



FLASH APPEAL



NEPAL

FLASH APPEAL FOR RESPONSE TO THE
NEPAL EARTHQUAKE

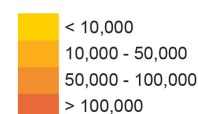
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APRIL - JULY 2015

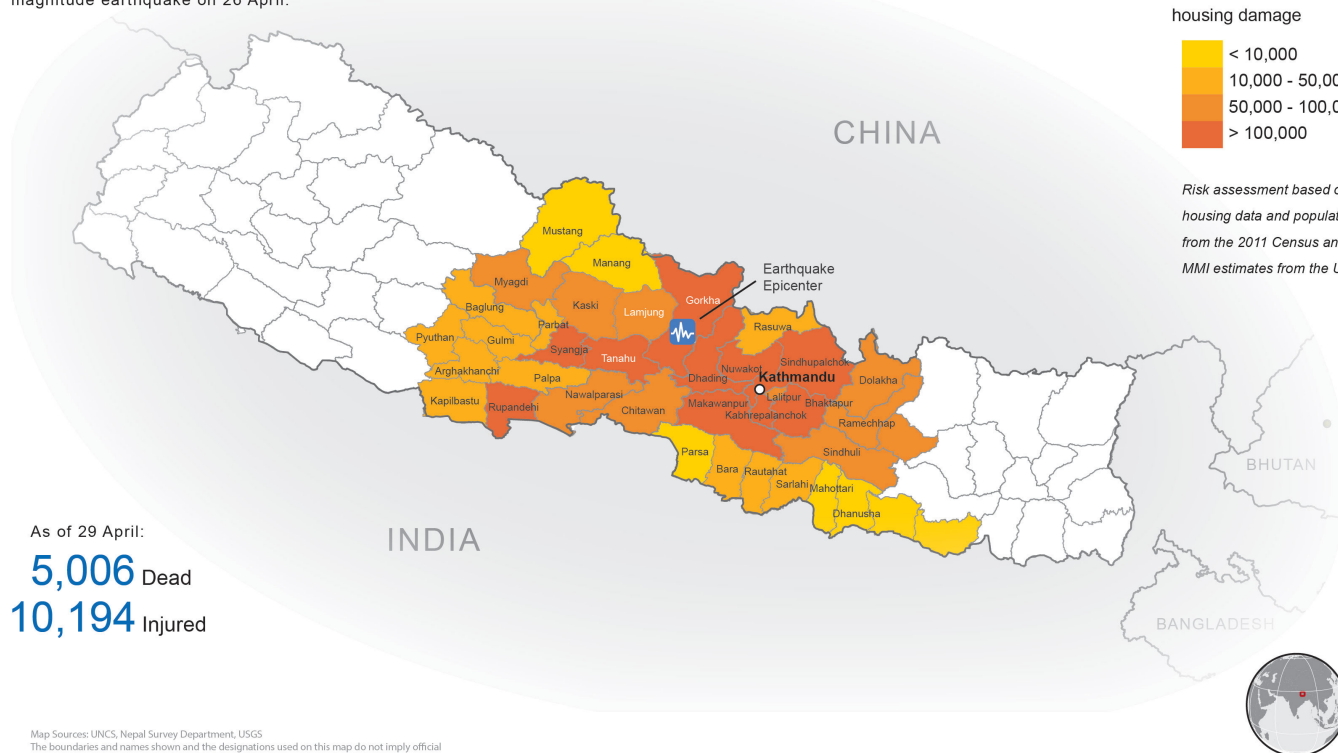
NEPAL EARTHQUAKE HUMANITARIAN SNAPSHOT

On 25 April, a 7.8 magnitude earthquake struck Nepal, with the epicenter in Lamjung District (north-west) of Kathmandu. Dozens of aftershocks followed, including a 6.7 magnitude earthquake on 26 April.

Estimated number of people suffering housing damage



Risk assessment based on housing data and population from the 2011 Census and MMI estimates from the USGS



NEPAL FLASH APPEAL

\$415 million

required to reach over 8 million people with life-saving assistance and protection in the next three months

This document is produced by the United Nations Office for the Coordination of Humanitarian Affairs in collaboration with the Office of the Humanitarian Coordinator and humanitarian partners. It covers the period from 25 April to 31 July 2015 and is issued on 29 April 2015.

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NEPAL: AN OVERVIEW OF THE DISASTER

A 7.8 magnitude earthquake struck Nepal on 25 April at 11:56 local time creating large scale damage and many casualties. The epicenter was located 81 km northwest of the Nepali capital Kathmandu in Lamjung District at a depth of 15 km. The earthquake has caused a number of landslides and avalanches.

Strong aftershocks, including a 6.7 magnitude quake on 26 April, continue to threaten the lives of thousands of people and to further damage buildings and infrastructure. Many people are afraid and have slept outside for several consecutive nights, in spite of the falling rain.

According to initial estimations and based on the latest earthquake intensity mapping, over 8 million people are affected in 39 of Nepal's 75 districts. Over 2 million people live in the 11 most critically hit districts.¹

According to the government and as of 29 April, the earthquake caused 5,006 deaths, most of them in Bhaktapur, Kathmandu and Lalitpur. Over 10,194 people have been injured. These figures are expected to increase as more areas are reached and information becomes available.

