of reproductive age. The modelling is useful in prioritizing provinces in which support is most needed. In the proposed scenario Health Cluster would focus on response in Gandaki, Lumbini, Karnali and Sudurpaschim.

Community perception surveys conducted pre-COVID-19 among flood, earthquake and drought affected communities found that medicines were among the top five key priority needs in the first two weeks following an emergency (among 36% of the surveyed population). However, post-COVID-19 a similar survey found that medicines rose to second priority position (among 66% of the surveyed population). This likely reflects the context in which people have faced heightened concerns over falling ill. However, both results indicate that health and medical needs are key priorities for populations affected by emergency.

In addition to medicines, communities also list health staff, including doctors, nurses and midwives (11%), mobile clinics (3%) and health awareness (6%) as key needs in the first two weeks following disaster.

Due to infrastructural damage and disruption of functional hospitals to provide curative treatment services, there will be a need to establishing mobile health units/field hospitals and enable deployment of EMDT from Bagmati & EMTs in coordination with HEOC EMDT Coordination Cell. As referral hospitals are limited in affected provinces and existing referral hospitals are likely to be affected by the earthquake, appropriate referral and transfer mechanisms to Bagmati Province (Chitwan or Kathmandu) will need to be in place.

Key response activities

- Establish effective communication 24/7 with P/HEOCs, hub hospitals and provinces.
- Support rapid health assessments, including of hospitals/health facilities and medical storage.
- Deployment of Emergency Medical Deployment Teams (EMDTs), Rapid Response Teams (RRTs) and Emergency Medical Team (Foreign Medical Team-if available) through EMDT Coordination Cell of HEOC.
- Deployment of essential medicine, reproductive health kits and medical logistics to affected locations through Logistics Management Division of DoHS/MoHP in close coordination with Logistics Cluster.
- Provide support for effective emergency trauma management on site and at the referral centres.
- Support to implement MISIP for sexual and reproductive health, mental health & psychosocial support and immunization services.
- Support safe blood transfusion facilities and mobilization of volunteers for blood donation.
- Provide support on appropriate and cultural accepted procedures for the burial or management of dead bodies in coordination with Ministry of Home Affairs.

Response phase 2: week 3-4

Impact and key needs

Community perception surveys find that medicines remain a top priority among populations affected by emergencies in the third and fourth week after a disaster, with 32% prioritizing medicines pre-COVID-19 and 54% post-COVID-19. In addition to medicines, communities prioritize health staff (24%), mobile clinics (15%), health awareness (16%) and vaccines (3%) in the third and fourth weeks following disaster. This indicates that health related needs become a greater priority for communities after the first two weeks of a disaster.

Those who received treatment for immediate medical issues in the first two weeks will require continued follow-ups and referrals. Health hygiene is likely to remain an issue with many regular facilities not operational. There will also be protection and GBV related risks.

Key response activities

- Provide emergency medical logistics support, for the response including medical camp kits, reproductive health kits and supplies for other diseases.
- Support in establishing and ensuring the proper diseases surveillance system, pregnancy risk monitoring system, media and risk communication.
- Support for Expanded Program on Immunization (EPI) health services.
- Support essential sexual reproductive health services including emergency obstetric care and set up mobile reproductive health camps in hard to reach and most affected areas.
- Support one-stop crisis management centres in hospitals to provide services to GBV survivors and ensure capacity to handle clinical management of rape and referrals.
- Establish field hospitals in close coordination with HEOC.
- Ensure comprehensive essential primary health-care services, including reproductive health, mental health, rehabilitation (assistive devices provisions), in camp settings in the affected area.
- Ensure provision of essential health promotion services and risk communication & community engagement activities in camp settings to minimize the burden of communicable diseases.
- Deployment of trained epidemiologist teams in affected areas.

- Ensure the continued supply of medication for chronic diseases.

Response phase 3: months 2-3

Impact and key needs

Damaged health facilities will be in need of repair and rehabilitation in order to normalize health services, ensure continuity of essential services for the affected population and adequate linkages with specialized care services. It is likely that in the post-earthquake period physical, financial and social barriers may exist to access and utilization of health services, particularly for vulnerable and marginalized groups.

Key response activities

- Continuation of health care services, including essential reproductive health care.
- Establishment of field hospitals where gaps remain.
- Support primary health care services for all populations, including unaccompanied children, elderly and disabled.
- Ensure continuation of vital social services – including comprehensive sexual and reproductive health, clinical management of rape, emergency obstetric and neonatal services, mental and psychosocial support, nutrition, WASH, education, mental health services – are restored with a view to integrating disaster risk reduction and improve resilience.
- Provide injury and rehabilitation services to minimize morbidity and mortality associated with debilitating disabilities post injury.

Cross-cutting issues

Gender and inclusion

Ensure pregnant women, elderly, disabled and vulnerable populations including Dalits and Janajati, including victims of sexual and gender-based violence receive timely access to health facilities. Encourage gender mainstreaming through effective integration with WASH, protection/GBV, including by supporting gender mainstreamed WASH facilities at health units, encouraging training of health workers on GBV screening and referral, and promoting child and female friendly spaces, as well as breastfeeding

spaces at health facilities. Promote and advocate for gender equality in both supply (health workforce) and demand (patients, communities) sides through opportunities that encourage equitable promotion of healthcare and that remove social, financial, physical, and cultural obstacles to providing and utilizing healthcare. Ensure the identification and integration of socially excluded and vulnerable groups to enable improved access to health services and for these groups to be reflected in data system in close coordination with Protection Cluster.

Community Engagement and Accountability

Community systems strengthening will engage affected community members on their health and the health of their communities, through promoting sanitation, risk communication, safety and security of women, adolescents, children and elderly. Community members will be encouraged and supported to engage with governance mechanisms at the local and national level in order to communicate areas of priority in their healthcare and health of their communities. The Cluster will promote strong ethical values among the healthcare workforce in providing health services. Feedback mechanisms at the community level will be strengthened, including comment boxes and bi-lateral communication which will support the understanding of negative experiences and ensuring service delivery meets the needs of affected people.

Community systems strengthening will use best practices from the COVID-19 response to promote the importance of engaging affected communities as partners in order to build trust in public health services, such as the use of culturally sensitive pilot tested messages and guidance that reflects the specific need of individual community.

COVID-19

Health Cluster will promote effective application of public health and social measures by health workforce and beneficiaries that promotes objectives identified in the CPRP 2021 and ensure that systems are in place to support testing, isolation/quarantine, through ongoing training, assessment, and mentorship among healthcare workers at the facility and community level (including IEC/BCC among FCHVs). All facilities established will adhere to appropriate COVID-19 IPC measures.

PSEA

Prevention from sexual exploitation abuse will ensure that all adults and children have equal rights to protection regardless of any personal characteristic, including their age, gender, ability, culture, caste/ethnic origin, religious belief, and sexual identity. Preparedness will include ensuring all staff involved in response, including partners and UN agencies, receive mandatory PSEA training. Response will include working closely with PSEA focal points to ensure ongoing monitoring and establishment and strengthening of reporting and referral channels, particularly among first responders and program implementers with direct contact to beneficiaries. Following the acute phase, health response actors will identify good practices, lessons learned, and challenges to ensure documentation of PSEA integrated in health response.

Logistics Cluster



LEAD/CO-LEAD AGENCIES	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQ. (US\$)
MoHA, NEOC and UNWFP	N/A	N/A	\$23.8M

Response budget: Approximately 9% of Flash Appeal to address the challenges of reaching remote and hard-to-reach areas.

Key preparedness activities

Geographic focus: All provinces

- Support development of a national stockpile strategy for key clusters and agree on technical specifications for priority relief items as per humanitarian relief standard guideline,
 - Prepositioning and data collection of priority relief stocks at Kathmandu, provincial and mobile HSA's.
 - Explore development of common pipelines for humanitarian goods and supplies. Establish provincial logistics clusters focal points in all provinces.
 - Complete construction of humanitarian staging areas (HSAs) in Bhairahawa, Biratnagar and Pokhara
 - Establish four mobile HSA's at Bardibas, Terhathum, Baitadi and Jumla.
 - Conduct provincial emergency logistics simulation exercise at Dhangadi HSA.
 - Conduct emergency logistics trainings in provincial and local level to enhance the skills and knowledge of the Government and disaster first responders in the event of an emergency.
 - Implement HSA management SOP and integrate in national disaster response framework.
 - Support MoHA NEOC/NDRRMA with key stakeholder mapping and developing a national logistics preparedness roadmap and action plan.
 - Support MoHA NEOC/NDRRMA with conducting a national logistics preparedness SIMEX.
- Worst affected provinces will be Gandaki, Lumbini and Bagmati in terms of collapsed buildings, people displaced and damage to critical infrastructure, roads and bridges. Remote hilly and mountainous areas near the epicentre (such as Bajura, Bahjhang, Taplejung) have existing low road density and access constraints which will be exacerbated by earthquake induced landslides.
 - The strategic road and local road network will be interrupted, cutting off key supply routes for at least one month due to collapsed bridges and significant landslides.
 - Primary HSA will be in Kathmandu, provided that Tribhuvan International Airport is operational. Bhairahawa Gautam Buddha International Airport can be backup primary HSA.
 - Five HSA's will be activated in Dhangadhi, Nepalgunj, Surkhet, Bhairahawa and Birgunj to provide logistics support to humanitarian response operations.
 - Four mobile HSA's may be deployed to destinations downstream, close to most affected areas.
 - Key logistics needs are:
 1. Ensuring timely and uninterrupted supply of relief goods to people in need, to prevent increases in mortality and morbidity and nutritional deterioration, in support of all clusters.
 2. Air transport to deliver critical supplies to communities whose road access is cut off.
 3. Land transport to deliver relief supplies to people in need, that can be reached by road.
 4. Storage capacity to manage receipt, consolidation and dispatch of relief supplies to destinations downstream to people in need.
 5. Clearance of roads and repair of bridges on the strategic road network.

Response phase 1: weeks 1-2

Impact and key needs

Key response activities

The logistics cluster aims to ensure an uninterrupted supply of relief goods to people in need by supporting the Government of Nepal and the humanitarian community, namely:

- **Storage:** Activate and staff up to 6 Humanitarian Staging Areas as required (Kathmandu, Dhangadhi, Nepalgunj, Surkhet, Bhairahawa and Birgunj).
- Assess locations to establish up to four Mobile HSA's close to the most affected areas.
- **Air Transport:** UNHAS humanitarian air operation during first 1-2 months, using MI-8 helicopters and fixed wing aircraft to deliver relief supplies to communities whose road and trail access is cut off.
- Receipt, deconflict and onward movement of international strategic airlifts arriving at Kathmandu TIA.
- Establish airbridge from KTM HSA to the provincial HSA's that cannot be reached by road, using military air assets (C-130, MI-26, MI-8, Osprey V-22) in case commercial air assets are unavailable.
- In case overland route from Kolkata to Nepal is blocked, establish regional airlift from Kolkata/Delhi.
- **Land Transport:** Contract fleet of (10MT) trucks for transport from Kathmandu HSA and local (4MT) 4x4 tractors/trucks for provincial and mobile HSAs for transport to affected people with road access.
- Nepal government and Nepal army to assess and start clearance of roads and repair of bridges
- **Coordination:** to prevent gaps and duplication of services, support national and provincial logistics coordination through dedicated logistics and telecommunications staff present at the HSA's.
- Deploy infrastructure rapid assessment teams to affected areas, including to remote mountain areas to assess damaged trails, share data to be mapped and of trails that require emergency repairs.
- Establish Civ-Mil coordination, in support of OCHA, to coordinate use of military transport assets.
- Collect bids and capacity information from key-suppliers (transport, storage).
- Import clearance support of relief supplies at main border entry points (by LET partners).

- Logistics capacity information management and sharing with stakeholders via dedicated website.

Response phase 2: weeks 3-4

Impact and key needs

- Gradually strategic road and local road network blockages will be cleared.
- Increased volume of strategic airlifts may cause congestion at Tribhuvan International Airport.

Key response activities

- **Storage:** Establish up to four mobile HSA's close to the most affected areas.
- Partnerships agreed to manage selected provincial and mobile HSAs by Gov't / NGO's.
- **Air Transport:** Replace airbridge to provincial HSAs by road transport when road access is possible.
- Contract and activate civilian air assets to augment / replace military air assets.
- **Land Transport:** Start Remote Access Operations to repair trails and transport relief supplies via trails by porters and mules to affected communities in mountainous areas with only trail access.
- Activate fleet of 4x4 trucks and tractors per Mobile HSA to deliver relief supplies to affected population in remote areas that can be reached by road.
- **Coordination:** Establish logistics coordination at Mobile HSAs with local authorities and NGO's.
- Information sharing to mitigate increased transport prices due to lack of capacity and competition.
- Share access constraint maps, warehouse & logistics capacity information, assessment data, minutes on dedicated information sharing platform <http://bipad.gov.np> and <http://logcluster.org>.

Remote access operations

To ensure vulnerable earthquake-affected populations in Nepal have access to humanitarian emergency relief, markets, goods and services the logistics cluster will activate remote access operations in the event of a large earthquake, through:

- Mapping access constraints (blockages) on roads and trails through GIS and information management.
- Strengthen remote access to and between affected populations through trail and infrastructure repairs.
- Support local community by using local porters and mules to transport emergency relief supplies to remote population affected by the earthquake.
- Support and build capacity of the GoN during the emergency and reconstruction phase (Build-Back-Better and National Building Code enforcement).
- Government declares end of national emergency, stop of waiver of customs duties and return to standard customs clearance procedures. Logistics cluster to share updates and clarify process.
- Prioritization of relief supplies, and air cargo as agreed by NDRRMA/MoHA and endorsed by UNHCT.
- Civ-Mil coordination at OSOCC with OCHA to allocate military air capacity to humanitarian agencies.
- Activation of “one-stop shop” for fast-track customs clearance of humanitarian relief cargo at TIA and Government waiver of customs duties for importation of priority relief items.

Response phase 3: months 2-3

Impact and key needs

International supply by air, is gradually replaced by supply by sea and road from Kolkata. There will be a shift from life-saving relief supplies to recovery and reconstruction shelter supplies. In the event of this period falling during monsoon season (June-September), there will be increased access restrictions as well as increased humanitarian need.

Key response activities

- **Storage:** Continue providing storage services as required.
- **Air Transport:** helicopter transport mainly from MHSA's to communities in the mountains.
- International airlifts will shift to transport by sea arriving in Kolkata and via road and rail to Nepal.
- UNHAS air services to move to cost-recovery in case of reduced funding and needs.
- **Land Transport:** Cargo transport by road from primary HSA to provincial and mobile HSA's.
- Remote access operations deliver NFI and food by porters/mules to remote communities, reducing the volume of supplies for helicopter air services.
- **Coordination:**
- Logistics cluster support to Post-disaster Needs Assessment, related to infrastructure.
- Deactivate import clearance support of relief supplies at main border entry points (by LET partners).

