

CONTINGENCY PLAN

Nepal: Earthquake

[February 2016]



Prepared by Humanitarian Country Team

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STRATEGIC SUMMARY

In April and May 2015, Nepal was hit by two major earthquakes killing around 9,000 people and leaving many thousands more injured and homeless.

With the availability of historical records, new data and methodological improvements, the Humanitarian Country Team (HCT) and key partners engaged Durham University in developing a seismic hazard model at the country level. This worst-case scenario describes a Mw8.6 earthquake generating high shaking intensities across an area from the Terai in the south to the Himalaya range in the north. While consultation with in-country seismologists continue, the HCT endorsed the scenario for planning purposes incorporating lessons from the 2015 response.

The Far-Western region of Nepal is likely to experience the greatest impact of the scenario: 20km Depth, 475km rupture length, max intensity 9 (violent). Overall, based on the projections of this 'worst case' scenario, the possible humanitarian consequences and needs include over 280,000 people killed, 3.5 million people injured, 7.8 million people displaced and 927,000 destroyed houses. This is exacerbated by significant damage to roads and public infrastructure impacting access and services to affected communities.

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

1. Reach a common understanding of earthquake risk to ensure early action is taken when required.
2. Establish a minimum level of earthquake preparedness across clusters.
3. Build the basis for a joint HCT response strategy to meet the needs of affected people in the first 6 weeks to 3 months of a response.
4. Define considerations for detailed contingency planning on the basis of the worst-case scenario, especially around access and logistics.

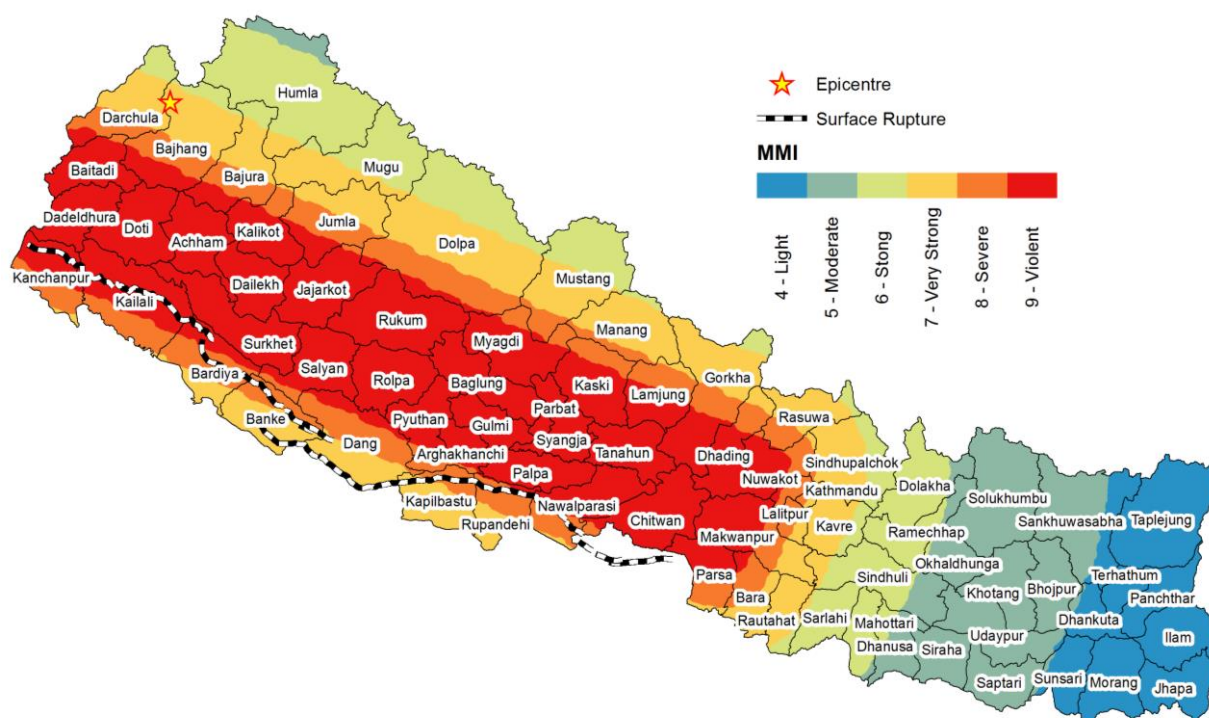
7.8 million

Est. number of displaced people

29%

of total population

SITUATION & RISK ANALYSIS



1. Country Information and Context Analysis

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

Event	Deaths	Injured	Missing	Houses Destroyed	Houses Damaged	Affected
AVALANCHE	234	99	45	32	33	1,298
EARTHQUAKE	9861	29,326	199	808,705	356,002	8,039,596
LANDSLIDE	4,476	1,589	626	18,491	33,960	574,020
TOTAL	5,592	8,712	671	53,333	90,997	614,914

Table 1: Impact of Disaster in Nepal 1971-2015, Source: DesInventar, MOHA and NRA

Nepal is categorized into three geographical zones – the Terai, Hills 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.

The 2015 earthquakes affected all 75 districts, 14 of them severely, in the hills and mountainous areas, causing almost 9,000 deaths and displacing approximately 100,000 people.

The Ministry of Home Affairs (MoHA) is the Government's lead agency for coordinating disaster preparedness and response. International and national organizations coordinate and augment response efforts through MoHA, and particularly through the National Emergency Operations Centre (NEOC).

2. Summary of Risk

This Contingency Plan focuses on new earthquake scenario modelling based on scientific research by Durham University (2016). Durham University has a long history of collaboration with Government counterparts, academic institutions, and national NGOs in Nepal. As this Plan is being finalized, Durham University worked closely with relevant stakeholders to refine the scenario. At this point, the scenario is only developed for impact inside Nepal with the intention to build the regional impact profile as a second step.

Area(s) Affected	<p>Bhaktapur, Chitwan, Dhading, Gorkha, Kathmandu, Kavrepalanchok, Lalitpur, Lamjung, Nuwakot, Sindhupalchok</p> <p>Achham, Arghakhanchi, Baglung, Baitadi, Bajhang, Bajura, Banke, Bara, Bardiya, Dadeldhura, Dailekh, Dang, Darchula, Dhanusa, Dolakha, Dolpa, Doti, Gulmi, Humla, Jajarkot, Jumla, Kanchanpur, Kaski, Kailali, Kalikot, Kapilbastu, Mahottari, Makwanpur, Manang, Mugu, Mustang, Myagdi, Nawalparasi, Okhaldhunga, Palpa, Pyuthan, Ramechhap, Rasuwa, Rautahat, Rolpa, Rukum, Rupandehi, Parbat, Parsa, Salyan, Sarlahi, Sindhuli, Surkhet, Syangja, Tanahun</p>
Deaths	280,000 people * <i>analysis is ongoing to include sex and age disaggregated data.</i>
Injured	3,500,000 people
Displaced	<p>7,800,000 people, including:</p> <p>4 million women, including 2,5 million adults, 1.3 million children between 0 and 14 years of age, 206,000 people above 65 years of age, and 233,000 people with disabilities.</p> <p>3.7 million men, including 2.2 million adults, 1.4 million children between 0 and 14 years of age, 205,000 people above 65 years of age, and 280,000 people with disabilities.</p>
Planning Assumptions	<ul style="list-style-type: none"> - Most of the population will not get assistance for 30 – 40 days probably much longer - The only help and supplies available will be <i>whatever is in country at the time.</i> - Normal logistics supply routes will not function because - Internal road movement will be impossible for 4 – 6 weeks, then very restricted and localized. - Air transport will be limited to helicopters and STOL aircraft with reduced payloads - Where people are at the time of the earthquake is largely where they will stay for several weeks unless they walk - India's territory opposite the affected area of Nepal also badly damaged, reducing assistance from there. - Responses within Nepal will be regional not national. - International assistance will be slow to arrive. International Coordination has to start <u>out of the country.</u> - Deployable international Control and Coordination Centers will be slow to get into Nepal because International flights only into Delhi, Kolkata, Lucknow or Lhasa. Flights forward from there in STOL aircraft and helos mainly from India
Seasonal factors	<ul style="list-style-type: none"> - Monsoon (June to September) - Winter (December to February)

3. Humanitarian Consequences

The Far-Western, Mid-Western, Western and Central Region, including the Kathmandu Valley districts, would be the worst affected. In the Central Region, especially in Kathmandu Valley and in Kaski, many families live in urban areas with dense population.

Displacement in urban and rural areas would have an immense impact on daily life. Based on the 2015 earthquake, many people will be afraid of returning to their homes and would stay in makeshift tents along road sides or in friends and neighbours' gardens. Based on the scenario, secondary data analysis and earthquake intensity mapping suggest that over 927,000 houses would be damaged and that 7.8 million people would be displaced. The Government has identified 16 open spaces in the Kathmandu Valley for the establishment of displacement camps

and the accommodation of incoming assistance, including urban search and rescue team, as well as foreign medical teams. More open spaces outside the Valley would be needed to cater for the displaced communities. Cramped situations and a lack of law and order may exacerbate the existing risks and vulnerabilities faced in particular by women and girls. Large population movements can be expected. The 2015 earthquakes prompted a large outflux of people from the Kathmandu Valley to rural areas. In this case, and depending on the impact in and outside of Nepal, movements to India are likely.

Strong tremors would damage infrastructure, including bridges and access roads. Removal of debris would be required to enable access to affected areas so that search and rescue activities could continue and relief supplies could be delivered. In the early days, airlifts would be required to access and deliver aid both in urban and rural areas. The season and temperature would have a significant impact on how long airlifts would be required and possible for. National telecommunications systems and services would have been severely damaged throughout the affected area.

The scenario suggests that over 927,000 houses would be destroyed. On the assumption that schools and medical sites are reinforced concrete-type buildings with limited to moderate earthquake resistant design, the scenario suggests that over 10,200 schools, including 590 schools in the Kathmandu Valley, as well as 50 medical sites would collapse. Hospitals in district capitals, including Kathmandu, would be overcrowded and lack medical supplies and capacity.

Among the over 7.8 million displaced people are approximately 123,000 pregnant women, 20,000 of whom would need obstetric care within three months. Additionally, approximately 39,000 displaced women would be at immediate risk of sexual and gender based violence.

Many private homes would have been damaged and destroyed across a large geographic area. Many temples and heritage sites would have collapsed. Some modern structures would have withstood the severity of the quake. Search and rescue teams would start assessing collapsed buildings and hopefully save people from the rubble.

