



NEPAL: Monsoon Emergency Response Preparedness Plan 2021



Situation Overview:

Nepal is generally categorized into three geographical zones – the Terai, Hill and Mountain areas. The Hills and Mountains are highly susceptible to landslides and debris flows, including those caused by landslide damming, excessive erosion of hill slopes and rock falls. The monsoon season typically leads to a spike in landslides and related mortality and morbidity in Hill and Mountain areas. The flat plains of the Terai are at the highest risk of flooding. Some years are worse than others. In 2017, approximately 1.7 million people across the Terai were affected by monsoon floods including 169 deaths and 460,000 people temporarily displaced from their homes. Economic losses were significant, amounting to US\$705 million.

The Emergency Response and Preparedness plan (ERP) is developed as the humanitarian community's support to the Government's response to monsoon related disasters. This ERP is based on historical trend analysis and long range forecasts, which estimates that should flooding occur under the current forecast conditions, and the total affected population could again be 1.7 million. This represents the total population in the areas at risk of requiring an emergency response.

Today, we can predict with increasing confidence the occurrence and humanitarian impact of certain climate- and weather-related shocks. By combining different analytical approaches, out-of-the-ordinary weather events can not only be predicted, but their projected impact can proactively be mitigated based on pre-identified anticipatory actions. This year Nepal is piloting an anticipatory action project, with an aim to providing support to vulnerable households in advance of flooding events, linked to clear early warning systems, with a view to mitigating their risk and reducing response needs. This approach will be tested in the event of flooding and robust monitoring and learning will provide insights into its value in future response efforts.

A second wave of COVID-19 is having devastating impacts on Nepal. After several months of relatively low daily cases in Nepal, COVID-19 cases began to rapidly spike in mid-April, increasing consistently from 152 on 1 April to over 8,000 per day for most of May. Hospitals in Kathmandu and other cities are overwhelmed with patients and critical gaps in human resources and supplies to manage the response exist. In an attempt to curb the spread of the virus prohibitory orders, and localized lockdown measures, have been imposed in all districts. Twenty-two points of entry along the India-Nepal border have been closed. Thirteen points of entry remain open; however, the 1,200 kilometre land border with India is easy to cross informally, which is reported to be increasing. The renewed lockdown measures will have the greatest impact the most vulnerable, who are facing existing struggles to recover after the dramatic economic and development setbacks they faced as a result of extended lockdowns in 2020.

Preparedness and Response Objectives:

1. To support the Government of Nepal in preparing and responding to the 2021 monsoon season within the context of the current COVID-19 pandemic.
2. To ensure that affected people are protected and have equal access to assistance and services without discrimination, in line with humanitarian principles and best practise.
3. To provide support in a way that enables the affected population to recover quickly, effectively and where possible, builds their resilience to future emergencies.

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Key Planning figures in affected areas:

Targeted Population

	Cluster	In need	Target	Unit
	1. CCCM	398,500	79,700	people
	2. Early Recovery			
	3. Education	2.2 million	100,000	people
	4. Food Security	1.71 million	570,000	HH
	5. Health	1.425 million	1.05 million	people
	6. Nutrition	400,000	305,519	people
	7. Protection	464,100	232,050	people
	8. Shelter	120,000	90,000	HH
	9. WASH	1 million	1 million	people



Funding

Funding required for the Monsoon ERP

	Response	<i>USD 42,319,416</i>
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Planning Assumptions:

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

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

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

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



Coordination:

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

The HCT is currently working in coordination with the Government of Nepal to support its leadership and management of the COVID-19 outbreak. The Clusters, led by the Government of Nepal and co-led by UN agencies/NGOs, are stood up and delivering interventions. At provincial level, key clusters are activated, and the UN has stood-up the Provincial Focal Point Agency system to support inter-cluster coordination and work with cluster-co leads where clusters are yet to be rolled-out. The HCT will capitalise on the activation of this coordination architecture for preparedness and response this monsoon season. A contact list for clusters and provincial focal points can be accessed [here](#).

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

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

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



Logistics:

Flooding and rainfall-induced landslides are expected to cause damage and interruption of key roads, bridges and tracks, interrupting transport and distribution of relief supplies into the affected areas especially during the initial response phase. Building on previous' years experience, access constraints in the mid-hills and Southern Terai districts will remain a challenge for several weeks directly after flooding, and, in some instances, transport of relief supplies can take several days, up to weeks, to reach the affected population.

Poor visibility and bad monsoon weather conditions will restrict transport by air. Further, the constraints on international flights limiting supply of relief goods, in-country transport restrictions due to COVID-19 lockdowns and use of existing relief stocks for the COVID-19 response compounds logistical challenges in Nepal, as we approach the monsoon season. Humanitarian agencies are recommended to preposition strategic stockpiles closer to areas at-risk to avoid transport restrictions.

Due to COVID-19 infection prevention measures and travel restrictions, government services may be reduced and many aspects of the disaster response may need to be conducted remotely, increasing the importance of supporting local preparedness and response capacity.

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

- Support national and provincial logistics coordination and information management:
 - a. Provide updated operational information such as local transport and storage capacity available, sources for logistics services, customs clearance procedures;
 - b. Prepare road access constraint maps for the humanitarian community;
 - c. Coordination meeting minutes, contact lists and other information products.
- Maintain a dedicated information sharing platform at: <https://logcluster.org/countries/NPL>
- Logistics common services to the humanitarian community, such as common transport and storage services, and provision of mobile storage units, can be activated if required, pending funding. In this case, WFP and/or the RCO would seek surge support to enable activation.
- Provision of 23 inflatable and 5 aluminium boats (with outboard engines) for light Search and Rescue, to Ministry of Home Affairs and Chief District Offices, as part of the project "Augmentation of national and local-level emergency logistics preparedness", strategically prepositioned in 11 districts at-risk of flooding.

