

JOINT RECOVERY ACTION PLAN

WESTERN NEPAL EARTHQUAKE

NEPAL

February -
November 2024

ISSUED:
19 February 2024



A family of four stand outside their damaged home in Aathbiskot Municipality in Rukum West District, in one of the communities most affected by the 6.4 magnitude earthquake in western Nepal on 3 November.

Credit: UNICEF

Forward by the Resident Coordinator

Nepal is no stranger to adversity, frequently necessitating humanitarian responses to affected populations, from earthquakes to floods and landslides. As one of the top 10 countries globally, most impacted by climate disasters, it endures annual averages of 0.82 fatalities per 100,000 people¹. Positioned amidst the Indian and Eurasian tectonic plates, Nepal grapples with frequent earthquakes, with the recent event on 3 November 2023 in Jajarkot District, Karnali Province proving particularly devastating. Registering 6.4 on the Richter scale and followed by numerous aftershocks, the quake inflicted significant loss of life, claiming 154 lives, injuring 366, and displacing tens of thousands. Over 62,000 households bore the brunt of the devastations, leaving approximately 250,000 people, including children, in a dire situation. Jajarkot and Rukum West districts bore the heaviest toll, exacerbated by the vulnerability of homes to seismic activity and the suddenness of the quake, catching many unaware during their sleep.



In response to this crisis, the Nepali Government has exhibited commendable leadership, swiftly transitioning from initial emergency response to prioritizing recovery and reconstruction efforts. However, significant needs persist; the disruption of essential services such as education, healthcare, water, and sanitation has exacerbated the plight of affected families.

The Humanitarian Country Team (HCT) extends its sincere gratitude for the collective efforts of the international community in Nepal, significantly alleviating the burdens faced by affected communities in the aftermath of the earthquake. The collaborative endeavours of the government and humanitarian partners, facilitated by a robust cluster system at national and sub-national levels, have been exemplary. This synergy has enabled the efficient delivery of aid to those most in need, ensuring a more efficacious response to the crisis.

Looking ahead, there is a pressing imperative to embrace the ethos of "build back better", prioritising resilience-building measures and long-term investments to mitigate the impact of future disasters. The commitment of the government and all partners to accountability, gender equity, disability inclusion, and the prevention of sexual exploitation and abuse, underscores the importance of a comprehensive approach to holistic recovery.

In solidarity with the people of Nepal, I urge the international community to unite in supporting ongoing efforts to rebuild shattered lives and fortify the resilience of communities facing adversity. This entails supporting livelihoods, ensuring the continuity of essential service provision, fostering conducive environments for the long-term recovery and reconstruction of affected communities, and providing assistance for the current winter season while fortifying resilience to natural shocks in 2024. Together, we can strive towards a future imbued with resilience and prosperity for all.

¹ Global Climate Risk Index 2021 Long-Term CRI: <https://reliefweb.int/report/world/global-climate-risk-index-2021>

Overview of the Crisis

In the evening of 3 November 2023, Nepal's deadliest earthquake since April 2015 struck Jajarkot District in Karnali Province in the west of the country. The 6.4 magnitude earthquake, which was followed by over 300 aftershocks, killed 154 (84 females and 70 males, including 81 children)², injured 366, and displaced tens of thousands of people, forcing many to sleep outside in freezing overnight temperatures for fear of aftershocks. According to the National Emergency Operation Centre (NEOC), approximately 62,011 households were damaged (completely and partially) and 250,000 people were affected (127,750 females and 122,250 males, including 69,575 children)³, with Jajarkot and Rukum West districts bearing the brunt of the damage. Despite the earthquake's relatively low magnitude, the high levels of damage and casualties were caused by substandard construction of homes and as it occurred at night when most people were asleep in their homes.

Most of those affected were rural and subsistence farming households, living at high elevations in remote and hard-to-reach areas with preexisting levels of vulnerability. In the immediate aftermath, these families took to setting up temporary shelters next to their damaged homes. Where homes were partially damaged, some people would use their homes during daylight hours but sleep outside over fears of aftershocks and homes collapsing. After the initial distribution of tarpaulins, households did their best to winterize their rudimentary shelters with local materials to fight off the freezing overnight temperatures, but not before many succumbed to respiratory illnesses. This led public health authorities to warn of communicable and vaccine-preventable disease outbreaks in affected areas. In some communities, access to water was also interrupted and in cases where toilets were no longer accessible, open defecation was reported. Access to basic services such as education, health, water, and sanitation came to a halt for tens of thousands of families.

With the initial lifesaving phase completed in the weeks that followed, the federal Government is now focusing on recovery and reconstruction, though enormous needs remain as few households have the economic means to rebuild their homes and livelihoods. Though the Government is providing affected families with cash grants to assist in the reconstruction of shelter, gaps in other sectors remain, including support for the provision of basic services. With the winter season well underway, the urgency to implement longer-term interventions remains, particularly for those whose livelihoods were impacted. Any recovery will also require sustained support, and not just to meet lifesaving needs, but a longer-term investment to strengthen resilience of communities susceptible to natural hazards. All the support will prioritize expanding accountability to affected people (AAP), emphasizing the prevention of sexual exploitation and abuse (PSEA), and enhancing gender equity, mental health, and disability inclusion.

² National Emergency Operations Centre (NEOC), Ministry of Home Affairs (MoHA) -23 November 2023

³ Estimated based on national census 2021.

Strategic Objectives



SO1:

Support livelihoods and the continuation of basic service delivery.



SO2:

Create enabling environments for long term recovery and reconstruction of affected communities.



SO3:

Support for the current winter season and build resilience to natural shocks in 2024.

Response and Coordination

Following the earthquake, the Government of Nepal was quick to launch a response, with search and rescue operations concluding within 48 hours of the earthquake. A Government-led lifesaving response followed, supported by bilateral donations from neighbouring countries, the private sector, local societies, local and international NGOs, and UN agencies. On 12 November, following a Disaster Risk Reduction and Management Executive Committee meeting chaired by the Deputy Prime Minister and Home Minister, the Government approved the transfer of NPR50,000 (US\$376) to every household with completely damaged homes for the construction of temporary shelters, to be disbursed in two instalments. Transfers are contingent on the minimum standards established by the Government and required for the construction of these shelters. The Government encouraged businesses to make the materials required for reconstruction available and for volunteers to assist in reconstruction efforts. The Government also decided to provide free medical treatment to those injured in the earthquake across all hospitals and provided NPR200,000 (\$1,500) to the families of those killed in the earthquake.

In support of Government efforts, UN agencies, local and international NGOs and the Red Cross have and are currently providing support to earthquake-affected families in Karnali Province. Assistance has spanned all sectors; in health partners have established temporary medical facilities, deployed emergency medical teams, supported disease surveillance for the detection and prevention of disease outbreaks and strengthened Risk Communication and Community Engagement, while in education, it established temporary learning centres and provided school and student kits to ensure school classes continue. Partners have also delivered emergency food assistance, with the provision of 85.72 metric tons of highly nutritious supplementary food, benefitting more than 9,000 children under five years of age and 5,000 pregnant and breastfeeding women. Partners provided emergency shelter materials, warm clothing, and blankets and used cash for work for community members to support debris removal of damaged homes. For protection, the partners established women and child-friendly places, supported legal help desks, and provided flashlights and dignity kits. In water and sanitation, partners delivered water purification tablets, and hygiene kits and repaired water pipes damaged in the earthquake. The humanitarian community has also been providing logistical support, using its Provincial Humanitarian Staging Areas as logistics hubs, offering the Government and other humanitarian partners warehouse and transportation support. Partners transferred multipurpose cash of 15,000NPR per household to 3,055 households, distributing over a total of 45.8 million NPR, enabling affected households to purchase food and other essential needs. The UN Inter-agency PSEA Working Group offered technical assistance to clusters by creating and distributing a PSEA training package for aid workers, as well as developing a code of conduct and communication materials to prevent potential harm caused by aid workers.

The Nepal Red Cross Society (NRCS) initiated its response immediately following the earthquake through its volunteers and local units, supported by the IFRC Network, where an initial Disaster Relief Emergency Fund allocation of 794,000 CHF was approved on 5 November and subsequent International Appeal was launched (amounting to 7 million CHF) on 9 November. The focus of the Red Cross response has been on shelter, WASH, multipurpose cash, health (including mental health) protection and community engagement.

In the provincial capital of Surkhet, government-led coordination meetings were strengthened and held regularly with humanitarian partners to share updates from the affected districts and municipalities, exchange information, and jointly plan interventions. Assessment teams returning from affected areas report on the ongoing response, gaps, operational challenges, and disease outbreak surveillance, while others report on their planned interventions and incoming relief supplies. These field-level coordination meetings serve as the entry point for humanitarian organizations in the province to provide support and ensure the coordination of relief items and activities. 5W information of the ongoing response and pipeline of relief supplies is collected and analysed by the provincial government-led subnational clusters.

At the national level, the frequency of Humanitarian Country Team meetings increased, with UN agencies sharing their latest updates on newly gathered information and planned responses. The Inter Cluster Coordination Group (ICCG) held ad-hoc operational meetings internally, but also strengthened their coordination with federal level Government sectoral counterparts to understand how the Government was responding and how humanitarians could complement their efforts. Information Management support to Government was provided to strengthen data collection, analysis and publish information products to inform decision making.

Recovery Strategy

With a population of 1.5 million people (with women making up more than 50 per cent of the population), Karnali Province is both the largest geographically and least populated province in Nepal. Due to its geography, it is also susceptible to natural hazards such as earthquakes, droughts, floods, Glacier Lake Outburst Floods (GLOF), snowstorms, cold and heat waves, forest fires and landslides. The risk profile is driven by the interaction of high hazard levels with socioeconomic, infrastructure, and environmental vulnerabilities, as well as human and climate-induced stressors, including overexploitation of natural resources. Its economy is based on small scale, subsistence farming with approximately 80 per cent of the population employed in agriculture, fisheries, and livestock. Food insecurity is a chronic stress in the province, with remoteness compounding the vulnerability of people. The looming monsoon season in 2024 and increased risks of floods and landslide can further exacerbate the situation in earthquake-affected area and may push many further below the poverty line.

Karnali Province is a priority related to some of the most important health indicators compared to national averages. The maternal mortality ratio in Karnali Province, as per the National Population and Housing Census 2021, was 172 per 100,000 live births compared to the national average of 151 per 100,000 live births. In addition, the percentage of births delivered in a health facility was only 72.5 per cent compared to the national average of 79.3 per cent, while the percentage delivered by a skilled provider was 72.3 per cent compared to the national average of 80.1 per cent (Nepal Demographic and Health Survey 2022). Karnali Province also had the highest number of infectious diseases/syndromes reported in 2021 for influenza-like illness (2,586 out of a total of 2,899) and Kala-azar (75 out of 269) (Annual Report 2021/22). This recovery strategy takes into consideration these pre-existing health indicators to be able to, where possible, build back better into a more resilient and responsive health system.

With these socioeconomic realities of Karnali Province, the objective of the Joint Recovery Action Plan is to bolster the ongoing Government reconstruction and recovery plan where humanitarian needs remain, and due to the province's susceptibility to natural hazards, build back better to strengthen resilience before the next disaster. The plan aims to ensure the continuation of basic service delivery, livelihood support, shelter winterization, and more durable solutions beyond simply lifesaving for a period of six to twelve months. The plan also aims to address longstanding vulnerabilities of affected communities, acknowledging that investments in resilience and preparedness before a natural disaster can lead to cost reductions in the lifesaving response phase of an emergency.

The Government's preliminary findings indicate an overall need of US\$471 million for recovery and reconstruction efforts. The Joint Recovery Action Plan is in support of the sector needs articulated in the Preliminary Damage and Needs Assessment and will be implemented through close coordination and collaboration with the federal, provincial, and local governments. The principles of building back better, social inclusion, gender equality, green and resilient recovery will be adopted. The recovery work will focus on addressing the needs of the persons with disabilities, the elderly, women, and children.

Risk reduction to future natural hazards

The Joint Recovery Action Plan provides the opportunity to reduce exposure to future hazards by providing support to specific reconstruction locations. There is a great deal of evidence from the 2015 Gorkha earthquake and other large recent earthquakes that small changes in building location (as little as 10 meters to either side) can make a very large difference in reducing exposure to hazards such as landslides and debris flows. These changes do not require large-scale relocation but are instead about small-scale choices (moving a house to the other side of a plot of land, for example), which can reduce the impact or likelihood of damages in the event of further earthquakes or monsoon rainfall. For example, in the education sector, partners and authorities will have the opportunity to assess physical

hazards at school locations and identify priority schools or school buildings for partial or complete relocation, rather than simply building back in the same, disaster prone, locations. The plan also provides the opportunity to provide capacity building to local authorities and planners on method to reduce the impact of a natural hazard event.

Reducing exposure to future hazards requires information on those hazards, and the resources listed in Annex 2 will be taken into consideration as part of this plan.

Monitoring Framework

The Resident Coordinator's Office, through the ICCG, will report the progress made on the implementation of activities under this plan. The Information Management Working Group (IMWG) will coordinate the setting up of a set of standardized tools and processes to track the implementation of activities, including the number of people reached. Data on the achievements will, wherever possible, be disaggregated by sex and age.

Simultaneously, the funds received by agencies to implement the activities under this plan are also tracked to inform funding coverage and gaps. The dashboards will be developed and shared with stakeholders. This will help to identify achievements and gaps in collective actions for informed decision-making and support to take necessary corrective measures.

Summary - Needs, Targets and Requirements

250K

PEOPLE IN NEED

250K

PEOPLE TARGETED

\$96M

FUNDING REQUIREMENTS (US\$)



CCCM 250K

100K

531K



Early Recovery 250K

68K

6.2M



Education 131K

62K

9.5M



Food Security 234K

234K

31.9M



Health 250K

250K

3.6M



Nutrition 250K

83K

4.1M



Protection 250K

200K

3.0M



Shelter 250K

250K

23.5M



WASH 250K

250K

6.2M



Multipurpose CVA 250K

250K

7.5M

People targeted



Female 127.7K



Male 122.3K



Households 57.2K



Women of Reproductive Age 70K



Female with disabilities 2.6K



Male with disabilities 3.1K



Elderly (60 and over) 25.5K



Population below 14 years 69.6K

Data Source: Estimated based on national census 2021.