Food insecurity would rise. Displaced people would be in need of food assistance. Impact on agriculture-based livelihoods and on food security would be extremely high. Farmers would have to receive seeds and planting material before the next planting season to avoid further food insecurity. This would be aggravated by the large loss of livestock. Malnutrition rates in certain areas of Nepal are among the highest in the world.

Nepal relies on trucking and wells for fresh water. In the aftermath of the quake, transport of water would be interrupted and many wells would have been damaged and/or contaminated, leading to the risk of water borne diseases. Gravity water supply systems will also be disrupted.

Fuel would be running low in many areas. Where roads are passable, cars and trucks would line up at functioning gas stations. Fuel would be urgently needed to pump ground water and to maintain services at hospitals and other critical facilities where power outages would be frequent. Power would be limited throughout the affected area, with most houses and facilities relying on generators.

It would be of vital importance to engage with and serve the affected communities. Affected people would need to be kept informed about available services and aid, ensuring that all segments of the population are reached, taking into account differences in age, gender and diversity. Without access to reliable timely, accurate information, survivors would be unable to make the choices necessary to develop their own survival strategies.

4. Response & Operational Capacity

The Ministry of Home Affairs (MoHA) is the lead Government agency for emergency preparedness and response. It is responsible for coordinating response across ministries, security forces and humanitarian partners at national and district level.

At the **national** level, coordination and information management is done through the National Emergency Operations Centre (NEOC), based in Kathmandu. Working with District EOCs, the NEOC is responsible for collecting information in affected areas and coordinating response efforts. In addition, the Nepal Army and the Ministry of Health are responsible for coordinating search and rescue, foreign military assets and medical teams respectively.

At the **district** level, the District Disaster Relief Committee (DDRC) is the responsible authority for coordinating response efforts in respective districts. In support of district level response, District Lead Support Agency's (DLSAs) have been identified to work with DDRCs, District EOCs, and humanitarian actors in coordinating response efforts and facilitating information sharing and management. DLSAs are NGOs based in the District. The Association of International NGOs (AIN) is responsible to keep an updated list of DLSAs.

The Central Natural Disaster Relief Committee (CNDRC) may recommend to the Cabinet to appeal for international humanitarian assistance. In such case, and guided by the National Disaster Response Framework (NDRF 2013),

MoHA is responsible for facilitating and coordinating the overall contribution of the international community. This includes the listing and registration of international agencies. As per the Model Agreement for Emergency Customs Procedure (2007), the Government would establish provisions for granting immediate visa, visa fees and custom duty exemptions to international humanitarian responders, for search and rescue equipment and relief goods.

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

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

The international humanitarian community supports 10 clusters and one network, which are all led by line ministries. In addition, the community works through eight inter-cluster working groups, including on gender, cash programming and information management. Nepal has a vast network of UN agencies, international and national NGOs working on humanitarian, recovery and development programmes.

5. Gaps and constraints

Disaster Management Legislation

The development of guidelines to accept international assistance and early registration is a key preparedness measure listed in the NDRF. The Nepal Red Cross and IFRC are working with the Government and HCT on putting in place a Guideline for International Disaster Assistance and Cooperation. Once approved (expected in 2016), the Guideline requires domestic implementation in both domestic legal/regulatory and policy frameworks.

Proposed elements include procedures, roles and responsibilities and monitoring of the facilitation and regulation of international disaster assistance provided to Nepal, including the facilitation of incoming international personnel, goods, equipment and transport.

Coordination

In the past, the transition of clusters has led to confusion, particularly surrounding the role of Government ministries and support agencies. It has now been agreed that the Government acts as Policy lead while respective UN and I/NGOs act as Operational leads in the respective clusters.

The roles and responsibilities of the District Lead Support Agencies (DLSAs) have been revised in 2015. DLSAs now have a clear understanding of their critical role in supporting inter-cluster coordination, developing of common processes, and consolidation and information at district level. More needs to be done to integrate the DLSAs into the national HCT coordination structure.

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

Information Management

In early 2016, the Cabinet has agreed the Common Assessment Tools. The HCT will need to get familiar with this tool. It is clear that a great deal of data and information is available to support the rapid response to a disaster. The challenge is for this data to be identified, compiled, and made available to disaster responders so it can be readily used. Dedicated capacity to do this is required to ensure partners can access credible data that is sex and age disaggregated and including gender analysis in a timely manner to support response planning.

Information management in Nepal is streamlined through the Information Management Working Group (IMWG). This Group is responsible for compiling key datasets, agreeing to common sharing platforms and supporting the HCT+ on information management.

Operational Standards

National operational standards are not always followed and agreed by all international partners in the field. It is critical to ensure there is widespread consensus on the need to follow one standard and agree on the content of the basic packages. Upon agreement from all partners, packages could be customized for groups with special needs.

Consensus on operational standards will be achieved through review of existing practices against experiences in previous disasters and reaching agreement on common approaches by cluster members.

Targeting and selection criteria

Recognizing the current preference of Nepali authorities for blanket distribution in many districts, it is necessary to develop an inter-agency proposal for targeting of vulnerable groups in the response, for both in-kind and cash distributions, that builds on existing tools such as registration for social safety net programs and government census and survey data. The proposal should serve as a basis for advocacy with the government at both the national level and in priority districts.

Logistics

Given the difficult terrain in Nepal, access remains a challenge. In some cases, it can take days for ensuring relief can be accessed by affected populations. The delay in delivering relief items is a result of limited transport equipment (particularly for remote areas) and insufficient pre-positioning of stocks. Access to many remote areas, even when roads are functional is dependent on porters and hand-carrying of items. Therefore, planning to reach remote areas in a way that builds off existing logistical systems, i.e. the use of porters and walking trails, is critical.

Key to overcoming logistical challenges is identification and planning. Through the contingency planning process, clusters will be able to determine logistics challenges and identify strategies for ensuring relief items can reach affected communities.

6. Planning figures for humanitarian assistance

As with any scenario, uncertainties remain significant. Modelled impacts are based on available data. The location and extent of the event is based on known fault lines (some areas of Western Nepal lack fault mapping). The scenario does not contain information on when or how likely the event will occur, but only consider possible impact.

While the scenario will be refined by Durham University and in-country partners, the HCT agreed to kick-off planning against this worst-case scenario.

Far Western Area Epicentre	20km Depth	475km Rupture Length	Maximum Intensity Violent (9)
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10 most affected Districts	Total Affected People	Total Fatalities	Total Injuries	Total Displaced People
Kaski	530,000	15,000	163,500	351,500
Kathmandu	496,000	12,000	127,500	356,500
Chitwan	476,000	8,000	136,500	331,000
Dhading	446,500	12,000	141,500	293,000
Kailali	443,500	6,000	124,500	313,000
Tanahun	427,500	11,500	135,000	280,500
Gulmi	388,000	10,500	123,500	254,500
Syangja	377,000	10,000	119,000	248,000
Baglung	369,000	10,000	117,000	242,000
Nawalparasi	361,000	4,500	101,500	255,000
TOTAL	11,500,000	280,000	3,500,000	7,800,000

Refer to Annex III for the overall planning figures. Analysis continues to disaggregate the data by sex and age.

RESPONSE STRATEGY

1. Objectives & Response Activities

The Contingency Plan is designed to support the Government of Nepal's response to the immediate humanitarian needs of the people affected by an earthquake event. Preliminary objectives for are:

SO1	<p>Save lives and alleviate suffering by providing and/or ensuring access to multi-sectoral assistance to those most affected.</p> <ul style="list-style-type: none"> • Meet the immediate food needs of the most affected and avoid the deterioration of the nutritional status of the most vulnerable along lines of sex, age, ethnicity, caste, marital status and other social diversities. • Ensure access to life-saving shelter solutions for the most vulnerable among the affected households with due consideration of age and gender differences. • Life-saving healthcare services, including sexual and reproductive health, post-trauma rehabilitation, nutrition, and related screening, surveillance and referral systems are re-established. • Vulnerable populations and institutional facilities have access to safe water, sanitation (including sex-segregated toilets) and hygiene. All sectors of the affected population have access to age and gender-appropriate life-saving messages on health, food and nutrition, WASH, shelter and protection taking into account differential access to information. • Provide cash transfers or other direct payments to allow people to meet their own key immediate needs and transition rapidly to early recovery with due attention paid to the specific needs of women, in particular women heads of household.
SO2	<p>Protect the rights of those most affected, and promote inclusive access to humanitarian assistance, with particular attention to the most disadvantaged groups.</p> <ul style="list-style-type: none"> • Children, including adolescents, access protective learning environments, psychosocial support, and child protection services, including family reunification, prevention and response to trafficking. • Humanitarian needs and protection concerns of persons temporarily displaced by the earthquake are identified and addressed, as well as those of already marginalized groups. • Critical services to support inclusive access to humanitarian assistance are re-established, including civil documentation for men and for women. • Protection systems to ensure physical security of vulnerable populations including prevention of and response to gender-based violence (GBV) are strengthened.
SO3	<p>Support the recovery and resilience of the most affected by protecting, restoring and promoting their livelihoods and well-being with specific focus on the needs of women including women heads of household.</p> <ul style="list-style-type: none"> • Livelihoods of the most affected populations are supported through protection of livestock, support to prepare for the June-July planting season, food and cash transfer programmes, ensuring equal access for women and men. • Affected populations are supported to undertake safe demolition and debris management and access shelter solutions that progressively contribute and promote appropriate long-term self-recovery. • Where infrastructure allows, vital social services – health including comprehensive sexual and reproductive health, nutrition, WASH, education, psychosocial services – are restored with a view to integrating disaster risk reduction and improving resilience.

OPERATIONAL DELIVERY

1. Cluster Operational Delivery Plan Summary

The Cluster Operational Plans detail immediate response actions. Below is a summary of key activities and indicators (This does not include Logistics, ETC and CCCM).