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



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

The COVID-19 pandemic has created a socio-economic crisis with the most severe impacts experienced among vulnerable and marginalized communities who are typically hardest affected by humanitarian crises, including natural disasters. Due to pre-existing gender inequalities and structural barriers women, girls, LGBTIQ+ persons face greater vulnerability and exposure to disasters. This impact is likely to be further compounded in monsoon season due to the fact that in every humanitarian crisis, we know that women and girls are affected differently than men and boys, and that vulnerabilities are often exacerbated by other factors such as age, disability, sexual orientation and gender identity, caste, ethnicity or religion and pre-existing societal structures and discriminatory and harmful practices.

In addition to the existing unpaid care burden, women are taking on the work of home-based health care and make up the majority of nursing staff, in professional health care settings; these healthcare workers experience a disproportionate exposure to infection, are often underpaid, and work in under resourced conditions, which are aggravated during infectious outbreaks. Support staff in these settings are also largely female, such as cleaners, laundry, dead body managers, and catering staff, and are at heightened risk of exposure to infectious sources. Further, with the second wave of Covid-19, vulnerable groups are facing heightened impact due to loss of livelihoods, increased gender based and domestic violence, increased mental health issues, and limited access to essential services (including for sexual and reproductive health) and information.

Gender inequalities and discrimination can also undermine the ability of women, girls and gender minorities to fully participate in, or lead, preparedness efforts. It can also block their access to basic services, information, economic livelihoods and meaningful representation in planning and decision making. Further, the risk of sexual and gender-based violence (SGBV) is exacerbated during emergencies.

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

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

Any communication, information sharing initiatives must take into consideration appropriate means of communication to reach all community members, reflecting literacy levels and language requirements. With low levels of literacy - especially amongst women and girls - it is important that messaging is relayed through appropriate materials and means that are accessible and understandable by all. Further those without citizenship documents for instance excluded groups, indigenous communities, LGBTIQ+ persons, sex workers, undocumented migrant workers, child headed households, may fall into much deeper circle of poverty, as citizenship documentation often enables access to services/resources.

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



Cash and Voucher Assistance

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

The Nepal Cash Coordination Group (CCG) is currently co-chaired by the Ministry of Federal Affairs and General Administration, the World Food Programme (WFP) and Mercy Corps. The group coordinates the use of cash in Nepal for emergency preparedness and response. The Government of Nepal delivers social security allowance in the form of cash-based transfer to the registered beneficiaries of its social protection system and also provides cash to affected populations after an emergency through other modalities and mechanism particularly as compensation. The UN and I/NGOs also undertake cash and voucher assistance programming.

Cash delivered by humanitarian partners must be complementary to Government-led modalities, the CCG leads the strategic engagement of humanitarian partners to this end. Ongoing work to standardize the approach to cash for emergency preparedness and response is the primary preparedness action undertaken by the group prior to the monsoon season.



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

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

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

The Working Group will seek to achieve the following:

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

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

Key Immediate Needs:

The UN 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. Community perceptions are systematically collected to ensure that the voices of communities are an integral part of the preparedness and response planning process, and that their preferences are considered, alongside other analysis, in response decision-making.

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 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. Conversely, WASH needs were ranked more highly by communities affected by various types of disasters (earthquake, flood, drought) between 2017 and 2019, compared to 2020, when only 29% of respondents ranked clean drinking water in their top five immediate needs. 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.

Surveys have found that communities prioritize livelihood recovery much sooner than response actors are normally prepared to provide such support, with 29% listing livelihood options as a key need within the first two weeks following disaster. Protection related concerns are also highlighted, with various protection services being prioritized as immediate needs within the first two weeks, including safe spaces of children and youth (18%), safe spaces for women (16%), security services (5%), lighting in public spaces (4%), family tracing and reunification (3%), psychosocial support (2%) and assistance with personal documents (1%).

Respondents are also asked to list their top five needs in the third and fourth week following a disaster, assuming their previously mentioned needs were met in the first two weeks. While food continues to be the most highly prioritized (60-86%), WASH and health related concerns maintain roughly 30% of respondent citing needs in these categories as critical within this time period. Livelihood opportunities tend to take a much larger share of the focus, increasing to 48-57% of respondents highlighting this as a key need.

Survey results 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, they may be perceived as medicine, which is highly prioritised by families throughout the first month following a disaster.

Communities also signal through these surveys that the 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.



Information Management/Data Preparedness:

There is an abundance of disaster related data in Nepal which can be used to prepare for and support rapid and informed humanitarian responses. The challenge is for this data to be identified, compiled, and made available to disaster responders in a way they can use. Dedicated capacity to do this is required to ensure partners can access credible data in a timely manner to support response planning.

