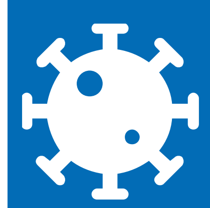
COVID-19 NEPAL: PREPAREDNESS AND RESPONSE PLAN (NPRP)

April 2020



COVID-19 Nepal: Preparedness and Response Plan (NPRP)

Introduction

The COVID crisis affecting the world today requires a level of response that goes beyond the capacity of any country. As the UN Secretary-General said: "*More than ever before, we need solidarity, hope and the political will and cooperation to see this crisis through together*". The Government of Nepal is putting in place a series of measures to address the situation, but more needs to be done, and the international solidarity is required to ensure that the country is fully prepared to face the pandemic and address its impact in all sectors.

The Nepal Preparedness and Response Plan (NPRP) lays out the preparedness actions and key response activities to be undertaken in Nepal, based on the trends and developments of the global COVID-19 pandemic. The plan outlines two levels of interventions; one that is the preparedness that should take place at the earliest possible and that constitutes an investment in Nepal's health systems that will in any case benefit the people of Nepal, regardless of the extent of the COVID-19 pandemic in the territory. The second level is the effective response, across sectors, to an estimated caseload of 1500 infected people and 150,000 collaterally affected people. This can then be scaled up in case there is a vast increase in number of infected and affected people, beyond the original scenario of 1500 patients.

Nepal is also vulnerable to natural disasters, including seasonal floods and landslides. There is a risk that the country could be faced with two emergencies at the same time. The Government of Nepal and the Humanitarian community which supports it, need to be prepared for this very real possibility. The suggested interventions to increase the quality and capacity of the health services in preparation for the COVID crisis will have a direct impact on the country capability to respond to the next floods and other disasters, and to protect the most vulnerable from the devastating secondary impacts of the outbreak. The segment on the socio-economic impact of COVID-19 is still under development as the full extent of the impact is yet to be known. Various analyses are on-going and therefore the socio-economic interventions are a work in progress, which will be adapted as more information is collected and the analysis of the people who have been the hardest hit becomes available. It is expected that those hardest and most immediately impacted by the crisis and the necessary measures of lock-down will be the most vulnerable. The NPRP is a living document and will be updated as the situation evolves and as the needs of vulnerable populations are identified. The definition of vulnerable populations is based on that laid out in Agenda 2030 and includes - but is not limited to - women, children, youth, persons with disabilities (of whom more than 80% live in poverty), people living with HIV/AIDS, older persons, indigenous peoples, refugees, internally displaced persons and migrants.

Key Planning Figures

Planning figures are based on scenario 2 outlined below.

Priority Case load	Total Case load	Assumptions	Geographic areas
1,500[1] confirmed cases of people *infected* in the first month including • 757 Female • 743 Male • 375 Women of Reproductive Age • 30 Differently abled • 60 Pregnant • 128 Elderly • 33 Neonatal • 159 Lactating • 249 Hypertensive • 59 Diabetic • 33 Cardiovascular disease	**150,000 people *collaterally affected*** • 75,750 Female • 74,250 Male • 37,500 Women of Reproductive Age • 3,000 Differently abled • 6,000 Pregnant • 12,750 Elderly • 3,300 Neonatal • 15,900 Lactating • 24,900 Hypertensive • 5,900 Diabetic • 3,300 Cardiovascular disease	• School closure • Restriction of mass gatherings • Restriction of public transportation • Border closure	All 7 provinces affected

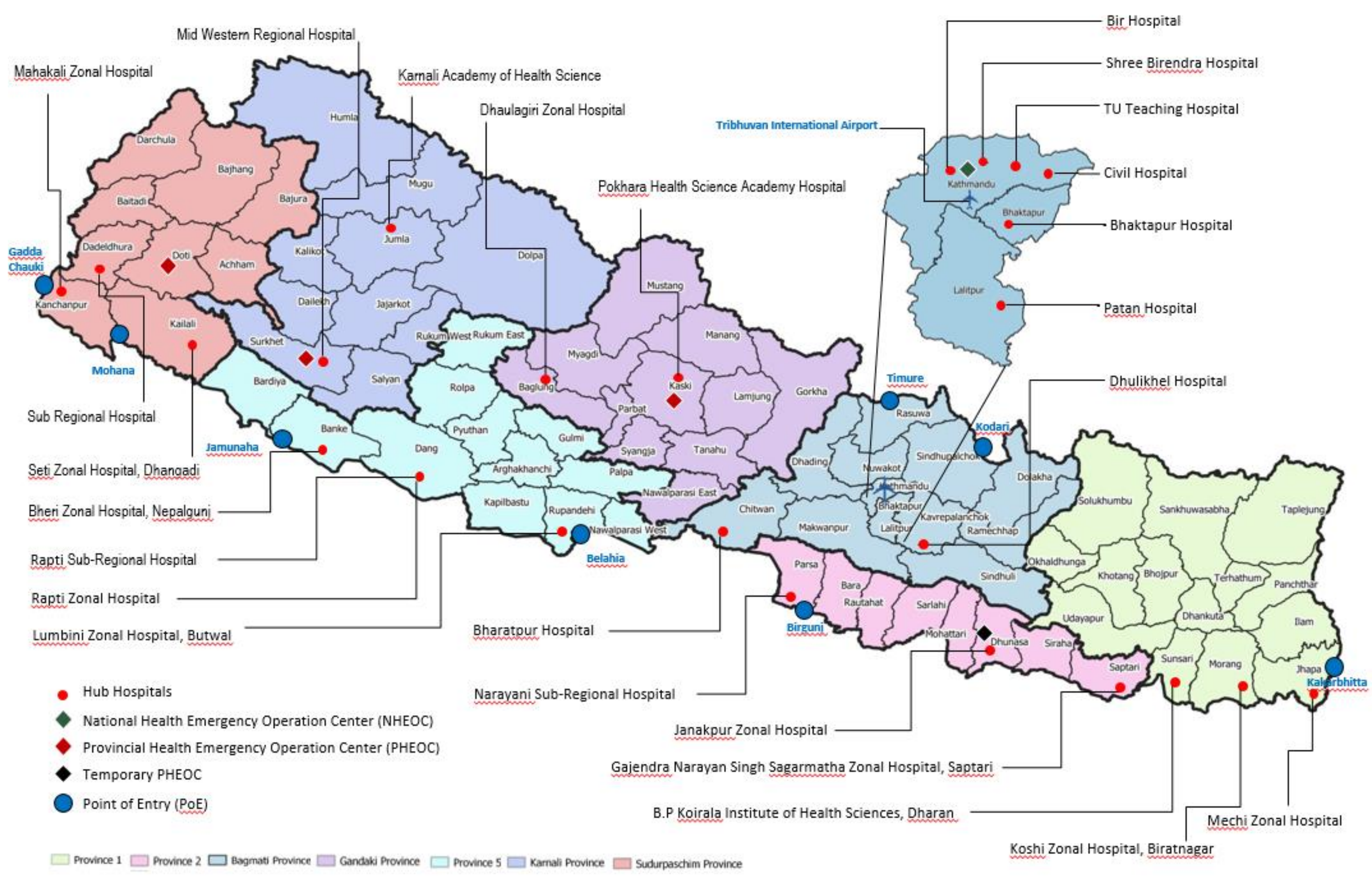
[1] 1500 is based on the ratio population/patients experienced in China. It is used as a rough approximation of the expected number of cases in Nepal: Nepal's population is 2% of China's. Expected Cases = 70,000 x .02 = 1,400

Budget

Funding required for Humanitarian Country Team		
	Preparedness	***USD 10.04 Million***
	Response	***USD 28.23 Million***

MAP

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



Scenario Overview:

Current situation:

Nepal has nine confirmed cases of COVID-19 (with one person who has recovered).

The Sukraraj Infectious and Tropical Disease Hospital (STIDH) in Teku, Kathmandu has been designated by the Government of Nepal (GoN) as the primary hospital along with Patan Hospital and the Armed Police Forces Hospital in the Kathmandu Valley. The Ministry of Health and Population (MoHP) has requested the 25 hub and satellite hospital network across the country - designated for managing mass casualty events - to be ready with infection prevention and control measures, and critical care beds where available. The Government is allocating spaces for quarantine purposes throughout the country and some sites are populated including with migrants recently returned from India.

The health desk at Tribhuvan International Airport was initially strengthened to screen incoming passengers from affected regions. The ground crossing Points of Entry (PoE) at the Nepal-China border and the Nepal-India border have been similarly strengthened. The Nepal-China official border crossing points have remained closed since 21 Jan 2020. All international flights have been halted until 14 April 2020 but might be extended further.

On 24 March 2020, the Government imposed a complete 'lock-down' of the country including business closures and 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 the current situation, should the situation deteriorate. There are exceptions in place for businesses and people in relation to supply and access to medical supplies and food.

The Government of Nepal has formed a committee to coordinate the preparedness and response efforts, including the Ministry of Health Ministry of Home Affairs, Ministry of Foreign Affairs, Ministry of Finance, Ministry of Culture, Tourism and Civil Aviation, Ministry of Urban Development, Nepal Army, Nepal Police and Armed Police Force. The Humanitarian Country Team (HCT) includes the Red Cross Movement, civil society organisations (national and international NGOs). Under the joint leadership of the Resident Coordinator's Office and the WHO, the HCT has initiated the contingency planning and preparedness interventions, including dissemination of communications materials to raise community-level awareness across the country. The Clusters – led by the Government of Nepal and co-led by the IASC cluster leads and partners, are working on finalizing contingency plans which will be consolidated into an overall joint approach with the Government and its international partners. The UN has activated the Provincial Focal Point Agency System to support coordination between the international community and the Government of Nepal at provincial level.

NPRP planning scenarios:

The NPRP is based on the following scenarios:

	1. Scenario not requiring international humanitarian assistance: • Either a) **sporadic cases**, or small household clusters (<5) or limited intra-hospital transmission in < 5 hospitals in provinces with the most well-equipped referral hospitals detected early and contained. No sustained human to human transmission at community level
	• *or* b) a "**super spreader**" event detected late leading to 5 or more household clusters or intra-hospital transmission in 5 or more hospitals. This would mean limited human to human transmission at community level that can be contained.
	2. Scenario requiring international humanitarian assistance • A large outbreak in one or more locations with sustained human to human transmission at community level (current scenario in China).
1,500	a) approximately 1500 cases could be expected in Nepal if the outbreak scenario is similar Hubei, China[2].
10,000	**3. Worst-case scenario requiring international humanitarian assistance** • More than 10,000 cases plus dispersed outbreaks occurring in waves like the Influenza A (H1N1) – 2009 pandemic.

