**Case Study**

**Lidoba – Update August**

At the end of July, heavy rains began, causing devastating floods – the heaviest floods in the country’s history. In addition to causing deaths, the flood water caused unprecedented damage: destroying houses, schools, and health facilities including hospitals, roads and bridges, inundating standing crops and affecting more than 2 million people. The nutrition situation in flood-affected areas is alarming, with limited access to clean drinking water, poor shelter, open defecation, limited access to food supplies and markets, flooded health facilities and displaced health staff, and increased pressure on women’s time (wood, water collection, etc.). This has contributed to the deterioration in infant feeding practices and have negatively affected the nutritional status of the most vulnerable, in particular children under five and pregnant and lactating women, as well as older people. Women and girls do not feel safe accessing humanitarian services including health facilities. Gender based violence (GBV) actors have raised concerns of GBV in affected communities and on the way to accessing humanitarian services and when women and girls are collecting fire wood/fetching water. The government is leading the relief efforts and is insisting on an efficient and quick response. The UN and NGOs have mobilized their staff to provide services, sending seasoned senior staff in support of local missions. The cluster system has been activated. Donors are mobilizing funds to support basic services for the affected population.

You are working for an NGO who is a partner in the Country Nutrition Cluster. Your activities focus on food security through distribution, awareness raising of WASH activities and building livelihoods. You are a mid-size NGO with secured institutional funding for the next 3 years. You have 20 staff in country, 5 international and 15 national. You are currently going through a restructure in the organisation.