Cluster Recovery Plans



Camp Coordination and Camp Management

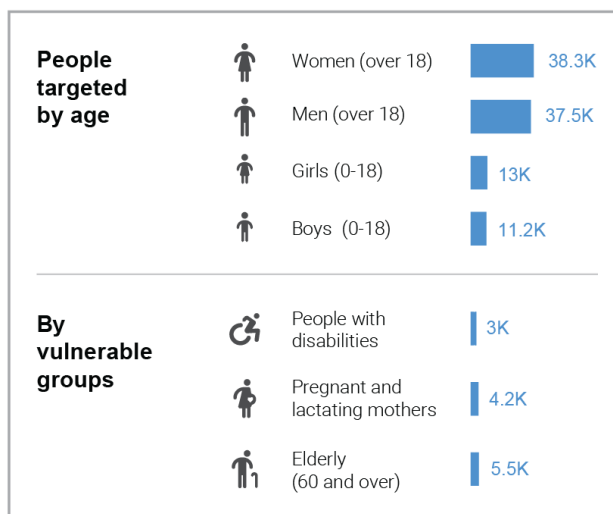
(CCCM)

| PEOPLE IN NEED | PEOPLE TARGETED | FUNDING REQUIREMENT (US\$) | NUMBER OF CLUSTER PARTNERS |
|----------------|-----------------|----------------------------|----------------------------|
| 250,000 | 100,000 | \$0.53M | 13 |

Cluster Objectives

1. Support the Government of Nepal in strengthening the effectiveness of multi-sectoral humanitarian services through enhanced coordination and monitoring.
2. Improve community participation, living conditions and safe access to services and assistance for IDPs/ affected population to bolster recovery Situation Overview.

Through this joint recovery plan, the CCCM cluster will create an enabling environment where displaced/ affected persons are not only seen as recipients of humanitarian assistance but as an active partner working together with the local authorities in shaping and bolstering recovery. Through collaborative coordination and monitoring of humanitarian service provision, this plan strives to improve the living conditions, protection, and well-being of those displaced and affected because of earthquake.



Response Strategy and Priorities

The main priority of the CCCM Cluster is to facilitate safe access to humanitarian assistance and protection for earthquake-affected / displaced populations.



Aerial drone view of temporary shelters of people whose homes were damaged in the earthquake, Rukum West Sanibheri Rural Municipality, Ward 1- China Bazaar. Credit: The World Bank Nepal, Nepal Flying Labs

Early Recovery

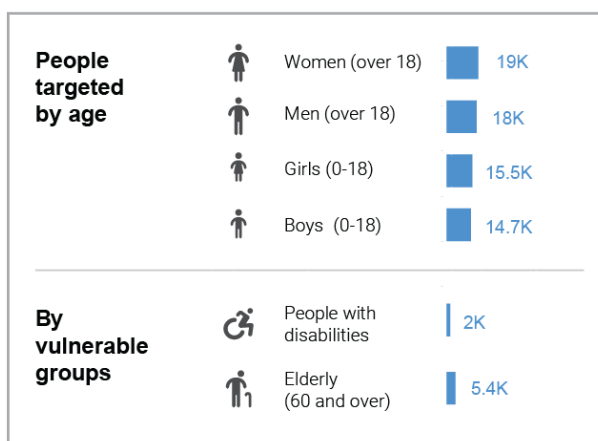
| PEOPLE IN NEED | PEOPLE TARGETED | FUNDING REQUIREMENT (US\$) | NUMBER OF CLUSTER PARTNERS |
|----------------|-----------------|----------------------------|----------------------------|
| 250,000 | 67,500 | \$6.2M | 19 |

Cluster Objectives

1. Coordinate and compile information on recovery and rehabilitation to bolster information management.
2. Create enabling factors for reconstruction and recovery, including psychosocial support.
3. Create livelihood opportunities and revitalize markets through cash for work and other livelihood interventions.
4. Strengthen governance for restoration or augmenting public services and improve disaster preparedness and risk reduction.

Situation Overview

Debris clearance of completely damaged homes and demolition, as well as debris management of partially damaged homes, need to be prioritized to support affected populations through cash-for-work modality to clear areas for reconstruction. Proper information management of early recovery interventions is also required to have a clear picture of interventions being carried out by various agencies to avoid duplication and ensure that resources reach all affected municipalities. Equally important is to address the challenges being posed for basic service delivery in the affected areas due to damage to local government’s infrastructure by supporting the restoration of services through reconstruction of ward offices, veterinary offices, agricultural offices, police posts, municipal as well district administration offices.



Community-driven debris management using cash for work modality, Aathbiskot Municipality, Rukum West, December 2023. Credit: UNDP

Recovery Strategy and Priorities

The overall strategy is to stabilize the situation and create an enabling environment for long-term recovery and reconstruction. The strategy also aims to leverage Government resources and facilities and bring convergence among different early recovery interventions to maximize benefits, by for example, cash assistance for debris clearance which will contribute to revitalizing the local economy and help clear sites for temporary and permanent structures. The cluster will ensure the inclusion of persons with disabilities and vulnerable people in all interventions. Prioritized municipalities will include Barekot, Nalgadh, Bheri in Jajarkot, Aathbiskot and Sani Bheri municipalities in Rukum West. Interventions will prioritize agriculture and animal husbandry, governance, information management, debris management, livelihoods and cash for work and disaster preparedness.

Education

| PEOPLE IN NEED | PEOPLE TARGETED | FUNDING REQUIREMENT (US\$) | NUMBER OF CLUSTER PARTNERS |
|----------------|-----------------|----------------------------|----------------------------|
| 130,694 | 62,215 | \$9.5M | 41 |

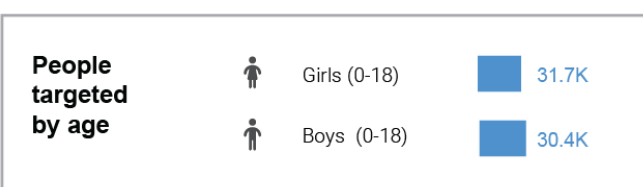
Cluster Objectives

1. Ensure learning continuity of earthquake-affected children.

Situation Overview

According to the education needs assessment, 5,377 classrooms of 1,761 school buildings at 701 schools faced damaged out of total surveyed 6,681 classrooms of 2,122 school buildings at 746 schools, affecting the learning of 130,694 children in Jajarkot and Rukum West districts. A total of 1,332 classrooms in 441 buildings were completely damaged, 2,128 classrooms in 774 school buildings need retrofitting and 1,917 classrooms in 546 buildings need repair and maintenance. The earthquake and subsequent aftershocks inflicted widespread damage on numerous homes and government buildings, particularly affecting traditional homes constructed with stone and mud mortar. Beyond homes and local administrative structures, educational institutions were also affected.

The Education Cluster is actively coordinating with stakeholders to ensure a unified response and engaging with provincial and local governments as part of its response. As a long-term recovery, the Government outlined plans for the reconstruction of schools, aiming to address the structural deficiencies and upgrade the facilities to meet current educational standards. The cluster is currently focusing and addressing immediate needs, including technical assessments of school buildings, supporting the psychosocial well-being of children, teachers, and parents, constructing Temporary and transitional Learning Centers (TLCs), and distributing emergency education supplies to resume classes in earthquake-affected areas. The Federal Government is coordinating efforts to organize textbooks for 13,000 children and mobilize funds for the reconstruction of school buildings. Since the earthquake, the Education Cluster was able to establish 602 TLCs with temporary toilets with multi-grade, multi-level teaching practices which allowed 27,000 children to access education. Similarly, psychosocial first aid was provided to children in need in coordination with the Protection Cluster.



Children in a temporary learning centre in Barekot, Jajarkot district, December 2023. Credit: UNICEF.

Recovery Strategy and Priorities

Building on the current education response to the earthquake, the cluster will continue to focus on ensuring learning continuity with quality education in the recovery phase. Response activities will center around; 1) providing technical support to provincial and local cluster mechanisms for a coordinated

response for learning continuity in the transitional period, 2) conduct damage and need assessments of affected schools in 13 local areas, 3) support local governments for learning continuity of children through TLCs with adequate WASH facilities with winterization considerations in the transitional period, 4) provision of education materials for TLCs and individual learning kits to children, 5) support teachers and students to address MHPSS in learning settings in coordination with the Protection Cluster, 6) capacity building of teachers in adopting recovery of accelerated learning approach, 7) conduct community outreach and back-to-school campaigns and, 8) the restoration of fully damaged and repair of partially damaged classrooms including appropriate WASH provisions.

Through its strategy the Education Cluster aims to achieve the following:

- Continued coordinated education response and recovery works focusing learning continuity of children through transitional learning centers, until new classrooms are constructed; through coordination at federal, provincial, and local level based on cluster specific assessments including information management and reporting.
- Intersectoral coordination with WASH, protection, nutrition, and shelter, social and behavior change, and private sector for coordinated response and recovery works.
- Support affected municipalities, districts, and provinces in preparedness and community resilience building for future disasters through community engagement and mobilization of social volunteers, capacity building, strengthening knowledge and skills on comprehensive school safety.
- Joint community feedback collection, monitoring and review of response and recovery works to ensure quality education service delivery and reporting back to the communities.
- Develop strong interlinkages between the current humanitarian education response to the municipal, provincial, and federal level planning, and programming for resumption of safe and permanent education facilities and quality learning delivery.
- Engaging with sectoral joint financing partners and other potential donors for resource mobilization.

Food Security

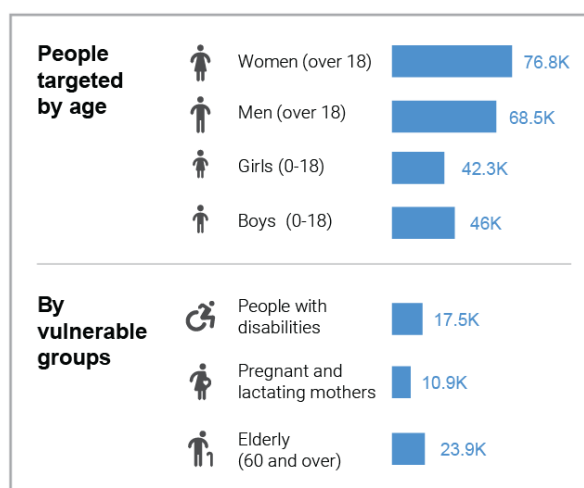
| PEOPLE IN NEED | PEOPLE TARGETED | FUNDING REQUIREMENT (US\$) | NUMBER OF CLUSTER PARTNERS |
|----------------|----------------------|----------------------------|----------------------------|
| 234,000 | 234,000 ⁴ | \$31.9M | 17 |

Cluster Objectives:

1. To provide conditional food assistance (cash-based transfer) to highly vulnerable households struggling to recover livelihood and employment opportunities through cash assistance for assets programs for reconstruction/rehabilitation of productive and protective community/public infrastructure damaged by earthquake with a build forward better approach for long-term community resilience.
2. Support earthquake-affected farmers for sustainable livelihoods and agriculture/livestock recovery support.

Situation Overview

Prior to the earthquake, small-scale agricultural producers and livestock owners in affected districts were already facing many challenges, including food insecurity and high incidences of poverty and inequality. Access to quality inputs, decent roads, irrigation, and markets is limited. Most people in these rural areas survive by growing food on small plots of land, raising animals or mix farming including non-farm activities. Seasonal migration is also an important phenomenon for affected districts. Moreover, Nepal is highly vulnerable to climate change, hydro-meteorological hazards, and extreme events such as storms, floods, landslides, and soil erosion. These weather events are increasing in frequency and causing an increasing humanitarian need. Extreme events destroy crops, while livestock diseases threaten a key food and income source – as well as public health.



Earthquake-affected families are facing high levels of food insecurity. The affected areas are in remote mountain areas, where households already have poor food consumption. Before the earthquake households reported skipping meals, shifting to less preferred or inexpensive foods, or borrowing food from family members. Women and girls often eat less, thereby exacerbating their food insecurity due to existing harmful social norms and practices.

⁴ Food Security targets: 177,047 for food security recovery/cash for work, total 234,000 for agriculture and livestock recovery.

The cluster also estimates that the earthquake caused huge losses and damage to the agriculture sector, including the loss of food stocks by farmers. There was also substantive damage of small-scale irrigation canals, loss of agriculture inputs and equipment, as well as damage to Government owned farmer service centres. Thousands of farmers are reported to have lost standing crops due to delays in harvests, stored food grains and seeds, cattle, and farming tools. Given the importance of the agriculture sector in the province's economy, the losses in this sector will have both an immediate and long-term impact on affected households.



Earthquake-affected farmer tends to his sheep in Bheri municipality, Jajarkot District. Credit: FAO

FAO recently conducted an earthquake impact assessment in the agriculture and food security sectors of affected communities in Jajarkot and Rukum-West districts, with preliminary findings highlighting the following impacts on daily life and livelihoods:

- A significant amount of standing crops, consisting of paddy and vegetables, were lost during the earthquake.
- Farmers lost their grain and seeds with the collapse of storage facilities, one of the top three priority needs of affected farmers. Seeds for cereal, vegetables and spices are already diminishing in most parts during this time of the year (lean season). The lean season is the period between planting and harvest when labour demand and wages fall, and the price of staples rises. The landless poor reliant on agricultural work on others' farms are especially hard hit.
- Many affected households are currently dependent on humanitarian food distributions.
- Absence of seeds/saplings to plant likely to lead to food insecurity in upcoming seasons.
- Post-harvest losses are expected due to the inadequacy of storage facilities.
- The proportion of agricultural tools destroyed during the earthquake is particularly high, with serious implications on the farmers' capacity to cultivate.
- Loss of fertilizers is particularly high. Access to new stocks will be challenging due to limited availability, threatening production in the cropping season.
- Damage to small-scale irrigation schemes will have negative impacts on crop production in the current winter cropping season.
- Household-level water shortages were reported in some communities, impacting the cultivation of kitchen gardens and water for livestock.
- Agriculture and Livestock Service Centres were severely damaged or destroyed, affecting their capacity to provide service to farmers. Other infrastructure such as chilling centres, seed stores, collection centres, processing plants and cooperative buildings were also destroyed or damaged.
- Livestock constitutes an integral part of the Nepalese agriculture system, with 80 per cent of households keeping livestock. Assessment results indicate many livestock deaths and destruction of livestock shelters and feed.
- Sick livestock are reported, and further risk of animal diseases is high due to lack of shelter, feed and limited access to veterinary services and drugs.
- Production of livestock products has declined because of stress syndromes and deteriorated health conditions. This will impact households' consumption and income-earning potential.
- Due to injured and affected households, livestock are not properly taken care of or left out to roam free.
- Lack of provision of insurance for the livestock.