The Central and Western Region, including the Kathmandu Valley districts, are the worst affected. The full impact of the earthquake in mountainous and hilly areas is still being determined. Dhading, Gorkha, Rasuwa, Sindhupalchowk, Kavre, Nuwakot, Dolakha, Kathmandu, Lalitpur, Bhaktapur and Ramechhap are the most affected. In these areas, many families live in fragile and vulnerable homes with outer walls and/or foundations constructed from poor quality materials.

Displacement in urban and rural areas has an immense impact on daily life. Afraid of returning to their homes, many people have stayed in makeshift tents along road sides or in friends and neighbours' gardens in Kathmandu. Displacement estimates have not been verified but secondary data analysis and earthquake intensity mapping suggest that over 600,000 houses have been damaged and that 2.8 million people have been displaced. The government has identified 16 open spaces in the Kathmandu Valley for the establishment of displacement camps. Cramped situations and a lack of law and order may exacerbate the existing risks and vulnerabilities faced in particular by women and girls.

Strong tremors have damaged infrastructure, including bridges and access roads. Removal of debris will enable access to affected areas so that

search and rescue activities can continue and relief supplies can be delivered.

The government estimates that over 70,000 houses have been destroyed. Over 3,000 schools are located in the 11 most severely affected districts. Up to 90 per cent of health facilities in rural areas have been damaged. Hospitals in district capitals, including Kathmandu, are overcrowded and lack medical supplies and capacity. Many temples and heritage sites have collapsed. The more modern structures have withstood the severity of the quakes.

Among the over 8 million affected people are approximately 126,000 pregnant women, 21,000 of whom will need obstetric care in the coming three months. Additionally, approximately 40,000 women are at immediate risk of sexual and gender based violence. National telecommunications systems and services have been severely damaged throughout the affected area.

Search and rescue teams have assessed collapsed buildings and have saved at least 14 people from the rubble. Teams from over 17 countries have brought people to safety and provided first aid. **Food insecurity is rising.** The Food Security Cluster estimates that 3.5 million people are in need of food assistance. Of these, 750,000 people live near the epicentre in poor quality housing. Impact on agriculture-based livelihoods and on food security is expected to be extremely high. The next planting season starts in June, by which time farmers have to transplant rice to avoid further food insecurity. This is aggravated by the large loss of livestock. Malnutrition rates in certain areas of Nepal are among the highest in the world.

Nepal relies on trucking and wells for fresh water. In the aftermath of the quakes transport of water has been interrupted and many wells have been damaged, leading to fears of water borne diseases.

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

It is of vital importance to engage with and serve the affected communities. Affected people need to be kept informed about available services and aid and that gender equality and the diversity of affected communities is addressed when engaging the community. Without access to reliable timely, accurate information survivors are unable to make the choices necessary to develop their own survival strategies.

¹ According to estimates relying on data from the 2011 census and other government figures, around 50 per cent of the total population of earthquake-affected districts has been affected.

RESPONSE CONSIDERATIONS

The government is leading the response through the National Emergency Operations Centre (NEOC) with additional coordination and liaison set up at the airport with the Reception and Departure Centre (RDC), with the Multinational Military Coordination Centre (MNMCC) and at the UN building in Kathmandu. Additional coordination hubs will be required as access to the worst affected areas outside the capital improves. The Humanitarian Country Team has worked closely with relevant authorities in prioritizing response activities.

The humanitarian response will be based on the following considerations: Access to the country and to affected populations is a challenge. Kathmandu International Airport has limited capacity to handle incoming relief flights. Many relief flights have been diverted to neighbouring countries, delaying the arrival of incoming relief, search, rescue and medical teams. The World Food Programme (WFP) has set up a Humanitarian Staging Area to ease the flow of life-saving relief commodities. Airlifts are required to access and deliver aid to rural areas.

Building on pre-existing support programmes, cash will be used as a critical input for food security, livelihoods and other sectors. This will ensure that local markets are not disrupted and most efficient support is provided.

Meteorologists have forecast rain and thunder storms for ten days following the quakes potentially leading to landslides. The monsoon season typically lasts from June to September. The early rain expected

is likely to further weaken the resilience of affected people, and increase the risk of localised flooding and water borne diseases making a timely response ever more urgent.

National and international relief efforts are already underway: to support the national first line of response, member states have generously provided critical personnel, logistical support, funding and in-kind relief. On April 28, Under-Secretary-General and Emergency Relief Coordinator announced an allocation of USD 15 million from the Central Emergencies Response Fund (CERF) to support critical needs.

To scale up these efforts, this Flash Appeal calls for US\$415 million to respond to the most urgent humanitarian needs for the next three months. The level of priority has been based on initial results of assessments, on earthquake intensity mapping and on secondary data analysis. The Nepal Humanitarian Country Team has undertaken a rigorous assessment of operational capacity to deliver against assessed and evolving needs. The Flash Appeal covers all vulnerable groups, including internally displaced persons (IDPs), host communities, ethnic and indigenous groups and other affected people. The Appeal prioritizes life-saving and protection programmes. The targets presented in this document are realistic and are based on partners' assessments and calculations as to what they can actually deliver. Over the next week partners will develop individual projects in support of cluster activities and requirements identified in this Appeal. In four to six weeks from the launch, the Appeal will be revised to reflect the needs arising from detailed assessments.

