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Linking Nepal's Social Protection Programs with Anticipatory Action



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Shock Responsive Social Protection in Nepal

All social protection programs (SPP) are designed shock responsive as they deal with shocks that negatively affect families and/or individuals. However, most SPPs are designed to support households experiencing shocks because of life cycle events such as birth, old age, illness etc. Shock-responsive social protection instead focuses on disasters and crises. It encompasses the adaptation of regular programs and systems to cope with changes in needs and demands following a disaster. This can be before the shock by building shock-responsive systems, plans and partnerships in advance of a shock to better prepare for emergency response; or after the shock, to support households once the shock has occurred. In this way, social protection can complement and support humanitarian planning and assistance.

As an auxiliary to the Government of Nepal, Nepal Red Cross Society (NRCS) has been supporting in overall disaster management (DM), now particularly to integrate Anticipatory Action (AA) into the DM cycle. NRCS has been exploring different ways of linking SPP and AA with the assumption that:

- This can improve time and cost efficiency as existing systems are utilized to take early actions.
- And ensure sustainability of AA as SPPs are already institutionalized.

In 2021, a multi-purpose cash (MPC) assistance was provided to vulnerable groups (Sr. Citizens, Persons with disabilities, Single and widowed women, Dalit children under five) affected by flood in Tikapur and Janaki of Kailali district through leveraging Nepal's Social Security Allowance program's financial, IM, grievance, and communication infrastructure, to meet basic needs and support early recovery of individuals. This proved that the government's social protection system can be used to provide cash assistance at scale before or after a disaster in a cost- and time efficient way. It also opened the path for the Nepalese government and humanitarian actors to use pre-existing government mechanisms to meet humanitarian needs.

Additionally, there are other vulnerable groups besides the ones covered by the SSA program who also have special needs who require support in early actions. NRCS has been exploring ways to target such groups for AA by utilizing SPP registries besides SSA. The workshop on "Linking Nepal's Social Protection

Programs with Anticipatory Action” is one such exercise. Therefore, this workshop has been designed to bring in representatives from different sectoral departments of the 4 champion municipalities (Tikapur and Janaki in Kailali district, Laaljhadi and Punarbas in Kanchanpur district).

Objective:

1. To identify strengths, challenges, and solutions of using existing SPPs to deliver cash and in-kind support in anticipation, and response of floods.
2. To identify how these SPPs are disrupted during and after a disaster and identify solutions to overcome the disruption in anticipation of floods.

Expected outcomes:

1. Findings from the workshop will help to develop a proof-of-concept that will be tested during 2024 simulation and monsoon.
2. Findings from the workshop will be used to develop a report on SP System assessment for shock responsiveness at the Municipal level.

Methodology:

A database mapping exercise was done in preparation of the workshop (Annex 1) to map existing data from different SPPs at the Municipalities that could be relevant for early action and response. This was also shared during the workshop for validation and used during the first group exercise.

To give an overview of SPP and Shock Responsive Social Protection (SRSP) to the participants, the representatives from Ministry of Labor, Employment and Social Service, and Department of Health Services gave an overview of different SPPs in Nepal while NRCS shared different examples of leveraging SPP with disaster assistance. This was followed by group exercise where each of the Municipality prepared a tentative action plan linking SRSP with AA.



Participants:

Name of participants	Organization/Designation
Janaki Rural Municipality, Kailali District	Chief of Women and Children Department
	Chief of Health Department
	Coordinator of DM committee/Ward Chair Ward-6
	DRR Focal Person
Tikapur Municipality, Kailali District	Coordinator of DM committee and Ward chair Ward-6
	Coordinator, Social Development Dept.
	MIS Operator
	DRR Focal Person
	Member, DM. Committee

Name of participants	Organization/Designation
Punarbans, Kanchanpur District	DRR Focal Person
	Chief, Women and Child Development Dept.
	Coordinator of DM committee Chair ward-8
	IT officer
Laljhadi Rural Municipality, Kanchanpur District	Senior Assistant of Health Dept.
	DRR Focal person
	Coordinator of DM committee and Chair ward # 3
	MIS Operator

22 and 23 January 2024 Chisapani, Kailai district

Session outline:

