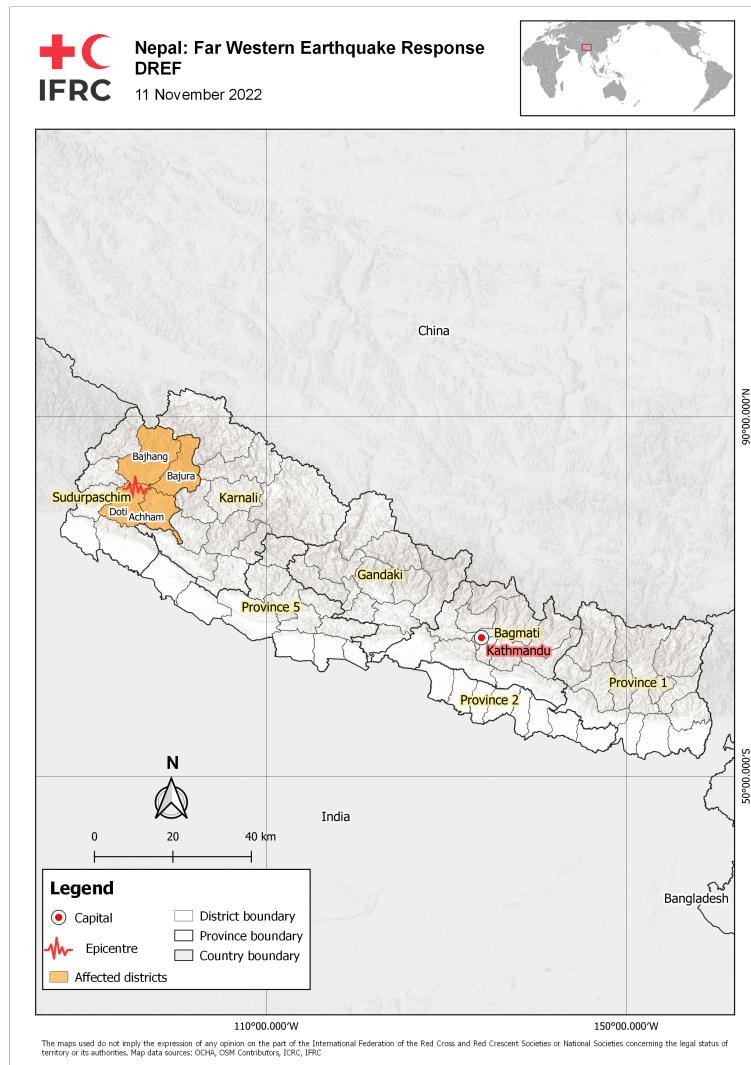




NRCS teams conducting field assessments (Photo: NRCS)

Appeal: MDRNP013	DREF Allocated: CHF 499,479	Crisis Category: Yellow	Hazard: Earthquake
Glide Number: EQ-2022-000358-NPL	People Affected: 30,000 people	People Targeted: 11,000 people	
Event Onset: Sudden	Operation Start Date: 2022-11-17	Operation End Date: 2023-05-31	Operation Timeframe: 6 months
	Targeted Areas:	Sudurpashchim	

Description of the Event



Map of areas affected by the earthquake

What happened, where and when?

On the early morning of 9 November 2022, an earthquake of 6.6 magnitude struck Doti district in the far western part of Nepal. According to reports, the epicentre was in Khaptad Chhanna Rural Municipality of Doti District. The shock was felt strongly in the adjoining district, as well as in some parts of India. Furthermore, many aftershocks were felt in the affected areas. According to data from the Government of Nepal, six people were killed and eight were injured. In the evening of 12 November, another strong earthquake was felt in Bajhang district. As of 14 November, affected people are living in the open and are in urgent need of emergency shelter, as well as improved access to water, sanitation, and hygiene (WASH); psychosocial support (PSS), and protection services.



NRCS providing cooked meals (Photo: NRCS) Installation of emergency shelters (Photo: NRCS)

Scope and Scale

Given the remoteness of the earthquake-affected districts and settlements, overall understanding of the extent of the damage is only happening gradually; there are still some data discrepancies between various actors, including Red Cross Red Crescent. This is being addressed through close coordination with authorities at all levels. At the time of DREF issuance, the various Nepal Red Cross Society (NRCS) teams in the field report a total of 6,110 households (approximately 30,000 people) affected in Doti, Achham, Bajura and Bajhang districts, with 924 houses completely destroyed and additional estimated 5,186 houses partially damaged.

Government authorities are reporting fewer numbers at this point, but there is a recognition that not all data has been compiled yet, which is also related to the current focus of the authorities to focus on organizing national-level elections scheduled for 20 November 2022. According to volunteers on the ground, the majority of impacted households live in open areas due to the damage to their homes and the fear of aftershocks. With the approaching winter season, the NRCS is increasing its distribution of non-food items/household items while also planning for some transitional shelter solutions for the most vulnerable households.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population groups?	No
Did the National Society respond?	No
Did the National Society request funding from DREF for that event(s)?	No
If yes, please specify which operations	MDRXXX Year, MDRXXX Year.