PEOPLE TARGETED



FUNDS NEEDED

Cluster	Requirements (US\$)
Food Security	128,000,000
Health	75,000,000
Shelter and Non-food items (NFIs)	50,000,000
Camp Coordination and Camp Management (CCCM)	5,000,000
Water, Sanitation and Hygiene (WASH)	63,000,000
Protection	11,300,000
Nutrition	10,000,000
Education	20,000,000
Early Recovery	16,000,000
Emergency Telecommunications	2,500,000
Logistics	31,700,000
Coordination	2,694,000
Grand Total	415,194,000

Compiled by OCHA on the basis of information provided by appealing organizations

MAIN HUMANITARIAN NEEDS

Existing information and field observations suggest that the most immediate threats to life are:

Access to safe drinking water and sanitation and hygiene



Safe water, temporary latrines and bathing spaces are urgently needed for the most vulnerable displaced populations and for institutional facilities.

Promotion of hygiene in the wider affected population and limited collection of solid waste in camps for displaced populations is critical to reduce the risk of waterborne disease outbreaks, especially as cholera is endemic.

Food Security



Covering basic food and nutrition needs and stemming further deterioration of nutrition status among vulnerable people and communities.

Ensuring time-critical inputs to re-establish livelihood support for 20,000 households in the nine most food insecure districts.

Emergency shelter and essential items



Damage and destruction of homes has displaced an estimated 2.8 million people. These people urgently need shelter and essential relief items.

Access to medical care



With more than 5,000 people killed and more than 10,000 injured, support for mass casualty management is urgently needed in addition to re-establishment of disrupted life-saving health services for women and children.

Protection of the most vulnerable populations



Protection systems and key inputs are needed to prevent and respond to violence and gender-based violence against children and women, particularly among displaced populations. This includes providing learning activities for children in safe spaces and providing psychosocial support.

STRATEGIC OBJECTIVES

The humanitarian response will be guided by the following strategic objectives and actions:

1 Increase in mortality and morbidity and outbreaks of communicable diseases are prevented through immediate access to basic water, sanitation, hygiene, and health services.

- Mass casualty management and life-saving health care and support referral mechanisms in affected districts are sustained and re-established.
- Vulnerable displaced populations and institutional facilities are provided with safe water, temporary latrines and limited collection of solid waste.
- The affected population has an understanding of essential hygiene practices which reduce the risk of waterborne disease outbreaks.

2 Immediate food needs of earthquake affected populations in worst-affected districts are met and nutritional status of the most vulnerable populations is prevented from deteriorating.

- Affected populations in the 15 worst affected districts receive critical food support through direct food aid, cash or voucher programmes and nutrition programmes (therapeutic, preventative and supplementary).
- Children under-five and pregnant and lactating mothers among displaced populations are reached with nutrition programmes (therapeutic, preventative and supplementary).
- Populations in the nine worst affected districts receive livelihood support to re-establish livestock and prepare for the June-July planting season.

3 Families whose homes have been destroyed or damaged, including those displaced, attain basic, protective shelter solutions.

- Emergency life-saving shelter needs of the most vulnerable populations are covered through a mix of emergency supplies and cash support.
- Durable shelter and settlement solutions for affected populations are initiated, including support to ensure safe housing checks and increased knowledge of safe building standards among affected populations.

4 Strengthened protection of the most vulnerable populations, especially children and women, from violence and gender-based violence

- Support to protection systems and key inputs are provided to prevent and respond to violence and gender-based violence against children and women, particularly among displaced populations.
- Learning activities are provided for school-aged children in safe spaces.

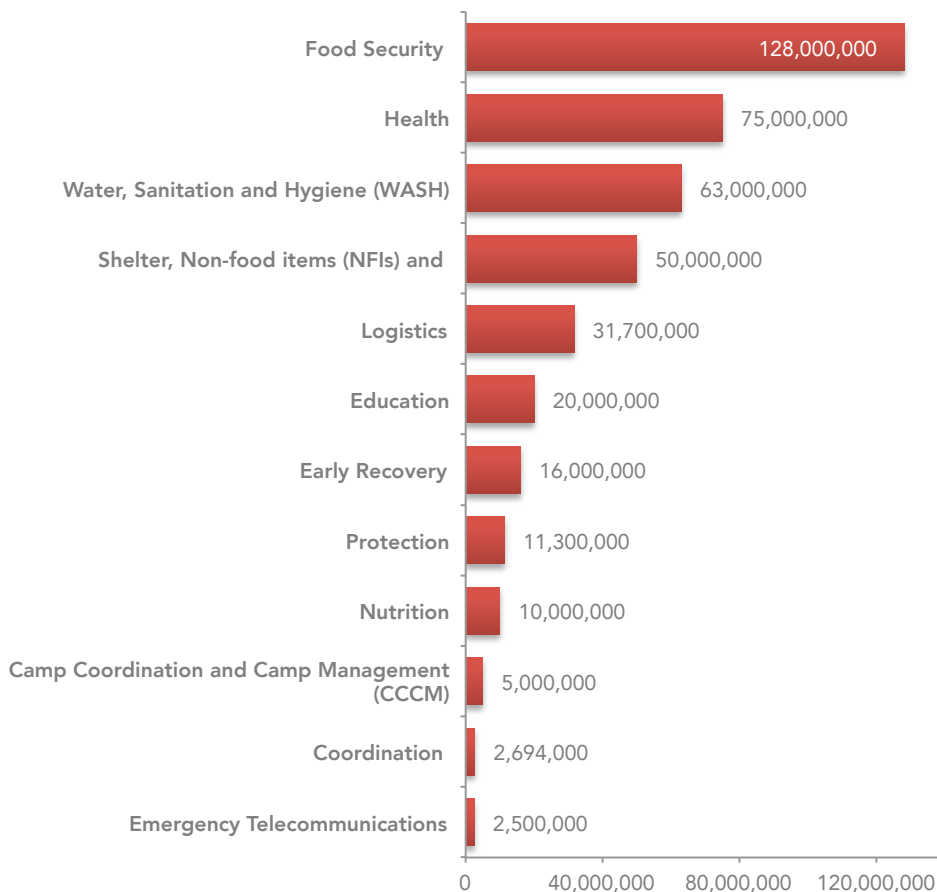
5 Logistics, access, telecommunications and local coordination capacity are strengthened to support effective access and response in affected areas