Activities	Indicator	Target
Shelter		
Distribute NFI kits	<ul style="list-style-type: none"> # of team mobilized for distribution # of NFI kits available in stock NFI kits are checked according to standards / specifications 	<ul style="list-style-type: none"> Full coverage for collapsed houses 50% coverage for damaged homes
Distribute shelter kits	<ul style="list-style-type: none"> # teams and volunteers mobilized for distribution # of shelter kits provided Shelter kits are standardized 	<ul style="list-style-type: none"> Full coverage for collapsed houses
Distribute Tarpaulins	<ul style="list-style-type: none"> #Standard tarpaulins distributed # Tarpaulins are provided 	<ul style="list-style-type: none"> Full coverage for collapsed houses 50% coverage for damaged homes
Food Security		
Development of Food Assistance Plan for first 15 days – Distribution in coordination with Logistics Cluster	<ul style="list-style-type: none"> Meeting notes; Food Assistance Plan approval and Immediate Action Points agreed. (overlap with Rapid EFSA below) 	11.5 M
Rapid Emergency Food Security and Vulnerability Assessment	<ul style="list-style-type: none"> Design, Planning and Coordination with government - yields action and implementation plan. Assessment results. 	Coverage of all affected districts.
Development of Food Assistance Plan for days 16-45 Distribution in coordination with Logistics Cluster	<ul style="list-style-type: none"> Meeting notes;Revision of Food Assistance Plan based on assessment findings, approval and Immediate Action Points agreed. 	TBC based on EFSA results
Development of Food Assistance Plan for day 46 – 90 Distribution in coordination with Logistics Cluster	<ul style="list-style-type: none"> Meeting notes; Food Assistance Plan approval and Immediate Action Points agreed. 	TBC based on EFSA results
Distribution of rice seed to the most affected land holding farmers	<ul style="list-style-type: none"> This activity will happen if emergency occurs during the month planting season (April –June). Reported numbers of affected farmers recieved the seed in time. 	322000 farmers (35% of total affected farmers) received rice seed
Distribution of wheat seed to the most affected land holding farmers	<ul style="list-style-type: none"> This activity will happen if emergency occurs during the month planting season (Sept-Dec). Reported numbers of affected farmers recieved the seed in time. 	276000 farmers (30% of total affected farmers) received wheat seed
Distribution of maize seed to the most affected land holding farmers	<ul style="list-style-type: none"> Reported numbers of affected farmers recieved the seed in time. This activity will happen if emergency occurs during the month planting season (Feb-April). 	322000 farmers (35% of total affected farmers) received maize seed
Distribution of Vegetable seed to the most affected land holding farmers	Reported numbers of affected farmers recieved the seed in time	920000 farmers (100% of total affected farmers) received vegetable seed in three seasons

Health

Support health system for immediate response; strengthen surveillance system, logistic support to the district public/health offices	<ul style="list-style-type: none"> # of team mobilized for response # of field medical unit set up for response # of international kits (IEHK, DDK, SSK provided) # of medical surge team mobilized # of medical camp kits installed in damaged/destroyed health facilities # of LLIN distributed # of hygiene promotion and awareness raising teams mobilized 	130 damaged health facilities (80 damaged, 50 collapsed) 3.5 million injuries 7.8 million displaced people
Implement Minimum Initial Service Package (MISP) for Sexual Health) including safe delivery, emergency obstetric care, availability of FP methods and supporting maternity facilities in health facilities	<ul style="list-style-type: none"> # clean delivery kits distributed to visible pregnant women # maternity/transitional homes established and functional # affected women and adolescents service received through mobile RH camps # male condoms and contraceptive distributed Coordination system in place for RH and GBV prevention 	7.8 million displaced people (1.95 million WRA and pregnant women, Adult male who use condoms-312,000
Established and functional of BEOC and CEOC services	% of skilled birth attendants attended deliveries as % of expected pregnancy	Currently pregnant women who will have access and be able to give birth in a health center and also deliveries requiring a C-section
Provision of Health services for clinical management of rape survivors	# of rape survivors received health services in the health facilities	Women with Reproductive Age 100% of reported cases of sexual violence provided with health services within 72 hours.
Enhanced trauma and injury management facilities and services	<ul style="list-style-type: none"> # of trauma backpack prepositioned # of surgical kits prepositioned # of step-down facilities established/operational # of rehabilitation service centre operational 	3.5 million injuries 7.8 million displaced people
Support essential nutrition	<ul style="list-style-type: none"> # of malnourished cases treated # of severely/moderately malnourished child identified # SAM/MAM cases treated in nutrition centre 	3.5 million injuries 7.8 million displaced people\ Population from affected districts
Support mental health and emergency psychosocial services	<ul style="list-style-type: none"> # of team deployed for psychosocial counselling # of cases treated on MH/Psychosocial services 	3.5 million injuries 7.8 million displaced people

WASH

Provision of safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene. Public water points are sufficiently close to households to enable use of the minimum water requirement.	Initial Damage assessed /estimated and reported to WASH cluster on the water supply systems/facilities	All key water supply systems that is tapped by 100% of affected HHs,
	Strategy for safe water provision developed based on damage assessment, initial information and understanding/agreement of the Districts WASH Cluster	100% of affected HHs
	Number of water supply systems (piped water supply systems, hand pumps, dugwells, stonespouts)renovated in the affected area	All water supply systems used by 100% of HHs that are not functioning; Target depending on community or camp setup and the type of water supply needs as the sole or alternate source of water
Provision of adequate numbers of sanitation facilities sufficiently close to affected population with assurance of safety and accessibility at all times of day and night	Number of sanitation facilities (CGD friendly) identified for affected communities	100% of HHs
	Number HHs identified with need for technical assistance for repair and maintenance of latrines	HH identified as per the damage and need assessment

WASH

Provision of hygiene items and education to flood affected people including vulnerable groups of all ages are aware of key public health risks and are mobilized to adopt measures to prevent the deterioration in hygienic conditions and to use and maintain the facilities provided.	Number of households receiving standard hygiene kits (one kit for family of 5)	100% of HHs
	Number of volunteers among the displaced if possible)/FCHVs/CBOs/ NGOs to increase awareness on basic hygiene practices such as hand washing with soap, safe water, excreta disposal and effective use of installed latrines and bathing spaces	100% of HHs
Provision of Solid and Liquid waste management facilities to safeguard environmental sanitation and reduce disease burdens among the affected communities	Assessment of Solid and Liquid waste issues in the affected communities/camps	100% of HHs
	Solid and liquid waste management plan in place in the camp setting	100% of HHs- camp setting
Provision of vector control items and knowledge to protect the affected population from Disease and nuisance vectors that are likely to represent a significant risk to health or well-being.	Number of bed nets provided to HHs in collaboration with health cluster	100% of HHs
	Vector control mechanism in place in coordination with health cluster/ Municipality/VDC/camps/communities	Focusing on camp setting and affected communities

Protection

Support safe and non-discriminatory access to assistance and protection services	# of human rights desk established and operational.	100% of the affected districts
	# of legal assistance desk established and operational.	100% of the affected districts
	# of human rights abuse monitoring visits	100% of the affected VDCs/Municipalities
	# of disabled people provided with protection services	Full coverage
	# of people supported for the restitution of official documentation (e.g. citizenship certificates, land certificates)	100% of affected areas
Prevent and respond to gender based violence (GBV)	% of reported rape cases receiving post-rape treatment care within 72 hours	100% of identified cases
	# of functional referral pathways per affected location	All affected locations have functional referral pathways
	# of GBV survivors followed up through case management	
	Proportion of population researched with f GBV prevention messages disseminated (print and electronic) to the affected community and camps.	100% of the displaced population
Prevent and respond to trafficking	# of check points (boarder areas and strategic locations) established or strengthened.	50 check points
	# of cases intercepted	100% of the identified cases
	# of trafficking survivors referred to appropriate services.	100% of the identified cases
	# of survivors provided support in the transit homes.	

Psychosocial support, including child and women friendly spaces	# of psychological first aid provided to the affected population.	50% of the displaced population
	# of people received psychosocial support by the psychosocial counsellors and community psychosocial workers.	10% of the displaced population
	# of cases referred for specialized care (Psychiatric treatment, mental health treatment)	1% of the displaced population
	# of child friendly spaces (CFS) established/operational. # of female friendly spaces (FFS) established/operational and psychological support, case management and other services integrated.	50% of the strategic locations of affected areas 50% of the strategic locations of affected areas
Family tracing and reunification	# of Information desks and free phone service in camps and affected areas established to help families to make contact	100% of the identified cases
	# of missing and separated people, including children, identified	
	# of separated people, including children, reunified.	

Education

Establish safe, temporary classrooms (TCs)	Number of TCs established	392,000 TC : [9,800]
Establish adequate WASH facilities in temporary learning centers (TCs) and rehabilitated schools	Percentage of TC / rehabilitated schools with appropriate WASH facilities	50% of the TC's WASH UNIT [4,900]
Distribute Early Childhood Development (ECD) supplies	Number of children benefiting from Emergency ECD kits	82,000 Item : [1640]
Distribute schools supplies	Number of children benefiting from emergency school kits	310,000 Item : [7750]
Train teachers on psychosocial support (PSS) and lifesaving messages, including hygiene promotion	Number of teachers trained on appropriate PSS	14,500

Nutrition

Provide supplementary food for vulnerable groups (pregnant and lactating women, children 6-23 months, older persons, persons living with HIV/TB) and manage acute malnutrition among children 6-59 months	Proportion of people who meet the criteria for blanket supplementary feeding who receive supplementary feeding rations	0-59 mo children: 1,115,500 Pregnant and lactating women: 777,400
	Proportion of 6-59 months children identified with Moderate Acute Malnutrition [MAM] using Mid Upper Arm Circumference (MUAC) and/or Weight/Height enrolled in the supplementary feeding programmes	45,512
Provide therapeutic food for Severely Acute Malnourished children 6-59 months,	Proportion of 6-59 months children identified with severe acute malnutrition (SAM) using Mid Upper Arm Circumference (MUAC) and/or Weight/Height enrolled in the therapeutic feeding programmes	33,465
Provide micronutrient supplements to 6-59 months children, pregnant and lactating women	Proportion of 6-59 months children, receiving multiple micro-nutrient powder (MMP)	1,115,500
	Proportion of 6-59 months children, receiving one dose of vitamin A supplements	1,115,500
	Proportion of 12-59 months children, receiving one course of deworming drugs	1,003,950

	Proportion of pregnant and postnatal women receiving iron and folic acid tablets as per rules	538,200
Protect, promote and support breastfeeding practices (through breastfeeding spaces, counseling and management of breastmilk substitutes); promote IYCF practices including appropriate complementary feeding	# of organizations providing unsolicited donations, distribution and use of breast milk substitutes or milk powder	0 (immediately after disaster onwards) # dependent on caseload/assessment (100% coverage of all lactating women requiring support) – however, it should be initiated as early as possible
	Proportion of affected mothers and children requiring support received counseling services	1,115,500
Management of diarrhoea with ORS and zinc	Proportion of children suffering from diarrhoea at the age of 6-59 months are managed with appropriate rehydration and medications	1,115,500

2. Addressing cross-cutting and context-specific issues

Cash Transfer Programming to deliver on key humanitarian objectives

The experience of the 2015 Nepal Earthquake Response showed the viability of using various types of cash transfer programming to address key humanitarian needs, support positive household coping mechanisms and transition to long-term recovery. Despite the serious impact of the earthquake, markets for key products continued to function with minimum disruption or inflation. Post-distribution monitoring of how unconditional cash transfers were spent by recipients also indicated a high degree of prioritization of core needs, particularly shelter, food and health.