This Nepal Preparedness and Response Plan (NPRP) supports cross-cluster preparedness based on scenarios 2 and could be scaled up to respond to scenario 3.

This NPRP sits in complement to ongoing planning and responses for scenario 1.

Planning Assumptions:

The NPRP needs to consider the following:

- ✓ Sustained community level transmission in countries with significant travel links to Nepal. Again, noting a significant (+/- 90%) reduction in air travel in and out of Nepal at present.
- ✓ The movement across the Nepal and India border.
- ✓ The response to outbreaks in remote and rural areas where containment may be easier though assistance more difficult vs outbreak in urban locations where containment is likely more difficult but treatment and assistance likely to be easier.
- ✓ The ongoing influenza season with potential for significant outbreaks – all of which would need to be detected early and investigated to rule out COVID-19 as the cause of these outbreaks.

[2] 70,000 confirmed cases in China over a two-month period; population of Nepal is 2% of China.

- ✓ Summer lull followed by potential uptick in cases including a "second wave" as was observed during the pandemic influenza of H1N1 – 2009.

- ✓ The monsoon season would likely increase the humanitarian impact given the potential for flooding, requiring its own response.

- ✓ More than 80 percent of commodities come from India rather than China however, a large increase in cases could impact the freedom of movement and goods along the Nepal-India border. Nepal is a landlocked county which relies on the free movement of goods and services.

- ✓ Pre-existing societal structures, social norms, discriminatory practices and gender roles create or contribute to heightened risks for vulnerable groups 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 household, pregnant women and lactating mothers, senior citizens, Dalit women, women from religious and ethnic minorities and indigenous women.

- ✓ Humanitarian response must ensure that the different needs, priorities, and capacities of all persons irrespective of their gender are addressed when designing, planning, implementing, monitoring and evaluating humanitarian response efforts. Particular attention must be given to women and girls especially from excluded or vulnerable groups.

- ✓ Secondary economic impacts if the outbreak is prolonged, in particular for women and excluded and vulnerable groups[3].

Further, beyond the immediate humanitarian response, and to prepare the ground for early recovery, the NPRP needs to consider the following:

- ✓ The socioeconomic impact of COVID-19 on Nepal, considering the increasing restriction of people and goods globally and locally. More so in light of Nepal's economic reliance on tourism revenues tourists and migrant worker remittances. Early indicators suggest that vulnerabilities may increase disproportionately for migrant workers, informal labour, small businesses, rural communities due to potential loss of employment, travel restrictions, inflation, food and fuel shortages etc.

- ✓ Given the reliance on remittances, the travel restrictions already being imposed by migrant-destination countries, and the likely impact of local quarantine measures, the economic impact is likely to be significant among migrants. Similarly, in light of the heavy reliance on India and China for food, fuel and other goods and services, potential disruptions in transportation and border access stand to create shortages of goods and services and adversely affect Nepal's domestic producers, suppliers and consumers. Furthermore, Nepal is further exposed to trans-border economic risks for example, the slowdown of the Indian economy - the most significant source of investment commitment and inbound international tourists for Nepal, and to whose currency the Nepali rupee is pegged -- will likely impact the Nepal's economy. Finally, major infrastructure projects stand in limbo, which puts at risks a large informal labour economy without daily incomes.

[3] Crises pose a serious threat to women's engagement in economic activities and can increase gender gaps in education. Past experiences from disease outbreaks show that quarantines significantly reduce economic and livelihood activities, reducing employment, increasing poverty rates, and exacerbating food security issues. Women largely take on the responsibility of home-based health care and make up the majority of nursing staff in professional health care settings. These healthcare workers experience a disproportionate exposure to infection, are often underpaid, and work in under resourced conditions, which are exacerbated 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.

✓ This analysis would then influence the responses to, for example, support the recovery of agricultural output and provide targeted support to Small and Medium Sized Enterprises (SMEs), and actions to increase social assistance for vulnerable households being affected.

Emerging gender - related issues in COVID-19

	Increased stigma and discrimination linked to caste/ethnicity and gender
	Immediate needs of women on the frontlines overlooked, including menstrual hygiene supplies
	Serious threat to women's economic empowerment and livelihoods, especially in the informal Sector
	Unpredictable and severe travel bans impact on women migrant workers
	Interrupted access to sexual and reproductive health services
	Increased risks of GBV and disruption of mechanisms for GBV prevention and response
	Exacerbated burdens of unpaid care work on women

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.

Response by Pillar/Cluster

Pillar	
	1. Coordination Planning and Monitoring
	2. Protection
	3. Risk Communication and Community Engagement
	4. Health
	Surveillance, Rapid Response Teams and Case Investigation
	Points of Entry
	National Laboratories
	Infection Prevention and Control
	Case Management
	Operational Support and Logistics
	Primary Health Care and Reproductive Health
	5. Food Security
	6. WaSH
	7. Nutrition
	8. Education
	9. Shelter/CCCM
	10. Socio-Economic Early Recovery

1. Coordination Planning and Monitoring

The coordination has been activated since the first news of the possible extent of the COVID-19 outbreak became known. WHO and the Resident Coordinator's Office have coordinated with Ministry of Health and Population, NDRRMA and Ministry of Home Affairs. The Clusters – led by the Government of Nepal and co-led by the IASC cluster leads and partners, are working on finalizing contingency plans which will be consolidated into an overall joint approach with the Government and its international partners.

<table>
<tr><td colspan="2"><u>Government lead:</u>
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>
WHO and the Resident Coordinator's Office</td></tr>
<tr><td colspan="2"><u>Sector members:</u>
Humanitarian Country Team members.</td></tr>
<tr><td>Priority Preparedness Activities:
• Establish an incident management team, including rapid deployment of designated staff from national and partner organizations, within relevant Emergency Operations Centres (EOCs).
• Train, and designate spokespeople.
• Review regulatory requirements and legal basis of all potential public health measures.
• Conduct regular operational reviews to assess implementation success and epidemiological situation and adjust operational plans as necessary.
• Train cluster focal points on gender in humanitarian action and capacitate actors on the use of IASC Gender and Age Marker.
• Coordinate and engage gender actors, women's groups (Women Friendly Disaster Management Group), excluded groups (eg: gender and sexual minorities, people living with disabilities, Dalit, ethnic and Madhesi minorities, etc.) and networks
• Activate Focal Point Agencies ensuring all provinces are aware of the contingency plans and have 4Ws.
• Activate Information Management Working Group (IMWG) and ensure all 4Ws, contacts and IM plans are in place.</td>
<td>Priority Response Activities
• Surge to Health Emergency Operation Centres (HEOCs) and National Emergency Operation Centre and broader coordination architecture. Support to sub-national coordination structures.
• Conduct (Health) and related multi-sectoral Rapid Needs Assessment in coordination with the Government of Nepal.
• Enable security and monitoring arrangements to implement quarantine, movement restriction and social distancing measures without erosion of human rights and dignity.
• Produce Situation Reports and Flash Updates.</td></tr>
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Current preparedness interventions.

- Engage with national and sub-national authorities and key partners to develop a country-specific operational plans with estimated resources required.
- Conduct initial capacity assessment and risk analysis, including mapping of vulnerable populations.
- Conduct initial mapping of migrant populations.
- Begin establishing metrics and monitoring and evaluation systems to assess the effectiveness and impact of planned measures.
- Review protection concerns of vulnerable groups, and migrants especially the returning migrants from India and other labour/student destinations, advocating for proportionate response.
- Update 4Ws and reach out to the private sector to map out its capacity in preparedness and response.

2. Protection

Pre-existing protection issues in Nepal include violence against women and girls, violence against children including child marriage, child labour, high rates of institutionalization and family separation, harmful traditional practices and human trafficking. In addition, socio-economic marginalization, social consequences of migration, challenges around adolescent and youth development, barriers to accessing legal documentation/ citizenship, and mental health concerns, with suicide as a leading cause of death among women aged 15-24, also prevail. Furthermore, national welfare systems face institutional challenges as federalization has resulted in weaker systems to protect women and children with the suspension of the women and children desks as entry points for certain response services. Therefore, the identification and response to protection risks requires specific attention and collaboration between public and civil society actors.

Considering this constrained social and economic environment, shrinking space of opportunity and access to basic and protection services, protection actors are concerned that progress made in recent years, 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-term and potentially long-term. Additional risks are emerging particularly linked to increased exposure to violence, including domestic violence and GBV, mental health risks, 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, livelihoods including bonded and child labour, 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 cost of not prioritising protection in the COVID-19 response will not be measured in the number of cases averted but in families separated, violence left unchecked, soaring psychological distress, potential fatal family violence, erosion of gender equality gains, and reinforcement of existing power dynamics to the detriment of women, children, persons living with disabilities, minorities, migrants/returnees, among others. The current context presents an opportunity to **reinforce the humanitarian-development nexus around protection** through strengthened engagement of duty bearers and community actors on protection particularly as regards:

- ✓ Engagement of the <u>security sector</u> (police, border management, corrections) on the enforcement of lockdown/ quarantine measures and ensuring age and gender considerations are addressed in this process.
- ✓ Ensuring the <u>continuity of lifesaving and survivor-centred care and support to survivors of gender-based violence.</u>
- ✓ Addressing the <u>needs of detainees,</u> particularly vulnerable detainees, including support for diversion processes for young offenders.
- ✓ Enhancing <u>mental health prevention and response services, such as</u> remote and mobile services including for frontline health workers.
- ✓ Strengthening mechanisms to <u>prevent family separation</u> and supporting family-based care.

- ✓ Ensuring that issues around legal documentation do not adversely impact people seeking protection or access to services.
- ✓ Strengthening capacity and local governance of protection systems in support of provincial and municipal levels' alert, response and referral mechanisms.
- ✓ Preventing and addressing stigma and ensuring standards of privacy and confidentiality are upheld in the response to COVID-19 and factoring in the cultural and ethnic diversity of Nepal, while ensuring equal access to information, prevention messaging, care and alert systems.

These 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 in times of social distancing, and paving the way for recovery as containment measures evolve.