- An inter-agency common service is established so that affected people have access to information and are able to provide feedback to ensure a more effective humanitarian response.

PRIORITY ACTIONS AND REQUIREMENTS

FINANCIAL REQUIREMENTS PER CLUSTER (US\$ million)

\$415 million
total requirements



Health

Contact information Dr.Edwin Salvador (salvadore@who.int)

Hospitals in Ramechhap, Nuwakot and Sindhupalchowk are reported to be damaged. Hospital capacity has been overwhelmed with no intensive care unit (ICU) beds available in hub hospitals. People are being treated on the roads. Managing dead bodies has been challenging and surgical facilities are overwhelmed. Many hospitals near Kathmandu have reportedly run out of medicines. This does not bode well for the situation in more rural areas.

Post-earthquake diseases are concerning. Diarrhoea is already an issue in the Kathmandu Valley.

There is a need for medical supplies and capacity including surgeons, orthopaedics, paramedics, and logistics support. Drugs and consumables are needed immediately.

\$75 million
required to reach
4.2 million people including
1.7 million children

Priority Actions

- 1: Support mass-casualty management in coordinating hub-hospitals in Kathmandu valley; eight highly affected districts identified by the Ministry of Health and Population (MOHP), including provision of trauma kits, drugs, medical and surgical supplies and ambulance services.
- 2: Provide integrated primary health care (PHC) services, including mental health care.
- 3: Provide life-saving maternal, newborn and child health, including antenatal, delivery and postnatal care for mothers; newborn care; routine immunization to prevent outbreak of vaccine preventable diseases; screening and treatment of illnesses in children; and prevention and treatment of HIV, through health facilities, outreach and mobile services, all accompanied by social mobilization activities.
- 4: Medically evacuate the most critically injured who cannot receive effective trauma treatment in country.
- 5: Provide life-saving reproductive health care and services including Mobile RH medical camps, support to maternity wards in health facilities.
- 6: Provide health care to migrants and third-country nationals.

Water, Sanitation and Hygiene (WASH)

Contact Information: Antti Rautavaara (amrautavaara@unicef.org)

Based on initial available information, an estimated 4.2 million people are urgently in need of water, sanitation and hygiene support. The cluster seeks to cover 20 per cent of these needs with this appeal, to assist approximately 840,000 people.

Government and humanitarian agencies have started water trucking, water storage and distribution for persons whose houses have been damaged or completely destroyed. The installation of temporary toilets at locations where people are gathering has also commenced. Similar support is in progress for health care centres, where thousands of people wounded in the earthquake are taking temporary shelter.

\$63 million
required to reach more than
4.2 million people

Priority Actions

- 1: Provide safe water for the most vulnerable IDPs and for institutional facilities.
- 2: Provide temporary latrines and bathing spaces for the most vulnerable IDPs and for institutional facilities.
- 3: Distribute hygiene kits to families in need.
- 4: Implement hygiene promotion campaigns to reduce the risk of waterborne disease outbreaks.
- 5: Provide limited collection of solid waste in IDP camps and conflict-affected areas.

Food Security

Contact Information: Marco Cavalcante (marco.cavalcante@wfp.org)

\$128 million
required to reach the most
vulnerable people

Based on a preliminary data and assessment of damage, 6.5 million people have been affected, with 3.5 million people estimated to be in need of food assistance. Out of this, it is estimated that 1.4 million people will be in need of priority assistance.

Based on initial assessment and logistics capacity, the cluster will initially support 1.4 million people among the most vulnerable and food-insecure people affected by the earthquake in the western and central regions over an initial period of three months. During the first month, WFP will immediately provide a 5-day ration of high energy biscuits, followed by a general food distribution. From the second month, cash transfers, where appropriate, will be undertaken, targeting primarily internally displaced persons and other vulnerable people who are unable to access food.

To protect livelihoods, the cluster assessed immediate needs as veterinary medicines including vaccination for the surviving animals and animal feed within the next few weeks. The next planting season is starting soon, so transplantation of rice has to start by end of June/early July to ensure household food security for farmers. The cluster will target up to 20,000 households in the priority districts. The targeted people are the most vulnerable families dependent on rice growing and livestock rearing.

