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

UNITED NATIONS NEPAL


Government of Nepal's

Health Sector Emergency Response Plan

COVID-19 Pandemic

Annexed

MAY 2020

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

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# Introduction

The COVID-19 pandemic is having far reaching impacts, well beyond the health crisis and needs, with the most severe impacts experienced in the poorest countries and those most vulnerable to humanitarian crises including natural disasters, such as Nepal. To date, the outbreak in Nepal has been relatively limited with 603 confirmed cases as of 24 May 2020. 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.

The Government of Nepal has developed the Health Sector Emergency Response Plan and different institutions within the Government are working together to ensure that preparedness and response plans are ready to mitigate the effects of the measures put in place to prevent the further spread of COVID-19. Government-led clusters have been activated, 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 are wider than health, the clusters are working to mitigate the impact on broader service delivery and to ensure service continuity in key sectors is maintained throughout the outbreak and the recovery period. This includes support to education services, and the provision of water, sanitation and food assistance where needed.

As a result of the COVID-19 outbreak, there are likely to be wide reaching impacts of the health system and people's ability to access healthcare due to increased pressures on existing services and facilities, and the inability to physically access care due to lockdown and movement restrictions. These preventative measures put in place to avoid the spread of COVID-19 are having socio-economic impacts and are likely to also have humanitarian impacts, which must be mitigated. Specific socioeconomic interventions are required in complement to the more traditional emergency response to ensure that recovery is rapid and reaches vulnerable communities effectively. International partners are working with the Government of Nepal to support the inclusion of the needs of those most vulnerable throughout the response.

The revised Nepal COVID-19 Preparedness and Response Plan (CPRP) reflects the MoHP Health Sector Emergency Response Plan, which has a planning assumption of a caseload of 10,000 people infected with COVID-19. The CPRP is a plan prepared by the Humanitarian Country Team and the clusters working in collaboration with and support to the Government. Given the multi-dimensional impact of COVID-19, the CPRP 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 health (WASH), nutrition, education, shelter/ CCCM, early recovery, and logistics. The Humanitarian Country team will continue to work with the Government towards having a joint COVID-19 Nepal Preparedness and Response Plan.

The actions undertaken under the CPRP are an investment in Nepal's preparedness capacity for COVID-19 but will also increase the preparedness and response capacity for future emergencies.

# Key Planning Figures

The planning figures are based on the level IV scenario of the Health Sector Emergency Response Plan for COVID-19 Pandemic developed by MoHP. In line with the principle of 'leaving no one behind', international humanitarian principles and ensuring the targeted support for vulnerable populations, the Humanitarian Country Team has, on the basis of the Census 2011 data, calculated the distribution among different population groups.

| Priority case load | Total collaterally affected | Assumptions | Geographic areas |
|---|---|---|---|
| **10,000 [1] confirmed cases of people *infected* including**<br>• 5,045 Female<br>• 4,955 Male<br>• 2,500 Women of Reproductive Age<br>• 200 Persons with disabilities<br>• 400 Pregnant<br>• 855 Elderly<br>• 220 Neonatal<br>• 1,060 Lactating<br>• 1,660 Hypertensive<br>• 395 Diabetic<br>• 220 Cardiovascular disease | **1,000,000 people *collaterally affected***<br>• 505,000 Female<br>• 495,000 Male<br>• 250,000 Women of Reproductive Age<br>• 20,000 Persons with disabilities<br>• 40,000 Pregnant<br>• 85,000 Elderly<br>• 22,000 Neonatal<br>• 106,000 Lactating<br>• 166,000Hypertensive<br>• 39,333 Diabetic<br>• 22,000 Cardiovascular disease | • School closure<br>• Restriction of mass gatherings<br>• Restriction of public transportation<br>• Border closure | All 7 provinces affected |

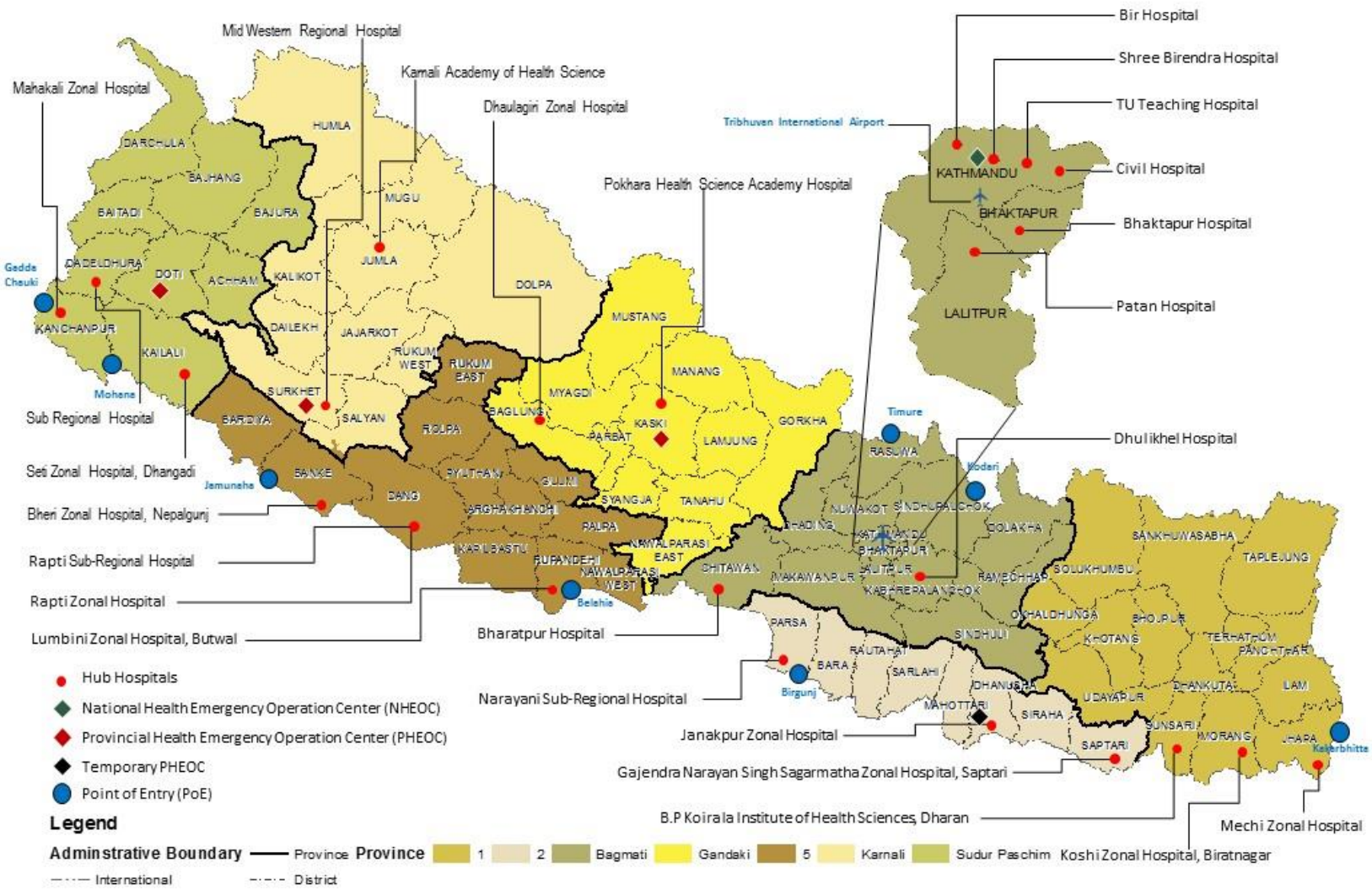
[1] Health Sector Emergency Response Plan for COVID-19 Pandemic, Ministry of Health and Population, 2020

# Budget

| Ministry of Health and Population Response Plan | | |
|---|---|---|
| | **NPR 6.9 Billion** *(6,890,939,880)* | ***USD 57 Million*** *(57,035,482.47)* |
| **Funding required for the CPRP** | | |
| | Preparedness | ***USD 17.90 Million*** |
| | Response | ***USD 90.52 Million*** |

# Map

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



# Scenario Overview:

## Current situation:

As of 24 May, 603 COVID-19 cases have been confirmed in Nepal. The largest proportion of cases have been identified in Province Two, and in Nepalgunj in Province Five. The Government response is led by a High-level Committee on COVID-19, headed by the Deputy Prime Minister and the Minister for Defense. A COVID Crisis Management Centre (CCMC) has also been established – led by the same ministers, along with a Steering Committee, led-by the Secretary of the Ministry of Health and Population, and the Clusters have been stood- up at Federal and Provincial Level 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 along with contingency planning and preparedness for a scaled-up response should it be required. The UN has activated the Provincial Focal Point Agency System to support coordination between the international community and the Government of Nepal at the provincial level.

The Ministry of Health and Population has designated 13 Level 1, 12 Level 2 and 3 Level 3, hospitals as COVID-19 hospitals[2]. Several COVID-19 clinics in hospitals across the country have also been designated including private hospitals and medical colleges. The Government has instituted testing across the country and established a significant number of quarantine sites, countrywide. The majority of those currently in quarantine are returned migrants.

The Government decreed, nation-wide lockdown has been active since 24 March, maintaining the closure of all points of entry and restricting domestic and international flights. This 'lockdown' includes business closures, closures of land-border entry points, restrictions on movement within the country and flight access in an out. Discussion is ongoing to enable the movement of those supporting the preparedness and response to COVID-19, should the situation deteriorate.

The Government has initiated a COVID-19 relief program, focusing 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, Prime Minister's Agriculture Modernization Project, and COVID-19 Response Fund, established at federal, provincial and local levels are to be mobilized.

The establishment of quarantine centres, has raised a number of protection and other concerns, including the use of school buildings as quarantine centres, women being allowed to home quarantine given the predominance of males at the quarantine centres, service provision in the centres including adherence to infection prevention and control protocols, stigmatization against returned migrants and those who recently returned to their village/home after quarantine, and reported shortages of medical equipment and supplies related to COVID-19 including Personal Protective Equipment (PPE) kits. Furthermore, the lockdown is impacting the delivery of basic services, including healthcare, as well as resulting in shortages of

[2] Level 1 COVID Hospitals: Mild case management
Level 2: Moderate to severe case management
Level 3: Specialized surgery services and multispecialty services

commodities in markets, loss of jobs and income generating opportunities, and the ability of international organizations to deliver programs.

Those most vulnerable to the socio-economic impacts of COVID-19 include returning migrants workers, with an estimated 250,000-300,000 migrant workers estimated to be returning from Gulf countries and a further 500,000 returning from India, with thousands trapped in the border areas due to the closure of points of entry. In addition, there is evidence of large numbers of people – including daily wage workers in the informal sector - leaving the Kathmandu Valley to travel to their districts of origin, although exact numbers are difficult to quantify.

The current suspension of work permits from countries of destination and issuance of labour permits to Nepali aspirant migrants starting February 2020 will have a severe impact on Nepal's economy and foreign currency reserve, including the families of the migrants left behind and those who are now indebted for already paid-for permits. Remittances of foreign migrant workers – some 6 million Nepalis - contribute over 25% of Nepal's GDP[3]. Seasonal migrants to India are predominantly from the poorest and most chronically food insecure and geographically remote districts in the Far West and Karnali Provinces.

The COVID-19 pandemic has also had dire consequences for the tourism industry which employs approximately one million people and generates employment opportunities for a further 11 million people. With all trekking permits for spring 2020 cancelled, and the issuance of new trekking permits suspended, those who rely on the tourism will be adversely affected.