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

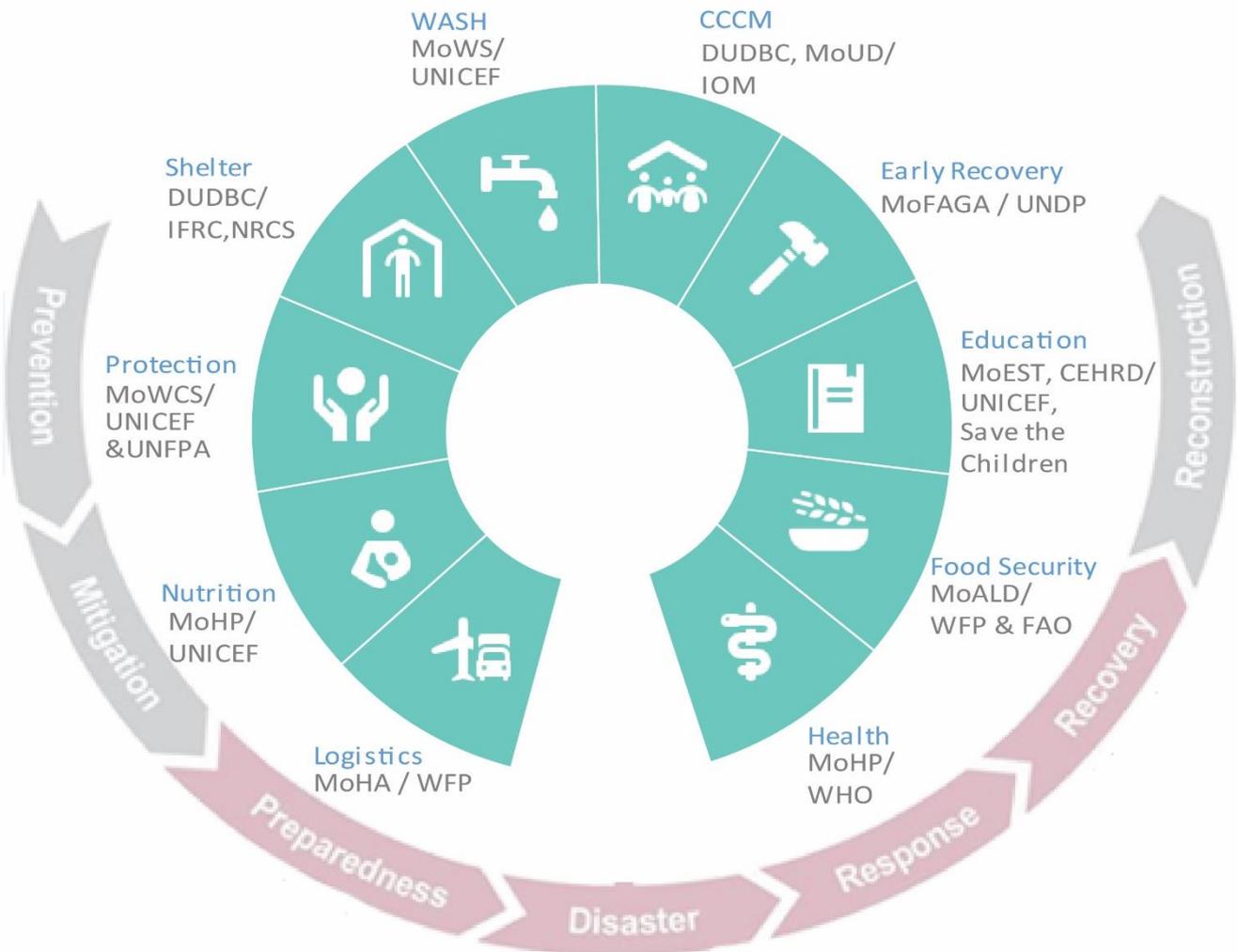
The data preparedness will allow the HCT to make decisions on humanitarian support on a rapid 'no-regrets' basis in the event of floods, while awaiting more detailed assessment.

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

- Compiling inter-cluster baseline data and response information.
- Agreeing/supporting common data-sharing platforms.
- Convened to determine an initial scenario of case load in the event of flooding, to support the HCT in deciding to trigger the ERP. The UNRCO will convene a meeting of the IMWG to assess rainfall and inundation data plus other information including from humanitarian partners and will make a recommendation to the HCT regarding mobilizing the ERP.



Response by Cluster





Camp Coordination and Camp Management (CCCM)

Affected areas:

Flood and landslide affected districts with displaced populations across all seven provinces— One, Two, Bagmati, Gandaki, Lumbini, Karnali and Sudurpaschim.

Priority districts:

Shankhuwasabha, Sindhupalchowk, Gulmi, Myagdi, ajarkot, Baiitadi, Achcham, Dailekh, Rukum West, Rolpa, Baglung, Pyuthan, Arghakhanchi, Palpa, Syanja, Tanuhu, Dhading, Nuwakot, Kathmandu, Kavrepalanchowk, Okhaldunga, Terhathum, Panchthar, Dhankuta and Ilam, Morang, Jhapa, Rautahat and Sarlahi, Banke, Bara, Bardiya, Chitwan, Dang, Dhanusha, Kailali, Mahottari, Makwanpur, Nawalpur, Parasi, Parsa, Saptari, Siraha, Sunsari, Surkhet, Kanchanpur, Kapilbastu, Rupendehi and Udaypur.

Target beneficiaries:

Flood

Total Target: 340,000

Priority Target : 68,000

Landslide:

Total Target: 58,500

Priority Target: 11,700

Funding required:

US \$ 2.5 million for response activities.

Lead Agency:

Department of Urban Development and Building Construction (DUDBC)

Co-Lead:

IOM

Sector Members:

UNFPA, IFRC, NRCS, PLAN, Save The Children, OXFAM, LWF, Habitat for Humanity, UNICEF, Housing Recovery and Reconstruction Platform, CRS, World Vision International, UNDP, Mercy Corps Nepal, Dan Church Aid, WFP, UN WOMEN, Welthungerhilfe, People in Need.