Specify how the lessons learnt from these previous operations are being used to mitigate similar challenges in the current operation

The reviews and lessons learned events of the country's previous three DREF operations have highlighted that the main successes of operations include (1) increased use of cash and voucher assistance (CVA) across sectors, (2) distribution of specific relief items rather than kits, and (3) coordination with municipalities in line with

the country's Federal system. At the same time, three main challenges faced include (1) delay in NRCS staff recruitment, (2) delay in reporting and timely tracking of people reached, and (3) an insufficient use of community engagement and accountability (CEA) approaches and tools, particularly in ensuring feedback mechanisms are available for affected communities.

The proposed plan considers the above by adopting mostly CVA modality, focusing on three shelter items most appreciated by community members (tarpaulins, blankets and mattresses) and dignity kits, which are also appreciated as per previous post distribution monitoring (PDM) reports. Learning from the past, all NRCS technical positions will now be based in the field, rather than at headquarters (HQ). This approach is expected to enhance data tracking and reporting, as well as ensure good CEA. The operation will also request a surge personnel with strong Cash and CEA expertise, to be based in the field. IFRC Country Delegation also has a CEA Officer who will be mobilized to support the operation.

Current National Society Actions

National Society Readiness	The Emergency Response Plan (multi-hazards) was followed. The NRCS Emergency Operation Centre (EOC) has also been activated and regularly collecting information through regular coordination with district chapters. NRCS is also attending in different meetings with Government and shelter cluster. NRCS volunteers and staff have also been mobilized for prompt response. NRCS manages a network of national and regional warehouses across the country with prepositioned relief items that have been dispatched to the affected areas. Every district chapter in the country maintains adequate stock for 50 families.
Assessment	NRCS district chapters are assisting the local authorities to conduct initial rapid assessment (IRA). The IRA has been compiled and a team has been mobilized for detailed assessment.
Coordination	NRCS is coordinating with national emergency operating centre (NEOC), local government, District Disaster Management Committee (DDMC), national clusters, International Federation of Red Cross and Red Crescent Societies (IFRC) and its in-country members for immediate response and further assistance.
National Society EOC	EOC activated at National headquarters
Shelter, Housing And Settlements	NRCS distributed 282 tarpaulins, 190 mattresses, 16 utensil sets in the affected area. More items are being dispatched from prepositioned stocks.
Health	First Aid service provided to the injured people in the affected areas
Water, Sanitation And Hygiene	NRCS distributed 10 squatting plates for temporary toilet construction in the affected areas
Protection, Gender And Inclusion	NRCS distributed dignity kits and solar lamps from prepositioned stocks as well as in coordination with UNFPA

Movement Partners Actions Related To The Current Event

IFRC	The IFRC Country Delegation has been supporting NRCS to launch the DREF operation and coordinate required support with IFRC members, including formulating the overall response strategy and preparing for the DREF application. IFRC reallocated 6,000 EUR from an ongoing Emergency WASH Project funded by the Austrian Red Cross to support initial WASH relief activities. Additionally, IFRC Country Delegation supported NRCS to produce situation reports and finalize two situation reports in the GO Platform to date.
ICRC	
Participating National Societies	The IFRC/American Red Cross team in Nepal have been supporting a disaster risk reduction (DRR) initiative in the area for three years and is actively contributing to initial efforts. This might include a reallocation of funds to the operation. Furthermore, the IFRC/British Red Cross and IFRC/Danish Red Cross teams in Nepal are on standby to provide more support as required.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The support from government authorities has been limited to search and rescue (mobilizing security forces) as well as initial food distributions in some of the local municipalities. Other types of support are yet to be mobilized due to lack of assessment data, mostly due to the Election Code of Conduct in place, where most of the current focus of authorities at all levels is in election preparedness. However, authorities have been holding coordination meetings at various levels, where NRCS and IFRC have engaged and contributed information on initial data as well as response actions.
UN or other actors	UNICEF, UNDP and UNFPA are present in the area, in coordination with the local units of NRCS. The focus is mostly on assessment while limited commodities have been handed over to NRCS for distribution. The latest UN SitRep dated 14 November quotes the limited numbers from the Government sources, while informal contacts with UN suggest that damages go beyond such numbers. On 11 November, Lutheran World Federation (BHA/USAID partner) dispatched tarpaulins to 100 most vulnerable households for Sayal and Purbichauki palikas. Earlier on 9 November, WFP facilitated the dispatch of non-food items (family tent-40, tarpaulin-150, and blanket-100) from the Humanitarian Staging Area in Dhangadhi.

Are there major coordination mechanisms in place?

The coordination with the Shelter cluster is activated. As per the cluster system in place in the country, it is chaired by the Department of Urban Development and Building Construction (DUDBC) under the Ministry of Urban Development (MoUD) while IFRC is co-chair in coordination with NRCS. NRCS organized a virtual meeting on 14 November 2022 to build common understanding on the shelter strategy and to avoid activity duplication among different shelter actors. The meeting was chaired by the DUDBC with support from NRCS/IFRC. IFRC Country Delegation also liaised with the UN Resident Coordinator office and two situation reports were shared with the wider humanitarian community in the country. In addition, NRCS together with the IFRC is coordinating with the various line agencies of the Ministry of Home Affairs including the NEOC and National Disaster Risk Reduction and Management Authority (NDRRMA). Also, NRCS is coordinating with the Government Agencies at provincial and local levels to provide relief support in the affected areas.

