A house destroyed due to the earthquake of 3 November 2023 in Jajarkot District. (Photo: Bharat Koirala, NRCS)

<table>
<thead>
<tr>
<th>Appeal: MDRNP016</th>
<th>Country: Nepal</th>
<th>Hazard: Earthquake</th>
<th>Type of DREF: Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Category: Orange</td>
<td>Event Onset: Sudden</td>
<td>DREF Allocation: CHF 794,627</td>
<td></td>
</tr>
<tr>
<td>Glide Number: EQ-2023-000214-NPL</td>
<td>People Affected: 250,000 people</td>
<td>People Targeted: 10,000 people</td>
<td></td>
</tr>
<tr>
<td>Operation Start Date: 2023-11-06</td>
<td>Operation Timeframe: 6 months</td>
<td>Operation End Date: 2024-05-31</td>
<td>DREF Published: 2023-11-06</td>
</tr>
</tbody>
</table>

Targeted Areas: Karnali
Description of the Event

Map of the affected area of earthquake on 3 November 2023. (Map: IM/IFRC)

What happened, where and when?

A 6.4 magnitude earthquake struck Jajarkot District on 3 November 2023 at 11:47 local time. The epicentre was located in Ramidanda in Jajarkot district. As of 5 November 2023, 157 people (105 in Jajarkot and 52 in Rukum West) have lost their lives and hundreds are reported injured.

Access to Jajarkot and Dolpa in Rirauta Rimna (in the border area of Jajarkot-Dolpa) is reportedly inhibited by landslides triggered by the earthquake; work to reopen the road is already ongoing and access is expected to be restored during the course of 4 November. Current reports from the provincial traffic police indicate that all other roads in Karnali province are operational. Most of the destroyed house are reportedly in Jajarkot and Rukum, with the geographic remoteness of the two districts and the lack of communication challenging rescue and relief efforts.

This is the largest earthquake to impact Nepal since the 7.3M earthquake in 2015, and it is the latest in a series of earthquakes to hit western Nepal in the past year; Jajarkot, Doti, Bajura, Bajhang, Darchula, Achham and Dolpa are among the districts in western Nepal affected by various earthquakes since November 2022. The impact of this latest earthquake is thus compounding the difficulties and vulnerabilities of communities still recovering from previous shocks, in areas where low socio-economic indicators and stretched coping mechanisms were already prevalent. Many of the earthquake-affected areas – including Jajarkot, Rukum, Dailek, Salyan and Achham – experience significant seasonal labour migration of men, with mostly women and children remaining in local communities.

Scope and Scale

A magnitude of 6.4M earthquake struck Karnali Province in western Nepal at around 11.47 p.m. local time on 3 November 2023, with several aftershocks occurring thereafter. The epicentre was in Ramidanda in Jajarkot District, some 65 kilometres northeast of Surkhet, the capital city of Karnali Province. Tremors have been felt in the adjacent Sudurpaschim and Lumbini provinces as well as other parts of Nepal, and reportedly as far away as Delhi, India.
As of 5 November 2023, 157 people were killed across Karnali Province, including reportedly 105 people in Jajarkot and 52 people in Western Rukum. Several hundred more people have reportedly been injured. These figures are preliminary, and concerns remain that actual figures may be higher, especially as the earthquake struck at a time when most people were likely to have been at home or otherwise indoors. Local authorities anticipate an increase in the number of recorded casualties as search and rescue efforts continue amid reports that some people may still be trapped under collapsed buildings. Health facilities are reportedly overwhelmed, with hospitals in Rukum overcrowded and Bheri Hospital in Banke now only treating patients in serious condition.

On 3 October, an earthquake happened in the neighboring province of Sudurpaschim affecting Bajhang and Bajura, where IFRC support NRCS to lunch DREF to support the affected population. At this stage there is no indication that this EQ has impacted the communities affected by previous EQ. However, the NS will continue to monitor the situation.

In terms of total affected population, at this initial stage, it is very difficult to have a clear picture

### Previous Operations

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a similar event affected the same area(s) in the last 3 years?</td>
<td>Yes</td>
</tr>
<tr>
<td>Did it affect the same population group?</td>
<td>No</td>
</tr>
<tr>
<td>Did the National Society respond?</td>
<td>Yes</td>
</tr>
<tr>
<td>Did the National Society request funding form DREF for that event(s)</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, please specify which operation</td>
<td>MDRN015-2023</td>
</tr>
</tbody>
</table>

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

### Lessons learned:

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, (3) coordination with municipalities and wards in line with the country's Federal system, and (4) use of community engagement and accountability (CEA) approaches and tools. At the same time, three main challenges faced includes (1) delay in NRCS staff recruitment, (2) delay in reporting and timely tracking of people reached, and (3) challenge in ensuring feedback mechanisms are available for affected communities.