Cross-cutting issues

Gender and inclusion

The Cluster will ensure inclusive provision for women and excluded marginalized groups in HSA SOP, management guidelines. HSA Operational Guidelines ensure inclusive human resource in terms of sex, diverse caste/ethnicity, socio economic status, etc. with at least 50% representation. In addition, a Gender Equality Disability and Social Inclusion (GEDSI) session will be integrated within emergency logistics trainings for first responders (ToT, PELT, OELT, SELT). The Emergency Preparedness Capacity index includes GEDSI to track government capacity to integrate GEDSI in emergency planning and response. In order to ensure the most vulnerable are reached the Cluster will map trails and infrastructure of communities in the 11 most remote, vulnerable and at-risk districts.

COVID-19

Response during COVID-19 will require extra PPE supplies for staff and beneficiaries, social distancing, infection prevention during distributions, increased localization of response due to less staff present in the field and more remote -online- technical assistance. In case of movement restrictions due to lockdowns, the cluster will share and update transport permit requirements and procedures and provide cargo transport services to areas with limited access. The Logistics Cluster will also provide transport services to refill the Oxygen cylinders from health facilities to the oxygen plants.

PSEA

GEDSI inclusive requirements are included in procurement process of logistics services, with scoring vendors on PSEA criteria and a GEDSI & PSEA briefing during induction of new vendors. GEDSI & PSEA orientation for new staff and implementing partners is provided by the Cluster. Complaint and feedback mechanisms (CFM), with toll free numbers, will be rolled out in the areas of operation. HSA Operational Guidelines – draft include proper mechanism in place for Protection from Sexual Exploitation and Abuse (PSEA) by appointing PSEA focal point role to highest ranking staff in the team deployed in HSA, display materials on PSEA and Community Feedback Mechanism (CFM) in the site. Additionally, Support committee in creating and enabling Sexual Exploitation and Abuse-preventative environment and raising awareness with committee members and respective offices, warehouse employees, and other affiliated supporting zero tolerance for SEA. Include representative of Protection cluster led by MoWCSC in HSA Management and Coordination Committee at national level and representative from Ministry of Social Development as a member of the committee at the provincial level and deputy as an alternate member at local level in both coordination and relief distribution management and coordination committee.

Nutrition Cluster



LEAD/CO-LEAD AGENCIES	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQ. (US\$)
MoHP-FWD and UNICEF	1M	0.9 M	\$8.6M

Key preparedness activities

Geographic focus: Although all seven provinces of Nepal are susceptible to earthquakes, evidence suggests that Bagmati, Gandaki, Lumbini and Karnali provinces face the highest risks in terms of likelihood of earthquake and severity of impact. Madhesh Province could also be affected with a relatively lower number of people at risk. Therefore, the Cluster will focus its preparedness interventions in these five provinces, in partnerships with provincial nutrition clusters, led by provincial health directorates.

- Analyse pre-crisis nutrition information and engage in IRA to improve nutrition interventions.
- Preposition essential nutrition commodities in eight strategic locations: government central medical store and seven provincial health logistic management centres (PHLMC) of MoHP.
- Coordinate with Logistics Cluster to ensure timely transportation of nutrition commodities.
- Prepare and disseminate relevant interim guidance notes and directives for immediate response.
- Strengthen capacity of provincial nutrition clusters of Bagmati, Gandaki, Lumbini and Karnali provinces to implement nutrition response during earthquakes.
- Ensure the information management system of MoHP (HMIS) functions smoothly and can be rolled out in emergencies.
- In coordination with the National Health Education and Communication Centre (NHEICC) of MoHP, develop key messages for breastfeeding and complementary feeding, including maternal nutrition to be rapidly disseminated through different mediums and languages in the event of emergency.

Response phase 1: weeks 1-2

Impact and key needs

Families are likely to be displaced, at least temporarily, their food stocks, as well as assets, may have been damaged and their access to both nutritional food and livelihood and employment severely limited. In this context, children under five and pregnant and lactating women (PLW) are the most vulnerable to dangerous declines in nutritional status and must be urgently prioritized for treatment of severe and moderate acute malnutrition. Children under 5 years, PLW are particularly vulnerable to insufficiencies in quality food intake, even if they are provided with the same quantity of food as others, and their insufficient intake of energy, protein and micronutrient becomes long term.

Key response activities

- Deploy a nutrition team to support nutrition interventions for affected populations.
- Setup and initiate malnutrition prevention and treatment services, as appropriate.
- In coordination with Food Security Cluster, ensure that distributed foods are nutritionally rich and appropriate for 6-59 months children and pregnant and lactating women (PLW).
- Initiate protection, promotion and support for early initiation, exclusive and continuation of breastfeeding and age specific and appropriate complementary feeding.
- Establish 'safe spaces' with counselling for PLWs for breastfeeding of infants.
- Support safe and adequate feeding for non-breastfed infants less than 6 months old and minimize the risks of artificial feeding through nursing mothers under medical/nutritional supervision.
- Collaborate with Shelter, WASH and Food Security clusters to provide appropriate food, safe drinking water, sanitation management

and appropriate shelters for young children and PLWs.

Response phase 2: weeks 3-4

Impact and key needs

Families that have been displaced are likely to continue to be displaced and their access to income and food will remain limited. Children under 5, PLW will continue to be vulnerable to insufficiencies in the quality of food intake. Where there is already under nutrition, the situation will be more pronounced.

Community perception surveys conducted with communities that have been affected by earthquakes, floods and droughts indicate that families tend to place higher priority on nutritional supplements in the third and fourth week following an emergency (14% list nutrition as a key need during this time period). However, it is likely that other pressing needs of families overshadow nutrition, which creates a risk that critical nutrition needs of vulnerable family members may be overlooked. It is also possible, that because nutrition services are often provided through health facilities that they may be perceived as medicine, which is highly prioritised by families throughout the first month following a disaster.

Key response activities

- Initiate therapeutic feeding based on the pre-crisis information (primary and secondary data), as well as supplementary feeding and micro-nutrient supplementation to prevent and treat acute malnutrition in facilities, communities and camp settings.
- Strengthen simplified approach for the SAM and MAM treatment.
- Mobilise trained/skilled and available HR from the roster and Nutrition Cluster partners.
- Procurement of supplies for nutrition response (Super Cereal, RUTF, RUSF, relevant micro-nutrients)
- Manage transportation, storage and distribution arrangements to and in highly affected areas.
- Coordinate with Food Security Cluster on general food rations, ensuring provision of adequate nutrition for vulnerable groups: pregnant, lactating, HIV affected and children under 5 years.

Response phase 3: months 2-3

Impact and key needs

Families may now be ready to return to their homes with some early recovery interventions. The nutritional status of families with young children and lactating mothers may need to be assessed and continuously monitored. Undernourished children are to be reported and referred to the appropriate services.

Key response activities

- Continue assessment and monitoring of nutrition situation and status of interventions.
- Continue therapeutic feeding for the treatment of severe acute malnutrition (SAM).
- Continue supplementary feeding if the prevalence of moderate acute malnutrition (MAM) is over 5%.
- Distribute multiple micronutrient supplements to vulnerable groups (pregnant and lactating mothers, 6-59 months children) in addition to distribution of balanced food baskets.
- Provide breastfeeding counselling services to pregnant and lactating women.

Cross-cutting issues

Gender and inclusion

The priority target groups for Nutrition Cluster are pregnant and lactating women and children under five years of age. These groups are inherently vulnerable, and thus the Cluster has practical experiencing in ensuring its activities are able to reach these groups. In both the 2016 drought in far western provinces and the 2017 floods the Cluster was able to reach the most geographically challenging areas to provide its universal coverage to target groups, including all districts of Madhesh in 2017 and nine most affected Karnali districts in 2016.

Therefore, Nutrition Cluster is equipped to address key gender and social inclusion issues such as: heavy workload of pregnant and lactating women and adolescent girls, high levels of malnutrition among marginalized and vulnerable children and women, lack of nutrition services available to displaced and disabled children and women. The specific needs of these groups of people will be addressed systematically and for this the Nutrition Cluster will: (i) establish a well-resourced GESI unit within the cluster to ensure a

coordinated planning, implementation, monitoring mechanism that integrates and GESI measures during response, recovery and post recovery stages; and (ii) ensure proper GESI-friendly communication towards citizens about service entitlement in the response and recovery framework.

Community Engagement and Accountability

Nutrition Cluster will engage the affected communities for their active participation in preparedness and response/recovery phase as follows:

Preparedness phase: (i) participation in behaviour change communication processes on maternal, infant and young child nutrition (MIYCN), (ii) awareness raising on basic nutrition information, such as: infant and young child feeding and care, maternal nutrition, prevention and treatment of moderate and severe acute malnutrition and community-based standards and guidelines; (iii) participation in local planning for preparedness action and response mechanism through local governments and female community health volunteers at health facilities; (iv) resource mapping, leveraging and utilization; (v) ensuring participation of women/men, girls/boys and the most vulnerable in the preparedness and response process.

Response and recovery phase: (i) participation in resource/social analysis/mapping, (ii) participation in response planning, (iii) participation in assessment and information management, (iii) participation in nutrition in emergency response, (iv) monitoring, review and evaluation, and (v) participation of local communities in transition and exit strategies for interventions handed over to local actors.

COVID-19

COVID-19 has seriously impacted the nutrition status of under five children, pregnant and lactating women due to food insecurity, disruption of social services, lengthy lockdowns and fear of COVID-19. In 2020, nutrition service statistics of Nepal reveal that there has been a 50% reduction in admissions of children with severe wasting to outpatient treatment centres (OTCs), which translates to approximately 7,000 fewer children receiving essential lifesaving treatment compared to the same period in 2019. Based on global estimates, an additional 60,000 children in Nepal

could become malnourished due to the indirect impacts of COVID-19, including rising food insecurity, constrained access to essential health services, changes in nurturing and care practices and loss of income and livelihoods. Recently, Nutrition Cluster has been planning to implement Family MUAC approach, building the capacity of caregivers themselves to screen their children's nutrition status by using mid-upper arm circumference (MUAC) tape and refer to the health facilities if the child is malnourished. At the health facilities, health workers will provide the treatment and care counselling. It is anticipated that this approach will enable the Cluster to ensure universal coverage of nutrition screening and prevent children from being left behind, even in the case of a compounding emergency response.

In order to mitigate the impact of COVID-19 on nutrition and care in Nepal, the Cluster will mainstream COVID-19 prevention and control measures across nutrition interventions and advocate for the continuous availability of essential services, nutritious foods in the market, social protection schemes and community programs to reduce vulnerability for malnutrition. The Cluster will also increase remote meetings, assigning key responsibilities to smaller groups, such as technical/working groups and ensure the provision of recommended PPE and IEC/BCC materials related COVID-19 as well as availability of testing facilities, quarantine/isolation sites through coordination with the health cluster.

PSEA

The cluster PSEA policies and practices aim to end sexual exploitation and abuse by humanitarian workers, volunteers and, ensure that allegations of sexual exploitation and abuse (SEA) are responded to in a timely and appropriate manner. The Cluster will follow the principle of zero tolerance for wrongdoing, including sexual exploitation and abuse and sexual harassment. Any form of sexual exploitation and abuse and sexual harassment is prohibited, constitutes misconduct and will be addressed as a matter of priority by the Cluster. Nutrition Cluster will form a PSEA team to monitor acts of SEA and report to the concerned member agencies of Nutrition Cluster for further actions as appropriate.

Cash and vouchers

Nutrition Cluster will maintain close coordination with the Food Security Cluster, CCG and social protection sector to address nutrition issues of girls, boys and pregnant and lactating women through cash and/or voucher assistance. Child nutrition grants, which are under ongoing implementation in Nepal, will be integrated with nutrition interventions in emergencies.



Protection Cluster

LEAD/CO-LEAD AGENCIES	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQ. (US\$)
MoWCSW and UNFPA/ UNICEF	2M	0.2 M	\$6M

Key preparedness activities

Geographic focus: Gandaki, Lumbini, Karnali and Sudurpachim provinces. Based on the Sajag-Nepal findings on: main areas of impact, access to affected areas, and given the low pre-crisis investment in protection services and the sector's high-reliance on community-based services, preparedness actions will focus on: enhancing protection mainstreaming in key sectors, supporting sector level protection risk mitigation activities with a focus on health, shelter and WASH sectors, identifying key stakeholders for early assessments and response and building their capabilities, pre-positioning key supplies, partnerships, HR and networks and addressing communication/access challenges in Gandaki, Lumbini, Karnali, and Sudurpaschim provinces. The low coverage of Gandaki province by protection actors will require stronger emphasis on partnerships, service mappings and increased reliance on other sectors' platforms and networks for early identification mechanisms.

- Build capacity of protection and non-protection actors (with a focus on health and shelter) on minimum preparedness and response actions including data preparedness, risk and vulnerability assessments, safety audits, referrals of protection cases (child protection, gender-based violence including trafficking and harmful practices, psychosocial support and PSEA risk mitigation)
- Expand the scope of the Protection Monitoring and Incident reporting (PMIR) system in Sudurpaschim and Karnali and roll it out in Gandaki and Lumbini & prepare, test and pre-position an earthquake specific PMIR questionnaire
- Engage community networks such as Red Cross, Scouts, women's organisations, excluded groups' organizations, informal workers, PLWD and

LGBTIQ, refugees' networks as key informants in the Protection Monitoring and Incident Reporting System (PMIR) including equipping focal points and linking them with local disaster management structures

- Review emergency stocks content and pre-positioning, including guidance to other sectors (health, shelter and WASH as a priority) on gender, age and ability-sensitive supplies and safe and accessible spaces
- Engage institutional care structures in targeted areas (children's homes, safe homes, detention places, psychiatric wards, elderly people's homes) to support preparedness, mitigation measures, ensure adequate information availability through federal and provincial Protection Cluster mechanisms and pre-positioning of basic supplies and systems to manage stocks
- Support community networks to access earthquake specific first aid/ search & rescue training with a focus on women, youth, networks of PLWD, LGBTIQ, refugees and caste/ethnic minorities
- Support the development, testing of service continuity and contingency plans and dissemination of guidelines and SOPs of critical protection services including support for OCMCs, PEP kits supply, rape kits supply, emergency shelters, friendly spaces for women and children, police and security services, civil registration and vital statistics (data storage, back-up, restoration) and justice services
- In Gandaki specifically (given lower coverage of protection actors and large tourist industry), initiate contacts with private/tourism sector actors on preparedness and risk mitigation and possible contributions to protection response (emergency shelters, assistance to vulnerable groups, communication, access to remote areas

where they have networks of service providers)

- Pre-position protection communication products in different formats/ languages including service promotion, prevention of family separation, helpline contacts, actionable referral information, PSEA reporting information at both federal and provincial levels
- Crisis-specific training for community-based psychosocial workers to address post-earthquake trauma
- Assess in-country human resources across protection sub-sectors, create a diverse stand-by roster
- Roll-out trainings on family/missing persons tracing and reunification (FTR) and update FTR toolkits with local information
- Pre-position child and adolescent kits, dignity kits, materials for female friendly spaces to support safe shelters and MHPSS activities
- Establish long-term agreements for procurement of protection supplies and pre-position essential supply components in strategic locations prioritizing gender responsive procurement.
- Develop information products targeting security forces involved as first responders in disaster response with key protection and mitigation actions.