Needs (Gaps) Identified



Shelter Cluster Coordination

Coordination with Shelter Cluster member agencies is one of the NRCS and IFRC's regular activities at the country level, as part of the wider Humanitarian Country Team (HCT) and under the leadership of the Ministry of Urban Development (MoUD). Initial activation began on 14 November, and coordination will be maintained throughout the operation, particularly in relation to transitional sheltering. At the provincial level, the shelter cluster coordination structure in Sudurpaschim Province, which includes the three affected districts, will be activated as needed to better identify gaps and needs and share available technical expertise.



Multi purpose cash grants

The families which house collapsed lost most of their commodities, which might include food stocks, hygiene products, clothes (including warm clothes) and other daily household items. While their shelter needs can be best supported in the short run with non-food items, there are in need of cash grants to purchase most relevant items in existing and functional local shops.



Shelter Housing And Settlements

According to NRCS data, the earthquake has damaged 924 houses fully and 5,186 houses partially in four districts. Due to the impact on their houses and regular aftershocks, the affected families are living outside their homes. Winter has arrived, and the low temperature in these hilly regions have added to the difficulties/ challenges faced by the displaced families. Considering the situation, there is an urgent need of tarpaulins, blankets and mattresses. In addition, household items and warm clothes are also needed for the affected families, especially those who live outside the home. There is a need of transitional shelter for the families whose houses are fully destroyed. The transitional shelter will enhance the safety, dignity and protection of life. Similarly, the safe shelter construction awareness and message dissemination to the people is necessary.

The transitional shelter is most required to provide safety for the most vulnerable categories of family members, children, pregnant and lactating women, people with disability, elderly people and people with chronic illnesses. On the basis of the assessment data, 22 per cent of total needs among fully damaged houses should be prioritized. Out of all the partially affected population around 38 per cent of households need to be supported with tarpaulins and blankets.



Health

The affected districts are already vulnerable with low immunization coverage, maternal and child health indicators and a high prevalence of malnutrition cases among children under the age of five. The total immunization coverage of Doti, Acham, Bajhang and Bajura is 87, 90, 89 and 76 percent respectively (DoHS Annual Report 2077/2078). Although no reports of damaged or destroyed health facility have been received at this time, it is assumed that the earthquake will increase health risks in affected communities.

At any given time, 4 per cent of affected population is expected to be pregnant. Based on this analysis, approximately 155 females are pregnant among the affected population and need immediate access to health care

services. Likewise, the current situation in the affected area may lead to situational and prolonged effect on the affected population's mental health and psychosocial aspects. The displaced population immediately need psychosocial support, which is frequently undermined during response.

Similarly, staying in close settings with limited WASH facilities post disaster fosters communicable diseases, the majority of which are water-borne. Also, aftershocks from the earthquake may cause further injury, and referral may be required in any case. The health needs of displaced families are the same regardless of whether the house is partially or fully damaged; the gap in access to health services for people with chronic diseases condition, children under the age of five, pregnant and lactating mothers is the same for all type of households.

At a time when communities are dealing with a variety of issues, it is essential to ensure that they continue to prioritize their health (including mental health), which necessitates the need for health promotion activities addressing a wide range of health risks, including raising awareness to continue regular basic health services, such as child immunization, antenatal care (ANC) visits, institutional delivery and referral service is required for immediate operation. Winter needs to be considered in the operation as many childhood illnesses, like seasonal flu and pneumonia, are more prevalent during winters. As a result, people suffering from hypertension, heart disease, and other similar non-communicable diseases will require additional health care during the season. NRCS community volunteers are needed for community-based surveillance (CBS) of diseases to monitor and promptly report any possible outbreak and track possible diseases like seasonal flu.



Water, Sanitation And Hygiene

WASH is one of the key areas that is usually impacted by disasters. While there is currently very little assessment data on WASH specific damage available, in such disaster situations, WASH facilities and services are likely to have been damaged or became dysfunctional, directly impacting the health of household members, in particular those most vulnerable to unhygienic practices and water-borne diseases. Although the country has made great progress in recent years in terms of access to water and sanitation, remote areas such as those impacted by this disaster continue to lag behind. In this case, the earthquake has severely compromised WASH infrastructure and services for affected families in Doti, Achham and Bajhang districts.

According to the initial report, 924 houses in Doti, Achham, Bajhang and Bajura were fully damaged with a large number of partial damages. It is also reported that all displaced families are living in temporarily shelter with limited access to safe water, user friendly sanitation and hygiene (including menstrual hygiene), which could lead to an increase in other health-related risks if not addressed timely. To address the minimum WASH needs in emergencies, it is necessary to support the construction/installation of safe water supply facilities, user friendly latrines with hand washing facilities, and menstrual hygiene management facilities, as well as conducting hygiene promotion activities throughout the affected catchment.