Recovery Strategy and Priorities

The overall strategy and priorities are to provide livelihood/food security and agricultural recovery support to the most vulnerable/displaced households through the cash assistance for assets programme (40 days of work per household over a four month period with a daily wage rate of NPR 900) to contribute to the repair and rehabilitation of key community infrastructure, including rural roads, irrigation canals and water supply systems, community/public buildings, and agricultural collection/post-harvest management centres damaged by the earthquake. The strategy plans to target one member from each household by providing seeds and other agricultural inputs and tools, support for veterinary services, and restocking to affected farmers. Unconditional cash-based assistance will be provided to households that do not have family members between the ages of 18-59 years, have members with disabilities ineligible for social security allowance, are headed by single women or persons with disabilities and poor households having vulnerable family members (elderly, pregnant and breastfeeding mothers, malnourished children, chronically sick requiring regular medication, gender-based violence survivors) with no access to Government social protection schemes and other viable means for livelihoods.



Earthquake affected women receiving multipurpose cash in Jajarkot district. Credit: WFP

The Food Assistance for Assets (FFA)/cash for work program, spread over four months, addresses immediate food needs through cash transfers while promoting the building and rehabilitation of community assets that will improve long-term food security and resilience. The FFA/cash for work creates temporary employment opportunities and provides conditional cash transfers which will have dual benefits - fulfilling household immediate food and nutrition needs and construction/rehabilitation of productive, protective, and resilient community infrastructure including those damaged. Conditional cash-based assistance will be provided to the most vulnerable families requiring external food assistance for an extended period beyond the immediate unconditional assistance, for restoration of assets, recovery of livelihoods and food security.

Similarly, to revive agricultural production, farmers require cereal crop and seasonal vegetable seeds, fertilizer, farming tools and livestock management training, rehabilitation of small and micro irrigation schemes, support in home garden production, replacement of bee hives and honey bee production support, fruits production and plan sampling support, bioengineering support for soil and water conservation, agriculture advisory support services, farmers field schools, veterinary services (veterinary services to the wounded/sick animals, livestock shed management, insurance, feeds, vaccination etc.), restocking of livestock breeds, provision of fodder and forage seeds/sapling, and equipment for the recovery of the agriculture and livestock sectors, access to finance and market for inputs and outputs, etc. The sector recovery strategy will follow the standard for crops-related livelihoods in emergencies (SEEDS) and Livestock in Emergency (LEGs) standards. All the agriculture and livestock related recovery support will follow community resilience and gender transformative practices. The sector strategy will give special consideration to local and community empowerment and farmers' institutions building (groups/cooperatives), and employment opportunities creation in immediate terms. The interventions will support sustainable agri-food systems transformation and inclusive agro-economic development.

Various monitoring activities will be conducted including process/distribution as well as post-distribution monitoring. The cluster will ensure gender, disability, and caste/ethnicity disaggregation of beneficiary data during targeting, registration, and reporting. To protect earthquake-affected people from exploitation or abuse in the distribution of humanitarian assistance and services, the cluster will ensure all staff including cooperating implementing partners are trained in PSEA; discuss PSEA prevention and action plans with Government officials and local stakeholders; ensure PSEA focal points have clear guidance on the role, duties and responsibilities in field operations; strengthen community engagement and awareness among women, girls, boys and men in communities of concern and with other stakeholders; and, in coordination with the Protection Cluster, assess and map potential risk areas and confirm inter-cluster reporting and common referral mechanism of SEA incidents.

Health

| PEOPLE IN NEED | PEOPLE TARGETED | FUNDING REQUIREMENT (US\$) | NUMBER OF CLUSTER PARTNERS |
|----------------|-----------------|----------------------------|----------------------------|
| 250,000 | 250,000 | \$3.6M | 22 |

Cluster Objectives

1. Ensuring health services are delivered from structurally sound infrastructure.
2. Timely detection and prevention of any possible infectious disease outbreaks.
3. Resumption and/or ensuring continuity of primary health care, Reproductive Maternal, Newborn, Child, and Adolescent Health (RMNCAH) and vaccinations services.
4. Support stress management, healthy coping mechanisms, and community awareness.
5. Address mental health (MH) needs of children and adolescents and prepare children/parents/teachers to return to school.
6. Ensure continuity of essential mental health services and psychosocial support.
7. Facilitating Rapid Access to Essential Assistive Technology in Emergencies.
8. Persons with disabilities have equitable access with reasonable accommodation in response and recovery interventions in municipalities and in district/hub hospitals.

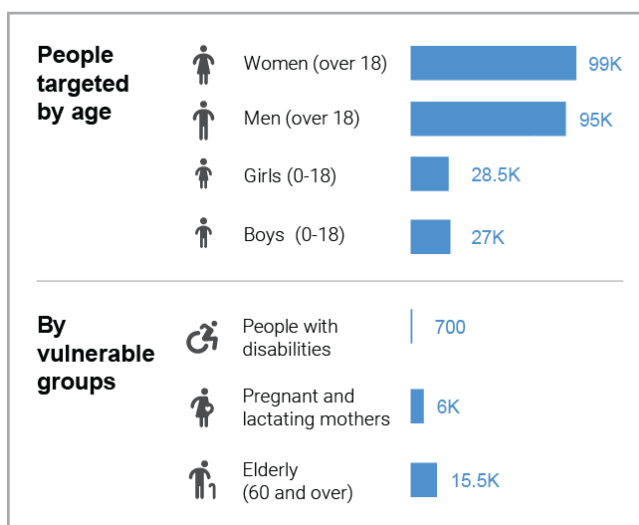
Situation Overview

Health facilities

The earthquake-affected 76 health facilities, with 13 of them rendered non-functional, with services now being provided in nearby alternate locations. In the aftermath, the risk of disease outbreaks remains high. Outbreaks of diarrhoea, cholera, scrub typhus, etc., are linked to factors such as population displacements, lack of access to safe water and sanitation facilities, overcrowding, and the inaccessibility of healthcare services.

Communicable diseases

Prevalent diseases in Jajarkot and Rukum West districts, as reported by the Early Warning and Reporting System (EWARS), include Influenza-Like Illness (ILI), Severe Acute Respiratory Infection (SARI), Acute Gastroenteritis (AGE) including Cholera, Dengue, and Scrub Typhus. ILI and SARI constituted over half of the reported cases in Karnali Province, particularly in Rukum West. According to the Health Management Information System, both districts identified Upper Respiratory Tract Infection (URTI) as the top morbidity in 2021-22. With winter approaching, there is an increased risk of respiratory infections, exacerbated by individuals residing in shelters in high altitude during harsh winter conditions.



The earthquake disrupted routine communicable disease surveillance through EWARS due to damages to sentinel sites, accessibility, and earthquake-affected staff involved in surveillance. Additionally, damage to permanent settlements has compelled earthquake-affected people to move into temporary settlements, exposing them to a high risk of communicable diseases, particularly food, water-borne and respiratory infections. Previous outbreaks in earthquake-affected areas include the measles outbreak in Jajarkot in 2021 (29 cases) and a sporadic case in Rukum West; Rotavirus outbreak in Rukum in 2014

(rotavirus vaccine already introduced in the National Immunization Programme); increased influenza cases in April 2015 (influenza A H1N1 circulating in the increased seasonal pattern); and the largest cholera outbreak reported in Nepal – the 2009 outbreak in Jajarkot District with some 12,500 cases and 128 deaths.

Reproductive Health

Approximately 250,000 individuals urgently require humanitarian assistance, including 95,000 women of reproductive age. Among them, an estimated 3,572 are currently pregnant, and it is anticipated that 12,500 are adolescent girls aged 10 to 19 years. Many healthcare facilities suffered damages, disrupting access to Emergency Obstetric and Newborn Care, family planning services, and menstrual hygiene materials. The situation is exacerbated by the increased risk of sexual assault or violence in exposed areas such as shelters. The earthquake also damaged birthing centres: it is estimated that at least 1,428 women are likely to give birth in the next three months. Displaced pregnant and lactating mothers, along with children under-five, including newborns, face heightened risks of infections, hypothermia, and cold weather-related health issues.



WHO Surveillance Medical Officer inspects a child for measles inside a temporary OPD facility in Rukum West district, December 2023. Credit WHO

Child Health and Vaccination

The earthquake affected private homes and damaged schools, health centres, and other crucial facilities. The aftermath, marked by several high magnitude aftershocks, compelled children and families to spend nights in open spaces and shelters, exacerbating health conditions of children, particularly in terms of flu-related infections during the winter season. Among the confirmed 154 deaths, approximately half were children and adolescents under 18. Initial assessments indicate that nearly 135,000 children and adolescents are in the affected areas.

Despite a high routine coverage of immunization in the past, regular vaccination campaigns were disrupted. The breakdown of Water, Sanitation, and Hygiene (WASH) facilities, coupled with an elevated risk of water-borne and vaccine-preventable diseases, poses a significant threat to the well-being of children. Given the history of cholera outbreaks in affected areas, vaccination campaigns for the prevention of cholera through preventive oral cholera vaccinations (OCV) can be considered if there is an increase in cholera cases and WASH conditions deteriorate. Additionally, an estimated 36,000 children under the age of five are at risk of adverse effects from the increasing cold, including pneumonia, common cold, and diarrheal diseases associated with contaminated water.

Mental Health

Psychological distress in affected communities is expected. Inadequate understanding may lead to negative coping mechanisms, potentially increasing mental health conditions among affected and vulnerable populations. In humanitarian crises like the Western Nepal earthquake, there is an expected rise in common mental conditions such as depression and anxiety. Additionally, individuals with pre-existing mental health issues may face relapses and recurrences without continuous care. This was supported by a study conducted four months after the 2015 Nepal earthquake, where those affected reported depression (34 per cent), anxiety (34 per cent), suicidal ideation (11 per cent), hazardous alcohol use (20 per cent) and post-traumatic stress disorder (5 per cent).

Rehabilitation

During a rapid assessment after the earthquake, several people with disabilities reported the loss of their assistive devices, impeding their mobility and self-care. Since priority assistive products/devices are not pre-positioned/stockpiled at the municipal level and/or for displaced persons camps, they remain an unmet need for persons with disabilities and those with other rehabilitation needs. If repositioned, these assistive devices could be made available by authorities to the elderly and persons

with disabilities and other rehabilitation needs with lost devices. With proper guidelines and monitoring framework, the municipal level health facilities can store, distribute, and plan for emergencies.

To support people with Assistive Technology (AT) needs during humanitarian response, WHO prepared two lists of priority products: 1) AT6, six mobility and self-care products for deployment with WHO Trauma Emergency Surgical kits to health facilities and, 2) AT10, ten mobility and self-care products to support displaced people, with quantities estimated based on a population of 10,000 displaced people. AT10 can be used to estimate the AT needs in the municipalities and the displaced persons camps.

Disability-inclusive Humanitarian Action

The most vulnerable individuals/groups after a disaster are persons with disabilities, pregnant women, postpartum women and neonates, children, and the elderly. The main risks faced by these individuals include limited access to information on relief distribution services. In addition to facing difficulties in even securing daily meals, this group remains the most vulnerable in their communities as their voices do not reach concerned authorities. Due to the mountainous terrain, physical access to assistance is an enormous challenge for persons with disabilities, senior citizens, and pregnant/ lactating mothers. Communities in the vicinity of municipal offices and hospitals also have greater access to services than remote but equally affected communities.

The Local Disaster Management Committee is in place to manage resources and ensure that all receive relief materials equally. However, in practice, equality is not maintained as perceived by community members and stakeholders, resulting in some of the most vulnerable and affected families receiving less assistance. Individuals facing chronic conditions, persons with disabilities, children, pregnant and lactating women, and other vulnerable populations in earthquake-affected municipalities are susceptible to disadvantages in accessing essential basic health services and require special attention in the recovery plan.

Recovery Strategy and Priorities

The recovery strategy is focused on responding to and preventing communicable diseases, promoting reproductive health, child health, vaccinations and supporting mental health and rehabilitation while continuing the essential health services. In addition to these health response priorities, it counts with a cross-cutting strategy to; 1) provide health services from structurally sound health facilities, 2) assessment of affected health facilities, 3) distribution of commodities such as Long-lasting Insecticidal Nets (LLINs), 4) capacity building of human resources and, 5) the prepositioning of logistics and essential drugs.

Health Facilities

- Ensure the provision of health services through the establishment of temporary health facilities using Medical Camp Kits (MCK).
- Identify human resources with technical expertise for assessments of damaged health facilities.
- Conduct structural, non-structural, and functional assessments of affected health facilities.
- Implementation of recommendations provided from the non-structural and functional assessment of the affected health facilities to ensure service delivery from safe infrastructure.

Communicable Diseases

- Use established Event Based Surveillance system components (media monitoring, call centre, health professional networks) for the early detection of public health events and deploy Rapid Response Team (RRT) mechanisms to verify and respond collaboratively.
- Establish community-based surveillance based on syndromic case definitions to report suspected events by identified community members.
- Establish diagnostic laboratory services in major hospitals and strengthen operational capacity.
- Provide Rapid Diagnostic Test kits (RDTs) for diseases endemic in earthquake-affected areas.
- Deploy public health-trained officers for active (syndromic) surveillance targeting functioning hospitals and temporary settlements.
- Disseminate Risk Communication and Community Engagement (RCCE) material to educate and encourage the community to engage healthy practices to prevent communicable diseases.

- Reestablish the functions of the routine surveillance system (expand the system, if possible) based on the learning in response.

Reproductive Health

- Ensure Sexual and Reproductive Health (SRH) services are provided through mobile RH camps, the supply of medicines through inter-agency reproductive health kits, strengthening One-Stop Crisis Management Centre (OCMC) services and the capacity of service providers on Minimum Initial Service Package (MISP) for SRH.
- Provision of mobile reproductive health camps in affected areas to reach affected women and girls.
- Procurement of different sets of inter-agency reproductive health kits to earthquake-affected health facilities.
- Cash support to pregnant women with possible complications for referral to emergency obstetric care.
- Construction of prefab buildings for damaged health facilities.
- Minimum Initial Service Package (MISP) training for health providers and coordinators at district levels.
- Training on multi-sectoral Gender-based Violence (GBV) services to service providers and stakeholders.