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<tr><td colspan="2"><u>Government lead:</u>
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>
UNICEF and UNFPA</td></tr>
<tr><td colspan="2"><u>Sector members:</u>
UNHCR, Nepal Red Cross Society, ICRC, Save the Children, Plan Nepal, Oxfam, WOREC Nepal, National Child Rights Council, TPO Nepal, CIVICT Nepal, IOM, Care Nepal, KOSHISH, Terre des homes (TDH, ACF International, DCA, ActionAid Nepal, WFP, Americares, Relief Trust, Family Planning Association of Nepal, Humanity and Inclusion, National Federation of the Disabled-Nepal, National Senior Citizens Federation (NSCF), Nepal Police, VS), Lutheran World Federation (LWF).</td></tr>
<tr><td>Priority Preparedness Activities:
• Coordinate with the National Child Rights Council to activate the mechanism for dealing with unaccompanied, separated children and other vulnerable children.
• Coordinate with the Ministry of Women, Children and Senior Citizens/Department of Women and Children, National Child Rights Council, National Women's Commission at federal level and Ministry of Social Development at provincial level to develop messages on protection issues particularly on mental health and psychosocial concerns, gender-based violence with focus on women and girls, domestic violence, prevention of family separation and support to unaccompanied and separated children, increased burden of unpaid care work on women and access to services. A specific attention will be paid to ensure access to information by vulnerable groups.</td><td>Priority Response Activities:
• In collaboration with the Ministry of Women, Children and Senior Citizens, National Child Rights Council and Nepal Red Cross Society implement tracking mechanism for families separated by hospitalization or quarantine and establish temporary alternative care measures in coordination with health authorities, if necessary.
• In coordination with Health Cluster support mental health and psychosocial well-being of affected population and their families traumatized by pandemic, including those hospitalised or in quarantine with focus to psychological first aid and risk communication messaging.
• Provide essential lifesaving relief materials and supplies including</td></tr>
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• Coordinate with the National Coordination Unit for Refugee Affairs (NCURA) Coordination to ensure refugee protection and assistance needs are covered at border points and within country. • Mapping of capacity to deal with protection issues particularly risks arising from mental health and psychosocial concerns, gender-based violence, domestic violence, family separation, the needs of children without parental care, and access to services by vulnerable population particularly elderly, people with disabilities and migrant workers. • Advocate to ensure that affected population are protected against stigma, violence, abuse and exploitation and have equitable access to assistance, services, and rights without discrimination. • 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. • Work with health cluster to ensure confidentiality of testing and public announcements to mitigate adverse impacts/ reprisals if certain vulnerable groups test positive (or are rumoured to test positive) for COVID- 19. • Prepositioning of essential lifesaving relief materials and supplies including dignity kits, kishori (adolescent) kits etc. • Build the protection capacity of health workers at the border check points and airports to provide counselling and psychological first aid to foreigners and Nepali citizens alike including labour migrants and returnee Nepalese migrants. • Capacity building of protection actors on heightened risk identification tools (identification of the vulnerable populations), SGBV / SEA, best interest determinations and assessments. • Coordination with legal aid networks.	dignity kits and kishori (adolescent) kits. • Disseminate protection messages with a focus on child protection, gender-based violence, in particular domestic violence due to heightened tensions in the household and risk of increased violence. • Provide essential GBV prevention and response health and social services including psychosocial counselling, female friendly spaces and shelters and strengthen referral pathways. • Scale up remote modalities to address GBV, such as hotlines and mobile counselling services, with training for frontline workers. • Ensure that the most excluded women and girls including disabled, LGBTQI, displaced persons, migrants, and other have equal access to GBV prevention and response services. • Organize training and capacity building workshop for health workers seconded at the points of entry (PoEs) for migrant sensitive mental health and psychosocial counselling of migrants from India and other third countries. • Establish migrant friendly spaces at border check points and make referrals as required. • Provide Mental Health and Psycho-social Support (MHPSS) activities at POEs for travellers and migrants returning back to Nepal either from Nepal or other countries, as required. • Coordinate with health and justice sector to ensure persons in jails/detention/correction facilities have access to information and continued quality sanitation

• Regularize the protection cluster meeting at federal level and initiate protection cluster mechanism at provincial level.	services with a specific focus on the situation of children and women in detention. • Regularise the protection cluster/working group coordination meetings at provincial and local level and conduct coordination meetings at outbreak areas

Current preparedness interventions

- Coordination with Ministry of Women, Children and Senior Citizen and Department of Women and Children.
- Help desks around quarantine sites already constitute some PSS engagement, where NRCS provided support to local authorities (volunteer mobilization, IEC materials, etc.)
- Coordination with protection cluster members and relevant organizations.
- Updating and mapping of protection cluster partners stockpiling, list of psychosocial counsellor and other preparedness activities.

3. Risk Communication and Community Engagement

Through a coordinated interagency effort, partners in the Risk Communication and Community Engagement (RCCE) Cluster are working strategically with the Government of Nepal to address the critical demand for reliable and assuring COVID-19 related information. Urgency is growing as the number of reported cases has increased and the implementation of a national lock-down in Nepal and neighbouring India and other countries is accompanied by an "infodemic" of misinformation and rumours. The core objective of the holistic Risk Communication and Community Engagement strategic response is to drive a participatory, community-based approach to provide people with the needed, 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 government. Further, engaging with affected communities allows beneficiaries of assistance to actively participate in shaping the interventions they receive. The RCCE cluster will also work to enhance accountability to affected populations throughout the preparedness and response phases.

Key messages are continually being developed (and revised according to cultural and linguistic considerations) for all stages and targeting audiences of the pandemic in coordination with WHO and MoHP and pre-tested. Common, accurate messages and diversity in content delivery is the central operational approach. Lessons learned from previous health emergencies strongly indicate that messaging alone is insufficient to ensure behavior change, and that true engagement of communities through bottom-up, interactive programmes to familiarize them with control measures and ensure their voices and concerns are heard and responded to, is essential to building trust and confidence in those measures and thereby encourage compliance. Furthermore, with the limited mobility, community members can be mobilized, through networks to engage in their own communities to spread messages, gather feedback and answer questions and concerns.

The priority community engagement plan has activated social mobilization networks including frontline service providers (teachers, Female Community Health Volunteers, religious leaders, youth volunteers, WaSH partners, etc.) to drive campaigns targeting the general population and vulnerable groups (including people with pre-existing medical conditions, pregnant and lactating women, the elderly, and people living with a disability). Leveraging radio, TV, telephone, and internet penetration across the country, proactive outreach is ongoing through SMS and call tone messaging, the use of national hotlines, and extensive outreach through social media platforms. Using digital platforms and multi-language radio public service announcements and television spots, messages have already reached over 15 million people across the country. Engagement with media and partners includes the recent establishment of daily virtual press briefings. To empower the overall response, RCCE partners are mapping of needs/gaps and reaching out to industries and private sector entities for tangible contributions and expertise – a call that is being well received. Local governments are also supported to launch public information campaigns and health screenings, especially in high-risk areas near the southern border with India. The Cluster will focus its action on strengthening access to the most vulnerable and addressing the key questions/concerns and demand for accurate information.

Government lead: National Health Education Information and Communication Center (NHEIC) & 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: Ministry of Federal Affairs and General Administration (MoFAGA) and Provincial, Municipal government; International and National non-government organisations, NRCS, media and Associations, UNFPA, IOM, UNDP, UNWomen & WHO (responsible for vetting technical content of messages)	
Priority Preparedness Activities:	***Priority Response Activities:***
• Ensure all agencies are fully informed and collaborating through overall content planner capturing interagency activities and materials. • Prevention and protection messages disseminated at scale through health and community workers with a focus on reaching vulnerable population groups. • Stigma and discrimination prevention focusing on people's association COVID-19, with certain populations, nationalities or migrants. • Offline social listening by mobilising volunteer organisation like Lions, Nepal Red Cross Society (NRCS), Rotaract, UN Volunteers and community radio • Engage youth networks to reach out to children, teachers, parents and surrounding community members, promoting correct information about COVID-19 as well as good behaviors / practices in terms of hygiene and basic health care. • Establish information desks for women in close collaboration with networks of women's/excluded groups like WFDM to ensure women and vulnerable groups have equal access to risk and prevention information and available services. • Mobilize migrant network/organizations to conduct migrant outreach/education activities to raise awareness in the migrant communities, internal migrants working at slums or brick industries, monasteries and other congregated settings. • Engage private sector, e.g. FNNCI and tourism/travel, industries for dialogue on	• Map out interagency content, messaging and activities and consolidate into planner. • Increase rumour tracking. Mapping community perceptions and rumour tracking through social media polls, IVR surveys and U-report. • Regular Revision of communication products to address rumours and community perceptions. • Contract as needed 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. • Conduct social media community outreach with key messages including for women of reproductive age who wish to delay pregnancy during the epidemic, who may be seeking contraceptive counselling and services. • Mobilize migrant network 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

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specific risks, mitigation, and communication strategies.

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

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briefings (through technical support to MoHP).

Map out communication and programmatic needs and match to potential industries and private sector entities that can contribute towards a shared value engagement.
Strengthen the national hotline through support from 3rd party and volunteers.
Explore ideas from third party/private sector to make Government COVID-19 portal more user-friendly. Reinforcing existing UN websites with multi-language assets and assets for people with disabilities.

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Current preparedness interventions.

Nepal Red Cross Society and MOHP hotlines activated
Ensure participation of men and women through community engagement and leadership efforts in preparedness and response of all people residing on Nepal territory irrespective of legal status.
Develop costed risk communication and community engagement plan including.
Key messages developed (and revised with new evidence) for all stages and target audiences of the pandemic in English and Nepali (and other languages) in coordination with WHO and MoHP and pre-tested with risk groups. Prevention messages in Nepali aired on radios and television programmes.
Development of sector-specific key messages on gender, disability with priority on health including sexual and reproductive health and protection
Development of print, audio and visual communication products and wider dissemination
Rumour tracking commenced
Development of key messages for HCT on gender and epidemic-prone diseases for use in response
Development of HCT and sector-specific key messages on gender, disability with priority on health including sexual and reproductive health and protection.
Development of key messages and health education materials for vulnerable groups such as pregnant women on prevention, danger signs and where to seek care. Develop standard orientation package for social mobilisation and social listening for schools and community-based organisation volunteers

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- Map and orient youths and community level volunteers/members and media at national and sub-national level to promote prevention messages.
- Sensitization programme within key sectors including travel and tourism, construction and education sectors.
- Ongoing distribution of Information, Education and Communication materials distribution to the public through various channels including NRCS, NGOs etc.
- 11AM-12PM has been allocated as prime time for queries related to coronavirus on NRCS hotline service (1130) for all general public.