Protection, Gender And Inclusion

People displaced from their residences are compelled to remain in open spaces. In general, the disaster amplifies the vulnerability of vulnerable groups staying in the community. In such public areas, as people will be bound to stay in close proximity, there is an immediate need of creating gender-friendly spaces, as well as child-friendly spaces, providing PSS and awareness-raising messages on Sexual and gender-based violence (SGBV) prevention and promoting referral pathways among the population, in particular children and women. Similarly, as a large number of households have been displaced and affected, special care and attention towards children, vulnerable women (pregnant and lactating), people with disability and those with chronic illness as well as the elderly is required by looking at their vulnerability.

As per the recent data, more than half of the affected population is made up of women and adolescent girls, who are staying in open spaces in tents. This shows that there is an immediate need to ensure the menstrual

hygiene and dignity of women and children through the distribution of dignity kits. Similarly, the affected districts are in the western part of Nepal, which is highly in risk of menstruation stigmas, i.e., people still follow the practice of chaupadi (women and girls are kept in unsafe separate shelters during menstruation). There is an immediate need to better understand the situation and collaborate with community members to identify local inclusive shelter/WASH solutions, including the creation of gender-friendly spaces. To that end, all NRCS staff and volunteers involved in the operation should benefit from a Protection, Gender and Inclusion (PGI) refresher course/orientation and sign the code of conduct as per NRCS policy.



Community Engagement And Accountability

When engaging with communities, it is critical to ensure that information is not only broadcast in the communities, but that response teams also set aside time to listen to the needs and interests of affected communities, especially those who are most marginalized and least likely to have a public voice. A process must be in place to ensure that information from communities is not only listened to, but also acted on, by providing various mechanisms to listen to and respond to those voices. During a disaster, it focuses on a participatory response mechanism, supporting the community in recognizing needs, identifying recipients, and planning implementation. Regular consultations will be held with stakeholders and the community to discuss their needs, the beneficiary selection process, and the distribution of relief materials. Key messages and beneficiary selection criteria will be developed and widely shared in the community based on the consultation.

Operational Strategy

Overall objective of the operation

The operation objective is to address the immediate needs of an estimated 36 per cent of the total affected families by earthquake. The needs of targeted families in earthquake affected districts: Doti, Achham and Bajhang are to be addressed through relief and transitional shelter support as well as health, WASH, protection and CVA support for an initial period of six months.

Operation strategy rationale

OVERALL APPROACH

1. All actions under this response operation will focus on the earthquake-affected areas of Doti, Bajhang and Achham districts.
2. Overall, 2,200 households are targeted, with two distinct packages based on the severity of the damage in their house (totally destroyed vs. partially destroyed - see more details below).
3. Since affected communities are located in rural hilly areas, the settlements are mostly spread-out, causing specific challenges in terms of access and remoteness. There will small camp settings as well as individual houses based on local needs.
4. Two packages of support provided:
 - (i) NRCS will target 200 fully destroyed households with multipurpose cash, emergency shelter and transitional shelter including WASH facilities. As winter is approaching in Nepal, the living conditions of people currently staying outside their houses will worsen. Most of the affected houses are stone masonry with mud mortar model, which is not easy to repair or retrofit. There is a need for reconstruction which the authorities will address, however this is likely to take time. This is why transitional shelter is needed to fulfil the gap for the most vulnerable families whose

houses have been fully destroyed.

(ii) Aside from this, NRCS will provide emergency shelter, health and hygiene promotion services to additional 2,000 households whose houses have been partially destroyed.

5. The operational team will closely monitor the evolving situation of the earthquake and adapt the strategy to remain relevant in coming weeks. As there are aftershocks, people are in fear and living outside of their houses even though they are still intact. Likewise, changing weather might bring new needs and require various community engagement and/or health (including WASH) and protection interventions.

6. Optimum mobilization of local capacity and response: NRCS will promote localized action for this response operation. District chapters and sub-chapters are responsible for implementing the activities in the operation, while NRCS HQ will be coordinating the response operation vertically within the organizational structure and horizontally with the IFRC network, national authorities and other partners. The NRCS province office will be involved in coordinating with the provincial level public authority as well as district chapters and NRCS headquarters.

7. Local government will be at forefront and NRCS will extend coordination and collaboration with other organizations working in the affected area for greater impact of the operation avoiding duplication and amplifying the efforts.

8. Considering the upcoming election in Nepal, NRCS will emphasize the importance of following the Red Cross and Red Crescent Code of Conduct and election Code of Conduct strictly.