As such, in future emergencies in Nepal, particularly sudden-onset, the HCT should be prepared to consider cash transfer programming, particularly multi-purpose grants, as a key element of the initial response, while laying the groundwork for sector-specific programming based on subsequent needs assessments. The specific modalities used (e.g. cash in envelopes, cash for assets, mobile money, branchless banking, etc.) and priority districts should be based on best available analysis of cash feasibility and the impact of the disaster, including sex disaggregated data and gender analysis. Where markets are not functioning, plans should be considered to allow a rapid transition to cash transfer programming as they are re-established.

Humanitarian partners will work closely with relevant Government agencies to ensure that standards and distribution plans are in line with national priorities. The HCT will also promote, as appropriate, targeting of cash programming to vulnerable groups and that programming is in line with guidance on gender in humanitarian response. The use of Nepali social protection systems, both as modalities for distribution cash, as well as for targeting of vulnerable individuals, should be considered at a strategic level.

To ensure effective coordination, the HCT will immediately activate the **Emergency Cash Coordination Group (eCCG)**, which will then consider the need to establish *Hub or District Cash Coordination Groups* in affected regions.

Sector-specific cash transfer programs, such as food for work or shelter voucher programs, will be coordinated under the appropriate cluster. Multi-purpose cash transfer programming, as well as common technical issues, such as coordinated market assessments or minimum expenditure basket, will be coordinated in the eCCG. As a critical part of inter-cluster coordination, Clusters are required to report regularly on sector objectives and activities around CTP to the eCCG and to support and disseminate guidance. The eCCG will be chaired by a Cash Coordinator, appointed by OCHA, if present in country, or from the Resident Coordinators Office (RCO) or other agency designated by the HCT.

See Annex VI: Cash Transfer Programming for terms of reference, operational details and reference documents.

Community Engagement in Humanitarian Action

Recognizing that the first responders will be affected people, civil society and local private sector organizations, it is critical that mechanisms to effectively support and coordinate with communities are put in place in the immediate aftermath. Critical areas include common services for system-wide accountability and private sector and civil society coordination.

Engagement with and accountability to affected people are critical in particularly the most vulnerable groups along lines of sex, age, ethnicity, caste, physical ability and other diversities. Affected people need to be kept informed about available services as without access to reliable, timely, and accurate information, survivors are may be unable to make the choices necessary to develop their own survival strategies to recover and rebuild from the earthquake. At the same time, a coordinated approach to two way communication between responders and communities allows responders to react to changing needs, ensure that aid is effective and appropriate and to adjust response strategies as needed. The community feedback will be collected by male and female enumerators who have received gender-sensitisation training. The critical role of local radio as a primary means of communication in Nepal also needs to be factored into immediate response plans both for supporting restoration of infrastructure as well as working with radio stations for targeted messaging.

The HCT will therefore activate the **Community Engagement Working Group** to agree on and implement a coordinated community engagement response action plan (drafted on current situational analysis). The overall aim will be to ensure that the provision of information, community feedback and participation are effectively implemented and coordinated at the system level. Specifically, the Working Group will seek to achieve the following:

- Humanitarian response is informed by the views of affected populations (regularly collect sex and age disaggregated feedback on community needs, broad perceptions and narrow complaints, ensuring inclusion of vulnerable groups).
- Humanitarian responders are held to account and act upon feedback - Encourage responders to act on the feedback and publicize progress.
- Communities have the information and communications capacity they need to make informed decisions and stay safe - Provide affected populations with needed information and capacity to communicate.
- Community responders and volunteer groups are mobilized and connected with the international response – Facilitate coordination with ad hoc volunteer and civil society groups that are working in affected communities.

To implement these critical goals, the Community Engagement Working Group will be supported by a **Secretariat**, which will be staffed by OCHA, if in country, the RCO or a designated agency. The **Inter-Agency Common Feedback Project** (or other common services mechanism) will also be activated. Sub-working groups on 1) Radio and Communication Technology; 2) Community Mobilization; 3) Communications with Communities; and 4) Feedback, Monitoring and Evaluation, will be activated as needed.

As a critical part of inter-cluster coordination, Clusters are required to report regularly to the Community Engagement Working Group on their communications strategies and operational plans. Cluster and agency-specific feedback and accountability mechanisms should all report regularly to the Working Group via the Common Feedback Project, and Clusters should report back on how they are addressing issues identified through common feedback.

See Annex VII: Community Engagement for terms of reference, operational details and reference documents.

Private Sector Engagement

The 2015 Earthquake Response highlighted the critical role of the private sector in response. Private sector actors, including multinational companies and small and medium-size businesses were a critical part of the response, providing both substantial financial and in-kind contributions. In addition, private sector actors acted as humanitarian responders themselves, providing a substantial portion of the overall response, particularly in the initial phase. In large part, these response activities were undertaken by informal collaborations among for-profit businesses, volunteer groups, and civil society organizations which accounted for substantial. Effective coordination with civil society and private sector responders is therefore critical.

The HCT will designate a Private Sector Liaison, from either the Resident Coordinators Office, OCHA or a designated agency, to support coordinated engagement with the private sector and civil society and advise the HCT on overall strategy. The Liaison will be supported by a private sector working group, as needed. The private sector liaison, with support from the Community Engagement Working Group and clusters, will convene regular coordination meetings

for civil society and private sector actors (“community response coordination”); and support effective information flow between the international community and private sector and community responders, including by attending existing private sector and ad hoc coordination platforms. The Liaison will also help develop information products specifically targeted to private sector partners, and support the collection of information on private sector engagement from clusters. The Private Sector Liaison will also work closely with the Community Engagement Working Group on messaging and outreach, particularly in regard to small and medium business and volunteer groups.

See Annex VIII: Private Sector Engagement for terms of reference, operational details and reference documents.

Promoting gender equality in the humanitarian response

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

The integration of gender equality into humanitarian action is about better targeting and programming and therefore the effectiveness and accountability of humanitarian action. Humanitarian responses must ensure that the different situations, needs, priorities and capacities of women, men, girls and boys, and of those exposed to multiple vulnerabilities (people living with disabilities, sexual and gender minorities, senior citizens, different caste/ethnic groups, etc), are addressed when designing, planning, costing, implementing, monitoring and evaluating humanitarian response efforts and across the humanitarian-development continuum. Women, girls, boys and men are exposed to differential risks and vulnerabilities but also play unique and important roles in responding to emergencies within their respective communities. Notably, opportunities to transform gender relations through the empowerment of women are often missed elements of humanitarian response, despite the fact it is key to the response’s effectiveness and for the longer-term resilience of communities..The Gender Equality and Social Inclusion (GESI) guidance committed to by the Government of Nepal, IASC commitments to mainstream gender in humanitarian action, recommendations on gender equality and social inclusion made in the Post Disaster Needs Assessment (2015) and international commitments to Gender Equality and the Empowerment of Women (CEDAW, BPfA, SDGs, UNSCRs 1325 and 1820, etc) offer the framework for implementing an inclusive and equitable approach.

Key Action Points:

- **Collect, analyse and use sex, age, disability, caste/ethnicity (and other social diversities) disaggregated data** in the design, planning, implementation and monitoring of all programmes, and ensure that programmes respond to identified gender and social gaps.
- Apply the principles of **gender responsive budgeting** in the planning, programming and monitoring of humanitarian response related expenditures. Establish a **women’s fund for women-specific programmes** (prioritizing issues for single women, older women and women with disabilities including access) and ensuring a formal role for women’s organizations in the management and disbursement of such a fund.
- Ensure **leadership and meaningful equal representation of women and women’s groups** in the planning, management, implementation and monitoring of humanitarian response activities and ensure they receive equal pay and benefits for work of equal value.
- Establish effective and **transparent complaint mechanisms for sexual exploitation & abuse and ensure all women, girls, boys and men of the affected population are** aware of the mechanism.
- Ensure compliance with **key actions points in the Gender Equality Package for the Nepal Emergency Response Preparedness Plan** phase 2.

To mainstream and integrate gender equality and the empowerment of women in the humanitarian response for humanitarian effectiveness and accountability, the HCT will immediately activate the inter-cluster Gender Working Group (GWG) and request Cluster Leads and Co-leads to nominate Cluster Gender Focal Points to join the GWG. The GWG will then establish a multi-stakeholder forum (UN, NGOs, INGOs, DPs, etc) and district level GWGs. A GenCap Adviser (co-hosted by UN Women and UN OCHA) will be deployed to provide technical support to the GWG and GWG will have a Coordinator and Information Management Officer deployed. The GWG will be co-chaired by UN Women, UNOCHA and the Government of Nepal. The GWG will be a member of any inter-cluster coordination mechanism.

See Annex IX: Gender Equality Package.

Protecting and enabling youth in the emergency response

In Nepal, children and youth (15 to 24 years of age) represent more than half (55 per cent) of the total population while adolescents (10 to 19 years) account for 24 per cent. Adolescents and youth, especially girls and those in early adolescence (10 to 14 years), are vulnerable to various risks concerning their development, protection and participation. It is essential that adolescents go back to primary and secondary education and continue structured learning in a safe and protective environment. Livelihood opportunities for families would be provided considering adolescents' educational and developmental needs. The risk of child marriage is likely to increase after the onset of any sudden humanitarian event, given scarcity of resources and interrupted livelihoods.