Child Health and Vaccination

- Resumption of essential health services.
- Distribution of essential supplies e.g., new-born incentive kits to prevent hypothermia.
- Supply of oral rehydration salts and zinc for diarrheal outbreaks
- Support preventative supplementary immunization activities to mitigate disease outbreaks.
- Social and behavioural change interventions for disease prevention and improved self-care.
- Mental health and psychosocial support services for children, adolescents, and caregivers through health facilities.

Mental Health and Psychological Support (MHPSS)

- Support stress management, healthy coping, and community awareness.
- Address mental health needs of children and adolescents and prepare children/parents/teachers to return to school.
- Ensure continuity of essential mental health services.

Rehabilitation

- To ensure an effective response towards rehabilitation, it is essential to estimate the population level needs of assistive devices in the affected municipalities and procure and stockpile these devices within the municipality and in displaced persons camps with proper accountability and monitoring frameworks. This can be done using the WHO Assistive Technology Kit (AT) 10 format to place 10 priority assistive products with the required quantity per population of 10,000.
- Assistive technology products/devices need to be provided within a service delivery framework, adapted to the context of the emergency. This is to ensure people receive the most appropriate product and can use it safely and effectively, and where possible, referrals are made for further care and future follow-up. This can be achieved by placing assistive devices within the identified municipal level health facility to provide appropriate devices during emergencies.

Disability-inclusive Humanitarian Action

- “Specific attention” to ensure access to information on relief response to the most vulnerable groups via home-to-home visits to provide immediate relief, a specific distribution line for persons with disabilities, pregnant/lactating mothers, and senior citizens as they are often left out during blanket distributions. Persons with disabilities are susceptible to disadvantages in accessing quality basic health services and require special attention in the recovery plan including identification and placement of a link person who can liaison between affected people and local government.

- Identify/map extremely vulnerable populations and prioritize them in ongoing response and identify the barriers and the initiatives already existing in the community or which may emerge following the return of the injured to their homes and communities.
- These can be done by setting up systems and processes at the municipal level following orientation/sensitization of key stakeholders at the 3-tier levels – federal, provincial, and municipal. A dynamic database of persons with disabilities and other rehabilitation needs supported by a vulnerable group liaison who would not only liaise between rights-holders and duty-bearers but also support integrating health and disability inclusion in disaster risk reduction and response plans with training and testing at the community level.

Nutrition

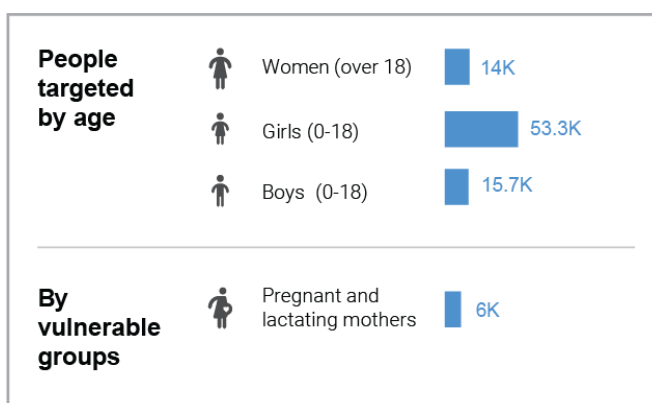
| PEOPLE IN NEED | PEOPLE TARGETED | FUNDING REQUIREMENT (US\$) | NUMBER OF CLUSTER PARTNERS |
|----------------|---------------------|----------------------------|----------------------------|
| 250,000 | 83,000 ⁵ | \$4.1M | 12 |

Cluster Objectives

1. Strengthen the quality and scale of preventative nutrition services for most vulnerable groups through supplementary feeding, appropriate infant and young child feeding practices, micronutrient supplementation and optimal maternal nutrition.
2. Improve access to quality curative nutrition services including systematic identification, referral, treatment, and follow-up of severe and moderate wasting cases in collaboration with the health sector to enhance sustainability.

Situation Overview

Prior to the earthquake, Karnali Province already faced elevated levels of malnutrition and micronutrient deficiencies such as anaemia. According to the Nepal Demographic and Health Survey (NDHS) 2022, 4 per cent of children under five suffer from wasting. Micronutrient deficiencies such as anaemia among children and women are also high, 40 per cent and 21 per cent respectively. Exclusive breastfeeding in Nepal is declining, from 66 per cent in 2016 to 56 per cent in 2022 (NDHS 2022). As per the Global Nutrition Cluster Guideline, such rates of prevalence warrant Blanket Supplementary Feeding Programmes (BSFP) to prevent a further deterioration and Targeted Supplementary Feeding Programmes (TSFP) for management of Moderate Acute Malnutrition (MAM). Moreover, poor access to nutritious food and disruption of essential services such as health and WASH will increase the risk of malnutrition. Loss of loved ones and traumatic events expose women and children to poor mental health and child caring practices which will have long term impacts.



Essential nutrition and health services were disrupted in 34 health facilities while 13 of the health facilities were non-functional in earthquake-affected areas. Discontinuation or reduction of access to essential health and nutrition services will worsen the level of malnutrition in affected populations already at an elevated risk. Moreover, lack of access to adequate water and sanitation facilities increases the risk of diarrheal diseases, increasing the risks of malnutrition among children under five.

Preventing and treating malnutrition will save lives and protect from illness. Children suffering from severe wasting are nine times more likely to perish (all-cause mortality) compared to a well-nourished child. It also helps children get more from their education, and increase earnings when they are adults, serving as the foundation for growth and prosperity.

⁵ Nutrition targets: 32,000 children under five; 14,000 pregnant and breastfeeding mothers; 36,467 adolescent girls.

Since the earthquake, the Nutrition Cluster has reached 3,250 children aged 6-59 months with multiple micronutrient powders for home fortification of nutritious food. 2,023 pregnant women received Iron Folic Acid Supplementation while 2,301 mothers and caregivers received counselling on optimal Infant and Child Feeding practices. Similarly, 8,783 children were screened for malnutrition of which 21 children with severe acute malnutrition (SAM) are receiving treatment in Outpatient Therapeutic Centres. A total of 14,286 beneficiaries comprising of 4,180 pregnant and breastfeeding women and girls and 10,106 children 6 to 23 months have received 85.7 metric tons of highly nutritious food (wheat and soya blend with sugar / WSB+) as a Blanket Supplementary Feeding Programme (BSFP).



Screening of a child for malnutrition using MUAC in open space due to damages to a health facility. Credit: UNICEF

Recovery Strategy and Priorities

As part of its recovery strategy the Nutrition Cluster will focus on the following priority areas, 1) protection, promotion and support for initiation of breastfeeding within one hour of birth, exclusive and continuation of breastfeeding through counselling as per UNICEF and WHO recommendations, 2) counselling on age-appropriate complementary feeding to the children aged 6-23 months, 3) treatment of wasting for children aged <5 years, 4) prevention and treatment of moderate wasting of children aged <5 years and pregnant and breastfeeding mothers through blanket supplementary feeding program, 5) prevention of micronutrient deficiencies among children, adolescents, pregnant and lactating women and, 6) strengthening coordination, primary health care and community health and nutrition service providers capacity to prevent, detect and treat malnutrition.

The objective of the Nutrition Cluster's recovery strategy is to:

- Strengthen existing health system to address nutrition needs, and preparedness to respond to future shocks.
- Use the multisectoral nutrition platform to increase coordination with relevant sectors health, education, WASH, social and behavioural change, etc.
- Strengthen community-level nutrition coordination and delivery through community health workers and female volunteers.
- Strengthen provincial-level coordination and monitoring of program implementation.

Protection

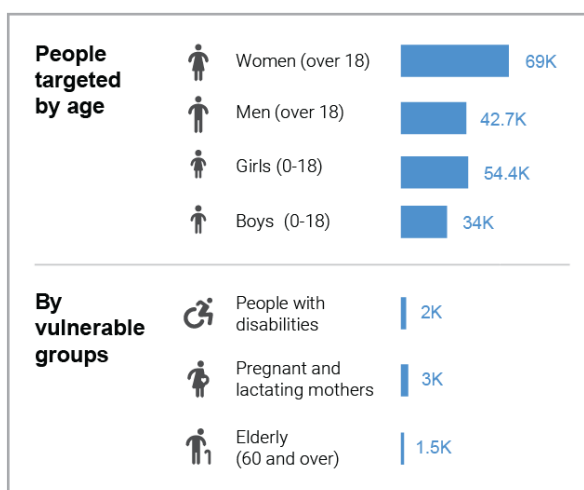
| PEOPLE IN NEED | PEOPLE TARGETED | FUNDING REQUIREMENT (US\$) | NUMBER OF CLUSTER PARTNERS |
|----------------|-----------------|----------------------------|----------------------------|
| 250,000 | 200,000 | \$3.0M | 58 |

Cluster Objectives

1. Child protection systems are functional and strengthened to prevent and respond to violence, exploitation, abuse, neglect, and harmful practices.
2. Women and girls at risk and survivors of gender-based violence (GBV) have access to age-appropriate quality and multi-sectoral services.
3. Psychosocial needs of the affected and vulnerable populations identified, and a response provided through coordinated community-based psychosocial services including referral for specialized services.

Situation Overview

The aftermath of the earthquake exacerbated the vulnerabilities of already at-risk individuals, exposing them to various protection risks. Disruption of family routines and social cohesion has increased the likelihood of protection issues, such as GBV, harmful practices, psychosocial distress, and risks faced by unaccompanied and separated children, particularly among the most vulnerable groups. Additionally, community members are grappling with heightened levels of fear and anxiety, primarily linked to the uncertainty of aftershocks. Witnessing the loss of loved ones and damage to homes has inflicted significant emotional distress, manifesting itself in nightmares, flashbacks, and sleep disturbances. As the winter season approaches, bringing dropping temperatures, there is a pressing need for winterization support, especially for the most vulnerable individuals, including pregnant and lactating mothers, children, the elderly, and people with disabilities.



During the response phase, 1,913 children (968 girls, 945 boys) were assisted from the 23 child-friendly spaces (CFS) erected in Jajarkot and Rukum West. These spaces provide psychological first aid (PFA), group mediation, and recreational opportunities in a safe, inclusive, and stimulating environment. Ongoing data collection through the vulnerability assessment tool in Jajarkot and Rukum West districts indicates that 53 per cent of the children are exposed to different risks. The most at-risk children, including survivors of violence, abuse, and exploitation, will receive appropriate services.

A total of 9,277 affected people, including women, men, children, and people with disabilities, received psychosocial first aid through the deployment of 23 psychosocial counsellors and community-based psychosocial workers. Additionally, 772 individuals received one-on-one psychosocial counselling.

Furthermore, 15,064 women and girls were reached through dignity kits and *kishori* kits, while 348 solar lamps, 7,701 winterization kits, and 546 tarpaulins were distributed among the most vulnerable women and adolescent girls in affected districts. 44 unaccompanied and separated children were also identified with necessary services being provided to address their specific needs.

Recovery Strategy and Priorities

Building on the current response to the earthquake, the Protection Cluster will continue to focus on addressing violence, exploitation, abuse, neglect, and discrimination of the most vulnerable population in the recovery phase. This will include the following three priorities, 1) child protection with focus on providing community-needs adapted emergency assistance to most vulnerable children and their families identified through vulnerability assessment, 2) GBV with a focus on prevention, risk mitigation and multisectoral response services, and 3) Psychosocial support with a focus on one-to-one counselling, group healing and referral for specialized services and community sensitization on psychosocial services.



Earthquake-affected children playing in one of the 23 child-friendly spaces established. Credit: UNICEF

Through these response strategies the cluster aims to, 1) strengthen the existing protection systems to address protection issues, 2) multi-sectoral collaboration for appropriate services – health, education, WASH, social and behavioural change, networks and institutions, 3) strengthen local level protection coordination and feedback mechanisms, 4) launch outreach programs for the most vulnerable population with protection services, 5) establishment of additional temporary structures such as child friendly spaces and women friendly spaces, and 6) mass awareness raising and sensitization on protection issues including gender-based violence, psychosocial support, and child protection.



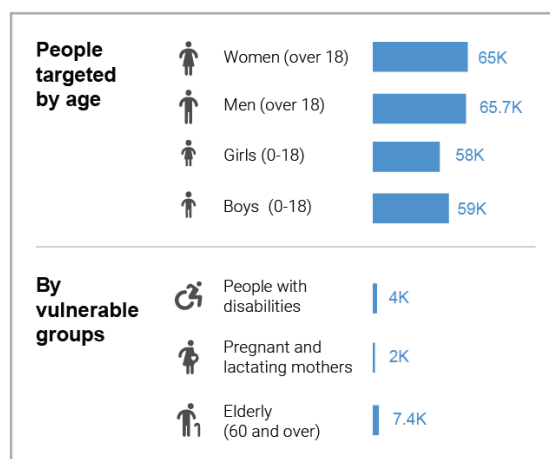
| PEOPLE IN NEED | PEOPLE TARGETED | FUNDING REQUIREMENT (US\$) | NUMBER OF CLUSTER PARTNERS |
|----------------|-----------------|----------------------------|----------------------------|
| 250,000 | 250,000 | \$23.5M | 25 |

Cluster Objectives

1. Provide emergency and winterization shelter assistance during the winter season.
2. Provide access to shelter assistance packages and socio-technical support to households rebuilding their homes.

Situation Overview

According to the National Emergency Operations Center (NEOC) 62,000 homes were affected (35,455 partially damaged, 26,557 completely damaged) by the earthquake. Local authorities report that over 34,000 families in Jajarkot district, including new mothers and children, continue to live under makeshift shelters as their homes were damaged by the earthquake. Community members have begun to construct makeshift shelters with available resources including salvaged materials, using local knowledge and skills. Having entered the winter season, children, nursing mothers, and the elderly currently live in makeshift shelters in low temperatures making them susceptible to winter related chronic illnesses. Emergency shelter assistance provided to date, mostly tarpaulins and some cloth tents, is inadequate for freezing temperatures and long-term use, thus the need to winterize shelters for those currently displaced.



