

# COVID-19 NEPAL: PREPAREDNESS AND RESPONSE PLAN (CPRP)



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In support of the Government of Nepal's

Health Sector Rapid  
Action Plan

**COVID-19**

Pandemic

JANUARY 2021



# COVID-19 Nepal: Preparedness and Response Plan (CPRP)



## Introduction

The COVID-19 pandemic is having far reaching impacts, well beyond the health sector, with the most severe impacts experienced among vulnerable and marginalized communities who are typically hardest affected by humanitarian crises, including natural disasters. While the numbers of cases in Nepal were relatively few until August, they increased sharply until the end of October, reaching over 5,000 new cases per day. In November daily new case figures subsided somewhat but remain at up to 2,000 per day. While initially border areas were most affected, in recent months the majority of cases have been identified in the Kathmandu Valley. As of 10 January 2021, the total COVID-19 caseload in Nepal is 264,780, with over 1,900 deaths. The Government of Nepal is leading the response to the outbreak in Nepal but, as in many countries, capacities are stretched, and international solidarity is required.

With the surge in cases, the Ministry of Health and Population (MoHP) of the Government of Nepal has come up with a COVID-19 Health Sector Rapid Action Plan (November – February 2021), and different federal ministries, provincial governments and local governments are working together to ensure that response plans are in place to mitigate the impacts of the latest spike in COVID-19 cases. Government-led clusters are operational at federal and provincial levels, and international partners in-country are working closely with government counterparts to provide support where required. While the health system is being strengthened to respond to the public health emergency, and given that the impacts of COVID-19 extend beyond the health sector, the clusters are working to address humanitarian needs, mitigate the impact on broader service delivery and ensure service continuity in key sectors, such as protection, psychosocial, education and the provision of water, sanitation and food assistance where needed.

At the current stage of the COVID-19 outbreak, the health system faces several critical challenges. The proportion of asymptomatic cases is falling, while symptomatic cases are increasing due to both increases in transmission, as well as a change in testing policy. This has led to an increased caseload for hospitals, requiring not only additional bed capacity, but also greater oxygen availability, monitoring of oxygen perfusion, additional ICU capacity and ventilators for monitoring and treatment of severe cases. At the district level, human resource capacity to operate ventilators and provide ICU case management is a critical challenge and of the utmost importance to address in order to effectively respond to severe COVID-19 cases across the country.

The revised CPRP is a plan prepared by the Humanitarian Country Team and the clusters working in collaboration with, and support to, the Government of Nepal. Given the continuous multi-dimensional impact of COVID-19, the revised CPRP still includes a significant health component, but also highlights needs related to coordination planning and monitoring, protection, risk communication and community engagement, food security, water, sanitation and hygiene (WASH), nutrition, education, shelter/CCCM, early recovery, and logistics. The Humanitarian Country Team will continue to work with government at federal, provincial and local levels.



## Key Planning Figures

Planning figures are based on the COVID-19 Health Sector Rapid Action Plan of MoHP. In line with the principle of 'leaving no one behind', international humanitarian principles and ensuring targeted support for vulnerable populations, the Humanitarian Country Team has, on the basis of the 2011 Census data, calculated the distribution of priority and worst-case caseloads among different population groups.

Priority case load	Worst-case case load	Assumptions	Geographic areas
<p><b>148,000<sup>1</sup> confirmed cases of people <i>infected</i> including</b></p> <ul style="list-style-type: none"> <li>• 74,740 Female</li> <li>• 73,260 Male</li> <li>• 37,000 Women of reproductive age</li> <li>• 2,960 Persons with disabilities</li> <li>• 5,920 Pregnant</li> <li>• 12,580 Elderly</li> <li>• 3,256 Neonatal</li> <li>• 15,688 Lactating</li> <li>• 24,527 Hypertensive</li> <li>• 5,806 Diabetic</li> <li>• 3,304 Cardiovascular disease</li> </ul>	<p><b>300,000 confirmed cases of people infected including</b></p> <ul style="list-style-type: none"> <li>• 151,500 Female</li> <li>• 148,500 Male</li> <li>• 75,000 Women of reproductive age</li> <li>• 6,000 Persons with disabilities</li> <li>• 12,000 Pregnant</li> <li>• 25,500 Elderly</li> <li>• 6,600 Neonatal</li> <li>• 31,800 Lactating</li> <li>• 49,716 Hypertensive</li> <li>• 11,770 Diabetic</li> <li>• 6,697 Cardiovascular disease</li> </ul>	<ul style="list-style-type: none"> <li>• Continuation of school closures in some areas</li> <li>• Restrictions on mass gatherings</li> <li>• Localized restriction of public transportation</li> </ul>	<p>All seven provinces affected, with Kathmandu Valley and other major urban centres severely affected.</p>

<sup>1</sup> COVID-19 Health Sector Rapid Action Plan, Ministry of Health and Population, 2020



## Budget

### Ministry of Health and Population Response Plan

	<b>NPR 32,518,617,000</b>	<b><i>USD<sup>2</sup> 27,579,039</i></b>
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### Funding required for the CPRP

	<b>NPR<sup>3</sup> 5,797,612,920</b>	<b><i>USD 49,488,800</i></b>
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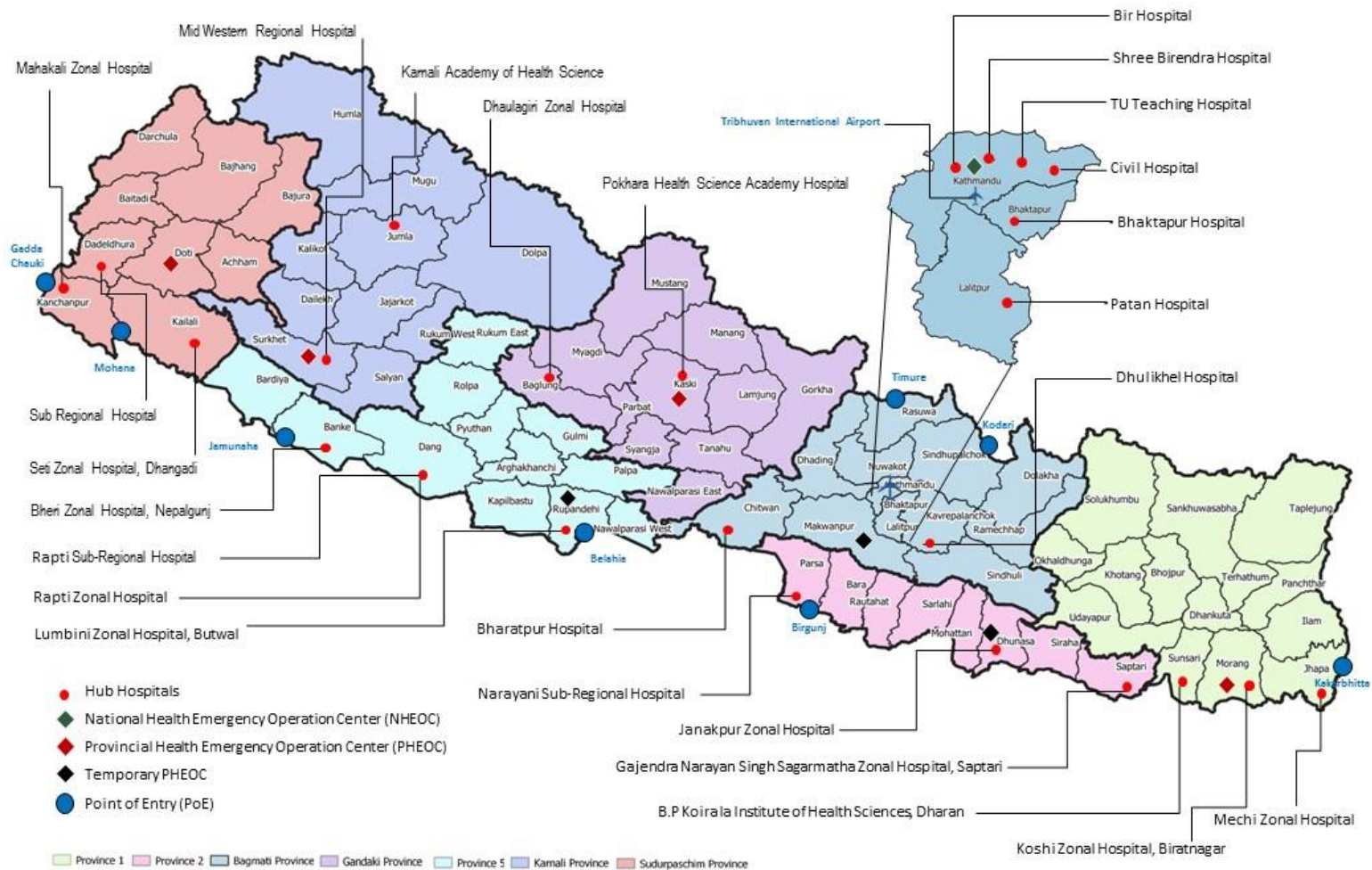
<sup>2</sup> Estimate based on UN official exchange rate NPR to USD as of 12<sup>th</sup> November 2020

<sup>3</sup> Estimate based on UN official exchange rate NPR to USD as of 31<sup>st</sup> December 2020



# Map

## Hub and Satellite Networks, Health Emergency Operation Centers (HEOCs) and Points of Entry (PoE)



## Scenario Overview:

### Current situation:

The Government response is led by a Direction Committee, headed by the Deputy Prime Minister, for the prevention and control of COVID-19. COVID-19 Crisis Management Centres (CCMC)<sup>4</sup> have also been established at federal, provincial, district and local levels and the clusters have been stood up at federal and provincial levels, though not all clusters are currently active in all provinces at this stage. Under the joint leadership of the UN Resident Coordinator's Office and WHO, the Humanitarian Country Team continues to respond to the ongoing situation in support of the Government, according to the current stage of the pandemic and taking into consideration the approaching winter season. The UN continues to rely on the Provincial Focal Point Agency system to support coordination between the international community and provincial level governments.

The Government has completed the first phase of its COVID-19 relief program, focused on cash/food-for-work for workers, loan offers to businesses, extension of tax payment deadlines and rebates on utility bills. As per the scheme, informal sector workers who have lost employment because of COVID-19 will receive cash or food in exchange for labour in the public works of federal, provincial and local governments. The Government has directed formal sector employers to pay 50% of the salaries of their workers – accrued from the beginning of the lockdown until mid-May – and gradually pay the remaining 50% once business has resumed. To tackle employment creation at the local level, the Prime Minister's Employment Fund, the Prime Minister's Agriculture Modernization Project and the COVID-19 Response Fund, established at federal, provincial and local levels, are to be mobilized.

As home quarantine is promoted, the number of people staying in quarantine sites is decreasing and most sites have been closed. Protection and other concerns include disinfection of school buildings, which served as quarantine centres, stigmatization of returned migrants and those who recently returned to their villages/homes after quarantine as well as reported shortages of medical equipment and supplies related to COVID-19, including personal protective equipment (PPE) kits.

Those most vulnerable to the socio-economic impacts of COVID-19 include pre-existing people living in poverty, as well as returning migrants workers from India and other countries. During the initial days of the pandemic the Government of Nepal had estimated 1 million (500,000 from India and 500,000 from other countries) to be returning due to the impact of COVID-19 on the economy of destination countries. As of December 2020, according to the Government, 180,000 are estimated to have returned from countries other than India and 900,000 are estimated to have returned from India (based on anecdotes and media reports). Despite the initial surge of returnees from India, many people are estimated to have now returned to India in search of employment, mostly in the informal and agriculture sectors. As they are seasonal migrants, it is expected that they will return to Nepal, leading to second surge in returnees through the open Nepal-India border. The Government of Nepal, with support of UN Agencies, has designated 14 points of entry (PoEs) to facilitate the return of migrants, and is preparing them by establishing some health desks. There is a need for further and continued support until the end of the COVID-19 pandemic.