Alongside the economic impact, the social impact of the current pandemic and lockdown is concerning, with strains being felt at individual and household levels. As Nepal's constitution[4] also recognizes, 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 shocks and there are concerns that the most vulnerable people will be increasingly forced to adopt negative coping strategies in response to the new risks and economic challenges, often compounding existing vulnerabilities.

## CPRP planning scenarios:

The updated CPRP is based on a planning figure of 10,000 COVID-19 cases, which has been identified by the Government of Nepal as the point at which the health system would be overburdened and increased assistance would be required. If the number of cases surpasses 10,000 cases, the CPRP will be revised given the need for additional international support from partners outside of the country. The plan as it is currently constituted is focused on the delivery of assistance by partners using in-country resources and capacities. The CPRP supports cross-cluster preparedness and is intended to augment the ongoing Government response.

[3] https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS?locations=NP

[4] 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).

## Planning Assumptions:

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

**Compound disaster:** Monsoon season is approaching, and Nepal faces the potential of two concurrent disasters. The monsoon ERP is currently being prepared while analysing the impact that COVID-19 could have on the response. This includes factoring in the location of potentially flooded areas in relation to COVID-19 designated hospitals, labs and quarantine sites, along with the possible impact of lockdown-related movement restrictions on abilities to undertake preparedness actions and access to affected populations should flooding occur, as well as evaluating the availability of stock-piles and impact on supply chains for an eventual response. Similarly, agencies recognize the need to continue contingency planning for earthquake response.

**Limited availability of basic items:** households and those providing assistance are reportedly facing challenges in securing adequate food and other essential relief items.

**Access constraints:** lockdown measures and movement restrictions are likely to prevent partners from accessing populations in need of assistance, and the scale-up of remote programming therefore must be considered.

**Increased protection concerns:** pre-existing societal structures, social norms, discriminatory practices and gender roles which create or contribute to heightened risks for vulnerable groups[5] 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 some of the emerging issues which need to be factored into preparedness and response planning. Particular attention must be given to women and girls especially from excluded or vulnerable groups[6].

## Preparedness and Response Objectives:

1. To support the Government of Nepal in preparing and responding to an outbreak of COVID-19 of a scale that necessitates an international humanitarian response (including mitigation of social and economic impacts).

2. To ensure that affected people are protected and have equal access to assistance and services without discrimination, in line with humanitarian principles and best practise.

## Emerging gender - related issues in COVID-19

The COVID-19 pandemic is having a disproportionate impact on women and is exacerbating gender inequalities. It poses a serious threat to women's engagement in economic activities and can widen gender gaps in education, while lockdown measures have globally resulted in an increase in cases of gender-based violence. Women are taking on the burden of home-based health care and make up the majority

[5] 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,

[6] 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>

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, which are aggravated during infectious outbreaks. Support staff in these settings are also largely female, such as cleaners, laundry, and catering staff, and are at heightened risk of exposure to infectious sources. In Nepal, emerging gender issues are outlined below[7].

## Emerging gender related issues in COVID-19 in Nepal

**Health and Wellbeing:** Concerns about the impact of COVID-19 on pre-existing health conditions, access to health services in particular sexual and reproductive health services (including pre- and post-natal healthcare) and access to gender-specific hygiene items. Lack of transportation to facilitate the movement of people requiring critical health services, including pregnant women and new mothers, is a growing concern.

**GBV, including domestic violence:** Cases of domestic violence numbers are increasing. Food insecurity, loss of livelihoods especially for daily wage workers, reduction in remittances, economic pressure, return of migrant workers and the lockdown place women at heightened risk of physical and emotional abuse. With perpetrators at home, access to support is also limited.

**Care burden:** The closure of schools has exacerbated the unpaid care burden on women and girls. Sharing of parental responsibilities must be actively promoted.

**Labour:** 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's compensation schemes, which remain unavailable to many due to the informality of their work.

**Information sharing:** Messages and information on COVID-19 prevention are yet to reach the most excluded (female headed households) who do not have access to a phone, radio and 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 the access of victims to reporting channels and services.[8]

**Shelter Homes/Schools/Quarantine Centres:** Civil Society Organizations facilities, hotels, schools and health facilities have been identified as quarantine sites but in a number of cases, gender-related protection measures including separate rooms and toilets and female guards, are lacking.

[7] 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

[8] Inter-Agency Standing Committee (March 2020) *Interim Technical Note Protection from Sexual Exploitation and Abuse during COVID-19 Response*

**Migrant workers:** 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 their migration was through unofficial channels.

**Legal identity and lack of documentation:** Legal identity and lack of documentation is preventing many from accessing relief. LGBTIQ persons and sex workers are facing increased stigma and discrimination. Sex workers also struggle to access essential health services including ARV's and relief due to mobility restrictions, stigma and lack of legal identity documentation.

| Province | Female headed households[9] | Female population with disability[10] | Female population aged five and above illiterate[11] | Limited access to media[12] | Violence against women[13] |
|---|---|---|---|---|---|
| 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% |
| Province 3 | 25.7% | 1.7% | 36.8% | 23.2% | 19.6% |
| Province 4 | 36.8% | 2.4% | 32.8% | 25.3% | 12% |
| Province 5 | 31.7% | 1.9% | 38.4% | 40.6% | 22.6% |
| Province 6 | 17.1% | 3.1% | 49.1% | 58.5% | 15% |
| Province 7 | 25.8% | 2.7% | 48% | 50.6% | 17.4% |

For more details of provincial profile of women, and their socio-economic and equality status, please refer to the **Provincial Factsheets on Women[14]:** 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).

[9] 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.
[10] Ibid. The percentage provided was calculated against the total female population in the province.
[11] Ibid. The percentage provided was calculated against the total female population in the province.
[12] Ministry of Health and Population, Nepal Demographic Health Survey 2016, 2017
[13] Ibid.
[14] The Provincial Factsheets on Women:
Province 1: http://un.org.np/sites/default/files/RevisedWomenFactsheet-Province1.pdf
Province 2: http://un.org.np/sites/default/files/RevisedWomenFactsheet-Province2_2.pdf
Province 3: http://un.org.np/sites/default/files/RevisedWomenFactsheet-Province3_2.pdf
Province 4: http://un.org.np/sites/default/files/RevisedWomenFactsheet-Province4_2.pdf
Province 5: http://un.org.np/sites/default/files/RevisedWomenFactsheet-Province5.pdf
Province 6: http://un.org.np/sites/default/files/RevisedWomenFactsheet-Province6.pdf
Province 7: http://un.org.np/sites/default/files/RevisedWomenFactsheet-Province7.pdf

# Response by Pillar/Cluster

| Pillar | |
|---|---|
| | **1. Coordination Planning and Monitoring** |
| | **2. Protection** |
| | **3. Risk Communication and Community Engagement** |
| | **4. Health** |
| | 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 |
| | **5. Food Security** |
| | **6. WASH** |
| | **7. Nutrition** |
| | **8. Education** |
| | **9. Shelter/CCCM** |
| | **10. Early Recovery** |
| | **11. Logistics Cluster** |

# 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 the 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. The Clusters, led by the Government of Nepal and co-led by UN agencies/NGOs, are stood up and 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 rolled-out.

<table>
<tr><td colspan="2"><u>Government lead:</u><br>Health Emergency Operation Centre (HEOC) of MoHP & NEOC of MoHA in collaboration with provincial HEOCs and EOCs</td></tr>
<tr><td colspan="2"><u>Lead agency (co-lead):</u><br>WHO and the UN Resident Coordinator’s Office</td></tr>
<tr><td colspan="2"><u>Sector members:</u><br>Humanitarian Country Team</td></tr>
<tr><td>Priority Preparedness Activities:<br><br>• Establish an incident management team, including rapid deployment of designated staff from national and partner organizations, within relevant Emergency Operations Centres (EOCs).<br><br>• Train, and designate spokespeople.<br><br>• Train cluster focal points on gender in humanitarian action and capacitate actors on the use of the IASC Gender and Age Marker.<br><br>• Coordinate with and engage gender actors, women’s groups (Women Friendly Disaster Management Group), excluded groups (e.g.: gender and sexual minorities, people living with disabilities, Dalit, ethnic and Madhesi minorities, etc.) and networks.<br><br>• Capacity assessment and risk analysis, including mapping of vulnerable populations ongoing</td><td>Priority Response Activities<br><br>• Surge to Health Emergency Operation Centres (HEOCs) and National Emergency Operation Centre and broader coordination architecture. Support to sub-national coordination structures.<br><br>• Conduct (Health) and related multi-sectoral rapid needs assessments in coordination with the Government of Nepal.<br><br>• Enable security and monitoring arrangements to implement quarantine, movement restrictions and social distancing measures without erosion of human rights and dignity.<br><br>• Conduct regular operational reviews to assess implementation success and epidemiological situation and adjust operational plans as necessary.</td></tr>
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| | |
|---|---|
| • Scaling up sub-national coordination including support to provincial level clusters and activation of the Focal Point Agency System.<br><br>• Working to establish metrics and monitoring and evaluation systems to assess the effectiveness and impact of planned measures.<br><br>• Conduct initial mapping of migrant populations to understand their needs and inform response priorities. | |

# 2. Protection

Due to the constrained social and economic environment and reduction in access to basic and protection services, protection actors are concerned that progress made in recent years in Nepal, particularly the protection of women and children will regress, as a result of the COVID-19 outbreak and its associated societal adjustments in the short and potentially long-term. Additional risks are emerging particularly linked to increased exposure to violence, including: domestic violence and GBV, psychosocial and mental health risks, unintended consequences of border management procedures on migrants and persons in need of protection, hampered access to critical social services as resources are re-directed towards COVID-19 response, and recourse to negative coping strategies to confront loss of community-based protection systems and livelihoods including bonded and child labour, harmful practices e.g. child marriage and family separation. With household level economics strongly correlated with vulnerability to discrimination, violence and exploitation, the threat to the livelihoods of the most vulnerable households in Nepal is likely to feed into protection risks. The Cluster has activated five protection thematic groups: 1) child protection, 2) GBV 3) psychosocial support, 4) migrants/points of entry and 5) persons of concern/refugees, for preparedness and response coordination.

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.