Cluster members will work in the areas of emergency food assistance and livelihoods recovery targeting the most vulnerable. Key activities will include immediate delivery of dry food items, both ready-to-eat (e.g. biscuits) and/or rations (rice, lentils, oil, salt, etc.), as well as cash activities, which include unconditional cash transfers and Cash for Work (CFW) activities that assist in recovery/rebuilding in communities, where appropriate.

Priority Actions

- 1: During the first month, provide a 5-day ration of high energy biscuits for the affected population followed by a general food distribution.
- 2: From the second month, where appropriate provide cash transfers, primarily for displaced persons and other vulnerable people who are unable to access food.
- 3: Provide key inputs to livelihood support such as animal feed, veterinary medicines, and vaccines for surviving animals, and support rice planting due to start at the end of June/early July for 20,000 households in most critical districts.

Nutrition

Contact Information: Anirudra Sharma (ansharma@unicef.org)

\$10 million
required to reach nearly
89,000 children under-five

The disruptions of health services due to the earthquake combined with increased food insecurity threaten to worsen already high malnutrition rates among most vulnerable populations in affected districts with a serious impact on the nutrition status of children under-five years of age and of pregnant and lactating women. In order to address the issues of acute malnutrition and associated morbidity and mortality risks, a consolidated response approach is needed, including treatment of moderate acute malnutrition (MAM) and prevention of severely affected malnutrition (SAM). These actions should be taken by applying a community-based management of acute malnutrition (CMAM) approach, and through promotion, protection and support for breast feeding and Infant and Young Child Feeding (IYCF).

Priority Actions

- 1: Ensure therapeutic nutrition is supplied in all 21 affected districts where outpatient treatment centres will be established to provide therapeutic care and counselling services to children affected by severe acute malnutrition (SAM).
- 2: Supply multiple micro-nutrient home fortification for children aged 6-59 months.
- 3: Supply vitamin A supplements to children aged 6-59 months.
- 4: Promote, protect and support breast feeding and infant and young child feeding (IYCF) through counselling by trained counsellors.

- 5: Supplement food supplies to prevent and treat moderate acute malnutrition in children from 6-59 months and also give them counselling services.
- 6: Make maternal counselling by trained counsellors available for pregnant and lactating women.
- 7: Set up in-country logistics support, including fuel and mobile therapeutic and supplementary nutrition services.
- 8: Supplement the diets of pregnant and postnatal women with iron and folic acid tablets to meet health standards.

Protection

Contact Information: Radha Gurung (rgurung@unicef.org)

It is estimated that 3.2 million women and children are among the population affected by protection concerns. Of these, 525,000 are women of reproductive age, of whom 4 per cent (21,500) are pregnant. 2.1 million are children below the age of 18.

Community outreach and information will be promoted in order to inform the communities of their rights and services available.

\$11.3 million
required to reach more than
2.1 million children and
525,000 women of
reproductive age

Priority Actions

- 1: Reach 25 per cent of women of reproductive age with dignity kits containing essentials such as soap, underwear and clothes, flashlights and sanitary napkins.
- 2: Provide trauma counseling and psychosocial assistance to affected population, particularly the most vulnerable groups
- 3: Strengthen/establish survivor-centered multisectoral services and referral systems to respond to gender based violence.
- 4: Establish of women's groups for prevention of gender based violence in the 16 camps, including training of facilitators, safety audits and regular meetings and monitoring. Mobilize communities through GBV prevention awareness activities at village level in the remaining 18 districts.
- 5: Provide girls, boys, women and all community members in affected areas with life-saving information about protecting themselves from violence, and referral mechanisms when appropriate.
- 6: Establish safe spaces for children in IDP camps and affected districts.
- 7: Identify, document, trace and reunite separated children with their families.
- 8: Mobilize communities, local government and relevant organizations to prevent separation, trafficking and exploitation of children.
- 9: Provide essential Human Rights surge for first three months.

Education

Contact Information: Sabina Joshi (sjoshi@unicef.org)

The cluster will coordinate across sectors to provide early childhood development (ECD) and access to protective learning spaces, including psychosocial support and life-saving messages, for school-aged children (3-18 years of age) in 21 districts.

Learning material, including ECD kits, 'school in the box' and recreation kits will be provided. Teachers will also be oriented on psychosocial support and life-saving messages.

\$20 million
required to reach 1.5 million
school-aged children

Priority Actions

- 1: Provide temporary early childhood and learning spaces for the most affected children aged 3-18 in identified districts
- 2: Provide key inputs to support recreation and learning activities
- 3: Orienting teachers and facilitators on psychosocial support and life-saving messages



Shelter and Non-Food Items

Contact Information: Victoria Stodart (victoria.stodart@ifrc.org)

\$ 50 million
required to reach 500,000
displaced

Preliminary government reports indicate that approximately 70,000 houses have been destroyed. However, based on field observations and population densities, these figures are expected to rise. Many of the affected areas are in hard to reach rural areas where delivery of shelter materials will be difficult and costly. With the impending monsoon season and numbers displaced, speed in delivery is critical to ensure that those affected are able to return home whilst having been provided with a protective shelter intervention. Current available humanitarian non-food items and shelter stocks in country are very limited, while the need to assist IDPs staying in self-settled and formal sites is increasing. Quality of locally available materials is also a concern and procurement time will need to be factored in.