The current suspension of work permits from destination countries and issuance of labour permits to Nepali aspirant migrants beginning February 2020 will have a severe impact on Nepal's economy and foreign currency reserve. Economic impacts will hit families of migrants and those who are now indebted for already paid-for permits particularly hard. Remittances of foreign migrant workers will drop off almost entirely, affecting significant economic contraction, with some 6 million Nepali migrant workers annually contributing over 5% of Nepal's GDP<sup>5</sup>. Seasonal migrants to India which have lost their means of livelihood are predominantly from the poorest and most chronically food insecure and geographically remote districts in Sudurpaschim and Karnali provinces. The COVID-19 pandemic has also had dire consequences for the

<sup>4</sup> <https://ccmc.gov.np/>

<sup>5</sup> <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS?locations=NP>

tourism industry which employs approximately one million people and generates employment opportunities for a further 11 million people.

In addition to economic impacts, the social impact of the pandemic and lockdowns is concerning, with strains being felt by individuals and households. As recognized by Nepal's constitution<sup>6</sup>, certain groups continue to face political, economic and social discrimination, oppression, and marginalization. Vulnerable groups, including women, children, youth, persons with disabilities, those with compounded care burdens, socially excluded groups, indigenous peoples, refugees, internally displaced persons and migrants, have limited or no coping strategies to manage the shocks they have endured since March. There are concerns that the most vulnerable are increasingly being forced to adopt negative coping strategies in response to the new risks and economic challenges, which often compound existing vulnerabilities.

### CPRP planning scenarios:

The revised CPRP is based on an updated planning figure of 148,000 COVID-19 active cases between November 2020 and February 2021, with a worst-case scenario of 300,000 active cases. It is intended to augment the ongoing Government response and is focused on the delivery of assistance by partners using in-country resources and capacities.

### Planning Assumptions:

The revision to the CPRP is guided by a series of planning assumptions which would affect the ongoing response to COVID-19 in Nepal. These include:

**Compounding disaster:** The winter season is approaching, which puts Nepal at risk of facing two concurrent disasters. Colder temperatures will cause people to spend more time indoors and with less physical distance, leading to an increase risk of COVID-19 transmission, and may also bring a cold wave, constituting an additional hazard. The Shelter/CCCM Cluster highlights the need for warm clothing and specific NFI for vulnerable people in response to this risk.

**Limited availability of basic items:** Households, and those providing assistance, reportedly face challenges in securing adequate food and other essential relief items.

**Access constraints:** In some local governments and districts restrictions on movement continue, including restrictions on entrance to the districts. In addition, mandatory social and physical distancing impacts access.

**Increased protection concerns:** Pre-existing societal structures, social norms, discriminatory practices and gender roles which create or contribute to heightened risks for vulnerable groups<sup>7</sup> in Nepal are being further exacerbated by COVID-19. Increases in cases of domestic violence and limited access to assistance for those without legal documentation are among the emerging issues which must be factored into response planning. Particular attention must be given to women and girls, especially from excluded or vulnerable groups<sup>8</sup>.

<sup>6</sup> The Constitution recognizes as a socially backward sub-group of marginalized the following: women, Dalit, indigenous nationalities, Madhesi, Tharu, Muslim, oppressed class, Pichhada class, minorities, the marginalized, farmers, laborer, youths, children, senior citizens, gender and sexual minorities, persons with disabilities, persons in pregnancy, incapacitated or helpless, backward region and indigent Khas Arya. 2015 Nepal Constitution, clause 18(3).

<sup>7</sup> Including children, persons with disabilities, mixed migrants, refugees, sexual and gender minorities, people living with HIV-AIDS, adolescent girls, single women, members of female headed households, pregnant women and lactating mothers, senior citizens, Dalit people, particularly women, as well as people from religious and ethnic minorities and indigenous groups,





<sup>8</sup> A Common Framework for Gender Equality and Social Inclusion, 17/04/2017: <https://www.np.undp.org/content/nepal/en/home/library/gender-equality-and-social-inclusion/common-framework-for-GESI.html>

## Response Objectives:

1. To continue support to the Government of Nepal in responding to the ongoing outbreak of COVID-19 at a scale that necessitates an international humanitarian response (including mitigation of social and economic impacts).
2. To continue to ensure that affected people are protected and have equal access to assistance and services without discrimination, in line with humanitarian principles and best practises.

## Gender related issues in COVID-19 response





The COVID-19 pandemic is having a disproportionate impact on women and is exacerbating pre-existing gender inequalities. Gender Equality and Social Inclusion (GESI) in disaster/emergency preparedness in the COVID-19 context should be considered for GESI responsive planning and response according to the GESI checklist<sup>9</sup>. It poses a serious threat to women's engagement in economic activities and to widening gender gaps in education, while lockdown measures have globally resulted in an increase in cases of gender-based violence. Women are bearing the burden of home-based health care and make up the majority of nursing staff in professional health care settings; these healthcare workers experience a disproportionate exposure to infection, are often underpaid and work in under resourced conditions, aggravated during infectious outbreaks. Support staff in these settings, such as cleaning, laundry, and catering staff, are also largely female and are at heightened risk of exposure to infectious sources. Emerging gender issues in Nepal are outlined below<sup>10</sup>.

Emerging gender related issues due to COVID-19 in Nepal	
	<b>Health and wellbeing:</b> Significant concerns exist over the impact of COVID-19 on pre-existing health conditions, access to gender-specific hygiene items and access to health services, in particular sexual and reproductive health services (including pre- and post-natal healthcare). Lack of transportation to facilitate the movement of people requiring critical health services, including pregnant women and new mothers, is also of growing concern.
	<b>GBV, including domestic violence:</b> Cases of domestic violence are increasing. Food insecurity, loss of livelihoods, particularly for daily wage workers, reduction in remittances, economic pressure, return of migrant workers and lockdowns strain households and place women at heightened risk of physical and emotional abuse. With perpetrators at home, access to support is also limited.
	<b>Care burden:</b> The closure of schools has exacerbated the unpaid care burden on women and girls. Sharing of parental responsibilities must be actively promoted.
	<b>Labour:</b> The lockdown has further increased the vulnerability of women's livelihoods, as women often depend on daily wages and lack sufficient savings. The socio-economic impacts experienced by rural women farmers as a result of the lockdown are multifold. Loss of harvests and inability to sell produce are placing a serious strain on women's incomes and livelihoods. The financial insecurity affecting women is further compounded by difficulties in securing - or repaying - credit and loans, and accessing government compensation schemes, which remain unavailable to many due to the informal nature of their work.

<sup>9</sup> The GESI checklist is available here: <https://www.un.org.np/resource/checklist-gesi-disaster-emergency-preparedness>

<sup>10</sup>The charter of demands by Nepali women's groups and excluded networks is available here: <https://asiapacific.unwomen.org/en/digital-library/publications/2020/04/the-charter-of-demand>



	<b>Information sharing:</b> Messages and information on COVID-19 prevention are yet to reach the most excluded (including female headed households) who do not have access to phone, radio or television in rural areas and urban slums. The use of isolation measures may also limit access to information on protection from sexual exploitation and abuse (PSEA) and restrict victims' access to reporting channels and services. <sup>11</sup>
	<b>Quarantine sites:</b> Civil society organization facilities, hotels, schools and health facilities have been identified as quarantine/isolation sites; however, in a number of cases, gender-related protection measures, including separate rooms and toilets and female guards, are lacking.
	<b>Migrant workers:</b> Many migrant workers, including women, are unable to return to their families. Targeted support is required for women domestic workers abroad who may not have access to information and are often unrecognized if they did not migrate through official channels.
	<b>Legal identity and lack of documentation:</b> Lack of documentation and legal identity is preventing many from accessing relief and essential services. LGBTIQ persons and sex workers often lack civic documentation, which makes it difficult to access essential health services, including ARV's.

Province	Female headed households <sup>12</sup>	Female population with disability <sup>13</sup>	Illiterate female population aged five and above <sup>14</sup>	Female population with limited access to media <sup>15</sup>	Violence against women <sup>16</sup>
Indicator	% of total HHs in province	% of total female population, province-wide	% of total above five female population in province	% of women aged 15-49 with no media access in a week	% of women aged 15-49 experienced physical violence
Province 1	26.6%	2.2%	34.1%	32.6%	18.9%
Province 2	13.2%	1.2%	57.7%	46.8%	34.2%
Bagmati	25.7%	1.7%	36.8%	23.2%	19.6%
Gandaki	36.8%	2.4%	32.8%	25.3%	12%
Lumbini	31.7%	1.9%	38.4%	40.6%	22.6%

<sup>11</sup> Inter-Agency Standing Committee (March 2020) *Interim Technical Note Protection from Sexual Exploitation and Abuse during COVID-19 Response*

<sup>12</sup> Government of Nepal, Central Bureau of Statistics, National Population and Housing Census 2011. The percentage was calculated against the total number of households in the province.

<sup>13</sup> Ibid. The percentage provided was calculated against the total female population in the province.

<sup>14</sup> Ibid. The percentage provided was calculated against the total female population in the province.

<sup>15</sup> Ministry of Health and Population, Nepal Demographic Health Survey 2016, 2017

<sup>16</sup> Ibid.

Karnali	17.1%	3.1%	49.1%	58.5%	15%
Sudur paschim	25.8%	2.7%	48%	50.6%	17.4%

For more details around provincial profiles of women, and their socio-economic and equality status, please refer to **Provincial Factsheets on Women**<sup>17</sup>: Province 1, Province 2, Province 3, Province 4, Province 5, Province 6, Province 7, as well as the Gender Equality Update No. 14 - Gender in the COVID-19 Response (April 2020).

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<sup>17</sup> The Provincial Factsheets on Women:

[Province 1](#)  
[Province 2](#)  
[Bagmati](#)  
[Gandaki](#)  
[Lumbini](#)  
[Karnali](#)  
[Sudurpaschim](#)



## Response by Pillar/Cluster

Pillar	
	<b>1. Coordination Planning and Monitoring</b>
	<b>2. Protection Cluster</b>
	<b>3. Risk Communication and Community Engagement Interagency Working Group</b>
	<b>4. Health Cluster</b>
	Surveillance, Rapid Response Teams, Case Investigation & Operational Research
	Points of Entry
	National Laboratories
	Infection Prevention and Control
	Case Management
	Operational Support and Logistics
	Continuity of Primary Health Care and other Essential & Critical Health Services
	Reproductive Health
	Health Component of Quarantine Settings
	<b>5. Food Security Cluster</b>
	<b>6. WASH Cluster</b>
	<b>7. Nutrition Cluster</b>
	<b>8. Education Cluster</b>
	<b>9. Shelter/CCCM Cluster</b>
	<b>10. Logistics Cluster</b>
	<b>11. Early Recovery coordination</b>



# 1. Coordination, Planning and Monitoring

Coordination between government, local communities and international partners is essential for an effective response to the COVID-19 pandemic. Coordination ensures that operations are evidence-based and that programmes undertaken respond effectively to needs and gaps in a way that avoids duplication and successfully supports government leadership and response systems.

From the outset, the Humanitarian Country Team, under the joint leadership of the UN Resident Coordinator and WHO, has worked in coordination with the Government of Nepal to support its leadership and management of the outbreak. Clusters, led by the Government of Nepal and co-led by UN agencies/NGOs, are stood up, have produced contingency plans and started to operationalise their interventions. At provincial level, key clusters are activated, and the UN has stood-up the Provincial Focal Point Agency system to support inter-cluster coordination and work with cluster-co leads where clusters are yet to be established.