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

COORDINATION & MANAGEMENT ARRANGEMENTS

Coordination Arrangements

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

The Resident Coordinator (RC) is responsible for coordinating the HCT+ during an emergency response. Under the guidance of the RC, the HCT+ is responsible for the effective and efficient implementation of inter-agency disaster response activities in Nepal. Key donor partners are included members of the HCT+ to strengthen coordination and information sharing to facilitate resource mobilization. In accordance with the direction of the HCT+, Cluster Support Agencies, District Level Support Agencies and humanitarian partners will ensure a coordinated response among partners. This responsibility requires coordination with the Government of Nepal, other agencies and local NGOs.

Humanitarian operations in Nepal focus on *10 clusters* and *1 network* (see below), as well as *eight formal inter-cluster working groups and functions*. Immediately following the onset of an earthquake response, the primary focus will be on Food Security, Health, WASH, Protection, Shelter / NFI and Logistics.

Cluster	Health	WASH	Emergency Shelter	Food Security	Logistics	CCCM	Education	Protection	ETC	Nutrition	Early Recovery Network
Lead	MoPH	MoUD	MoUD	MOAD	MoHA	MoUD	MoE	MoWCSW/ NHRC	MoIC	MoHP	MOFALD
Co-lead	WHO	UNICEF	IFRC	WFP/FAO	WFP	IOM	UNICEF/SC	UNHCR/ UNICEF/ UNFPA	WFP	UNICEF	UNDP

Inter-cluster Groups	Community Engagement Working Group	Emergency Cash Coordination Group (eCCG)	Private Sector Liaison	Emergency Communications Group (ECG)	Assessment Working Group	Gender Working Group	Information Management Working Group	Access and Infrastructure Working Group
Lead	RCO/OCHA	RCO/OCHA	RCO/OCHA	UNIC/RCO	OCHA	UNWomen	RCO/OCHA	WFP

For the HCT+, the RC would immediately convene a meeting, attended by heads of agencies. The NEOC and the HCT+ would be in constant communication to ensure optimal results during the response. The HCT+ partners, through the NEOC would coordinate international response and relief efforts for Nepal, in coordination with the Government. The HCT+ would direct and facilitate needs assessments and emergency appeals, information management and other common services. OCHA would deploy a full operation to support secretariat services to the RC, the HCT and the clusters.

See Annex IV: Coordination for coordination structures at the national and district/hub level.

United Nations Disaster Assessment and Coordination (UNDAC) Team

In consultation with the RC, OCHA would mobilize the United Nations Disaster Assessment and Coordination Team to support the first phase of the earthquake response. UNDAC would assist in the coordination of incoming international relief at national and district level. The Team would deploy within 12 to 48 hours, and be composed primarily of staff based in the OCHA Regional Office for Asia Pacific and national members of the regional UNDAC roster.

The UNDAC Team would set up and manage the On-Site Operations Coordination Centre (OSOCC) to help coordinate incoming international assistance. Based on the 2015 experience, the main OSOCC would be established at the United Nations House in Pulchowk, Lalitpur. Sub-OSOCCs would be established at the NEOC, as well as other strategic locations in Kathmandu to assist coordinating particularly types of assistance, such as search and rescue and medical teams. A Reception and Departure Centre (RDC), which is part of the OSOCC structure, would be established at the Tribhuvan International Airport to register incoming assistance and direct it to relevant coordination platforms. Field OSOCCs would need to be established at DDRC locations in affected districts. OSOCCs typically evolve into the OCHA Country Office at national level, and into Sub-Offices or Humanitarian Hubs at the field level.

Urban Search and Rescue (USAR) Coordination

USAR teams work within a narrow window of opportunity to rescue those trapped in collapsed structures. The first arriving international classified (INSARAG) team will work with UNDAC to establish both the RDC and OSOCC as well as establishing a USAR Coordination Cell (UCC). The UCC will work with national authorities, NEOC as well as the military, to deploy INSARAG and non-INSARAG classified teams, in coordination with national teams, to the affected areas, using the INSARAG sectorisation methodology. The UCC will work closely with the RDC and main OSOCC structures. Staffing at the UCC will be from INSARAG teams as well as UNDAC members with USAR knowledge and expertise.

Emergency Medical Team (EMT) Coordination

As with the UCC, the EMT Coordination Cell (EMTCC) is established as soon as possible following a request for assistance and deployment of teams. Trained EMT members, as well as specifically trained UNDAC will establish the EMTCC as close as possible to the responsible coordination government authority—the Ministry of Health. The EMTCC will support the MoH to ensure that only teams registered through the EMT classification system are recommended to receive ahotirsation to practice in Nepal, as well as support the deployment of national and internationally classified teams to identified areas of need. The cell will work closely with both the RDC and main OSOCC.

Humanitarian Civil-Military Coordination

Possessing standing forces and unique capabilities and assets, the armed forces can deploy rapidly in the immediate aftermath of a disaster. They can support national authorities and humanitarian responders to identify and service key immediate needs (indirect assistance and infrastructure support) while longer-term and more structured operations are being established. Military and police forces can also ensure that there is a safe and secure environment for humanitarian action to take place. Humanitarian Civil-Military Coordination (UN-CMCoord) is the framework that facilitates dialogue and interaction between civilian and military actors, essential to protect and promote humanitarian principles, avoid competition, minimize inconsistency and, when appropriate, pursue common goals.

Multi-National Military Coordination Centre (MNMCC)

Should the scale of the disaster involve the deployment of foreign military forces from the regional and international level, the Nepal Army will establish a Multi-National Military Coordination Centre (MNMCC). The MNMCC will facilitate coordination between the Nepal Army/Nepal Armed Police Force and the assisting foreign military forces so as to increase the speed of response, ensure interoperability, mission effectiveness, and unity of effort. The

Humanitarian Community should ensure that daily humanitarian updates are provided in the MNMCC to facilitate joint situational awareness between the Humanitarian Community and the national/foreign military actors.

Humanitarian-Military Operational Coordination Concept (HuMOCC)

As part of the response to a large-scale disaster that might affect Nepal, the humanitarian community will conduct an assessment of the civil-military operating environment and ensure that this initial assessment is followed by timely updates and reviews, in line with changes identified in the context. This assessment helps to determine the UN-CMCoord strategy, the coordination platform and liaison approach that are most appropriate to the specific context of the disaster response efforts.

As indicated in the Asia-Pacific Regional Guidelines For The Use Of Foreign Military Assets In Natural Disaster Response Operations (APC MADRO), it is likely that a Humanitarian-Military Operational Coordination Concept (HuMOCC) will be implemented with the support of the UN-CMCoord Focal Point. The HuMOCC objective is to provide a predictable humanitarian-military-police coordination platform, in support of the RC/HC and the HCT. A co-location of the HuMOCC with the NEOC or the MNMCC would optimize information sharing and decision making processes. Key activities to be performed by the HuMOCC shall include:

- Advise, as timely as possible, on the appropriate foreign military assets (FMA) to be deployed to Nepal and share priority locations for FMA deployment/coverage based on the NEOC's priorities;
- Establish a request for assistance (RFA) and request for information (RFI) process flows that will guide humanitarian actors in prioritizing requests for the use of FMA in support of humanitarian activities, where there are no comparable civilian alternatives;
- Contribute to achieving and maintaining common situational awareness that can be shared amongst all actors responding to the disaster in a coherent and systematic manner;
- Facilitate identification of realistic indicators and benchmarks, including evaluation criteria and triggers for transition from military to civilian assets as well as drawdown and redeployment of military forces.

The need might be identified for a civil-military coordination function/outreach to be established also at regional/district level. Decisions related to the civil-military coordination strategy and architecture to be implemented in the humanitarian hubs, will be dependent on the assessment of the civil-military environment at de-centralised level.

See Annex X: Humanitarian Civil-Military Coordination (UN-CMCoord)

Public Outreach and Advocacy

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

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

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

In the event of a crisis situation, programme priorities of the HCT+ are generally disrupted and altered. If this occurs, **the Emergency Communications Group (ECG)**, chaired by the United Nations Information Centre (UNIC) would focus on prioritizing the messages that the HCT+ needs to send out to the public. The main target of the ECG should be media at large, both national and international. Special focus should be given to audio-visual media, as they remain the main source of immediate information for the general public, in particular those affected.

Overview of Communications Strategy:

- The HC must call for and chair ECG meetings during a crisis to ensure continuous information-sharing among all the HCT+ members and humanitarian partners, and to agree on key messages and the outreach approach. Information must be sex and age disaggregated and include analysis of gender equality and social inclusion.

- The HC is the chief UN spokesperson for the humanitarian system in any crisis situation. However, every HCT+ partner operating in Nepal during a crisis situation must also identify an official or temporary spokesperson who is articulate and who can speak on its behalf at all times. Identifying a Nepali-speaking spokesperson would be an asset.
- The RC/HC Office should prepare a list of all the spokespersons for the humanitarian system with full contact information. The list would then be shared within the HCT+ system.
- The spokespersons must, whenever possible and safe, engage in field work, communicate daily with the Chief UN Spokesperson, respond to media queries, hold interviews and draft press releases on the priority messages and work of their offices.
- UN spokespersons must be available at all times to respond to media queries or to conduct interviews. In crisis situations, the UN must also be proactive and reach out to the media to communicate its messages.
- The RC/HC Office, assisted if necessary by communication officers from other UN offices, must update all its local, regional and international media lists at the beginning of any crisis. The updated list must then be shared with the HCT+
- Political or security-related messages from the UN should be solely handled by the HC/Chief UN Spokesperson. The latter must coordinate all political messages and what can be voiced regarding security-related issues, and the HC must coordinate daily with the UN DSS.
- Regarding humanitarian issues, the role of the HC will be critical in ensuring that critical messages related to relief efforts are communicated in a timely manner to the media.
- The RC/HC Office is responsible for drafting flash updates within hours of the earthquake followed by situation reports on the HCT activities. Based on the 2015 experience, the first situation report would be issued within the same day of the earthquake. It could be issued by the HC in Nepal or by the OCHA Regional Office for Asia and the Pacific. Situation reports will be issued daily for the first two weeks. Thereafter, the frequency will reduce to three reports during the third week and two reports during the fourth week. With the one-month benchmark, situation reports will be replaced by monthly humanitarian bulletins. Reports will be circulated with humanitarian partners and published on ReliefWeb. Similarly, the clusters are responsible for producing more elaborate and specialized reports on their topics of concern. Those reports are also shared with the media and the clusters' NGO and civil society partners. A standard format for situation reports has been developed and was agreed by HCT+ members to ensure consistency in the collection of information that is used by the HCT+ during an emergency.
- Every HCT+ partner operating during the crisis is encouraged to produce individual press releases to keep the public informed of its activities and these must be shared with the HC and Emergency CG for broader distribution to the media.