Planned temporary settlement sites are necessary but are considered a last resort. Every effort should be made to minimise the need for resettlement to planned temporary sites that are located away from previous homes and communities. Planned settlements in a relief context are usually very expensive to maintain and service and difficult to close. In order to avoid multiple displacement, adequate site services and planning must be provided. Whilst those who remain displaced are a priority in the initial phase, reconstruction will start immediately for those who return quickly or whose homes were only partially damaged. Technical support must be provided to this group so as to ensure a build back safer approach.

Move from emergency shelter programming (tents tarpaulins and shelter kits) to a transitional shelter (made of more durable construction material) should happen as soon as possible and within the emergency response phase to effectively mitigate against other risks and to allow sufficient time for the Government to plan the reconstruction effort.

Priority Actions

- 1: Provide displaced people with immediate life-saving shelter such as tarpaulins, basic tools and fixings for damaged homes, along with appropriate non-food items.
- 2: Provide emergency cash assistance to address urgent needs of the most vulnerable households and host families, including rental subsidies for affected people in urban or semi-urban areas.
- 3: Support municipalities and districts providing safe housing checks prior to population movement.
- 4: Provide affected populations and implementing agencies with information, education, and communication (IEC) materials on appropriate, safe, building standards.



Camp Coordination and Camp Management (CCCM)

Contact Information: Jean Philippe Antolin (jantolin@iom.int);

\$5 million
required to reach 75,000
displaced

The earthquake has driven large numbers of people from their homes and into available open spaces and safe buildings across the affected districts, as a result of widespread destruction of homes. The number of displaced are as of yet not accurate but could easily reach above 100,000 people as rural areas close to the epicentre that experienced damage levels of more than 60 per cent to the infrastructure are yet to be assessed. People have gathered in sites of various sizes across the affected area (ranging from large sites of ten to fifteen thousand, to just a few families) with varying access to basic needs and services, especially shelter and WASH, and face new challenges including increased vulnerability to GBV and other criminality.

Some sites currently occupied by IDPs correspond to sites previously identified through the Open Spaces project as potential sites while others are spontaneous and would either need improvement in living conditions or

support to identify alternative locations. With the monsoon approaching all sites require drainage improvements to prevent flooding and loss of shelter infrastructure and minimize the risk of epidemics.

As the situation improves, facilitation of return and identification of durable solutions of those able to do so within the 3 month timeframe must take place in order to reduce the caseload to those with more difficult conditions requiring heavier investment. The support to the closure or consolidation of camps and identification of alternative solutions is a component of the CCCM cluster strategy. This includes support to restore previous use of priority locations such as schools, universities or other areas and infrastructure of public use.

Priority Actions

- 1: Roll out the Displacement Tracking Matrix to produce site profiles on all sites beginning with the priority sites based on IDP numbers and location. This will also identify cross sectorial needs at camp level flagging priority issues to actors in the capacity and resources to address them.
- 2: Through site management, ensure that basic living and dignity standards are met and that all gaps are identified and addressed. Sites determined as priority will have dedicated camp management structures, smaller sites will be covered through mobile site facilitators.
- 3: Provide urgent infrastructure and other interventions to improve living condition at sites that are spontaneous in nature or overcrowded need. At the same time new sites must be created in most areas with a damage level exceeding 60 per cent. All sites need various degrees of preparedness works for the monsoon season coming in two to three months to prevent loss of shelter and spread of epidemics.

Early Recovery

Contact Information: Kedar Ramraj (mraj.narasimhan@undp.org);

The cluster needs are critical to restore essential services and facilitate continued humanitarian assistance to communities.

Activities will be implemented in close collaboration with the Ministry of Federal Affairs and Local Development (MOFALD) and the Ministry of Urban Development (MOUD) at the national level, as well as authorities at the local level.

\$16 million
required to support
humanitarian operations

Priority Actions

- 1: Support debris removal to enable continued search and rescue activities and allow access to deliver humanitarian assistance.
- 2: Support rapid restoration of access roads and other essential services in remote areas so that relief supplies can be delivered and communities stabilized.
- 3: Deploy additional capacities to shore up gaps in DDRCs relief management coordination, rapid structural assessment of public buildings for safety and provision of basic equipment to facilitate their uninterrupted operation and communication (e.g. solar electricity system, communication equipment, etc.) and emergency service delivery

Logistics and Access

Contact Information: Baptiste Burgaud (baptiste.burgaud@wfp.org)

The earthquake affected areas include mountainous and remote regions, increasing the potential for logistics constraints on operations. With cracked/collapsed houses and hospitals stretched to capacity, tents, medicines and medical supplies, WASH items, food and generators are among the priority needs of the affected populations.

The urgency of relief items and equipment needed at the beginning of the operation will require strategic airlifts from the UN Humanitarian Response Depot (UNHRD) network. The expected volumes of relief items being brought into the country, in conjunction with damaged infrastructure and limited capacity, will require the setting up of staging areas and logistics hubs in and outside Nepal as well as a number of operations and logistics hubs in the affected areas. In order to maximize the use of available transport capacity in-country, a dedicated truck fleet will be leased and made available in Kathmandu for humanitarian cargo movement to affected areas.