## **Government lead:**

Health Emergency Operation Centre (HEOC) of MoHP & NEOC of MoHA and NDRRMA in collaboration with provincial HEOCs and EOCs, CCMCs

## **Lead agency (co-lead):**

WHO and the UN Resident Coordinator's Office

## **Sector members:**

Humanitarian Country Team

## ***Priority Response Activities***

- Surge to Health Emergency Operation Centres (HEOCs) and National Emergency Operation Centre and broader coordination architecture. Support to provincial coordination structures.
- Support and conduct health and related multi-sectoral rapid needs assessments in coordination with the Government of Nepal and provincial governments.
- Enable security and monitoring arrangements to ensure the implementation of quarantine, movement restrictions and social distancing without erosion of human rights and dignity.
- Conduct regular operational reviews to assess implementation success and epidemiological situation and adjust operational plans as necessary.
- Facilitate regular and periodic meetings of HCT, working groups, line ministries and the COVID-19 Crisis Management Centres at federal and provincial levels.
- Continue coordination and engagement with gender actors, women's groups, excluded groups (e.g.: gender and sexual minorities, people living with disabilities, Dalit, etc.) and networks.



## 2. Protection

COVID-19 spread in Nepal against the backdrop of pre-existing protection concerns compounded by social inclusion issues, thus further increasing challenges to protection service delivery. Along with the public health concerns the pandemic has raised, COVID-19 has created a long-term and far-reaching protection crisis. Nepal is grappling with unprecedented compounded protection threats and limited resources to mitigate them. Protection actors are reporting a rise in stigmatisation, a dramatic increase in gender-based violence, heightened child protection concerns, mental health and psychosocial risks as well as a differentiated impact in terms of access to health, food, water, education and legal services for vulnerable and marginalized groups. At the same time, pre-existing protection services, help-seeking behaviour and detection through social networks have had to be adapted to a context in which the mobility of populations at risk has decreased. The unprecedented economic shock will not be felt equally, as communities and individuals at greatest risk deal with its multi-faceted consequences. Enhanced prevention and responsive protection services are critical to addressing this impact.

Given the pandemic's impact on the economy and social cohesion, it is critical that the already scarce investment in protection services will not be further impacted. The disruption of livelihoods is contributing to a heightened risk of households resorting to negative coping mechanisms, including family separation, violence, unsafe migration, child labour, early and/or forced marriage and unnecessary placement in care homes. Public health measures such as isolation and quarantine, while necessary, also carry specific protection risks including those to mental health and psycho-social well-being, disruption of economic activities, family separation, sexual exploitation and abuse as well as care for vulnerable populations such as children, elderly and people with disabilities.

Returnee migrants and persons (including youth and women) engaged in resource-dependent, informal economic sectors are facing uncertain times that are straining, threatening and disrupting their livelihoods. School closures also act as major social disrupters, cutting children and adolescent off from critical social networks. In addition to confronting heightened mental health and psychosocial risks, out of school children face decreased access to support services and increased exposure to household-level violence and abuse. Persons deprived of liberty in detention, prison and child correction homes, as well as child dependents of female inmates, are facing multiple vulnerabilities due to limited appropriate services in such facilities, higher levels of promiscuity and heightened social isolation. Emotional and psychosocial distress and anxiety are rising among vulnerable groups, exacerbated by pre-pandemic social isolation. Suicide, a pre-existing public health issue, remains an issue of concern amid growing mental health and psychological wellbeing concerns, including among frontline service providers. Youth, adolescents, women, people living with disabilities and members of sexual and gender minorities face specific vulnerabilities. Insufficient services and support to vulnerable populations including women, children, people living with disabilities, migrants, elderly, persons of concern/refugees, LGBTQI will lead to further discrimination, neglect, abuse and exploitation.

The current context also presents an opportunity to reinforce the humanitarian-development nexus around protection through strengthened engagement of duty bearers and community actors on protection within the response. This will be critical in mitigating the social impact of COVID-19 on the most vulnerable segments of society, preserving current social gains and investments, supporting social cohesion during times of social distancing, and paving the way for recovery as containment measures evolve.

The protection response is being provided through five thematic groups: 1) child protection, 2) GBV 3) psychosocial support, 4) migrants protection, and 5) persons of concern/refugees, and is closely coordinated with other sectors such as health, WASH, education, nutrition and food security.

**Government lead:**

Ministry of Women, Children and Senior Citizens/Department of Women and Children (federal) and Ministry of Social Development (provincial)

**Lead agency (co-lead):**

UNICEF and UNFPA

**Sector members:**

IOM, UNDP, UNHCR, UN Women, WFP, National Child Rights Council, National Senior Citizens Federation (NSCF), Nepal Police, Blue Diamond Society, Care Nepal, CIVICT Nepal, CMC, DCA, Family Planning Association of Nepal (FPAN), FWLD, Humanity and Inclusion, ICRC, Islamic Relief, KOSHISH, Lutheran World Federation, Mercy Corps, Mitini Nepal, National Alliance of Women Human Rights Defenders, National Federation of the Disabled-Nepal, Nepal Red Cross Society, Oxfam, People in Need, Plan Nepal, Relief Trust, Save the Children, Tearfund, Terre des homes, TPO Nepal, VSO, WOREC Nepal, World Vision, ActionAid Nepal, Felm- Nepal

**Priority Response Activities:**

- Provide child protection services, including emergency response to unaccompanied and separated children; family support to prevent re-institutionalization; emergency rescue, protection and rehabilitation support to children at risk of, or rescued from, early and forced marriage, child labour, sexual exploitation and other forms of violence against children (VaC).
- Support to identified vulnerable families to decrease vulnerability and protection risks, including VaC, GBV, trafficking, etc., through target assistance and referrals.
- Promotion of online safety among children and continued parent education on protection risks.
- Coordination with health, WASH and justice sectors to ensure persons in jail/detention/correction facilities have access to information, continued quality sanitation, health and psychosocial services and other necessary assistance with a specific focus on the situation of children and women deprived of liberty and child dependents of inmates.
- In coordination with Health Cluster, support the mental health and psychosocial wellbeing of affected population and their families distressed or traumatized by the pandemic, including refugees, those hospitalised or in quarantine/isolation, those in jail/detention/child correction homes, with a focus on psychological first aid and psychosocial counselling.
- In coordination with RCCE, Education and Health clusters, support coordinated multisectoral mental health promotion and suicide prevention programs.
- In coordination with the Education Cluster, support the integration of psychological first aid modules and active referral processes within the Education Cluster as part of school re-opening processes.
- Support Health, Food Security and Nutrition clusters in integrating protection risk mitigation in response activities.
- Deliver stress management sessions to humanitarian and frontline service providers such as health workers, teachers, police and community psychosocial workers (CPSWs).
- Coordinate with relevant stakeholders to ensure frontline workers (police and staff of quarantine/isolation centres and health facilities, including one stop crisis management centres, child protection actors, psychosocial counsellors, CPSWs) have the necessary skills and resources to deal with sensitive protection concerns using a standardized approach.
- Continue the dissemination of protection messages, including protection from sexual exploitation, abuse and sexual harassment (in local languages), highlighting the vulnerability of children, women (gender-based violence, domestic violence and other harmful practices), migrants, persons with disabilities, elderly, persons of concern/refugees and LGBTQI in the current context. Disseminate messages on available protection services including helplines. Activate and maintain referral pathways for essential services on GBV, psychosocial support and violence against children.
- In coordination with the RCCE inter-agency working group, develop messaging and strategies rooted in behavioural insights to address the entrenchment of social norms around

gender, mental health and GBV risks targeting critical demographic segments (including youth, religious leaders, men and boys).

- Ensure essential GBV prevention and response services such as sexual and reproductive health care, psychosocial counselling, safe houses/shelters and strengthened GBV referral pathways, including adequate resources and capacity to provide COVID-19 survivor-centred services.
- Support the development of age appropriate GBV services to address the specific vulnerability of children and adolescents to sexual abuse and all forms of GBV.
- Continue prepositioning essential lifesaving relief materials and supplies, including dignity kits, kishori (adolescent) kits and PEP kits for immediate response and in preparation for the cyclical nature of the crisis and as winterisation materials for vulnerable groups.
- Support vulnerable returnee migrants with social and economic reintegration assistance, including family reunification support, shelter and temporary accommodation, psychosocial counselling, mental health and psychosocial support, immediate medical and basic necessities, cash or in-kind economic recovery/livelihood reintegration assistance and referral support.
- Continued operation of a dedicated 24/7 hotline/tele-counselling service to respond to critical protection needs faced by refugees. Continued ambulance and hospital transfer service to address the medical needs of refugees and vulnerable members of the host community and for GBV survivors.
- Support access to legal assistance and justice services for the most vulnerable, including access to remedy and compensation related to legal identity, foreign employment, labour migration and safe migration procedures.
- Continue to strengthen data collection and information management systems in order to identify vulnerable communities, protection issue trends and services to adapt response including expansion of the protection monitoring system in all affected areas and programming environments (isolation).
- Strengthen coordination around the identification of vulnerable persons at points of entry and cross-border coordination on trafficking prevention and response.
- Support local governments in identifying, training and deploying outreach social workers to support early identification, referrals and coordination with other sectors.
- Engage private sector and informal sectors to develop innovative solutions to reach marginalised groups, expand information reach and support alert, reporting and monitoring mechanisms.
- Improve coordination between protection mechanisms at federal and provincial levels in order to promote a harmonized approach to service provision, avoid duplication and address protection service gaps.
- Provide comprehensive relief package for women and excluded groups to strengthen access to their quality services.
- In coordination with Early Recovery partner organizations, support the implementation of livelihood and income-generating activities for refugees.



## 3. Risk Communication and Community Engagement

Through a coordinated interagency effort, partners in the Risk Communication and Community Engagement (RCCE) interagency working group are working strategically with the Government of Nepal to address the critical demand for reliable and accurate COVID-19 related information. Urgency is growing as the number of reported cases has increased and the implementation of a national lockdown in Nepal, neighbouring India and other countries around the world has been accompanied by an “infodemic” of misinformation and rumours. The core objective of the Risk Communication and Community Engagement strategic response is to drive a participatory, community-based approach to providing people with necessary, accurate, timely and life-saving information to protect themselves and others. This objective is supported by proactive efforts to solicit and respond to feedback related to concerns, rumours, and misinformation, particularly concerns of vulnerable groups. The RCCE interagency working group will succeed by ensuring all content is evidence-based (tracking latest global developments), informed by emerging local contexts and using established community networks/influencers and channels alongside technical capacity building of local, provincial and central governments. Further, engaging with affected communities enables beneficiaries of assistance to actively participate in shaping the interventions aimed at serving them. The RCCE interagency working group will work to enhance accountability to affected populations throughout the preparedness and response phases by establishing a two-way feedback system through social listening, hotline services, perception surveys and radio programmes.

### **Government lead:**

National Health Education Information and Communication Centre (NHEICC) & Epidemiology and Disease Control Division (EDCD)/ Department of Health Services/ Ministry of Health and Population

### **Lead agency (co-lead):**

UNICEF and the Resident Coordinator’s Office

### **Sector members:**

FAO, ILO, IOM, UNDP, UNFPA, UNHCR, UNIC, UNICEF, UNOPS, UNV, UNWOMEN, USAID, WFP, WHO, Association of Community radio broadcaster (CIN), BBC Media Action, Care Nepal, Catholic Relief Services, DCA, Felm-Nepal, FINRC, Humanity and Inclusion, Helen Keller International, Housing Recovery and Reconstruction Platform (HRRP) – Nepal, IPAS, Lutheran, Mercy Crops, Nepal Red Cross Society, People in Need, Plan International, Practical Action, PSI, Save the Children, TDH, Tilganga, UMN, USAID’s Strengthening Systems for Better Health Activity, VSO International, Winrock International, World Vision, WWF, Yuwalaya

### **Priority Response Activities:**

#### **Strategic coordination**

- **Revise and implement the risk communication and community engagement action plan** for COVID-19 preparedness and response –
- Regular update of **COVID-19 repository**, which is an online database housing the variety of message, multi-media creative assets and plans developed over the course of 2020. All materials are uploaded for use by agencies. Regular sharing of the standard evidence-based messages, materials and other knowledge products for wider dissemination.
- **Strengthen coordination and collaboration** with clusters (Health, WASH, Nutrition, Education and Protection) to map communication needs, standardise messages, communication materials and dissemination.
- Establish **provincial coordination mechanism** to leverage resources, strengthen evidence-based capacity building and mobilise human resources for RCCE interventions.
- Design a **COVID-19 vaccine demand plan** (including advocacy, communications, social mobilization and community engagement, crisis communication and capacity building) to generate confidence, acceptance and demand for COVID-19 vaccine.