Time	Overview	Instructions	Facilitator
Day 1			
11 - 11:30 AM	Welcome and introduction of the participants. Sharing of the workshop objective and outcomes.		Rudra Adhikari, NRCS Deputy Director
11:30 - 12:00 PM	Overview of Social Protection Program in Nepal		Ambika Prasad Adhikari, Ministry of Labour, Employment and Social Security
12:00 - 12:30	Overview of Health Social Protection Program in Nepal		Dr. Rinesh Adhikari, Department of Health Service
12:30 - 1: 30 PM	Lunch		
1:30 - 2:00 PM	Linking SPP with anticipatory action and response	PPT on the different case studies: 15 minutes Good practices of SRSP from the participants: 15 minutes	Rudra Adhikari, NRCS Deputy Director
2:00 - 2:30 PM	NRCS Anticipatory action plan for monsoon 2024	Presentation: 10 minutes Q&A: 20 minutes	Binod Lamichhane, Program Officer
2:30 - 5:00 PM	Tabletop Simulation: Present a flood forecast scenario. Within the limitations of a 7-day lead time, prepare a Plan of action for early action and response.	Presentation: 10 minutes Group work per municipality: 40 minutes Presentation: For each group 10 minutes for presentation and 10 minutes for Q&A Materials: Prepare a flood forecast scenario, budget, and matrix	Alina Karki, Danish Red Cross
Day 2			

Time	Overview	Instructions	Facilitator
9:00 - 11:30 AM	<p>Database mapping sharing, validation, and exercise:</p> <p>Database mapping sharing</p> <p>Group work on using the database that exists at the Municipalities to plan and take early actions and responses.</p>	<p>Presentation and sharing the instructions: 20 minutes.</p> <p>Group work as per municipality: 1 hour</p> <p>Presentation: For each group 10 minutes for presentation and 10 minutes for Q&A</p> <p>Materials: PPT of the database mapping, printouts of the materials and matrix.</p>	Pramod Adhikari, NRCS
11:30 - 12:00 PM	Tea break		
12:00 - 1:00 PM	Data Protection Impact Assessment and Good Practices		Bharat Bhat, NRCS
1:00 - 2:00 PM	Lunch		
2:00 - 3:00 PM	Closing with key action points		



Major Findings

1. SPPs are designed at either federal, provincial, or local level. While larger programs such as SSA, PMEP, Aama Program etc. are designed and financed by the federal level, programs such as Bank account for daughters - lifelong security and the Disaster Risk Insurance are Provincial government programs. Leveraging federal SPPs with humanitarian assistance can provide a way to reach a large-scale disaster that affects across districts and regions, however, there is a potential to tap into the provincial and local level programs to aid with disasters with local impacts.
2. A database mapping exercise was conducted which reveals the rich and diverse database maintained by municipalities encompassing multi-sector - vital civil registration, livelihood, health, education, disaster etc. (Annex 1). These databases can be leveraged for pre-identification of beneficiaries (based on vulnerability and exposure to disasters) which is critical for targeted early actions. Designing and planning early actions based on government's existing database will not also be resource efficient but will also ensure institutionalization and sustainability of AA.
3. Health insurance service provided to the ultra-poor, medical subsidies program for chronic illness, Provident Fund for minimum wage earners from informal sectors etc. are other SPPs that need to be further explored for pre-identification of vulnerable groups.

4. A core service provided by the LGUs that is disrupted by disasters is the health sector such as the pre-natal and ante-natal services to pregnant and lactating mothers, immunization to newborns etc. As this is an essential service that should be functioning ex-ante and ex-post disasters, there is a critical need to design early actions to ensure continuity of these services based on weather forecast information. LGUs have strong established health service delivery mechanisms including regularly updated database, trained health service providers who can deliver services in crisis, financing mechanism etc. that serves as strong foundation.



5. With increased potential of leveraging existing SPP databases with disaster will also require increase in Data Protection measures with stringent measures necessary for data sharing between different intra-government departments and ministries and humanitarian agencies.
6. Notably, significant investment is currently underway in Nepal on the development of a comprehensive national ID system, with ambitions of linkages with relevant social protection programs. The National Planning Commission is also working on developing an integrated SPP registries. Moving ahead, the red cross movement can inform policies and guidelines for these plans based on our exercise with the municipalities of leveraging these databases for early actions and response.