Response phase 1: weeks 1-2

Impact and key needs

It is anticipated that beyond the initial impact of the earthquake, the intersection of human loss, disruption to existing services/support networks and pre-existing vulnerabilities will increase exposure and vulnerability to protection risks of the people in the affected area¹³. In the wake of the damage and loss of human lives anticipated, important displacement of population can be expected as well as heightened risk of family separation placing vulnerable groups such as children, PLWD, the elderly at significant risk.

The mental health and psychological toll of a disaster of this magnitude is also likely to affect large segments of the population and disproportionately those facing pre-existing vulnerabilities and exclusion, as they also face

¹³ including women, children, adolescents (girls and boys), disabled, elderly, migrants, socially marginalized

increased deprivations, heightened impact of material losses and discrimination/ exclusion in service delivery/ access to relief. Geographically remote areas, which are difficult to access in the pre-earthquake context, often are home to more marginalized communities, are likely to become significantly more difficult to access post-earthquake, complicating access to services and relief for vulnerable populations further. Considering the fact that the affected provinces are also border areas disruption in cross-borders channels supporting livelihoods, economic exchanges and services can be expected. Along with this, risks of increased illegal movements of goods, services and people, including smuggling and trafficking to which children and women can be particularly vulnerable. Immediate protection needs include: ensuring identification and inclusion of the most vulnerable in relief distribution, prevention of family separation and rapid identification of missing persons, mitigation of protection risks arising from the response (including PSEA risk mitigation and accountability mechanisms), and support to ensure shelter provision integrates gender, age and ability specific needs.

Communities affected by various types of disasters (earthquake, flood, drought) have identified several protection services as key needs in the first two weeks following a disaster:

- Safe spaces for children/youth (18%)
- Safe spaces for women (16%)
- Security services (5%)
- Lighting in public spaces (4%)
- Family tracing/reunification (3%)
- Psychosocial support (2%)
- Assistance with personal documents (1%)

Key response activities

- Conduct rapid sectoral assessment to identify capacity, protection risks and support multi-sector-assessments
- Review and adapt protection referral pathways (GBV, CP, PSS) and tools accordingly with reviews every week in the first phase
- Activate earthquake specific protection monitoring and incident reporting (PMIR) tool

group, such as LGBTQI, sexual and caste/ethnic minorities

within protection networks and key sectors (health, shelter)

- Identify and map out with RCCE cluster functional communication channels and adapt messaging on protection concerns, highlighting the vulnerability of children, women (gender based violence and other harmful practices), persons with disabilities and LGBTQI, including protection from sexual exploitation, abuse and sexual harassment
- Launch post-earthquake assessments of children homes, places of detention, psychiatric homes, care homes/schools of disabilities and elderly people homes
- Share protection and GESI checklists with other clusters to ensure that protection concerns are integrated within their respective cluster response - update protection cluster response plan with new data and assessments as they become available
- Deploy psychosocial counsellors in the affected areas to provide psychological first aid to affected populations and identify functioning MHPSS networks for re-activation/ support as necessary
- Implement minimum initial service package (MISP) for sexual health especially for health response to gender-based violence, including clinical management of rape (CMR)
- Review functionality of and access to safe shelters for GBV survivors and female and child friendly spaces in affected areas
- Distribute dignity kits, *kishori* kits, kits for children and elderly and LGBTQI in affected areas
- Deploy teams in key displacement areas to record missing persons
- Support the deployment of displacement tracking and monitoring systems
- Set up and deploy FTR teams to identify unaccompanied and separated children and provide appropriate assistance
- Conduct awareness raising interventions to prevent violence, abuse and exploitation of affected population and disseminate messages on available protection services, including helplines.

Response phase 2: 3-4 weeks

Impact and key needs

Protections service delivery will remain significantly constrained. As displacement patterns are confirmed and the shelter response takes shape, limitations of relief efforts will start to emerge include exclusion errors, and secondary impacts will start to be felt including negative coping mechanisms, mental health impact, family separation, higher exposure to GBV and family separation. At this stage there will be a growing attention to those who are not seen or heard in the initial response. Vulnerable groups¹⁴ will require priority attention as well attention to emerging vulnerabilities and risks. Specific assessments will be required on key protection risks, as well as continued support to frontline responders. They should be made easier by improved communication with affected areas. Alert and early intervention mechanisms will need to be reinforced and deployed closer to people at risk or surviving violations of their rights, while support to ensure non-discriminatory access to relief will be stepped up in coordination with local authorities and other sectors. Key clusters for integrated protection programming will include Shelter, Health, Food security and WASH.

Communities affected by various types of disasters (earthquake, flood, drought) have identified several protection services as key needs in the third and fourth weeks following a disaster:

- Safe spaces for children/youth (12%)
- Safe spaces for women (10%)
- Assistance with personal documents (9%)
- Lighting in public spaces (7%)
- Family tracing/reunification (6%)
- Psychosocial support (4%)
- Security services (4%)

Key response activities

- Provide child protection services, including emergency response to unaccompanied and separated children; family support to prevent re-institutionalization; emergency rescue, protection and rehabilitation support

¹⁴ Such as women, children, adolescents (girls and boys), disabled, elderly, sex workers, migrants, socially marginalized group, such as LGBTQI, sexual and caste/ethnic minorities.

- to children at risk of, or rescued from, early and forced marriage, child labour, sexual exploitation and other forms of violence against children (VaC).
- Provide and ensure essential GBV prevention and response services such as sexual and reproductive health care, psychosocial counselling, safe houses/shelters and strengthened GBV referral pathways, including adequate resources and capacity to provide survivor-centred services.
 - Distribute lifesaving materials including dignity kits, *kishori* kits, clothes for children and elderly people in displacement camps
 - Roll out psychosocial support for vulnerable populations, based on assessment of needs via female friendly, child safe spaces and through other functional community-based structures
 - Strengthen linkages between community-based PSS services and specialised mental health services
 - Conduct safety and accessibility audits for camp settings and health structures (ideally in collaboration with Shelter, Food Security and WASH) to identify mitigation measures to address risks of GBV and violence against children
 - Conduct sport/recreational activities for children (child friendly places) and establish information desks on essential SRH, GBV and other PSS services
 - Strengthen surveillance system at the border areas to prevent and rescue survivors of trafficking
 - Coordinate with health, WASH and justice sectors to ensure persons in jail/detention/correction facilities have access to information, continued quality sanitation, health and psychosocial services and other necessary assistance with a specific focus on the situation of children and women deprived of liberty and child dependents of inmates.
 - Strengthen data collection and information management systems in order to identify vulnerable communities, protection issue trends and services to adapt response including expansion of the protection monitoring system in all affected areas.
 - Support cross-border monitoring system to prevent trafficking risks and link family tracing

- and reunification/ missing person identification processes with border monitoring processes
- In coordination with the health sector deploy psycho-social service for first responders to address stress and impact of the earthquake on caregivers
 - Identify people who lost legal documents and facilitate the process to obtain copies of such documents while also ensuring those persons who lack legal identity documents can access humanitarian assistance through alternative measures (LGBTQI, detained persons including children, divorced women, GBV survivors, etc.)
 - Improve coordination between protection mechanisms at federal, provincial and local levels in order to promote a harmonized approach to service provisions, avoid duplication and address service gaps

Response phase 3: 2-3 months

Impact and key needs

Community-based networks regain functionality and are better able to reach vulnerable groups. Individuals with support mechanisms will start leaving temporary shelters. Coping mechanisms such as working for others, migrating to different regions, child labour, child marriage as well as adverse effects of life in shelters and limited resources such as transactional sex, commodity exchanges, decapitalization will increase. As some essential services resume, they will remain difficult to access for most vulnerable people. Such services include police, justice, legal documentation and education services. Mental health impacts will continue to appear and be manifested at community and individual levels by increased levels of stress, anxiety. Particular attention should be paid to suicidal ideation and suicides. With increased mobility, and constrained livelihoods, risks of family separation (including unnecessary institutionalisation of children), early and forced marriages, child and bonded labour and trafficking increase.

Key response activities

- Support livelihood initiatives to support marginalized groups and those persons impacted by GBV and violence

against children, including integration of women, marginalized groups and PLWD in livelihood programs, cash for work/ asset programs

- Expand the reach of alert and reporting mechanisms including helplines
- Deploy psycho-social and counselling services in shelters, schools and key community areas
- Support continued functioning of community policing services and promote mobile/ remote justice adjudication mechanisms
- Adapt PMIR to emerging risks and incidents reported and use data collected to adapt the design and implementation of protection interventions during recovery
- Continue capacity-building on protection issues including and GBV/VAC referral pathway mapping
- Establish “caring for carers” interventions for staff and volunteers (i.e. peer support sessions, ‘rest and recreation” days as well as team building activities—if COVID-19 context allows for it).
- Continue to provide protection services and refer cases to appropriate service providers (health, education, shelter etc.)

Cross-cutting issues

Gender and inclusion

Emergencies disproportionately impact women and girls and exacerbate gender inequalities, including increased risks of gender-based violence, exclusion from decision making processes on the response, curtailed mobility due to limited resources, lesser control of assets as well as increased care burden.

In the acute phases of an emergency women, girls and marginalised groups also lack some of the tools to navigate the risks and hazards they are facing. This includes knowledge, assets, social networks as well key skills to address challenges before relief operations start. Food insecurity, loss of livelihoods, especially for daily wage workers, reduction in remittances, economic pressure, return of migrant workers and reversal of gender roles which place women and other vulnerable people at heightened risk of physical and emotional abuse. Furthermore women, elderly, PLWD and marginalised communities are often the

ones staying the longest in shelters in large-scale emergencies. At the same time, their limited mobility and increased exposure to risk often limits access to relief and capacity to have their views and perspectives integrated into response planning and assessments.

Nepal also faces significant pre-crisis social inclusion challenges including structural exclusion and discrimination along gender, ethnic, caste, religious, disability, sexual orientation and gender identity.

To address this challenge, the Cluster will:

- Ensure preparedness actions specifically include people from historically and socially marginalised caste/ethnic groups as actors and partners
- Ensure the participation and leadership of representatives of marginalized groups including women and youth organizations in the PMIR system and protection coordination mechanisms and provide capacity building support to enhance their participation
- Ensure complaint and feedback mechanisms are deployed close to services used by women and girls
- Ensure services are delivered as much as possible in accessible formats and languages including communication and information products
- The Protection sector will continue ensuring that people in institutional settings continue to be included in responses

Community Engagement and Accountability

- Maintain feedback questions in the PMIR as well as section enabling feedback on service provision and access to relief
- Maintain the broad scope of KII and focal points involved in protection monitoring and incident reporting including women, youth, PLWD, LGBTQ, caste/ethnic minority organizations
- Protection actors will conduct assessments via focus-groups discussions and surveys in female friendly spaces, child friendly spaces and camp settings to identify key gaps, concerns and priorities. Protection cluster will aim to:
- Disseminate protection messages (in Nepali and other languages and in disability friendly format as per the context) through various communication channels (radio, television,

telecommunication partners, and community-based groups and social media platforms).

- Share hotline numbers and disseminate key protection messages on service availability and accessibility
- Establish information desks (virtual/physical as well as digital access (e.g. phone top-ups/data card)) for women, children, PwDs, older persons and LGBTQI in female friendly spaces and camps to ensure women, children and vulnerable groups have equal access to risk and prevention information and available services.
- Develop feedback mechanisms in affected communities

COVID-19

COVID-19 has expanded the range of strategies and methodologies used by the sector. This learning will be invaluable in deploying safe protection activities while mitigating infection risks. These include remote PSS interventions helplines and using community actors as relays for incident reporting. Furthermore, as part of COVID-19 preparedness and response the sector has developed protocols to adapt shelter operations to the constraints of COVID-19. In the case of an earthquake a key consideration will be the need to ensure learning from quarantine/ isolation processes is used in shelter settings and operations with due consideration for protection risks and needs.

PSEA

The Cluster will ensure all protection actors, and other sectors as necessary, are trained in PSEA risk mitigation as well as aware of reporting channels and processes. GBV actors in particular will be oriented on GBV referral pathways and ways in which they can assist survivors of SEA in line with survivor-centred approaches and confidentiality requirements.

PSEA will also represent a specific area of Protection messaging including information on what PSEA is, the unacceptable modes of interactions and behaviours, where to report and where to access services. The PMIR also incorporates specific questions enabling alerts on PSEA risks and incidents.

Cash and vouchers

The Cluster will coordinate closely with local authorities and the food security sectors to ensure

cash-based interventions are tailored to address protection risks as well as socio-economic needs and take into account the needs of the most excluded population including multi-purpose cash targeting women and adolescent girls. At the same time, protection actors will incorporate cash-based interventions in their operational strategies as a means to address socio-economic drivers of protection risks by providing protection, assistance and services to the most vulnerable. Specific attention will be given to post-distribution monitoring, impact of agency and power dynamics within households and communities.



Shelter Cluster

LEAD/CO-LEAD AGENCIES	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQ. (US\$)
DUDBC and IFRC	1M	0.2M	\$43M

Key preparedness activities

Geographic focus: As part of preparedness, Shelter Cluster has been continuously mapping and updating existing capacities available with member organizations at seven provinces and national levels. The Cluster will focus priority preparedness actions in those provinces identified as having the greatest potential impact of earthquake and resultant needs of affected households, namely Bagmati, Gandaki and Lumbini.