9. Other considerations: the following factors have been considered while developing the response strategy:

- Difficult geographical topography and remoteness of the area affected by the earthquake.
- Cumulative negative impact to the people in the affected area due to aftershocks.
- The province: including affected districts have low Human Development Index (HDI) and high poverty level. They employ financially negative coping mechanisms.
- There is malpractice of making female population live outside of their house during their menstruation period (Chhapuadi).
- High trend of labour migrants especially male population from the community in the neighbouring countries.
- Limited livelihood options: most people in the area depend on agriculture for their livelihood.
- Limited development infrastructure such as roads, education, market in the community. There are limited public transport and most of the roads are seasonal ones creating difficulty in transportation during rainy seasons.
- Approaching winter season in relatively high-altitude settlements

SECTOR-WISE RATIONALE

Shelter, Housing and Settlements: -

The emergency shelter and non-food item (NFI) distribution strategy are planned based on the level of destruction of houses. Each household with fully destroyed house will be provided with two blankets, two tarpaulins and two mattresses. Each household with partially destroyed house will be provided with one blanket and two tarpaulins.

Beyond the emergency shelter support, 200 most vulnerable households among the ones having fully destroyed house will be supported to build a transitional shelter. The transitional shelter support will be provided through CVA. The design of such transitional shelter is being done in coordination with the government, taking into consideration previous practices among the shelter cluster member agencies as well as accessibility/inclusion issues. A one bedroom with kitchen space along with proper lighting facilities in the shelter seems most appropriate to have consistent approach among all the families supported. Optimum utilization of local resources and human capacity to build all the transitional shelters is one of the foremost considerations in the process.

The frame material for shelter will be bamboo or wood material promoting the local materials either salvaged or procured from the local market. Another part is the roofing of shelter planned using CGI sheets with required fixing materials. NRCS will use parts of the proven Participatory Approach for Safe Shelter Awareness (PASSA) to engage with communities and train PASSA teams who will monitor the progress of construction and mobilize community members as required.

In all the process of implementation NRCS district chapter will coordinate with the District Disaster Management Committee, Local government (Municipality/Rural Municipality) and other stakeholders. NRCS will also seek co-funding and collaboration from local authorities and other interested stakeholders for transitional shelter.

Health: -

Health sectoral activities mostly target to limit and prevent possible diseases post-earthquake. As per the Nepal Demographic Health Survey (NDHS) 2016 and Nepal Health Facility Survey (NFHS) report 2021, the affected districts have poor health indicators and limited skilled human resources. Hence, the response approach includes capacity building of the local NRCS volunteers for health promotion as well as prevention and control of diseases. The mobilized ECV volunteers will conduct health promotion activities, ensure the access and coverage of basic healthcare services especially related to maternal and child health (MCH) and disease prevention and control.

Additionally, the volunteers will work closely with the Female Community Health Volunteers (FCHVs) to provide home based health promotional activities, including mental health and psychosocial support (MHPSS). The health actions will primarily target the affected vulnerable population- pregnant mothers and people with underlying health conditions requiring emergency referral, pre-hospital care services in order to enhance the access to health facilities. Trained ECV volunteers will report any unusual health events in the community hence contributing to prevention and mitigation of possible diseases post-earthquake.

WASH: -

Considering the nature of dwelling, damage and intensity tremors, WASH is one of the key components that must be timely addressed in the emergency context. This helps to avoid the unwanted disaster caused by a lack of safe water, user friendly latrines, and hygiene practices. To address the immediate WASH needs of the affected communities, below implementation strategies will be applied:

1. Initial assessment will be carried out to further verify the report received and have direction on supporting the communities with WASH interventions.
2. Local volunteers/staff will be oriented/trained, especially on construction/installation of sanitation including menstrual hygiene management (MHM) and handwashing facilities to ensure quality construction.
3. Standard model latrines including MHM, and hand washing facilities will be prepared considering the local practice and acceptance.
4. Shared/household level sanitation with hand washing and MHM facilities will be constructed/installed to selected fully damaged houses to ensure immediate access to WASH facilities.
5. Separate sanitary facilities with MHM, handwashing, and bathing facilities will be constructed/installed for the menstruating women and girls considering the local context, culture and traditions.
6. Shared and household-level safe water supply system will be constructed/connected considering the local context, source availability, and delivery time.
7. Contextual WASH Information Education Communication (IEC) materials will be designed, printed and disseminated throughout the service communities.
8. Media partnership/mobilization is made at local level to broadcast/disseminate the sensitization message to the wider mass.

PGI: -

The first objective of the PGI sector will be to ensure that Shelter, CVA and WASH interventions are targeting the most vulnerable among affected households, in particular people with disabilities, pregnant/lactating women, infants and elderly. PGI will be considered while conducting assessments, through gathering sex and age disaggregated data (SADD), analysis of who is being reached and who is missing out, and constant reporting on protection issues for children, risks of gender-based violence and sector-specific safety concerns to the EOC by all team members and volunteers.

For the stand-alone approaches, 500 women (compelled to stay in the open space for long) and adolescent girls from fully and partially destroyed houses are targeted for “dignity kit” support. Likewise, selected 150 households with partially destroyed houses will be provided with a cash grant to support them to face winter hardships.

The Gender Equality and Social Inclusion (GESI) department of NRCS will provide technical support to the respective sectoral leads as well as district chapters in ensuring that the minimum standard commitments to PGI in emergency programming (published by IFRC and endorsed by NRCS) are applied throughout planning and implementation of response activities.