Key takeaways from the Group work: Using existing Municipality level database for Anticipatory Action

Janaki Rural Municipality

Early Actions and response	Available database and the information to be used	Challenges to take the action	Proposed solutions
Early Communications	PMEP program SSA Program Aama program Immunization program	SMS could be missed. Wrong Contact number Unavailable mobile network	Door to Door visit to provide early warning messaging (EWM). Develop a specific radio frequency for the municipality which can be used for EWM and other official news. Use of multi-hazard siren
Drainage Cleaning	PMEP Program	Lack of Act and policies.	Allocation of budget in the annual plan of the municipality.

Early Actions and response	Available database and the information to be used	Challenges to take the action	Proposed solutions
		Challenge to mobilize the PMEP beneficiaries. Unavailability of those listed in PMEP during monsoon	
Embankment using the sandbag	PMEP program	Challenge to manage the fund. Unavailability of the worker	Allocation of budget in the annual plan of the municipality.
Support to the vulnerable families for early harvesting	PMEP program	Challenge to identify the vulnerable households. Conflicts can be created in community.	Data Management.
Cash Assistance	SSA registry Scholarship for Dalit Students program Aama program Immunization program	Beneficiaries' selection (beneficiaries except the SSA recipient will not be selected) Conflict in community. Cannot provide the cash at the right time. False forecasting	Data collection and management of the households' proximity to the river and in high-risk areas. Develop and abide the standard for the relief distributions. Develop and implement the SoPs to distribute the Cash.
Evacuation of individuals, livestock, and assets.	Mobilize the beneficiaries of PMEP program.	Challenges to manage the evacuation in designated and pre identified places. People do not agree to be evacuated on time.	Proper orientation of Acts and Policies.
Complain handling mechanism	SSA program Scholarship for Dalit students' program Aama program Immunization program	Challenges to address the complaint on time. People don't have access to complain handling mechanism. Most of the people are not known about the complaint handling mechanism. People don't complain	Inform the community about the complaint handling mechanism.

Takeaways:

1. Explore other SPPs and its database at the municipality to target for Cash Plus AA support to include other vulnerable groups that are not covered by the SSA program. For instance by leveraging the Aama Program registry, pregnant and lactating women can also be targeted for cash intervention.
 2. Align Cash Plus intervention with Janaki Relief Distribution Standard and Cash Guideline.
 3. Activate the complaint feedback mechanism of the Municipality and NRCS for anticipatory action as well.
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Tikapur Municipality

Early actions and response	Available database and the information to be used	Roles and responsibilities	Challenges to take the action	Proposed solutions
Early messaging	SSA (Address and Contact Number), People with disability ID card distribution.	SMS, Budghar, chiraki, Radio, letter, siren, FCHV, Red Cross volunteers and elected representatives.	-----	-----
Drainage cleaning and embankment strengthening by placing sandbag	PMEP and Tole development committee	Manage the fund from disaster management fund, Coordinate with tole development committee.	PMEP budget cannot be used throughout the year.	Use of DM fund as alternative resources. Prepare the roster of volunteers and deployment of irrigation committee.
Early harvesting	List of registered farmers.	Coordinate with tole development committee.	-----	Prepare the roster of alternative volunteers in ward.
Evacuation of people and livestock	Flood exposure data	Management of shelter, toilet, drinking water and accommodation	Challenge to use the budget.	Prepare the roster of alternative volunteers in ward.
Cash distribution	SSA program and Aama program	Support from Nepal Red Cross	Unavailability of specific standard and guideline to support the cash.	Take the support from local agencies, develop the specific cash guideline and standard.
Complain handling	Consolidated database	Judicial Committee of Tikapur municipality and Complaint handling mechanism	Ineffective complaint handling mechanism	Explore the possibilities to make the complaint handling mechanism more effective.

Takeaways:

1. Align Cash Plus intervention with Tikapur Municipality Cash Guideline and the Relief distribution standard (which is a part of the DPRP Annex).
2. The database on farmers maintained by Tikapur can be used to provide agriculture related early warning and planning for early harvesting support.
3. To strengthen the grievance handling mechanism, involve judicial committee along with the existing mechanism from NRCS and Municipality.

Laaljhadi Rural Municipality

Early Actions and response	Available database and the information to be used	Roles and responsibilities	Challenges to take the action	Proposed solutions
Early messaging	SSA Program PMEP Aama program Health Insurance Program Immunization Program	Rural Municipality Registration department Employment service center Health department GESI department	To obtain the genuine and appropriate data Dynamic nature of beneficiaries Do not give importance to the messages.	Use of multi siren and communication mechanism Gain the trust of community on forecasted information. Use the effective medium for the communication.