- Shelter Cluster member organizations will closely work with other clusters' member organizations to integrate other sectoral interventions such as camp management, cash-based programming and mobilization of technical expertise to enhance response capacity in the event of emergency.
- Strengthen cluster coordination mechanism at the national level and develop cluster mechanisms in all seven provinces
- Map existing in-country capacities (HR, financial and material including NFIs, open spaces/existing evacuation centres) on a quarterly basis
- Standardize response tools, templates and kits, including assessment template, relief item sets, IEC materials and a video documentary
- Pre-position shelter non-food relief items in strategic location in provinces.
- Develop three trained human resources on cluster coordination and safer shelter/PASSA in each of the seven provinces, with minimum 33% women

Response phase 1: weeks 1-2

Impact and key needs

Based on modelling, it can be expected that an earthquake of 7.8 magnitude will leave 978,511 homes destroyed, resulting in 5,450,435 people without access to shelter. Displaced households

may be forced to stay in nearby safe public places or in open spaces which may pose secondary risks and challenges to meet their immediate basic needs. The impact of the earthquake may create challenges to identifying adequate safe locations to settle displaced people, particularly in urban settings. Damaged buildings will pose extreme risks to affected populations and need to be safely demolished. Rubble from damaged building will have serious impacts on access to and distribution of relief items.

Community perception surveys conducted with communities who had experienced or were at risk of earthquake found that communities place shelter kits in their top three priorities in the two weeks immediately following disaster (50-60%). The specific proportion of affected households that will be in urgent need to emergency shelter will depend on the scenario, but the priority placed on shelter support by affected and at-risk communities is important to recognize.

Key response activities

- Participate in initial rapid assessment, identify shelter needs and gaps.
- Initiate and coordinate first response to distribution of emergency shelter items from existing stocks.
- Support Cluster member organizations to launch procurement for additional relief items in coordination with Logistics Cluster.
- Support displaced households to install emergency shelter in pre-identified safe areas.
- Coordinate with other clusters to ensure other basic needs are distributed through member organization field teams.
- Work closely with protection, CCCM and other relevant clusters to ensure effective protection measures for displaced and other vulnerable people on the basis of age, gender and social vulnerabilities.
- Facilitate the deployment of volunteers and technical human resources, including global

surge team, in the field to support displaced households in establishing emergency shelter.

Response phase 2: weeks 3-4

Impact and key needs

There is likely to be inadequate space to establish camps and accommodate all displaced people, as well as insufficient market availability of relief items and other essential items. Transportation facilities will be impacted by road blockage and damage. Damage to public infrastructure, such as school and other public buildings, may make them unsuitable for use as temporary shelters. There are likely to be increased cases of gender-based violence and protection needs as a result of sleeping in open spaces due to loss of safe shelter, family separation and preoccupation of security forces with rescue operations, among others. The possibility of secondary hazards, including health, environmental and social, due to contamination of water resources, untimely clearance of debris and dead bodies, must also be anticipated.

In the third and fourth weeks following a disaster affected communities continue to place shelter kits high on their list of priority needs (40-45%). This reduction from the first two weeks is likely a result of the immediate shelter need being met within the first two weeks, as opposed to a reduction in the overall need.

Key response activities

- Continue distribution of shelter items to 241,000 households.
- Coordinate with CCCM cluster to support the establishment of camps as per local needs and context and ensure displacement sites meet minimum standards.
- Continue to facilitate the deployment of volunteers and technical human resources in the field.
- Continue engagement and accountability related activities, jointly with community engagement focal points, to ensure affected communities are consulted, actively engaged in implementation and are able to access feedback mechanisms.

Response phase 3: months 2-3

Impact and key needs

Basic needs of affected population increase while road damage and transportation disruptions continue to impact market shortages and supply chain function. Debris clearance may pose additional challenges to gaining access to target households to provide additional relief services. Potential secondary hazards will remain a concern.

Key response activities

- Participate in detailed assessment to identify long-term needs.
- Continue distribution of emergency shelter items to households.
- Initiate distribution of transitional shelter items to households.
- Coordinate with CCCM Cluster to ensure displacement sites are established as per local needs and meet minimum standards.
- Continue to facilitate the deployment of volunteers and technical human resources in the field.
- Analyse response efforts to ensure targeted households have received services and duplication is avoided.
- Work closely with Protection Cluster to prevent any incidents of SGBV by conducting orientations, applying referral pathway/ reporting mechanism in case of any incidents.
- Continue engagement and accountability related activities.

Cross-cutting issues

Gender and inclusion

The Shelter Cluster, in close coordination with protection cluster, will promote best practices and measures (including in particular the use of sex, age and disability disaggregated data-SADDD) to ensure inclusiveness, respect dignity of affected people and equitable participation of women and men, people with disabilities, indigenous and minority communities and Dalit's in all programs and decision-making processes while planning for and delivering relief services.

Community Engagement and Accountability

Shelter Cluster member organizations will closely work together with Risk Communication and Community Engagement cluster to apply innovative and participatory communication approaches in order to enhance collective participation of community people and other local

stakeholders in designing, planning and implementation of relief assistance. Cluster member organization will maintain appropriate transparency about their approaches and services to the communities. Shelter cluster will apply minimum standards for community engagement and accountability and four pillars- transparent, communication, involvement, feedback mechanisms and community led monitoring and evaluation, integrating these standards into all core areas of its work ensures localized and effective community engagement.

COVID-19

The COVID-19 pandemic has created additional risks across the globe; therefore, all cluster member organization have already started to include appropriate safety measures in ongoing projects. If current pandemic situation massively spreads in future, it may create further challenging for deployment of international surge team as well as it may pose additional risk to national level volunteers in the ground. The cluster member organizations will further promote necessary safety measures in the response operation in coming years, targeting to ensure safety of beneficiaries, first responders, staff and volunteers in ground which includes putting strict safety protocol in all distribution sites. In worst case scenario, best possible strategy, such as distance support from surge team could be one option to support response operation. Shelter cluster will regularly follow all kind of policies, guidelines and directives of Ministry of Health and Population and World health organization (WHO). Shelter Cluster will work closely with Logistics Cluster to ensure the supply of lifesaving shelter supplies is not delayed or interrupted by any pandemic related restrictions.

PSEA

Shelter cluster member organizations are fully committed to comply with zero tolerance policy with regard to sexual exploitation, abuse and violence. Appropriate measures to ensure protection of different aged group, sex and gender will be integrated in operational plan and practices to prevent beneficiaries from any risk and violence. Any suspicion of sexual exploitation or abuse will be reported immediately to the concerned agency. Cluster coordination team will maintain regular dialogues with the groups or community as part of the monitoring strategy. Information about existing referral system will be available in the distribution sites.

Cash and vouchers

Nepal Shelter Cluster will use the appropriate cash modalities for delivering assistance based on the available policy and guidance, in close consultation and coordination with national level Cash Coordination Group (CCG).



WASH Cluster

LEAD/CO-LEAD AGENCIES	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQ. (US\$)
DWSSM and UNICEF	0.7M	1.3 M	\$37.5M

Key preparedness activities

Geographic focus: All seven provinces, districts and palikas, especially those that are defined by the Government as affected and/or highly affected. With this definition by government, the cluster will further discussion and decide which areas to be fully supported and/ or partially supported.

With the overall objective of reducing mortality and morbidity and outbreak of communicable diseases through immediate access to basic water, sanitation, hygiene health services at times of disaster, WASH Cluster will focus on the following preparedness activities to support immediate action that may require selective or nationwide mobilization of sector stakeholders, cluster members and local partners:

- Update capacity outline and mapping of cluster members including physical stocks of lifesaving WASH Supplies, HR, member agency's physical presence, funding, surge capacity, etc.
- Update the cluster contingency plan based on the above information and in consultation with cluster members.
- Update the assessment tools and methodology such as cluster specific assessment and build capacity of the cluster members for the same including key information management system such as 4Ws.
- Capacity building of federal, provincial (with priority in Lumbini, Gandaki, Karnali and Sudurpaschim Provinces) and local government and their focal persons on various aspects of WASH and its life-saving interventions.
- Development of roaster of WASH human resources for immediate deployment in affected areas.

Response phase 1: weeks 1-2

At the onset of a disaster, WASH Cluster response will focus on the following three key objectives:

- To provide sufficient and safe drinking water to affected and/or displaced population with special attention to children, women and the most vulnerable;
- To provide adequate sanitation facilities to affected and/or displaced populations for safe disposal and management of human excreta with special attention to children, women and the most vulnerable;
- To promote and educate affected and/or displaced population on hygienic behaviours including personal, domestic and environmental hygiene to reduce risks of disease outbreak.

Impact and key needs

Damage to households, institutions and infrastructures such as water supply systems, sanitation facilities and services are likely to severely impact affected people by cutting off their access to safe drinking water and sanitation facilities, leading to open defecation and compromises in hygiene behaviours such as hand washing and menstrual hygiene. This could lead to the outbreak of waterborne diseases as well as poor health among the affected population. Thus, the key needs among highly affected populations will be: (1) safe water, (2) safe sanitation facilities, and 3) hygiene supplies and education to maintain hygienic behaviours. If the earthquake occurs during monsoon season or impacts remote areas, it will have a serious impact on logistics, making timely response difficult. Thus, there will be need of engaging the national security agencies like army and police and other logistics systems to ensure timely response of WASH.

Communities affected by various types of disasters (earthquake, flood, drought) have

identified several key needs related to WASH in the first two weeks following a disaster:

- Water purification (50%)
- Latrines (33%)
- Hygiene kits (16%)

In a similar survey conducted in 2020, clean drinking water was listed among the top five key needs, with 29% of respondents prioritizing this need. This could indicate a concern that in the aftermath of a natural disaster some communities may believe they can manage their needs with the use of water that is not purified, potentially resulting in additional health risks.

Key response activities

- Stocktaking of WASH lifesaving supplies at the moment and initiate immediate distribution in the prioritized/most affected areas
- Initiate distribution of drinking water through trucking in road accessible locations as per need.
- Set up temporary water supply system for water distribution in displaced areas/ camp settings of water storage tanks, filters, pipes, etc. based on preliminary assessment
- Setup basic temporary sanitation facilities in affected areas and camp setting for safe disposal of faeces.
- Initiate distribution of hygiene items to the displaced population.
- Initiate behaviour change communication (BCC) activities through mass and interpersonal communication for hygiene promotion.
- Setup and conduct Initial rapid assessment of WASH damage that may have potential secondary risk to the affected population such as cracks reservoirs, tanks, pipes made of water supply.

Response phase 2: weeks 3-4

Impact and key needs

Haphazard and informal camp settings may create major challenges in providing WASH services as well as related logistics. Possibilities of outbreaks due to poor WASH practices and behaviours by the affected population.

Communities affected by various types of disasters (earthquake, flood, drought) have

identified several key needs related to WASH in the first two weeks following a disaster:

- Latrines (33%)
- Water purification (28%)
- Hygiene kits (20%)

Key response activities

- Based in the IRA results, mobilization of central and local assessment team for WASH infrastructure and needs assessments.
- Stocking taking WASH supplies and current needs, market availabilities and needs including engagement of local entrepreneurs/private sector to speed up response.
- Initiate repair of WASH facilities through repair of breakages and source, prioritizing temporary repairs
- Continue distribution of lifesaving WASH supplies to affected and unreachable communities.
- Coordinate with Health and Education clusters on WASH needs in schools and health care facilities.
- Bulk chlorination at water filling stations, tube wells and wells as per the initial assessments
- Construction of temporary toilets and bathing spaces at IDP camps and temporary camps made by cluster of households taking into account specific needs for women, children and people with disability (in line with humanitarian core standards).
- Integrate vector control and solid/liquid waste management plan and means to protect against vector borne diseases in hygiene promotion activities at household/camp level in coordination with Health Cluster.

Response phase 3: months 2-3

Impact and key needs

Haphazard and informal camp settings may continue and may create major challenges in providing WASH services as well as related logistics. There will be a need for continued WASH services as well as hygiene promotion for people living in camp setting and areas where WASH facilities are damaged or dense areas where there are possibilities of waterborne disease outbreaks. There will be special needs for children, women and adolescent girls, including related to menstrual hygiene management. There will be need for monitoring of the ongoing

response to improve the situation of the affected population.

Key response activities

- Continue WASH specific interventions as identified for specific locations such as camps, cluster of households/ unorganised camps/setups.
- Review and update response plan based on the IRA and initial assessment conducted for WASH facilities.
- Conduct joint monitoring in affected areas for response feedback and improvement in response activities to pave the way for recovery work.
- Conduct recovery work according to situation analysis and WASH response strategy.
- Continue monitoring and analysis of context and WASH response to address evolving needs.

Cross-cutting issues

Gender and inclusion

Gender and inclusion issues may arise during the WASH response, such as gender and disabilities friendly toilets and bathing spaces to ensure safety and avoid gender-based violence and discrimination. Water points and sanitation facilities needs to be safe for women/adolescent girls as well as persons with disabilities and socially excluded group for them to be safe while fetching water or accessing sanitation facilities. Similarly supplies that provided are gender friendly addressing to both genders. These may also include menstrual hygiene items and facilities needed for women and girls. As WASH is a fundamental right and essential to daily life, they must be accessible to people with disabilities as well as other special needs. For this, consultation with various genders, people with disabilities and people with special needs is encouraged while making all of these facilities.

Community Engagement and Accountability

WASH Cluster, while responding to WASH needs, will initiate its response works based on initial consultation and dialogue with affected population, so that the support provided is well accepted by all affected and is used. For establishing temporary facilities such as water supply systems, sanitation and hygiene facilities including its operation and maintenance, it will

engage, support and provide needed skills to representative from the affected population to ensure full functioning of the facilities and also be accountable to the facilities provided by the cluster members.

COVID-19

With the continued risk of COVID-19 the Cluster will ensure that its interventions and workforce supporting the earthquake response continues to follow the basic principles of COVID-19 prevention: social distancing, wearing mask and hand hygiene. COVID-19 prevention support will also continue in the supplies and services provided during the earthquake response. Further, as part of its continuing work and assuming that COVID-19 could be rapidly transmitted in the context of an earthquake, it will continue to work with health and education clusters in the area of infection prevention and control, safe education, risk communication and community engagement which it has been doing in COVID-19 response.

PSEA

To ensure prevention of sexual exploitation and abuse in its response activities WASH cluster will orient its members and its partners on the key principles of PSEA. As the overall WASH interventions are closely linked to supporting the prevention of gender-based violence and abuse, this will be an integral component of all WASH actors' interventions.

Cash and vouchers

A common cash framework for use of cash in humanitarian emergencies is forthcoming. In the absence of a commonly agreed framework, WASH Cluster will look into existing mechanism as part of the earthquake response by the government to explore possibilities of cash or voucher system. Further, as WASH supplies and services are market-based and dependent on access, it will first analyse market functionality for the affected population to use cash or vouchers for WASH supplies and services. There are also challenges to consider given that households first priority is likely to be food and shelter, as opposed to other requirements like WASH, which remains critical and must be prioritized from the outset, perhaps making in-kind modality more appropriate in initial days. The Cluster will coordinate with the cash working group to explore possibilities of such support for WASH response.