The proposed plan considers the above by adopting mostly CVA modality (considering the overall IFRC-Wide response), focusing on emergency shelter, transitional shelter covering three shelter items most appreciated by community members (tarpaulins, blankets and mattresses). To meet the basic needs of the community, multi-purpose cash grant is planned. Additionally, to address protection needs, dignity kits are planned to distribute 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 district chapters, rather than as a “field team” deployed by the headquarters (HQ). This approach is expected to enhance data tracking and reporting, as well as ensure good CEA.

### Current National Society Actions

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRCS district chapters together with Nepal police and municipalities are carrying out Initial Rapid Assessment (IRA) in the two most affected districts (Jajarkot and</td>
<td></td>
</tr>
</tbody>
</table>
NRCS is coordinating with national emergency operating centre (NEOC), local governments, 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.

Ongoing coordination with the Humanitarian Country Team including shelter cluster coordination is also ensured. Similarly, district and municipal level coordination is maintained through NRCS respective local units (district chapters and subchapters) which are present in the affected areas.

The EOC in NRCS headquarters is activated and is actively coordinating with the District Chapters and other stakeholder for information collection, dissemination, etc. The EOC consists of emergency response experts on different themes including response, assessment, shelter, health, WASH, PGI, CVA and CEA among others.

A few Non-food Relief Items (NFIs) available at Jajarkot and Rukum West district chapters have been distributed to the affected families in both districts in the first hours of the response. In addition, NRCS headquarters has dispatched 600 pcs of blankets, 600 pcs of tarpaulin, 600 pcs of EVA mattress, 400 rolls of ropes and 100 pcs of plastic buckets to the affected two districts from its warehouses located in Surkhet, Nepalgunj, Bhairahawa and Pokhara.

First Aid service provided to the injured people in the affected areas as part of the wider search and rescue efforts at local level alongside local authorities, police and army.

NRCS hotline 1130 in the headquarters is active.

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 a minimum stock for 50 families.

The IFRC Country Delegation has been supporting NRCS to formulate the overall response strategy where all in-country IFRC members were invited to contribute. IFRC is also coordinating with in-country IFRC members, UN agencies, HCT members and other humanitarian actors in the country. Similarly, IFRC is attending meetings called by NEOC of Nepal Government. IFRC Country Delegation supporting NRCS to produce situation reports and preparing response plan. The
IFRC Country Delegation has been supporting NRCS to formulate the overall response strategy where all in-country IFRC members are being invited to contribute. IFRC is also coordinating with in-country IFRC members, UN agencies, HCT members and other humanitarian actors in the country. Similarly, IFRC is attending meetings called by NEOC of Nepal Government. IFRC Country Delegation is supporting NRCS to produce situation reports and preparing the response plan, including the submission of DREF.

### Participating National Societies

The IFRC/British RC and IFRC/Swiss RC teams in Nepal have been supporting a large community-health project in the province which includes some local capacity-building on disaster response which has shown its results in the initial stage of the response with trained volunteers taking early actions in the middle of the night. All in-country partners participated in a coordination meeting chaired by NRCS in the first morning following the earthquake and are considering providing support to the operation, following a coordinated IFRC-wide approach based on the learning from previous similar operations.