4. Health Cluster

With the COVID-19 pandemic first and foremost being a public health emergency, most of the attention in the NPRP is on actions related to prevention or mitigation of the adverse health impacts. If the health response interventions are carried out in a risk-informed, strategic and sustained manner with optimal standards, not only will the trajectory of the pandemic in the country be transformed to dampen its impact on the health system and thereby reduce morbidity and mortality, but the social capital and the economy will also be safeguarded.

A good public health response encompasses:

- ✓ Well-organized screening at points of entry. Such screening can identify people with detectable symptoms of COVID-19 entering the country and allow them to be isolated to prevent seeding of infection in the country.

- ✓ Enhanced real-time surveillance for efficient case detection, rapid investigation of cases detected and tracing of their contact to enable isolation of cases and quarantine of contacts to interrupt transmission chains of this highly contagious infection.

- ✓ Laboratory system with the capacity to confirm a high volume of clinically suspected cases and detect sub-clinical infections, rapidly and with reliable quality. While Nepal's National Public Health Laboratory has quality assured capacity to confirm suspected cases, this capacity needs to be rapidly increased to manage a high volume of confirmatory testing; facilitate establishment of quality assured laboratories in the provinces and deploy point of care testing.

- ✓ Efficient mechanisms for quick isolation of cases and quarantining of their identified contacts at home or in facilities with effective infection prevention and control (IPC) measures to break the chains of transmission of infection. Comprehensive IPC at quarantine, isolation and treatment facilities that includes the availability of the needed Personal Protective Equipment (PPE); personnel well trained in the use of PPE and compliance to IPC protocols; adequate water, sanitation and hygiene (WASH) and health care waste management (HCWM) to prevent the patients from infecting others while admitted; and health care personnel being well protected from getting infected themselves. Creating a high level of awareness in the community and making adequate provisions for adopting IPC measures including hand washing, basic hygiene, cough etiquette and physical distancing in the home and work settings.

- ✓ Adequate number of hospitals beds and well-trained health care workers with sufficient PPE, medical logistics for admission and treatment of cases with moderate to severe manifestations of COVID-19 to prevent case-fatality and rapid and good recovery to prevent long term disability / dysfunctionality. Well- coordinated management of beds, care personnel and medical logistics at designated COVID19 hospitals with efficient, safe and rapid referral and patient transfer mechanisms and arrangements for continuous training, surveillance for hospital acquired infections, monitoring of quality of care and treatment outcomes as integral component of hospital care management.

- ✓ An efficient medical logistics and supply chain management system with a high level of well-response readiness to enable the availability of additional supplies and equipment, such as PPE, beds, medical oxygen and ventilators; medicines and consumables and also non-medical supplies. A coordinated system that is able to forecast, procure, store and distribute these supplies when and where needed with market intelligence, public-private partnerships and information management competencies. An agile, flexible and responsive system that is able to

meet surge needs rapidly by setting-up additional and unconventional facilities in scenarios where the designated hospitals cannot cope with the demand.

- ✓ Well planned and implementable mechanisms to ensure that critical and essential life-saving preventive and curative health services such as reproductive, maternal and child health services including antenatal care, deliveries, post-natal care and immunization; treatment of people with non-communicable diseases such as diabetes, hypertension, cardio-vascular, central nervous system, respiratory and kidney diseases; cancer and mental health conditions; chronic infectious diseases such as tuberculosis, AIDS and leprosy 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 being overwhelmed by COVID-19.

While the prime responsibility for implementing these activities falling on the Ministry of Health & 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.

	4. Health
	Surveillance, Rapid Response Teams and Case Investigation
	Points of Entry
	National Laboratories
	Infection Prevention and Control
	Case Management
	Operational Support and Logistics
	Primary Health Care and Reproductive Health

4.1. Surveillance, Rapid Response Teams and Case Investigation

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:
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, IOM (participatory mobility mapping exercise),

Priority Preparedness Activities:

- Constitute and ready Epidemic Rapid Response Teams at national and sub-national levels
- Effective contact tracing mechanism at national and sub-national levels
- Establish call centre 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).
- Develop and disseminate the strategies of maintaining social distancing

Priority Response Activities:

- Case-based COVID-19 surveillance at hospital and community level
- Rapid epidemiological investigation of new case clusters.
- Effective case detection and contact tracing in unaffected areas of the country.
- Anonymized case-based reporting by International Health Regulations – National Focal Points (NFP-IHR) to WHO within 24 hours of detection to comply with IHR.
- Periodic risk assessment to inform strategic and operational aspects of the response interventions.
- Produce and disseminate epidemiological reports as required. Conduct initial "Participatory Mobility Mapping (PMM)" in the major points of entries 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 increase access to timely and quality life-saving health assistance.

Current preparedness interventions

- Establish case-based reporting mechanism by National Focal Point for International Health Regulations (NFP-IHR) to WHO.
- Wide dissemination of case definitions for case detection and reporting protocols for surveillance

- Case-based (Severe Acute Respiratory Infection) SARI surveillance and ILI clusters / outbreak detection mechanisms at community and hospitals levels.

- 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.

4.2. Points of Entry (PoE)

<table>
<tr><td colspan="2">Government lead:
EDCD & HEOC with support from NHEIC for communication and provincial and municipal health authorities for enabling interventions at Ground Crossing PoEs</td></tr>
<tr><td colspan="2">Lead agency (co-lead):
WHO with support from provincial focal point agencies as needed</td></tr>
<tr><td colspan="2">Sector members:
UNICEF (communications support), IOM (migrant sensitive POEs related activities)</td></tr>
<tr><td>Priority Preparedness Activities:
Rumour tracking busting myths and management in close coordination with the RCCE cluster.
Develop specific messages and information pack for people coming from abroad and the communities where they will be assimilated
Strengthened entry screening & arrangements for rapid health assessment and referral of symptomatic/ill passengers to designated isolation facilities
Effective exit screening.
Update public health emergency plans at PoE and enable simulation exercise.
Improve the capacity at the POEs for migrants' sensitive screening and develop a peoples' tracking matrix to track people who enter Nepal through POEs.</td><td>Priority Response Activities:
Collaborate with transportation sector for message dissemination (see risk communication pillar).
Monitor and evaluate the effectiveness of available information and interventions at PoEs and readjust communication and response plans accordingly.
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/port health staff on SOP to manage ill travellers and on infection prevention and control
Improvement of border infrastructure including the construction of isolation facilities to manage ill travellers, and the provision of necessary equipment and supplies for screening.</td></tr>
</table>

Current preparedness interventions

- Dissemination of information about COVID-19 (symptoms and preventive measures) through communication materials (brochures, hoarding boards, standees, announcements, visuals). Closely linked with RCCE.
- Prepared inflight announcement for passengers landing and departing to and from countries where COVID-19 has been circulating.
- Placement of information boards, videos in airports and other entry points about preventive measures on COVID-19.
- Mandatory self-declaration and announcements to that effect in aircraft.
- Establish infrastructure and mechanisms for exit screening.
- Entry screening strengthened at PoE by deploying NRCS maintained health care workers roster.
- Cell phone app-based follow-up of asymptomatic returnees on quarantine.

4.3. National Laboratories

<table>
<tr><td colspan="2">Government lead:
National Public Health Laboratory (NPHL), Department of Health Services, Ministry of Health & Population</td></tr>
<tr><td colspan="2">Lead agency (co-lead):
WHO;</td></tr>
<tr><td colspan="2">Sector members:
EDCD, National Influenza Surveillance Network institutions; CMDN and WARUN labs; Provincial Heath Labs and Medical labs of public and private health institutions, FHI 360</td></tr>
<tr><td>Priority Preparedness Activities:

Establish an effective and safe domestic courier system for sample shipment from all parts of the country.
Ensure that regulations and systems for shipping samples for external validation and sharing of genetic sequences and virus materials are in place and functional.
Strengthen capacity and partnerships for operations research – transmission studies and sero-surveys.
Establish plans and criteria for conservation of lab testing and invoking alternate diagnostic measures (chest X-ray / CT scan findings) when demand for lab testing for confirmation of diagnosis and for clearance or discharge of recovered cases cannot be met by the supply.
</td>
<td>Priority Response Activities:

Activate stand-by lab support arrangements to meet surge in demand for lab testing.
Manage surge capacity for laboratory confirmation.
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.
Implement lab-based criteria through adequate and appropriate lab testing for determining severity of cases for their effective clinical management and referral.
Criteria and protocols for the use of rapid diagnostic tests.
Ensure continuous internal and external quality assurance.
Facilitate needed lab-based operations research – especially in determining house-hold infection rates, asymptomatic infection rates and seroprevalence.
</td></tr>
</table>

Current preparedness interventions

- Development and endorsement of national laboratory testing protocols – requisition, shipment, testing, confirmation and validation of results.
- Scale-up plan for expanded testing based on assessment of current and potential capacity.
- Negotiated formal public private partnership between the National Public Health Laboratory (NPHL) & relevant research laboratories.
- Biosafety risk assessment and external validation of quality of supporting labs.
- Facilitated participation of National Public Health Laboratory (NPHL) in WHO External Quality Assurance System.
- Adapt and endorse global laboratory-based criteria for severity and criticality of cases for effective clinical management and referral.