\$31.7 million
required to support
humanitarian operations

Furthermore, access by commercial aircraft is disrupted. Against this backdrop, the urgent deployment of UNHAS is required to enable the humanitarian community to access remote disaster sites and provide humanitarian assistance. UNHAS is crucial to fill the transport gap as UN agencies and other humanitarian organizations are scaling up activities towards an effective response.

Priority Actions

- 1: Logistics capacity is augmented including: strategic airlifts from regional hubs, in-country cargo transportation, temporary inter-agency storage and cargo reception facilities, a dedicated truck fleet for surface transport of humanitarian cargo within Nepal and overland from India if needed and emergency road repairs.
- 2: Provide safe, effective and efficient access to beneficiaries and project implementation sites for NGOs, UN agencies, donor organizations and diplomatic missions in Nepal

Emergency Telecommunications

Contact Information: Oscar Caleman (Oscar.Caleman@wfp.org);

The availability of reliable and independent data and voice communications services is a priority for a successful humanitarian response. National telecommunications systems and services have been destroyed or severely damaged throughout affected areas. In addition, the influx of humanitarian workers into the country requires a communication infrastructure with adequate services to help meet operational requirements and coordinate the response. The emergency telecommunications project plans to address these gaps in several remote operational areas and in humanitarian hubs already identified in Kathmandu (including the humanitarian staging area at TIA), Pokhara and Birgunj. Main activities include:

\$2.5 million
required to support
humanitarian operations

Priority Activities:

- 1: Deployment of satellite systems (VSATs) that will provide data/Internet service to the humanitarian community in operational and hub areas;
- 2: Deployment of an augmented radio communications network in remote areas to provide a safe and secure environment for the humanitarian community to operate in;
- 3: Training of UN and NGO staff on the proper use of life-saving telecommunications tools and services;
- 4: Strengthened disaster response capacity building for the Nepali authorities.

Coordination

Contact Information: Markus Werne (werne@un.org);

The UN Assessment and Coordination (UNDAC) team was deployed within 24 hours to provide direct support to the Office of the Resident Coordinator (RCO) and the Government to support existing humanitarian response and coordination mechanisms, joint rapid needs assessments, information management and response planning. In the coming days and weeks coordination mechanisms will need to be strengthened and coordination support scaled-up to respond to immediate humanitarian needs. For example, in close collaboration with Government and local and international partners support has been established for search and rescue coordination and will need to be pushed forward for civil-military coordination, joint response planning, assessments, relief distribution and information management to facilitate safe, secure and timely access to people in need.

\$2.7 million
required to support
humanitarian operations

In addition, engagement with affected communities is essential to ensure that they can be effective actors in the response, taking life-saving actions at household level, accessing response programmes and providing feedback on challenges and gaps. Similarly, given local government capacity challenges and weak accountability mechanisms locally where election have not been held since 2002 due to the post-war transition, bolstering humanitarian accountability mechanisms will be essential. This will build on partnerships with the mobile telecommunications providers and media established prior to the earthquake. It will be organized as an inter-agency common service, together with local partners, national authorities as well as private sector, addressing

communications across different language groups targeting vulnerable groups, including women, children, the elderly and ethnic minorities.

Priority Actions:

Coordination

- 1: Ensure a coordinated humanitarian response based on assessment needs and working in partnership with the Government.
- 2: Provide information to raise awareness.
- 3: Assist the Government and Humanitarian Country Team (HCT) with response planning.
- 4: Support the implementation of an inter-agency common service, together with local partners and national authorities, to collect feedback and provide information to affected communities. The common service will provide options in several languages and will target vulnerable groups, including women, children, the elderly and ethnic minorities.

Engagement with and accountability to affected populations

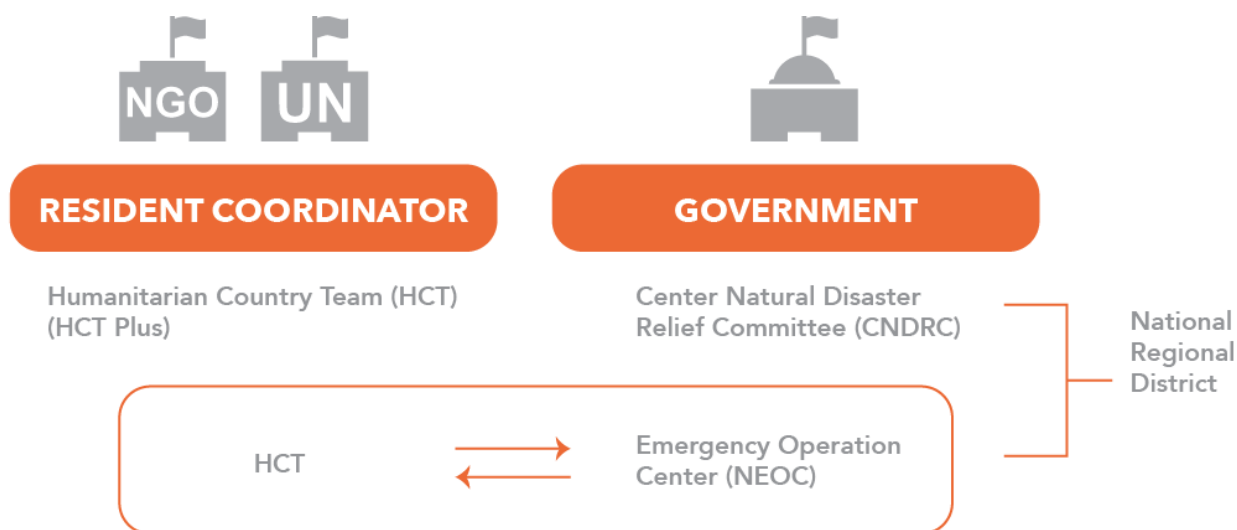
- 5: Ensure coordinated and effective communications to affected populations on critical life-saving actions that individuals, families and communities can take through the course of the response.
- 6: Ensure affected populations have adequate information on the nature and logistics of the response intended to support them.
- 7: Ensure a coordinated approach to two-way communication with affected communities.
- 8: Ensure systematic mechanisms to collect feedback from affected communities and using this to inform decision-making processes at the cluster, inter-cluster and humanitarian country team levels.