### ***Compiling and leveraging behavioural Insights***

- Generate regular **behavioural data and monitor public sentiment** to identify barriers and enablers for RCCE interventions within the changing context.
- **Monitor rumours and misinformation** and dispel them with evidence-based information.

### ***Key message and content development***

- Prioritize key messages based on evidence from WHO and insights from social and behavioural data related to: updated and localized **COVID-19 and vaccine messaging; anti-stigma; mental health; socio economic; people with disabilities; quarantine and isolation; gender priorities and LGBTIQ issues and season-specific messaging.**
- Produce and disseminate evidence-based child and youth focused edutainment shows on COVID-19 and WASH.
- **Develop, revise, adapt and pre-test cultural and gender sensitive communication materials** related to health, hygiene, WASH and other relevant behaviours.
- **Disseminate messages via a wide range of relevant communication channels, including** radio, television, print, online, social media and town criers.

### ***Feedback Loops***

- Establish **two-way communication platforms** to provide evidence-based information and engage communities in discussions on actions and solutions using digital technologies (hotlines, IVR, mobile technology), mass media and community-based networks and agencies.
- Establish **community feedback mechanism** through social media, hotlines, perceptions surveys, media briefs, radio, television and community discussions to ensure community voices, feedback and concerns are addressed and the response is accountable to affected populations.

### ***Skills Strengthening and Community Outreach***

- Mapping, sharing and using of **available training resources amongst RCCE members.**
- Develop **specific training and orientation packages** for frontline workers, stakeholders and institutions for improved and continued **hygiene behaviours, waste management and infection control and prevention** in coordination with health, education, nutrition and other stakeholders.
- Conduct intensive hygiene, respiratory etiquette and overall WASH promotion at community and household level and in institutions at all levels to promote containment and protection in priority locations using various community groups through face-to-face and virtual networks.
- Mobilize ward level COVID-19 support groups to spread COVID-19 awareness, monitor home isolation, behaviour monitoring in public places and referrals for health services.
- Mobilize **female community health volunteers** for monitoring and support to cases in home isolation, awareness raising on health and hygiene behaviours through mothers' group meetings and door-to-door visits.
- Establish evidence-based partnership with **child club members/graduates and youth groups, social volunteers and networks** and mobilize, as relevant, for awareness raising, promotion of health, hygiene and respiratory etiquette as well as reinforcement of public health measures in public places through door-to-door visits and virtual platforms.
- Promote information sharing and advocacy on **COVID-19 preparedness, response and recovery from a GESI lens.** This entails dissemination of COVID-19 prevention and GESI related messages to diverse community-based organizations of excluded group, through a virtual platform and dedicated toll-free phone lines.

### ***Media and Private Sector/Influencer Engagement***

- **Advocacy and engagement with media, political parties** and elected representatives at federal, provincial and municipal levels to leverage partnership and behaviour reinforcement and generate acceptance, confidence and demand for rapid antigen testing.
- Partnerships with **influencers, private sector associations and companies** as well as youth club networks to raise awareness and provide in-kind support to COVID-19 RCCE actions.



## 4. Health Cluster

As the COVID-19 pandemic is primarily a public health emergency, a central focus of the CPRP is the prevention and mitigation of adverse health impacts, structured around the following pillars: surveillance, rapid response teams, case investigation and operational research, points of entry, national laboratories, infection prevention and control (IPC), case management operational support and logistics, continuity of primary healthcare and other essential and critical health services, reproductive health, and the health component of quarantine settings.

Surveillance, rapid investigation of cases and tracing of their contacts enables the isolation of cases and quarantining of contacts to interrupt transmission chains. Well-organized screening at points of entry can identify people with detectable symptoms and allow them to be isolated. Laboratory systems need enhanced capacity to confirm a high volume of cases rapidly and with reliable quality. Comprehensive IPC must include not only sufficient personal protective equipment (PPE), but also effective training on use of PPE and protocols, compliance to IPC protocols and health care waste management (HCWM) to prevent patients from infecting others while admitted. Adequate water, sanitation and hygiene (WASH), as well as hygiene promotion, is a critical component of effective IPC. A high level of awareness in the community and adequate provisions for adopting IPC measures, including hand washing, basic hygiene, cough etiquette and physical distancing in home and work settings is required. Well-coordinated management of beds, care personnel and medical logistics at designated COVID-19 hospitals will support an effective response. Medical logistics and supply chain management systems will need to be strengthened to enable an effective and scaled-up response.

Support to sustain health systems will ensure that critical and essential life-saving preventive and curative health services such as reproductive, maternal and child health services, treatment of people with non-communicable diseases, chronic infectious diseases and life threatening injuries and infections such as dengue and malaria, public health interventions including disease surveillance and outbreak containment continue, despite the COVID-19 related strain on health systems.

While the prime responsibility for implementing these activities falls to Ministry of Health and Population, partner agencies are working to provide the necessary financial support, commodities, technical advice and logistical support to the government in its response.

Major health-related challenges in response to the COVID-19 pandemic have included managing quarantine centres, human resource capacity, limited laboratories for testing and limited stock of medical supplies for the response which includes personal protective equipment and other supplies.



### 4.1. Surveillance, Rapid Response Teams, Case Investigation and Operational Research

#### **Government lead:**

Epidemiology & Disease Control Division, Department of Health Services, Ministry of Health & Population in collaboration with Provincial Health Directorates, Ministries of Social Development

#### **Lead agency (co-lead):**

WHO, UNICEF

#### **Sector members:**

IOM (participatory mobility mapping exercise); medical & public health academies & associations; early warning and response system network institutions; national & sub-national epidemic rapid response teams; GIZ, NHSSP and contracted service providers.

**Priority Response Activities:**

- Rapid epidemiological investigation of new case clusters.
- Support in effective case detection and contact tracing at national and sub-national levels.
- Support in periodic risk assessment to inform strategic and operational response interventions.
- Support in developing a district risk-based approach in calibrating public health and safety measures.
- Conduct research on the impact of COVID-19 on adolescents and youths.
- Support districts and municipalities to establish, train and mobilize rapid response teams and case investigation and contact tracing (CICT) teams and volunteers.
- Support MoSDs and HEOCs in their coordination with municipalities to establish continuously functioning surveillance systems and sentinel sites.
- Support the use of the DHIS2 COVID-19 surveillance tool through customization, training and ongoing coaching.
- Strengthening of EWARS through training and equipment support for sentinel sites to improve reporting, recruitment of additional hospitals in all seven provinces, support to Epidemiology and Disease Control Division (EDCD) for daily data management & analysis.
- Technical support of three laboratory consultants (microbiologist) in Doti, Baitadi and Seti hospitals.
- Expansion of Population Mobility Mapping in all major points of entries in the municipalities bordering India and also for Kathmandu Valley in relation to neighbouring districts/municipalities, and development of visualization tools.
- Increase the capacity of traditional healers in municipalities bordering India to engage in surveillance and contact investigation of people visiting them due to respiratory symptoms.
- Increase the capacity of local municipalities to respond by enhancing their understanding of the mobility dimension of transmission.

**4.2. Points of Entry (PoE)****Government lead:**

EDCD & HEOC with support from NHEIC for communication and provincial and municipal health authorities for enabling interventions at Ground Crossing PoEs

**Lead agency (co-lead):**

WHO, with support from provincial focal point agencies, as needed

**Sector members:**

IOM (migrant sensitive PoEs related activities), UNICEF (communications support)

**Priority Response Activities:**

- Provision of minimum additional WASH facilities and critical supplies at points of entry, health desks and holding centres (drinking water, sanitation, hygiene supplies and facilities).
- Support effective information provision at PoEs and adjust communication and response plans accordingly.
- Support active surveillance, including health screening, IPC measures (provision of health information, hygiene infrastructure and equipment), referral and data collection at all PoEs.
- Establish four temporary PoEs to support the Government in strengthening surveillance activities.
- Provide technical and in-kind support at PoEs to ensure optimal functioning of health desks.
- Support MoSDs and municipalities to establish reporting systems and use of standard protocols at PoEs to facilitate tracking and contact tracing of migrants and travellers.
- Establishment of health desks at Gaurifanta and Gaddachauki PoEs.

- Finalization of training curriculum and modules.
- Assessment of 20 PoEs from international health response (IHR), protection and integrated board management (IBM) perspective.
- Capacity building of health staff, immigration officials and security personnel on case investigation and contact tracing.
- Strengthen PoEs as per IHR core capacities to tackle public health emergency preparedness and provide support for continuous function.
- Conduct flow monitoring in major PoEs across municipalities bordering to India as well as in international airports to understand mobility dynamics from a migration health perspective.
- Pilot simulation exercises on detection, notification, and management of suspected public health risks at PoEs in selected municipalities.
- Improve the capacity at PoEs for migrant sensitive screening and develop a people tracking matrix to track people who enter Nepal through PoEs.
- Support the development and dissemination of PoE specific SOPs for detection, notification, isolation, management and referral of COVID-19 cases, including the revision and provision of refresher training to newly recruited staff at health desks.
- Procure and provide medical supplies and equipment for infection prevention and control, as well as WASH and IPC logistics in all major PoEs for smooth functioning.
- Technical assistance to the Government of Nepal to strengthen COVID-19 testing at TIA.



### 4.3. National laboratories

#### **Government lead:**

National Public Health Laboratory (NPHL), Department of Health Services, Ministry of Health & Population

#### **Lead agency (co-lead):**

WHO

#### **Sector members:**

MoHP Epidemiology and Disease Control Division, CMDN, National Influenza Surveillance Network institutions, provincial health labs and medical labs of public and private health institutions, FHI 360, WARUN labs

#### ***Priority Response Activities:***

- Activate stand-by lab support arrangements to meet surge in demand for lab testing.
- Support to sustain the effective and safe domestic courier system for shipment of proficiency test panels across the country from National Public Health Laboratory (NPHL), and for shipment of samples from designated COVID-19 labs for quality assurance at NPHL.
- Continued support to the development, update and endorsement of national laboratory testing protocols.
- Continued support to NPHL in validation of newly established COVID-19 laboratories.
- Strengthening the designated COVID-19 laboratory network through weekly engagement in virtual interactive sessions on addressing challenges and troubleshooting issues to improve laboratory performance.
- Adapt and endorse global laboratory-based criteria of severity and criticality of cases for effective clinical management and referral.
- Stand-by laboratory support arrangements to meet surge in demand for laboratory testing.
- Support NPHL to develop strategies and criteria for SARS-CoV-2 antigen rapid diagnostic tests (RDTs) and support the development of protocols for the use of SARS-CoV-2 antigen based rapid diagnostic tests.

- Support the internal and external quality assurance processes in NPHL and other COVID-19 laboratories.
- Facilitate lab-based operations research – “Enhanced Surveillance on Seroprevalence of SARS-COV-2 in General Population of Nepal”.
- Support for preparation of proficiency test (PT) panels to be distributed to all designated COVID-19 labs for participation in the re-testing strategy of the National Quality Assurance Program (NQAP).
- Support for the operationalization and maintenance of Biosafety Laboratory-III (BSL-3) at NPHL.
- Support the supply of reagents for the detection of emerging and re-emerging infectious diseases, and laboratory capacity building to promote compliance with international health regulations (IHR) 2005.
- Support to NPHL on training of laboratory personnel in COVID-19 labs across the country.
- Revive influenza surveillance system through National Influenza Centre (NIC), NPHL.
- Support to enhancing influenza surveillance programme and incorporation of SARS-CoV-2 and RSV surveillance into the influenza surveillance platform.
- Support MoSDs and municipalities to train and mobilize health care providers to expand testing and strengthening laboratory capacity.
- Explore possibility of engaging private laboratories to process COVID-19 tests, as appropriate.