4.4. Infection Prevention and Control

<table>
<tr><td colspan="2">Government lead:
Curative Services Division (CSD), Department of Health Services & Quality Standards and Regulation Division, Ministry of Health & Population</td></tr>
<tr><td colspan="2">Lead agency (co-lead):
WHO, UNICEF</td></tr>
<tr><td colspan="2">Sector members:
UNICEF (WASH team) UNFPA; NHSSP; GIZ, Hospital Infection Control Committees; NPHL, DoHS, FHI 360</td></tr>
<tr><td>Priority Preparedness Activities:
IPC capacity assessment of health facilities,
Assessment of WASH facilities in health care centres of vulnerable communities.
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.
Logistics for IPC strengthening and surge – especially PPE & surge quarantine/ isolation facilities and ambulances, to include pre-positioning of materials.
Scaled-up training on IPC
Capacity building of health staff on IPC and WASH in health care facilities.
Develop national plan to manage PPE supply.
Develop and disseminate IPC guidance for home and community spaces such as educational institutions. Workplaces, transportation facilities and conveyances, markets etc.
Address the availability of water and soap for handwashing in household and community settings.
Establish an effective system for monitoring of health care personnel exposed to probable/ confirmed cases of COVID-19.
</td><td>Priority Response Activities:
Intensive hygiene and respiratory etiquette promotion campaign and for containment in high risk areas.
Conduct intensive hygiene, respiratory etiquette and overall WASH promotion at community level and at door to door level for containment and protection in priority locations.
Assessment of Health Care facilities in high risk areas and ensure access, Water, Sanitation and Hygiene (WASH) in health facilities\hygiene promotion packages.
Counsel patients coming to Health facilities on hygiene behaviour for prevention of COVID-19.
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 as identified during the assessment.
</td></tr>
</table>

• Establish an effective system for recording, reporting and investigating all cases of health care associated infections in designated isolation and treatment facilities. • Establish triaging systems for respiratory illnesses in all health care settings. • Facilitate designation, preparation and accessibility of quarantine facilities. • Training / awareness-sessions for staff/volunteers managing ambulance services in the country.	• Procure and provide medical supplies and equipment for prevention and infection control, including, masks, gloves, sanitizers etc. • Provide technical guidance on reinforcing infection control measures within facilities, including triage flow and segregation of suspected, possible and confirmed cases from neonatal and maternal health units. • Facilitate implementation of IPC protocols at designated facilities, quarantines and ambulances. • Establish quarantine and isolation facilities and induct ambulances for surge. • Follow-up of health care workers exposed to probable and confirmed COVID-19 cases and surveillance for health care acquired infections. • Continuous monitoring of IPC related risks, logistics and supply chain management – especially for PPE and WASH. • Enable adequate linkages between IPC and Risk Communication and Community Engagement actors.

Current preparedness interventions

- Rapid joint assessment of IPC, WASH and Health Care Waste Management in designated and hub hospital networks of the country.
- Designated hospitals sensitized to comply with the IPC guidance by WHO.
- Health care workers capacitated on donning/doffing of PPE.

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, IFRC, NRC, NAS, Hub Hospitals, Medical Academe, Association of Private Hospitals of Nepal, WFP (food assistance for patients)

Priority Preparedness Activities:	***Priority Response Activities:***
• Identify and designate isolation and treatment facilities including for referral critical care and ambulances per geography based on access, population density and service capacity through effective public private partnership arrangements • Constitute and train Emergency Medical Deployment Teams (EMDT) at national and subnational levels, endorse protocols and ready logistics for their deployment • Identify mechanisms and resources for establishing treatment facilities for surge response – especially for severely and critically ill cases • Identify and finalize financing / compensation protocols and mechanisms for treatment – especially for private hospitals • Establish risk and hazard cover measures for health care workers to be engaged in treatment and containment • Development and dissemination of case management procedure and protocol for children, women, elderly and immunosuppressed people, and guidance for self-care of the patient with acute respiratory infections and COVID-19 • Ensure that all designated facilities have developed and endorsed contingency plans for COVID-19 and have conducted simulations.	• Continuously assess the burden of diseases at local level and deliver primary health care services • Facilitate implementation of case management protocols • Facilitate effective mobilization of national and international EMTs • Support referral capacity to move severe cases, safely and rapidly to higher level care • Surge in isolation for cases including at household and primary care levels for mild cases • Activate referral and safe patient transportation mechanisms to higher level health care facilities • Surge in treatment of severe and critical cases at designated ICUs • Evaluate, document and report on clinical features, risk factors, effectiveness of case management, challenges and outcomes including through the WHO case reporting system

• Pre-positioning / stockpiling of medical logistics required for surge treatment including PPE kits, IR thermometers, etc. • Enable prior regulatory readiness for rapid administrative and ethical approvals for newer / experimental therapeutics and vaccines for compassionate use and for clinical trials. • Capacity assessment of the staff in primary health care facilities and hospitals and capacity of ICU in the hospitals. • Prepare dedicated and equipped team to mobilize in areas of suspected infection, and ambulance to transport the suspected cases – pre-hospital care. • 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. • Arrangements of safe burial / cremation of cases who die at the hospital / community level with strict IPC; arrange for adequate supply of body bags. • Enable arrangements for comprehensive nutritional and psychosocial care for cases and their families as well as health care workers and their families • Assess risks of disruption of essential health services and enable arrangements for continuity of critical health services.	• Activate financing and compensation mechanisms for treatment of probable and confirmed cases especially in designated private facilities. • Readiness to deploy alternate treatment facilities such as field hospitals to manage case surges • Activate mechanisms for safe burial / cremation of dead bodies with strict IPC protocols including use of body bags and appropriate risk communication to bereaved families. • Activate psychosocial care services to cases and their families and stress management interventions for health care workers and their families. • Protocols and mechanisms for collection and storage of convalescent plasma from recovered confirmed cases with virus free status for use pre-established criteria in the management of critical cases.

Current preparedness interventions

- Adapt and endorse global WHO case management protocols including self/household/ primary health care level management of mild cases and guidance on when to seek care at higher level health care facilities.
- Finalize protocols for assessment of infection prevention and control status at key hospitals.
- Enable engagement with WHO clinical expert network to learn from global experiences in case management.
- Scaled up training on case management including triage, prioritization, lab confirmation, admission, referral and discharge criteria, for all levels of the health system.
- Ensure that all key hub hospitals have developed and endorsed contingency plans for COVID-19 and have conducted simulations of the plans.
- NRCS has ambulances available in 66 districts, kept in standby position especially accessible to Points of Entry in close collaboration with local health authorities.

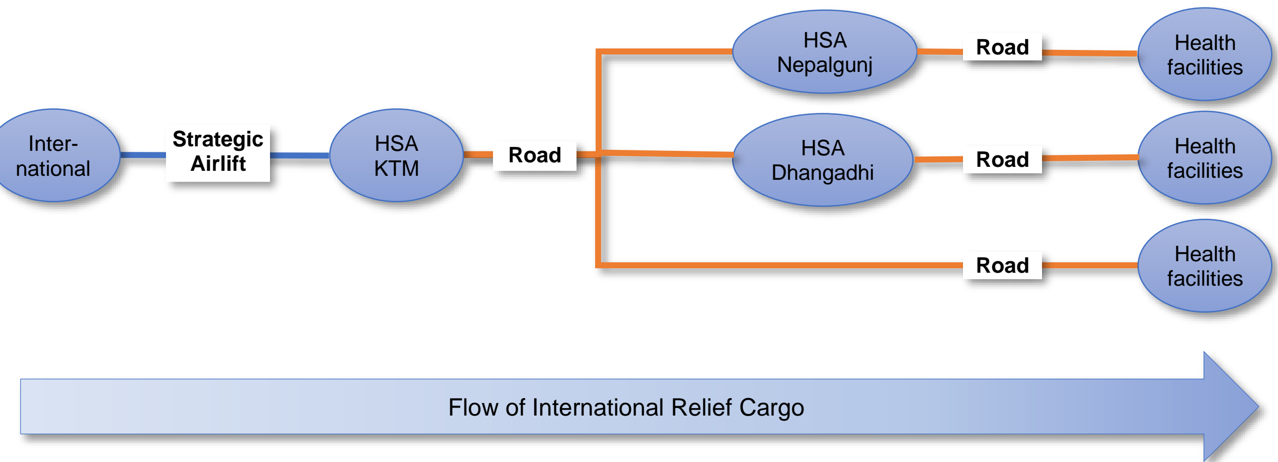
4.6. Logistics Cluster:

Operational Support and Logistics for the health response and support for other clusters.

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. This will strengthen the Government's capacity to detect and manage the infection rate of COVID-19 in Nepal and enable better containment of the spread of the virus". This critical operational support will include managing stockpiles, as well as monitoring and coordinating the supply and steady flow of essential medical supplies. It will also include the capacity to establish up to five 60-bed isolation and treatment facilities, if required. Additionally, the Logistics Cluster will coordinate and provide logistics services for other humanitarian clusters and the Government of Nepal – augmenting storage and transport capacity as needed for essential medical and non-medical supplies and information management services to fill gaps and prevent overlap.

The two main logistics support objectives are divided by area of responsibility:

- ✓ Health Logistics support: This is the core competency and responsibility of Ministry of Health and Population supported by HEOC, WHO, and UNICEF in coordination with WFP;
- ✓ Logistics cluster services: This is the core competency and responsibility of WFP, in coordination with Ministry of Home Affairs, NEOC.



1. Health Logistics Support (by MoHP HEOC, WHO and UNICEF)

Health logistics support during the preparedness phase aims to augment the storage capacity of the Ministry of Health and Population. This will be achieved with two Mobile Storage Units (MSU's of 10x32m) and an increase to the Government's COVID-19 treatment capacity by constructing one 60-bed capacity isolation and treatment facility. During the response phase an additional two Mobile Storage Units will be installed where needed and up to four 60-bed capacity isolation and treatment facilities constructed in the provinces. Throughout preparedness and response, Information Management and civil-military coordination will be conducted to manage medical stockpiles, monitor

the supply, and coordinate dispatch of essential medical equipment, in liaison with the Nepal Government, Nepal Armed Forces and Nepal Police.

Government lead: Ministry of Home Affairs, NDRRMA, NEOC	
Lead agency (co-lead): WFP, supported by WHO, Ministry of Health and Population, HEOC	
Sector members: Food Management and Trading Company, Nepali Army, Armed Police Force, Nepal Police, UNICEF, UNFPA, IOM, INGOs: NRCS, World Vision International, Humanity and Inclusion Nepal, WHH, ACF, Save the Children, OXFAM, Action Aid Nepal, Plan International, People in Need, AWO International, FPAN	
Priority Preparedness Activities:	***Priority Response Activities:***
• Augment storage at warehouse of Ministry of Health & Population with two mobile storage units. • Establish coordinated and rational medical pre-positioning and stockpile mechanism and plans in line with WHO established guidelines. • Facilitate finalization and endorsement of "donation" protocols and mechanisms. • 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. • Support procurement of COVID-19 related medical and non-medical supplies, both local and international, as required and when possible. • Conduct regular local market assessment and analysis for COVID-19 related medical and non-medical supplies. • Agree lay-out for 60-bed point-of-care treatment facility that can be erected in 1-2 weeks. • Identify existing facilities or fenced grounds that can be used to quickly setup up to five 60-bed point-of-care treatment facilities, in locations to be advised by MOHP. • Construct one (1) point-of-care treatment facility of 60-bed capacity at a location to be advised by MOHP. • Ascertain gaps in critical health supplies and Personal Protective Equipment (PPE) and ensure a coordinated medical supply pipeline to fill critical gaps. • Coordinate & monitor international airlifts from China, to consolidate shipments when possible.	• Augment storage at two provincial MoHP warehouses with an additional two mobile storage units. • 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. • Construct four (4) point-of-care treatment facilities with 60-bed capacity each. • Monitor the health supply pipeline and federal-level stocks and consumption, to quantify needs in line with the established guidelines and gaps.