Sector Overview:

CCCM strives to improve living condition during displacement; coordinates and manages the temporary assistance and protection activities to displaced persons living in camps or camps like settings including community centres through participation of the affected population.

CCCM will support Government of Nepal in responding to displaced population until they are able to return home. With growing number of COVID-19 cases across the country and high community transmission rates in multiple districts, it is equally important to mitigate the impact of COVID-19 on disaster displaced populations. The cluster prioritises site improvements, including decongestion of sites and maintenance of community centres and camps, provision of Infection Prevention and Control (IPC) supplies and services including Personal Protective Equipment (PPE) (for preventing and limiting transmission of disease) and support to returns. Due to prohibitory orders, high community transmission rate in number of districts compounded by the impacts of landslides and floods, it is likely that remote interviews would be promoted for data collection.

Priority Preparedness Actions:

- Train local responders and frontline workers in disaster management operations to rapidly integrate COVID-19 measures in displacement sites, with a focus on displacement sites without site management committees.
- Development of tools and guidance for site planning in open spaces, including for contingency spaces for expansion of services in coordination with the government agencies and other clusters including health, WASH, shelter among others.
- Mapping of community centres and available basic services in flood/ landside affected areas to be used as evacuation centre in coordination with shelter cluster, provincial and federal ministries.

Priority Response Actions:

- Work in close coordinating with the WASH, Health clusters, Shelter Cluster and other clusters for site decongestion, upgrade and improve displacements sites to prevent outbreak of COVID-19, dengue and other water borne diseases.
- Provision of Infection Prevention and Control (IPC) supplies and services including Personal Protective Equipment (PPE) to the displaced population for preventing and limiting transmission of disease in the sites and community centres.
- Roll out a Displacement Tracking Matrix (DTM) and Return Intension Survey in the displacement sites that have emerged due to floods and landslides, in order to understand humanitarian needs and gaps and to assess COVID-19 risks in displacement sites.
- Establish and ensure reporting feedback and complaint mechanisms are available at the camp level and community centres.
- Establish and maintain information hub that includes PSEA awareness, referral information and service information.
- Support returns (transport, consolidated returned package through cash and in-kind, etc.) in coordination with shelter and other clusters.
- For priority locations, where return is not yet possible, provide site improvement infrastructure.
- Decommission, disinfection and closure of sites that include returning the sites to its original use when appropriate in coordination with WASH and other clusters.



Education

Affected areas:

2,300 schools in 16 districts in five provinces (One, Two, Bagmati, Lumbini, Sudurpaschim)

Target beneficiaries:

2.2 million school children affected, Total of 2,300 Schools (P1: 600, P2: 1000, P3: 140, P5: 230, P7: 330)

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

Funding required:

US \$ 1.26 million for response activities.

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

Co-Lead:

UNICEF, Save the Children

Sector Members:

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

Sector Overview:

Based on past recurrent flooding, the impact on education will be seen mainly in 2300 schools of 16 flood prone districts. Province One (Morang, Jhapa and Sunsari), Province Two (Bara, Parsa, Rautahat, Saptari, Siraha, Mahottari, Dhanusa and Sarlahi) and Bagmati (Chitwan), Lumbini (Banke and Bardiya) and Sudurpashim (Kailai, Kanchanpur). These schools are close to river basins and highly vulnerable to floods. These schools and provinces face high social and economic and developmental challenges in addition to the impact of the current COVID-19 pandemic, which further exacerbates their vulnerability. Due to second wave of COVID currently 35,000 schools are closed and school academic year has been extended and new academic cycle is not yet announced, as appropriate Local palikas are implementing alternative learning modality. Due to the strong advocacy, during the second wave, very less school are used as quarantine and isolation centers in flood affected areas, the impact of both crises, will further delay the access education for affected children. To address the double impact, the education cluster will work jointly with the health, WASH, and protection clusters to ensure children are able to access learning through alternative modalities, such as distance learning, home visit by teachers, and coaching by youth volunteers.

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

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

Priority Preparedness Activities:

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

Priority Response Activities:

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



Food Security

Affected areas:

For providing food assistance, the most vulnerable and food insecure households will be targeted in the most affected and food insecure geographic areas, which will be identified/determined by the Local Disaster Management Committee (LDMC)/Local Government (LG) using the following beneficiaries targeting criteria:

- displaced,
- socio-economically marginalized (Dalits, Muslims, Janajati, etc)
- landless,
- poorest of the poor,
- women headed households and families with disabled people, members with COVID-19 or pre-existing medical conditions including HIV/AIDS, tuberculosis, and other chronic diseases and in need of regular medication, elderly, Pregnant and Lactating Women (PLW) and malnourished children etc.

Target beneficiaries:

Out of 1.71 million estimated affected population, around one third (570,000 people) will be highly food insecure requiring life-saving food assistance as an immediate priority, based on the proportion of caseload in 2017 and 2019 floods/landslides. Hence, 570,000 people (114,000 households) is a projected caseload for emergency food assistance for Food Security Cluster at national level.

Funding required:

Total: US \$18.39 million for response activities

Lead Agency:

Ministry of Agriculture and Livestock Development (MoALD)

Co-Lead:

WFP and FAO

Sector Members:

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

Sector Overview:

The main objective of the food security cluster response includes meeting the immediate food needs of flood/landslide-affected people in the targeted geographic locations, as well as avoiding nutritional deterioration among the affected population. After the immediate food assistance, the livelihoods recovery and food security restoration support will be provided. This year, the COVID-19 containment measures including country-wide lockdown has suspended almost all economic activities and has further compounded burdens of care for

households with young children, disabled or chronically ill, and elderly persons – especially for female-headed households. In light of this, infants, young children, pregnant women, and breastfeeding mothers face significant risks to their nutritional status and well-being as access to essential health and nutrition services and affordable nutritious diets are constrained.