ANNEXES

ANNEX I. COORDINATION ARCHITECTURE

The Emergency Relief Coordinator has designated a Humanitarian Coordinator. Daily humanitarian country team (HCT) and inter-cluster coordination (ICC) meetings are taking place. The following clusters have been activated Food Security, Nutrition, Health, WASH, Protection, Education, Emergency Shelter and Camp Coordination and Camp Management Logistics and Emergency Telecommunications, and Early Recovery. As more information becomes available, the HCT will assess the need for setting up coordination hubs across the affected areas.

The Government response is being coordinated by the National Emergency Operations Centre (NEOC) with additional coordination and liaison set up at the airport with the Reception and Departure Centre (RDC), with the Multinational Military Coordination Centre (MNMCC) and at the UN building in Kathmandu. Additional coordination hubs will be required as access to the worst affected areas outside the capital improves. As the situation unfolds it is expected that humanitarian partners will need to expand support to the most affected districts.



CLUSTERS

- WASH
- Health
- Protection (incl. Child Protection & GBV)
- Food Security
- Nutrition
- Shelter & NFIs
- CCCM
- Logistics
- Education
- Emergency Telecommunications
- Early Recovery

ANNEX 2. AGENCIES

CLUSTER	AGENCIES/PARTNERS
Coordination	United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
CCCM	International Organization for Migration (IOM), United National Volunteers (UNV), UNOPS, ACTed, LWR, Handicap International
Early Recovery	United Nations Development Programme (UNDP), International Organization for Migration (IOM), United Nations Human Settlements Programme (UN-Habitat), Oxfam, International Federation of the Red Cross (IFRC)
Education	Action Aid, Aide et Action, Educational Pages, Innovative Forum for Community Development, Lutheran World Federation, Mercy Corps, Nepal Red Cross Society, Partnership Nepal, Plan, Samunnat Nepal, Save the Children, SetoGurans, Transcultural Psychosocial Organisation, United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Children's Fund (UNICEF), United States Agency for International Development (USAID), World Education, World Vision
Emergency Shelter	United Nations Human Settlements Programme (UN HABITAT), Plan, Care, Oxfam, World Vision, Save the Children, International Organization for Migration (IOM)
Food	World Food Programme (WFP), Care, Save the Children, Food and Agriculture Organization (FAO)
Health	United Nations Population Fund (UNFPA), World Health Organisation (WHO), International Organization for Migration (IOM)
Logistics	World Food Programme (WFP)
Nutrition	United Nations Children's Fund (UNICEF), ACF International (ACF), World Food Programme (WFP)
Protection	United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), United Nations High Commissioner for Refugees (UNHCR), Office of the United Nations High Commissioner for Human Rights (OHCHR), Search for Common Ground (SFCG), Women's Rehabilitation Centre (WOREC), SAATHI, International Organization for Migration (IOM)
Emergency Telecommunications	World Food Programme (WFP), NetHope, United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
WASH	United Nations Children's Fund (UNICEF), United Nations Human Settlements Programme (UN Habitat), United National Volunteers (UNV)

Clusters are reaching out to humanitarian partners to ensure efficient coordination among all in-country and incoming workers.



Guide to Giving

to humanitarian action in line with the Nepal Flash Appeal

CONTRIBUTING TO THE NEPAL FLASH APPEAL

To donate directly to activities in the appeal and for information on participating organizations and persons to contact, view the country page on the Humanitarian Response website:

www.humanitarianresponse.info/operations/nepal or www.unocha.org/nepal

IN-KIND RELIEF AID

The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact: logik@un.org.

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)

The UN Central Emergency Response Fund (CERF) has already released \$15 million to kick-start immediate life-saving relief work in Nepal. CERF receives contributions year-round so that humanitarian partners can act quickly when and where crises strike. Find out more about how you can help through CERF here: www.unocha.org/cerf/our-donors/how-donate

REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS

OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its aim is to give credit and visibility to donors for their generosity to show the total amount funding and resource gaps in humanitarian appeals. Please report your contributions to FTS, either by email to fts@un.org or through the on-line contribution report form at <http://fts.unocha.org>.