Early Actions and response	Available database and the information to be used	Roles and responsibilities	Challenges to take the action	Proposed solutions
	Orphan Assistance Program Aid for sugarcane Farmer	Agricultural development department Stakeholder agencies	Unfunctional communication mechanism	
Drainage cleaning	PMEP	Rural Municipality Employment service center Stakeholder agencies	Lack of coordination between Stakeholders agencies	Division of responsibilities. Persistence for coordination and collaboration.
Maintenance of Biological Embankment	PMEP	Rural Municipality Employment service center Stakeholder agencies	Lack of adequate resources. Do not prioritize the provided job by the beneficiaries involved in employment program	Use of Disaster management fund Take the support from different stakeholders' agencies.
Managements of crops and livestock	Social Security allowances program	Rural municipality Agriculture development department Livestock service Depart	Lack of evacuation and the crops storage center.	Apply the alternative to reduce the losses. Use of modern technology.
Safe shelter management	Social Security allowances program Immunization Program	Rural Municipality Education Department Health department	Lack of coordination and cooperation. Concerned body do not show any interest.	Maintain the intensive cooperation and long-term coordination among stakeholders.
Cash distribution	SSA program	Rural municipality Stakeholder agencies	Difficulties to distribute the cash. Duplication	Explore the alternative system.
Evacuation of the temporary shelter	SSA program	Rural Municipality Stakeholder agencies	Proper shelter and crowd management. Security issues.	Organize awareness program. Organize the social vigilance activities. Mobilize red cross volunteers, LDMC and security personnel.

Punarbans Municipality

Early Actions and response	Available database and the information to be used	Roles and responsibilities	Challenges to take the action	Proposed solutions
Communication/ Information Dissemination	Contact Number available in SSA registry	Collect the contact number, Disseminate the information using Early warning communication channel.		
Drainage cleaning and Emergency temporary Dam	Contact number from PMEP program. Mobilize the beneficiaries of PMEP	Mobilize the listed beneficiaries of PMEP and Red cross volunteers.	Unavailability of all the listed people on time, couldn't complete the work if can't preformed at the right time.	SoPs should be endorsed by Municipality to mobilize the listed beneficiaries of PMEP during the emergency.
Assess the required resources.	Information available in SSA registry: Name list, Bank account, Address, and contact number of Children, People with Disability, pregnant and maternal woman, and Senior citizen	Develop the plan with the support of Nepal Red Cross Society.	Short time for the decision.	Municipality will be accountable during the beneficiary's selection process, so utilize the municipality's inter fund if any beneficiaries will be missed.
Cash Assistance	Information available in SSA registry: Name list, Bank account, Address and contact number of Children, People with Disability, pregnant and maternal woman, and Senior citizen	Develop the plan and policy, take timely decision, Ensure the budget. NRCS will provide the technical and financial support.	Beneficiaries number could exceed than of pre identified.	Prepare the plan for monsoon.
Evacuation to safe places.	Information available in SSA registry: Name list, Bank account, Address and contact number of Children, People with Disability, pregnant and maternal woman, and Senior citizen	Develop the plan and policy, make timely decision, Ensure the budget. Mobilize the Red Cross Volunteer for the support.	Not all safe shelter and places are friendly to everyone. Need to identify the open places.	Make all the safe shelter and open places friendly to everyone.



Key takeaways from the Group work: Taking early action and response based on the existing SPP