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

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

Priority Preparedness Actions:

- Agreement/understanding/negotiation and preparatory works with implementing partners, food suppliers and agricultural seed/input and fodder suppliers.
- Agreement with the financial service providers for cash-based transfer's implementation.
- Availability of information on market functionality, prices, availability of food in local markets, and supply chain issues.

Priority Response Activities:

- **Phase I:** 1st 1 month: if markets are functional, unconditional multi-purpose cash-assistance for target population, if markets are not functional immediate aftermath of floods, 10 days food/in-kind assistance + 20 days cash-based food assistance (social assistance in the form of multi-purpose cash).
- **Phase II:** after 1 month: food security, livelihoods, and agricultural recovery – cash for assets/training activities, crop seed distribution starts as per cropping season, and animal health treatment and carcasses management.
- 1-2 weeks: Provision of emergency feed and fodder for affected livestock, mobile rescue and treatment services for livestock and carcass management of dead animals.
- Immediate support of seasonal seed (wheat, vegetables, maize) and agro-tools for safe storage of food grains, crop harvest and seed.

Implementation arrangement for response activities:

For providing food assistance, the most vulnerable and food insecure households will be targeted in the most affected and food insecure geographic areas, which will be identified/determined by the Local Disaster Management Committee (LDMC)/Local Government (LG) using the following beneficiaries targeting criteria:

- displaced,
- socio-economically marginalized (Dalits, Muslims, Janajati, etc)
- landless,
- poorest of the poor,
- women headed households and families with disabled people, members with COVID-19 or pre-existing medical conditions including HIV/AIDS, tuberculosis, and other chronic diseases and in need of regular medication, elderly, Pregnant and Lactating Women (PLW) and malnourished children etc.

Beneficiary lists are prepared and validated by LG with technical support of FSC members and/or their cooperating/implementing partners. The beneficiary list endorsed by respective LDMC/LG will be used for providing food assistance and the same list from different LGs and geographic coverage information will be shared with District Disaster Management Committee (DDMC). FSC members will coordinate/communicate with DDMC to avoid duplication and implement coordinated food assistance.

Cash transfer mechanism and framework/standards:

The cash transfer value is determined in reference to the government's Rescue of Disaster Affected and Relief Standard (7th amendment), 2077 (2020) which includes a provision of immediate unconditional cash to the families who have lost food stock, shelter, crops, business/income sources etc., amounting to NPR 15,000/family up to 5 members and NPR 20,000/family with more than 5 members, for their basic livelihoods/food security, from district disaster management fund. In reference to this government's relief standard, the Cash Coordination Group (CCG) has established the Minimum Expenditure Basket (MEB) and determined the multi-purpose cash transfer value to meet the essential needs of a household which is similar to the government-determined cash transfer value. Until the Minimum Standards for Relief Distribution for both in-kind and cash based emergency response has been issued by the government as provisioned in the Disaster Risk Reduction and Management Act, 2017 (clause 39), the cash transfer will be implemented in reference to the existing relief standard and CCG's multi-purpose cash framework, in coordination and collaboration with respective LDMC/LG and DDMC.

The cash transfer/delivery method can be different from one organization to other. Mainly, the cash can be delivered to the targeted beneficiaries through bank account for bank account holders and in the absence of bank accounts, cash distribution will be organized through remittance model or cash-camp or branch tellers/cash over counter of Financial Service Providers, as per local operating context and beneficiaries' convenience. In collaboration with local governments, the cash can be transferred by piggybacking the existing social security allowance delivery mechanism or other social assistance programme through horizontal expansion modality, where/when feasible.

Conditional cash-based assistance in the form of Cash for Assets/Cash for Work will be implemented for restoration of assets, recovery of livelihoods and food security for vulnerable families adversely impacted by monsoon induced disasters, in complementarity to government's public work based social assistance schemes – Prime Minister Employment Programme. The daily wage rate for unskilled labours engaged in Cash for Work/Assets will be as per district/local government wage rate and the local government's participatory planning process will be adopted for identification/prioritization of community assets/infrastructures.

Food basket for in-kind food assistance:

The food commodities which are available in local market and generally consumed by people are included in food basket/ration for in-kind food assistance that ensures the minimum 2100 kcal/person/day, as per SPHERE standards. Below is the standard food ration for in-kind assistance which is equivalent to 2152 kcal/person/day.

- Rice: 400 grams/person/day
- Pulses: 120 grams/person/day
- Vegetable oil: 34 milliliter/grams/person/day
- Salt: 5 grams/person/day



Health

Affected areas:

Target beneficiaries:

Vulnerable population	Affected population (1.68 M)
Differently abled	33,600
Pregnant	42,000
Elderly	142,800
Neonatal (0.27% of population based on NDHS '16 & Census '11)	4,536
Lactating	47,040
Reproductive Health Services (470,400) beneficiaries for a year	235,200
Water and vector borne diseases (~ 40% of total population)	672,533
Mental Health (15%)	252,000
<ul style="list-style-type: none"> ● In Need Population: 1,425,173 ● Target population: 1,058,276 ● Priority population: 458,640 	

Funding required:

US \$ 4,030,863 for response activities.