### Other Actors Actions Related To The Current Event

| Government has requested international assistance | No |
| National authorities | Executive Committee of National Disaster Risk Reduction and Management Authority (NDRRMA) met on 4 November 2023 chaired by the Minister of Home Affairs and decided to expedite the earthquake response in affected areas. Prime Minister together with his cabinet members visited the affected districts the same day and instructed government mechanism to ensure effective response. Nepal Police, Nepal Army, Armed Police Force, municipalities are carrying out search and rescue operations, medical assistance and food and relief supports. National, provincial, and local authorities are holding meeting at various levels where the Red Cross is actively participating. The Ministry of Health and Population (MoHP) deployed a team of 41 specialised doctors with necessary medical equipment and medicines. Ministry of Urban Development (MoUD) deployed engineers from their provincial office to observe the physical damage of the houses. Nepal Army mobilized a team of 60 medical doctors with emergency medicines. NDRRMA handed over the Search and Rescue (SAR) equipments to the security agencies to expedite the rescue operation. The Ministry of Information and Communication Technology (MoICT) in coordination with Nepal Tele Communication (NTC) decided to provide free voice and SMS mobile service to the affected areas for the five days. The Social Welfare Council (SWC) held a meeting with the INGOs and issued an appeal notice to the organisations to expedite immediate response, relief, and recovery support to the affected families. |
| UN or other actors | UNHCT mechanism is active and coordinating with various clusters. Five Humanitarian Staging areas (Kathmandu, Surkhet, Nepalgunj and Dhanagadhi) managed by Government of Nepal and WFP are fully operationalized. WFP supporting to transport emergency relief items from Kathmandu to the affected districts. UNDP and IOM deployed Information Management Officers to the Karnali Province Emergency Operation Centre. UNFPA providing dignity kits, kishori kit, reproductive health kits and solar lamps in the affected communities through NRCS. Other International NGOs such as Save the Children, Mercy Corps Nepal, World Vision International, Care Nepal, Plan International, Handicap International dispatching relief items that includes, NFI kits, food items, shelter kits, dignity kits and WASH kits. |
Are there major coordination mechanism in place?

Inter-cluster meeting held at National Emergency Operation Center, Ministry of Home Affairs on 04 November where cluster leads, and co-leads are being asked to provide immediate humanitarian relief to the affected families. Separate cluster specific meeting are being held and planned to identify current needs and gaps and execute their plan. Karnali Provincial level clusters are activated, and The Karnali Provincial Health Emergency Operation Center (PHEOC) is activated. Disaster Preparedness Network (DPNet) Nepal hosted an online meeting with the local, provincial and national level civil society organizations to facilitate the situation assessment.

IFRC co-chairs the shelter cluster in coordination with NRCS and the coordination with the Shelter cluster is established and ongoing. As per the cluster system in place in the country, it is led by the Department of Urban Development and Building Construction (DUDBC) under the Ministry of Urban Development (MoUD). NRCS and IFRC attended the multi-cluster meeting organized by NEOC on 4 November 2023. The Chief of Disaster Management Division, MoHA requested all the humanitarian agencies to expedite the humanitarian support to the affected families in coordination with the respective District Administration Office. (Some details about the decisions of the meeting – to be inserted here). IFRC Country Delegation also liaised with the UN Resident Coordinator office and two situation reports/bulletin 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 (NDRMA). Also, NRCS is coordinating with the Government Agencies at provincial and local levels to provide relief support in the affected areas.

Needs (Gaps) Identified

Protection, Gender And Inclusion

As per the situation reports, the affected people have increased protection needs focused on safe shelters for women and children, psychosocial support to children and adolescents, assistive devices to person with disability. People displaced from their residences are compelled to remain in open spaces and the disaster amplifies the vulnerability of the most vulnerable groups. In such public areas, as people will be bound to stay in close proximity, there is an immediate need of providing PSS and awareness-raising messages on Sexual and gender-based violence (SGBV) prevention and promoting referral pathways among the affected 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.

Community Engagement And Accountability

When engaging with communities, it is critical to ensure that information is not only broadcasted in the communities, but that response team 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 beneficiaries, and planning implementation.

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 04 November, and coordination will be maintained throughout the operation, particularly in relation to
transitional shelter. At the provincial level, the shelter cluster coordination structure in Karnali Province, which includes the two most affected districts, will be supported as needed to better identify gaps and needs and share available technical expertise.

Shelter Housing And Settlements

According to NRCS data, the earthquake has damaged 2,852 houses in 4 districts (2,500 in Rukum West, 350 in Salyan, 1 in Dailekh and 1 in Rolpa). Report from Jajarkot has not been received until preparing this document. However initial media report estimates approximately 40% of the 37,466 houses in Jajarkot have been damaged. Due to the impact on their houses and regular aftershocks, the affected families are living outside their homes. Winter season has started, and the lowering temperature in these hilly regions have added to the difficulties/ challenges faced by the displaced families. Considering the situation, there is an urgent need to meet basic, safe, and inclusive shelter and settlement needs to the affected people through temporary and transitional shelters also including immediate tarpaulins, blankets and mattress needs. In addition, household items and warm clothes are also needed for the affected families, especially those who are living outside their homes.

There is a need of transitional shelter for the families whose houses are fully destroyed. 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. 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. On the basis of the assessment data and prior learnings, around 20-25% per cent of total needs among affected houses will be prioritized by the NRCS based on criteria of vulnerabilities among fully and partially damaged houses.