Janaki Rural Municipality

Existing SPP	Disruption due to a shock	Actions to overcome the disruption	Barriers to take the action	Proposed solution
Aama Program	<ul style="list-style-type: none"> * Disruption in regular ANC and PNC check-up, immunization services. * Health Posts can be affected by flood 	<ul style="list-style-type: none"> * Inform the patients about weather forecast information. * Deliver basic services such as PNC check-up, nutritious food, family planning services etc. at safe shelter in case of early evacuation. * Inform health team (RRT) of the forecast. Mobilise them accordingly. 	<ul style="list-style-type: none"> * Lack of sectoral committee planning based on weather forecast * Hesitation to evacuate early due to risk of theft * Challenge of managing needs at shelter if there are many pregnant and lactating mothers at the same time. * Road blockage can create challenge for the health workers to reach the affected areas 	<ul style="list-style-type: none"> * Include sectoral committees during early action/DRR planning. * Mobilise Female Community Health Volunteers (FCHV), RRT and other volunteers in early action based on weather forecast information * Stockpile necessary medicines on time
SSA Program	<ul style="list-style-type: none"> * Road blockage due to which disruption in distribution and collection of the allowance. * Disruption in new registration and renewal process 	<ul style="list-style-type: none"> * Request banks to hold cash camps at high risk toles * Hold renewal and registration camps at high risk toles 	<ul style="list-style-type: none"> * Bank can refuse to provide such services at the toles * Beneficiary might not have the necessary documents during the time of such camps * Difficult to track seasonal migrants 	<ul style="list-style-type: none"> * Pre-agreement with the banks * Communicate with the communities immediately for renewal and registration based on the weather forecast information * Record migrant population and their flow

Takeaways:

1. Include the sectoral committees and departments at the Municipal level DRR planning process including while updating the Early Action Framework (EAF). Accordingly ensure EAF includes multi-sectoral early actions after incorporating inputs from the different departments to ensure that critical services delivered by the Aama Program to pregnant and lactating women and their children are not disrupted by floods.
2. Include health service providers - Female Community Health Volunteers (FCHV), Rapid Response Team (RRT) and others as key actors who can be mobilized to deliver health related early warnings and early actions based on weather forecast information.
3. Remove disruptions distribution, and encashment of SSA due to road blockage or anticipation by ensuring a pre-agreement with the banks to hold cash camps if there is a weather forecast signaling possibility of floods.
4. Support in renewal and registration process by organizing camps at community level during peak monsoon season.

Tikapur Municipality

Existing SPP	Disruption due to a shock	Actions to overcome the disruption	Barriers to take the action	Proposed solution
Our Beloved Daughters Program (हामी छोरी प्यारी छोरी कार्यक्रम)	<p>Disruption in updating the database</p> <p>Provision to register for birth certificate within 35 days</p> <p>Unavailability of bank account number on time</p> <p>Child marriage</p>	<p>Conduct door to door program with ward offices to ensure timely birth registration and recommendation for enrolment in the program.</p>	<p>Lack of access of people to the ward office</p> <p>Cross border marriages</p> <p>Improper migration record</p>	<p>Campaign to raise awareness against child marriage</p> <p>Raise awareness regarding Our beloved daughter program</p> <p>Maintain proper migration record</p>
Aama Program	<p>Disruption in regular ANC and PNC check-up, immunization services.</p> <p>Disruption in maintaining proper stock of medicine.</p> <p>Road blockage impacting access to and delivery of health services.</p>	<p>Door to door visit by FCHV to deliver health services.</p> <p>Conduct immunisation camps at communities.</p> <p>Management of cold chain.</p> <p>Provide free ambulance services.</p>	<p>Challenges in managing data of individuals at Municipal level (only aggregate data available)</p> <p>Lack of budget to deliver services as early action</p> <p>Lack of trained human resources</p>	<p>Provide transportation support</p> <p>Train human resources</p>
SSA Program	<p>Disruption in distribution and collection of the allowance.</p> <p>Disruption in new registration and renewal process.</p> <p>Disruption in online network and system.</p>	<p>Organise registration, renewal, and distribution camps at communities.</p> <p>Fix a specific time duration for collection of registration and renewal.</p> <p>Provide transportation support in case of road disruption.</p>	<p>Lack of information regarding the need for SSA renewal.</p> <p>Security issues.</p> <p>Lack of information dissemination.</p> <p>SSA recipients might not be at home (seasonal migration to India).</p>	<p>Disseminate information in communities.</p> <p>Coordination with security personnel.</p> <p>Electricity back up required at Municipalities.</p> <p>Provide clear information regarding renewal and registration processes.</p>

Takeaways:

1. Tikapur has an extensive database on farmers which can also be used for livelihood-related early warnings and early actions. Their Our daughter program also has database of girl children below the age of 20 years.
2. Disasters can have negative coping mechanism such as child marriages. To mitigate this risk, under the Our daughter program, sensitization and awareness campaigns against child marriages can be conducted by timing it with the weather forecast information.
3. Municipalities only keep aggregate data of Aama Program beneficiaries. However, the wards and health centers keep individuals' data records. There is a need to maintain individual database at the municipal level too. There also need to be exploration on how to avoid duplication if two different databases are used for beneficiary selection process.