Education Cluster

LEAD/CO-LEAD AGENCIES	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQ. (US\$)
MoEST, CEHRD, UNICEF and Save the Children	2.3M	0.2 M	\$23.1M

Key preparedness activities

Geographic focus: Based on the evidence from the Sajag-Nepal study, Lumbini, Karnali and Sudurpaschim Province are at high risk of earthquake. The preparedness activities will focus on hill and mountain areas of Lumbini, Karnali and Sudurpaschim. Due to high risk of earthquake, high social and economic developmental challenges, and remoteness of these location increase the vulnerability of the population. High ratio of the education in emergency (EiE) supplies will be prepositioned in these three provinces. While pre-identifying safe spaces, conducting drills/simulations and implementation of comprehensive school safety standards are ongoing nation-wide, they will be prioritized in Lumbini, Karnali and Sudurpaschim.

- Strengthen the cluster coordination and information management at federal, province and local levels.
- Review and update Contingency Plan, SOPs, guidelines and training manuals at federal, province and local level - ensuring the need of children with disabilities, girls and children from remote areas.
- Review the EiE standard supplies and advocate/ensure cluster members are maintaining a minimum Prepositioning of EiE supplies with logistic arrangement (efficient procurement plan, warehouse and distribution plans) with focus on Lumbini, Karnali and Sudurpaschim.
- Capacity building of local government and cluster partners for community mobilization at local levels (municipal education committee, community, SMC, PTA) to contribute to preparedness and school safety activities such as pre-identifying safe spaces and conducting drills/simulations.
- Prioritize the implementation of comprehensive school safety minimum package that includes emergency

preparedness at school level in the high-risk areas to ensure the education resilience of school and education stakeholders.

- Support systemic capacity development of education actors for preparedness and response.
- Coordinate and contribute to multi-sectoral support, such as WASH and protection, and education specific IEC material development.
- Maintain roster for need assessment of earthquake affected school buildings.

Response phase 1: weeks 1-2

Impact and key needs

56,000 classrooms will be collapsed/damaged leaving 2.3 million children in need of education support. Establishing the temporary learning centre, distribution of education supplies and providing psychosocial support to children, parents and teachers will be the key needs.

Key response activities

- Establish communication network with education authorities at province and local levels to receive initial updates.
- Disseminate life-saving messages to children, including messages related to hygiene, sanitation, prevention of gender-based violence and sexual abuse, health practices.
- Conduct education rapid assessment or contribute to multi-cluster initial rapid assessment to identify needs.
- Advocate to identify safe spaces and shelters for affected populations temporarily sheltered in schools
- Advocate opening of schools where possible.
- Conduct structural assessment of schools and determine damage and designate them as safe or unsafe (local government and SMC, with support from cluster members and stakeholders) if possible.

- Distribute prepositioned education materials as per needs to the affected locations.
- Begin construction of temporary classrooms (TCs – Phase I) of tarpaulin, bamboo and other local materials as appropriate with WASH facilities for boys, girls and children with disability catering both formal and non-formal education.

Response phase 2: weeks 3-4

Impact and key needs

Estimated 2.3 million affected children remain largely out of school, cut off from regular routines and social networks and are likely to be dealing with trauma related to the earthquake and subsequent aftershocks. Affected children are in need of psychosocial support and learning continuation across the affected area. Affected teachers also go through trauma, and need help to deal with their own psychosocial conditions as well as additional tips/skills required to support continuation of education in the affected areas. Continuation of learning of 2.3 million children in need and provision of psychosocial support for children and teachers.

Community perception surveys conducted with disaster affected communities indicate that resumption of education only becomes a priority for some families in the third- and fourth-weeks following disaster. In this time period 6% prioritized temporary schools and 5% prioritized education materials. Considering this relatively low rate of prioritization, it will also be important to pursue continuous engagement and advocacy with communities and stakeholders on the importance of education.

Key response activities

- Continue establishment of child, gender and disabled friendly temporary classrooms and distribution of education supplies.
- Coordinate with Protection Cluster on psychological first aid, psychosocial support and referral.
- Continue coordinate with other clusters for effective holistic response, especially Protection, WASH, Logistics, Shelter, Health and Nutrition on protection concerns, WASH in School, use of schools as shelters, Health and nutritional concerns.

- Train teachers on psychosocial support, health hygiene, school safety and use of education emergency supplies.
- Mobilize ward level civil forum, teacher associations, SMC, communities and youth groups for education response.

Response phase 3: months 2-3

Impact and key needs

In this phase, establishing semi-structured temporary learning centres and strengthen learning achievements would be a priority. Based on the need cluster will organise training to teachers (formal and non-formal), ECD facilitators. Focus would be bringing back normalcy in children's lives, ensuring the learning continuity in the safe environment. It will continue ensure multi cluster coordination for education response with other relevant clusters.

Key response activities

- Coordinate with and support local governments on transition of temporary classroom (Phase I) to semi-structured learning spaces (Phase II).
- Support monitoring mechanism for learning achievement.
- Need based training to teachers for strengthening learning achievement of children.
- Continued coordinate with other clusters for effective holistic response, especially Protection, WASH, Logistics, Shelter, Health, and Nutrition on mental health and psychosocial support, protection concerns, WASH in School, use of schools as shelters, health and nutritional concerns.

Cross-cutting issues

Gender and inclusion

Evidence from Nepal earthquake 2015 showed that most deprived and marginalized groups, especially people/children with disabilities, girls, adolescent girls, Dalits, economically poor, living in remote and rural, ethnicity and language minorities are mostly affected. They are most likely to be deprived of getting access to information, safe space, temporary learning centres, education-related materials/services,

gender friendly WASH and menstruation hygiene facilities and other information/services. A study post 2015 earthquake showed that many children from the most deprived and marginalized groups left education resulting increased child labour and child marriage.

Education Cluster will ensure to collect disaggregate data by sex, age, caste/ethnicity, disabilities among other intersectionalities of most deprived and marginalized children so they are included in program design and would not be left behind to get the education services. Together with the protection cluster, the education cluster will conduct GESI-sensitive risk assessments for schools to support targeted education services based on the gaps and needs of those groups. The Safe Space (SS) and Temporary Learning Centres (TLC) including WASH facilities will be disable and gender friendly. Likewise, the education cluster will ensure the menstruation hygiene management facilities (sanitary pads) for adolescent girls in Safe Space and TLCs. Teachers, facilitators, SMCs/PTA, youth and child clubs, parents, and children will be oriented to create an inclusive and non-discriminatory teaching-learning environment in SSs, TLCs, and at home/shelter. The accessible services and educational materials such as brille and sing language materials, education materials in local languages based on diversity of local languages, and children will be ensured. The strategies such as school-at-home will be promoted for the children who are unable to go to the SSs and TLCs. Furthermore, education cluster will coordinate with livelihood cluster and protection cluster to support the livelihood and counselling on taking care of and teaching children with different needs to ensure the wellbeing and education continuity of the most deprived and marginalized children.

Community Engagement and Accountability

Education Cluster will coordinate and collaborate with different levels of government entity to identify the need of the most vulnerable to fulfil their right to education. It will engage with the affected populations to identify their needs and coordinate among the cluster partners to ensure their participation as well as maintain transparency. As another key measure for transparency, SMCs, local government officials and child clubs will engage in the decision-making process during the response to create an enabling

environment for leveraging funds at the local level. Most of the schools have feedback mechanism - maintaining "Suggestion Box". This mechanism will be continued during emergency and key comment/suggestions will be addressed.

COVID-19

COVID-19 related mobility restriction might hinder the response of the cluster. Education Cluster will advocate and ensure local level preparedness and alternative strategies for learning continuity of children_ – such as prepositioning at local level and mobilizing local resources, radio schooling and distribution of self-learning materials. COVID-19 has provided an opportunity to establish and activate provincial and local level cluster mechanisms. The lesson learned of this experience will help both federal and sub nation level mechanism to reflect their capacity to cope larger emergencies. It will strengthen the capacity of provincial clusters to support local level cluster for response at local level with special focus on assessments and information management.

PSEA

Education Cluster will ensure the temporary learning centres are constructed in safe space with child and gender friendly WASH facilities. Provide orientation to teachers, facilitators, parents and children (as age appropriate) on prevention of sexual exploitation and abuse, and reporting mechanism in coordination with Protection and CCCM Cluster. School based feedback mechanism - "Suggestion Box" will be continued in temporary learning centre.

Cash and vouchers

Education Cluster has explored the modality of cash and vouchers in past emergencies. Government and some NGOs have provided cash grant on ad hoc basis. However, this provision yet to be fully explored aligning with the government's cash grant in coordination with cash working group. Cash and voucher assistance are important to ensuring the learning continuity of children from the most deprived and marginalized families. Common cash guidelines are under development, once endorsed, the Cluster will ensure its activities align with the agreed framework.



Early Recovery Cluster

LEAD/CO-LEAD AGENCIES	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQ. (US\$)
MoFAGA and UNDP	1M	0.4M	\$18.6M

Key preparedness activities

Geographic focus: All of Nepal is susceptible to high earthquake risks. However, based on risk modelling conducted by the Sajag-Nepal project, the western part of the country faces the highest relative risks, and therefore Early Recovery preparedness initiatives will focus on four provinces in the west of Nepal: Gandaki, Lumbini, Karnali and Sudurpaschim. It will also consider Bagmati province, as the population density create the possibility of large impacts in that province. Though relative losses are smaller in Sudurpaschim, it remains important to prioritize based on its high level of vulnerability to disaster given the status of housing, access and readiness, as well as its potential to contribute to humanitarian and early recovery response in adjoining provinces Karnali and Lumbini. Preparedness activities from an institutional perspective, in coordination with respective provincial governments and stakeholders, will be carried out in all seven provinces as well as at the federal level.

This Early Recovery (ER) preparedness and response plan is based on Sajag-Nepal modelling of potential earthquake scenarios in Nepal, with major risks identified in western parts of the country. Considering the likelihood of the disaster and its impact in the areas of livelihood associated with urgent needs on employment generation through different economic activities, the ER Cluster considers the following key preparedness initiatives to be necessary:

- Agree on minimum assessment requirement with MoFAGA, in coordination with NDRRMA (MoHA/NEOC) in line with existing assessment tools/templates, and share with cluster members, including at provincial level.
- Review financial opportunities for ER interventions with cluster members.
- Review and update ER cluster ToR in coordination with Cluster Lead, MoFAGA, and coordinate with respective authority/ministry at

province level with focus on western provinces yet ensuring minimum essential level coordination with all seven provinces, bringing on board provincial ER member agencies.

- Coordinate with Cash Working Group for potential cash-based intervention modalities and develop an understanding with federal and provincial governments on the cash-based intervention approaches.

Response phase 1: weeks 1-2

Impact and key needs

The physical damage a massive earthquake will leave the affected community with will have such damage on diverse sectors together with housing and infrastructures. The damage will be equally suffered by economic and employment sector including productive sector as many of the assets will be damaged, means of livelihood and employment generation including production systems will suffer a huge damage and loss. Likewise, markets will suffer a big loss and may require quite some time to reopen. Such situation directly impacts the means of livelihood of the affected population where the people already vulnerable and poor will suffer the worst. This will call for an urgent need of reopening the economic activities that will offer livelihood and employment opportunities. Experience from the 2015 earthquake indicates that the priority for the first two weeks will be life-saving operations, and early recovery works will become a greater focus after these initial operations are underway. However, some work on debris management can support by ensuring much needed access for humanitarian response in areas with heavy damages. Together with some ER interventions the first two weeks period will primarily be utilized in accessing potential needs and gaps in the ER sector and preparing for intervention.

Community perception surveys conducted with communities affected by various natural hazards found that communities prioritize livelihood

recovery very soon after disaster, and in fact 29% list livelihood options as a key need within the first two weeks following disaster, and addressal of those number would be key in helping them through restoring their livelihood and employment opportunities.

Key response activities

- Debris management support.

Response phase 2: weeks 3-4

Impact and key needs

As the situation evolves, the immediate needs for key humanitarian assistance are likely to continue. At the same time, the affected population will also be seeking support in normalizing their lives through restarting their engagement in livelihood and employment generation works. As more people are able to restart their economic activities the pressure on humanitarian relief should also reduce. Community perception surveys conducted with communities affected by various natural hazards found that livelihood needs increase substantially in the third and fourth weeks after a disaster, with 48-57% of families listing livelihood options as a key need during this time period. With this the needs will be on resuming economic activities focused on means of livelihood and employment generation.

Key response activities

- Debris management interventions.
- Cash for work-based employment generation interventions.
- Initiate ER needs assessment and planning process: assessment of localized and contextual early recovery needs (focused on livelihood offering economic activities).
- Carry out small scale community infrastructures works.

Response phase 3: months 2-3

Impact and key needs

Humanitarian assistance works will continue at full scale to meet existing needs. At the same, there will be a need to support a gradual return to normal life and best utilize available time and resources to assisting affected people in

rebuilding on their own through early recovery assistance with a focus on livelihood.

Key response activities

- Develop ER cluster short to medium term (from three months to 12 months period) response plan in coordination with HCT.
- Conclude debris management support works.
- Scale out ER interventions.

Cross-cutting issues

The 2015 earthquake response experiences illustrate that due to difficult terrain and lack of information and robust coordination there is a risk that many affected people will remain out of humanitarian reach, whose needs will be of prime concern. Gradually the scenario should facilitate normalizing process, also with focus on recovery process for which the ER cluster may need to put extra efforts in creating a positive environment in building synergy with the humanitarian response works. Some other issues such as of assessment and targeting, agreeing on rational intervention models may arise, requiring common efforts of the HCT and the government. Access to remote areas still may be one among potential hurdles. Additionally, seasonal/climatic issues may also create hurdles to the response and recovery efforts needs some contingencies.

Gender and inclusion

In general, a jointly agreed approach at HCT level will be required in addressing any issues in this area. The ER cluster, based on its learning from 2015 earthquake response, also leveraging from 2017 flood response and COVID-19 response, will target households that include female headed households, daily wage-based households, households relying on their small enterprise with local coverage and households making their livelihoods through informal sector economic activities. The past learnings have provided us with the information that additional efforts are required in ensuring meaningful participation of marginalized groups: female headed HHs, caste-based minorities, persons with disabilities, etc. and are able to make positive changes on their livelihood through the support provided. At the same households including of elderly and disabled persons, including female headed households, may face utter crisis in accessing recovery support.

Special provision will be sought in ensuring their protection through an inter-cluster coordinated approach to support. An improved information management system, including a robust database of the affected and needy households, will be a critical tool to providing inclusive support. Specific criteria will be developed and implemented in ensuring access and meaningful participation of these vulnerable and marginalized segments of the affected population as direct beneficiaries.