#### 4.4. Infection prevention and control

##### **Government lead:**

Health: Curative Services Division (CSD), Department of Health Services & Quality Standards and Regulation Division, Ministry of Health & Population.

WASH: Ministry of Water Supply/Department of Water Supply, Sanitation and Sewerage Management.

##### **Lead agency (co-lead):**

WHO, UNICEF (WASH)

##### **Sector members:**

UNFPA, UNHabitat, UNICEF, WHO, DoHS, DWSSM, MoWS, NPHL, ACF, CARE, Caritas, CRS, DCA, ENPHO, FHI 360, GIZ KIRDARC, Mercy Corps, Min energy, NEWAH NRCS, Oxfam, Plan International, SNV, Water Aid, WHH, WVI, Hospital Infection Control Committees, KIRCARC, NCV, NHSSP, RVWRMP, USAID, World Bank, WASH Cluster Members

##### **Priority Response Activities:**

- Conduct assessment of remaining health care facilities and schools in high risk areas and ensure access to WASH in these facilities.
- Conduct assessment of new quarantine and isolation centres established by health institutions and local government for IPC and WASH related requirement and interventions.
- Provide minimum WASH facilities (safe water, improved sanitation, availability of handwashing with soap in point of care and toilets as well as waste management systems) in health care centres, schools and quarantine/isolation centres as identified during the assessment and in coordination with various clusters.
- Support in ensuring health care waste management systems in health care facilities, isolation/quarantine centres as well as in home isolation.
- Continuous monitoring of IPC related risks, logistics and supply chain management, especially for WASH, in coordination with various stakeholders, including private sector.
- Intensive hygiene and respiratory etiquette promotion campaign for containment in high-risk areas.
- Conduct intensive hygiene, respiratory etiquette and overall WASH promotion at community and household level and in institutions for containment and protection in priority locations.

- Counsel patients coming to health facilities on hygiene behaviour for prevention of COVID-19.
- Provide technical guidance on reinforcing infection control measures within facilities, including triage flow and segregation of suspected, possible and confirmed cases from neonatal and maternal health units.
- Support for monitoring, referral and transportation to hospital, as needed, for cases in home/institutional quarantine and isolation.
- Follow-up with health care workers exposed to suspected and confirmed COVID-19 cases and support CICT team at the local level for community-based surveillance.
- Procure and provide medical supplies and equipment for IPC, including PPE such as masks, gloves, sanitizers, etc.
- Continuous monitoring of IPC related risks, logistics and supply chain management – especially for PPE and WASH.
- Facilitate coordination between IPC and Risk Communication and Community Engagement.
- Support dissemination and implementation of COVID-19 IPC protocols in health facilities, isolation centres and quarantine units.
- Provide in-kind support to hospitals and health posts to ensure adequate stock of IPC and waste management supplies and equipment.
- Support municipalities and health facilities to ensure availability of effective and functional WASH amenities.
- Advocate for gender and disabled-friendly services and amenities in quarantine sites and isolation centres.
- Provide technical support for the development of online simulation-based training on IPC, critical care and case management.
- Institutionalization of healthcare waste management and WASH system at Bir Hospital, Sukaraj Tropical and Infectious Disease Hospital and APF hospital (three hub hospitals in Kathmandu).
- Healthy waste worker project on occupational health and safety.
- Promotion of sanitation and hygiene practices in schools, as well as WASHALOT hand washing stations and improved sanitation facilities, in coordination with WASH and Education clusters.
- Integrated Healthcare Waste Management, including centre treatment facility in PPP approach.
- Technical Assistance to 11 provincial hospitals on designing health care waste management systems in Province One.



## 4.5. Case management

### **Government lead:**

Curative Services Division (CSD), Department of Health Services with support from HEOC, MoHP in collaboration with provincial health directorates, Ministries of Social Development & municipal health focal points

### **Lead agency (co-lead):**

WHO, UNICEF

### **Sector members:**

UNFPA, WFP, IFRC, NRCS, Association of Private Hospitals of Nepal, Hub Hospitals, Medical Academe, NAS

### ***Priority Response Activities:***

- Continuously assess the burden of diseases at local levels and deliver primary health care services.
- Capacity building on implementation of case management protocols.

- Procure and distribute hygiene and case management kits to support home-based confirmed COVID-19 cases.
- Evaluate, document and report on clinical features, risk factors, effectiveness of case management, challenges and outcomes, including through WHO case reporting system.
- Development of remote training materials for frontline health workers on stress management.
- Distribute health message leaflets and supplies (hygiene kits/health kits) at community level for affected families (link with RCCE and FCHV).
- Monitoring of primary health care, including implementation of training protocols, case detection and referral as well home-based care.
- Activate psychosocial care services for COVID-19 patients and their families and stress management interventions for health care workers and their families.
- Support MoSDs and HEOCs to identify, train and deploy medical personnel, as required.
- Support dissemination of case definition, triage and management protocols in public and private health facilities.
- Provide technical and in-kind support to improve screening and management of COVID-19 cases.
- Ensure MoSDs and hospitals have referral and safe patient transport plans in place to move severe cases rapidly to higher level care, including drills for preparedness.
- Provide home isolation kits to Nepalgunj and Dhangadhi sub metropolitan cities.
- Conduct operational research in selected hospitals on the introduction of artificial intelligence for early identification of COVID-19 in conjunction with other acute or chronic respiratory illnesses, chiefly pulmonary tuberculosis.



#### **4.6. Operational support and logistics:**

Operational support and logistics within the Health Cluster response will include managing stockpiles as well as monitoring and coordinating the supply of essential medical supplies, support for mobilization of field teams for case investigation and contact tracing, specimen collection and transportation for testing and deployment of epidemic rapid response teams (ERRT) and emergency medical teams (EMDT). It will also include the capacity to establish up to five 60-bed isolation and treatment facilities, if required.

Health logistics support during the preparedness phase forecasts supply needs of PPE and other essential commodities, coordinates procurement and supply through the EDP-SCM sub-group with the Management Division of the Department of Health Services (in support of the Ministry of Health and Population's one-door policy for a consolidated COVID-19 supply chain) and makes necessary arrangements for the deployment of teams required for field level enhancement and monitoring of preparedness and response readiness.

In the response phase, national stocks and consumption will be monitored, and procurement of COVID-19 related medical and non-medical supplies will be scaled up, utilizing local and international procurement mechanisms such as the UN global COVID-19 supply chain system. Support will be provided, as needed, for the mobilization of field teams for case investigation and contact tracing, specimen collection and transportation for testing and deployment of epidemic rapid response teams (ERRT) and emergency medical deployment teams (EMDT).

##### **Government lead:**

Ministry of Health and Population, HEOC

##### **Lead agency (co-lead):**

WHO, UNICEF

##### **Sector members:**

UNFPA, UNOPS, WFP, DoHS, NPHL, AIN, Care, GIZ, IFRC, Save the Children, DFID, ECHO, EDP SCM sub-group, GHSC-PSM, Management Division, USAID, World Bank

**Priority Response Activities:**

- Ensure proper availability of the required medical and non-medical supplies at point-of-care/containment facilities, in coordination with partners.
- Support MoSDs and municipalities on continuous monitoring and reporting on the availability, stockpiling and use of critical COVID-19 supplies (in collaboration with GHSC-PSM).
- Support procurement of COVID-19 related medical and non-medical supplies, both local and international, as required and when possible.
- Augment MoHP storage capacity in Province One and Province Two with mobile storage units.
- Support MoHP in the rational distribution and use of PPE.
- Support the logistics and mobility needs of field teams for case investigation and contact tracing.
- Distribution of informative flyers to School Mental Health Project implementing districts (Salyan, Kailali, Gorkha) and other targeted areas.
- Food relief support packages to COVID-19 affected poor and marginalized pregnant and lactating mothers in Indrawati Rural Municipality, Sindhupalchowk.
- Support to strengthen COVID-19 surveillance activities through providing antigen based diagnostic kits to MoHP.
- Provide necessary support for the implementation of COVID-19 vaccination OSL HR support in seven provinces.
- Provide transportation support, as required, to MoSDs, provincial HEOCs, and district response teams.
- Strengthen help desks in Bheri and Seti hospitals.



## 4.7. Reproductive health services

The COVID-19 pandemic has disrupted access to life saving sexual and reproductive health services, as health system resources and capacities become stretched and resources are diverted from various programmes to address the pandemic. However, Nepal has one of the highest maternal mortality rates in the region (239 per 100,000) and in order not to backtrack on the progress, the Government and health sector partner have the dual responsibility of responding to the COVID-19 pandemic while ensuring that essential reproductive health services continue to be provided to vulnerable women and girls.

The disruption in the provision of life saving essential sexual and reproductive health services, including maternal and newborn health care, family planning services and supplies, is expected to result in a higher incidence of unintended pregnancies and unsafe abortions and an increase in home deliveries, leading to a significant increase in maternal deaths, particularly among marginalized groups. Special attention must be paid to underserved populations such as persons with disabilities, adolescents, refugees and migrants. Moreover, since women represent nearly 70% of the health work force, it is also critical to support their needs, especially those of frontline workers on the COVID-19 response. Yet, insufficient attention has been paid to female health workers in relation to their work environment, their safety requirements, as well as their own sexual and reproductive health and psychosocial needs. Capacities and protection of health workers must be prioritised as critical and lifesaving and they must be provided with the appropriate PPE to continue to provide essential PHC services and care during the COVID-19 pandemic.

### **Government lead:**

Department of Health Services, Family Welfare Division at federal level and Provincial Health Directorates at provincial level

### **Lead agency (co-lead):**

UNFPA



**Sector members:**

UNICEF, WHO, ADRA, Care Nepal, FAIR MED, Family Planning Association of Nepal , FHI 360, GIZ Hellen Keller International, IPAS, Jhpiego, Nepal CRS Company Marie Stopes International, Nepal Red Cross Society, One heart worldwide, Plan International, Plan Nepal, Save the Children, Midwifery Society of Nepal, DFID, National Fertility Care Centre, Nepal Health Sector Support Program, Nepal Society Of Obstetricians and Gynecologists, Population Services International, USAID

**Priority Response Activities**

- Strengthen surveillance and response system for pregnancy and childbirth risks including before, during and shortly after delivery for identification and management of risks and incidences of COVID-19 infection.
  - Support communication, coordination and operational capacity for assessment, surveillance and response system including maternal and perinatal death surveillance and response.
  - Build capacity of health facilities including federal, provincial and local health governance structures to implement risk communication strategies and activities.
  - Develop risk communication tools and materials targeting vulnerable women and girls.
- Ensure provision of 24/7 helpline services for information, counselling and referral for reproductive, maternal, neonatal, adolescent health services and health response to GBV.
  - Set up additional 24/7 helplines to cover all provinces and enhance their promotion through multimedia channels.
- Ensure continuity of RH services, as per Minimum Initial Services Package in Emergencies, including during travel restrictions, with attention to the needs of underserved and marginalized groups, including adolescents, migrants and persons with disabilities.
  - Procure and distribute Inter-Agency Reproductive Health Kits (preposition at minimum three to six months stocks).
  - Supply adequate and full range of PPE and IPC measures for health service providers, including training on their effective use.
  - Establish additional tele-consultation for services for maternal and newborn health services.
  - Support sexual and reproductive health outreach services, including reproductive health camps and mobilization of visiting service providers and female community health volunteers.
  - Conduct mapping of availability and efficiency of ambulance services in the country.
  - Support to operationalize and expand ambulance services to enhance response to emergency obstetric and newborn care in selected districts with the highest needs during the COVID-19.
  - Support coordination for RH Sub-cluster partners to enhance preparedness and capacity to respond in a coherent manner during the COVID-19 pandemic at all levels.
- Identify, establish, strengthen and equip delivery rooms to enable safe deliveries and effective care of COVID-19 positive pregnant women.
- Support distribution of RH and family planning commodities, including community-based distribution.
- Strengthen systems and capacity among health facilities and health service providers to deliver quality emergency obstetric and newborn care (EmONC) services.
  - Develop and/adapt m-health tool for Maternal Health Service Providers to strengthen their skills and quality of emergency obstetric and newborn care
  - Training of service providers on m-health tool
  - Human resources support to provinces and local level for continuity of EmONC services in the COVID-19 context.
  - Strengthen referral linkages for pregnant women including provision of transportation services.
  - Assessment of EmONC Quality of Care.