Lead Agency:

Ministry of Health and Population

Co-Lead:

WHO

Sector Members:

Action Against Hunger (ACF); ADRA Nepal; AIN Health Working Group; Birat Nepal Medical Trust (BNMT Nepal); BRAC International Nepal; Care Nepal; Caritas Nepal; Centre for Mental Health and Counselling (CMC) Nepal; Chatholic Relief Services (CRS); Community Action Nepal; Damien Foundation Nepal; Foreign, Commonwealth & Development Office (FCDO); European Commission; FAIRMED Nepal; Family Health International (FHI) 360 Nepal; Gavi; GIZ; Health Environment and Climate Action Foundation (HECAF360); Humanity and Inclusion (HI); International Federation of Red Cross and Red Crescent Societies (IFRC); International Organization of Migration (IOM); IPAS; Japan International Cooperation Agency (JICA); KOSHISH; Lutheran World Relief ; Marie Stopes International (MSI); Mercy Corps ; NAP+N; National Federation of Disabled Network (NFDN); Nepal Health Sector Support Program (NHSSP); Nepal Red Cross Society; Nepal—Improved Disaster Risk Management Project (DAI/USAID); Nepal Medical Association (NMA); Nick Simons Foundation International (NSI); One Heart Worldwide; Pact; Plan International Nepal; Population Services International/Nepal (PSI/Nepal); Save the Children; The Global Fund; Strengthening Systems for Better Health (SSBH), USAID; Terre des hommes (Tdh) Foundation; Transcultural Psychosocial Organization Nepal (TPO Nepal ; UN Women; UNAIDS; United Nations Development Program (UNDP); United Mission to Nepal (UMN); United Nations Population Fund (UNFPA); United Nations Children's Fund (UNICEF) USAID; Voluntary Service Overseas (VSO); WaterAid Nepal; World Vision; PATH; Welth Hunger Hlilfe.

Sector Overview:

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

Specific cluster objectives for monsoon response are:

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

Priority Preparedness Actions:

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

Priority Response Actions:

- Deployment of public health Rapid Response Teams (RRT) as needed
- Ensure integrated vector control interventions in monsoon response.
- Deployment of mobile clinics with Emergency Medical Deployment Teams (EMDT) for onsite treatment and referrals in cut-off areas including internally displaced communities
- Supply essential medicines and medical supplies for flood response including diarrhoeal disease kits, LLIN and water purification tablets, and vaccine/ vaccine commodities

- Provide Inter Agency Reproductive Health (IARH) Kits and essential Maternal Health and family planning commodities. to deliver the essential reproductive health services to affected populations
- Support to implement minimum initial service package (MISP) for sexual and reproductive health, mental health & psychosocial support and immunization and community case management services
- Support to health response to gender-based violence (GBV) in coordination with protection clusters.
- Ensure continuation of vital health services including sexual and reproductive health, mental health and continuity of care for non-communicable and communicable diseases in affected areas.



Nutrition

Priority Locations:

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

In Need Population:

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

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

Funding required:

US \$ 2,870,553 for response activities

Lead Agency:

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

Co-Lead:

United Nations Children's Fund (UNICEF)

Sector Member:

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

Sector Overview:

Generally, monsoon starts on the second week of June and remains active for around 120 days. During the monsoon cloudbursts, landslides and floods are the leading disasters in terms of death toll, injuries, displacement, and loss of property. Torrential rain within short periods during monsoon triggers landslides, flash floods, inundation and urban flooding causing human casualties and significant economic losses. The monsoon season's flooding and landslides negatively impacts the nutrition situation every year in Nepal. The emergency increases the food insecurity situation, disease epidemics, negative affects proper maternal, infant, and young child feeding practices and care which can lead to maternal infant and young child malnutrition.

In Nepal, prior to the onset of the COVID-19 pandemic, 32 per cent of children in Nepal under five years of age, were stunted and 12 per cent were wasted (*NMICS-2019*). By province the wasting prevalence is 14.3 per cent in Province one, 13.9 per cent in province two, 4.7 per cent in Bagmati province, 8 per cent in Gandaki province, 13.7 per cent in Lumbini province, 17.6 per cent in Karnali province and 14.1 per cent in Sudur Paschim province (MICS-2019). With already high burden of wasted children, the onset of flood emergencies and the can make the

situation worse. It is also not known with any certainty how many more children have become malnourished since the COVID-19 pandemic began in 2020. T. In the long term, due to the pre-existing high burden of malnutrition in Nepal, coupled with COVID-19 and potential monsoon related emergencies, the nutrition situation in the country could become worse and any gains previously made could be lost.

The Lancet-2021 suggest that without timely action, the global prevalence of child wasting could rise by a shocking 14.3 per cent in the COVID-19 situation. In Nepal, based on the estimate of current annual incidence of acute malnutrition, an additional 50,000 - 60,000 plus children in Nepal could become malnourished due to the indirect impacts of COVID-19 due to the disruption, lack of appropriate feeding and caring practices of children, increasing jobless population and loss of income etc. Due to the severe Socio-economic impact of COVID-19, it is very difficult to protect the nutrition status of children, pregnant and lactating women, and adolescent girls. If the situation persists, Nepal will become further off track from achieving nutrition targets set in MSNP, WHA and SDG 2030.

The emergency nutrition situation is compounded by the fact that while the numbers of people stunted and underweight has been substantially reduced, the rates of wasting have remained steady in Nepal over the last 3 decades despite ongoing nutrition interventions such as; Integrated Management of Acute Malnutrition, Infant and Young Child Feeding counselling and, micro-nutrient interventions. This situation has been stagnant due to recurrent emergencies, poor WASH situation in affected areas, food insecurity, lack of care services for children and recently the impact of the COVID-19 pandemic.