OPERATIONAL SUPPORT ARRANGEMENTS

Key Immediate Needs and Assessments

It has been agreed by HCT+ partners that much of the information required for immediate response exists in the form of baseline data. Estimates of the number of men, women, children, and specific vulnerable groups can be generated from baseline data. In the immediate aftermath of large earthquake HCT partners will source data on the estimated casualties and damage to infrastructure. Such modeling is available from Durham University and elsewhere. To facilitate a rapid response in the initial phase of the earthquake HCT+ will endorse the key immediate needs (see Annex xx) – a set of relief items and services that will be the focus of the initial response, and prioritized in terms of logistics arrangements, such as landing slots, use of air assets, etc. Key Immediate Needs have been identified by HCT+ and other partners in response to an earthquake scenario, in consultation with local communities. The initial emergency response therefore is primarily informed by earthquake models and baseline data, as well as the preparedness work around the Key Immediate Needs. The Key Immediate Needs should be reviewed on a regular basis to ensure that the response is adapting appropriately to changing circumstances on the ground.

Building on baseline data, the Initial Rapid Assessment (IRA) will provide sex and age disaggregated data on casualties and initial damages. The IRA will be launched by the Nepal Red Cross Society in the first days of the disaster. The IRA form/template has been agreed and accepted by all HCT+ partners. However, it has been identified that improvement in community capacity to collect information and endorsement via DDRC is required.

Supplementary assessments to the IRA will only be completed following joint agreement of agencies at the district level. Obtaining joint agreement is critical to ensure validation of data and gaps are covered. Donor partners will not accept assessments that have not been completed through a coordinated approach. In-depth sectoral information that is not available via other sources can be collected during/after week 3 of the disaster.

The Multi-Cluster Initial Rapid Assessment (MIRA) is a coordinated assessment methodology that has been agreed by HCT+ and the Government, but will only be activated for large-scale disasters which require international assistance. A MIRA is not appropriate for assessing the immediate impact of a major earthquake, but instead should only be considered if a major crisis, such as that caused by mass displacement, in affected areas is ongoing in the months after a disaster, and only to fill identified gaps in information that cannot be filled with baseline data. It is important to note that the initial emergency response should not wait for the completion of the MIRA, or any other assessment. Finally, it should be noted that the true value of a MIRA is the ability to differentiate the different needs within the affected populations; therefore a MIRA should be planned and implemented with this in mind using mixed assessment teams (with an equal sex-ratio of both enumerators and responders) and ensuring the needs and capacities of women and men are clearly distinguished in the process. It must integrate analysis of gender equality and social inclusion aspects and sex and age disaggregated data.

This document does not yet reflect the Common Assessment Tool, which was signed off by the Government in early 2016.

Existing, well-established and nationwide multi-sectoral monitoring systems, such as the Nepal food security monitoring system (NeKSAP), which are led and coordinated by district-level authorities, will provide additional information on the extent and impact of the disasters to guide relief and recovery efforts.

In addition, as soon as is practical, market assessments, coordinated through the emergency cash coordination group, should be put in place to support cash feasibility analysis to indicate how rapidly cash transfer programming can be scaled-up. Market assessments will build on existing market monitoring mechanisms and existing base-line data.

Information Management

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

- Compiling key baseline sex and age disaggregated datasets
- Agreeing/supporting common data-sharing platforms (e.g. HR.info, DevInfo), including sex and age disaggregated data
- Supporting HCT+ in the management of information and spatial analysis to enhance coordination

A key tool for managing information across the clusters is [HR.info](http://www.hr.info). Embedded in the site are key IM tool such as contact list, maps/infographics, assessment registry, meeting schedule, datasets, etc. Although clusters actively manage content and populate the site, overall management (during a large disaster response) would fall to OCHA.

(www.humanitarianresponse.info/en/operations/nepal)

As agreed by the HCT+, immediate response planning will utilize pre-existing baseline data which will be supplemented with the Initial Rapid Assessment (IRA). The baseline data will provide key datasets in a district and VDC level profile. These profiles can be accessed at www.un.org.np/data-coll

Common Service Areas

Security

UNDSS can play a crucial role in providing information and advising relief workers in advance of and during a deployment to the areas affected by natural and/or man-made disasters. The DSS Security Advisor (SA) would be able to make assessments in the field should there be a requirement to clear an area for humanitarian operations. The DSS continues to ensure staff safety in all stages foreseen in the emergency programme and will network with

security focal points of other UN agencies to ensure a coordinated response to the maintenance of both staff and operational security requirements. Agencies are expected to supplement the SA with any additional security staff felt to be required for their specific needs.

The Security Plan and SOPs essentially address:

- Security Phase
- Movement to and from capital city/affected areas
- Status and condition of key infrastructure
- Movement within affected area(s)
- Additional measures to be taken while travelling outside capital/affected area(s)
- Travel by air, travel by road, travel in rivers and lakes
- Visiting UN Staff list
- Within country staff lists
- Communications during and immediately after emergency
- Briefings and training
- Office and residential security
- Area Security Coordinator, Deputy ASC, Assistant Field Security Coordinator
- Agency Security Focal Points
- Safe Havens/ Relocation sites
- Medical support and Med-evac procedures

There will be a full revision of the Nepal-specific MOSS and MORSS during emergency situation, however, Phase-III baseline MOSS arrangements might be incorporated in the contingency plan, if Security Phase is raised to Phase-III.

Special attention should be given to procure urgently following equipment if situation warrants:

- a) Protective gear
- b) Communication Equipment (Radios/ Satellite Phones etc.)
- c) Trauma Kit, etc.
- d) Field vehicles with MOSS compliance equipment
- e) PEP kits

Communications

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

As per Nepalspecific MOSS, the Interagency Radio Room will be operational on 24/7 basis and the DO, SMT members, SA, Agency Security Focal Points, Wardens, all international staff and key national staff have handheld radio sets. As part of MOSS requirements, all Heads of Agencies also have satellite phone and district offices also have satellite phones for emergency communications.

PREPAREDNESS GAPS & ACTIONS

Disaster Management Legislation

Action 1: Put in place a Guideline for International Disaster Assistance and Cooperation, including procedures, roles and responsibilities and monitoring of the facilitation and regulation of international disaster assistance provided to Nepal. This should refer to the facilitation of incoming international personnel, goods, equipment and transport.

Action 2: Continue advocacy for the Government to formalize a new Disaster Management Bill.

Coordination Systems

Action 1: Continue detailed planning on coordination at national and district level, reflecting on civ-mil, cash, community engagement, private sector liaison and other functions. This should also reflect the physical establishment of coordination hubs at national and sub-national level.

Action 2: Confirm DLSA ToRs and clarify the roles and responsibilities for the coordination of preparedness and response activities of humanitarian partners at the district level, including on:

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

Information Management

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

Key Immediate Needs and Assessments

Action 1: Agreement on priority relief items and services, as well as relevant standards and prioritization for different logistics scenarios.

Action 2: A priority preparedness action is to ensure the availability and accessibility of relevant baseline sex and age disaggregated data. The IMWG will combine baseline data and IRA data to support HCT decision-making.

Action 3: Co-cluster lead agencies must communicate the agreed assessment plan for an emergency response. This plan calls for clusters to maximize the use of pre-existing sex and age disaggregated baseline data, augment that with data from the IRA, engage in sector-specific assessments when needed, and resist agency-specific assessments, which are not part of a coordinated effort led by the DDRCs.

Humanitarian Principles and Operational Standards

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

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

Targeting and selection criteria

Action 1: Recognize the current preference of Nepali authorities for blanket distribution in many districts, develop an inter-agency proposal for targeting of vulnerable groups in the response, for both in-kind and cash distributions, that builds on existing tools such as registration for social safety net programs and government census and survey data. The proposal should serve as a basis for advocacy with the government at both the national level and in priority districts.

Cash Transfer Programming

Action 1: Engage with the Nepal Government to agree on a clear governmental focal point for cash transfer programming, and to develop and disseminate key standards and guidance to the district levels

Action 2: Develop cash feasibility analysis and market assessments for all at-risk districts in Nepal, including a system for regular updating.

Action 3: Agree on standard guidance and templates for cash transfer programming, including agreed minimum expenditure baskets.

Action 4: Work with financial service providers and non-bank financial institutions to develop pre-agreements to rapidly scale cash transfer programming to affected districts.

Private Sector Engagement

Action 1: Establish an inter-agency private sector focal points working group to better coordinate disaster preparedness and resilience activities with the private sector.

Community Engagement

Action 1: Develop mapping and contingency plans for the support and utilization of community radio stations.

Action 2: Establish a secretariat function for the Community Engagement Working Group, including common feedback project functions, to support ongoing preparedness activities.

FUNDING REQUIREMENTS

Effective response to humanitarian needs at the onset of a crisis depends on the level of preparedness and planning of agencies in the field, as well as the capacities and resources available to them. The RC, with RCO support, will be responsible for identifying locally available sources/donors and available up front resources (e.g. CERF). In consultation with the HCT+, the RC will decide at the onset of the crisis, the need for launching a flash appeal. The RC should promote the application of the Government's existing gender-responsive budgeting (GRB) principles.