To address the temporary shelter needs of affected families, the Government pledged NPRs. 1.41 billion (\$10.45million), with each household expected to receive NPR. 50,000 (\$370.60) in two equal tranches. The budget for first tranche support was released in five districts: Jajarkot, Rukum Paschim, Bajhang, Bajura and Salyan under the leadership of National Disaster Risk Reduction and Management Authority (NDRRMA). Additionally, the Government is planning to mobilize volunteers to expedite construction of the shelters.



Homeowner with a Nepal Red Cross Society technical volunteer in front of recently constructed transitional shelter, Sanibheri- 04, Rukum West. Credit: Nepal Red Cross Society

To complement the Government’s assistance, cluster partners plan to provide additional support to 1,500 vulnerable households for temporary shelter and winterization support. Following the request of the District Disaster Management Committees of Jajarkot and Rukum Paschim, partners are conducting a KOBO assessment and engaging trained volunteers in local *palikas*. Organizations are also supporting local government by mobilizing volunteers "Help Desk" for the support services.

Recovery Strategy and Priorities

Recovery starts from day one of response, with emergency shelter assistance being part of recovery. The Shelter Cluster understands early response as a point where the early distribution, emergency shelter set up, essential household items and winterization supports serve as pathways towards recovery. Now well into the winter months, it is critical that those displaced living in emergency and temporary shelters can insulate their shelters against the extreme cold. For this, targeted winterization assistance will be required such as additional blankets, mattresses, warm clothes, additional insulating materials etc. There are reports of some households clearing debris including rubble, demolishing unsafe portions of their damaged houses, and in some cases even rebuilding. The Shelter Cluster will support these ongoing processes according to the needs of these affected households.



NFI distribution at Bheri Municipality-1, Jajarkot district. Credit: Save the Children

Key considerations in the implementation recovery strategy

- Ensuring priority households are supported to design, rebuild, and maintain their shelter and settlements in ways that promotes resilience to future hazards.

Coordination for effective response

- With MOUD, DUDBC, provincial shelter cluster, local government (CDO, DDMC, DCC, and Local Unit), humanitarian agencies and other actors to avoid duplication, gaps and ensure efficiency. To deliver the shelter assistance, shelter partners must coordinate with respective local government to ensure an effective response to minimize duplication. Provincial level shelter coordination serves as the coordination forum between the federal and local response.
- Shelter cluster will coordinate with other clusters in areas of common interest particularly with WASH, Protection, CCCM and Early Recovery (e.g. debris and rubble removal of damaged houses)

Use of local materials and technology

- Addressing the needs of communities and households in hard to reach, rural and urban contexts.
- Selection of appropriate local materials to use in temporary shelter solutions /construction, adapted for the local context by using local knowledge.
- Respect expression of cultural identity and ways of life using locally available materials, designs, and technologies.

Supply chain and logistics

- Emergency and transitional shelter assistance to be provided to most affected households in the form of materials, cash, and/or socio-technical support. The Shelter Cluster will coordinate with Cash Coordination Group on the issues of supply chain, value chain, market assessment, price hikes etc.
- Where feasible (where markets can provide items in sufficient quality and quantity) cash and / or vouchers to be provided to support local procurement and local trade.

Delivery of at least a minimum set of sociotechnical assistance

- Socio- technical assistance will be provided with material and cash assistance to build back better.

Uniform assistance

- Standardization of assistance type and approaches - Sphere standards in construction will be considered as minimum standards.
- Alignment with best practice, laws, regulations, policies and codes agreed upon through the humanitarian response plan and cluster levels.

Support to the most vulnerable

- The most vulnerable members of the affected population are identified, prioritized and appropriate solutions are found to target specific needs that are suitable to specific contexts.

People centric approach

- Shelter assistance solutions should be negotiated with local government, addressing specific vulnerabilities, hazards, local policies, and capacities, actively engage affected communities in the discussion of their future and planning for permanent solutions.
- Ensuring participation of affected populations at all stages of a shelter solution, using a process driven and inclusive approach, including involvement in assessments, procurement, design, construction, monitoring and evaluation.

Pathway to recovery

- Communities are already rebuilding their shelters and are at the center of their own recovery process. Shelter agencies are encouraged to understand the unique needs of those affected to support their self-recovery processes.
- Ensuring a smooth transition from emergency and relief phases supporting self-recovery and building towards permanent solutions. Avoiding households becoming stuck on their pathway to recovery.
- Ensuring that programmes are designed with an understanding of livelihoods and markets, which are supported and kick-started through the emergency and relief phases, through markets, labour, transport, and other opportunities.

Program Quality:

- Minimize adverse impacts to the local and natural environment, enhancing the environment when possible, reusing, and salvaging materials where possible. Shelter agencies are encouraged to follow the Environmental Country Profile.
- Accountability and transparency, particularly to affected populations, should be mainstreamed in all shelter programming from the onset.
- Determining whether appropriate outcomes have been achieved to include evidenced based triangulation of input from household-level surveys, community-level participative approaches, along with reporting to the Shelter Cluster and Government by cluster members.

It is important to consider the below cross cuttings issues in this response:

- Disability inclusive programming, gender sensitive cash transfer programming, gender analysis to understand the roles of men and women in construction. Women, men, girls and boys of different ages and backgrounds have distinct needs and capacities, it is vital that shelter programmes incorporate these into the design and implementation of projects.
- Programs must ensure that human rights are respected, and protections concerns are addressed.

Water, Sanitation and Hygiene (WASH)

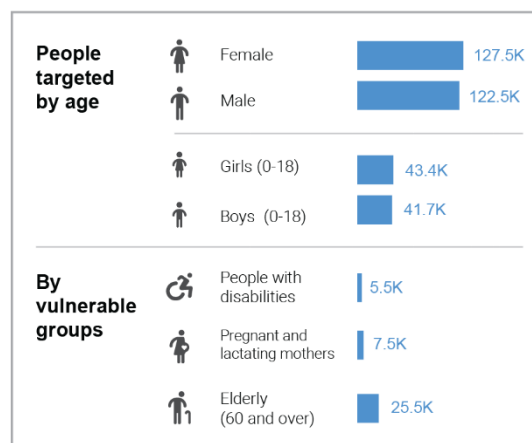
| PEOPLE IN NEED | PEOPLE TARGETED | FUNDING REQUIREMENT (US\$) | NUMBER OF CLUSTER PARTNERS |
|----------------|-----------------|----------------------------|----------------------------|
| 250,000 | 250,000 | \$6.2M | 12 |

Cluster Objectives

1. **Effective WASH leadership and coordination in the response, recovery, and reconstruction.**
2. **Provide safe water to all affected families.**
3. **Provide safe sanitation to all affected families/communities/institutions.**
4. **Provide hygiene education and needed supplies for hygiene promotion and practices for prevention of outbreaks.**

Situation Overview

Some 250,000 people (including 85,000 children) require WASH assistance, with some 21,264 families already having received WASH support, with the installation of more than 500 community toilets, repair of three water supply schemes, and water quality monitoring of 30 water supply schemes. About 48 volunteers were also mobilized for hygiene education and practices. WASH coordination is taking place at both federal and provincial levels.



While a detailed technical assessment is yet to be undertaken, the initial assessment suggests that over 100 water supply schemes were damaged together with 35,000 household toilets requiring rehabilitation or reconstruction. Further, the initial assessment suggests that around 400 WASH facilities in schools and around 50 WASH facilities in healthcare facilities were damaged, hampering education and health services. Safe water supply and sanitation in both communities and institutions are of high priority to affected communities. With the scale of damage and loss of households, the inherent vulnerabilities of affected people have become significantly worse post-earthquake. Affected households are compromising safe water storage and treatment, with some households also resorting to open defecation.

Given past diarrhoea and cholera outbreaks in some of the affected areas, it is critical to support the rehabilitation and restoration of partially damaged water supply systems, construct new water supply schemes, and rehabilitate toilets and hand washing facilities in communities, schools, and healthcare facilities. It is also important to raise awareness of safe hygiene practices and behaviours to avoid possible future outbreaks. The scale of the damage will require at least one year of recovery and reconstruction efforts by the WASH Cluster in earthquake-affected areas.

Recovery Strategy and Priorities

The WASH Cluster will focus on the following priority areas; 1) providing technical support and capacities to provincial and local government and cluster mechanisms for a coordinated response, 2) conducting cluster specific damage and need assessments in affected areas, 3) supporting households/communities and institutions in the repair and reconstruction of WASH facilities, 4) providing hygiene education and supplies for dignified living and behaviours to reduce potential waterborne disease outbreaks, and, 5) capacity building and skill development of communities and

municipalities in the development, repair and reconstruction of WASH facilities as part of building back better.

Through the WASH Cluster strategy, the cluster aims to achieve the following:

- Expand emergency relief distribution with the continuation of coordinated response and recovery works through stronger coordination/collaboration between three tiers of government (federal, province and local level), district authorities and clusters based on cluster-specific assessments including information management and reporting.
- Capacity building of communities at the local level, support communities in building back better, capacitating designing, and development of resilient WASH facilities adapted to communities' needs.
- Strengthen intersectoral coordination, work together with health, education, nutrition, protection, as well as shelter, and the private sector for a coordinated response and recovery works related to improving WASH facilities and service, taking in account community feedback, needs and behaviours in schools and healthcare facilities.
- Community Engagement, support affected municipalities and districts for preparedness for future disaster through capacity building, WASH knowledge and skills enhancement as well as community engagement.
- Conduct joint monitoring and analysis of social and behavioural patterns to reduce public health risks and monitoring and review of response and recovery works to ensure people-centred and quality results on WASH service delivery.
- Humanitarian and development nexus, develop strong interlinkages between the current humanitarian WASH response to the municipal level WASH planning and programming for resilient WASH services.



Multipurpose Cash and Voucher Assistance (CVA)

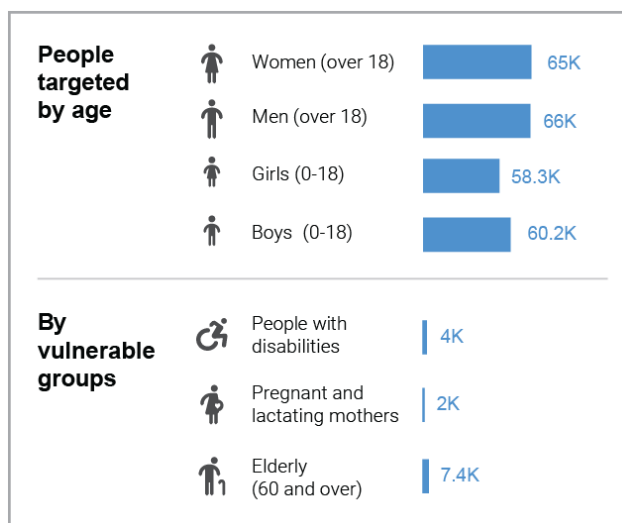
| PEOPLE IN NEED | PEOPLE TARGETED | FUNDING REQUIREMENT (US\$) | NUMBER OF PARTNERS |
|----------------|-----------------|----------------------------|--------------------|
| 250,000 | 250,000 | \$7.5M | 12 |

Over 250,000 people require urgent cash support. Government policies recommend NPR 15,000 (\$113) for affected households to cover the basic monthly needs and have requested support from development and humanitarian actors. Families will likely need support for at least two more months. The CCG is planning a joint response and raising resources.

CVA is a market-based dignified approach to responding and assisting in the recovery from a natural disaster and the subsequent shocks. The modality focuses on the diversified needs of different individuals and families and aims to provide Multi-purpose Cash (MPC) to affected families to purchase essentials needs from local markets, which in turn, speed

up the recovery of the local economy by fostering local supply-chains. The Cash Coordination Group (CCG) conducted a market assessment in Jajarkot and Rukum West districts to understand the availability of core goods and services' availability, prices, and accessibility to affected populations CCG partners will work together with financial service providers (FSPs) to conduct distributions.

With the aim to cover basic needs of affected households, CVA amounting to 15,000 NPR per household is planned for 62,000 households, requiring \$7,006,000 in funding. Another \$500,000 is required to cover technical and transfer service fees.



Annexes

Annex 1: Activity Costing by Cluster

Camp Coordination and Camp Management (CCCM)

Cluster Objective 1: Support the Government of Nepal in strengthening the effectiveness of multi-sectoral humanitarian services through enhanced coordination and monitoring

| Indicator | In Need | Reached to date | Target |
|---|--|-----------------|--------|
| 1.1 Number of priority local governments with dedicated CCCM coordination structures in place to ensure regular monitoring of needs of displaced/ affected families. | 13 | NA | 13 |
| Activities | Target | Cost (US\$) | |
| 2.1.1 Establish and maintain appropriate CCCM coordination mechanisms in 13 priority local governments and promote information sharing from the local level to district, province, and federal levels. | 13 local level focal points ⁶ | \$50,000 | |
| 2.1.1 Monitor service provisions to the displaced/ affected population at the local government level. | 13 maps per local government ⁷ | \$50,000 | |
| 3.1.1 Identify gaps through CCCM assessments and analysis. | 6 assessments and hiring of assessment team | \$68,000 | |
| 4.1.1 Equip authorities, representatives and local actors with the resources, skills and/or tools needed to ensure services are delivered in an equitable manner at the local government level and enable local authorities to better address future displacement challenges. | A minimum of 13 training sessions, each accommodating 35 participants. | \$20,000 | |

⁶ Resources will be used to enhance CCCM cluster presence and ensure adequate coordination in affected municipalities through the establishment of Focal Point agency. Cluster partners will be taking the role of focal point agency with existing presence, and these are not government staff.