Lessons from past emergency show that in the Terai, malnutrition, particularly acute malnutrition rises during monsoon season.

Priority Preparedness Actions:

- Strengthen nutrition cluster coordination mechanism jointly with Provincial nutrition cluster.
- Develop federal level nutrition in emergency monsoon response plan.
- Build capacity of federal and provincial level cluster members on nutrition in emergency preparedness and response
- Prepare HR roster of trained human resources at federal level for nutrition in emergencies
- Prepositioning of essential nutrition commodities such as anthropometric equipment, ready to use therapeutic food (RUTF), supplementary foods (WSB+), F100, F75 and rehydration solution (ReSoMal), MNP, vitamin A, deworming and IFA tablets.
- Revise and manage Interim guidance notes including simplified and family MUAC approach in the relevant places and health facilities.
- Revise messages for breast feeding and complementary feeding, including maternal nutrition in the context of COVID-19.
- Plan and develop capacity of health workers in for SMART survey.
- Make readiness of humanitarian performance monitoring indicators on nutrition and capacitate federal and provincial nutrition cluster team for reporting.
- Strengthen nutrition information management systems to better monitor the nutrition situation, and emergency response.
- Update agreement with CSO partners for beneficiary registration and distribution of supplementary food.
- Broadcast information and communication messages through different media focusing on; Risk Communication for all mothers/caregivers, feeding infants and young children 0-23 months breastfeeding promotion and information for mothers with suspected or confirmed COVID-19, maternal nutrition during pregnancy in the context of COVID -19.

Priority Response:

- Support Provincial Health Directorate to guide local health facilities/FCHVs to initiate simplified protocols for wasting detection and treatment; diagnosis using MUAC and edema only, non-weight based RUTF dosage and extended period of follow up at OTC for moderately and severely wasted children 6-59 months. Target number of severely wasted children 5000 and moderately wasted children 15,000
- In selected districts, Provincial Health Directorate and local health facilities to support FCHVs to monitor and follow-up on households enrolled in the Family MUAC pilot.
- Protection, promotion and support for early initiation and exclusive breast feeding of 33,700 infants 0-6 months and safe, age specific and energy dense Complementary feeding for 101,000 children 6-23 months
- Blanket supplementary feeding for children aged 6-23 months: 100,000
- Blanket supplementary feeding for pregnant and lactating women: 85,000
- Vitamin A supplementation and MNPs for 6-59 months children: 115,000 persons
- Deworming of 12-59 months children: 100,000 persons
- Iron and Folic Acid tablets for pregnant and postnatal women: 85,000 persons
Engage MOFAGA, Provincial Social Development Ministries, Local levels and effected communities for nutrition in emergency response.
- Monitor the response activities and the impact of COVID-19 on nutrition; and follow the appropriate means to mitigate the risks along with infection prevention measures on continuity of nutrition services at health facilities.
- Coordinate with MoHA and HEOC to strengthen linkages between nutrition, health, and social protection (child cash grant) and households targeted as Golden 1000 Days.
- Liase between local and province governments, and stakeholders for nutrition support and transportation.



Protection

Affected areas:

All provinces (with focus on highly flood and landslide prone areas identified within the ERP)

Target beneficiaries:

Total need: 464,100; target people: 232,050.

Funding required:

US \$1,440,000 for response activities.

Lead Agency:

Ministry of Women, Children and Senior Citizens

Co-Lead:

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

Sector Members:

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

Sector Overview:

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

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

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

Priority Preparedness Actions:

- Update and develop messages on protection issues based on the evolving context. The messages will be made available in different formats, on available protection services and monitor the functionality, relevance, and support adaptation of referral pathways for essential services on GBV, psychosocial support and violence against children.
- Prepositioning of essential lifesaving relief materials and supplies including dignity kits, kishori (adolescent) kits etc.
- Expand the coverage and connectivity of alert and real-time monitoring systems including the Protection Monitoring system in support of early identification and response to the impact of movement restrictions on service delivery.
- Capacity building of frontline protection workers and service providers to ensure safe referral and response, health and social services.

Priority Response Actions:

- Implement identification, tracing and reunification mechanism for families including children separated by disaster (including COVID) and establish temporary alternative care measures, if necessary.
- Monitor the situation of children in residential care centres to address any unsafe releases and monitor any exposure/ deterioration of care.
- In coordination with Health Cluster, support mental health and psychosocial well-being of affected populations and their families distressed/traumatized by disaster. Continue targeting those in isolation due to COVID-19 with focus on providing psychological first aid and risk communication messaging.
- Provide essential protection supplies to service providers and vulnerable groups including dignity kits, PPEs, recreation kits. through women friendly and child friendly spaces.
- Disseminate protection messages (in local languages and different format) highlighting the vulnerability of women (harmful practices including gender based violence, domestic violence), children, migrants, persons with disabilities, elderly, persons of concern -refugees in the current situation and promoting the use of help-line services including the hotline of Nepal for assistance.
- Ensure essential GBV prevention and response health and social services with adequate resources and capacity to provide survivor-sensitive services including psychosocial counselling, safe houses and shelters and strengthened referral pathways.
- Ensure that the most excluded women and girls including disabled, LGBTQI, displaced persons, migrants, and those without legal documents have access to protection and other response services without discrimination.
- Coordinate with security forces to ensure human rights approaches in disaster affected areas, including lockdown enforced area and ensure law enforcement remains an active part of essential CP and GBV services.
- Scale up helplines to support early intervention to critical protection needs including GBV, child protection and mental health alerts and assistance to vulnerable groups.
- Provide comprehensive relief packages to women and excluded groups.