<table>
<tr><td colspan="2"><u>Government lead:</u><br>Ministry of Women, Children and Senior Citizens/Department of Women and Children at federal level and Ministry of Social Development at provincial level</td></tr>
<tr><td colspan="2"><u>Lead agency (co-lead):</u><br>UNICEF and UNFPA</td></tr>
<tr><td colspan="2"><u>Sector members:</u><br>IOM, UNDP, UNHCR, UN Women, WFP, National Child Rights Council, National Senior Citizens Federation (NSCF), Nepal Police, Care Nepal, CIVICT Nepal, CMC, DCA, Family Planning Association of Nepal, FWLD, Humanity and Inclusion, ICRC, KOSHISH, Lutheran World Federation, Mercy Corps, National Federation of the Disabled-Nepal, Nepal Red Cross Society, Oxfam, Plan Nepal, Relief Trust, Save the Children, Terre des homes, TPO Nepal, VSO, WOREC Nepal, World Vision ,ActionAid Nepal</td></tr>
<tr><td>Priority Preparedness Activities:<br><br>• Coordinate with the Ministry of Women, Children and Senior Citizens/Department of Women and Children, National Child Rights Council, National Women's Commission at the federal level and Ministry of Social Development at the provincial level to update messages on protection issues based on the evolving context to enable access to protection-related information for the most vulnerable.</td><td>Priority Response Activities:<br><br>• Implement identification, tracing and reunification mechanism for families, including children separated by hospitalization or quarantine, and establish temporary alternative care measures, if necessary.</td></tr>
</table>

- Coordinate the early and safe release of eligible detainees with a focus on detainees in prolonged pre-trial detention, children and vulnerable detainees.
- Continue situation monitoring of pre-existing caseloads of persons at risk of violent abuse and exploitation and provide and targeted assistance to decrease vulnerability.
- Strengthen referral mechanisms between mental health and psychosocial services.
- Coordinate with the National Unit for the Coordination of Refugee Affairs (NUCRA) to ensure refugee protection and assistance needs are covered at border points and within the country.
- Update capacity mapping with a specific focus on mental health and psychosocial concerns, gender-based violence, domestic and family violence, family separation, the needs of children without parental care, and access to services by vulnerable populations, particularly elderly, people with disabilities and migrant workers both at federal and provincial levels in order to identify potential gaps in response capacities.
- Advocate to ensure that affected populations, including migrants and their families are protected against stigma, violence, abuse and exploitation and have equitable access to assistance, services, and rights without discrimination.
- Work with the Health Cluster to ensure confidentiality of testing and sensitivity of public announcements to mitigate adverse impacts/reprisals if certain vulnerable groups test positive (or are rumoured to test positive) for COVID- 19.
- Advocate to ensure that vulnerable groups have continued access to public health services for primary and critical health care, including emergency GBV and psychosocial services.
- Preposition essential lifesaving relief materials and supplies including dignity kits, kishori (adolescent) kits, etc.

- Trace migrants admitted to isolation/quarantine facilities and stranded across borders; support with return assistance to travel to home districts.
- In coordination with Health Cluster, support the mental health and psychosocial well-being of affected populations and their families distressed/traumatized by the pandemic, including those hospitalised or in quarantine with a focus on psychological first aid and risk communication messaging.
- Coordinate with stakeholders to ensure frontline workers (police and staff of quarantine centres and health facilities, including OCMCs) have the necessary skills and resources to deal with sensitive protection concerns.
- Disseminate protection messages (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 and refugees in the current situation. Promote the use of help-line services including the hotline of Nepal Police for assistance. Disseminate messages on available GBV and psychosocial services and active referral pathways.
- Ensure essential GBV prevention and response health and social services such as psychosocial counselling, safe houses/shelters and strengthened referral pathways, including adequate resources and capacity to provide COVID-19 survivor-centred services.
- Ensure that the most excluded women and girls, including disabled, LGBTQI,

- Build the protection capacity of health workers at points of entry, quarantine and isolation facilities to provide counselling and psychological first aid to foreigners and Nepali citizens alike, including labour migrants and returnee Nepalese migrants.

- Build capacity of protection actors on heightened risk identification tools (identification of vulnerable populations), SGBV/SEA, best interest determinations and assessments.

- Establish protection monitoring and reporting networks to mitigate impact, enhance response, support cross-sectorial response and inform risk mapping and protection analysis.

- Support to critical protection services to ensure service continuity/adaptation, including police, health, social work, emergency shelters, and mitigate impact of disruption (justice, civil registration).

- Conflict-sensitive and social cohesion monitoring to prevent and address stigmatisation and social exclusion.

- Coordination with legal aid networks to identify areas of impact on legal protection.

- Regularize the Protection Cluster meetings at federal level and establish and regularize protection coordination mechanisms at provincial levels.

- Coordinate with security forces to ensure human rights approaches to enforcing lockdown measures, including risks associated with quarantining, and ensure law enforcement remains an essential child protection and GBV service.

- Organize training and capacity building workshops for health workers seconded at points of entry (PoEs) for migrant sensitive mental health and psychosocial counselling of migrants from India and other countries.

- Strengthen the mechanism to manage cases of unaccompanied, separated children and other vulnerable children

displaced persons, migrants, and others, have equal access to child protection and GBV prevention and response services without discrimination based on gender and/or caste/ethnicity.

- Establish migrant friendly spaces at border check points and make referrals as required and provide mental health and psycho-social support (MHPSS) activities at PoEs for travellers and migrants returning to Nepal.

- Provide legal counselling and referral services to aspiring/returnee migrants for access to remedy and compensation related to foreign employment, labour migration and safe migration procedures.

- Coordinate with health and justice sectors to ensure persons in jail/detention/correction facilities have access to information and continued quality sanitation services with a specific focus on the situation of children and women in detention.

- Technical support to maintain a minimum social work capacity to address the needs of the most vulnerable.

| | |
|---|---|
| • Monitoring of the situation of children in residential care centres to address any unsafe releases and monitor any exposure to violence, abuse and exploitation/deterioration of care<br><br>• Roll-out of cluster endorsed risk communication messaging targeting different protection issues and dissemination through various channels.<br><br>• Mapping of community-based actors/networks to support to adapt monitoring and alert mechanisms to the lockdown context.<br><br>• Protection guidance developed for other clusters and service providers including shelter homes, residential care centres.<br><br>• Adaptation of psychosocial and mental health resources to the specific needs of PLWD and their caretakers, the elderly, ethnic minorities.<br><br>• Technical guidance to shelter homes, alternative care centres on COVID-19 prevention measures for women and children.<br><br>• Rapid assessment of vulnerability and risks faced by returnee migrant workers and their families and socio-economic impact of COVID-19 on migrants and their communities.<br><br>• Mapping of community-based actors and networks to ensure continued engagement and involvement in protection risk mapping, alert mechanisms and response efforts.<br><br>• Coordination, advocacy and technical support to police on service continuity, coverage and adaptation to emerging protection risks<br><br>• Support to strengthening the case management of unaccompanied, separated children and other vulnerable children.<br><br>• Advocate for and support the development of specific protocols to address the specific needs of groups vulnerable to protection risk arising from public health measures (isolation, quarantines–home and collective) | |

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| • Assessment of online safety risks and coordination with internet service providers and police<br><br>• Coordination to ensure access to relief assistance to reduce vulnerability of specific groups to protection risks.<br><br>• Technical support for the development of guidelines for GBV shelter homes and OCMC to support continuity of services<br><br>• Adaptation of adolescent life skills program into radiophonic formats and incorporation of targeted violence prevention and mental health content<br><br>• Support to the child helpline to ensure response and referral capacity<br><br>• Contribution to the development of an adapted PSEA framework<br><br>• Training of Trainers on Heightened Risk Identification Tool to support forthcoming needs/ risk assessments. | |

# 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 is 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 the necessary, accurate, timely and life-saving information to protect themselves and others. This objective will be supported by proactive efforts to solicit and respond to feedback related to concerns, rumours, and misinformation, particularly concerns of vulnerable groups. The RCCE cluster will succeed by ensuring all content is evidence-based (tracking latest global developments), informed by emerging local contexts and uses 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 also work to enhance accountability to affected populations throughout the preparedness and response phases.

**Government lead:**
National Health Education Information and Communication Center (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, 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-Nepa, 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, VSO International, WinRock, World Vision, WWF, Yuwalaya

***Priority Preparedness Activities:***

**Feedback loop and two-way dialogue:**

- Hotlines led by the Ministry of Health and Populations (MoHP), Nepal Red Cross Society and other service providers have been activated. Any rumours or relevant concerns are fed back to the RCCE group.
- Efforts are underway to ensure the participation of all men and women residing in Nepal, irrespective of legal status, through community engagement and leadership efforts in preparedness and response.

***Priority Response Activities:***

- Dissemination of COVID-19 protection and preventive messages through various communication channels (radio, television, telecommunication partners, and community-based groups and platforms).
- Increase rumour tracking. Mapping community perceptions and rumour tracking through social media polls, radio and TV shows, hotlines, IVR surveys and U-Report.

- Rumour tracking is ongoing with initial community feedback surveys on COVID-19 completed and findings shared amongst diverse stakeholders

- Radio and television programmes focused on engaging communities and closing the feedback loop are being produced and broadcast by highlighting feedback and concerns raised by communities and getting them addressed by relevant authorities.

**Priority messages and multi-media materials:**

- Key messages developed (and revised with new evidence) and pre-tested for all stages and target audiences of the pandemic in English and Nepali (and other vernacular languages) in coordination with WHO and MoHP.

- Prevention messages in Nepali and other vernacular languages aired through radio, television, print and social media platforms including with telecommunication partners such as Nepal Telecommunication, NCELL and SMART phone.

- The ongoing distribution of information, education and communication materials to the public consists of various channels including radio, television, newspaper and community platforms belonging to NRCS, NGOs. The RCCE is maximizing the tools used to map these efforts and identify gaps in coverage.

- Development of sector and audience focused key messages include: gender and disability with an emphasis on health (sexual and reproductive health, pregnancy and protection); plus key messages for HCT on gender and epidemic-prone diseases.

**Government support and capacity building**

- Development of a standard orientation package for social mobilization and social listening for schools and volunteers of community-based organisations.

- Technical support to the Ministry of Health and Population to conduct daily virtual press briefings through the provision of key messages and

- Activate social mobilization networks (frontline service providers, teachers, FCHV, etc.) NRCS, youth volunteers, etc) for agreed campaigns targeting general population and vulnerable groups, including children, adolescent, women (pregnant & lactating), elderly and persons living with disabilities.

- Formation of Unit Action teams at the local level in close coordination with the ward representatives to reach out to families with suspected COVID-19 cases with key information and link with needed to health and other services.

- Reach out to the community, through social media, with key messages, including women of reproductive age who wish to delay pregnancy during the epidemic and may be seeking contraceptive counselling and services.

- Mobilize migrant networks and communities to raise awareness on COVID-19.

- Expand outreach to communities through social media messaging and feedback loops through U-Report, in partnership with Viber.

- Provide news media with current information through daily virtual press briefings (through technical support to MoHP). Public feedback provided to Government Spokesperson on a daily basis

- Strengthen the national hotline through support from 3rd party and volunteers.

- Activate inter-cluster feedback mechanisms in affected communities.

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| feedback. Virtual press briefings have been instrumental for journalists to receive accurate and timely information, while maintaining social distancing.<br><br>**Other activities:**<br>• Stigma and discrimination prevention, focusing on people's association of COVID-19 with certain populations, nationalities or migrants.<br><br>• Provided orientation to youth and community level volunteers and media at national and sub-national level to promote prevention messages, and map ongoing efforts<br><br>• Offline social listening by mobilising volunteer organisation such as Lions, Nepal Red Cross Society (NRCS), Rotaract, UN Volunteers and radio stations.<br><br>• Engage with child and youth networks to reach out to children, teachers, parents and surrounding community members to promote the understanding of accurate information on COVID-19 as well as good practices in terms of hygiene and basic health care.<br><br>• Engage with women and excluded group networks to identify key gaps, concerns and priorities.<br><br>• Establish information desks (virtual/physical) for migrant workers and women in close collaboration with networks of women's and excluded groups to ensure women and vulnerable groups have equal access to risk and prevention information and available services.<br><br>• Mobilize migrant networks/organizations to conduct migrant outreach/education activities to raise awareness in migrant communities, including internal migrants working in brick industries, monasteries and other congregated settings.<br><br>• Engage private sector in dialogue on specific risks, mitigation, and communication strategies. | |

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| • Engage with social media influencers in coordination with MoHP to spread awareness on COVID-19.<br><br>• Disseminate GBV prevention messages, adapted to the local contexts and languages, through mass media, social media and community-based networks.<br><br>• Mobilize migrant communities to raise awareness on hygiene and IPC by developing linguistically and culturally appropriate modules.<br><br>• Activate community perceptions surveys via the community engagement working group, returning back to communities to close the feedback loop. | |

# 4. Health Cluster

As the COVID-19 pandemic is primarily a public health emergency, a central focus of the CPRP is on actions related to prevention or mitigation of adverse health impacts which are 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 isolation of cases and quarantine 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 needs to include adequate personal protective equipment (PPE), compliance to IPC protocols, adequate water, sanitation and hygiene (WASH) and health care waste management (HCWM) to prevent patients from infecting others while admitted. 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 (and number) 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 strengthening 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 are continued despite the health system potentially being overwhelmed by COVID-19.