⁷ These maps will highlight the number of agencies supporting displaced communities/families in specific sites and locations. Maps also help agencies track mobility dimensions in the selected sites. Urban- rural related mobility is being reported in the affected locations (people are moving from urban areas to the affected palikas).

| | | | |
|--|------------------|------------------------|----------------|
| 5.1.1 Conduct mapping and identification of safe lands for relocation of selected families. | 8 locations | \$30,000 | |
| Cluster Objective 2: Improve community participation, living conditions and safe access to services and assistance for IDPs/ affected population to bolster recovery | | | |
| Indicator | In Need | Reached to date | Target |
| 2.1 Number of earthquake-affected and displaced individuals that have equitable access to humanitarian assistance, protection, and services to improve their quality of life and dignity during displacement while seeking and advocating for durable solutions. | 250,000 people | NA | 150,000 people |
| Activities | Target | Cost (US\$) | |
| 2.1.1 Support the formation/strengthening of CCCM committees (including those for vulnerable groups such as committees for persons with disabilities, women's committees, among others). | 26 committees | \$12,000 | |
| 2.1.1 Train and mobilize affected communities for the rehabilitation of communal facilities including roads, water points, sanitation and waste management, hygiene promotion and upgrades in displacement sites/area level as well as promote cash-for-work. | 250 individuals | \$185,500 | |
| 3.1.1 Establish and mobilize skilled teams (e.g. mobile outreach teams with diverse skill sets ⁸) on the ground to work closely with all communities and population groups to provide technical support. | 13 teams | \$75,000 | |
| 4.1.1 Conduct communication with communities (CwC) information campaigns on fire prevention, gender-based violence (GBV) risk mitigation, and protection from sexual exploitation and abuse (PSEA). | 50 campaigns | \$15,000 | |
| 5.1.1 Set up complaints and feedback mechanisms (CFMs) at sites with more than 20 households. | At least 50 CFMs | \$25,000 | |

⁸ Case management, housing, land and property (HLP) issues, counselling and legal assistance or various technical sectors (e.g. shelter, WASH, health etc.)

Early Recovery

Cluster Objective 1: Coordinate and compile information on recovery and rehabilitation to bolster information management

| Indicator | In Need | Reached to date | Target |
|---|--------------------------------|----------------------------|------------------|
| 1.1 Number of municipalities provided Information Management (IM) support | 11 municipalities ⁹ | 3 municipalities | 6 municipalities |
| 2.1 Number of districts and province provided Information Management (IM) support | 3 districts ¹⁰ | 2 districts and 1 province | |
| Activities | Target | Cost (US\$) | |
| 1.1.1 Provision of Information Management Officer at municipalities | 6 | \$36,000 | |
| 2.2.1 Provision of Information Management Officer at district and province level | 3 | \$18,000 | |

Cluster Objective 2: Create enabling factors for implementation of reconstruction and recovery including psychosocial support

| Indicator | In Need | Reached to date | Target |
|---|-------------------|-----------------|--|
| 2.1. Number of households supported with rubble/ debris removal | 40,000 | 590 | 10,000 households/ 40,000 people |
| 2.2 Number of multi storey/ RCC buildings damaged and needs safe demolition | 5,000 | NA | 1,000 buildings/ 5,000 individuals |
| 2.3 Number of engineers and masons trained for reconstruction. | 500 | NA | 300 |
| 2.4 Number of damaged community infrastructure (Water mills, irrigation canal, etc) reconstructed | 100 | 9 | 100/5,000 people to be hired cash for work |
| 2.5 Number of people to be provided psychosocial support | 8,000 | 3,010 | 7,000 |
| 2.6 Number of people covered by assistive devices | 516 | 100 | 300 |
| Activities | Target | Cost (US\$) | |
| 1.2.1 Support in the removal of rubble and debris from houses | 10,000 households | \$500,000 | |

⁹ Municipalities with more than 2000 households partially or fully damaged

¹⁰ Districts with more than 1000 affected households.

| | | | |
|--|------------------|------------------------|-------------------------------|
| 2.2.1 Safe demolition of multistorey/ RCC buildings damaged | 1,000 buildings | \$200,000 | |
| 3.2.3 Training of engineers and masons for reconstruction ¹¹ | 300 | \$40,000 | |
| 4.2.4 Reconstruction of damaged community infrastructures (water mills, irrigation canal reconstructed) | 100 | \$200,000 | |
| 5.2.5 People provided psychosocial support | 5,000 | \$200,000 | |
| 6.2.6 People provided with assistive devices | 300 | \$100,000 | |
| Cluster Objective 3: To create livelihood opportunities and revitalize markets through cash for work, and other livelihood interventions | | | |
| Indicator | In Need | Reached to date | Target |
| 3.1 Number of small and medium enterprises (SMEs) established at local government level, | 40 ¹² | NA | 8 ¹³ /1,000 people |
| 3.2 Number of market collection centre (agri-products collection centre) established at LG level | 20 ¹⁴ | NA | 20/2,000 people |
| 3.3. Number of equipped -Common Facility Centre (CFC) for off-farm enterprises established at LG level, target to Dalit communities (tailoring, and blacksmith-iron workers) | 40 ¹⁵ | NA | 8/1,000 people |
| 4.4 Number of low soil conservation interventions adopted for promoting greenery through nature-based solutions | 80 ¹⁶ | NA | 20/ 2,000 people |
| Activities | Target | Cost (US\$) | |
| 1.3.1 Support in establishment of small and medium enterprises (SMEs) established at LG level | 20 SMEs | \$1,000,000 | |
| 2.3.2 Establish market and agricultural products collection centres | 20 centres | \$500,000 | |
| 3.3.3 Establish the selected CFCs in co-financing modality with LGs | 20 CFCs | \$500,000 | |

¹¹ \$4,000 for the training of one batch of 30 engineers

¹² One SME per ward

¹³ In 4 LGs, and in each LG in two districts

¹⁴ Support for establishment of 8 Agriculture Products collection Centre in 4 LGs, two in each LG in two districts i.e., Jajarkot and West Rukum

¹⁵ In 4 LGs

¹⁶ Two sets of interventions in 40 wards

| | | | |
|--|---------------------------------|------------------------|--------------------------------|
| 4.3.4 Support in climate smart farming practice with multipurpose water storage | 200 interventions ¹⁷ | \$1,500,000 | |
| Cluster Objective 4: To strengthen governance for restoration or augmentation of public services and improve disaster preparedness and risk reduction | | | |
| Indicator | In Need | Reached to date | Target |
| 4.1 Number of prefab government infrastructures restored. | 8,018 | 6 | 25/750 government employees |
| 4.2 Number of public buildings assessed ¹⁹ | 500 | 85 | 300/ 900 government employees |
| 4.3 Number of Government buildings supported with basic office equipment support | 100* | NA | 50/ 1,500 government employees |
| 4.4 Number of municipalities and districts supported on disaster preparedness and creating awareness on rehabilitation and recovery programs | 15 | 1 | 15 |
| Activities | Target | Cost (US\$) | |
| 4.1.1 Restoration of prefab government infrastructures | 25 | \$500,000 | |
| 4.2.1 Detailed structural safety assessment of public buildings | 300 | \$100,000 | |
| 4.3.1 Essential office equipment to support government buildings | 50 | \$500,000 | |
| 4.4.1 Municipalities and districts provided support with disaster preparedness, awareness on rehabilitation and recovery programs. | 15 | \$300,000 | |

¹⁷ 10 sets of intervention in each ward

¹⁸ 40 each for two Jajarkot and West Rukum districts.

¹⁹ 450 in Jajarkot and West Rukum and 50 buildings in other districts

Education

Cluster Objective 1: Ensure learning continuity of earthquake-affected children

| Indicator | In Need | Reached to date | Target |
|--|--|-----------------|--------|
| 2.1 Number of children accessing formal or non-formal education, including early learning | 62,215 | 10,800 | 51,415 |
| 2.2 Children accessing MHPSS in their schools/learning programs | 62,215 | 1,278 | 60,937 |
| 2.3 Education personnel participating in capacity building initiatives to promote mental health and psychosocial well-being of children | 3,580 | 598 | 2,982 |
| Activities | Target | Cost (US\$) | |
| 2.2.1 Number of Temporary Learning Centre (Type-1) set-up for resuming education and learning continuity-considering winterization provision ²⁰ | 610 | \$305,000 | |
| 2.2.1 Community outreach and back-to-school campaigns | 13 local areas | \$560,000 | |
| 2.2.1 Provision for winterization support to children | 62,215 | \$935,000 | |
| 2.2.1 Upgrading Type one TLCs to Type two TLC (transitional with semi-permanent support) | 1,109 | \$5,545,000 | |
| 2.2.1 Provision of school toilets | 475 | \$50,000 | |
| 2.2.2 Training for teachers focusing on recovery and accelerated learning strategies | 3,580 | \$900,000 | |
| 2.2.3 Provision of Education supplies 1. School kits 2. ECD Kits 3. Student Kits -Junior & Senior | Student Kit: 561 ECD Kits: 338 Student Kit, Junior: 10,245 Student Kit, Senior: 5,533 | \$475,000 | |
| 2.2.3 Provision of psychosocial support and psychosocial First Aid support | Teachers: 3,580 Children: 130,694 | \$700,000 | |

²⁰ Required number of Temporary Learning Centres (Type I) is 1,135, among that 525 has been setup and functional, remaining 610 TLCs is needed /the cost per TLC (Type I) is US\$500.

Food Security

Cluster Objective 1: To provide conditional food assistance (cash-based transfer) to highly vulnerable households struggling to recover livelihood and employment opportunities through cash assistance for assets programs for reconstruction/rehabilitation of productive and protective community/public infrastructure damaged by earthquake with a build forward better approach for long-term community resilience.

| Indicator | In Need | Reached to date | Target |
|--|--|---|--|
| 1.1 Number of women, men, boys, and girls receiving conditional cash transfers (including people with disabilities) through Food Assistance for Assets/cash for work). | 21,200 households ²¹ (106,000 people) | NA | 21,200 households (106,000 people) |
| 1.2 Total value of conditional cash transferred to targeted people through Food Assistance for Assets (cash for work). | \$5,740,960 | NA | \$5,740,960 |
| 1.3 Number of women, men, boys, and girls receiving unconditional cash transfers (including people with disabilities). | 7,066 households ²² (35,330 people) | 3,055 households (one-month unconditional CBT is being provided currently from WFP) | 7,066 households ²³ (35,330 people) |
| 1.4 Number of assets damaged by earthquake built, restored, or maintained by targeted households and communities, by type and unit of measure. | 400 assets | NA | 400 assets |
| 1.5 Total value of unconditional cash transferred to targeted people. ²⁴ | \$1,913,472 | \$344,549 | \$1,913,472 |
| Activities | In Need | Cost (US\$) | |
| 1.1.1 Cash assistance for assets (FFA/cash for work) programme for repair and rehabilitation of community infrastructure, targeting one household member from the most vulnerable/displaced households. ^{25 & 26} | 21,200 households (106,000 people) | \$9,607,464 | |
| 1.1.2 Provide unconditional cash-based assistance to vulnerable households ^{27 & 28} | 7,066 households (35,330 people) | \$2,456,464 | |

²¹ Households whose houses have been fully damaged, and the households are poor.

²² Estimated one-third of the total displaced HHs with fully damaged houses based on the proportion of socio-economically HHs).

²³ Estimated one-third of the total displaced HHs with fully damaged houses based on the proportion of socio-economically HHs).

²⁴ One-month of unconditional CVA was provided from WFP.

²⁵ Households with completely lost homes, destroyed food stocks, fully displaced, and/or poor and food insecure.

²⁶ The cost is calculated by combining the cash transfer value (approximately for 40 days with a daily rate of NPR 900), cash transfer related cost including community assets creation and administrative costs.

²⁷ Households that do not have working age family members, have household members with disabilities, are female headed, and/or have vulnerable household members not receiving government assistance (one-third of the HHs involved in FFA programme).

²⁸ The cost is calculated combining cash transfer value, transfer related cost and administrative costs.

| Cluster Objective 2: Support earthquake-affected farmers for sustainable livelihoods and agriculture/livestock recovery support | | | |
|--|--------------------------|-------------------------|--------------------------|
| Indicator | In Need | Reached to date | Target |
| 2.1 Number of farmers supported with agriculture production training, inputs, agri tools/equipment, and agriculture productive infrastructures e.g. irrigation schemes, processing units, institutions building, market centers etc. | 37,440 farmer households | 1,200 farmer households | 37,440 farmer households |
| 2.2 Number of farmers supported with livestock management training, veterinary services, restocking of livestock breeds, equipment, and related infrastructure support. | 19,200 households | NA | 19,200 households |
| Activities | In Need | Cost (US\$) | |
| 2.2.1 Distribute cereal crop seeds ²⁹ | 37,440 farmer households | \$13,104,000 | |
| 2.2.2 Provide livestock management training, veterinary services ³⁰ , restocking of livestock breeds, equipment, and related infrastructure support. | 19,200 households | \$6,720,000 | |

²⁹ Wheat, paddy, lentil, maize etc as per agricultural seasons of the locality, grain storage hermetic bags, plastic tunnels for vegetable production, Home Garden kits, fruit saplings, seasonal vegetable seeds and agricultural tools for agricultural recovery/rehabilitation, repair and maintenance of small-scale irrigation schemes.

³⁰ Veterinary services to the wounded/sick animals, livestock shed management, insurance, feeds, vaccination etc.

Health

Cluster Objective 1: Ensuring health services are delivered from structurally sound infrastructure

| Indicator | In Need | Reached to date | Target |
|--|--------------------------------|-----------------|----------------------|
| 1.1 Number of temporary health facilities established | 82,237 | NA | 15 |
| 1.2 Number of human resources with technical expertise required for health facility assessment | 20 human resources | NA | 20 human resources |
| 1.3 Number of training sessions on health facility assessment tool conducted | 20 human resources | NA | 2 trainings |
| 1.4 Number of health facilities assessed ³¹ | 250,000 | NA | 76 health facilities |
| Activities | Target | Costs (USD) | |
| 1.1.1 Establishment of temporary health facilities for service delivery using Medical Camp Kit (MCK) | 15 temporary health facilities | \$1,000,000 | |
| 1.2.1 Recruitment of staff with required expertise for assessment of health facilities | 20 staff | \$80,000 | |
| 1.3.1 Training of staff for assessment of affected health facilities | 2 trainings | \$10,000 | |
| 1.4.1 Assessment of affected health facilities | 76 health facilities | \$80,000 | |

Objective 2: Timely detection and prevention of any possible infectious disease outbreak

| Indicator | In Need | Reached to date | Target |
|---|------------|-----------------|-------------------|
| 2.1 Number of local RRT mobilized ³² | 250,000 | NA | 11 teams |
| 2.2 Number orientation sessions or trainings conducted on public health signal detection and verification | 833 people | NA | 23 trainings |
| 2.3 Number of municipalities to mobilize human resources for surveillance ³³ | 250,000 | NA | 11 municipalities |

³¹ As a part of routine service delivery from health facilities, the number of actual beneficiaries will be higher than the people in need, i.e., 354,604.

³² As a part of collaborative surveillance in affected municipalities, the number of actual beneficiaries will be higher than the people in need, i.e., 354,604.