## **4.8. Continuity of primary health care and other essential & critical health services**

Ensuring the continuity of critical and essential life-saving preventive and curative health services, despite the focus of the health system on COVID-19, is essential. These health services include immunization, treatment of people with non-communicable diseases such as diabetes, hypertension, cardio-vascular, central nervous system, respiratory and kidney diseases, treatment of cancer and mental health conditions, management of chronic infectious diseases such as tuberculosis, HIV/AIDS and leprosy, NTDs, and life threatening injuries and infections such as dengue and malaria as well as public health interventions including disease surveillance and outbreak containment. Without this, the collateral impact of preventable morbidity and mortality due to critical non-COVID-19 conditions may be commensurate with the adverse impact of the pandemic itself.

### **Government lead:**

Ministry of Health & Population; & Department of Health Service at federal level and Ministry of Social Development & provincial health directorates

### **Lead agency (co-lead):**

WHO

### **Sector members:**

UNAIDS, UNICEF, NHSSP, Humanity & Inclusion, NRCS, Save the Children

### ***Priority Response Activities***

- Assessment of staff capacity and planning of trainings in affected areas for maintenance and continuity of essential and critical services.
- Maintain routine immunization services.
- Maintain the effective functioning of existing disease control programs and ensure continuity of care for people with diseases requiring long term and life-long treatment.
- Psychosocial counselling training to health service providers/case managers/ social workers.
- Provide a three days of refresher training on mental health and psychosocial counselling for health care service providers, and undertake regular clinical supervision of trained HWs.
- Continuation of toll-free hotline service, and provision of psychosocial support through tele counselling.
- Dissemination of informative IEC/BCC on COVID-19 awareness and mental wellbeing in the form of animation videos via online media.
- Distribute super-flour (cereal) to households receiving multipurpose cash assistance that have children under five years.
- Integrate COVID-19 preventive measures with hygiene promotion through routine immunization sessions in EPI clinics.
- Mental health support to frontline health workers at COVID-19 hospitals.
- Mental health support to school nurses and teacher in the context of school reopening.
- Supply of PPE (surgical mask) to health facilities (health posts, hospitals, etc.) for the continuation of essential health services, including immunization services.
- Orientation of medical officers/nursing staff on postpartum haemorrhage management in all CEONC sites (eight hospitals).
- Virtual, in-situ simulation-based training to MOs/nursing staff on MNH, including infection prevention (three hospitals).
- Capacity building of MOs/nurses in hypoxemia management in NICU and PICU (two hospitals).
- Technical assistance in preparation and finalization provincial COVID-19 Response Plan, provincial health policy and provincial healthcare waste management strategy.



## 4.9 Health component of quarantine settings

In the context of Nepal, with millions of citizens working in highly affected countries and thousands returning, effective quarantine becomes a critical public health intervention.

Essential social distancing and infection prevention and control measures, adequate WASH arrangements, efficient entry health screening and testing, daily health monitoring mechanisms for early detection of illness, medical emergencies and chronic diseases, as well as effective arrangements for referral and transport to designated health facilities for testing, isolation and treatment (including for non-COVID-19 conditions) are the key health care related needs of those in quarantine.

If these arrangements and mechanisms are inadequate and the public health and health care interventions are sub-optimally implemented, the entire purpose of quarantine will be defeated and quarantine sites themselves, including home settings, will become hotbeds of infection.

**Government lead:** Ministry of Health & Population; & Department of Health Service at federal level and Ministry of Social Development & provincial health directorates

**Lead agency (co-lead):**

WHO

**Sector members:**

IOM, UNAIDS, UNFPA, UNICEF, NHSSP, NRCS, Save the Children

***Priority Response Activities***

- Provide minimum WASH facilities in quarantine/isolation centres as identified in assessment and in coordination with various sectors.
- Procure and provide medical supplies and equipment for IPC in quarantine and isolation settings.
- Provide health and hygiene kits, as defined by the government, for people in home/institution quarantine and isolation.
- Support cases in home/institution quarantine and isolation through monitoring, follow-up and referral services, as required.
- Develop and disseminate protocols for the facility based or home-based quarantine.
- Develop a referral mechanism from PoEs to quarantine and holding centres for systematic management of returnees with symptoms.
- Develop a training curricula and manual for building the capacity of staff/human resources mobilized in quarantine facilities.
- Introduce tele-support to provide technical support to managers and the workers in quarantine facilities.
- Introduce a mechanism for up to date data collection and management at quarantine facilities to support timely surveillance and contact tracing.



## 5. Food Security Cluster

The Food Security Cluster will closely coordinate with the Nutrition Cluster, the Logistics Cluster and Early Recovery coordination mechanisms to ensure availability and access to adequate food for people who have lost jobs and income sources due to the prolonged socio-economic effects of the COVID-19 crisis. Activities will particularly target those who suffer from the impacts of these socio-economic effects on household food security that are manifested in the form of inadequate food consumption, food insufficiency and negative coping mechanisms. In a highly uncertain situation, the Cluster is also monitoring the wider impact on food security and markets in the case of lockdowns and prohibitory orders across the country. The Cluster will address the immediate food needs of the most affected vulnerable groups of people – households with low education levels, with a disabled household member, female-headed households, daily wage labourers and migrant workers who are found to be food insecure and have no income or limited access to existing social protection schemes.

In October the Ministry of Agriculture and Livestock Development (MoALD) and WFP shared the results of the jointly produced second round of the mVAM household survey on the impact of COVID-19 on household food security and vulnerability in Nepal. The report finds that food security has slightly improved as compared to the results of the first mVAM household survey in April; however, COVID-19 continues to negatively impact the livelihoods of Nepalese households. Overall, 20.2% of households were found to have inadequate food consumption, 11.8% adopted at least one negative coping strategy to address food shortages, and 6.7% reported that the food they had in stock was insufficient to meet their needs. Moreover, 11% of households reported job loss and 31.2% a reduction in income. Despite only a marginal increase in reported income loss, more households experienced severe (11.1%) and moderate (16.5%) income loss in August than April (severe 3.7%; moderate 9.3%). Loss of income was found to be more common among certain types of livelihoods, namely daily wage labourers, migrant workers, small business owners and traders.

These declines in income have direct implications on access to food and proper nutrition and could result in negative coping strategies if additional support is not provided. The loss of jobs and income has further compounded the burden of care for households with young children, disabled or chronically ill members and elderly persons – especially for female-headed households. Infants, young children, pregnant women and breastfeeding mothers face significant risks to their nutritional status and well-being as access to essential health and nutrition services and affordable nutritious diets is constrained. Hence, the food security response will focus on supporting access to food for the most vulnerable and food insecure whose means of livelihood and level of income are severely affected by the COVID-19 emergency through unconditional cash transfers, in-kind food/voucher assistance and agricultural livelihood assistance.

Further, FAO, in close coordination with MoALD and WFP, assessed the impacts of COVID-19 on agriculture sectors. The assessment found that the hardest hit sectors in agriculture are poultry, fresh vegetables, fishery, dairy, seasonal fruits, banana, cereals, floriculture and marketing of agricultural products. The assessment has further suggested recovery measures in three different phases to address the impacts of COVID-19 in agriculture sectors:

- Immediate response: normalise transportation of agriculture inputs and products, opening of retail and wholesale fresh markets and lift restrictions on opening of input supplier's shops. Focus should be placed on short duration farm activities and construction of agriculture infrastructures which create immediate jobs for the most vulnerable rural farmers and agro-based wage labours. The initiation and functioning of digital marketing, along with the virtual service delivery of technologies and inputs, will play an important role.
- Medium-term response: Focus on the development of entrepreneurship skills and technological transfer to rural farmers, particularly youth, women and returnee migrants to increase household incomes through improved market supply chain of farm products.

- Long-term response: Initial support with increased investment in agriculture infrastructure e.g. market centres, cold storage and rehabilitation of community managed small irrigation to produce multiplier positive effects on livelihoods of rural populations as well as short term employment.

In order to save lives and protect the most vulnerable through the provision of food and nutritional security and livelihood support, the Food Security Cluster will consider the following response options suitable for the local contexts and market situations:

- Periodic household food security and market assessments for response planning and targeting.
- Unconditional cash-based transfers as food assistance for targeted populations.
- Unconditional in-kind food/voucher assistance for targeted populations.
- Conditional voucher assistance to those most affected by the pandemic to revive their farm and off-farm businesses and enterprises.
- Provision of agricultural inputs, tools and extension services for targeted farming households.

In coordination with the Cash Coordination Group and other clusters, the multi-purpose cash transfer option will be explored, particularly for unconditional cash-based transfers to enable the affected population to meet their essential needs (food and non-food).

**Government lead:**

Ministry of Agriculture and Livestock Development

**Lead agency (co-lead):**

WFP, FAO

**Sector members:**

NGOs/INGOs: ACF, ActionAid, CARE, Christian Aid, CRS, DCA, FCA, Felm Nepal, GNI, Heifer International, Humanity and Inclusion, IMS Development Partner, Islamic Relief Worldwide, LWF, LWR, NRCS, OXFAM, Plan International, Save the Children, United Mission to Nepal, VSO, Welthungerhilfe, World Vision International, Food Management and Trading Company (government owned public enterprises).

***Priority Response Activities:***

- Carry out regular monitoring and analysis of micro level vulnerability and food security situations; produce household level vulnerability assessments and market updates in partnership of FAO, WFP, MoALD and FSC partners to inform the planning and response of government and development/humanitarian partners.
- Provide unconditional cash/in-kind food/voucher assistance to vulnerable people suffering from secondary impacts of the pandemic to ensure their access to adequate food, proper nutrition and other essential needs. Vulnerable family members include the disabled, elderly, children, people with COVID-19 or pre-existing medical conditions including HIV/AIDS, tuberculosis and other chronic diseases and in need of regular medication, pregnant and lactating women and malnourished children, those who are unable to access existing social protection schemes (social security allowances) or participate in conditional cash/in-kind food assistance activities (food/cash for work/assets activities). Unconditional assistance will be implemented in geographically targeted pockets of the most food insecure and most affected areas where lockdowns, prohibitory orders and other movement restrictions of people and goods are imposed by federal, provincial or local governments (estimated 25,000 families – 125,000 people for one month).
- In coordination with Early Recovery coordination mechanisms, provide capacity strengthening support to the scale-up of other social protection programmes/safety nets, such as the potential expansion of fair-price shops/sales centres of Food Management and Trading Company (FMTC) in food insecure and remote geographic locations.
- Ensure the provision of quality seeds, agriculture tools, inputs and extension services for the most affected farmers, including technical support for livestock management.