While the prime responsibility for implementing these activities falls on the Ministry of Health and Population, partner agencies are working to provide the necessary financial support, commodities, technical advice as well as logistical support to support 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 Preparedness Activities:*** | ***Priority Response Activities:*** |
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| • Constitute and ready Epidemic Rapid Response Teams at national and sub-national levels.<br>• Effective contact tracing mechanisms established at national and sub-national levels.<br>• Establish call centres and text-based reporting systems to enable effective event-based surveillance, follow-up of asymptomatic travellers and contacts of cases; dissemination of risk communication messages to the public. Active nation-wide monitoring and reporting to WHO epidemiological and laboratory systems about disease trends, heath services and population impacts, disease severity and case fatality indicators and high-risk groups (those with pre-existing co-morbidities, immunocompromised, pregnant women, children, elderly, people with disabilities and health workers).<br>• Develop and disseminate the strategies of maintaining social distancing.<br>• Carry out relevant operational research related to COVID-19.<br>• Strengthening the community to maintain the complete data base of returnee migrants and develop strategies to mitigate challenges related to quarantine and community surveillance. | • Case-based COVID-19 surveillance at hospital and community level.<br>• Rapid epidemiological investigation of new case clusters.<br>• Effective case detection and contact tracing in previously unaffected areas of the country.<br>• Anonymized case-based reporting by International Health Regulations – National Focal Points (NFP-IHR) to WHO within 24 hours of detection to comply with IHR.<br>• Periodic risk assessment to inform strategic and operational aspects of response interventions.<br>• Produce and disseminate epidemiological reports as required. Conduct initial "Participatory Mobility Mapping (PMM)" in major points of entry with India and China to identify priority locations that are most vulnerable to the spread of COVID-19 as a result of trans-border flow of migrants. Identify the health and operational resources to calculate the overall index of vulnerability and potential risk to public health and |

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| • Established case-based reporting mechanism by National Focal Point for International Health Regulations (NFP-IHR) to WHO.<br><br>• Wide dissemination of case definitions for case detection and reporting protocols for surveillance.<br><br>• Case-based (Severe Acute Respiratory Infection) SARI surveillance and ILI clusters / outbreak detection mechanisms at community and hospital levels.<br><br>• Establishment of a toll-free four-digit call centre with linkages to free-text and app-based cell phone reporting to enable enhanced real time surveillance, case detection and contact follow-up. | increase access to timely and quality life-saving health assistance.<br><br>• Produce relevant research findings for contextualized decision-making.<br><br>• Introduce where possible a migrant friendly one-stop screening service at community level, particularly addressing the need for mobile clinics in hard to reach communities where in addition to COVID-19 other non-COVID-19 issues can be managed from one clinic. |

## 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 Preparedness Activities:***

- Dissemination of information about COVID-19 (symptoms and preventive measures) through communication materials (brochures, hoarding boards, standees, announcements, visuals). Closely linked with RCCE Cluster.
- Prepared inflight announcement for passengers travelling to and from countries where COVID-19 has been circulating.
- Placement of information boards and videos in airports and other entry points about preventive measures on COVID-19, as well as the communities where they will be assimilated.
- Established infrastructure and mechanisms for exit screening.
- Strengthened entry screening and arrangements for rapid health assessment and referral of symptomatic/ill passengers to designated isolation facilities by deploying health care workers from NRCS maintained roster.
- Cell phone app-based follow-up of asymptomatic returnees on quarantine.
- Update public health emergency plans at PoEs and enable simulation exercises.
- Improve capacity at POEs for migrant sensitive screening and develop a people tracking matrix to track people who enter Nepal through PoEs.

***Priority Response Activities:***

- Collaborate with transportation sector for message dissemination (in coordination with RCCE see risk communication pillar).
- Active surveillance, including health screening, IPC measures (provision of health information, hygiene infrastructure and equipment), referral and data collection at all PoEs.
- Development and dissemination of PoE specific standard operating procedures (SOPs) for detection, notification, isolation, management and referral, including the development of training curricula and manuals.
- Training of immigration and border health staff on SOPs to manage ill travellers and on infection prevention and control.
- Improvement of border infrastructure, including construction of isolation facilities to manage ill travellers, upgrading water, sanitation and hygiene infrastructure, and the provision of necessary equipment and supplies for screening.

## 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 heath labs and medical labs of public and private health institutions, FHI 360, WARUN labs

| ***Priority Preparedness Activities:*** | ***Priority Response Activities:*** |
|---|---|
| • Establish an effective and safe domestic courier system for sample shipment and packaging from all parts of the country.<br>• Ensure that regulations and systems for shipping samples for external validation and sharing of genetic sequences and virus materials are in place and functional.<br>• Strengthen capacity and partnerships for operations research – transmission studies and sero-surveys.<br>• Establish plans and criteria for conservation of lab testing and invoking alternate diagnostic measures (chest X-ray / CT scan findings) including tele radiology mechanism where the availability of trained radiologists is the challenge and when demand for lab testing, confirmation of diagnosis and clearance or discharge of recovered cases cannot be met by the supply.<br>• Support introduction of POC testing when new approved POC tests becomes available.<br>• Development and endorsement of national laboratory testing protocols – requisition, shipment, testing, confirmation and validation of results.<br>• Scale-up plan for expanded testing based on assessment of current and potential capacity. | • Activate stand-by lab support arrangements to meet surge in demand for lab testing.<br>• Manage surge capacity for laboratory confirmation.<br>• Monitor demand-supply gaps and enable alternate diagnostic methods for confirmation of clinical diagnosis in lieu of confirmatory lab testing and lab criteria-based clearance for discharge of recovered cases.<br>• Implement lab-based criteria through adequate and appropriate lab testing for determining severity of cases for their effective clinical management and referral.<br>• Criteria and protocols for the use of rapid diagnostic tests.<br>• Ensure continuous internal and external quality assurance.<br>• Facilitate needed lab-based operations research – especially in determining household infection rates, asymptomatic infection rates and seroprevalence. |

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| • Negotiated formal public-private partnership between the National Public Health Laboratory (NPHL) & relevant research laboratories.<br><br>• Biosafety risk assessment and external validation of quality of supporting labs.<br><br>• Facilitated participation of National Public Health Laboratory (NPHL) in WHO External Quality Assurance System.<br><br>• Adapt and endorse global laboratory-based criteria for severity and criticality of cases for effective clinical management and referral. | • Technical guidance on POC tests. Partners support in procurement of tests and reagents where gap exists. |

## 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 Preparedness Activities:*** | ***Priority Response Activities:*** |
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| • IPC capacity assessment of health facilities<br>• Logistics for IPC strengthening and surge– especially PPE & surge quarantine/ isolation facilities and ambulances, to include pre-positioning of materials.<br>• Develop national plan to manage PPE supply.<br>• Establish an effective system for monitoring of health care personnel exposed to probable/ confirmed cases of COVID-19.<br>• Establish an effective system for recording, reporting and investigating all cases of health care associated infections in designated isolation and treatment facilities.<br>• Establish triaging systems for respiratory illnesses in all health care settings.<br>• Facilitate designation, preparation and accessibility of quarantine facilities.<br>• Training / awareness-sessions for staff/volunteers managing ambulance services in the country.<br>• Assessment of WASH facilities in health care centres and schools of vulnerable communities and capacity building of health staff on IPC and WASH in health care facilities. | • Intensive hygiene and respiratory etiquette promotion campaign and for containment in high risk areas.<br>• Conduct intensive hygiene, respiratory etiquette and overall WASH promotion at community, household and institutional levels for containment and protection from infection.<br>• Assessment of Health Care facilities and schools in high risk areas and ensure access, Water, Sanitation and Hygiene (WASH) in health facilities\hygiene promotion packages.<br>• Conduct Assessment of quarantine and isolation centres made by health institutions and local government for IPC and WASH related requirement and interventions.<br>• Counsel patients coming to Health facilities on hygiene behaviour for prevention of COVID-19.<br>• Provide technical guidance on reinforcing infection control measures within facilities, including triage flow and segregation of suspected, possible and |

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| • WASH supplies are being provided in HCFs, Isolation centre, quarantine centres and communities by WASH Cluster members where COVID positive and suspected patients. Quarantined people and vulnerable communities<br><br>• Rapid assessment protocols for IPC (including health care waste management focussed on infectious hazards) status of designated isolation and treatment facilities and patient transfer ambulances.<br><br>• Designated hospitals sensitized to comply with the IPC guidance by WHO and scaled-up training on IPC<br><br>• Develop and disseminate IPC guidance for home and community spaces such as educational institutions. Workplaces, transportation facilities and conveyances, markets etc.<br><br>• Address the availability of water and soap for handwashing in household, institutions and community settings.<br><br>• Set up guidance on IPC and WASH for quarantine and isolation centres<br><br>• Stockpile updates, repurposing and restocking of WASH and Health items related to IPC and waste management<br><br>• Rapid joint assessment of IPC, WASH and Health Care Waste Management in designated and hub hospital networks of the country.<br><br>• Minimum WASH Standards for quarantine and isolation centres developed by WASH cluster<br><br>• Minimum health and hygiene kit developed to provide to people/ households agreed and cluster members working to prepared for this<br><br>• Minimum package to support Health Care Facilities are being developed for WASH Cluster members to support HCFs on no regret basis.<br><br>• Orientation on Assessment tool for HCF conducted in two batches to provincial team | confirmed cases from neonatal and maternal health units.<br><br>• Facilitate implementation of IPC protocols at designated facilities, quarantines and ambulances.<br><br>• Establish quarantine and isolation facilities and induct ambulances for surge.<br><br>• Follow-up of health care workers exposed to probable and confirmed COVID-19 cases and surveillance for health care acquired infections.<br><br>• Procure and provide medical supplies and equipment for prevention and infection control, including, PPE such as masks, gloves, sanitizers etc.<br><br>• Provision of minimum WASH (safe water, improved sanitation, and availability of handwashing with soap in point of care and toilets) facilities in health care centres, schools and quarantine/isolation centres as identified during the assessment.<br><br>• Provide health and hygiene for people in quarantine and isolation centres<br><br>• Continuous monitoring of IPC related risks, logistics and supply chain management – especially for PPE and WASH.<br><br>• Enable adequate linkages between IPC and Risk Communication and Community Engagement actors. |