In relation to market situation, at this point of time, although some shops and access have been impacted, there is no indication to suggest that market will be affected in the long run. The road connection to Nepalgunj and the Terai neighboring India is functional. In previous emergency, NRCS observes that markets bounce back very rapidly. This assumption is also supported by the PCMA conducted by NRCS WASH team in recent years.

Health

In the initial stage, there are critical health needs due to injuries caused by collapsing houses. Government of Nepal (Ministry of Health and Population) supported by the medical team of Nepal Army are being quickly responding to the critical needs ensuring patient transfers to the nearby hospitals as well as support local health facilities to cope with the situation. This initial phase will be completed soon however long term health needs remains.

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 Jajarkot and Rukum West is 83 and 100 per cent respectively (DoHS Annual Report 2077/2078). It is assumed that the earthquake will increase health risks in affected communities. This is also linked to the initial reports of damage to health facilities which limit the access to health services for people in need.

Based on this analysis, pregnant women among the affected population need immediate access to health care services. Likewise, the current situation in the affected area may lead to situational and prolonged effects on the affected population specifically for children and adolescent female etc. 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. 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.
**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 available on WASH specific damage, 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. In this case, the earthquake has severely compromised WASH infrastructure and services for affected families of Jajarkot, Rukum West and other neighbouring districts.

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.

**Operational Strategy**

**Overall objective of the operation**

The overall objective of the NRCS response operation is to address the immediate needs of an estimated 10,000 affected people, focusing on the two most affected districts: Rukum and Jajarkot (while also considering other neighbouring districts in case of needs arising). The objective of the DREF operation is to support affected families with emergency shelter items, multi-purpose cash, transitional shelter, WASH, health promotion, risk communication and community engagement and accountability as well as protection interventions for an initial period of six months.

**Operation strategy rationale**

Response strategy rationale

OVERALL APPROACH

NRCS has designed an overall response strategy with support of the IFRC Network in country, using the available in country capacities and funds and learning from the EQ response intervention of 2022-23. The district chapters will support 2,000 families with emergency shelter items which will be replenished by the IFRC DREF. Similarly, district chapters will support 450 most affected families to construct transitional shelter inclusive of toilet and water tank through conditional cash support. In addition, 1,500 most vulnerable families will be supported with multi-purpose cash to fulfil their basic needs (integrated approach). Across these four components the DREF operation will also support CEA, PGI and quality programming through integrated PDM and review process.

The IFRC is currently coordinating with in-country IFRC Members who are considering increasing the scope of this operation through their bilateral support. For example, Danish Red Cross might support the MHPSS services in the affected communities.

Similar DREF was launched in mid-October 2023 to support the population affected by the Earthquake in neighboring district of Sudurpaschim Province. While these are two different geographical areas, there are opportunities to create synergies between two operations. Geographical setting is similar (hilly/remote areas, approaching winter season, socio-economic context). The over response strategy is same so that the tools developed can be shared, which will be ensured by NS EoC team. In addition, the partnership modality with the in-country members will be similar.

SECTOR-WISE APPROACHES

Shelter, Housing and Settlements:
The emergency shelter items distribution strategy are planned based on the level of destruction of houses also considering the winter season. Eligible affected households will be provided with two blankets, two tarpaulins and two mattresses as per NRCS standard. Beyond the emergency shelter support, 450 most vulnerable households will be supported to build a transitional shelter in line with the SPHERE Standards and taking into consideration the technical learning from 2022 experience. The transitional
shelter support will be provided through CVA. The design and approach for such transitional shelter will be replicated from the Doti earthquake response operation 2022 while also considering local context, inclusion and the need of PWD. This includes community base training on safe construction (using PASSA tool), signing contract with each families clarifying modalities and conditions and transferring the fund in two tranches where second tranche will be subjected to technical validation of the construction realized with the initial tranche received. The conditional cash transfer value will be NPR 71,500. It is calculated based on the Government of Nepal’s guidance for transitional shelter (NPR 50,000) and top up for toilet (NPR 15,000) and water tank (NPR 6,500). NRCS will transfer the cash through bank transfer to beneficiaries’ account; however, in the case that accessing bank accounts is too complex, NRCS may opt for adopting cash in envelope mechanism.