All volunteers and staff will receive a pocket card with the Red Cross Hotline number and updated community-based gender-based violence (GBV) assistance information, as well as orientation on child protection reporting lines and practices. NRCS will work closely with the mothers’ group and women’s group to promote community-based initiatives on SGBV and protection. In addition, staff and volunteers will have to sign the anti-harassment and child protection Code of Conduct before their deployment. Additionally, Child and gender friendly spaces will be ensured in camp setting

CEA: -

As per the response strategy, coordination will be done with different sectors for integrating with sectorial activities. A variety of communication channels and methods will be used during the response—face to face communication and available media channels. As per need, the required information will be adapted and developed. The key messages will be shared depending on context such as communication channel, timing, location, likely audience reached etc. Communities (both beneficiaries and non-beneficiaries) will have the opportunity to ask questions, make complaints and appeal for their inclusion in distributions and other activities throughout the process.

Furthermore, the district chapters and sub-chapters will be readily available to hear out and address issues of the community. NRCS will maintain a register at District Chapter and headquarters level to ensure the proper documentation of the feedback and respond. All activities conducted will be carried out with the knowledge of the local government and willingness of the community, ensuring their engagement as per relevant guidelines of the national society to ensure transparency and accountability towards the community, government, partners and stakeholders.

To identify the exact needs of the communities, detail assessment will be done with the participation of community people. Community feedback mechanism are set up by NRCS and will be enhanced through this DREF operation with support and coordination from IFRC. The Humanitarian Values and Communication Department of NRCS is responsible for the outcomes of the PDM feedback/queries/complaints received through the feedback mechanism (kobo feedback collection form, via hotline 1130 and social media access) integrated with PMER-IM.

The CEA approach will help prevent and address misinformation and rumours especially in relation to the distribution of relief items and cash assistance through the development of appropriate feedback systems.

Major Approaches and activities are as given below:

- Community consultation for identifying the information need.
- Set up multi-sectoral feedback mechanism channels including information and feedback booths (Feedback collection, recording, responding and Reporting using Kobo feedback form).
- Support sectors to develop and disseminate key messages in the communities, social media platforms, door-to-door campaigns.
- Door to door visit for software activities.
- Media mobilisation to disseminate sectorial messages (Jingle, radio program, etc). At least one local FM at districts.
- Collect/capture success stories/interventions for evidence-based advocacy and dissemination (capturing, documentation, videography, publication of stories, learning, good practices).
- Community perception survey (in relation to the distribution of relief items, cash assistance, information sharing and feedback collection).

Targeting Strategy

Who will be targeted through this operation?

At the time of planning, NRCS is considering to cover 36 per cent of estimated affected population, which corresponds to its overall capacity in the country as well as the expected support coming from other actors, including municipalities (who have dedicated budget lines and should trigger support after elections are conducted) as well as humanitarian actors who are still planning for their interventions (UN agencies are conducting assessment and the START network is considering to trigger some funding). As for the transitional shelter interventions, the operation considers only 20 per cent of the estimated affected population given the associated costs and budget limitations, where the operation will target those families most at risk of the complications related to the winter season.

Strong targeting criteria will be developed and executed in a participatory way with local public authority.

NRCS will ensure that the relief efforts align with government standards and the actual needs of the affected population. NRCS will also apply gender and diversity sensitive analysis in recipient selection by targeting women-headed households, pregnant and lactating women, single women, people with disabilities, elderly people, children, SGBV survivor and displaced people.

Explain the selection criteria for the targeted population

The selection criteria for targeted population are:

1. Families whose houses are fully and partially damaged by earthquake.
2. Households headed by children below 18 years and elderly above 65 years of age.
3. Households headed by women and single women.
4. Death of an earning member of the family due to earthquake.
5. Households comprising of pregnant and lactating women, people with disability and Chronic illness
6. SGBV survivors and community people from low income/displaced families.
7. Migrant/stateless people who are not able to access other support due to legal or social issues

Total Targeted Population

Women:	4,150	Rural %	Urban %
Girls (under 18):	1,450	%	%
Men:	4,080	People with disabilities (estimated %)	
Boys (under 18):	1,320	%	
Total targeted population:	11,000		

Risk and security considerations

Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
Nepal Election 2022 affect the response operation	Mobilization of staff and volunteers, continue coordination with the Government at all levels.
Market price fluctuation for purchase of construction materials	Cash and voucher assistance implementation and joint work with local government to monitor market condition.

Remoteness for transportation	Coordinate with security forces and private sectors for transporting and mobilize local volunteers or community members.
Difficulty in availability of bank/financial service providers in municipalities	Cash in envelope
Possibility to use the shelter in other purpose by beneficiaries. For example, beneficiaries using newly constructed shelter as a shed and residing in same damaged houses	Proper need assessment of affected families should be done.

Please indicate any security and safety concerns for this operation

The National Society's security framework will be applicable for the duration of the operation to their staff and volunteers. For personnel under IFRC security's responsibility existing IFRC country security plans will be applicable. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe 2.0 e-learning courses.