2. Logistics cluster services, (by MoHA NEOC, WFP)

Logistics cluster services aim to fill the gap in storage and transport capacity caused by the lockdown by providing storage capacity at the Humanitarian Staging Area in Kathmandu and transport of medical and non-medical COVID-19 related supplies to MoHP warehouses in the provinces in the preparedness phase. In the response phase, this will be augmented by storage services at the HSAs in Nepalgunj and Dhangadhi and transport of medical and non-medical COVID-19 supplies to health facilities in the districts. Storage and transport services of COVID-19 related supplies will be provided at no cost to the users.

<table>
<tr><td colspan="2"><u>Government lead:</u>
Ministry of Home Affairs, NDRRMA, NEOC</td></tr>
<tr><td colspan="2"><u>Lead agency (co-lead):</u>
WFP, supported by WHO, Ministry of Health and Population, HEOC</td></tr>
<tr><td colspan="2"><u>Sector members:</u>
Food Management and Trading Company, Nepali Army, Armed Police Force, Nepal Police, UNICEF, UNFPA, IOM, INGOs: NRCS, World Vision International, Humanity and Inclusion Nepal, WHH, ACF, Save the Children, OXFAM, Action Aid Nepal, Plan International, People in Need, AWO International, FPAN</td></tr>
<tr><td>Priority Preparedness Activities:
• Provide storage services for medical and non-medical supplies at the Humanitarian Staging Area (HSA) in Kathmandu.
• Provide transport services from Kathmandu to provinces for medical and non-medical supplies.
• Quantify storage and transport capacity required for critical medical and non-medical supplies.
• Civil-military coordination with Nepal Army to optimize COVID-19 operational support activities.
• 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.</td><td>Priority Response Activities:
• Provide storage services for medical and non-medical supplies at three HSAs: Kathmandu, Nepalgunj, Dhangadhi.
• Provide transport services from provinces to districts for medical and non-medical supplies.
• Monitor non-medical supply pipeline, stocks, and consumption, to quantify needs, and gaps.
• Civil-military coordination with Nepal Army to optimize COVID-19 operational support activities.</td></tr>
<tr><td colspan="2">Current preparedness interventions
• Discussions with HEOC, NEOC, WHO and UNICEF to quantify potential storage and transport requirements for medical, PPE and non-medical supplies.
• Coordination with HEOC, NEOC and WHO to agree functional requirements and standard lay-out for 60-bed emergency treatment facility, that can be erected in 1 to 2 weeks.
• Coordination with HEOC, NEOC and WHO to identify existing government facilities that can be converted to point of care facilities and potential fenced grounds that can be used to quickly setup up to five 60-bed emergency treatment facilities.
• Support to HEOC and NEOC to develop demand scenario for preparedness and response.</td></tr>
</table>

4.7. Primary Heath Care and Reproductive Health

The pandemic is likely to severely disrupted access to life saving sexual and reproductive health services, as health system resources and capacity become stretched and resources are diverted from various programmes to address the pandemic. Nepal has one of the highest maternal deaths in the region (239 per 100,000), an indication of weak health systems, which COVID-19 will further strain hence special attention to ensuring the continuation of basic services such as maternal and newborn health and sexual and reproductive health services and supplies is critical. The current context of isolation and quarantine measures is likely to see a rise in unintended pregnancies; adolescents have the highest unmet need (35%) for family planning; contraceptive use rate is extremely low among partners of migrant workers and emerging needs of those that have crossed the border must be addressed.

The right to sexual and reproductive health care is enshrined in the law; safe pregnancies and childbirth depend on functional health systems and strict adherence to infection prevention. Pregnant women with respiratory illnesses must be treated with utmost priority due to increased risk of adverse outcomes and antenatal, neonatal and maternal health units must be segregated from identified COVID-19 cases. Provision of family planning and other sexual and reproductive health commodities may be impacted as supply chains undergo strains from pandemic response. Therefore, it is critical to ensure continuity of sexual and reproductive health and newborn care services in case of severe facility service interruption or other disruption in access for women and girls of reproductive age. Special attention should be given 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 should be provided with PPE to provide PHC services and treating patients with COVID-19.

The RH sub-cluster coordination within and among various coordination groups and sectors is crucial to ensure continuity and effectiveness of the reproductive health services; help to identify needs and fill gaps in service delivery; prevent duplication in programming; strengthen advocacy and support accountability. The RH sub-cluster will ensure communication of critical risk and event information to communities, pregnant and vulnerable girls and women and counter misinformation; and it will ensure women and girls rights to sexual and reproductive health is respected regardless of their COVID-19 status and continuity of life saving essential sexual and reproductive health commodities and services.

<table>
<tr><td colspan="2"><u>Government lead:</u>
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 (co-lead):</u>
UNFPA</td></tr>
<tr><td colspan="2"><u>Sector members:</u>
WHO, UNICEF, CARE Nepal, NRCS, Family Planning Association of Nepal, Plan International, FAIR MED, Plan Nepal, ADRA, PSI, MSI, NHSSP</td></tr>
<tr><td>Priority Preparedness Activities:

• Rapid assessment to identify barriers in accessing sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health services.</td><td>Priority Response Activities

• Counsel antenatal, delivery and post-natal cases on hygiene behaviours during check-ups for prevention of corona virus.</td></tr>
</table>

• Monitor service availability, access and utilisation status; and maternal and perinatal outcomes. • Develop guidance for maintaining continuity of Minimum Initial Service Package for reproductive health in emergencies services provided by primary and secondary health care services, including task shifting and support in alternative facility arrangements in 'hot-spots'. • Assessment of human resources capacity for continuation of Minimum Initial Service Package for RH to address gaps and build capacities. • Develop antenatal, delivery and post-natal and home care guidance and capacities for health care providers at SDPs for systematic screening, surveillance, care and referral. • Establish a helpline for Reproductive, Maternal, Neonatal, Child and Adolescent (RMNCAH) health services which will provide information, counselling along with linking to specialists in RH and MNH and referral services as required. • Provide training to health providers on the risk and mitigation of stigma and discrimination and engage them in sensitization programmes on COVID-19 infection symptoms and prevention and hygiene education. • Provide technical guidance and training on reinforcing infection control measures within facilities and for frontline works. • Develop and/or update sexual and reproductive health education materials in the context of COVID-19 for translation into local contexts and languages as part of public health messaging, taking into account the needs of vulnerable population groups. • Counsel antenatal, delivery and post-natal cases on hygiene behaviours during check-ups for prevention of COVID-19. • Procure PPE, essential hygiene and sanitation items for health care personnel and community health workers (gloves, masks,	• Monitor service availability, access and utilisation status; and maternal and perinatal outcomes • Ensure functionality of the helpline for Reproductive, Maternal, Neonatal, Child and Adolescent Health services. • Coordinate with health cluster to implement Minimum Initial Service Package for Reproductive Health in Emergencies. • 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 hub clinic as necessary. • Provide Emergency Reproductive Health (ERH) Kits to health facilities from outbreak areas to deliver the essential reproductive health services. • Provide essential hygiene and sanitation items (eg. hand sanitizers, masks, soap etc) for women and girls, particularly those in quarantine sites and/or hospitalized for screening and treatment for COVID-19 to maintain their dignity and hygiene. • Provide PPE, essential hygiene and sanitation items for health care personnel and community health workers (gloves, masks, gowns, soaps, hand sanitizers, sanitary pads etc) as needed. • Ensure surveillance and response systems take gender, disability, occupational status and pregnancy status into consideration. • Ensure surveillance and response systems for women of reproductive age and pregnant women including in ANC clinics for screening, early identification and management of possible cases. • Mobilize human resources to continue PHC and SRMNCA health services. • Ensure continuity of life-saving primary health care and sexual and reproductive

gowns, soaps, hand sanitizers, sanitary pads etc) as needed. • Procure and preposition essential hygiene and sanitation items (eg. hand sanitizers, masks, soap etc) for women and girls, particularly those in quarantine sites and/or hospitalized for screening and treatment for COVID-19 to maintain hygiene. • Secure the continuity of the supply of essential MH and family planning commodities. • Review and update as needed procedures for supply distribution to beneficiaries. • Regularize the RH Sub-Cluster at federal level • Identify the co-lead at provincial level to coordinate the reproductive health sub-cluster and provide guidance to local level. • Develop online training modules for frontline service providers on continuation of RH services during outbreak • Identify and establish delivery room (antenatal/postnatal room) in Hub hospitals	health services, including Minimum Initial Services Package and in case of severe facility service interruption. • Ensure availability of ambulance services/transport for pregnant women/new-borns during lockdown. • Ensure adequate supply of PPE including IPC materials and logistics for frontline health workers all Health facilities providing RH services (ANC, delivery care, PNC, FP, SAS) • Ensure continuity of the supply of essential MH and family planning commodities. • Ensure program managers and frontline service providers undertake the online training modules

Current preparedness interventions

- Prepositioned three sets of 0-10 and one set of 11 Emergency Reproductive Health Kits in three locations at the federal level. Each Kit consists of specific medicines and supplies that can be used by health centres and hospitals to address the RH needs of 270,000 affected people during an emergency.
- Coordination with RH sub-cluster members and mapping of RH partners at provincial level.

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 confirmed cases of people infected in isolation. In a highly uncertain situation, the Cluster will continue to monitor the food security situation. The Cluster will address the immediate food needs for collaterally 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 security including working with the most affected farmers.

<table>
<tr><td colspan="2"><u>Government lead:</u>
Ministry of Agriculture and Livestock Development</td></tr>
<tr><td colspan="2"><u>Lead agency (co-lead):</u>
WFP, FAO</td></tr>
<tr><td colspan="2"><u>Sector members:</u>
Food Management and Trading Company (government owned public enterprises), INGOs: World Vision International, Humanity and Inclusion Nepal, United Mission to Nepal, LWF, LWR, DCA, CARE, WHH, ACF, Save the Children, OXFAM, Action aid Nepal, Heifer International Nepal</td></tr>
<tr><td>Priority Preparedness Activities:

• Estimate food insecure population among directly (through infection) and indirectly (through physical and economic access constraints relating to population and food commodity movement restrictions, livelihood interruptions, etc.) affected persons.