HEALTH:
Health sectoral activities mostly target to limit and prevent possible diseases outbreak 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 volunteer mobilization for health promotion as well as prevention and control of diseases. The mobilized volunteers will conduct ECV and other health promotional activities 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 affected vulnerable population- pregnant women, lactating mothers and people with underlying health conditions requiring emergency referral, pre-hospital care services, etc. The health promotion activity is supported by the IFRC DREF and MHPSS will potentially be supported by IFRC/Danish Red Cross.

Water Sanitation and Hygiene Promotion (WASH):
Considering the nature of dwelling, damage and intensity of 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. The most affected 450 households who will be supported with transitional shelter will also be supported for toilet construction, hand washing station and water storage tank through cash and voucher assistance in addition to hygiene promotion activities. This is following the experience of Doti EQ 2023.

Protection Gender and Inclusion (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, 1,000 women (compelled to stay in the open space for long) and adolescent girls from affected families will be provided with a “dignity kit”. 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. As part of the PGI, the operation will provide transportation support for referral cases such as injured, pregnant and lactating mother, children, people with disability, senior citizens, and chronic disease, etc. Lastly, staff and volunteers will have to sign the anti-harassment and child protection Code of Conduct before their deployment. A child protection analysis will be developed at the onset of the operation.

Community Engagement and Accountability (CEA):
As per the response strategy, coordination will be done with different sectors for integration within sectorial activities. A variety of communication channels and methods will be used during the response, blending 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 targeted and non-targeted) 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.
Targeting Strategy

Who will be targeted through this operation?

At the time of planning, NRCS is considering covering 20-25 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 Government at all levels as well as humanitarian actors who are initiating early interventions. 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 ensure no one is left behind by the operation through applying gender and diversity sensitive analysis in beneficiary 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

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Rural</th>
<th>Urban</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>3,315</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Girls (under 18)</td>
<td>1,785</td>
<td></td>
<td>Urban</td>
<td>0%</td>
</tr>
<tr>
<td>Men</td>
<td>2,940</td>
<td></td>
<td>People with disabilities (estimated)</td>
<td>2%</td>
</tr>
<tr>
<td>Boys (under 18)</td>
<td>1,960</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total targeted population</td>
<td>10,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Risk and Security Considerations

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

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation action</th>
</tr>
</thead>
<tbody>
<tr>
<td>New earthquake and aftershocks might impact the implementation of operation.</td>
<td>Business continuity plan will be developed.</td>
</tr>
<tr>
<td>Market price fluctuation for purchase of construction materials.</td>
<td>Cash and voucher assistance implementation and joint work with local government to monitor market condition.</td>
</tr>
<tr>
<td>Remoteness for transportation</td>
<td>Coordinate with security forces and private sectors for transporting and mobilize local volunteers or community members.</td>
</tr>
</tbody>
</table>
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 477,135
Targeted Persons: 10,000

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># households provided with partial shelter support/NFI</td>
<td>2,000</td>
</tr>
<tr>
<td># households supported with transitional shelter solutions</td>
<td>450</td>
</tr>
<tr>
<td># households participating in technical orientation and awareness sessions on safe construction</td>
<td>450</td>
</tr>
</tbody>
</table>

Priority Actions

1. Distribution of blankets, tarpaulins and mattresses to affected populations.
2. Construction of transitional shelters through community mobilization (PASSA approach) and cash support (NPR 71,500/CHF 518 per family considering the accessibility to vulnerable group including PWD.
3. Technical monitoring of the construction ensuring conditions are met with particular focus on safety and inclusion measures.
4. Provision of safe shelter awareness through PASSA group formation, orientation and monitoring activities.
5. Distribution of shelter construction toolkits in the affected areas.
**Multi-purpose Cash**

**Budget:** CHF 171,160  
**Targeted Persons:** 7,500

**Indicators**

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of affected households supported with MPC</td>
<td>1,500</td>
</tr>
</tbody>
</table>

**Priority Actions**

1. Provide CVA support for immediate food and winterization to 1,500 families whose houses were fully damaged (NPR 15,000/CHF 109 as per MEB for one month as agreed among all humanitarian actors through the cash working group).