Enabling safe and secure programme delivery is a priority for IFRC and a standard security framework as well as a country security plan is in place which applies to all IFRC-deployed personnel. The National Society enjoys a good level of community acceptance countrywide, with established networks of community-based volunteers. There is recognition of and respect for the RC emblem and understanding of the activities carried out by the Movement.


Regular contact is maintained with local security networks. IFRC country office also participates in a range of stakeholder meetings in which safety and security matters are considered and discussed, including Humanitarian Country Team (HCT) meetings convened by the UNRC office.


An IFRC country security team is in place and the general safety and security situation in country is constantly monitored. The security officer disseminates Security Advisories, including any necessary temporary restrictions when appropriate. Safety and Security alerts are also sent via SMS messages. All new and visiting international personnel are provided with a security welcome pack and must attend a security briefing within 24 hours of arrival in-country.

Field movement monitoring is in place, with field travel monitored closely through radio contact and phone communications. The security team has local networks in the areas of operation and is ready to put in place security contingency plans if necessary. All teams have access to first aid kits, hard copy road map with alternative routes, contingency supplies of water, food and funds to enable them to be self-sufficient in the event they become stranded.

Finally, it is noted that when military and/or other security actors are present in the same humanitarian space, the guidance in the Principles and Rules for Red Cross and Red Crescent Humanitarian Assistance 2013 Section 6 – Relations with Public Authorities: Civil-Military Coordination and the IFRC Stay Safe – Guide to a Safer Mission will be applied. Operations and programme managers/coordinators will adhere to the IFRC Stay Safe – Guide to Managers in Chapter 5 – Working with the military to ensure principled humanitarian action

Planned Intervention

	Shelter Housing And Settlements	Budget	CHF 218,325
		Targeted Persons	11000
Indicators		Target	
# of households supported by technical orientation and awareness		200	
# of households supported by partial shelter support/NFI		2000	
# of households supported by transitional shelter solution		200	
Priority Actions:		<ol style="list-style-type: none"> 1. Distribution of blankets, tarpaulins and mattresses to affected populations. 2. Construction of transitional shelters through community mobilization (PASSA approach) and cash support (NPR 73,500/CHF 532 per family as per bill of quotes of the planned shelter, currently being finalized in discussion with shelter cluster members). 3. Provision of safe shelter awareness through PASSA group formation, orientation and monitoring activities. 	

	Health	Budget	CHF 29,828
		Targeted Persons	3250
Indicators		Target	
# of people reached with health promotion activities		3000	
# of people referred to health facilities		250	
# of people receiving MHPSS services		1250	
		<ol style="list-style-type: none"> 1. Volunteer mobilization for health promotion activities to ensure continued access and coverage of essential health services and prevention of various health risks. 2. RCEC medical team (HR) deployment in support of promotional activities and basic health services (in case of gaps identified during the operation, including following possible aftershocks). 3. Conduct awareness messaging through various media. 4. Provision of MHPSS services for affected families. 5. Provision of referral services for affected vulnerable population 	

Priority Actions:

- pregnant and lactating women, children under five years of age, people with underlying disease conditions and injured people.
- 6. Provision of first aid services to injured people (in case of after-shocks).
- 7. Set up volunteer-based detection and reporting of possible illnesses/diseases post-earthquake.
- 8. Conduct capacity building of volunteers for mobilization on ECV and MHPSS training/orientation.

**Water, Sanitation And Hygiene****Budget**

CHF 54,490

Targeted Persons

10000

Indicators**Target**

of people provided with safe drinking water services

1500

of sanitary facilities constructed/installed

290

of people reached with hygiene promotion

10000

Priority Actions:

1. Construction/installation of user friendly, gender friendly and accessible latrines with handwashing facilities.
2. Construction/connection of water supply facilities.
3. Construction/installation of sanitary disposal structure.
4. Hygiene promotion/sensitization; media partnership, IEC materials dissemination, door to door visit.
5. Distribution of appropriate water storage containers to households.

**Multi-purpose Cash****Budget**

CHF 24,961

Targeted Persons

1000

Indicators**Target**

of households with fully damaged houses supported with CVA


200

Priority Actions:

1. Provide CVA support for immediate food and winterization to 200 families whose houses were fully damaged (NPR 15,000/CHF 109 as per MEB for one month as agreed among all humanitarian actors).
2. Deployment of cash surge capacity to the field area in support of cash interventions across all sectors.


Budget


CHF 2,246

	Community Engagement And Accountability	Targeted Persons	10000
Indicators		Target	
# of community feedback collected		2000	
# of radio programme/jingle produced and aired through local FM		84	
# of people reached through awareness activities		10000	
Priority Actions:		<ol style="list-style-type: none"> 1. Set up multi-sectoral feedback mechanism channels including information and feedback booths. 2. Support sectors to develop and disseminate key messages in the communities as well as make the best use of social media platforms, door-to-door campaigns, etc. 3. Conduct Media mobilization to disseminate sectorial messages (Jingle, radio program, etc). 4. Collect/capture success stories/interventions for evidence-based advocacy and dissemination (capturing, documentation, videography, publication of stories, learning, good practices). 5. Conduct community perception survey (in relation to the distribution of relief items, cash assistance, information sharing and feedback collection) as part of the PDM. 	