## 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 Preparedness Activities:*** | ***Priority Response Activities:*** |
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| • Identify and designate isolation and treatment facilities, including for referral critical care and ambulances, by geographical area based on access, population density and service capacity through effective public private partnership arrangements.<br>• Constitute and train Emergency Medical Deployment Teams (EMDT) at national and subnational levels, endorse protocols and ready logistics for their deployment.<br>• Identify mechanisms and resources for establishing treatment facilities for surge response – especially for severely and critically ill cases.<br>• Identify and finalize financing/compensation protocols and mechanisms for treatment – especially for private hospitals.<br>• Establish risk and hazard cover measures for health care workers to be engaged in treatment and containment.<br>• Development and disseminate case management procedures and protocols for children, women, elderly and immunosuppressed people, and guidance for self-care of the patient with acute respiratory infections and COVID-19. | • Facilitate the implementation of case management protocols.<br>• Facilitate effective mobilization of national and international EMTs/RRTs.<br>• Increase isolation capacity for cases, including at household and primary care levels for mild cases.<br>• Activate referral and safe patient transportation mechanisms to higher level health care facilities.<br>• Increase treatment capacity of severe and critical cases at designated ICUs.<br>• Evaluate, document and report on clinical features, risk factors, effectiveness of case management, challenges and outcomes including through the WHO case reporting system.<br>• Activate financing and compensation mechanisms for treatment of probable and confirmed cases, especially in designated private facilities. |

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| • Ensure that all designated facilities have developed and endorsed contingency plans for COVID-19 and have conducted simulations.<br><br>• Pre-positioning/stockpiling of medical logistics required for surge treatment including PPE kits, IR thermometers, etc.<br><br>• Enable prior regulatory readiness for rapid administrative and ethical approvals for newer/experimental therapeutics and vaccines for compassionate use and clinical trials.<br><br>• Capacity assessments of staff in primary health care facilities and hospitals and capacity of ICUs in the hospitals.<br><br>• Monitor and evaluate the role of community workers/PHC for early case detection and referral to hospitals based on experiences in other countries; apply to Nepal context. | • Readiness to deploy alternate treatment facilities such as field hospitals to manage case surges.<br><br>• Activate mechanisms for safe burial / cremation of dead bodies within strict IPC protocols, including use of body bags and appropriate risk communication to bereaved families.<br><br>• Activate psychosocial care services to COVID-19 patients and their families and stress management interventions for health care workers and their families.<br><br>• Protocols and mechanisms for collection and storage of convalescent plasma from recovered confirmed cases with virus free status for use according to pre-established criteria in the management of critical cases. |

## 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 supplies 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 mobility of different 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).

<table>
<tr><td colspan="2"><u>Government lead:</u><br>Ministry of Health and Population, HEOC</td></tr>
<tr><td colspan="2"><u>Lead agency (co-lead):</u><br>WHO, UNICEF</td></tr>
<tr><td colspan="2"><u>Sector members:</u><br>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</td></tr>
<tr><td>Priority Preparedness Activities:<br><br>• Adequate supply of necessary PPE and other commodities such as oximeter, blood gas analyser, ventilator, ICU essential drugs and other essential items will be estimated as per relevant WHO guidance on Infection Prevention & Control (IPC) and Case Management.<br><br>• Identify non-medical logistics needs for point of care / health facilities and establish mechanisms for these needs to be met in line with WHO established guidelines.</td><td>Priority Response Activities:<br><br>• Make the best effort to ensure proper availability of the required medical and non-medical supplies at point-of-care/ containment facilities, in coordination with partners.<br><br>• Monitor the health supply pipeline and federal and provincial-level stocks and consumption, to quantify needs in line with the established guidelines and gaps.<br><br>• Support procurement of COVID-19 related medical and non-medical supplies, both</td></tr>
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| • Conduct regular local market assessment and analysis for COVID-19 related medical and non-medical supplies.<br><br>• Pre-emptive rational stockpiling will be pursued based on a consolidated, costed procurement plan for the next scenario.<br><br>• Augment storage of MoHP with two mobile storage units.<br><br>• Support MoHP with kit-packing of PPE to facilitate rational distribution and use.<br><br>• Agree layout for 60-bed isolation facility for mild to moderate cases that can be erected in 1-2 weeks.<br><br>• Construct one isolation facility for mild to moderate cases with 60-bed capacity for demonstration of use case.<br><br>• Make adequate arrangements for the mobility of teams as required for capacity building, monitoring and assessment of preparedness and response readiness. | local and international, as required and when possible.<br><br>• Augment MoHP storage capacity in Provinces One and Two with two mobile storage units.<br><br>• Support MoHP with kit-packing of PPE to facilitate rational distribution and use.<br><br>• Construct up to four isolation facilities for mild to moderate cases with 60-bed capacity each.<br><br>• Support the logistics and mobility needs of field teams for case investigation and contact tracing, sample collection and transportation, ERRTs, EMDTs and monitoring and evaluation of response. |

## 4.7. Reproductive Health Services

The COVID-19 pandemic is disrupting 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. Nepal has one of the highest maternal mortality rates in the region (239 per 100,000), an indication of weak health systems, which COVID-19 will further strain. Adolescents have the highest unmet need (35%) for family planning; contraceptive use is extremely low among spouses of migrant workers. Taking into account the anticipated number of migrants returning, the emerging needs may exceed current commodities and supplies.

The current context of lockdown combined with the diversion of sexual and reproductive health services will lead to higher rates of maternal mortality and morbidity, and higher incidence of unintended pregnancies and unsafe abortions. Special attention must be paid to ensuring the continuation of life saving essential sexual and reproductive health services, including maternal and new-born health care and family planning and supplies. 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 sexual and reproductive health and psychosocial needs. In addition, special attention should be paid to vulnerable populations such as persons with disabilities, adolescents, refugees and migrants. Capacities and protection of health workers must be prioritised as critical and lifesaving and they must be provided with the appropriate PPE to provide PHC services and treatment to patients with COVID-19.

<table>
<tr><td colspan="2"><u>Government lead:</u><br>Department of Health Services, Family Welfare Division at federal level and Provincial Health Directorates at provincial level</td></tr>
<tr><td colspan="2"><u>Lead agency (</u>co-<u>lead):</u><br>UNFPA</td></tr>
<tr><td colspan="2"><u>Sector members:</u><br>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 Center, Nepal Health Sector Support Program, Nepal Society Of Obstetricians and Gynecologists, Population Services International, USAID</td></tr>
<tr><td>Priority Preparedness Activities:<br><br>• Conduct a comprehensive assessment of functionality and barriers in accessing reproductive, maternal, neonatal, child and adolescent health (RMNCAH) services during COVID-19.<br><br>• Conduct assessment of human resources capacity for continuation of Minimum Initial</td><td>Priority Response Activities<br><br>• Ensure surveillance and response systems for women of reproductive age and pregnant women, including during ANC, for screening early identification and management of possible cases of COVID-19.<br><br>• Ensure provision 24/7 helpline services for information, counselling and referral for</td></tr>
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| Service Package for RH; address gaps and build capacities as needed.<br><br>• Undertake mapping of availability of ambulance services/transport for pregnant women/new-borns during lockdown and beyond.<br><br>• Ensure surveillance and response systems take gender, disability, occupational status and pregnancy status into consideration.<br><br>• Develop guidance for continuity of Minimum Initial Service Package for RH provided at primary and secondary health care facilities, including support in alternative facilities in the epicentres.<br><br>• Provide technical guidance and training on reinforcing infection control measures within RH service delivery points and for frontline works.<br><br>• Develop guidance for Family Planning, Safe abortion services, Maternal and Neonatal Health, and build the capacity of health care providers at SDPs for systematic screening, surveillance, care and referral.<br><br>• Develop online orientation package on interim guidelines for continuity of essential SRH services during the outbreak and provide orientation to managers and frontline service providers.<br><br>• Strengthen the 24/7 helpline service for reproductive, maternal, neonatal, and adolescent health (RMNCAH) to provide necessary information and counselling along with linkages to specialists and referral services, as required.<br><br>• Identify and establish delivery room (antenatal/postnatal care) in designated hospitals for COVID-19 for positive women and girls. | reproductive, maternal, neonatal, adolescent health services and health response to GBV.<br><br>• Ensure continuity of RH services, as per Minimum Initial Services Package, including during the lockdown period, with attention to the needs of underserved and marginalized groups, including adolescents, migrants and persons with disabilities.<br><br>• Ensure pregnant women with suspected, probable or confirmed COVID-19, have access to obstetric and new-born care as well as mental health and psychosocial support, as needed, and are referred to designated facilities as necessary.<br><br>• Ensure availability of ambulance services/transport for pregnant women/ new-borns during lockdown.<br><br>• Mobilize and support human resources for the continuation of essential RMNCAH health services.<br><br>• Provide emergency reproductive health (ERH) kits to health facilities in epicentres to deliver essential reproductive health services, including in the designated hospitals where needed.<br><br>• Provide PPE, essential hygiene and sanitation items for health care workers and community health workers (gloves, masks, gowns, soaps, hand sanitizers, sanitary pads, etc.) to ensure their protection and continuation of RH services.<br><br>• Ensure continuity of the supply of essential RH and FP commodities.<br><br>• Mobilize trained health workers and FCHVs for FP and SRHR services during COVID-19. |

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| • Establish and equip temporary triage facilities to provide RH services (if scenario worsens)<br><br>• Establish tele- consultation for services for MNH especially for ANC and PNC services.<br><br>• Develop specific messages on RMNCAH for those in the quarantine centres.<br><br>• Procure, preposition and distribute emergency reproductive health kits for health facilities in outbreak areas to deliver the essential reproductive health services, including distribution of clean delivery kits with sufficient guidance to address increasing home births.<br><br>• Secure the continuity of the supply of essential commodities for Maternal Health, Family Planning and Safe Abortion Services including via the private sector.<br><br>• Review and update procedures for supply distribution to beneficiaries, as needed.<br><br>• Distribution of prepositioned dignity kits in quarantine sites. | |

## 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; chronic infectious diseases such as tuberculosis, HIV/AIDS and leprosy, NTDs, and life threatening injuries and infections such as dengue and malaria; 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.

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| **Government lead:**<br>Ministry of Health & Population; & Department of Health Service at federal level and Ministry of Social Development & provincial health directorates | |
| **Lead agency (co-lead):**<br>WHO | |
| **Sector members:**<br>UNAIDS, UNICEF, NHSSP, Humanity & Inclusion, NRCS, Save the Children | |
| ***Priority Preparedness Activities*** | ***Priority Response Activities*** |
| • Develop guidance for maintaining continuity of minimum initial service package of primary and secondary health care services, including task shifting and alternative facility arrangements in 'hot-spots'.<br>• Identify and map people with chronic diseases and non-communicable diseases who are also at increased risk of severe and critical disease and death due to COVID-19.<br>• Develop strategic plans, protocols and mechanisms to continue essential care for people with chronic and non-communicable diseases and to mitigate their risk of contracting and being adversely impacted by COVID-19.<br>• Review and update contingency plans for the early detection and containment of outbreaks of dengue and other outbreak prone infectious diseases in the context of concomitant COVID-19 emergency.<br>• Ensure maintenance of existing surveillance systems.<br>• Assessment of staff capacity and planning of trainings in affected areas for maintenance and continuity of essential and critical services. | • Maintain routine immunization services.<br>• 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.<br>• Ensure availability of ambulance services for serious and critical cases during lockdown.<br>• Ensure continuity of essential rehabilitation services.<br>• Implement strategic plans, protocols and mechanisms at decentralized levels to continue essential care for people with chronic and non-communicable diseases and to mitigate their risk of contracting and being adversely impacted by COVID-19. |

## 4.9 Health component of quarantine settings

In the context of Nepal, with millions of citizens working in highly affected countries and thousands desiring or constrained to return, quarantine becomes a critical public health intervention strategy.