**Health**

**Budget:** CHF 7,606  
**Targeted Persons:** 10,000

**Indicators**

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># people reached with health promotion activities</td>
<td>10,000</td>
</tr>
<tr>
<td># of staff/volunteers reached with training/orientation on ECV/PFA</td>
<td>250</td>
</tr>
</tbody>
</table>

**Priority Actions**

1. Volunteer mobilization for health promotion activities to ensure continued access and coverage of essential health services and prevention of various health risks focusing on people with NCDs, People with disability, pregnant women/lactating mothers, and children under 5.
2. Conduct awareness messaging through various media.
3. Provision of first aid services to injured people (in case of aftershocks).
4. Staff/volunteers are trained/oriented on ECV/PFA

**Water, Sanitation And Hygiene**

**Budget:** CHF 92,617  
**Targeted Persons:** 10,000

**Indicators**

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people who have been supplied by RCRC with an improved protected source of drinking water (according to WHO and Sphere standards)</td>
<td>2,250</td>
</tr>
</tbody>
</table>
### Priority Actions

2. Hygiene promotion/sensitization; media partnership, IEC materials dissemination, door to door visit.
3. Distribution of appropriate water storage containers to households.
4. Distribution of hygiene kits to affected population.

### Protection, Gender And Inclusion

**Budget:** CHF 22,820  
**Targeted Persons:** 10,000

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of women and adolescent girls receiving dignity kits</td>
<td>1,000</td>
</tr>
<tr>
<td># of people reached with violence prevention awareness messaging</td>
<td>10,000</td>
</tr>
</tbody>
</table>

### Priority Actions

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 to ensure safeguarding and PSEA mechanisms and messaging are in place.
3. Distribution of dignity kits to 1,000 women and adolescent girls.
5. Provide referral service and transportation support including sensitization to staff and volunteers on referral mechanism
6. Ensure information related to MPCA is accessible to various groups in the targeted community.
7. Ensure participation of vulnerable groups (women headed-household, elderly, etc.) in MPCA consultation, PDM, etc.

### Community Engagement And Accountability

**Budget:** CHF 11,791  
**Targeted Persons:** 10,000

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people reached through awareness activities such as radio messages, IEC materials distribution, mega phone</td>
<td>10,000</td>
</tr>
<tr>
<td># of feedback channels</td>
<td>4</td>
</tr>
</tbody>
</table>
**Priority Actions**

1. Activate existing multi-sectoral feedback mechanism channels such as NRCS Hotline, face to face, NRCS social media, etc.
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, message disseminated through mega phone etc.
3. Conduct Media mobilization to disseminate sectorial messages (jingle, radio program, etc).
4. Community consultation for identifying the information needs in the affected community
5. Design a CEA strategy for all CVA related activities and implement through key messages, IEC materials, etc.

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### Secretariat Services

**Budget:** CHF 3,803  
**Targeted Persons:** -

### Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of financial reporting compliance to IFRC procedures</td>
<td>100</td>
</tr>
<tr>
<td>Post Distribution Monitoring conducted</td>
<td>1</td>
</tr>
</tbody>
</table>

---

### Priority Actions

1. Technical support, monitoring and compliances by the Country Delegation  
2. Carry out communication and visibility activities.

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### National Society Strengthening

**Budget:** CHF 7,691  
**Targeted Persons:** -

### Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># of volunteers insured</td>
<td>100</td>
</tr>
<tr>
<td>Lessons learning workshop conducted</td>
<td>1</td>
</tr>
</tbody>
</table>

---

### Priority Actions

1. Mobilization of volunteers in support of all sectors of intervention.  
2. Provision of volunteer insurance.  
3. Emergency response team (ERT) deployment.  
4. Conduct lessons learned workshop
About Support Services

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

Around 50 volunteers will be mobilized in each of the targeted district through various sectoral interventions. In each of the 2 most impacted districts, the DREF operation will cover three positions (field and CVA coordinator, junior engineer and finance officer) who will be responsible for the field level activities.

At National level the EOC will lead the overall coordination of the operation and will provide technical support to districts ensuring quality programming. As the EOC structure is funded by IFRC under separate funding, only finance and PMER are charged for six months under this operation to ensure quality programming with an IFRC-wide approach. In addition, the EOC will mobilize technical staff or volunteer for short period as per need from the District Chapters.

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/APRD in close cooperation with NRCS HQ colleagues. IFRC will use existing framework agreements where relevant, in particular for medium thermal blankets and tarpaulins procurement.

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 field work.

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.
Contact Information

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

National Society contact:  Umesh Dhakal, Executive Director, umesh@nracs.org, 9851056369
IFRC Appeal Manager:  Azmat Ulla, Head of Delegation, azmat.ulla@ifrc.org
IFRC Project Manager:  Herve Gazeau, Programme Coordinator, herve.gazeau@ifrc.org, 9851221996
IFRC focal point for the emergency:  Nusrat Hassan, Operations Coordinator, nusrat.hassan@ifrc.org

Click here for the reference