³³ As a part of collaborative surveillance in affected municipalities, the number of actual beneficiaries will be higher than the people in need, i.e., 354,604.

| | | | |
|--|--------------------|--------------------|-----------------------|
| 2.4 Number of human resources recruited for support to information management, coordination, and documentation ³⁴ | 250,000 | NA | 10 human resources |
| 2.5 Number of Rapid Diagnostic Test kits (RDT) procured for priority diseases where relevant (dengue, scrub typhus, cholera) | 10,000 | NA | 10,000 RDT |
| 2.6 Number of IEC materials developed on post-disaster public health awareness | 100,000 | NA | 100,000 IEC materials |
| 2.7 Number of IEHK procured | 100,000 | NA | 10 IEHK kits |
| 2.8 Number of RCCE multimedia products developed and disseminated ³⁵ | 250,000 | NA | 5 multimedia products |
| 2.9 Number of months manage cost for transportation of sample transfer ³⁶ | 250,000 | NA | 12 months |
| Activities | Target | Costs (USD) | |
| 2.1.1 Mobilization of local RRT | 11 teams | \$66,000 | |
| 2.2.1 Trainings to community volunteers and community leaders for event-based surveillance | 10 trainings | \$50,000 | |
| 2.2.2 Provide trainings or orientation for EDCD call centre (1,115) staff | 1 training | \$5,000 | |
| 2.2.3 Conduct training on laboratory investigation of priority diseases | 5 trainings | \$25,000 | |
| 2.2.4 Train healthcare workers in early diagnostics, case management and surveillance reporting of priority diseases | 5 trainings | \$25,000 | |
| 2.3.1 Mobilize healthcare providers, public health professionals, community volunteers and community leaders for surveillance at local level | 11 teams | \$110,000 | |
| 2.4.1 Human resources support for information management, coordination, and documentation | 10 human resources | \$50,000 | |

³⁴ As a part of collaborative surveillance in the affected municipalities, the number of actual beneficiaries will be higher than the people in need, i.e., 354,604.

³⁵ As a part of RCCE at the affected municipalities, the number of actual beneficiaries will be higher than the people in need, i.e., 354,604.

³⁶ As a part of collaborative surveillance at the affected municipalities, the number of actual beneficiaries will be higher than the people in need, i.e., 354,604.

| | | | |
|---|-----------------------|------------------------|---------------|
| 2.5.1 Procure and preposition Rapid Diagnostic Test kits (RDTs) for diagnosis of priority diseases of affected areas (dengue, scrub typhus, cholera) | 10,000 RDTs | \$100,000 | |
| 2.6.1 Develop IEC materials (RCCE materials) and disseminate in earthquake-affected areas | 100,000 IEC materials | \$10,000 | |
| 2.7.1 Procure and preposition essential medicines for priority diseases of affected areas (IEHK) | 10 IEHKs | \$70,000 | |
| 2.8.1 Develop multimedia products for RCCE and disseminate through appropriate means of communication | 5 multimedia products | \$25,000 | |
| 2.9.1 Manage transportation of sample transfer | 12 months | \$60,000 | |
| Cluster Objective 3: Resumption and/or ensuring continuity of primary health care, Reproductive Maternal, Newborn, Child, and Adolescent Health (RMNCAH) and vaccinations services | | | |
| Indicator | In Need | Reached to date | Target |
| 3.1 Number of women (pregnant and postnatal) and newborns in need of access to safe ANC and delivery services | 7,783 | 1,650 | 6,133 |
| 3.2 Number of children, adolescents, and caregivers, in need of access to mental health or psychosocial support services, either individual care, group sessions or tele mental health services | 135,911 | 80,000 | 55,911 |
| 3.3 Numbers of women of reproductive age in earthquake-affected areas receiving sexual and reproductive health services | 95,000 | 10,000 | 85,000 |
| 3.4 Number of children 6 months to 15 years old requiring Measles-Rubella Supplementary Immunization | 120,731 | NA | 120,731 |
| 3.5 Number of people from 17 to 45 years of age requiring Typhoid Conjugate Vaccines | 173,922 | NA | 173,922 |
| Activities | Target | Costs (USD) | |
| 3.1.1 Medical - High Performance Tent - 48M ² | 10 tents | \$250,000 | |
| 3.1.2 Equipment /instrument support for damaged birthing centres | 2 birthing centres | \$20,400 | |

| | | | |
|--|---------------------------------|------------------------|---------------|
| 3.1.3 Provision of mobile reproductive health camps | 60 camps | \$300,000 | |
| 3.1.4 Procurement of sets of inter-agency reproductive health kits to affected health facilities | 45 sets | \$55,000 | |
| 3.2.1 Mental health and psychosocial support to children, adolescent, and caregivers | 55,911 children and adolescents | \$250,000 | |
| 3.3.1 Cash support to pregnant women with possible complication for referral to emergency obstetric care | 214 pregnant women | \$24,800 | |
| 3.3.2 MISP training to health providers and coordinators at district levels. | 2 trainings | \$10,000 | |
| 3.3.3 Training on multi-sectoral GBV services to service providers and stakeholders | 2 trainings | \$10,000 | |
| 3.4.1 Measles vaccination campaign for children under five years of age | 120,731 children under five | \$300,000 | |
| 3.5.1 Typhoid conjugate vaccination campaign for population 17 to 45 years of age | 173,922 people | \$350,000 | |
| Cluster Objective 4: Support stress management, healthy coping mechanisms, and community awareness | | | |
| Indicator | In Need | Reached to date | Target |
| 4.1 Number of people trained on Psychological First Aid | 250,000 | NA | 200 people |
| Activities | Target | Costs (USD) | |
| 4.1.1 Develop/disseminate messages on promoting healthy coping skills, dealing with stress, seeking help when in need, identifying normal psychological reaction to stress | 250,000 | \$15,000 | |
| 4.1.2 Organize individual and group Psychological First Aid sessions to population in distress | 200 people | \$7,500 | |
| Cluster Objective 5: Address mental health needs of children and adolescents and prepare children/parents/teachers to return to school | | | |
| Indicator | In Need | Reached to date | Target |
| 5.1 Number of schools implementing mental health package | 22,000 | NA | 40 schools |

| | | | |
|--|-------------------------------------|------------------------|-------------------------------------|
| 5.2 Number of staff trained on Child and Adolescent Mental Health (MH) | 22,000 | NA | 25 healthcare providers |
| Activities | Target | Costs (USD) | |
| 5.1.1 Implement package of school mental health interventions based on socioemotional learning packages | 40 schools | \$60,000 | |
| 5.2.1 Build capacity of health care team on Child and Adolescent Mental Health (MH) | 25 healthcare providers | \$10,000 | |
| Cluster Objective 6: Ensure continuity of essential mental health services and psychosocial support | | | |
| Indicator | In Need | Reached to date | Target |
| 6.1 Number of refresher training organized with additional modules on grief, acute stress, and PTSD | 62,500 | NA | 45 trainings |
| 6.2 Number of counselling desk set up at each PHCs with a psychosocial counsellor with community outreach | 62,500 | NA | 10 counselling desks |
| 6.3 Number of facilities with tele-mental health services | 1,000 | NA | 4 facilities |
| 6.4 Number of people with mhGAP training | 62,500 | NA | 100 people |
| Activities | Target | Costs (USD) | |
| 6.1.1. Refresher trainings with modules on grief, acute stress and post-traumatic stress disorder (PTSD) | 45 trainings | \$15,000 | |
| 6.2.1 Counselling desks at each primary healthcare centres (PHCs) with a psychosocial counsellor with community outreach | 10 counselling desks | \$25,000 | |
| 6.3.1. Tele-mental health services either directly to the population or to support primary care teams | 4 facilities | \$5,000 | |
| 6.4.1. Scale up mhGAP training and supervision in additional health facilities | 100 people | \$40,000 | |
| Cluster Objective 7: Facilitating Rapid Access to Essential Assistive Technology in Emergencies | | | |
| Indicator | In Need | Reached to date | Target |
| 7.1 Number of municipalities with estimated need for assistive technology | 100,000 people/three municipalities | NA | 100,000 people/three municipalities |

| | | | |
|---|---|------------------------|--|
| 7.2 Number of municipalities with prepositioned assistive technology/devices with technical human resources | 100,000 people/three municipalities | NA | 100,000 people/three municipalities |
| 7.3 Number of municipalities with identified storage area, focal person, guidelines, and monitoring framework for assistive technology/devices | 100,000 people/three municipalities | NA | 100,000 people/three municipalities |
| Activities | Target | Costs (USD) | |
| 7.1.1 Support estimation of Assistive Technology need using WHO format | 100,000 people/three municipalities | \$2,000 | |
| 7.2 Essential assistive devices, go-bag with disability-specific medicines, spectacles, and/ hearing aid/battery, and/catheter kits and/communication board - for procurement & placement | 1) 11,400 assistive devices/100,000 people in three municipalities based on WHO AT10 list. 2) Go-bag for 1,000 persons with disabilities in three municipalities | \$18,000 | |
| Cluster Objective 8: Persons with disabilities and other rehabilitation needs have equitable access with reasonable accommodation in response and recovery interventions in municipalities and in district/hub hospitals | | | |
| Indicator | In Need | Reached to date | Target |
| 8.1 Trained vulnerable focal points with clear job description, place of work and reporting mechanism are in place in three municipalities/hub hospitals | 1,000 persons with disabilities in three municipalities | NA | 700 people with disabilities in three municipalities |
| 8.2 Database of persons with disabilities at the municipal level developed and integrated within the existing monitoring and information systems | 1,000 persons with disabilities in three municipalities | NA | Real-time, electronic database of PWD with disability support |
| 8.3 At least one accessible toilet available at the municipal level | 11,200 people with disabilities and other rehabilitation or accessibility needs | NA | 1 accessible toilet at the municipal level health facility or IDP camp |
| 8.4 Comprehensive disability inclusive DRR & Response plan for Municipality is available | 1,000 persons with disabilities in three municipalities | NA | Comprehensive disability inclusive DRR & Response plan for Municipality is operational in three municipalities |

| 8.5 NDRRMA, MoHA, MoHP, MoWCSC, MoFAGA, NEOC, HEOC, PEOC, PHEOC, DEOC officials are sensitized on disability inclusion & rehabilitation | 100 officials | NA | 3 trainings |
|---|---|-------------|-------------|
| Activities | Target | Costs (USD) | |
| 8.1.1 Placement of “vulnerable group liaison officer” in identified municipalities/help desk, district, and provincial hospitals to facilitate access to information and services | Five vulnerable group liaison officers | \$15,000 | |
| 8.2.1 Disaggregated data of persons with disabilities and their needs for self-advocacy and development of a plan of action at the municipal level including linking them to health facilities, community-based organizations for education, livelihood, social protection etc. | Three municipalities, one district and one provincial hospitals | \$5,000 | |
| 8.3.1 Establishment of accessible toilets in temporary health facilities, and support installing accessible toilet based on WHO proof-of-concept WASH facilities | 1 accessible toilet | \$20,000 | |
| 8.4.1 Support Local Disaster Management Committee, support development of a comprehensive plan for injury, rehab and disability inclusion that can be integrated into municipal/ward level DRR & Response Plan | 33 sensitization meeting for 30 wards & three municipalities Three <i>palika</i> level workshops with the Local Disaster Management Committee to develop Comprehensive disability inclusive DRR & Response plan. Training of key stakeholders in three municipalities. Testing of the plan (community-level drill) | \$25,000 | |
| 8.5.1 Strengthen disability inclusion and rehabilitation focal points in MoHP & MoWCSC, and support orientation of HEOC/PHEOC/ DEOC in injury, rehabilitation, and disability inclusion in emergencies | 3 trainings | \$15,000 | |

Nutrition

Cluster Objective 1: Strengthen the quality and scale of preventative nutrition services for most vulnerable groups through supplementary feeding, appropriate infant and young child feeding practices, micronutrient supplementation and optimal maternal nutrition

| Indicator | In Need | Reached to date | Target |
|---|---------|-----------------|--------|
| 1.1 Number of caretakers and mother receive IYCF counselling | 19,000 | NA | 11,200 |
| 1.2 Number of children aged 6-59 months who receive multiple micro-nutrient powder for home fortification of nutritious food | 32,000 | 2,442 | 25,600 |
| 1.3 Number of children aged 6-59 months who are supplemented Vitamin A capsules | 32,000 | 2,020 | 25,600 |
| 1.4 Number of pregnant and postnatal women who receive Iron and Folic Acid tablets as per rules | 6,000 | 1,200 | 4800 |
| 1.5 Number of adolescent girls receive weekly IFA (Iron Folic Acid) tablets | 37,000 | NA | 29,600 |
| 1.6 Number of caretakers and mother receive IYCF counselling | 6,000 | 2,301 | 4800 |
| Activities | Target | Cost (US\$) | |
| 1.1.1 Distribution of Iron and Folic Acid tablets to pregnant and breastfeeding mothers | 4,800 | \$20,736 | |
| 2.1.3 Distribution of Vitamin A, MNP and De-worming for the children aged 6-59 months | 25,600 | \$126,000 | |
| 3.1.3 IYCF counselling to mothers and caretakers of children under 2 years of age | 4,800 | \$86,000 | |
| 4.1.4 Airing of the messages on nutrition through Radio and FMs ³⁷ | 42 | \$6,000 | |
| 5.1.5 Distribution of weekly folic acid tablets for adolescent girls | 29,600 | \$22,400 | |
| 6.1.6 Cash for nutrition for children with chronic malnutrition, 35 per cent (stunting rate) of affected children ³⁸ | 8,960 | \$2,451,456 | |
| 1.7. Blanket Supplementary Feeding Programme (BSFP) for the children 6-23 months, pregnant and breastfeeding mothers | 11,200 | \$800,000 | |

³⁷ One session per week for 12 months

³⁸ NPR (Nepali Rupees) 2500/month/mother. Source: Fill the Nutrient Gap Nepal, World Food Program 2021

| Cluster Objective 2: Improve access to quality curative nutrition services through the most appropriate modalities, systematic identification, referral, and treatment of acutely malnourished cases in collaboration with the health sector to enhance sustainability | | | |
|---|---|------------------------|---------------|
| Indicator | In Need | Reached to date | Target |
| 2.1 Number of children aged 6-59 months screened | 32,000 | 4,840 | 25,600 |
| 2.2 Number of children with severe acute malnutrition (SAM) have access to treatment services (coverage) • >50 per cent in rural areas • >70 per cent in urban areas | 1,280 | 13 | 1,024 |
| 2.3 Proportion of discharges from therapeutic care who died, recovered, or defaulted. • Died: <10 per cent • Recovered: >75 per cent • Defaulted: <15 per cent | 1,280 | NA | 1,024 |
| Activities | Target | Cost (US\$) | |
| 2.2.1 Screening of 6-59 months children for the identification of SAM and MAM | 25,600 | | |
| 2.2.2 Treatment of SAM by admitting in the OTCs (Outpatient Therapeutic Centres) | 1,024 | \$186,624 | |
| 2.2.3 Regular follow-up of the SAM cases | 1,024 | | |
| 2.2.4 Management of MAM ³⁹ | 2,662 | NA | |
| 2.2.5 Establish a stock of Ready to Use Therapeutic Food to provide timely nutrition interventions in the event of a natural disaster. | 2,800 | \$319,500 | |
| 2.2.6 Strengthening, coordination, monitoring and capacity of primary health workers and community volunteers to prevent, detect, and provide effective nutrition interventions | 280 Health workers, 400 FCHVs; 10 persons from federal, province and local levels; 2 SMART surveys | \$67,320 | |

³⁹ Cost included in line 1.7.