Laaljhadi Rural Municipality

Existing SPP	Disruption due to a shock	Actions to overcome the disruption	Barriers to take the action	Proposed solution
SSA program	Disruption in distribution and collection of the allowance. Disruption in new registration and renewal process.	Use multiple encashment modality or cash camps at the communities.	Rise in security issues during disasters due to which SSA recipients might be targeted.	Categorization of multiple encashment modality.
Aama Program	Disruption in regular ANC and PNC check-up, immunization services.	Arrange for alternative ways to deliver the regular services. Timely dissemination of information regarding the alternative service delivery mechanism.	Might be challenging to deliver service on time.	Collaborate with relevant stakeholders to arrange resources and alternative service delivery.
Immunization Program	Lack of timely availability of vaccines	Arrange for alternatives time and place to conduct immunization program in collaboration and coordination with relevant stakeholders	In access to information regarding the alternative immunization program	Mobilize FCHV and NRCS volunteers for information dissemination
PMEP Program	Lack of employment opportunity	Identify multiple sectors for employment opportunities	Possibility of conflict while identifying new areas for employment	Collaboration with relevant stakeholders
Support to orphaned children	Challenges to raise children	Campaign to raise awareness regarding the services provided by the government	Disruption in communication challenges	Use of multiple communication channels to ensure the message is received

Takeaways:

1. Include the sectoral committees and departments at the Municipal level DRR planning process including while developing the Early Action Framework (EAF). Accordingly ensure EAF includes multi-sectoral early actions after incorporating inputs from the different departments to ensure that critical services delivered by the Aama Program and Immunization Program to pregnant and lactating women and children are not disrupted by floods.
 2. Include health service providers - Female Community Health Volunteers (FCHV), Rapid Response Team (RRT), NRCS volunteers and others as key actors who can be mobilized to deliver health related early warnings and early actions based on weather forecast information.
 3. Remove disruptions in distribution, and encashment of SSA due to road blockage or anticipation by ensuring a pre-agreement with the banks to hold cash camps if there is a weather forecast signaling possibility of floods. Explore alternative delivery mechanisms to make encashment process easier.
 4. Support in renewal and registration process by organizing camps at community level during peak monsoon season.
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Punarbhas Municipality

Existing SPP	Disruption due to a shock	Actions to overcome the disruption	Barriers to take the action	Proposed solution
SSA Program	Disruption in distribution and collection of the allowance as the recipients cannot go to the bank and the bank cannot reach the community.	<p>Arrange for security to the banks so that they can organize cash camps at the communities.</p> <p>Based on weather forecast, ensure all relevant municipal and staff are on standby.</p>	Arrange for security	<p>Emergency material management.</p> <p>Coordinate with security forces such as police and army.</p> <p>Ensure effective dissemination of early warning messaging.</p>
PMEP	Listed workers won't get the employment opportunity if the preselected area is affected.	Alternative plan and work should be managed.	Policy challenges	Long term policy amendment
Aama Program	Disruption in regular ANC and PNC check-up, immunization services.	Manage health service providers and alternative transportation services in case of road blockage	Could be challenging if alternative transportation services cannot be arranged on time.	<p>Manage basic services and volunteers at the shelter.</p> <p>Ensure timely dissemination of early warning messages.</p>

Takeaways:

1. Multiple solutions can be explored to overcome the disruptions in SSA delivery or encashment process such as organizing cash camps, preponing the delivery to be ahead of monsoon etc.
2. Multiple areas of work should be identified for the PMEP to ensure a back up plan if incase a flood affects the primary plan for the engagement of PMEP workers. Explore policy engagement to make this feasible.
3. Include health service providers - Female Community Health Volunteers (FCHV), Rapid Response Team (RRT) and others as key actors who can be mobilized to deliver health related early warnings and early actions based on weather forecast information.

Annex 1.