	Protection, Gender And Inclusion	Budget	CHF 37,400
		Targeted Persons	750
Indicators		Target	
# of functional child and gender friendly spaces		3	
# of women and adolescent girls receiving dignity kits		500	
# of most vulnerable households supported with CVA		150	
Priority Actions:		<ol style="list-style-type: none"> 1. Conduct child safeguarding risk analysis for the operation. 2. Conduct orientation on PGI, SGBV, PSEA among IFRC and NRCS staff and volunteers involved in the operation. 3. Provide CVA support for immediate food and winterization to 150 families where there is special need (pregnant and lactating women, people with disability, small children, elderly people, people with chronic illness, etc). The support will be NPR 15,000/CHF 109 as per MEB for 1 month as agreed among all humanitarian 	

	actors. 4. Distribution of dignity kits to 500 women and adolescent girls. 5. Development and distribution of IEC on sexual and gender-based violence. 6. Establishment of child and gender friendly spaces in emergency transitional area.
--	--

	National Society Strengthening	Budget	CHF 93,290
		Targeted Persons	150
Indicators		Target	
# of volunteers insured		150	
# of lessons learned workshop conducted		1	
Priority Actions:		1. Mobilization of volunteers. 2. Provision of volunteer insurance. 3. Emergency response team (ERT) deployment. 4. Conduct lessons learned workshop	

	Secretariat Services	Budget	CHF 38,939
		Targeted Persons	
Indicators		Target	
# of surge deployed for the operation		1	
% of financial reporting compliance to IFRC procedures		100	
Priority Actions:		1. Deployment of CVA/CEA surge personnel. 2. Technical support, monitoring and compliances by the Country Delegation (minimum staff support) 3. Carry out Communication and visibility activities.	

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

At least 50 volunteers will be mobilized in each of the targeted district through various sectoral interventions.

Will surge personnel be deployed? Please provide the role profile needed.

Immediate need for a surge personnel with CVA and CEA expertise, to be based in the field and support the operation across all sectors (CVA modality within shelter, WASH, and PGI is being planned)

If there is procurement, will it be done by National Society or IFRC?

All procurement that cannot be managed by NRCS district chapters (as per NRCS policy) will be managed by the IFRC Country Delegation in close cooperation with NRCS HQ colleagues.

IFRC will use existing framework agreements where relevant, in particular for blankets and tarpaulins

How will this operation be monitored?

Strong PMER-IM will be practiced in the operation. The participatory and bottom-up planning approaches will be carried out from the planning phase. A detailed assessment will be conducted in the targeted districts to find out the specific needs of target families. Regular and systematic monitoring visits will be carried out by IFRC, NRCS HQ, as well as at the local level. After the implementation of the operation, PDM and an exit survey will be conducted. The operation will regularly capture the challenges, learnings, and good practices. Similarly, timely situation report dissemination along with monthly reports and a final report will be done.

Please briefly explain the National Societies communication strategy for this operation.

The communications strategy for the operation will mainly focus on the followings:

Visibility: -

- Maintain visibility of both IFRC and NRCS while working on the ground by wearing visibility jackets, caps, aprons, or t-shirts for volunteers and staffs during the fieldwork.

Documentation: -

-Capture in-action photos or film short clips of the volunteers working on the site. The pictures and footages will highlight the hard work, moments, and expressions of people and volunteers on the ground. The collected materials will be further used as content for social media and reporting purposes.

- Collection of testimonials/stories from the field by volunteers or IFRC staffs from the site. IFRC and NRCS communications focal will support staff and volunteers for the coverage and use the materials for internal and external communications.

Partnership: -

- IFRC with NRCS communications will strengthen its partnership with local media channels (both online and print) to cover and disseminate the humanitarian need and response of NRCS and IFRC in Nepal.

Budget Overview



DREF OPERATION

MDRNP013 - Nepal Red Cross Society Earthquake Operation 22

Operating Budget

Planned Operations	367,250
Shelter and Basic Household Items	218,325
Livelihoods	0
Multi-purpose Cash	24,961
Health	29,828
Water, Sanitation & Hygiene	54,490
Protection, Gender and Inclusion	37,400
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	2,246
Environmental Sustainability	0
Enabling Approaches	132,229
Coordination and Partnerships	1,498
Secretariat Services	37,441
National Society Strengthening	93,290
TOTAL BUDGET	499,479

all amounts in Swiss Francs (CHF)

Contact Information

For further information, specifically related to this operation please contact:

- **National Society contact:** Umesh Dhakal, Executive Director, umesh@nracs.org, 9779851056369
- **IFRC Appeal Manager:** Azmat Ulla, Head of Country Delegation, Azmat.Ulla@ifrc.org
- **IFRC Project Manager:** Herve Gazeau, Programme Coordinator, Herve.Gazeau@ifrc.org
- **IFRC focal point for the emergency:**
Prajwal Acharya, DRM Manager, prajwal.acharya@ifrc.org, 9779851215946
- **Media Contact:** Dharma Datta Bidari, Director, dharma@nracs.org, 9779851060842

[Click here for the reference](#)