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

ANNEX I: KEY CONTACTS

FOLLOWING A DISASTER IMMEDIATELY CONTACT

1	<p>If there is no OCHA presence, contact the OCHA Regional Office for Asia and the Pacific Markus Werne, Head of Office</p> <p>Hannes Goegele, Preparedness and Response Unit</p>	<p>Tel. +66 22882558 Email: werne@un.org</p> <p>Tel. +66 22882564 Email: goegele@un.org</p>
2	<p>If further assistance is needed, OCHA Emergency Relief Coordination Centre (ERCC) 24/7, Geneva</p>	<p>Tel: +41 22 917 2010</p>

OTHER KEY CONTACTS

1	<p>Emergency Relief Coordinator (ERC) –New York Mr. Steven O'Brien</p>	<p>Tel: +1 212 963 2738 Email: obrien@un.org</p>
2	<p>OCHA Coordination and Response Division – New York John Ging, Director</p> <p>Edem Wosornu, Chief, Asia Pacific Section</p>	<p>Tel. +1 212 963 1522 Fax. +1 212 963 3630 Cell : +1 917 288 2913 Email: ging@un.org</p> <p>Tel.: +1 212 963 3653 Email: wosornu@un.org</p>
3	<p>INSARAG Secretariat – OCHA Geneva (for earthquakes)</p>	<p>Tel: +41 22 917 1600 Fax: +41 22 917 0023</p>
4	<p>UNDAC – OCHA Geneva</p>	<p>Tel: +41 22 917 1600 Fax: +41 22 917 0023 Email: undac_alert@un.org</p>
5	<p>OCHA Programme Support Branch (PSB), Strategic Response Planning, Geneva</p>	<p>Tel: +41 22 917 1636 Email: wyllie@un.org</p>
6	<p>UNDSS – New York</p>	<p>Tel: +1 917 367-9438/9439; Fax: +1 212 963 9053 Email: UNDSSComscen@un.org</p>

Nepal Humanitarian Country Team (HCT)

1	<p>Resident Coordinator ai Tomoo Hozumi</p>	<p>Tel: Email: thozumi@unicef.org</p>
2	<p>Somsak Pipoppinyo Representative FAO</p>	<p>Tel: Email: Somsak.Pipoppinyo@fao.org</p>
3	<p>Renaud Meyer Country Director, UNDP</p>	<p>Tel: Email: renaud.meyer@undp.org</p>
4	<p>Giulia Vallese Representative, UNFPA</p>	<p>Tel: Email: vallese@unfpa.org</p>
5	<p>Padma Sundar Joshi Programme Manager, UNHABITAT</p>	<p>Tel: Email: ps.joshi@unhabitat.org.np</p>

6	Craig Sanders Representative, UNHCR	Tel: Email: sanders@unhcr.org
7	Tomoo Hozumi Representative, UNICEF	Tel: Email: thozumi@unicef.org
8	Pippa Jill Bradford Country Director, WFP	Tel: Email: pippa.bradford@wfp.org
9	Dr. Jos Vandelaer Representative, WHO	Tel: 9801021717 Email: vandelaerjo@who.int
10	Ziad Sheikh Representative, UNWomen	Tel: Email: ziad.sheikh@unwomen.org
11	Maurizio Busatti Representative, IOM	Tel: Email: mbusatti@iom.int
12	Max Santner Head of Delegation, IFRC	Tel: Email: max.santner@ifrc.org

HCT: Cluster Co-Leads

1	INTER-CLUSTER COORDINATION Stine Heiselberg, RCO	Tel: Stine Heiselberg Email: stine.heiselberg@one.un.org
2	FOOD SECURITY Binod Saha, FAO Kishor Aryal, WFP	Tel: 9851092581 Email: binod.saha@fao.org Tel: 9851070811 Email: Kishor.aryal@wfp.org
3	HEALTH Dr Reuben Samuel Damodar Adhikari	Tel: 9801010010 Email: Samuelr@who.int Tel: 9801010022 Email: adhikarid@who.int
4	NUTRITION Anirudra Sharma	Tel: 9851088567 Email: ansharma@unicef.org
5	WASH Arinita Maskey	Tel: 9841410991 Email: amaskeyshrestha@unicef.org
6	EDUCATION Sabina Joshi, UNICEF Pashupati Sapkota, Save the Children	Tel: 9851064207 Email: sajoshi@unicef.org Tel: 9841372096 Email: pashupati.sapkota@savethechildren.org
7	PROTECTION Child Protection: Radha Gurung, UNICEF GBV: Hari B Karki, UNFPA	Tel: 9841220289 Email: rgurung@unicef.org Tel: 9801056006 Email: hkarki@unfpa.org
8	EMERGENCY SHELTER Sanjeev Hada, IFRC	Tel: 9851027783 Email: Sanjeev.hada@ifrc.org
9	LOGISTICS Ratindra Khatri	Tel: 9849811403 Email: ratindra.khatri@wfp.org
10	CCCM Jitendra Bohora IOM Prajwal Sharma IOP	Tel: 9802013567 Email: jbohara@iom.int Tel: 9841218332 Email: psharma@iom.int
11	EMERGENCY COMMUNICATION Bhawana Upadhyay	Tel: 9851047841 Email: bhawana.upadhyay@wfp.org
12	EARLY RECOVERY Vijaya Singh UNDP Kedar Dhungana UNDP	Tel: 9851041653 Email: vijaya.singh@undp.org Tel: 9851007816 Email: kedar.dhungana@undp.org

13	COMMUNITY ENGAGEMENT WORKING GROUP Rudjajit Das	Tel: Email: rdas@unicef.org
14	EMERGENCY CASH COORDINATION WORKING GROUP Rita Dhakal	Tel: Email: rdja@dca.dk
15	PRIVATE SECTOR LIAISON Nabina Shrestha	Tel: Email: Nabina.shrestha@undp.org
16	EMERGENCY COMMUNICATIONS GROUP Bhawana Upadhyay	Tel: Email: bhawana.upadhyay@wfp.org
17	ASSESSMENT WORKING GROUP	Tel: Email:
18	GENDER WORKING GROUP Gitanjali Singh, UN Women.	Tel: 9851153201 Email: Gitanjali.singh@unwomen.org
19	INFORMATION MANAGEMENT WORKING GROUP Ragindra Rajbhandari	Tel: Email: Ragindra.rajbhandari@one.un.org
20	ACCESS AND INFRASTRUCTURE WORKING GROUP	Tel: Email:
21	CIVIL MILITARY COORDINATION	Tel: Email:

Key in-country Donors

1	DFID Nicola Murray	Tel: Email: n-murray@dfid.gov.uk
2	USAID Santosh Gyawali Kishore KC	Tel: 9801021657 Email: sagyawali@usaid.gov Tel: 9801087994 Email: kishorekc@usaid.gov
3	ECHO Piush Kayastha	Tel: 9851016614 Email: piush.kayastha@echofield.eu

AIN Representatives

1	AIN Chairperson Sarah Blin, CD, Handicap International	Tel: 9851011077 Email: director@hi-nepal.org
2	Lex Kassenberg CD, Care International	Tel: Email: lex.kassenberg@care.org

ANNEX II: SOP GUIDANCE

THE FIRST 24 HOURS TO 7 DAYS OF THE RESPONSE

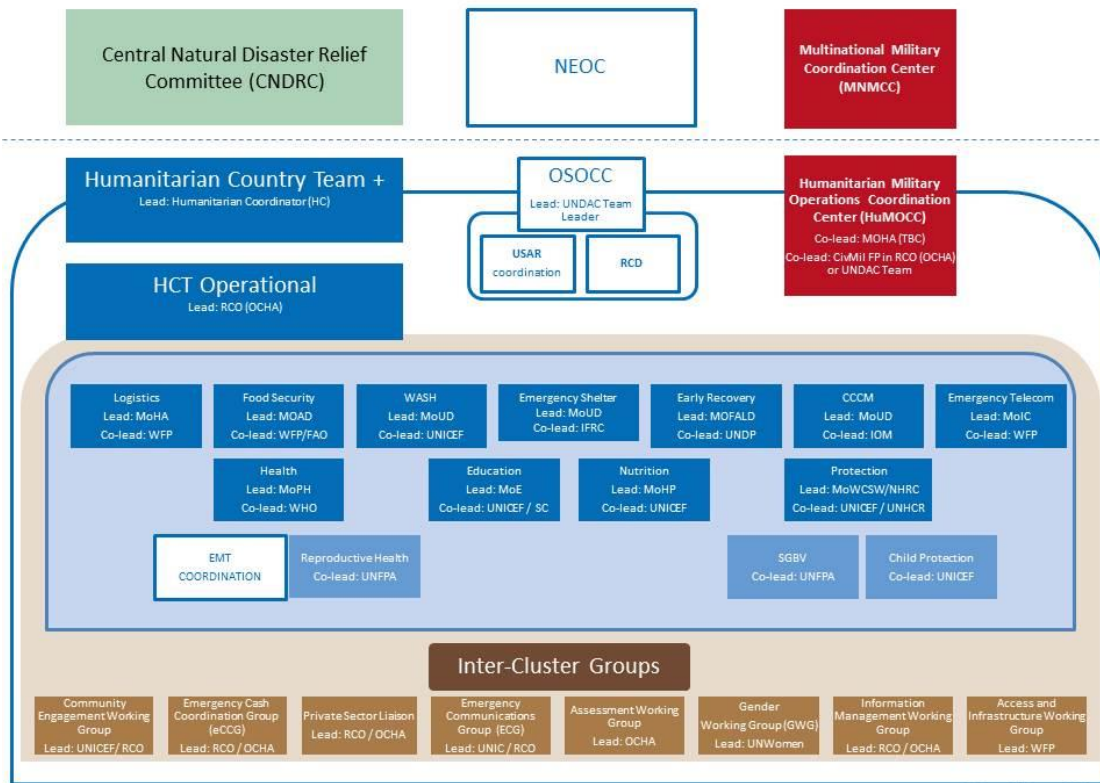
PHASE	PROCEDURE	WHO
Early Warning		
HOUR 0*	Contact RCO to inform on the threat and cross-check information at field	All + RCO
	Alert RC/HC	RCO
	Contact Government/MOHA/NEOC to inform/verify threat	RC/HC +
H0 - 3	Alert HCT and Co-clusters leads	RCO
	Review Co-cluster operational delivery plans and update stockpiles	RCO + Co-clusters
H6	Send Flash Update (email) to key partners	RCO
	Inform OCHA Regional Office	RC/HC +
	Inform OCHA HQ, including UNDAC and INSARAG of potential threat	OCHA
H12	Analyze possible need for an UNDAC team	HCT
	Review capacity to respond (information on available stocks, personnel available assessments, staff deployable for a possible response, including capacity of donors/embassies)	HCT and Co-cluster leads
	Share information on NRCS capacity	IFRC
	Share information on UN agencies' capacity	RCO
	Share information on NGO capacity	AIN
H24	Gather relevant data and maps	RCO
	Assign/confirm reporting and information management focal points	Co-clusters + IMWG
H48	Convene HCT meeting (define inter-agency response plans and additional cluster leads on standby)	RC/HC + RCO
	Identify potential mitigating measures	HCT
H72	Identify constraints for accessing potential affected populations	HCT
	Disseminate early warning messages to potentially affected communities and Government on the consequences of the hazard and Initial Response Plans.	Comms Group
	Assess the need for negotiating humanitarian access, if needed	HCT
RESPONSE		
H0	Disaster is declared	MOHA
H0 to H+3	Obtain overview of the scale and scope of the emergency (from national authorities, UN agencies, national and international NGOs, civil society organizations, NRCS, the media, GDACS)	RC/HC + RCO
H0 to H+3	Contact the Government to know: <ol style="list-style-type: none"> 1. National capacity to deal with the emergency. 2. Intent to declare a state of emergency. 3. Intent to request, welcome or decline international assistance. <ul style="list-style-type: none"> - If welcoming, outline support options available, request approval for additional humanitarian staff's entry into the country and the need for UNDAC team. - If declining, but assistance is nonetheless required, HCT to increase their capacity to respond. 	RC/HC