Table 1. Database mapping of Tikapur Municipality

Program name	Mention the type of vulnerability that the database includes.	Responsible department	Includes name of the household head	Includes citizenship ID (or any other govt ID)	Includes mobile number	Includes geographical location (Ward name, Village name, Tole name)	Includes a family members' Bank A/C number	Includes information of individual or household	Online or manual database	Name of the software	Federal or local software	Person responsible to maintain the database	When was the database last updated?	How often is the database updated?
Animal service data	Cattle data	Animal service depart	Yes	NA	Yes	Yes	NA	Individual	Manual	NA	NA	Animal service depart head	2023-11-16	Monthly
Disaster Exposure Data	Hazard exposure data	DM branch office	Yes	1	1	Yes	NA	Both	Manual	NA	NA	Drr focal/IT officer/ward office	2022-07-01	Quarterly
People with disability	People with disability (a,b,c,d)	Women, children and social welfare subbranch	Yes	Yes	Yes	Yes	NA	Individual	Online	Apangata Parichaya Patra	Local software	Women, children and social welfare department head	2023-11-30	Annually
School level IEMIS	Student scholarship data	Education, youth and sports depart	Yes	Yes	NA	Yes	NA	Individual	Online	School MIS	Federal software	Education, youth and sports department head	2023-11-30	Dynamic
Prime Minister Employment program	Poverty/Income level/ Unemployment data	Employment service center	Yes	Yes	Yes	Yes	NA	Individual	Online	EMIS (Employment management information system)	Federal software	employment coordinator	2023-11-30	Annually
Social securities & personal incident registered plan (SSSPCR)	SSA DATA	Department of NID and Civil registration	Yes	Yes	Yes	Yes	Yes	Individual	Online	MIS	Federal software	Ward secretary, mis operator and SSA Depart Head	2023-12-23	Dynamic
Municipal profile	All types information include	IT officer/ ward office	Yes	Yes	Yes	Yes	NA	Both	Online	Tikapur municipal system	Local software	IT officer	2018-12-24	More than five years

Program name	Mention the type of vulnerability that the database includes.	Responsible department	Includes name of the household head	Includes citizenship ID (or any other govt ID)	Includes mobile number	Includes geographical location (Ward name, Village name, Tole name)	Includes a family members' Bank A/C number	Includes information of individual or household	Online or manual database	Name of the software	Federal or local software	Person responsible to maintain the database	When was the database last updated?	How often is the database updated?
Vaccination program	Vaccination	Health depart	Yes	Yes	Yes	Yes	NA	Individual	Manual	NA	NA	Health post incharge	2023-12-16	Monthly
non-communicable disease	Health post and health clinic	Healthpost / health clinic	Yes	Yes	Yes	Yes	NA	Individual	Manual	NA	NA	Health post	2023-12-16	Monthly
Pregnancy, Postpartum Family Planning Services	Pregnancy, Postpartum Family Planning Services	Health depart	Yes	Yes	Yes	Yes	NA	Individual	Manual	NA	NA	Health post, Health clinic	2023-12-16	Monthly
Our dear daughter program	Girls below the age of 20 years	Women, children and social welfare subbranch	Yes	Yes	Yes	Yes	Yes	Individual	Online	Google sheet	Local software			Monthly

Table 2. Janaki Database mapping

Program name	Target of the database	Responsible department	Includes name of the household head	Includes citizenship ID (or any other govt ID)	Includes mobile number	Includes geographical location (Ward name, Village name, Tole name)	Includes a family members' Bank A/C number	Includes information of individual or household	Online or manual database	Name of the software	Federal or local software	Person responsible to maintain the database	When was the database last updated?	How often is the database updated?
Scholarship program for Dalit students	Dalit student upto 10th grade	Education department	Yes	Yes	Yes	Yes	NA	Both	Online Software	MIS	federal software	Education department Chief	2023-06-15	Annually
PMEP	Unemployed	Employment department	NA	Yes	Yes	NA	NA	Individual	Online Software	emis	federal software	Rojgar samyojak	2023-07-16	Annually
SSA program	Social vulnerability	Civil registration department	Yes	Yes	Yes	Yes	NA	Both	Online Software	MIS	federal software	Civil registration department - MIS Operator	2023-12-24	Monthly
Immunization program	Lactating children	Health department	Yes	NA	Yes	Yes	NA	Individual	Online Software	DHIS	federal software	Health department chief	2023-12-24	Monthly
Education programm	Student	Education department	NA	NA	NA	Yes	NA	Individual	Online Software	MIS	federal software	Chief of health department	2021-01-31	Annually
Aama Program	Pregnant and lactating mother	Health department	Yes	Yes	Yes	Yes	NA	Individual	Online Software	DHIS	federal software	Health department	mangsir end	Monthly