- Support livestock and veterinary services in remote and affected areas through, for example, the supply of nutrients such as urea molasses block (UMMB) to boost the nutritional status of livestock.
- In coordination with clusters, provide support to establish a mechanism for timely delivery of vegetables, milk, eggs, meat and other perishable items to markets (efficient supply chain including e-commerce) and provide appropriate technological and incentive packages for returnee migrants to attract them to agriculture, livestock and fishery sectors.
- Support technologies and inputs for establishing or reviving the off-farm enterprise of the most affected people to ensure the food security of their households through the regular income from their businesses.
- Coordinate with Nutrition Cluster to create synergy to address both food security and nutritional needs of vulnerable populations wherever possible.
- Entrepreneurship development, vocational training, cooperative led enterprise development and cash for work.
- Livelihood and income-generating activities, including food/cash for work/assets targeting those most vulnerable to the secondary impacts of the pandemic.



## 6. WASH Cluster

WASH Cluster interventions are integrated in several pillars of COVID-19 response including: risk communication and community engagement and point of entry and IPC. The major focus of the WASH Cluster is to ensure continuity of WASH services, in addition to those already reflected under the above-mentioned pillars. It will continue to support the community level engagement that is required to contain COVID-19, including ensuring the availability of WASH services in communities, institutions and public places, formal and informal business and industries as well as effective waste management in health care facilities (especially those hosting patients under isolation), schools and other community facilities. These activities are critical to reinforcing the health response and bolstering IPC efforts within health facilities and the wider community. With the increase in home isolation, which is yet to be managed to prevent the widespread community transmission that is currently occurring, the Cluster will also explore special packages and programmes that may be required to contain the situation, in coordination with local governments and various other sectors.

In this context, the overall goal of the WASH Cluster is to facilitate a well-coordinated, effective WASH response to COVID-19 in support of governments at all levels.

Specific objectives of the WASH Cluster are to:

- Continue to strengthen government-led coordination for the effective implementation of the COVID-19 WASH response at all levels,
- Promotion of personal hygiene and ensuring essential WASH services at various setups such as schools, quarantine and isolation centres, health care facilities, public institutions, and community amongst others.
- Coordinate with RCCE, Health, Education and Nutrition clusters to ensure hygiene behaviours are promoted and adopted by targeted communities and the most vulnerable;
- Ensure WASH in health care facilities and schools for continued IPC, including during and after the school reopening process;
- Ensure WASH services in isolation facilities, as defined by national and local governments;
- Ensure the continuation of essential WASH services (drinking water supply, sanitation and handwashing) by service providers at various levels, while also supporting service providers of other sectors with knowledge and skill on IPC and WASH;
- Support the containment efforts of local governments of high-density areas through WASH interventions.

**Government lead:**  
Ministry of Water Supply

**Lead agency (co-lead):**  
UNICEF

**Sector members:**  
DWSSM, ACF, CARE, Caritas, CRS, Save the Children, DCA, ENPHO, GIZ, KIRDARC, Mercy Corps, NCV, NEWAH, NRCS, Oxfam, LWF, Plan International, RVWRMP, SNV, WHH, WVI, USAID, Water Aid, Govt of Finland, UNHabitat, UNICEF, WHO, WB

**Priority Response Activities:**

- Ensure the continuation of essential WASH services through the education and provision of appropriate equipment to staff of public utilities and staff responsible for WASH services at national and subnational levels.
- Continue the promotion of personal hygiene, with a focus on handwashing with soap and other critical behaviours, to break the transmission of COVID-19 among the workforce working in

WASH sector and beyond and also among the workforce of local governments, such as sweepers, waste collectors, plumbers, technicians, etc.

- Provision of essential WASH facilities in prioritised health care facilities, schools, public spaces and communities to support service continuity and hygiene practices.
- Provision of essential supplies such as hygiene items, chlorine or other water treatment chemicals, PPE and other equipment necessary for service continuity.
- Collaboration with other sectors, particularly private sector/industries, and local governments to support hygiene education, skills and supplies for the general workforce to protect them and enable them to continue service delivery.
- Work with multisector stakeholders on community level engagement aimed at containing COVID-19 in hotspot communities of high-density areas.





## 7. Nutrition Cluster

The COVID-19 pandemic is negatively impacting household economies. This is likely to exacerbate the vulnerability of already poor families, and therefore affect a range of nutrition determinants such as food security, reduced access to markets, weakened health systems and disruption of regular preventative nutrition interventions (such as vitamin A and micro-nutrient supplementation). It is also expected to decrease access to necessary treatments for common illnesses and severe acute malnutrition. The combination of these factors is likely to result in an increase in the number of children suffering from acute malnutrition and reverse the gains Nepal has made in reducing chronic malnutrition (stunting).

According to the Nepal Multiple Indicator Cluster Survey 2019, 12% of children below the age of five were wasted, of which 3% were severely wasted, prior to the onset of the COVID-19 pandemic. The estimated annual case burden of wasting in Nepal prior to the pandemic was 940,334, of which 235,083 were severely wasted. Severely wasted children are nine times more likely to die than well-nourished children. In Nepal, due to the effects of COVID-19 mitigation measures, fewer children have been admitted for treatment of severe wasting in 2020 compared to 2019. Between January and September the admission of children into the IMAM programme for treatment of severe wasting has reduced by 67%. In 2019 a total of 9,208 SAM children were admitted to the programme, compared to only 3,069 SAM children admitted over the same period in 2020. The nutrition situation in Nepal is further challenged restrictions on the availability, access and affordability of fresh and nutritious food, as well as limited access to essential health and nutrition services due to the COVID-19 pandemic, which disproportionately impacts poor and disadvantaged groups. A modelled estimate of the impact indicates that disruptions in essential health and nutrition services due to COVID-19 could account for as much as 20-50% child mortality in developing countries like Nepal.

A recently published article in *The Lancet*<sup>18</sup> suggests that without timely action the global prevalence of child wasting could rise by 14.3% as a result of COVID-19. Based on this estimate, Nepal could expect to have an additional wasting case load more than 80,000 children annually. In the COVID-19 context, wasting is a serious issue that must be urgently addressed to save the lives of children and prevent further deterioration of their health and nutrition status.

Infant and young child feeding practices have also been affected by COVID-19. Between January and September 2019 the total number of children exclusively breastfed was 157,647 and those receiving appropriate complementary feeding was 149,407. However, during the same period in 2020 only 135,286 children are recorded in the Health Management Information System as being exclusively breastfed, and only 86,060 children have received appropriate complementary foods. These changes are likely due to mothers' fear to transfer COVID-19 to their infants via breastmilk. Despite intensive communication efforts to assure mothers that breastfeeding in the context of COVID-19 is safe, many mothers may not have received those messages. The mVAM household survey conducted by WFP found that proxy indicators for undernutrition had seen a deterioration during the COVID-19 pandemic. Such indicators include reduced household food consumption scores, reduced dietary diversity among children 6 to 23 months of age and increases in the price of common food items. The COVID-19 Economic Vulnerability assessment conducted by WFP found that Province Two, Karnali, and Sudurpaschim are the most affected provinces by the COVID-19 crisis, particularly the secondary socio-economic impacts of lockdown. This highlights the necessity of undernutrition prevention interventions, including supplementary feeding, promotion of the consumption of locally available food and nutrition education.

In this context, the principal aim of the Nutrition Cluster response is to ensure that critical preventative and curative nutrition interventions for children and pregnant and lactating mothers will continue and, where needed, be augmented. The nutrition response will therefore prioritize two key areas: (1) promotion of, and support for, breastfeeding and complementary feeding due to its well-known, lifesaving benefits to

<sup>18</sup> "Child malnutrition and COVID-19: the time to act is now", 27 July 2020

infants, especially within an emergency context; and (2) strengthening the efficiency and efficacy of the health system and workforce to manage COVID-19 positive patients whilst simultaneously minimizing disruptions to existing essential nutrition services, especially detection and treatment of children with acute malnutrition.

**Government lead:**

Family Welfare Division of Department of Health Services of Ministry of Health and Population (MoHP)

**Lead agency (co-lead):**

UNICEF

**Sector members:**

UNICEF (Nutrition and C4D sections), NPC, NNFSS, MoFAGA, EDCD/MoHP, WFP, WHO, FAO, USAID, WB, DFID, HKI, UN Women, NRCS, Save the Children, Suahaara, ACF, WVI, NRCS, Nepal Paediatric Society, WHO, NTAG, SDPC, Aasman Nepal, GHAN, NYF, HHESS, PHRD

***Priority Response Activities:***

- Counsel patients, parents and guardians on health and hygiene behaviours for prevention of COVID-19.
- Support health care workers and community volunteers with technical guidance and protocols for providing counselling to caregivers of children 0-23 months on breastfeeding and complementary feeding in the context of COVID-19.
- Development and dissemination of a multimedia campaign to promote breastfeeding, nutrition and feeding practices in the context of COVID-19.
- Monitor the impact of COVID-19 related infection prevention measures on continuity of nutrition services at health facilities and measure changes in household level health seeking behaviour for nutrition services using remote technologies/applications.
- Coordinate with MoHA and HEOC to strengthen linkages between nutrition, health, and social protection (child cash grant) to households targeted as Golden 1000 Days.
- Counselling on maternal, infant and young child nutrition for pregnant and postnatal mothers.
- Passive screening of children 6 to 59 months and referral of children with SAM to out-patient therapeutic centres for treatment and care.
- Initiate family MUAC approach to identify SAM children aged 6 to 59 months and refer them to health facilities for therapeutic treatment and care.
- Initiate treatment of children aged 6 to 59 months with moderate acute malnutrition in two districts of Province Two, with high caseloads.
- Build the capacity of mothers and caretakers of under-five years children for household based active nutrition screening.
- Blanket supplementary feeding for children 6 to 23 months and pregnant and lactating women in 42 priority municipalities worst affected by the secondary socio-economic impacts of COVID-19 in Province Two, Karnali and Sudurpaschim (WSB+ 3kg/ person/ month for 2 months).



## 8. Education Cluster

The COVID-19 pandemic has resulted in the disruption of education services throughout Nepal, carrying with it not only the immediate risk of loss of learning for every individual child and young person, but also the negative impact on Nepal's development, particularly in the most vulnerable communities, long after the COVID-19 pandemic subsides.

In this context, continuity of learning is essential to avoid a permanent setback to the education of Nepal's 8.1 million school children (ECED to grade 12), to help re-establish routines and support children's mental health, and to use education as a tool to prevent stigma, counter discrimination and support public health measures by keeping children and their communities informed on handwashing and other hygiene practices. Further, ensuring the disinfection of schools used as quarantine facilities will be key to avoiding the spread of COVID-19 in those areas.

The Government issued the School Reopening Framework on 5 November 2020 to ensure education continuation, adhering to public health safety measures. Local governments have been given the authority to make decisions on the reopening or closure of schools based on their assessment of the local context and public health and safety measures. The priority need is supporting local governments and schools to ensure safe reopening for learning continuity of children, while continuing learning through alternative modalities in those areas where schools cannot be opened physically. For the effective implementation of the School Reopening Framework, multi-cluster/sector intervention is needed at the local level, which will be prioritised and strengthened by the Cluster.

The overall objective of the Education Cluster Plan is to prevent the spread of COVID-19 in education institutions and in local communities through the provision of safe learning environments and by putting in place appropriate prevention measures in schools and awareness activities in ECED/PPE centres, community, institutional and religious schools and communities. To achieve this objective the response of the Education Cluster will focus on:

- a. Ensuring adequate capacity for management and coordination of the education response in the changed context of alternative continuation of learning delivery;
- b. Strengthening prevention and resilience within the school system and among students, teachers, parents and caregivers;
- c. Supporting continuity of education/learning for all children in all areas, including children with disabilities and from marginalized groups.

To facilitate these objectives the Education Cluster will strengthen coordination between education stakeholders at federal, provincial and local levels for education response. The Cluster will coordinate with the RCCE, WASH, Protection and Health clusters to ensure that adequate measures are in place for safe school reopening with a focus on WASH interventions and psychosocial and mental health support to teachers, children and parents as well as providing education on use of sanitizers, masks and social/physical distancing (SMS).