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

ANNEX III: PLANNING FIGURES

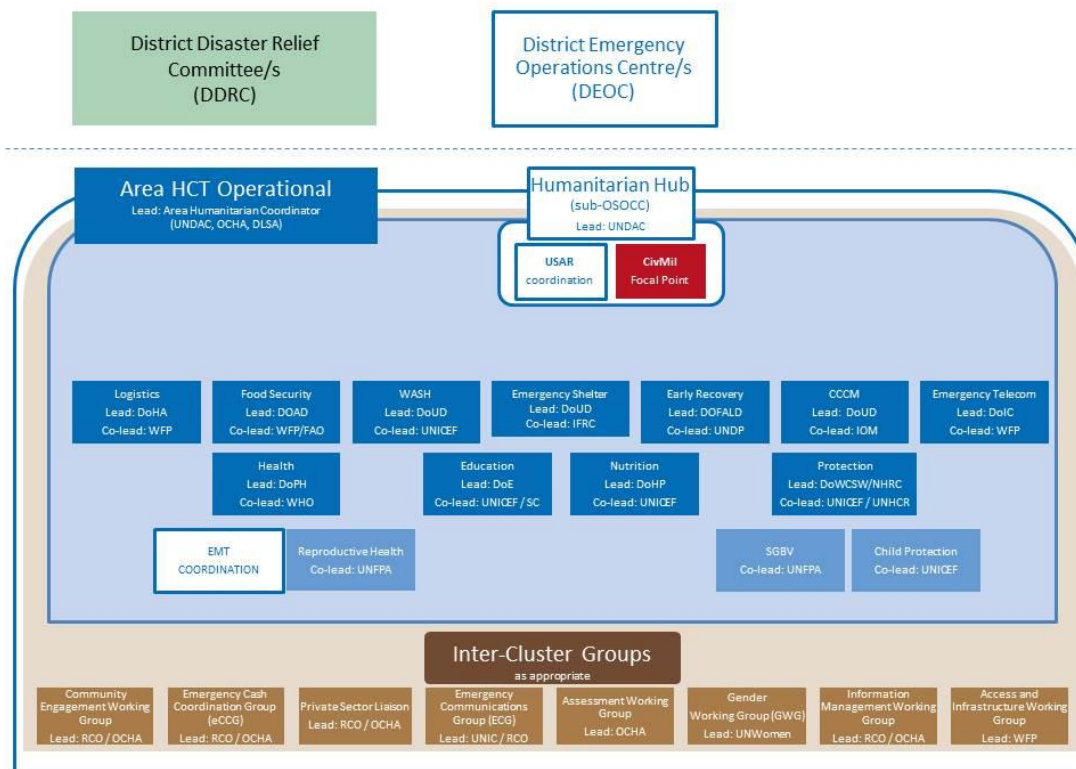
District	Total Affected People	Total Fatalities	Total Injuries	Total Displaced People
Kaski	530,000	15,000	163,500	351,500
Kathmandu	496,000	12,000	127,500	356,500
Chitwan	476,000	8,000	136,500	331,000
Dhading	446,500	12,000	141,500	293,000
Kailali	443,500	6,000	124,500	313,000
Tanahun	427,500	11,500	135,000	280,500
Gulmi	388,000	10,500	123,500	254,500
Syangja	377,000	10,000	119,000	248,000
Baglung	369,000	10,000	117,000	242,000
Nawalparasi	361,000	4,500	101,500	255,000
Achham	358,500	9,500	114,000	235,000
Dailekh	353,500	9,500	112,000	232,000
Palpa	347,000	9,500	110,000	228,000
Baitadi	331,500	9,000	105,000	218,000
Salyan	330,500	9,000	105,000	217,000
Gorkha	327,500	8,500	103,000	216,000
Nuwakot	318,500	8,500	99,000	211,000
Pyuthan	309,000	8,000	98,000	202,500
Rolpa	307,500	8,000	97,500	201,500
Surkhet	297,000	4,000	85,500	207,500
Rukum	288,000	7,500	91,500	189,000
Doti	278,000	7,500	88,000	182,500
Makwanpur	270,500	4,500	77,000	189,000
Kanchanpur	254,000	4,500	71,500	178,500
Arghakhanchi	253,000	7,000	79,500	166,500
Jajarkot	235,500	6,500	75,000	154,500
Lamjung	215,500	5,500	68,000	142,000
Parbat	202,500	5,500	64,500	133,000
Bajhang	194,000	5,000	59,000	130,000
Dang	189,000	3,000	51,500	134,000
Dadeldhura	186,500	5,000	59,000	122,500
Kalikot	176,000	4,500	55,500	116,000
Rupandehi	161,500	3,000	42,500	116,500
Parsa	158,000	2,000	42,000	114,000
Myagdi	150,500	4,000	48,000	99,000
Lalitpur	116,000	3,000	29,000	84,000
Bajura	114,500	3,000	34,500	77,000
Darchula	86,000	2,000	25,000	59,000
Bara	81,500	1,000	21,000	59,500
Bardiya	76,000	1,000	20,000	55,000
Bhaktapur	66,000	1,500	16,500	48,000
Jumla	56,500	1,500	16,000	39,000
Banke	30,000	450	7,500	22,000
Kapilbastu	29,000	400	7,000	21,600
Rasuwa	22,000	500	6,000	16,000
Kavrepalanchok	22,000	400	5,500	16,000
Dolpa	21,000	500	6,000	14,500
Sindhupalchok	20,500	400	5,000	15,000
Rautahat	11,500	200	3,000	8,500
Mugu	3,500	60	950	3,000
Mustang	3,000	70	850	2,000
Manang	1,500	30	450	1,000
Ramechhap	1,000	5	250	750
Sarlahi	1,000	10	200	750
Humla	900	10	200	650
Dolakha	850	0	200	650
Sindhuli	500	10	100	350
Mahottari	200	0	15	200
Dhanusa	60	0	10	50
Okhaldhunga	20	0	0	20
TOTAL	11,500,000	280,000	3,500,000	7,800,000

ANNEX IV: COORDINATION



Humanitarian Coordination Structure in Nepal – National Level

Draft as of February 2016



Humanitarian Coordination Structure in Nepal – District Level

Draft as of February 2016

Inter-cluster Group	Lead	Main Responsibilities
Access and Infrastructure Working Group	WFP	<ul style="list-style-type: none"> Analyses access constraints and monitor progress on restoration of infrastructure Ensures a coordinated approach to reaching isolated communities
Assessment Working Group	OCHA	<ul style="list-style-type: none"> Ensures a coordinated approach to assessments Organizes inter-agency assessments if required
Community Engagement Working Group	UNICEF/RCO	<ul style="list-style-type: none"> Collects and analyses feedback from communities on the effectiveness of the response Develops materials and strategies to provide life-saving information, and promotes appropriate use of ICT, particularly community radio. Facilitates coordination with ad hoc volunteer and civil society groups that are working in affected communities.
Emergency Cash Coordination Group (eCCG)	RCO/OCHA	<ul style="list-style-type: none"> Coordinates multi-purpose cash grants and other non-sectoral cash transfer programming (CTP) Provides technical guidance and standards and supports inter-agency market monitoring and cash feasibility analysis
Emergency Communications Group (ECG)	UNIC/RCO	<ul style="list-style-type: none"> Prioritizes the messages that the HCT+ needs to send out to the public via the media, both national and international
Gender Working Group	UNWomen	<ul style="list-style-type: none"> Ensures that issues related to gender equality are recognized and addressed in operational planning Provides guidance and tools to address gender issues and achieve gender equality during a humanitarian crisis
Humanitarian Military Operations Coordination Center (HuMOCC)	RCO/OCHA	<ul style="list-style-type: none"> Facilitates information sharing, coordination of operational planning and task division between civilian and military actors, including streamlining requests for use of military assets.
Information Management Working Group	RCO/OCHA	<ul style="list-style-type: none"> Compiles and analyses information on the impact of the disaster and humanitarian needs
Private Sector Liaison	RCO/OCHA	<ul style="list-style-type: none"> Provides a single point of contact for private sector and civil society actors to engage with humanitarian coordination, including organizing coordination meetings for private sector.

ANNEX V: KEY IMMEDIATE NEEDS

The Humanitarian Country Team (HCT) has identified the following relief items and services as the immediate priorities in the aftermath of a major earthquake.

Cluster:	Items:
Agriculture and Livelihood	<ul style="list-style-type: none"> • Crop seed distribution
CCCM	<ul style="list-style-type: none"> • Registration of displaced people • Camp management
Education	<ul style="list-style-type: none"> • Child friendly spaces • Temporary learning spaces
Food Security	<ul style="list-style-type: none"> • Rice • High Energy Biscuits
Health	<ul style="list-style-type: none"> • Foreign Medical Teams (FMTs) • Health kits
Logistics/ETC	<ul style="list-style-type: none"> • Establish communications • Open HAS at TIA airport • Mobile Logistics Platform
Nutrition	<ul style="list-style-type: none"> • Ready to use therapeutic food (RUTF) • Micronutrient Powder (MNP) • Ready to use supplementary food (RUSF)
Protection	<ul style="list-style-type: none"> • Psycho-social support • Safe spaces • Dignity kits
Shelter	<ul style="list-style-type: none"> • NFIs • Tarpaulins • Emergency shelter kits
WASH	<ul style="list-style-type: none"> • Drinking Water • Purification items • Basic Hygiene items

ANNEX VI: CASH TRANSFER PROGRAMMING

ANNEX VII: COMMUNITY ENGAGEMENT

ANNEX VIII: PRIVATE SECTOR ENGAGEMENT

ANNEX IX: GENDER PROGRAMMING

**ANNEX X: HUMANITARIAN CIVIL-MILITARY
COORDINATION**