Community Engagement and Accountability

Affected communities will be engaged throughout the service/assistance delivery cycle, from needs assessment to targeting, service delivery, monitoring and satisfaction surveys. Ensuring accountability to the affected population will be at the centre. Learning and best practices from past response works will be best utilized while a regular review, community feedback and improvement mechanism will be focused at institutional level under coordination of the HCT.

COVID-19

The ongoing pandemic situation of COVID-19 is most likely to continue, in spite of ongoing containment efforts at national and global levels. This is expected to further aggravate the humanitarian situation, demanding special approaches to handling response interventions. It is important that the ER plan will pay utmost attention to safeguarding from potential risk of COVID-19 and required safe approaches will be put in place in reaching out to the beneficiaries in delivering services and support, in coordination with other clusters, including the Health Cluster.

PSEA

The Cluster will take support from Protection Cluster and GiHA in adopting required approach in preventing and mitigating any risk of sexual exploitation and abuse in the humanitarian setting. All required measures including awareness, Dos, Don'ts and BOGs will be put in place in mitigating any such risks.

Cash and vouchers

Past experiences, including from 2015 post-earthquake early recovery initiatives carried out in different parts of the country, severely affected by

disasters, have offered us with the analysis that both the cash and/or voucher based, and service and commodity-based support will be required and work efficiently for immediate livelihood recovery assistance to the affected households. A mixed approach for the delivery of the post-earthquake early recovery interventions will be applied, will have cash and/or voucher and other services such as organization of skills development trainings, asset and equipment support. Cash/voucher-based interventions, such as cash for work will be carried out vis-à-vis other intervention approach/es. Cash/voucher-based activities may include cash for work for restoration and maintenance of community infrastructures, service facilities such as agriculture production collection centres, local market facility establishment.

Camp Coordination and Camp Management (CCCM) Cluster



LEAD/CO-LEAD AGENCIES	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQ. (US\$)
DUDBC and IOM	2.7M	1.6 M	\$3.6M

Key preparedness activities

Geographic focus: Seven provinces, starting from Karnali, Lumbini and Gandaki. The three provinces are prioritised as the cluster capacity is lower and the number of affected populations is likely to be higher. Following 2015 earthquakes, CCCM cluster has conducted a series of capacity enhancement trainings across seven provinces. The Cluster plans to initiate the trainings/preparedness activities from the western region.

- Training on CCCM, DTM, protection in camp settings and GESI checklist for collective centres provided to provincial, local and community level stakeholders. In coordination with the protection cluster, provide trainings and enhance skills of CCCM actors on responding safely and ethically to protection incidents and also develop tools and guidance for drafting of protection monitoring and incident reports.
- Training on Comprehensive Guide for planning Mass Evacuation in Natural Disasters (MEND Guide¹⁵) to provincial, local and community level stakeholders and first responders.
- Design and update of key tools, including DTM questionnaires and registration tools.
- Identification and preservation of open spaces throughout all seven provinces and coordination with other clusters to map pre-positioned stocks and infrastructure in and around identified sites. Integrate the identified and mapped open spaces into BIPAD platform.
- Mapping of collective centres that are being used as evacuation centres in the local levels in coordination with humanitarian agencies and sectors providing emergency assistance, provincial and local governments and integrated the details into BIPAD platform. While mapping of these centres, accessibility

and disability friendly structures will be duly considered.

- In coordination with the protection cluster, ensure the information on referral pathways and contacts are available.

Response phase 1: weeks 1-2

Impact and key needs

Following an earthquake of 7.8 magnitude with epicentre in Rukum (Karnali Province) 978,511 homes will be destroyed, resulting in 5,450,435 people without access to shelter. Based on learning from the 2015 earthquakes, it can be anticipated that 4% of the population of the affected area will be displaced and in need of accommodation in collective sites or pre-identified existing structure that will provide them with safety and access to life-saving assistance and services.

Key response activities

- CCCM cluster to support the local government, provincial governments and security forces with camp layouts to host displaced population in planned camps in the pre-identified open spaces (open spaces mapped in 13 local municipalities across the country and integrated into BIPAD).
- Feasibility study on potential planned camp settlements, covering minimum COVID-19 preventive measures and response if cases are confirmed.
- Identification of partners to take on temporary role of camp management focal points in identified camps to support civilian leadership in camp settings.
- Roll out DTM in accessible affected areas to map key needs of displaced households and identify service gaps, ongoing on monthly basis thereafter.

¹⁵ [MEND_download.pdf \(ccmcluster.org\)](#)

- Establish planned camps only as an option of last resort and develop decommissioning and closure plans in parallel.
- Coordinate assistance in sites and community centres and refer gaps and needs in all key sectors to the respective clusters, including shelter, WASH, food, nutrition, health, livelihoods, agriculture and education whilst ensuring the mainstreaming of cross cutting issues such as protection and environment.
- In coordination with the protection cluster, identify and deploy protection focal points to support identification of unaccompanied children, other vulnerable groups and mitigate risks as well as deployment of psycho-social support resources. In addition, together with the protection cluster, set up feedback and complaints mechanisms to receive and investigate requests and grievances regarding CCCM interventions, facilities and services at the displacement sites and Prevention of Sexual Exploitation and Abuse (PSEA); and carry participatory safety audits to identify and address protection and GBV risks and guide risk mitigation measures.

Response phase 2: weeks 3-4

Impact and key needs

Displaced population have limited access to proper shelter. Displacement sites have been hastily established, are crowded and remain scattered across remote and hard to reach locations. Service delivery is also hampered by different climatic conditions. There remains a need to assess relocation options and establishment of planned sites with access to basic services.

Key response activities

- Provision of site planners to partners to assess relocation options and establishment of planned sites in pre-identified open spaces or to identify rapid upgrade and modifications in spontaneous sites.
- Continuous monitoring of new emerging sites for makeshift and spontaneous camps
- Continuous monitoring of collective centres and provide recommendations from GESI lens and update GESI checklist for these centres.
- Close collaboration with WASH and Health clusters to prevent outbreak of COVID-19 or cholera, dengue and other water borne and vector borne diseases during monsoon, and viral flu and fever during winter.
- Assign camp management agencies for each camp for a minimum period of three months.
- Roll out of gender and age sensitive, disaggregated registration and profiling tools in coordination with the protection cluster.
- Continuous monitoring of assistance provided by different clusters and service providers based on the needs of displaced population in the sites are conducted by rolling out Displacement Tracking Matrix in the sites.
- Coordinate assistance in sites and community centres and refer respective needs and gaps in all key sectors including shelter, WASH, food, nutrition, health, livelihoods, agriculture and education whilst ensuring the mainstreaming of cross cutting issues such as protection and environment.
- Advocate for the relocation of displaced population living in areas at risk of landslides with active engagement of displaced populations, host communities and relevant authorities.

Response phase 3: months 2-3

Impact and key needs

Potential for tension with host community as displaced population presence continues to impact their daily lives. Camp locations have more or less been established now and the pressing priority becomes ensuring access to essential services within all camp settings as well as basic improvements in the sites including access to the camp sites.

Key response activities

- Ensure host communities have access to resources, including conflict mitigation, as well as relief items
- Establish effective functioning of continuous health services, including mobile clinics for psychosocial health and referrals.
- Ensure all services, collective centres, water points, latrines, waste management, shelters, etc. are mapped and shared with all service providers and cluster leads and ensure the minimum standards in camps settings are maintained.
- Consultations held on the identification and development of durable solutions strategies

for return, relocation or re-integration of displaced populations.

- Roll out of gender and age sensitive, disaggregated registration and profiling tools.
- Ensure affected people have channels to provide feedback and establish two-way communications mechanisms with affected communities through camp management structure.
- Advocate for the relocation of displaced population living in areas at risk of landslides with active engagement of displaced populations, host communities and relevant authorities.
- Coordinate assistance in sites and community centres and refer respective needs and gaps in all key sectors including shelter, WASH, food, nutrition, health, livelihoods, agriculture and education whilst ensuring the mainstreaming of cross cutting issues such as protection and environment.
- Develop decommissioning plans for each camp, in coordination with relevant clusters and local government.

Cross-cutting issues

Gender and inclusion

Camp managers, coordinators and administrators all share the responsibility of ensuring the safety and security of affected populations during the entire life cycle of a site – from planning and set-up, to care and maintenance, and through to site closure and longer-term solutions for affected populations including women, men, sexual minority, of different age groups and backgrounds. CCCM cluster would conduct regular DTM assessments and form different committees – women’s committee, youth’s committee, elderly committee among others to support setting up mechanisms and structures for better understanding and addressing the needs and capabilities of different groups and their access to equitable services. CCCM, in coordination with the Protection Cluster rolled out “Protection enhanced DTM” in camps and camp like settings following the 2015 earthquake, which contributed to providing critical information for responders and camp managers to better understand the needs of women, men, sexual minorities, different age groups, and backgrounds. This would be replicated in future.

Community Engagement and Accountability

Ensuring meaningful engagement of all groups of a displaced population in decision making processes in camp governance structures is an essential pillar of camp coordination and camp management. CCCM would ensure that all groups’ voices are heard and considered, the assistance provided to them would be given considering these needs, capacities and expectations. CCCM would promote community engagement that requires planning and resources and where individuals and groups from the displaced community identify and express their own views and needs and where collective actions are taken to significantly contribute to solutions. CCCM would encourage and apply community engagement to all necessary sectors of activity throughout a camp’s life cycle to reduce dependencies and vulnerabilities. For achieving this, camp management would be setting-up leadership structures and community/representative groups, or support or develop any similar or existing participatory structures where the camp population can contribute to the decision-making process concerning camp life. In addition, feedback and complaint mechanisms (CFM) would be set up (in the form of CFM desks, voice recorders, feedback boxes etc) where the affected population can regularly provide their complaints and feedback about services inside camps and camps like settings.

COVID-19

Considering the pandemic, CCCM cluster would work together with the health and WASH clusters to ensure all its staff members and including partner staff and all community members/leaders engaged in response activities in camps and camp like settings are trained on COVID-19 self-protection and have access to necessary personal protective equipment (PPE). In coordination with health cluster, the demographics of camp population would be assessed to identify the high-risk groups with underlying health conditions- elderly persons, pregnant women, people with immune- suppressing illness or taking immunosuppressants and people with chronic illness-diabetics, heart disease, chronic lungs and kidney diseases. It would be ensured that the camp plan is developed in coordination with all clusters including Health, Shelter, Protection, and WASH and local communities, covering minimum preventive measures and response if cases are

confirmed. CCCM would advocate for tent-to-tent methods for conducting awareness campaigns and distribution of services inside camps or camp like settings would promote block by block distribution where at least 1 meter distance would be maintained at all times. The CCCM cluster would also plan for camp decongestion in coordination with shelter and health cluster to prevent the outbreak of COVID-19. In addition, CCCM cluster would also develop tools and guidance for site planning, including for contingency spaces, expansion of services such as isolation and quarantine areas. In coordination with the Health and WASH clusters, linkage with designated hospitals, standby paramedics, stringent infection prevention and waste management protocols in camps, mass disinfection and daily disinfection provisions would be ensured by the CCCM Cluster.

details of the camp or camp like settings would be shared with other clusters, governments and humanitarian actors to support the agencies for providing multipurpose cash for relief and recovery. In addition, vulnerability assessment would be conducted to ensure referrals to social assistance mechanisms, where some of the most vulnerable are unable to return

PSEA

CCCM cluster would work in coordination with the Protection cluster and identify dedicated focal points and raise awareness about Prevention of Sexual Exploitation and Abuse (PSEA). The cluster would also provide clear information on the fact that beneficiaries do not have to provide services or favours in exchange for receiving services or accessing facilities. In addition, the cluster together with Protection cluster would set-up feedback and complaints mechanism to receive and investigate requests and grievances regarding CCCM interventions, facilities and services at the displacement sites, as well as allegations of intimidation, coercion, violence and sexual exploitation and abuse experienced by women, girls, boys and men in receiving assistance.

Cash and vouchers

CCCM cluster would promote cash for work for upgrading or setting up camp infrastructure. Conditional cash transfer would be provided to the beneficiaries- camp residents and communities on the condition of work being conducted in relation to the rehabilitation of communal facilities including roads, water points, sanitation and waste management, hygiene promotion land preparation and upgrades in the camps. Cash component is mainly to empower communities and strengthen community participation and ownership and the cluster would work in coordination with Cash Working Group and in line with the Cash for Work Guideline for cash distribution. The demographics



Emergency Telecommunications Cluster (ETC)

LEAD/CO-LEAD AGENCIES	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQ. (US\$)
MoICT and WFP	N/A	N/A	\$1M

Key preparedness activities

While preparedness and immediate response actions taken by commercial services providers (mobile network operator and Internet services providers) are essential, the ETC will be required to provide emergency telecommunications (such as data and voice connectivity, radio-based security communications and helpdesk support) to humanitarian responders, government and affected population until commercial services are re-established. Given the logistical access issues expected, timely deployment of ETC services will be dependent on substantial equipment prepositioning in country. The success of the response will also rely on a close coordination and collaboration between the Government of Nepal, WFP, local services providers and actors and international ETC partners.

Geographic focus: Humanitarian Staging Area(s) (HSA): Kathmandu/KIA, Birgunj, Nepalgunj, Bhairahawa, Birendranagar, Dhangadhi and Biratnagar.

- Preposition electrical, IT, satellite and telecommunications equipment to enable immediate establishment of data and voice connectivity at Kathmandu, Birgunj, Nepalgunj, Bhairahawa, Birendranagar, Dhangadhi and Biratnagar
- Train and facilitate exercises for MoICT and local cluster partners to enable rapid deployment of services
- Participate in joint provincial and national emergency simulation with ICT actors and other clusters.
- Provide training to Government, security forces, I/NGO staff on use of emergency telecommunications at central and provincial levels
- Ensure availability of international ETC surge capacity (equipment, services and staff).
- Re-establish a regular ETC coordination forum or local ICT working group including all

relevant local actors from government, humanitarian organizations and private sector.

- Collect GSM coverage data of remote vulnerable districts in mid- and far-western Nepal
- Map communications preference and trusted sources of information in Nepal.
- Establish national roaming agreements so that affected populations do not face network loss in the aftermath of disaster
- Map available expertise particularly in the field of engineering qualifications and education, in coordination with the Ministry of Communications and IT
- Establish a comprehensive ETC response plan.

Response phase 1: 1-2 weeks

Impact and key needs

- Earthquake interrupts key infrastructure, including damage to electricity supply networks and breakdowns in telecommunications, which are essential to support a coordinated and effective response to the disaster. Restoring and providing emergency communication access for responders and affected people is critical to supporting humanitarian coordination and information sharing. Immediate deployment of local resources, as well as the mobilization of international support, will be key during the immediate response phase.
- The ETC will fill the ICT gaps in up to five common operational locations identified in the affected areas as well as humanitarian hubs established.