Essential social distancing and infection prevention and control measures; adequate WASH arrangements; efficient entry health screening and testing, and daily health monitoring mechanisms for early detection of illness; facilities for monitoring, detecting and managing medical emergencies and chronic disease conditions; effective arrangements for referral and transport of individuals detected with illness to designated health facilities for testing, isolation and treatment (including for non-COVID-19 conditions) are the key health care related needs of the quarantined.

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

<table>
<tr><td colspan="2">Government lead: Ministry of Health & Population; & Department of Health Service at federal level and Ministry of Social Development & provincial health directorates</td></tr>
<tr><td colspan="2"><u>Lead agency (co-lead):</u><br>WHO</td></tr>
<tr><td colspan="2"><u>Sector members:</u><br>IOM, UNAIDS, UNFPA, UNICEF, NHSSP, NRCS, Save the Children</td></tr>
<tr><td>Priority Preparedness Activities<br><br>• Entry health screening and testing guidance for COVID-19<br><br>• Uniform and standard mechanisms – preferably IT enabled for registration, monitoring, referral and discharge<br><br>• Develop heath care needs check list and implement on entry into quarantine<br><br>• Establish minimum requirements for monitoring the health of quarantined persons including efficient recording and reporting mechanisms<br><br>• Work with relevant clusters to develop and put in place protocols for monitoring the implementation of minimum IPC; WASH, Health Care Waste Management (HCWM); nutrition and food safety; and vector control standards</td><td>Priority Response Activities<br><br>• Respond to the routine and emergency health care needs of the people under quarantine<br><br>• Ensure daily follow up, including screening for body temperature and symptoms of persons who are quarantined are conducted within the facility for the duration of the quarantine period and results reported to the relevant authorities<br><br>• Implementation of testing protocol during and the end of the quarantine period<br><br>• Ensure that persons with higher risk of infection and severe disease who require additional surveillance for chronic conditions identified and health needs of those are met during the quarantine period<br><br>• Regular monitoring / assessment of minimum standards of IPC, WASH, HCWM, vector control, nutrition and food-safety and</td></tr>
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| • Put in place protocols and mechanisms for surveillance of infectious diseases that are easily transmitted in congregated living set-ups such as camps<br><br>• Develop protocols on minimum health care needs, including referral and transportation for emergencies, testing, isolation and treatment and implementation plan<br><br>• Provide necessary technical support, training and logistic needs where there is a gap to address health care needs of those under quarantine<br><br>• Ensure provision of necessary health care commodities, medications and cheek up as necessary for the quarantines<br><br>• Develop and disseminate focused health information for those in quarantine settings | adequacy of public health and health care interventions<br><br>• Implement protocols for surveillance of key infectious diseases easily transmitted in camp settings and testing of those in need as per guidelines |

# 5. Food Security Cluster

The Food Security Cluster will closely coordinate with the Nutrition Cluster, Logistics Cluster, and Socio-Economic Recovery Cluster to ensure availability and access to adequate food for people with confirmed cases of COVID-19 in isolation, people with suspected cases and contacts kept in quarantine facilities. In a highly uncertain situation, the Cluster is also monitoring the wider impact of the lockdown on the food security situation across the country. The Cluster will address the immediate food needs for affected people – contacts that need tracing and subsequent quarantine and isolation, as well as responding to secondary impacts associated with a potential increase in food insecurity including working with the most affected farmers and vulnerable groups.

On 29 March 2020, the Government announced an immediate relief package including food relief to support the most affected daily wage workers as well as poor and vulnerable families for the duration of the lockdown. Subsequently, local governments have been identifying the eligible vulnerable families/individuals and providing food relief as per the established standards. The lockdown has suspended almost all economic activity, which has led to widespread losses of jobs and income for informal workers and the poor.

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 burdens 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 are 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 social protection measures/safety nets (i.e. cash transfers and livelihood assistance).

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

- Unconditional in-kind food assistance to affected populations
- Unconditional cash-based transfers as food assistance for targeted populations
- Conditional cash-based transfers for restoration/recovery of livelihood and food security for vulnerable families adversely impacted by COVID-19's socio-economic implications.

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, 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 Preparedness Activities:*** | ***Priority Response Activities:*** |
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| • Estimate food insecure population directly (due to quarantine or isolation) and indirectly (through physical and economic access constraints relating to population and food commodity movement restrictions, livelihood interruptions, etc.) affected persons.<br><br>• Mapping of the major food stores and available food commodities.<br><br>• Track food commodity availability, price and price volatility across markets.<br><br>• Carry out regular monitoring and analysis of micro level vulnerability and food security situations; produce vulnerability updates regularly to inform the planning and response of government and development/humanitarian partners.<br><br>• Carry out a joint assessment on the impact of COVID-19 on food security and the agriculture sector in partnership of FAO, WFP and MoALD and FSC partners. | • Provide unconditional food assistance to confirmed cases of people infected in isolation and collaterally affected and others kept in institutional/group quarantine facilities, as required.[15].<br><br>• Provide unconditional cash transfers to vulnerable people suffering from secondary impacts of the pandemic to ensure their access to food and proper nutrition. This will be done in geographically targeted pockets of the most food insecure areas and areas most affected by secondary impacts, in coordination with other relevant clusters (estimated 20,000 families – 100,000 people for 1 month).<br><br>• Provide temporary kitchen, cooking and serving utensils, disposable plates/cups for on-site cooking, if required.<br><br>• In coordination with socio-economic recovery cluster, provide capacity strengthening support to 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. Expansion of home-grown school feeding, connecting smallholder farmers to cash-based national school meal programmes for |

[15] As per the Government's Health Sector Emergency Response Plan for COVID-19 Pandemic, a total of 410,000 beds will be available in institutional quarantine facilities across the country for 10,000 cases scenario. Assumption: 25% of the total people in quarantine facilities require external food assistance, the cash-based food assistance for 102,500 people for 21 days - $0.62/person/day as per minimum expenditure basket value is $1,334,550)

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| | localized market and stable agricultural supply chain.<br><br>• Ensure the provision of quality seeds, agriculture tools, inputs and extension services for the most affected farmers, including technical support for livestock management (agriculture input supports include spring crop seeds such as paddy, vegetables and maize, together with technological support that is urgently required to support the most vulnerable farming households and communities).<br><br>• Support livestock and veterinary services in remote and affected areas though, for example, the supply of nutrients such as urea molasses block (UMMB) to boost the nutritional status of livestock.<br><br>• In coordination with the socio-economic recovery and other 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. |

# 6. WASH Cluster

Reaching communities across Nepal with critical information on personal hygiene while improving, reinforcing and sustaining long-term good hygiene practices, such as handwashing with soap, is critical to stopping the transmission of COVID-19. Ensuring WASH services in communities, institutions and public places, as well as effective waste management in health care facilities (especially those hosting patients under isolation), schools and other community facilities is critical to reinforce the health response and to bolster infection prevention and control efforts within health facilities and the wider community.

In this context, the overall goal of the WASH Cluster is to facilitate a well-co-ordinated, effective WASH response to COVID-19 among government, at all levels.

Specific objectives of the WASH cluster are to:

- Strengthen government-led coordination for the effective implementation of COVID-91 WASH response at all levels, promoting personal hygiene and ensuring essential WASH services;
- Coordinate with Health, Education, Nutrition and RCCE clusters to ensure hygiene behaviours are promoted and adopted by target communities and the most vulnerable;
- Ensure WASH in health care facilities and schools for infection prevention and control, prioritising designated treatment facilities in initial response efforts;
- Ensure WASH services in isolation facilities if defined by government, in the case of a large-scale outbreak scenario;
- Ensure the continuation of essential WASH services (drinking water supply, sanitation and handwashing) by service providers.

<table>
<tr><td colspan="2"><u>Government lead:</u><br>Ministry of Water Supply</td></tr>
<tr><td colspan="2"><u>Lead agency (co-lead):</u><br>UNICEF</td></tr>
<tr><td colspan="2"><u>Sector members:</u><br>UNHabitat, UNICEF, WHO, DWSSM, Ministry of Energy, Ministry of Water Supply and Sanitation, ACF, CARE, Caritas, CRS, DCA, ENPHO, GIZ, KIRDARC, Mercy Corps, NCV, NEWAH, NRCS, Oxfam, Plan International, RVWRMP, SNV, WHH ,WVI, USAID, Water Aid, WB</td></tr>
<tr><td>Priority Preparedness Activities:<br><br>• Prepare WASH Cluster Preparedness and Response Plan at national and provincial level.<br><br>• Preposition supplies such as chlorine/ bleach powders for water disinfection and</td><td>Priority Response Activities:<br><br>• Promotion of personal hygiene, focusing on handwashing with soap and other related behaviour, to break transmission of COVID-19 as per WHO guidance.</td></tr>
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| environmental disinfection, handwashing/ cleaning items, etc.<br><br>• Define a hygiene and care package to support patient and contact hygiene during isolation (in facilities and at home).<br><br>• Develop tools for rapid assessments of WASH services and interventions and other areas of works as per need in various locations like schools, communities, public places etc.<br><br>• Scale-up the Cluster's information management system/capacity.<br><br>• Minimum package to support health care facilities being developed for WASH Cluster members to support HCFs on no regret basis.<br><br>• Provide basic WASH supplies to hospitals, quarantine centres and communities<br><br>• Minimum standards packages for WASH services developed to support in quarantine/ isolation centres.<br><br>• Minimum health and hygiene kits developed to provide to targeted people/ households; Cluster members working to prepare and support this activity. | • Provision of essential WASH facilities in prioritised health care facilities, schools, public spaces, communities, and households.<br><br>• Ensure the continuation of essential WASH services (drinking water supply, sanitation and handwashing), by staff of public utilities and staff responsible for WASH infrastructure maintenance as "essential staff" needed to continue their work during periods of quarantine or restrictions of movement.<br><br>• Provision of essential supplies such as hygiene items, chlorine or other water treatment chemicals.<br><br>• Rapid orientation and training to services providers to maintain continuity of WASH services while minimizing risks.<br><br>• Reinforce and support existing government led, multi-sectoral platforms and coordination mechanisms. |

# 7. Nutrition Cluster

The COVID-19 pandemic is already having a negative impact on household economies. This is likely to make already poor families even more vulnerable, 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) as well as decreased access to needed treatments for 'common' illnesses and severe acute malnutrition. The combination of these factors may result in a rise in the number of children suffering from acute malnutrition and constitute a potential reverse in the gains Nepal has made in reducing chronic malnutrition (stunting).

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 therefore prioritizes two key areas: (1) Promotion of and support for breastfeeding due to its well-known lifesaving benefits to infants, especially within an emergency context; and (2) strengthening the efficiency and efficacy of the health system and workforce to manage patients positive for COVID-19 whilst simultaneously minimizing disruptions to existing essential nutrition services, especially detection and treatment of children with acute malnutrition.