Shelter

Affected areas:

Seven provinces with a focus on highly flood-prone areas in Terai (23 districts) and highly landslide-prone areas mostly in Hills (26 districts).

Target Beneficiaries:

In need	Target	Priority
120,000 families (approx. 40% of total caseload)	90,000 families	60,000 families

The cluster seeks to address 90,000 families with NFIs, 30,000 (33% of partially damaged household) most vulnerable households with cash and 23,000 families (which is 25% of fully damaged household) with transitional shelter.

Funding required:

US \$6,022,000 for response activities.

Lead Agency:

Department of Urban Development and Building Construction (DUDBC)

Co-Lead:

IFRC and NRCS

Sector Members:

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

Sector Overview:

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

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

Priority Preparedness Actions:

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

Subsector need	Requirement	Availability	Shortfall
NFIs	90,000 HH	50,000 HH	40,000
Cash	30,000 HH	15,000 HH	15,000 HH
Transitional shelter	23,000 HH	10,000 HH	13,000 HH

- Identify capacity gaps and request support from IFRC surge capacity as per need
- Establish cash modalities including transfer mechanisms in priority locations.
- Establish monitoring and beneficiary accountability mechanism.
- Consultation and Coordination with government agencies to support humanitarian agencies for the operation in the context of lockdown/restrictions.

Priority Response Actions:

- Distribution of shelter and core relief NFI items to families in flood ,landslide affected districts and in quarantine centres established for COVID-19 response.
- Provide cash transfers for shelter support.
- Provide transitional/durable shelter solution where needed.
- Coordination with other cluster agencies for coordinated relief operations.



WASH

Affected areas:

23 Terai districts vulnerable to monsoon triggered disasters (floods and landslides)

Target beneficiaries:

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

Funding required:

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

Lead Agency:

Ministry of Water Supply

Co-Lead:

UNICEF

Sector Partners:

Department of Water Supply and Sewerage Management, ACF, AWO, CARE, CBM, ENPHO, GIZ, GNI, GWT, KIRDARC, LWF, Minergy, NCV, NRCS, Oxfam, PiN, Plan International, Save the Children, SNV, TDH, UN-Habitat, USAID, UNICEF, WHH, WFP, WHO, WiW, WV.

Sector Overview:

Equitable access and the quality of water as well as sanitation in Nepal is one of the ongoing concerns. On top of this sources usually get further contaminated during monsoon season. Safe disposal of faeces is also a concern, and this is also get exacerbated during monsoon season due to flooding, thus creating risks to secondary hazards including disease outbreaks. In addition, in order to cope with surge in COVID cases during the 2nd wave, many isolation centers have been developed by communities and local government and significant proportion of these located in flood prone areas across the country with many of them lacking basic WaSH facilities. Similarly, home isolation has become a common practice with exponential rise in COVID cases where ensuring access to WASH facilities for all family members as per required standard is one of the most critical life-saving intervention but at the same a greatest challenge. Likewise, environment cleanliness, food hygiene, hand hygiene, and menstrual hygiene practices, etc. are going to be a continuing challenge to be reinforced during the monsoon season.

WASH Sector Objectives

1. To enable safe drinking water to targeted populations (estimated 350,000 population for 30 days) at 7 litres/person/day initially and then upgrading to 15 L /person/day (for drinking, hygiene and cooking) within a month. This includes all -access and safe water to ensure both through system set up which could be temporary/permanent depending on the situation and damage levels, and supply purification items as well.
2. To provide adequate sanitation facilities for those displaced or living in partially damage houses in order to \ reduce any major disease outbreak.
3. To promote healthy hygiene behaviour and practices of disaster affected people and maintain personal, domestic and environmental hygiene to minimize the risk of communicable disease outbreak mainly considering COVID 19 and waterborne diseases.

Priority Preparedness Actions:

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

Priority Response Activities:

- Distribution of drinking water through available and appropriate means (e.g.: trucking in road accessible locations). Bulk chlorination at water filling stations, tube wells and wells
- Distribution of water storage tanks, filters, pipes etc.
- Repair and maintenance of water supply systems through repairing of breakages and sources, prioritizing temporary repairs as identified. This includes treatment of contaminated water as well.
- Construction of temporary toilets and bathing spaces where needed considering specific needs for women, children and people with disability (in line with humanitarian core standards)
- Distribution of WASH NFIs to affected populations.
- Disseminate hygiene messages using modern and traditional medias, mobilize volunteers (individual and group meeting and health education) using pre-designed hygiene messages, mobilisation of health volunteers (in line with humanitarian core standards)
- Integrate vector control and means to protect from vector borne diseases in the hygiene promotion activities in coordination with health cluster.
- Work in close coordination with the Health, Education, Shelter, Protection, Camp Coordination Cluster and other clusters to ensure WASH services in all settings for all vulnerable groups to prevent outbreak of COVID-19 and other water borne diseases in camps and community centres.



Funding

	Cluster	Response
	1. CCCM	2,500,000
	2. Early Recovery	
	3. Education	1,260,000
	4. Food Security	18,390,000
	5. Health	4,036,863
	6. Nutrition	2,870,553
	7. Protection	1,440,000
	8. Shelter	6,022,000
	9. WASH	5,800,000
	Total	USD 42,319,416



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