Key response activities

- Activation of fast-track processes for importation and licensing of humanitarian IT and telecommunications equipment.

- Activation of ETC operational Working Group with government, commercial service providers and humanitarian responders represented.
- Definition of primary/secondary deployment areas, main gaps/bottlenecks, need for specific ETC services.
- Deployment of ETC rapid assessment and deployment of teams to setup critical ETC coordination, information management and services to support assessment in affected areas and life-saving activities.
- Deployment of ETC equipment from HSAs to affected areas.
- Procurement and deployment of ETC equipment from global stockpiles.
- Establish ETC services in coordination with local actors in main coordination hubs and priority locations identified (up to 3 initial locations).
- Assess information and communications needs of affected populations, and planning/initiate the provision of services to communities.

for future response, and /or identify any local actors to donate equipment in use.

Cross-cutting issues

Community Engagement and Accountability

The ETC will, through provision of services to communities, ensure access to information and availability of relevant communication means to the affected population. The specific services will be context-dependent, and may include at first connectivity, charging stations but also support to local broadcasters and possible establishment of a joint Common Feedback Mechanisms (CFM) to enable two-way communications between humanitarians and communities on assistance received. To best identify the needs and services required, the ETC will engage in established in Community Engagement Working Groups and take part of Multi-Sector Needs Assessments.

Response phase 2 and 3: 2 weeks – 2 months

Impact and key needs

- ETC services, including for the communities, are expanded to another 2 locations where ICT gaps are identified and maintained ensuring quality and security of the networks.
- Gradually phase out ETC services as commercial services are being re-established or establish cost-sharing arrangements among organizations where required.

Key response activities

- Expand services until no longer required and pending resources availability.
- Identify long-term requirements for government and humanitarian organizations and work closely with local services providers as they recover
- Establish medium to long term services provision solution where commercial service providers are not available.
- Communicate the transition plan to all actors and users involved or receiving services.
- Demobilize teams and partners and return loaned equipment.
- WFP to act as the custodian for any equipment left behind and that could be used

OPERATIONAL WORKING GROUPS

Community Engagement Working Group



LEAD/CO-LEAD AGENCIES	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQ. (US\$)
UNICEF and RCO	5.8 M	5.8 M	\$12M

Key preparedness activities

Geographic focus: Bagmati, Gandaki, Lumbini, Karnali and Sudurpaschim provinces.

Key populations will have access to earthquake preparedness messages and ability to provide input into preparedness and response planning.

- Regularly engage with at risk communities to understand key needs in the event of disaster as well as modality preferences, trusted communication channels and receive other input into preparedness and response planning.
- Develop partnerships with networks of local community radios, community-based organisations/ network and volunteer-based organisations to strengthen two-way communication in normal times and in emergency contexts.
- Capacity building of radio programme producers, volunteers, humanitarian and civil society organisations on communicating with affected communities, including do no harm and PSEA.
- Set up/maintain feedback and complaint mechanisms for affected populations.
- Develop information sharing tools among partners to enable sharing and analysis of feedback collected across partner organisations.
- Harmonize key lifesaving contextualized messages and communication products on different clusters/ sectors in emergency situations.
- Finalise and disseminate the agreed common message library; and prepare generic media products that can be rapidly rolled out in a response.
- Develop partnerships with research agencies, including social scientist, for conducting communication need assessment, perception

and behavioural surveys and survey tools to carry out annual preparedness work and enable quick adaptations in emergency contexts.

- Develop community engagement tools (FGD guidelines, survey questionnaires, online platforms, etc.) for use in the immediate aftermath of a disaster.
- Mapping of information and communication methods and who they are accessible to.
- Establish long term arrangements with the media buying agencies/networks for dissemination of the communication products using mass media and social media.
- Identify and train spokespersons at federal and provincial levels.
- Establishment of institutional mechanisms to ensure regular communication between clusters and RCCE to ensure smooth flow of information from communities to clusters and back in an emergency.

Response phase 1: weeks 1-2

Impact and key needs

In the immediate aftermath of an earthquake, displacement due to damaged or collapsed infrastructure, fear of aftershocks, breakdown of electricity and communication networks, access difficulties in information dissemination; road and transportation obstruction restricting the mobility of volunteers and mobilisers is expected. In addition, damaged water supply and sanitation system will create the risk of outbreaks, the affected population will experience trauma, particularly children, elderly and adolescents; rumours and misinformation related to the crisis will be common and there may be unequal distribution of relief support.

The affected populations will require access to key life-saving messages as well as platforms/spaces to voice their concerns, needs and receive counselling to deal with their situation and built partnership with stakeholders to effectively communicate with affected populations.

Key response activities

- Disseminate lifesaving messages and combat rumours and misinformation using functional mass media, telecommunication system and community-based communicators.
- Conduct rapid community perception surveys to understand immediate needs, concerns and information and communication priorities and reach.
- Track rumours and misinformation in earthquake affected community and address them with correct and evidence-based information using functional and appropriate communication channels.
- Support government to conduct daily media briefs for transparent and clear information about the relief efforts and address any concerns and grievances.
- Establish hotlines and toll-free numbers for humanitarian response.
- Activation of inter-agency community engagement mechanism to ensure feedback on the response is systematically collected in a representative manner from affected communities and that various feedback streams can feed into the HCT.

Response phase 2: weeks 3-4

Impact and key needs

Communication channels should be regularizing from initial disruptions, but information on relief efforts and communication of critical life-saving and life-enhancing messages are likely to remain out of reach by many affected communities. Efforts will need to be intensified to ensure critical two-way communication is reaching affected people and is linked with cluster response operations.

Key response activities

- Strengthen coordination and collaboration with health, wash, education, nutrition and protection clusters to map communication needs, standardise messages, revision of the

communication materials and dissemination platforms

- Disseminate lifesaving messages including and combat rumours and misinformation using functional mass media, social media, telecommunication system and community-based communicators or community mobilisers.
- Continue community perception surveys to ensure response is continually informed by voices of affected people.
- Track rumours and misinformation in earthquake affected community and address them with correct and evidence-based information using functional and appropriate communication channels.
- Conduct community meetings in coordination with community-based organizations to collect qualitative data from the affected communities.
- Complaint or grievances registration through hotlines, toll free, suggestion box and community level consultation and addressed through different communication platforms and clusters.
- Support for daily media briefings to combat rumours and misinformation and inform the affected populations on available reliefs

Response phase 3: months 2-3

Impact and key needs

Communication channels and distribution of assistance should have become more routine by this stage, providing an opportunity for more in-depth engagement of communities on their feedback, issues and concerns now that immediate needs have been addressed to ensure the response is continually adapting to the changing needs and concerns of affected communities.

Key response activities

- Disseminate lifesaving messages including COVID-19 preventive behaviours and combat rumours and misinformation using functional mass media, social media, telecommunication system and community-based communicators or community mobilisers.
- Engage with social and community leaders/influential to reach out communities with the information and psychosocial counselling.

- Close the feedback loop by communicating back to the affected communities on how feedback collected has been used to strengthen efforts in addressing concerns or unmet needs.
- Continue community perception surveys to ensure response is continually informed by voices of affected people.

Cross-cutting issues

Gender and inclusion

WG will ensure that communication messages and materials developed are age, geography, culture, gender and disability friendly and disseminated channels are selected to reach the most marginalised populations. The WG will proactively reach out to women, elderly, persons with disability and LGBTIQ members to ensure their voices and feedback are being captured and addressed.

Community Engagement and Accountability

In an emergency, it is critical that effective two-way communication mechanisms are put in place to communicate, support and coordinate with affected people. Community engagement seeks to ensure active and meaningful participation from affected communities, listening to the needs of communities, feedback and complaints along with creating the feedback loop for taking the corrective and timely actions.

The role of the WG is to support the implementation of coordinated community engagement response actions across clusters/partners through the adoption of innovative and appropriate localized approaches (radio/television, survey, IVR system, ICT technology) to better understand the needs of communities with the active engagement of affected people, in particular the most vulnerable groups along lines of sex, age, ethnicity, caste, physical ability and other diversities. The overall aim will be to ensure that the provision of information, community feedback and participation are effectively implemented. Specifically, the Working Group will seek to achieve the following:

- Humanitarian response is informed by the views of affected populations (regularly collect sex, age, ethnicity, caste, physical ability and age disaggregated feedback on community

needs, broad perceptions and narrow complaints, ensuring inclusion of vulnerable groups).

- Humanitarian responders are encouraged to act on the feedback reported in HCT meeting.
- Communities have the information and communications capacity they need to make informed decisions and stay safe: Providing affected populations with needed information, including progress report on responder's feedback (if any), messaging to support psychosocial counselling and use of various communication channels and approaches to reach out communities about the available services and available mechanisms to address their concerns.
- Community responders and volunteers are mobilized and connected with the international response.

COVID-19

The pandemic may affect the WG members' capacity to conduct the face-to-face outreach, leading to reliance on electronic or online platforms, which can be challenged with the breakdown of electricity and communication structure, and are not necessarily accessible to the most vulnerable who are likely to lack connectivity, devices and perhaps literacy. Public health and safety measures will be ensured during the face-to-face dialogue with the affected communities. WG members will work with health and other clusters to ensure the availability of enough supplies (mask, water, soap or sanitiser) and infrastructure (megaphone and space for enough distancing) during face to face reach out.

PSEA

RCCE partners at national and community level will be capacitated and monitored through community-based platforms for prevention of sexual exploitation and abuse. Mass media and community outreach activities will make sure that communities are informed and capacitated to report on PSEA or any misconduct through the humanitarian actors. PSEA will be captured through community feedback mechanism as well.

Cash and vouchers

CE working group will work closely with the cash groups and clusters to support informing the affected populations about the relief measures and creating the feedback loop to ensure

concerns and grievances related to the cash and vouchers distributed are addressed and ensuring that most marginalised populations have access to the information and services.

Gender in Humanitarian Action Working Group

Lead/Co-lead: UN Women
Preparedness budget: 30,000
Response budget: 100,000

To ensure effective mainstreaming of GESI, the UN Country Team (UNCT) Gender Theme Group (GTG) Task Team for Inter-Cluster Gender in Humanitarian Action (GIHA TT)¹⁶ was re-activated on 02 April 2020. GIHA TT is currently chaired by UN Women. The Group consists of many government officials (particularly from Ministry of Women, Children and Senior Citizens), cluster gender focal points, gender experts from a variety of organisations active in the humanitarian response and civil society organisations.

The objective of the group is to ensure that the needs of all affected populations – women, men, girls, boys, persons with disabilities, sexual and gender minorities, people living with HIV/AIDS, adolescent girls, single women, members of female-headed households, pregnant women and lactating mothers, senior citizens, Dalit women, women from religious and ethnic minorities and indigenous women- are addressed equally and their rights are protected and promoted. The GTG Task Team for Inter-Cluster Gender in Humanitarian Action provides (1) an inter-cluster **coordination mechanism** to raise gender equality issues that are of concern to two or more clusters. In addition, it will (2) identify opportunities for cross-learning of good practices across clusters. GIHA TT prioritizes a no one leave behind principal, and focuses on the most vulnerable, their needs and the nature of support required to them during immediate-, medium- and long-term period and collaborates for a coherent response. It also organizes a multi-stakeholder dialogue platform which served as a constructive virtual dialogue platform, honoring diversity of voices, demonstrating thought leadership and enabling greater coherence for coordination of efforts around GESI. During the Post Covid-19

context, GIHA TT organized 26 online meetings with over 1,602 representatives from government, civil society organizations, development partners, and UN agencies who listened to the emerging concerns of women and excluded groups to inform their respective responses to the pandemic. Similarly, in the aftermath of an earthquake GIHA will be activated by prioritizing earthquake affected women and vulnerable groups.

During preparedness GIHA TT will have the following responsibilities:

- Coordinate with government to strengthen GESI in humanitarian and DRR policies, plans and guidelines.
- Organize multi-stakeholder dialogue platform on relevant humanitarian agenda.
- Identify opportunities for cross-learning of good practice across cluster and regularly undertake capacity development on gender responsive humanitarian action, preparedness and recovery.
- Develop Provincial Fact Sheet of women
- Develop and update GESI Checklist for disaster preparedness together with the Government.
- Provide trainings to all clusters on gender equality and the empowerment of women and girls financing in humanitarian programming and tools.
- Provide trainings to Nepal Army rescue and humanitarian teams on inclusion and gender responsiveness in their humanitarian work.

During response GIHA TT will have the following responsibilities:

- Convene gender focal points from each of the clusters to exchange information and address gender equality issues in the humanitarian actions (needs, gaps, response efforts) of the clusters.
- Support the government in conducting rapid gender analysis, GESI responsive inputs to Nepal's Preparedness and Response Plan, and Post Disaster Recovery Framework.
- Provide technical support and guidance, including through the use of available

¹⁶ Previously referred to as Inter-Cluster Gender Working Group.

tools, based on the Nepal Gender Equality Resource Guide for Emergency Response Preparedness and the [IASC Gender in Humanitarian Action Handbook](#) and [Checklist for Gender Equality and Social Inclusion in Disaster/Emergency Preparedness in the COVID-19 Context](#), for the integration of gender dimensions into respective clusters' and cross-cluster joint actions (policies, guidelines, tools, advocacy, briefs, assessments, planning, resource mobilization efforts, financing, programming, monitoring, preparedness and recovery actions).

- Support women's groups, agencies of vulnerable groups and related expert agencies in putting in place projects and programmes related to psychosocial support, legal help desk, information desk as per needs raised in GIHATT. This will be done in collaboration with relevant clusters.
- Prepare regular strategic and analytical briefings, including recommendations, for the HCT, UN RC/HC for their further use and advocacy as needed.
- Support in ensuring gender analysis and gender-responsive assessments and research, messaging, and feedback mechanisms for each cluster and across clusters including sex, age and disability disaggregated data, in close partnership with information management, assessment and Community Engagement WGs.
- Organize virtual dialogues of women, vulnerable and excluded groups with GiHA-TT members
- Routinely monitor progress on gender mainstreaming by clusters and the overall humanitarian coordination architecture using gender equality indicators, IASC gender and age marker and Sendai Monitor. Provide orientation and capacity development sessions, as needed, on the gender and social inclusion dimensions of humanitarian action, preparedness, and recovery at both national and sub-national levels with members of the GiHA TT, clusters, inter-cluster working groups and other humanitarian actors.
- Identify and analyse important developments, including needs, gaps, good practices, and success stories of multi-cluster concern and raise at

the GiHA TT meetings (or earlier and directly with the HCT if critical and important).