<table>
<tr><td colspan="2"><u>Government lead:</u><br>Family Welfare Division of Ministry of Health and Population (MoHP)</td></tr>
<tr><td colspan="2"><u>Lead agency (co-lead):</u><br>UNICEF</td></tr>
<tr><td colspan="2"><u>Sector members:</u><br>UNICEF (Health and C4D sections), WFP, WHO, Aasman Nepal, ACF, HHESS, HKI, Nepal Paediatric Society, NRCS, NTAG, Save the Children, Welt Hunger Hilfe, WVI, SDPC, Suahaara Project, USAID</td></tr>
<tr><td>Priority Preparedness Activities:<br><br>• Prepositioning of essential nutrition commodities such as anthropometric equipment, ready to use therapeutic food (RUTF), supplementary foods (WSB+), F100, F75 and rehydration solution (ReSoMal), MNP, vitamin A, deworming and IFA tablets.<br><br>• Develop interim guidance notes for healthcare workers on infant feeding in the context of COVID-19 and technical guidance for adapting the IMAM programme treatment protocols to account for physical distance measures.<br><br>• Nutrition Section of Family Welfare Division of Ministry of Health and Population and nutrition cluster members developed a Nutrition Information System (drawing on data from DHIS2 and data gathered directly from health facilities</td><td>Priority Response Activities:<br><br>• Counsel patients, parents and guardians on hygiene behaviours for prevention of COVID-19.<br><br>• Support health care workers 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.<br><br>• Disseminate messages and information about breastfeeding in the context of COVID-19 through different mediums.<br><br>• Monitor the impact of COVID-19 related infection prevention measures on continuity of nutrition services at health facilities and</td></tr>
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| using remote technology phone applications) that will be used to monitor nutrition service provision and utilization at health facilities.<br><br>• In coordination with National Health Education and Information Communication Centre NHEICC, messages for breast feeding and complementary feeding, including maternal nutrition in the context of COVID-19, have been developed and disseminated by respective provincial health departments using a range of mediums.<br><br>• Nutrition cluster endorsed two interim guidance notes on infant feeding in the context of COVID-19 and adaptations to the protocol for treating children who are severely wasted.<br><br>• Support is being given to provinces to address constraints caused by the COVID-19 lockdown measures that have resulted in delays in transportation of essential nutrition commodities (RUTF, MNP) from provincial warehouses to district medical stores and health facilities.<br><br>• Nutrition cluster endorsed nutrition messages for broadcasting through different media focusing on risk communication for all mothers/caregivers, feeding infants and young children six months and older, mothers with suspected or confirmed COVID-19, breastfeeding and nutrition during pregnancy in the context of COVID-19. | measure/monitor changes in household level health seeking behaviour for nutrition services using remote technologies/applications.<br><br>• Coordinate with MoHA and HEOC to strengthen linkages between nutrition, health, and social protection (child cash grant) and households targeted as within the Golden 1000 Days.<br><br>• Counselling on MIYCN for pregnant and postnatal mothers, screening of 6-59 month children in quarantine facilities and referral of children with SAM to OTCs for therapeutic treatment and care.<br><br>• Blanket supplementary feeding for children 6-59 months, PLW in 22 flood prone districts (WSB+ 3kg/ person/ month for 3months).<br><br>• Targeted supplementary feeding for children aged 6-59 months with moderate acute malnutrition.<br><br>• Supplementary feeding for COVID-19 infected children 6-59 months of age, PLW, and elderly (60+ years) in isolation centres (WSB+ 3kg/person/month for 3 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. Many schools throughout the country are being used as quarantine centres, raising concerns about the potential for children to return to school in these cases when the lockdown ends.

In this context, continuity of learning is essential to avoid a permanent setback to the education of Nepal's 7.4 million school children (ECED to grade 10), 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 overall objective of the Education Cluster Contingency 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 immediate response of the Education Cluster will focus on

a. Ensuring adequate capacity for management and coordination during the response period**;**
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 backgrounds;

<table>
<tr><td colspan="2"><u>Government lead:</u><br>Ministry of Education, Science and Technology (MoEST) and Center for Education and Human Resource Development (CEHRD)</td></tr>
<tr><td colspan="2"><u>Lead agency (co-lead):</u><br>UNICEF, Save the Children</td></tr>
<tr><td colspan="2"><u>Sector members:</u><br>UNESCO, Aasaman Nepal, CARE, CMC Nepal, Fin Church Aid, Good Neigbour, Mercy Crops, NCE, NSET, Plan International, Rato Bangla Foundation, Sammunat Nepal, School Management Committee Federation, Seto Gurans, Street Child, UMN Nepal, World Vision</td></tr>
<tr><td>Priority Preparedness Activities:<br><br>• Establish and capacitate provincial and local cluster mechanisms, along with dedicated government staff to lead task teams and map capacity of the cluster against the projected case load and identified key activities.</td><td>Priority Response Activities:<br><br>• Support MoEST, CEHRD and respective affected local governments to provide internet/ radio based, distance learning for children in affected areas.</td></tr>
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| • Engaging with MoEST and CEHRD to identify options to continue education of children in affected areas based on their (lack of) access to various media and their (additional) needs.<br><br>• Mapping of schools being used as quarantine facilities, and support to develop of a code of conduct for such schools.<br><br>• Support the development of a school reopening strategy, including disinfecting premises, school (re)enrolment and communication campaigns.<br><br>• Based on this, identify and pre-position self-learning materials (internet, radio, print) and learning packs that can be used in homes for children from grades 0-12. With priority for children with visual impairments, hearing and intellectual disabilities.<br><br>• Develop parental awareness on how to support home-based learning.<br><br>• Coordinate with C4D to onboard Confederation of Nepalese Teachers (CNT), Municipality Association of Nepal, Rural Municipality Association of Nepal, School Management Committee Federation, Private School Association, Red Cross Youth Clubs, to raise awareness and preventive actions in schools.<br><br>• Hygiene and health promotion practice in schools, ECD centres and non-formal classes. The cluster will prepare teachers and school management committees to apply the safe school protocols to enable a safe learning environment.<br><br>• Mobilization of media to disseminate education related messages and content.<br><br>• Support teachers to use distance teaching materials and also raise awareness on COVID-19 transmission, and its prevention.<br><br>• Development of school sanitization protocol for quarantined schools.<br><br>• Advocacy to prevent, as far as possible, the use of schools for quarantine purposes. | • Mobilization of media and dissemination of education-related messages/PSAs and contents through national and local media – radio, TV, etc.<br><br>• Support to the development of self-learning materials targeting pre-primary to grade 5 and distribution of these to targeted children.<br><br>• Prepare and roll out parenting education radio programme/ parenting activities aimed at supporting children, including ECD age group at home.<br><br>• Work with CEHRD and Confederation of Nepal Teachers to prepare and deliver online materials and provide needs-based technical support to children in distance mode.<br><br>• Support local governments to conduct targeted welcome to school campaign for at-risk children.<br><br>• Support local governments in promoting handwashing practices at schools, ECD centres, and education institutions once schools/ECD centres are re-opened. |

# 9. CCCM/ Shelter Cluster

The purpose of Camp Coordination and Camp Management-CCCM/Shelter Cluster is to support the Government of Nepal and mainly Ministry of Health and Population, the Department of Urban Development and Building Construction and all three tiers of the government in preparing and responding to COVID-19 on a scale that necessitates an international humanitarian response for the management of quarantine centres in line with the 'Quarantine Operations and Management Standard for COVID-19' of the Government of Nepal and WHO guidance.

In addition, the CCCM/Shelter Cluster will support in ensuring the residents in quarantine (either in camps or existing structures) including migrants, women, children, men, elderly, PWDs, gender and sexual minorities, among others, have equitable access to protection, services and assistance.

| **Government lead:**<br>**DUDBC, Ministry of Urban Development** | |
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| **Lead agency (co-lead):**<br>IFRC, IOM | |
| **Sector members:**<br>UNFPA, UNICEF, WFP, ACTED, ADRA Nepal, CARE Nepal, Caritas, DCA, Habitat for Humanity, HRRP, LWF, Mercy Corps, NRCS, PIN, Plan International, Save the Children, Welthungerhilfe, World Vision | |
| ***Priority Preparedness Activities:***<br><br>• Coordinate with and support the Ministry of Health and Population and Provincial Program Coordination Unit (as per need) for the mapping and upgrading of existing public or government buildings and temporary camps in seven provinces and in Kathmandu Valley for setting up quarantine facilities in line with the 'Quarantine Operations and Management Standard for COVID-19' of the Government of Nepal. (Target- 10,000 people)<br><br>• Mapping of prepositioned essential shelter and non-food items (tents, tarpaulin, shelter tool kits including mosquito nets) with the cluster members.<br><br>• In coordination with Provincial Health Directorate identify suitable locations / infrastructures with adequate ventilation and WASH facilities for establishing quarantine | ***Priority Response Activities:***<br><br>• In coordination with the Provincial Health Directorate of technical persons, Provincial and Local Governments establish, upgrade and expand quarantine facilities in Kathmandu Valley and seven provinces.<br><br>• Engage with Protection and other clusters, support strengthen the established Protection against Sexual Exploitation and Abuse (PSEA) mechanisms in quarantine centres and camps as per needs.<br><br>• In coordination with the Ministry of Health and Population and other cluster members, support quarantine centres/camps with Non-Food Items (NFIs) such as mosquito nets, beddings, blankets, bars of soap, mugs and buckets among others. |

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| centres in close proximity to designated point of entries in the Terai region.<br><br>• Capacity building to strengthen the knowledge and skills of frontline workers in quarantine sites in line with Quarantine Operations and Management Standard for COVID-19' of the Government of Nepal.<br><br>• Stockpile of 20,000 shelter and NFIs kits, with 10,000 to 15,000 NFI sets may need to keep for monsoon plan<br><br>• Quarantine centres assisted with NFI items across various Provinces.<br><br>• Quarantine Operations and Management Standard for COVID-19' of the Government of Nepal shared with Local Governments. | • Support to activate information hubs at the quarantine centre/ camps for the dissemination of key messages related to service delivery, health and hygiene messages in coordination with health cluster and WASH cluster. |

# 10. Early Recovery Cluster

The COVID-19 pandemic presents a unique and unprecedented scenario where a health-related humanitarian crisis has evolved simultaneously into a socio-economic one with an unprecedented cessation of economic activities and erosion of income opportunities for millions, especially those in the informal sector. Nepal's Central Bureau of Statistics report of the System of National Accounts for FY2019/20 projects a slip of the country's GDP growth to 2.28% from 7% in FY 2018/19. Economic crises come with a time lag, so the socio-economic impacts may be greater still in the longer-term.

The impact of the outbreak is felt most severely by those individuals and households in the informal economy (which is estimated to make up 60-70% of Nepal's workforce), internal and foreign migration, manufacturing and industry labourers, micro- and small entrepreneurs, and transportation, tourism and travel sectors. Sectors such as education, health, banking, insurance, trade and transport are also be impacted.

Urban areas have already witnessed the first phase of the economic slowdown, being also areas with higher dependency on food commodity imports and food markets. They will potentially be followed by rural areas due to their dependence on remittances, and decreased demand for and challenges to sell agriculture products and engage in daily wage labour or tourism activities in urban areas.

COVID-19 measures are expected to increase inequalities and compound pre-existing vulnerabilities such as burden of unpaid care responsibilities, loss of housing and/or land in the 2015 earthquake, or exposure to family violence, and likely to increase exposure to harmful traditional practices. In addressing socio-economic needs, an effort will be made to ensure Nepal does not lose ground previously won, including gains around gender equality and child protection.

In light of these evolving risks, the cluster aims to support the government to pre-empt and prioritize socio-economic and livelihood recovery, in addition to humanitarian efforts, to bridge the gap until more longer-term solutions are developed for economic stabilization. The unprecedented nature of the current socio-economic crisis means that this cluster's specific interventions may evolve to reflect contextual and changing circumstances.