Protection

Cluster Objective 1: Child protection systems are functional and strengthened to prevent and respond to violence, exploitation, abuse, neglect, and harmful practices

| Indicator | In Need | Reached to date | Target |
|--|---------|-----------------|---------|
| 1.1 Number of vulnerable children affected by earthquake situation supported with emergency assistance (legal aid, temporary shelters, medical support, care arrangements, cash support, material support etc) | 30,000 | 1,057 | 15,000 |
| 1.2 Number of children reached with child friendly spaces (CFS) | 5,000 | 781 | 2,500 |
| 1.3 Number of people reached with protection information through different mediums | 250,000 | 50,000 | 150,000 |
| Activities | Target | Cost (US\$) | |
| 1.1.1 Provision of child protection services and emergency assistance | 15,000 | \$ 720,000 | |
| 2.1.2 Establishment of child friendly spaces (CFS) | 50 CFS | \$131,600 | |
| 3.1.3 Protection messages disseminated through different platforms | 150,000 | \$ 100,000 | |
| 3.1.4 Capacity building of child protection service providers and stakeholders | 250 | \$150,000 | |

Cluster Objective 2: Women and girls at risk and survivors of gender-based violence (GBV) have access to age-appropriate quality and multi-sectoral GBV services

| Indicator | In Need | Reached to date | Target |
|---|---------|-----------------|--------|
| 2.1 Number of GBV survivors (male, female, non-binary, PwDs) provided with different GBV response services including referral to other services (health, legal, psychosocial) | 3,000 | 4 | 2,240 |
| 2.2 Number of women and girls received essential lifesaving supplies (dignity kits, <i>kishori</i> kits, winter kits) and other emergency assistance | 75,000 | 12,000 | 50,000 |
| 2.3 Number of women and girls utilizing and accessing the established women friendly services as per the set standards | 20,000 | 33 | 18,000 |
| 2.4 Number of people reached through awareness raising and sensitization on GBV | 100,000 | 12,000 | 50,000 |

| Activities | Target | Cost (US\$) | |
|--|----------------------------|-----------------|--------|
| 1.1.1 Strengthening the existing multi-sectoral GBV response services/facilities (OCMC, Safe house, counselling) | 8 facilities ⁴⁰ | \$ 300,000 | |
| 2.2.2 Distribution of relief supplies including Dignity kits, <i>kishori</i> kits, warm clothes for women and girls and other emergency assistance | 50,000 | \$ 500,000 | |
| 2.3.2 Establishment of Women Friendly Spaces (WFS) in earthquake-affected areas | 6 WFS | \$98,000 | |
| 3.2.4 Awareness raising on GBV prevention and harmful social norms and response in the affected areas | 50,000 | \$ 50,000 | |
| 4.2.4 Capacity development of duty bearers and stakeholders on GBV including strengthening cluster mechanism | 300 | \$ 100,000 | |
| Cluster Objective 3: Psychosocial needs of affected and vulnerable population identified, and response provided through coordinated community based psychosocial services including referral for specialized services | | | |
| Indicators | In need | Reached to date | Target |
| 3.1 Number of people (male, female, children, people with disabilities (PwDs)) supported through individual/group psychosocial counselling | 7,000 | 684 | 4,000 |
| 3.2 Number of people (male, female, children, PwDs) reached through community sensitization | 140,000 | 3,561 | 40,000 |
| Activities | Target | Cost (US\$) | |
| 1.3.1 Provision of individual/group psychosocial counselling support and emergency assistance | 4,000 people | \$ 300,000 | |
| 2.3.2 Community orientation activities on psychosocial well-being and available services | 40,000 people | \$360,000 | |
| 3.3.3 Capacity development of psychosocial counsellors and community based psychosocial workers | 250 | \$150,000 | |

⁴⁰ Two OCMC, four Safe houses and two Women, children and senior citizen service center

Shelter

Cluster Objective 1: Meet any unmet emergency and winterization shelter assistance during the winter season

| Indicator | In Need # People / # households | Reached to date # People / # households | Target # People / # households |
|---|---------------------------------------|---|--------------------------------------|
| 1.1 Number of affected households that have received emergency shelter assistance | 250,000 /62,000 | 80,000 /20,000 | 25,000/5,000 |
| 1.2 Number of affected households that have received winterisation shelter assistance | 250,000/62,000 | 225,000/58,000 ⁴¹ | 20,000/4,000 |
| Activities | Target (#households) | Cost (US\$) | |
| 1.1.1 Provision of emergency shelter items | 3,000 | \$150,000 | |
| 1.1.2 Provision of essential household items / NFI's | 3,000 | \$200,000 | |
| 1.2.1 Provision of winterization sheltering items | 1,000 | \$1,500,000 | |
| 1.2.2 Provision of winter essential household items / NFI's | 8,000 | \$250,000 | |

Cluster Objective 2: To provide access to the households rebuilding to a range of various shelter assistance packages and socio-technical assistance

| Indicator | In Need # People / # households | Reached to date # People / # households | Target # households |
|--|---------------------------------------|---|------------------------|
| 2.1 Number of affected households that have received temporary shelter assistance. ⁴² | 250,000/62,000 | 225,000/59,000 ⁴³ | 3,000 |
| 2.2 Number of masons/carpenters that have received earthquake resistant building training to support them/communities repair / rebuild their homes safely. | 4,800 people/200 events | NA | 50 events |
| 2.3 Number of affected households that have provided earthquake safer shelter construction techniques messages, information of BBB through IECs and other materials. | 62,000 households | NA | 15,000 |

⁴¹ Government and agencies have planned to support through cash modality.

⁴² Support to self-recovery through cash grants Government + in-kind and cash grants from humanitarian partners.

⁴³ Government and agencies have planned to support by CASH assistance modalities.

| | | | |
|--|---|--------------------|-------------------------|
| 2.4 Number of Training of Trainers to Engineers /Sub- Engineers about earthquake resistant building construction technology | 360 people/20 events | NA | 240 people/10 events |
| 2.5 Number of PASSA trainings provided in local <i>Palikas</i> to raise safe shelter awareness | 5,000 People/150 events | NA | 1,000 peoples/30 events |
| 2.6 Number of affected households that have received direct support to repair / rebuild their homes safely. ⁴⁴ | 50,000 households | NA | 200,000 people |
| Activities | Target # HOUSEHOLDS's | Cost (US\$) | |
| 2.1.1 Provide CASH support and/or in/kind material for temporary shelter assistance to the affected households | 2,000 households | \$746,000 | |
| 2.2.1 Enhance technical capacity of local mason and carpenters for earthquake resistant construction | 100 events for 2,500-3,000 people | \$800,000 | |
| 2.4.1 Provide Training of Trainers (ToT) on earthquake resistant construction techniques to engineers/sub-engineers working at local municipalities, districts, and province | 15 events for 240 engineers | \$200,000 | |
| 2.6.1 Provide cash support and/or in/kind material for recovery shelter assistance ⁴⁵ to the most affected and at risks households | 5,000 households | \$19,000,000 | |
| 2.6.2 Provide socio-technical assistance (IEC materials, awareness campaign, orientations) appropriate to the assistance provided ⁴⁶ to the affected households | * Assumed 2-3 per cent of total construction cost | \$500,000 | |
| 2.7.1 Provide coordination services and enhance coordination capacity at the national and provincial level (meetings and trainings) to federal, provincial, and local government, shelter cluster member organizations | Lump Sum | \$200,000 | |

⁴⁴ Government has not yet decided on recovery or reconstruction, assumed 80-90 per cent of total damaged may needs reconstruction.

⁴⁵ Detailed damage assessment is yet to be completed by Government. This plan is focused for the most at-risk families to start the process of recovery (assuming remaining 35,000 households are supported by overnment).

⁴⁶ To support recovery and reconstruction, yet to be decided by Federal/Provincial government.

Water, Sanitation and Hygiene (WASH)

Cluster Objective 1: To support effective leadership and coordination for WASH response, recovery, and reconstruction

| Indicator | In Need | Reached to date | Target |
|--|---|--|---|
| 1.1 Functioning sector or cluster coordination mechanism for water, sanitation, and hygiene | Technical assistance in all three tiers of Government for well-coordinated response | Federal, provincial, and local level coordination in place | Continued support to all three tiers of Government for at least 12 months |
| Activities | Target | Cost (US\$) | |
| 1.1.1 Assistance to federal, provincial, and local level for coordinated WASH response and recovery works. | 12 months | \$25,000 | |
| 1.1.2 Capacity building and support for preparedness to local and provincial government. | 12 months | \$100,000 | |

Cluster Objective 2: Provide safe water to all affected families, communities, and institutions

| Indicator | In Need | Reached to date | Target |
|--|-----------------------|-----------------|-----------------------------|
| 2.1 Number people accessing sufficient quantity and quality of water for drinking and domestic needs | 250,000 | 24,135 | 250,000 people for 3 months |
| 2.2 Number of people accessing safe water through a durable solution | 125,000 | 2,000 | 120,000 |
| Activities | Target | Cost (US\$) | |
| 2.1.1 Provide safe water supplies related to drinking water (storage and purification) | 250,000 | \$1,000,000 | |
| 2.2.1 Repair and maintenance of damaged water supply schemes | 50 schemes | \$400,000 | |
| 2.2.2 Reconstruction of water supply schemes | 50 schemes | \$1,500,000 | |
| 2.2.3 Repair and reconstruction water supply facilities in Institutions | 25 healthcare centers | \$250,000 | |

Cluster Objective 3. Provide safe sanitation to all affected families/ communities/ institutions

| Indicator | In Need | Reached to date | Target |
|---|--------------------------|-----------------|---------|
| 3.1 Number people accessing appropriate sanitation services | 175,000 | 1,500 | 173,500 |
| Activities | Target | Cost (US\$) | |
| 3.1.1. Repair/reinstate partially damaged toilets including handwashing stations | 15,000 households | \$900,000 | |
| 3.2.1 Reconstruct fully damaged toilets including handwashing stations | 1,000 toilets | \$1,00,000 | |
| 3.3.1 Repair and reconstruct sanitation and hygiene facilities in healthcare facilities | 25 healthcare facilities | \$250,000 | |
| Cluster Objective 4: Provide hygiene education and needed supplies for hygiene promotion and practices for prevention of outbreaks | | | |
| Indicator | In Need | Reached to date | Target |
| 4.1 Number of people that participated in hygiene promotion sessions | 250,000 | 40,000 | 250,000 |
| 4.2 Number of people reached with critical WASH supplies. | 250,000 | 100,000 | 150,000 |
| Activities | Target | Cost (US\$) | |
| 4.1.1 Conduct hygiene promotion sessions in earthquake affected areas | 250,000 | \$500,000 | |
| 4.2.1 Provision of critical WASH supplies including soap to affected communities | 150,000 | \$1,250,000 | |

Multipurpose Cash Assistance

Cluster Objective 1: Multi-purpose Cash (MPC) to cover basic needs of households

| Indicator | In Need | Reached to date | Target |
|--|---------|-----------------|--------|
| 1.1 Number of affected households receiving MPC assistance | 62,000 | N/A | 62,000 |
| Activities | Target | Cost (US\$) | |
| 1.1.1 Distribution of MPC to meet the immediate needs of affected households for a month | 62,000 | \$7,006,000 | |
| 2.1.1 Technical service and transfer service | 62,000 | \$500,000 | |

Annex 2: Resources for Risk Reduction to Future Natural Hazards

- Landslide hazard information: the Bipad Portal is the Government of Nepal's integrated disaster information management system, run by the NDRRMA. Landslide hazard information is available through this [portal](#).
- The likelihood of future rainfall-triggered landslides from Durham University and the Sajag-Nepal project. This is represented as a number between 0 and 1, where larger numbers indicate that future landslides are more likely. This likelihood can also be accessed as an average value over ward, municipality, or district; again, larger numbers indicate that future landslides are more likely in those areas. More information is available at [Kincey et al. \(2023\)](#),
- The likelihood of future earthquake- or rainfall-triggered landslides from the METEOR project. Specific information on the different maps is available through the following [link](#).
- Earthquake risk information: the Bipad Portal also hosts information on relative earthquake risk by [district](#). Relative earthquake risk combines information on the likelihood of fatalities in a range of possible future earthquakes with measures of remoteness and HDI. Larger numbers indicate higher risk in those areas. More information is available at [Robinson et al. \(2018\)](#),
- Simple rules for minimising exposure to landslides: researchers at Durham University and NSET have developed a set of 'simple rules' to minimise exposure to landslides in Nepal, if no other information on landslide hazard is available. These guidelines are intended to support householder and community decision-making in choosing locations (or re-location) for houses or key infrastructure and minimising potential future landslide impacts. They are not intended to replace geological information or site-specific hazard assessment. The guidelines are available [here](#). More information is available at [Milledge et al. \(2019\)](#).
- Researchers on the Sajag-Nepal project have developed a set of key messages for reducing the risks of monsoon-related hazards in Nepal. These are not specific to the area affected by the Jajarkot earthquake but may be useful in guiding recovery and preparing for the 2024 monsoon. The key messages are available [here](#).

JOINT RECOVERY ACTION PLAN

WESTERN NEPAL EARTHQUAKE

NEPAL