

3 April 2020

## Overview

The Humanitarian Country Team (HCT) in Nepal, under the leadership of the UN, continues to be actively involved in preparedness and response activities in support of, and with the Government of Nepal (GoN), on Covid-19. Initially, coordination and support were primarily with the Ministry of Health and Populations-MoHP; now it is a multi-sector approach to the crisis as the full impact of the crisis is starting to become evident.

The HCT is convening regular meetings and has formulated a *Nepal COVID19 Preparedness and Response Plan*, with inputs from UN agencies, Red Cross Movement, I/NGOs and the GoN, in particular with the MoHP, Ministry of Home Affairs-MoHA, and the National Disaster Risk Reduction and Management Authority-NDRRMA. The UN Agencies have also been closely working with their respective ministries. The *Nepal COVID19 Preparedness and Response Plan* has been presented by the UN and NDRMA to the donor community. The UN agencies are supporting provincial and local levels. Coordination meetings are organized amongst UN, AIN and I/NGOs, and liaison with Provincial and Local authorities is ensured.

As of 3 April, there are 6 confirmed cases of COVID-19 in Nepal. Five patients are undergoing treatment and contact tracing of all patients continues. As of 30 March 2020, 988 suspected cases tested negative out of the total of 993 samples tested. In an effort to prevent the spread of the disease in the country, the Government extended the nationwide lockdown until 7 April while the ban on international flights will remain until 15 April 2020. The decision bars citizens from leaving their houses except in case of emergency and basic food shopping.

The Government has established quarantine camps, which present significant protection challenges. These sites are being established with the support of security forces in different parts of country including along the Nepal-India border areas, though many municipalities are reportedly establishing 'group quarantine' in existing facilities (e.g. schools) as well as in tents in the open areas designated by the Government. The Government has endorsed the Standards for Operation and Management Quarantines relating to COVID-19 to regulate the quarantine centres that are being set up at the province and local level. The guidelines set out the standards for the setup and maintenance of the quarantine centres. More than 100,000 migrant workers have entered various districts of Province 2, 5, 6 and 7. Provincial and local governments instruct them to stay either in home or in group quarantines in the temporary quarantine centres.

## Food Cluster

The nationally sampled food security household monitoring (4,400 households) is planned for the end of April, with market functionality study and high-frequency market price monitoring (30-40 markets) starting early April. Further food security monitoring is ongoing, covering food stocks, macro-economic situation, and reported pockets of food insecurity. Activities in collecting information on the implementation of the Government's food assistance related relief package is

also ongoing, and cluster meeting may take place early next week to discuss on post-lockdown response to highly food insecure daily wage workers/low-income people.

### **WASH Cluster**

The technical working team has been established to support cluster on technical aspect of COVID19 preparedness and response. The WASH Cluster secretariat has been set up in the Department of Water Supply and Sewerage for day to day support for the cluster. WASH in Health Care Facilities (WiHCF) assessment tool (shorter version) has been finalized to conduct assessment and WASH requirement for health care facilities. Designated Cluster members will be collecting this information for further quick support actions. Hospital waste management is an issue. WHO and GIZ are jointly working on the assessment of 'hospital waste management'.

### **Health Cluster**

The health cluster is gearing up. Training on the WHO Guidelines is organized at provincial level. On 28 March 2020, the government of Nepal airlifted 20,000 PPE kits and other supplies from China. Prior to this shipment, very limited quantities of PPE and other essential supplies were dispatched to the provinces. In Karnali and Sudurpaschim province, around 10,000 gloves and 60,000 masks were locally procured and the next flight from China has arrived on 2 April 2020. The health cluster is meeting weekly to provide coordination support to government. The Health Emergency Operation Center (HEOC) regularly meets to review the response plan and supply chain management

### **Nutrition Cluster**

The nutrition cluster is meeting on an ongoing basis as are associated technical working groups. Key interim guidance notes are developed on IYCF and SAM treatment. The cluster is monitoring onsite supplies up to health facility level for the management of severe acute malnutrition and micro-nutrients for children and women. CIVID-19 contingency plan has been developed. Procurement of essential commodities is underway and monitoring routine health information system data related to malnutrition is ongoing.

### **Protection Cluster**

The protection cluster has met, and a task force has been formed for monitoring of protection issues. Remote psycho-social support networks and mechanisms have been set up and started operating: 6 hotlines numbers specifically address GBV response and referral, and for general psycho-social support, a dedicated child protection hotline is established. Seven safe shelters continue operating and are providing GBV response services in Achham, Bajura, Bajhang, Baitadi, Sindhuli, Okhaldhunga and Udaypur districts.