- Develop and publish Gender Equality updates with relevant theme.
- Develop Gender Profiles of relevant municipalities and update them.

Information Management Working Group

Lead/Co-lead: UN Resident Coordinator's Office
Preparedness budget:

Response budget:

The quality of information available to decision-makers is a crucial factor in achieving the objective of maximising the impact of collective response activities. There is an abundance of disaster related data in Nepal which can be used to prepare for, and support, rapid and informed humanitarian responses. The challenge is for this data to be identified, compiled, and made available to disaster responders in a way they can use. Information management (IM) is vitally important because it improves the speed and accuracy of information delivered, creating a shared frame of reference that enables decision-makers to co-ordinate and plan programming based on best available knowledge of needs and a clear understanding of each organization's capacity. Dedicated capacity is required to ensure partners can access credible data in a timely manner to support response planning.

The Information Management Working Group (IMWG) is chaired by the United Nations Resident Coordinator's Office (UNRCO) and its membership includes an IM focal point representing each of the agencies and clusters, as well as relevant Government ministries and departments. Its role is to ensure that information is appropriately collated from various sources and transmitted to the Humanitarian Country Team (HCT), as well as promote sharing of IM skills and capacity between the members and improved IM capacity nationally.

Data preparedness constitutes a key component of emergency preparedness, which underpins the development of the ERP as well as anticipates the needs in a response. This contingency plan and the accompanying provincial profiles and municipal profiles aim to harness existing data

and to provide humanitarian actors with a robust foundation on which to make initial and prioritized response decisions. Provincial and municipal profiles can be accessed [here](#).

Data preparedness allows the HCT to make decisions on humanitarian support on a rapid 'no-regrets' basis in the event of an emergency, while awaiting more detailed assessment.

In preparedness mode, the IMWG has the following responsibilities:

- Facilitate and enhance the exchange of information produced by sectors/clusters and other inter agency bodies that support disaster preparedness and response
- Standardize and act as an authoritative source for baseline datasets relevant to disaster response and response preparedness, including Common and Fundamental Operational Datasets (CODs/FODs)¹⁷
- Review appropriate means of communication, information storage messaging systems, databases, software tools, as well as accompanying procedures
- Act as a country level IM focal point and, where required, to inform the Global Inter Agency Information Management Working Group

In a response, the IMWG would have the following key responsibilities:

- Compiling inter-cluster baseline data and response information including 3W data
- Populating common data-sharing platforms
- Using available pre-crisis information and scientific modelling, convene to determine an initial caseload scenario in the event of an earthquake, to support the HCT in its response planning.

¹⁷ <http://cod.humanitarianresponse.info/about>

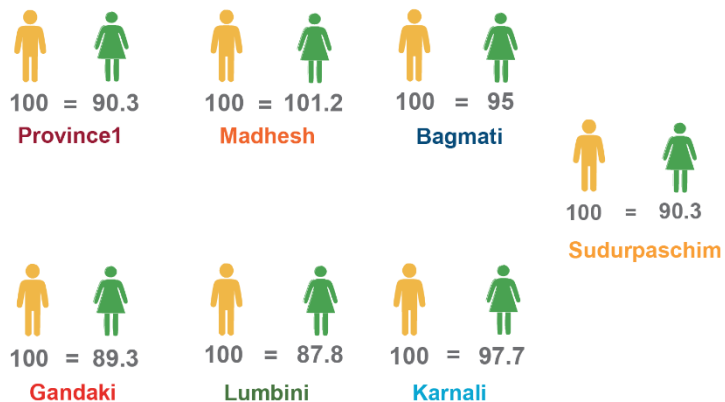
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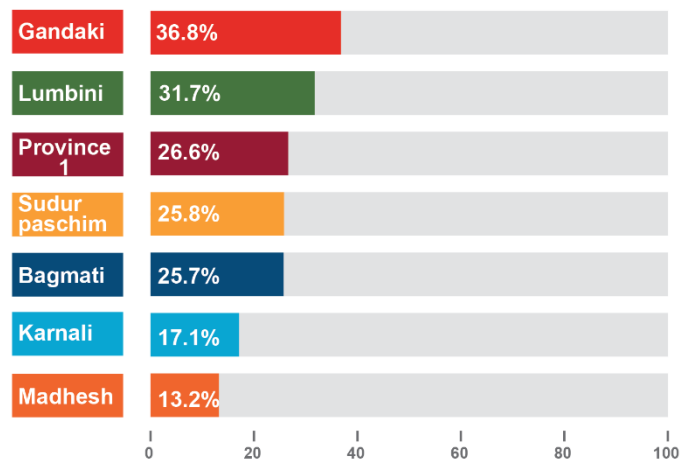
		Cluster	Preparedness budget (USD)	Response budget (USD)
1		Food Security		31.8 million
2		Health		28.2 million
3		Logistics	5.6 million	18.2 million
4		Nutrition	3.5 million	5.1 million
5		Protection	1.0 million	5.0 million
6		Shelter	0.06 million	42.9 million
7		WASH	3.2 million	34.3 million
8		Education	0.5 million	22.6 million
9		Early Recovery	0.01 million	18.5 million
10		CCCM	0.8 million	2.8 million
11		ECT	To be finalised	1 million
Operational working groups				
1		Community engagement	0.82 million	11.0 million
2		Gender in Humanitarian Action	0.03 million	0.1 million
3		Information Management		
		Total	15.5 million	220.5 million

ANNEX: Summary of key indicators on women, by province

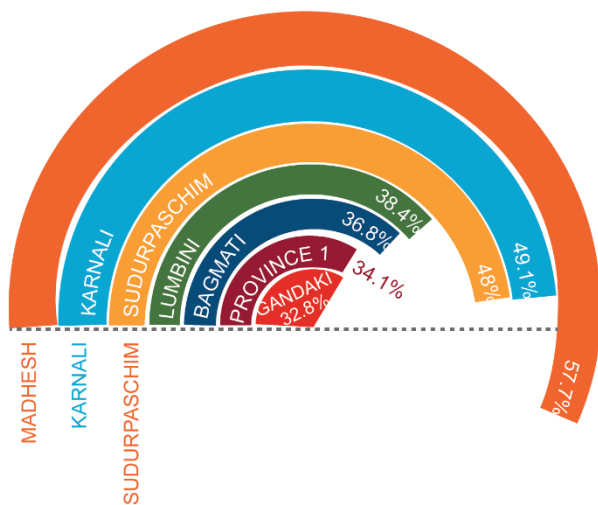
Female Population (Sex Ratio)



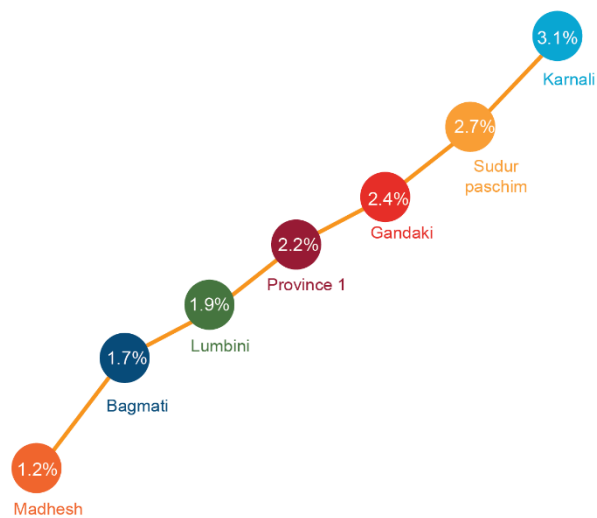
Female Headed Households



% of female population aged five and above illiterate

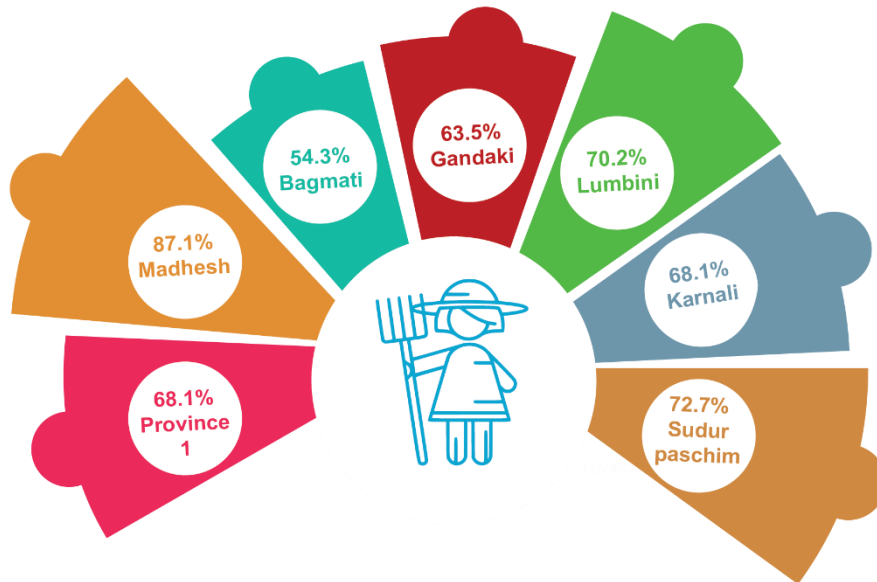


% of female population with disability

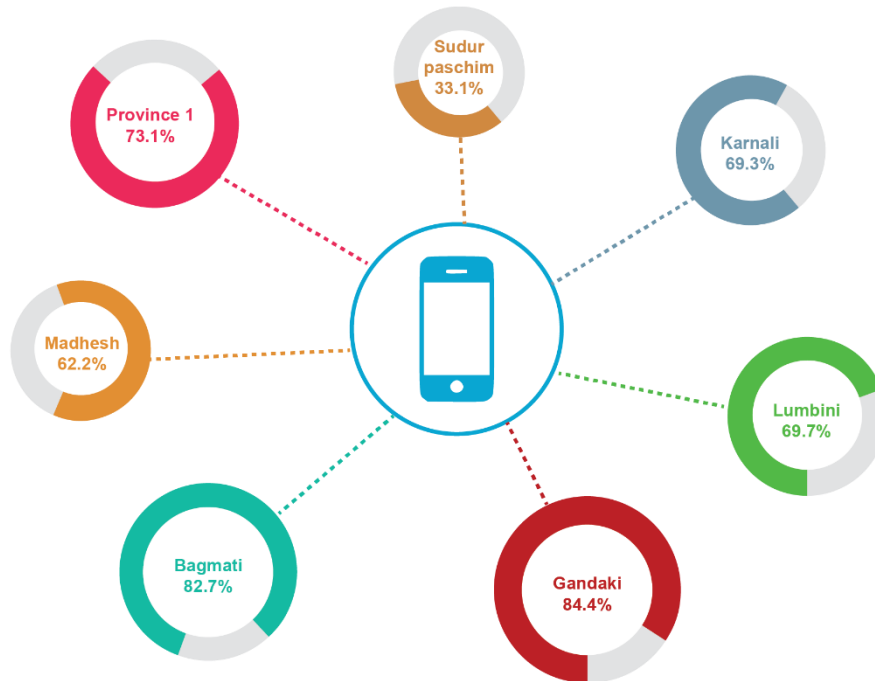




Employed female population in informal sector (% of employed women working in the informal sector)



Ownership of Mobile Phone (% of women aged 15-49 own a mobile phone)

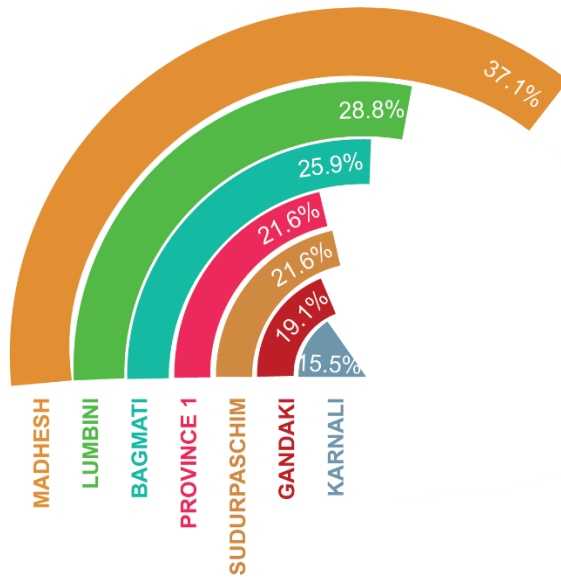




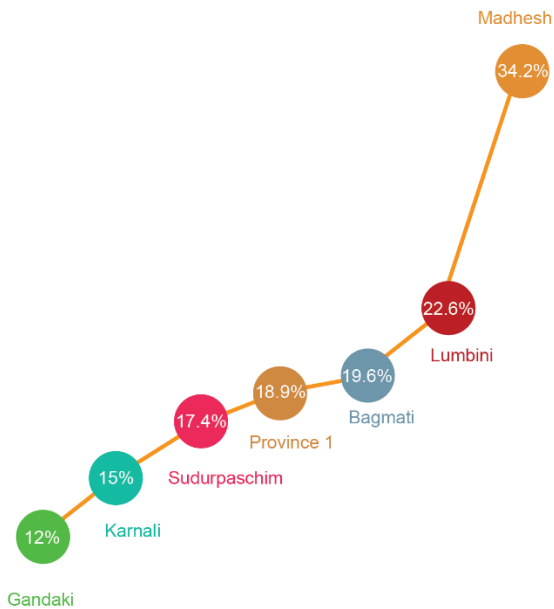
EXPERIENCED SPOUSAL, PHYSICAL, SEXUAL OR EMOTIONAL VIOLENCE



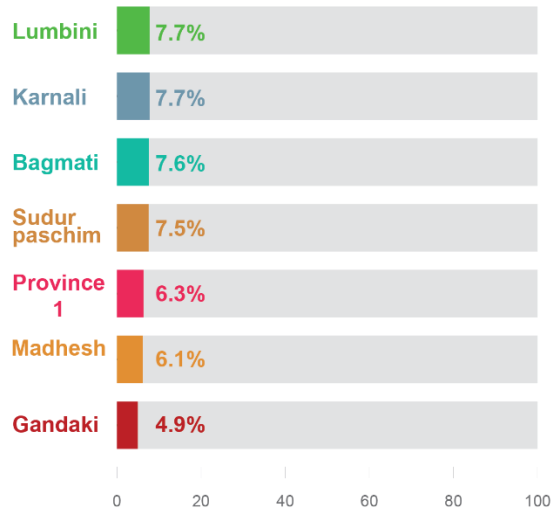
% of ever-married women aged 15-49 experienced Spousal violence (emotional, physical or sexual)



% of women aged 15-49 experienced physical violence



% of women aged 15-49 experienced sexual violence





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