### **Government lead:**

Ministry of Education, Science and Technology (MoEST) and Centre for Education and Human Resource Development (CEHRD)

### **Lead agency (co-lead):**

UNICEF, Save the Children

### **Sector members:**

Action Aid Nepal, Aasaman Nepal, CARE, CBM-Nepal, CMC Nepal, CEPP-PTM, Child Fund Japan Nepal, Child Rescue Nepal, Confederation of Nepalese Teachers, Education Pages, FELM Nepal, Fin

Church Aid, GHNA, Global Action, Good Neighbour, HI, Mercy Crops, NCE, NSET, NRCS, PABSON, PIN, Plan International, RBF, Restless Development, Room to Read, Sammunat Nepal, School Management Committee Federation, Seto Gurans, Shanti Volunteers Association, Street Child, Sunrise Education Foundation, UMN Nepal, UNESCO, VSO, World Education, World Vision

***Priority Response Activities:***

- Support MoEST, CEHRD, provincial and local governments in safe reopening of schools, adhering to the safety protocol as per the School Reopening Framework in coordination with WASH, Health and Protection clusters.
- Support MoEST, CEHRD, provincial and local governments for cleaning, disinfection and repair/maintenance of schools used as quarantine/isolation/holding centres in coordination with WASH and Health clusters.
- Support MoEST, CEHRD, provincial and local governments in promoting handwashing practices and public health and safety measures at schools, ECD centres, and education institutions once schools/ECD centres are re-opened in coordination with RCCE, WASH and Health clusters.
- Support MoEST, CEHRD, provincial and local governments for capacity development of teachers on psychosocial first aid to facilitate learning during crisis in coordination with Protection cluster.
- Support local governments to conduct targeted welcome-to-school campaigns for the most marginalised and children with disabilities.
- Provide technical support to local governments to localise the “Student Learning Facilitation Guidelines” to ensure learning continuity through alternative modalities where school reopening is not possible, particularly targeting the most marginalised and deprived children.
- Mobilise teachers and volunteers to provide remedial support to the most marginalised and deprived children to cover learning loss.
- Support to launch Learning Continuity Campaign together with CEHRD, Confederation of Nepal Teachers, School Management Committee Federation and local governments focusing on: (1) capacity development of local levels through sensitization on effective modes of alternative education, (2) teacher mobilization, (3) promotion of parents’ engagement in learning.



## 9. CCCM/Shelter Cluster

The purpose of the Camp Coordination and Camp Management (CCCM)/Shelter Cluster is to support the Government of Nepal, in particular the Ministry of Health and Population, the Department of Urban Development and Building Construction and all three tiers of the government to integrate COVID-19 measures in displacement sites that have emerged across the provinces due to landslides and floods, including displacement sites that could emerge during the COVID-19 pandemic in the future. In addition, the Cluster will contribute to site improvements to address any urgent safety and hygiene considerations at these sites.

CCCM/Shelter Cluster member organizations will provide necessary support in improving point of entry infrastructure, quarantine or isolation centre infrastructure according to need, including physical distancing and crowd control measures, and upgrading of hygiene infrastructure. The Cluster will also provide support, as needed, in issues related to the winter season and to a potential cold wave.

**Government lead:**  
DUDBC, Ministry of Urban Development

**Lead agency (co-lead):**  
IFRC (Shelter), IOM (CCCM)

**Sector members:**  
NRCS, HRRP, Plan International, Save the Children, World Vision, UNICEF, Action Aid, CARE International-Nepal, Mercy Corps, Dan Church Aid, UMN, LWF, People in Need, Lumanti, Welthungerhilfe, UN-HABITAT, CRS, UNOPS, Caritas, OXFAM, ADRA Nepal, Habitat for Humanity

**Priority Response Activities:**

**CCCM:**

- Upgrade and improve displacement sites to ensure safety and hygiene in order to minimize risks related to the spread of COVID-19.
- Strengthen site level platforms to ensure up to date information on COVID-19 is shared and reaches all internally displaced person groups.
- Train local responders and frontline workers in disaster management operations to rapidly integrate COVID-19 measures in displacement sites, including in Shankhuwasabha, Sindhupalchowk, Mgaydi and other displacement environments that may emerge during the outbreak.
- Roll out a Displacement Tracking Matrix (DTM) and Return Intension Survey in the displacement sites that have emerged or may emerge during the outbreak, in order to understand humanitarian needs and gaps and to assess COVID-19 risks in displacement sites.
- Support federal, provincial and local governments in conducting inflow and outflow mapping, monitoring and analysing the impact of COVID-19 on populations of concern using DTM's existing flow monitoring operations.
- Construct or improve critical infrastructure at PoEs, including physical distancing and crowd control measures, improve isolation and quarantine centres and upgrade hygiene infrastructure. This will also support efforts in infection prevention and control and case management.

**Shelter:**

- Provide NFIs to the isolation centres that are providing refuge to ill travellers at POEs.
- Conduct awareness programs on safety measure and home isolation practices as per existing guidelines.
- Support the establishment of quarantine centres according to local needs.
- Support to provision of warm clothes and non-food items, particularly to those vulnerable to cold wave.
- Support the provision of NFIs to quarantine centres, as needed.



## 10. Logistics Cluster

The Logistics Cluster will continue to provide essential logistics support to the Health Cluster and the Ministry of Health and Population's Management Division (MOHP-MD) to ensure a timely and uninterrupted flow of essential, lifesaving health supplies and equipment to health facilities and clinics across Nepal.

The Logistics Cluster's common services aim to fill gaps and interruptions in storage and transport services, especially during country-wide and partial lockdown periods, when private sector services are disrupted due to access restrictions. These common transport services will be provided at no cost to all humanitarian clusters and the Government of Nepal for transport of COVID-19 and CPRP related supplies, from Kathmandu to provincial capitals and from provincial capitals to sub-national, district stores. Additionally, storage capacity will be increased by providing storage services at Kathmandu, Dhangadhi and Nepalgunj humanitarian staging areas and setup of mobile storage units for MoHP and provincial health directorates as needed. Common storage and transport services are planned to be provided until the end of February 2021 in order to maintain an agile logistics operation that can respond quickly to sudden changes in scenario. In February the need for these services will be reassessed to see if they can be phased out or not.

Logistics Cluster's coordination and information management support will be provided through dedicated staff in Kathmandu and provincial capitals to coordinate with federal and provincial authorities and humanitarian agencies, providing information updates and ensuring full use of logistics services. While forecasting, procurement and supply of essential health supplies is managed by MoHP-MD, supported by the Health Cluster; Logistics Cluster will coordinate health supply pipeline planning with MoHP-MD and the EDP Supply Chain Management sub-group, monitor inventory of essential supplies and consolidate and validate the demand for COVID-19 related medical supplies.

A Logistics Cluster gaps and needs analysis, conducted in November 2020, concluded that common services should be continued until end of February 2021 to maintain agility to quickly respond to changes in logistics needs, which are greatest during full and partial lockdown periods. Logistics Cluster common services may be phased out in March 2021, depending on gaps and needs evaluated in February.

### **Government lead:**

Ministry of Home Affairs, NEOC

### **Lead agency (co-lead):**

WFP

### **Sector members:**

MOHP-MD, UNFPA, UNICEF, IOM, UNOPS, Armed Police Force, Nepal Army, Nepal Police, ACF, Action Aid Nepal, AWO International, FPAN, GHSC-PSM, Humanity and Inclusion Nepal, NRCS, Oxfam, People in Need, Plan International, Save the Children, WHH, World Vision International, IPAS Nepal, Mountain Child, United Mission to Nepal.

### **Priority Response Activities:**

#### **Priority case load scenario:**

- Common transport services from Kathmandu to seven provinces and from provinces to district headquarters (up to 1000 MT/ 5000 m<sup>3</sup>).
- Common storage services at humanitarian staging areas in Kathmandu, Nepalgunj, Dhangadhi.
- Civ-Mil coordination with Nepal Army and CCMC to support MoHP health logistics.
- Provide updates on customs' waivers, importation and quality assurance protocols for COVID-19 supplies.

- Coordination of national medevacs by air for UN and INGO partner staff.
- Support common international medevac services.
- Augment COVAX cold-chain capacity as needed (through refrigerated containers).
- Augment last-mile COVAX cold-chain delivery to remote areas as needed.
- Train Logistics Cluster users on accessing Logistics Cluster products.
- Increase coordination with provinces to improve awareness of Logistics Cluster services.

***Worst-case case load scenario:***

- Scale up capacity of transport services to seven provinces and from provinces to districts (for 1000 MT/ 5000 m<sup>3</sup>, over the 1000 MT of priority case scenario).
- Expand storage capacity for provincial health directorates in provinces, as needed (four mobile storage units (MSUs)).
- Expand storage capacity at the three humanitarian staging areas (four MSUs).
- Coordination of international cargo airlifts of COVID-19 supplies.
- Support international passenger and cargo air services, if commercial flights are suspended.
- Construct emergency COVID-19 treatment facility with WHO/MoHP (60-beds, mild cases).



## 11. Early Recovery coordination

The socio-economic disruptions brought about by COVID-19 are projected to continue for a prolonged period and have long-lasting impacts. Months of pandemic related lockdowns as well as the severity of the economic and health emergency continue to devastate the livelihoods of informal workers, particularly women, daily wage workers, internal migrants and seasonal migrants to India, who are excluded from social protection measures. Small and informal enterprises, the backbone of Nepal's economy, are severely impacted, resulting in mass layoffs with experts indicating a severe unemployment crisis is looming.

As the COVID-19 crisis stretches on, socio-economic recovery interventions have evolved beyond those in the initial stages the response. As attention is being refocused to the medium- to long-term impacts of the pandemic, longer term socio-economic recovery planning is ongoing among partners, including through the UN Framework for Responding to the Socio-Economic Impacts of COVID-19 in Nepal, aiming to tackle the complex economic recovery needs facing Nepal in a more comprehensive manner. Early Recovery, under the leadership of the Ministry of Federal Affairs and General Administration (MoFAGA) will maintain a light coordination function, working with partners and clusters to ensure the continued provision of short-term assistance to restore livelihoods and promote emergency employment opportunities, targeting those demographic groups worst impacted by COVID-19 and its secondary effects. UNDP and UNICEF will continue to provide coordination support to MoFAGA in this role.

Some activities that will continue to be supported by this light coordination function include:

- Off-farm quick income activities;
- Support to cooperative led enterprise development;
- TVET skills development and vocational training;
- Community infrastructure development.





# Budget

## Funding required for Response: USD

Pillar	Total
<b>1. Coordination Planning and Monitoring</b>	
<b>2. Risk Communication and Community Engagement</b>	<b>3,748,000</b>
<b>3. Health</b> ( <i>unfunded activities</i> )	
• Surveillance, Rapid Response Teams, Case Investigation & Operational Research	<b>500,000</b>
• Points of Entry	<b>520,000</b>
• National Laboratories	
• Infection Prevention and Control	<b>5,902,500</b>
• Case Management	<b>50,000</b>
• Operational Support and Logistics	<b>20,000</b>
• Continuity of Primary Health Care and other Essential & Critical Health Services	<b>7,704,000</b>
• Reproductive Health	<b>5,457,000</b>
• Health component of quarantine settings	<b>150,000</b>
<b>4. Food Security</b>	<b>5,600,000</b>
<b>5. WASH</b>	<b>3,980,300</b>
<b>6. Nutrition</b>	<b>3,500,000</b>
<b>7. Protection</b>	<b>6,107,000</b>
<b>8. Education</b>	<b>3,800,000</b>
<b>9. Shelter/CCCM</b>	<b>1,800,000</b>
<b>10. Logistics</b> ( <i>fully funded, source: FCDO, DFAT</i> )	<b>650,000</b>
<b>Total</b>	<b>49,488,800</b>