### **Shelter Cluster**

GoN and WHO guidelines and standards on 'quarantine site' have been shared with local governments and international partners. Local Authorities have already been establishing quarantine centres at provincial and district levels whereas, the Department of Urban Development and Building Construction -DUDBC, the Camp Coordination and Camp Management-CCCM and Shelter cluster leads, are monitoring the situation. The Shelter cluster is also supporting in awareness raising on COVID-19 among returnee migrants residing in quarantine centers. DUDBC is supporting the expansion of the isolation facility at Teku Hospital.

### **Logistics Cluster**

Health logistics is coordinated by the External Development Partners-EDP Group, Supply Chain Management Sub-Group with weekly meetings on Tuesdays. MoHP released on 1 April a list of 4-5 key health items they are requesting. The Logistics cluster is assisting agencies to consolidate shipments of health commodities from China. Agencies that plan imports from China are urged to share their procurement details with the Logistics cluster. The Logistics cluster starts providing storage and transport services at three Humanitarian Staging Areas-HSA, in Kathmandu, Nepalgunj and Dhangadhi. The Logistics cluster finalized on 27 March a health facility capacity assessment in the provinces jointly undertaken with WHO, whose results will be discussed with the Health cluster to decide on need and locations to construct up to five 60-bed isolation & treatment facilities.

### **Socio-Economic/Early Recovery Cluster**

The Socio-Economic Recovery cluster is mapping the socio-economic impact of the COVID-19 in the country. There are currently 19 ongoing Nepal specific assessments and various regional and global assessments. These include macro assessments as well as micro assessments for profiling the vulnerable who are most impacted. While more comprehensive assessments are underway, initial assessments indicate that the most affected and at-risk population groups are informal and daily wage workers, dependent households with limited or no savings across sectors, seasonal and non-seasonal migrants returning to Nepal, micro-entrepreneurs from disadvantaged communities, women-led businesses (among others). The data/evidence collected from these assessments will steer the programmatic response of the cluster.

The Government of Nepal announced a relief package on 29 March 2020 to provide immediate support to the population impacted by the crisis. This included, among other provisions, a request to employers to pay the current month salaries of organised and unorganised sectors, a provision of food relief to marginalized households through local level governments throughout the lockdown, and a rebate of 10 percent on rice, lentils, sugar, oil and salt during the crisis. The cluster members are reorienting existing, livelihood programmes, cash transfers, inputs and safety nets to respond to the economic impact and demographics indicated by the ongoing assessments. Mindful of short-medium-long term scenarios, cluster is currently assessing scenario-based plans and the ways to shape institutional responses reflecting the evolving needs brought about the unprecedented nature of this crisis.

### **Education Cluster**

COVID-19 Contingency plan for Education has been developed. The cluster is convening meetings and three task forces have been formed for 1) Education sector-specific messaging to children and parents, 2) Self-learning materials for Early Childhood Development, and 3) sector-specific education materials. Education specific public service announcement targeted to parents and children has been developed in consultation with cluster partners, under the coordination of Save the Children. The School Management Committee Federation has issued an appeal requesting authorities to avoid using schools as quarantine centres. Information collection in this regard is ongoing but this is reportedly happening mostly in Sudur Pashchim and Karnali province.

### **Risk Communication and Community Engagement**

The ongoing work includes: 4Ws, interactive dashboard, tacking of online rumors and Interactive Voice Recording Survey. Key messages on COVID-19, focusing on social distancing (stay home) reached more than 15 million people through multilingual radio public service announcements, megaphone announcements, television spots, print media, telecommunication partners and social media channels. The first round of the community perception survey tools has been finalized, and data collection is ongoing. Two-minute short PSA/video on Migrant sensitive-PSA for home based self-quarantine is being developed. The animated video will also be in sign language targeting people with disabilities.

### **Inter-Agency Gender Working Group**

Key advocacy messages on Gender Equality and Social Inclusion-GESI in COVID-19 Emergency Response were endorsed by the HCT on 25 March. To advance civil society engagement, UN Women is closely coordinating with the Women-Friendly Disaster Management Group, Women Humanitarian and Disaster Risk Reduction Platform as well as the inter-generational feminist leaders, and diverse networks to ensure their voices, concerns and needs contribute to a GESI-responsive COVID-19 preparedness and response. The key emerging issues and messages highlighted by these groups have been shared with the HCT and clusters leads and co-leads, and the Ministry of Women Children and Senior Citizens. GESI related technical inputs are being regularly provided to all activated clusters with support and, under the coordination of UN Women the first Gender Equality in Humanitarian Action-GiHA Task Team meeting was held 2 April 2020.

### **Cash Coordination Group (CCG)**

The task Team of Cash Coordination Group (CCG) met on 26 March. Technical guidance for Cash and Voucher Assistance-CVA was drafted and shared to task team members for feedback. The group is working on Minimum Expenditures Basket-MEB and beneficiary selection criteria; this will be discussed further in the next meeting planned for next week.

**For further information, please contact the UN Resident Coordinator's Office:**

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