• Mapping of the major food stores and available food commodity

• Track food commodity availability, price and price volatility across markets.</td><td>Priority Response Activities:

• Provide unconditional food assistance to confirmed cases of people infected in isolation and collaterally affected people in quarantine, if required, by geographically targeting pockets of the most food insecure areas/areas most affected by secondary effects in coordination with other relevant clusters.

• Provide temporary kitchen, cooking and serving utensils, disposable plates/cups for on-site cooking, if required.

• For 1,500 confirmed cases of people infected in isolation, general food assistance will be provided in the form of in-kind assistance or through catering services to hospitals/health facilities or designated treatment facilities. Supplementary food for eligible cases (pregnant and lactation women - PLW, children and elderly) will be provided together with general food assistance (total food requirement: Rice -684.24 MT, Pulses-256.59 MT and Veg oil: 34.61 MT);</td></tr>
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	• for 7,000 confirmed cases of people infected in isolation, general food assistance will be provided in the form of in-kind assistance from general food distribution centres or through catering services to hospitals/health facilities or designated treatment facilities. If the designated treatment facilities are full and mid cases are requested for self-isolation (home treatment), the testing/triage centres can serve as a distribution point for in-kind food assistance (take-home ration) together with supplementary food for eligible cases (PLW, children and elderly) *(total food requirement: Rice - 3193.12 MT, Pulses-1197.42 MT and Veg oil: 159.656 MT);* • For people collaterally affected in quarantine, general food assistance will be provided to the geographically targeted, most food insecure pockets/areas and/or areas most affected by secondary effects in the form of in-kind assistance from general food distribution centres or through the government designated fair-price shops in the Kathmandu Valley and other locations (subject to further discussion with the Food Management and Trading Company). • Carry out detailed livelihood and agricultural damage/loss and need assessment. • Continue assessing the impact of the epidemic among vulnerable group's at family and community level, and design appropriate recovery programmes based on assessment results. • In coordination with early recovery and other relevant clusters, design and implement the livelihoods/food security recovery and employment generating programmes, rehabilitation/reconstruction of agriculture infrastructures facilities such as storage, processing,

	marketing, and other community infrastructures/assets through cash for assets modality in the worst affected/food insecure areas. • Ensure the provision of quality seeds, agriculture tools, inputs and extension services for the most affected farmers including technical support for livestock management.

Current preparedness interventions

- Food security-vulnerability indices prepared for 72h-type analysis.
- Monitoring of secondary effects (border closure, community isolation, commodity/persons movement restrictions).
- Coordination with NRCS as implementing partner to support distribution of food commodities.

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 breaking the transmission of COVID-19. Ensuring WaSH services, including effective waste management in health care facilities, especially those hosting patients under isolation, as well as in 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 WaSH cluster are to:

- ✓ Strengthen government-led coordination for effective implementation of WASH response for COVID-19 at all levels to promote personal hygiene and ensure essential WASH services;
- ✓ Coordinate with health, education and nutrition cluster and communication group to ensure that hygiene behaviours are promoted and ensured by entire 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/developed by government in case of larger outbreak scenario;
- ✓ Ensure the continuation of essential WaSH services (drinking water supply, sanitation and handwashing), by service providers.

Government lead: Ministry of Water Supply	
Lead agency (co-lead): UNICEF	
Sector members: WASH Cluster members- NRCS, OXFAM, CARE, Save the Children, ENPHO, KIRDARC, NCV, WHO, WVI, ACF, WaterAid	
Priority Preparedness Activities:	***Priority Response Activities:***
• Activate and conduct government-led WASH Cluster meetings • Prepare WASH Cluster Response Plan • Review existing partnerships • Activate contingency partnerships for response. • Coordinate with provincial WASH Coordination Committees	• Promotion of personal hygiene with focus on handwashing with soap and other related behaviour to break transmission of COVID-19 as per WHO guidance. • Provision of essential WASH facilities in prioritised health care facilities, schools, public spaces, communities, and households.

• Preposition supplies such as chlorine/ bleach powders for water disinfection and also for environmental disinfection, handwashing/cleaning items etc. • Orientation to service providers and staff responsible for WASH services on infection prevention as well as continuum of WASH service during the period of quarantine or restriction of movement. • Define a hygiene and care package to support patient and contact hygiene during isolation (in facilities and at home) • Develop tools for rapid assessment • Establish information management system • Review human resource requirements.	• Ensure the continuation of essential WASH services (drinking water supply, sanitation and handwashing), by including 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. • Provision of essential supplies such as hygiene kits, chlorine or other water treatment chemicals. • Rapid orientation and training to services providers to maintain continuity of WASH services while minimizing risks. • Reinforce and support existing government led, multi-sectoral platforms and coordination mechanisms. • Operationalize information management systems.
Current preparedness interventions: • Coordination between Ministry of Water Supply and Ministry of Health on areas of joint work. • Stocktaking with cluster members on preparedness for response. • Promotion of personal hygiene with focus on handwashing with soap and other related behaviour to break transmission of COVID-19 as per WHO guidance.	

7. Nutrition Cluster

The COVID-19 pandemic is likely to have a negative impact on household economies. This may make already poor families even more vulnerable, and therefore affecting a range of nutrition determinants such as food security, reduced access to markets, further 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 potentially dramatic rise in the number of children suffering from acute malnutrition and beyond in 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. Further, the cluster will work to ensure that that the health workforce is capacitated to respond to the potential immediate (and medium to long-term) negative impacts of COVID-19 on children's' and mothers' malnutrition status. The nutrition response therefore prioritizes two key areas: (1) Promotion of and support for breastfeeding because of the 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. While immediate and short-term curtailment of nutrition service provision is relatively clear, the nutrition cluster will monitor the medium and longer-term impacts on nutrition service coverage and the nutrition status and devise response / mitigation strategies to ensure minimal impacts.

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<tr><td colspan="2"><u>Government lead:</u>
Family Welfare Division of Ministry of Health and Population (MoHP)</td></tr>
<tr><td colspan="2"><u>Lead agency (co-lead):</u>
UNICEF</td></tr>
<tr><td colspan="2"><u>Sector members:</u>
Health and C4D section; Nutrition cluster members (WFP, HKI, Suahaara, ACF, USAID, WVI, NRCS, Nepal Paediatric Society, WHO, Save the Children, NTAG, SDPC, Aasman Nepal, Welt Hunger Hilfe, HHESS)</td></tr>
<tr><td>Priority Preparedness Activities:
• Prepositioning of essential nutrition commodities such as; anthropometric equipment, Ready to Use Therapeutic Food (RUTF), supplementary foods (WSB+), F100, F75 and Rehydration Solution for Malnourished (ReSoMal) people/children, etc.
• Monitor impact on IYCF practices as well as increased number of cases of acute malnutrition secondary to prolonged infection.</td><td>Priority Response Activities:
• Innovate methods to detect and provide care and treatment for moderately and severely wasted children, without interrupting nutritional support through timely case detection including risk reduction of flu transmission in health facilities.
• Provide safe water for drinking and medical purpose in the treatment sites</td></tr>
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- Enable arrangements for comprehensive food security and nutrition care for cases and their families as well as health care workers and their families.
- Update agreement with NRCS for beneficiary registration and distribution of food assistance.

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in health centres for moderately and severely wasted children.

- Counsel patients, parents and guardians on hygiene behaviours for prevention of COVID-19
- Protect, promote and support breastfeeding for infants and young children (continue exclusive breast feeding to children 0-6 months of age with special precaution, – and complementary feeding to children 6-23 months, while continuing breastfeeding). Increased communication on IYCF, guidance to HCW.
- Disseminate messages through different media for appropriate recommendations for safe breastfeeding. and share technical guidance with health care providers.
- Supplementary feeding for children 6-59months of age, PLW, and elderly (60+ years). The supplementary feeding scenarios are:
  (a) Scenario 2a: considering 1,500 confirmed cases, and supplementary feeding for one month.

Supplementary feeding of super cereal (WSB+ 100 gm/person/day for children 6-59 months of age, and 200gm/person/day for each of PLW and elderly. The estimated number of children 6-59 months of age, PLW, and elderly will be 300, 75, and 130 respectively. About 85% of these could be mild cases, and would require supplementary feeding.

- WSB+: 100gm/person/day (children 6-59 months of age)
- WSB+: 200gm/person/day (PLW)
- WSB+: 200gm/person/day (elderly)

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	Total Requirement: WSB+ 1.81MT (for 85% of the estimated cases). (b) Scenario 2 b: considering 7,000 confirmed cases, and supplementary feeding for one month Supplementary feeding of super cereal (WSB+ 100 gm/person/day for children 6-59 months of age, and 200gm/person/day for each of PLW and elderly. The estimated number of children 6-59 months of age, PLW, and elderly will be 1,400,350 and 606 respectively. About 85% of these could be mild cases and would require supplementary feeding. • WSB+: 100gm/person/day (children 6-59 months of age) • WSB+: 200gm/person/day (PLW) • WSB+: 200gm/person/day (elderly) Total Requirement: WSB+ 8.44MT/
Current preparedness interventions: • Coordinate with Nutrition Section of Family Welfare Division of Ministry of Health and Population and nutrition cluster members and develop a mechanism to identify children under five years, pregnant and lactating women to establish a system for service provision • In coordination with National Health Education and Information Communication Center NHEICC, develop the message for breast feeding and complementary feeding including maternal nutrition to disseminate through different media, • In coordination of global guidance, identify best practice, protocols for management of acute malnutrition amongst infected children amongst infected children, in line with the risk of nosocomial infection for inpatient treatment.	

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 moreover the negative impact on Nepal's development particularly in the most vulnerable communities, long after the COVID-19 pandemic. In this context, continuity of learning is essential to avoid a permanent setback to the education of Nepal's 7.4 million school children, 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.

The main objectives of the Education Cluster are (i) to prevent the spread of COVID-19 through education institutions and (ii) to ensure continuity of learning in the case of a longer period of school closure through preparing and pre-positioning of resources (internet, radio, TV, and print) that can be used by children at home, with a particular focus on children in the early grades, children with disabilities and other marginalized children. Resources will be aligned with the national curriculum and will be designed to provide psychosocial support. Beyond the school closure period, preventing the spread of COVID-19 through schools will be addressed by ensuring a safe learning environment and minimising the spread among school communities through appropriate prevention measures at school and awareness activities in Early Childhood Development centres, schools (including traditional and private schools) and communities. To facilitate these dual objectives, the Education Cluster will strengthen coordination between education stakeholders at federal, provincial and local level for education preparedness and response.