<table>
<tr><td colspan="2"><u>Government lead:</u><br>Ministry of Federal Affairs and General Administration</td></tr>
<tr><td colspan="2"><u>Lead agency (co-lead):</u><br>UNDP, UNICEF</td></tr>
<tr><td colspan="2"><u>Sector members:</u><br>FAO, ILO, IOM, UNCDF, UNEP, UNFPA, UNHABITAT, UNHCR, UNOPS, UN WOMEN, WFP, MoFAGA, NPC, AIN, NGO Federation ADB, DFID, German Embassy, GIZ</td></tr>
<tr><td>Priority Preparedness Activities:<br><br>• Assessment of localized and contextual socio-economic recovery needs. Rapid market and resource surveys for job creation enterprises.</td><td>Priority Response Activities:<br><br>• Propose new, or reorient existing, livelihood and income-generating programmes, including agricultural production, cash transfers, cash for work or</td></tr>
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| | |
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| Assessment of impact on trade, tourism and remittances.<br><br>• Map federal/ subnational government/ donor/PS/CSO responses, mechanisms and funds and identify gaps.<br><br>• Identify existing programmes and opportunities for mobilizing resources (public and private) to channel livelihood assistance (funds and technical support through social protection/safety nets) and other Government-led systems.<br><br>• Conduct mapping of returnees' skills and provincial level labour market demand, with the aim of matching skills.<br><br>• Provide technical assistance to local governments to utilise the PMEP including to increase resilience through natural resource management and disaster risk reduction.<br><br>• Mapping of institutional responses and working with MoFAGA, to complement such existing government mechanisms. NGO/INGO, UN and development partner activities by surveying for overview of planned activities. | asset activities, inputs and safety nets to support the most affected and vulnerable people, including refugees and individuals associated with cooperatives.<br><br>• Technical support to fiscal relief measures, such as cash relief vouchers, tax deferral, interest holidays, re-financing schemes and personal loans.<br><br>• Technical assistance to government in areas such as iDiaspora.org and labour market integration.<br><br>• Technical assistance to local governments implementing the Prime Minister's Employment Programme, in relation to COVID-19. This includes participatory planning and community feedback/ tripartite dialogue mechanisms, development of health and safety codes, and technical standards and guidelines for risk-resilient infrastructure.<br><br>• In collaboration with the Food Security Custer, provide technical assistance to the Food Management and Trading Company and Salt Trading Corporation Ltd. for establishment/ expansion of fair-priced shops/ selling centres in food insecure and remote geographic locations to enable poor/low income people to buy available food/non-food commodities in lower/ discounted prices.<br><br>• Scale up use of digital payments to facilitate cash transfers.<br><br>• Promote entrepreneurship and business start-ups, as well as productive infrastructure, among populations made vulnerable by COVID-19 or at further risk of falling behind. This includes returnee migrants, internal migrants, women, informal labourers, and those with compounded burdens of care. |

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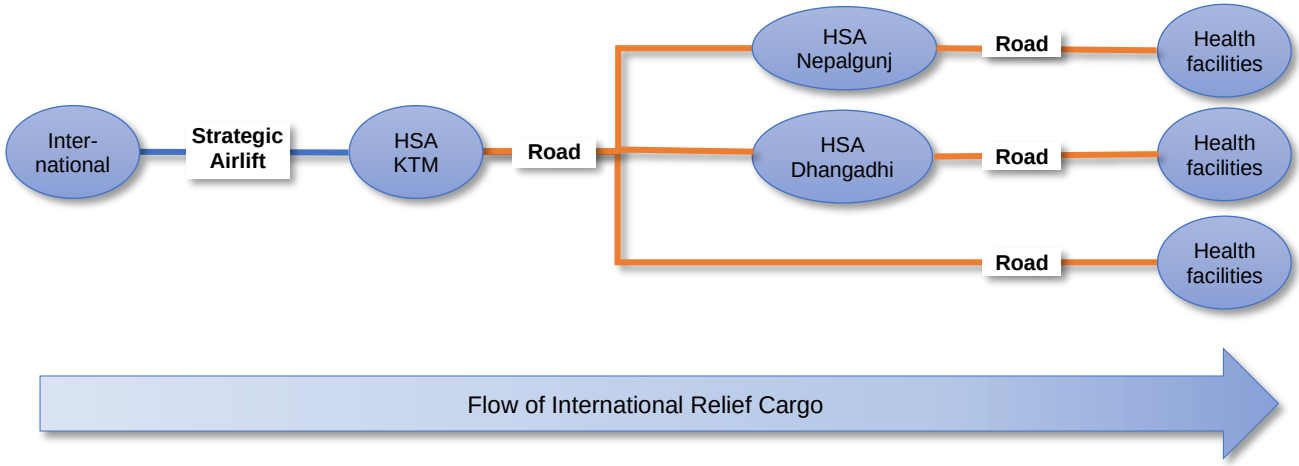
| | • Facilitation of sales of farmers' productions at community level, in coordination with relevant clusters.<br><br>• Support to stabilize the food supply chain system and provide easy market access to smallholder producers by linking them to cash-based school meals programmes, Food Management and Trading Company and Salt Trading Corporation Limited.<br><br>• Short-term vocational and skills development training for self-employment and job-placement through cash for training to improve the employability of young people in the long run, financial literacy support, career counselling.<br><br>• Orientation of the private sector to repurpose their value chains and absorb employees, including returnee migrants. |

# 11. Logistics Cluster

The Logistics Cluster will provide essential support to the Health Cluster, ensuring the timely and uninterrupted flow of essential, lifesaving health supplies and equipment to health facilities and clinics across Nepal.

The Logistics Cluster will coordinate with MoHP, Nepal Army and humanitarian organisations to provide common storage and transport services to the other humanitarian clusters and the Government of Nepal. – augmenting storage and transport capacity as needed for essential medical and non-medical supplies, and logistics coordination and information management services to fill gaps and prevent overlaps.




Logistics cluster common services aim to fill the gap in storage and transport capacity caused by the lockdown by augmenting the transport capacity of MoHP, Nepal Army and humanitarian agencies for transport of medical and COVID-19 related supplies from Kathmandu to HSAs in Nepalgunj and Dhangadhi and provincial capitals and from the provincial capitals to sub-national, district stores. Additionally, storage capacity will be increased by providing storage services at Kathmandu, Dhangadi and Nepalgunj HSA and setup of two Mobile storage units for the Nepal Government.

A coordination cell with the Nepal Government is being established at the HSA in Kathmandu to closely coordinate storage and transport with the Ministry of Health and Nepal Armed Forces, who are planning to manage the transport of at least 50% of the inbound COVID-19 supplies. Storage and transport services of COVID-19 related supplies will be provided at no cost to the users.

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| **Government lead:**<br>Ministry of Home Affairs, NEOC |
| **Lead agency (co-lead):**<br>WFP |
| **Sector members:**<br>UNFPA, UNICEF, IOM, UNOPS, Armed Police Force, Nepal Army, Nepal Police, ACF, Action Aid Nepal, AWO International, FPAN, Humanity and Inclusion Nepal, NRCS, OXFAM, People in Need, Plan International, Save the Children, WHH, World Vision International, Food Management and Trading Company |

| ***Priority Preparedness Activities:*** | ***Priority Response Activities:*** |
|---|---|
| • Provision of common storage and transport services from Kathmandu HSA to provinces and at HSA's in Danghadhi and Nepalgunj to districts in Karnali and Sudurpaschim provinces, for approximately 250 MT or 25000 CBM of health supplies, 60% of the GoN supply for 3 months for 1500 cases. The remaining portion is managed by MoHP and Nepal Army.<br><br>• Support MoHP with kit packing of PPE at Kathmandu HSA.<br><br>• Coordinate & monitor international airlifts from China, to consolidate shipments when possible.<br><br>• Provide storage services for medical and non-medical supplies at three Humanitarian Staging Areas (HSAs): Kathmandu, Nepalgunj, Dhangadi.<br><br>• Provide transport services from Kathmandu to all seven provinces and from Nepalgunj and Dhanghadi to districts in Karnali and Sudurpaschim provinces for medical and non-medical COVID-19 related supplies, for 250 MT health supplies, 60% of GoN supply for 3 months.<br><br>• Quantify storage and transport capacity required for critical medical and non-medical supplies.<br><br>• Civil-military coordination with Nepal Army to optimize COVID-19 transport and storage support activities.<br><br>• Ensure waiver protocols or mechanisms are in place for fast-track imports, custom duties and customs clearance of COVID-19 medical and non-medical supplies with a short turn around.<br><br>• Coordinate & monitor international airlifts from China, to consolidate shipments when possible. | • Provide storage services for medical and non-medical supplies at three HSAs: Kathmandu, Nepalgunj, Dhangadhi.<br><br>• Scale-up transport services from all seven provinces to districts for medical and non-medical COVID-19 related supplies, for 1400 MT health supplies, 50% of GoN supply for 6 months.<br><br>• Monitor non-medical supply pipeline, stocks, and consumption to quantify needs and gaps.<br><br>• Civil-military coordination with Nepal Army to optimize COVID-19 transport and storage support activities.<br><br>• Support global common services for international passenger and cargo transport and medevacs. |

# Budget

## Funding Required for Preparedness: USD 17.90 million

| Pillar | Total |
|---|---|
| **1. Coordination Planning and Monitoring** | **375,000** |
| **2. Risk Communication and Community Engagement** | **1,125,000** |
| **3. Health** | **9,546,892** |
| • Surveillance, Rapid Response Teams, Case Investigation & Operational Research | 940,000 |
| • Points of Entry | 650,000 |
| • National Laboratories | 350,000 |
| • Infection Prevention and Control | 2,545,000 |
| • Case Management | 600,000 |
| • Operational Support and Logistics | 1,171,892 |
| • Continuity of Primary Health Care and other Essential & Critical Health Services | 1,650,000 |
| • Reproductive Health | 1,140,000 |
| • Health component of quarantine settings | 500,000 |
| **4. Food Security** | **104,450** |
| **5. WASH** | **1,045,000** |
| **6. Nutrition** | **500,000** |
| **7. Protection** | **305,000** |
| **8. Education** | **2,000,000** |
| **9. Shelter/CCCM** | **347,826** |
| **10. Early Recovery** | **2,350,000** |
| **11. Logistics** | **209,432** |
| **Total** | **17,908,600** |

## Funding required for Response: USD 90.52 million

| Pillar | Total |
|---|---|
| **1. Coordination Planning and Monitoring** | **600,000** |
| **2. Risk Communication and Community Engagement** | **2,150,000** |
| **3. Health** | **22,001,127** |
| • Surveillance, Rapid Response Teams, Case Investigation & Operational Research | 2,300,000 |
| • Points of Entry | 900,000 |
| • National Laboratories | 1,700,000 |
| • Infection Prevention and Control | 4,900,000 |
| • Case Management | 1,000,000 |
| • Operational Support and Logistics | 3,601,127 |
| • Continuity of Primary Health Care and other Essential & Critical Health Services | 3,150,000 |
| • Reproductive Health | 2,950,000 |
| • Health component of quarantine settings | 1,500,000 |
| **4. Food Security** | **5,006,853** |
| • Unconditional cash-based food assistance for people in quarantine facilities | 1,859,786 |
| • Unconditional cash transfers to critically vulnerable households affected by secondary effect in post-lockdown situation | 3,147,067 |
| **5. WASH** | **1,520,000** |
| **6. Nutrition** | **3,076,106** |
| **7. Protection** | **1,945,000** |
| **8. Education** | **4,000,000** |
| **9. Shelter/CCCM** | **3,478,261** |
| **10. Early Recovery** | **45,810,706** |
| **11. Logistics** | **931,948** |
| **Total** | **90,520,001** |