<table>
<tr><td colspan="2"><u>Government lead:</u>
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>
UNICEF, Save the Children</td></tr>
<tr><td colspan="2"><u>Sector members:</u>
Education cluster members</td></tr>
<tr><td>Priority Preparedness Activities:
Engage with MoEST and CEHRD to identify options to continue education of children in the affected areas
Coordinate with C4D to onboard 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</td><td>Priority Response Activities:
Support MoEST, CEHRD and respective affected local governments to provide internet/radio based, distance learning for children in the affected areas.
Work with RC Youth clubs to communicate messages from health authorities in and around schools as well as tackle rumours / promote</td></tr>
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• Hygiene and health promotion practice in schools, ECD centres and non-formal classes. • 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. • Support teachers to use distance teaching material and on awareness of COVID-19 transmission. • Mobilization of media to disseminate the education related messages and contents.	hygiene practices in schools (and at home) in collaboration with RCCE. • Provide psychosocial support to children, teachers and parents (in coordination with Protection Cluster). • Prepare and roll out Parenting Education radio programme aimed at supporting younger children (ECD age group).

Current preparedness interventions:

- Identify and pre-position radio/internet/print self-learning resources that could rapidly be rolled out.
- School-based orientations and awareness activities through youth clubs (see above section on risk communication).
- Strengthening coordination between stakeholder and local and provincial government to support schools and ECD centres, non-formal centres to continue to provide education.

9. CCCM/ Shelter Cluster

The purpose of Camp Coordination and Camp Management-CCCM/Shelter Cluster is to support the Government of Nepal and mainly 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 through the identification, mapping and upgrading of services at 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: **DUDBC, Ministry of Urban Development**	
Lead agency (co-lead): IFRC, IOM	
Sector members: NRCS, Save the Children, Plan International, CARE Nepal, HRRP, UNICEF, World Vision, DCA, Caritas, ADRA Nepal, Habitat for Humanity, Mercy Corps, LWF, Welthungerhilfe WFP, UNFPA , PIN, ACTED	
Priority Preparedness Activities:	***Priority Response Activities:***
• Coordinate with the Ministry of Health and Population and Provincial Program Coordination Unit for the mapping and upgrading of existing public or government buildings in seven provinces and in Kathmandu Valley for setting up quarantine facilities for at least 5,000 individuals (500 individuals/province and 1,500 in Kathmandu valley) in line with the 'Quarantine Operations and Management Standard for COVID-19' of the Government of Nepal. • Advocate to ensure that vulnerable populations including pregnant women, children below 10 years, elderly, PWDs, among others, have separate quarantine facilities to reduce the risk of violence as highlighted in the 'Quarantine Operations and Management Standard for COVID-19' of the Government of Nepal. • In coordination with the protection and other clusters, advocate to ensure that residents in isolation are protected against stigma, violence, abuse and exploitation and have equitable access to assistance, services including Mental Health and Psychosocial Support (MHPSS) and rights without discrimination.	• Emergency meetings with cluster members. • 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. • In coordination with Protection and other clusters, support strengthen the established Protection Against Sexual Exploitation and Abuse (PSEA) mechanisms in quarantine centres and camps. • In coordination with the Ministry of Health and Population and other cluster members, operationalize quarantine centres/camps with availability of basic needs for person under quarantine in a supportive environment. • Support to activate information hubs at the quarantine centre/ camps for

• Mapping of prepositioned essential shelter and non-food items (tents, tarpaulin, shelter tool kits including mosquito nets) with the members of shelter cluster. • In coordination with Provincial Health Directorate identify at least four locations/infrastructures with adequate ventilation and WaSH facilities for establishing quarantine centres in close proximity to designated point of entries in Terai region. • Regular meetings with cluster members and mapping of available resources. • Sharing of pre-identified open spaces details of Kathmandu Valley and palikas outside Kathmandu with National Security Forces for setting up camps as temporary quarantine centres in various provinces and in line with the 'Quarantine Operations and Management Standard for COVID-19' of the Government of Nepal.	the dissemination of key messages related to service delivery, health and hygiene messages in coordination with RCEE.
Current preparedness interventions: • Availability of 20,000 shelter and NFIs. • Availability of trained human resources for mapping and establishing quarantine facilities. • In coordination with OPMCM, MoUD has mobilized the resources available at provincial level (Ministry of Physical Infrastructure Development) for identification of quarantine centres. • Schools, training centres and other existing buildings at the federal, provincial and local levels are being mapped for establishing 'quarantine centres' by the Government of Nepal.	

10. Socio-Economic/ 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. COVID-19 has not only affected major economies and livelihoods across the world, it has also exacerbated many existing economic vulnerabilities in more fragile and emerging economies. 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, migration, tourism and travel sectors. Some form of substantive impacts on individuals/households by the secondary effects of COVID-19 are being observed in Nepal. In addition to macro-economic impacts, micro impacts are most visible especially in the informal sector of the economy, which is estimated to make up 60-70 percent of Nepal's workforce and are not covered by insurance (e.g. social security allowance, health insurance). Within this, urban areas have already witnessed the first phase of the economic slowdown to be potentially followed by rural areas due to their dependence on remittances, slower demand for agriculture products and labour in urban areas.

While more comprehensive assessments are underway, initial assessments indicate that the most affected and at-risk population groups are informal workers, daily wage dependent households with limited to no savings across sectors, seasonal and non-seasonal migrants returning to Nepal, micro-entrepreneurs from disadvantaged communities, women-led businesses (among others). The data/evidence collected from these assessments will steer the programmatic response of the cluster.

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. Tentative areas for cluster focus are as follows:

<table>
<tr><td colspan="2"><u>Government lead:</u>
Ministry of Federal Affairs and General Administration</td></tr>
<tr><td colspan="2"><u>Lead agency (co-lead):</u>
UNDP, UNICEF</td></tr>
<tr><td colspan="2">Sector members:
Early Recovery Cluster members</td></tr>
<tr><td>Priority Preparedness Activities:

Mapping of assessments and institutional mechanism
• A continuous, regular monitoring of the socio-economic impact of COVID-19, ensuring that up-to-date, comprehensive, multi-sectoral analysis informs the UN response across all</td><td>Priority Response Activities:

• Propose new, or reorient existing, livelihood programmes, cash transfers, inputs and safety nets to support the most affected people. This would involve emergency employment in support of</td></tr>
</table>

sectors. This would include conducting targeted assessments.

- Assessment of localized and contextual socio-economic recovery needs. In light of the evolving and context-specific nature of socio-economic issues, there is a need for rapid, timely and contextual SER needs for all levels of government, taking into consideration the federal context of Nepal.

- Map federal/subnational government/donor/PS/CSO responses, mechanisms and funds in support of SER, and identify gaps.

- Identify existing programmes and need for mobilizing resources (public and private) to channel livelihood assistance (funds and technical support through social protection/safety net) to population who stand most affected by the crisis.

community infrastructure and livelihoods, plus start-up grants.

- Adjust existing projects to monitor the delivery of essential services to enhance protection of the fundamental human rights, justice and security needs of vulnerable people and communities.

- Technical assistance to develop fiscal relief measures. In light of this immediate threat, governments around the world are offering fiscal relief measures, such as cash relief vouchers, tax deferral, interest holidays, re-financing schemes and personal loans. Nepal's central bank has already started to develop similar initiatives and would benefit from more technical support. SERC also envisions supporting the three tiers of government to develop similar fiscal relief measures.

- Promote entrepreneurship among returnee migrants, seasonal migrants and families. strengthening existing protection mechanisms and social services to identify and support people in need of care or protection and referring them to appropriate services.

- Orient the private sector to repurpose their value chains and absorb employees, including returnee migrants, affected by the crisis.

Current preparedness interventions

1. Identifying and profiling demographics most impacted: Tracking 19 ongoing Nepal specific assessments and various regional and global assessments which profile the vulnerable who are most impacted. While more comprehensive assessments are underway, initial assessments indicate that the most affected and at-risk population groups are informal workers, daily wage dependent households with limited to no savings across sectors, seasonal and non-seasonal migrants returning to Nepal, micro-entrepreneurs from disadvantaged communities, women- led businesses (among others). The data/evidence collected from these assessments will steer the programmatic response of the cluster.

2. Mapping of institutional responses, mechanisms to date: The Government of Nepal announced a relief package on 29 March 2020 to provide immediate support to the population impacted by the crisis. Working with MoFAGA, to complementing such existing government mechanisms.

3. Addressing gaps through existing or repurposed programmes/projects: Cluster members are reorienting existing, livelihood programmes, cash transfers, inputs and safety nets to respond to the economic impact and demographics indicated by the ongoing assessments. Mindful of short-medium-long term scenarios, cluster is currently assessing scenario-based plans and the ways to shape institutional responses reflecting the evolving needs.

Budget

Funding Required for Preparedness: USD 10.04 million

Pillar	Total
1. Coordination Planning and Monitoring	**375,000**
2. Risk Communication and Community Engagement	**825,000**
3. Health	**6,586,000**
•Surveillance, Rapid Response Teams and Case Investigation	700,000
•Points of Entry	450,000
•National Laboratories	350,000
•Infection Prevention and Control	1,945,000
•Case Management	1,600,000
•Operational Support and Logistics	1,041,000
• Primary Health Care and Reproductive Health and continuity of other essential and critical health services	500,000
4. Food Security	**104,450**
5. WaSH	**200,000**
6. Nutrition	**250,000**
7. Protection	**255,000**
8. Education	**1,100,000**
9. Shelter/CCCM	**347,826**
10. Socio-Economic Early Recovery	
Total	**10,043,276**

Funding required for Response: USD 28.23 Million

Pillar	Total
1. Coordination Planning and Monitoring	**650,000**
2. Risk Communication and Community Engagement	**1,000,000**
3. Health	**16,209,000**
•Surveillance, Rapid Response Teams and Case Investigation	1,600,000
•Points of Entry	700,000
•National Laboratories	1,200,000
•Infection Prevention and Control	6,100,000
•Case Management	3,500,000
•Operational Support and Logistics	2,109,000
• Primary Health Care and Reproductive Health and continuity of other essential and critical health services	1,000,000
4. Food Security	**1,500,000**
5. WaSH	**550,000**
6. Nutrition	**535,000**
7. Protection	**1,210,000**
8. Education	**3,100,000**
9. Shelter/CCCM	**3,478,261**
10. Socio-Economic Early Recovery	-
Total	**28,232,261**