

# COVID-19 RESPONSE PLAN

## NEPAL

2021

ISSUED 17 MAY 2021

For the period  
May 2021 – August 2021

### KEY FIGURES

PEOPLE IN NEED OF  
ASSISTANCE

4.9M

PEOPLE TARGETED FOR  
ASSISTANCE

750k

FUNDING REQUIRED (US\$)

\$83.7M

### RESPONSE OBJECTIVES

- i. Continue to support the Prevent loss of life to COVID-19 through support to the response in health, WASH, logistics, points of entry and risk communication and community engagement.
- ii. Address urgent humanitarian need arising from the secondary impacts of the pandemic and renewed lockdown measures, leading to food insecurity, malnutrition, gaps in protection, livelihood needs and education needs.

### SITUATION OVERVIEW



Health workers  
leave temple  
premises after  
safely managing  
a dead body for  
cremation

Credit: WHO  
Nepal/A.  
Maharjan



After several months of relatively low daily cases in Nepal, COVID-19 cases began to rapidly spike in mid-April, increasing consistently from 152 on 1 April to over 8,000 per day since 5 May. Despite its relatively small population of 29.5 million, Nepal currently finds itself among the countries with the highest daily number of cases in absolute terms. Over 45% of COVID-19 RT-PCR tests are coming back positive. At its current trajectory Nepal is well on track to meet or exceed the worst-case scenario case figure of 300,000 cases over a fourth month period, laid out in the [COVID-19 Preparedness and Response Plan \(CPRP\)](#).

Hospitals in Kathmandu and other cities are already at capacity and turning away patients due to a shortage of beds. Critical gaps in supplies, including oxygen, are reported across the country. In rural health facilities human resource capacity to operate ventilators and provide ICU case management is an acute challenge and of the utmost importance to address in order to effectively respond to severe COVID-19 cases across the country.

In an attempt to curb the spread of the virus prohibitory orders, and localized lockdown measures, have been imposed in all districts. Twenty-two points of entry along the India-Nepal border have been closed and all domestic and international flights have been suspended, with the exception of two weekly flights from the Indian capital of New Delhi. Thirteen points of entry remain open; however, the 1,200 kilometre land border with India is easy to cross informally, which is

reported to be increasing. Even at operating points of entry, there is currently insufficient capacity to conduct consistent health screening at points of entry, systematic contact tracing or case investigation and limited adherence to public health and safety measures.

Critical shortages in vaccines, oxygen, testing supplies, skilled human resources and critical care medicines and supplies have been identified as immediate life-saving needs. The humanitarian community is working in support of the Government's efforts to respond to these key needs, as well as prevent and mitigate adverse health impacts.

The renewed lockdown measures will have the greatest impact the most vulnerable, who are facing existing struggles to recover after the dramatic economic and development setbacks they faced as a result of extended lockdowns in 2020. Certain groups continue to face political, economic and social discrimination, oppression, and marginalization. Vulnerable groups, including women, children, youth, persons with disabilities, those with compounded care burdens, socially excluded groups, indigenous peoples, refugees, displaced persons and migrants, have limited or no coping strategies to manage the shocks they have endured since March. There are concerns that the most vulnerable are increasingly being forced to adopt negative coping strategies in response to the new risks and economic challenges, which often compound existing vulnerabilities.

## SITUATION OVERVIEW (continued)



*Credit: UNDP/Laxmi Prasad Ngakhushi*

It is anticipated that without urgent assistance there will be a serious deterioration in the food security situation, with lasting impacts. During the 2020 nationwide lockdown WFP's food security assessment (mVAM) findings recorded a spike in food insecurity to 23.2%, which has not yet recovered to normal levels. The direct link between COVID-19, job loss and resulting food insecurity has been consistently observed among particular household types, including migrant workers, daily wage labourers and female headed households, among others. With the new lockdown measures to control the spread of COVID-19 these 57,787 families will continue to face food insecurity as a result of their reduced economic ability to access food. These estimates are likely to change with the evolving situation.

Before the second COVID-19 wave in Nepal at least 16.8% of Nepalese households were found to have inadequate food consumption. Mobility restrictions due to COVID-19 in 2020 have meant that the normally in person mVAM research was carried out by phone, resulting in a recognized sample bias for under-representing the most vulnerable households in remote rural areas. The mVAM team believe that actual food insecurity is higher than they are able to assess given these limitations.

Without intervention food insecurity will worsen in 2021 as the coping mechanisms of vulnerable households have been exhausted and within the current context there is no end in sight to the measures directly impacting their food security.

The current situation is likely to increase malnutrition significantly and restrict access to life-saving services. Prior to the onset of the COVID-19 pandemic 12% of children below the age of five were wasted, of which 3% were severely wasted. UNICEF has found that in the wake of natural disaster wasting

can increase to nearly 25%. Due to the secondary impacts of COVID-19 in 2020 community level screening has been impossible, and 67% fewer children have been admitted for treatment of severe wasting due to movement restrictions and fear of infection at health facilities. The nutrition situation in Nepal is further challenged by limitations in availability, access and affordability of fresh and nutritious food, particularly in geographically remote areas. In addition, limited access to essential health and nutrition services due to the movement restrictions and overburdened health facilities resulting from the COVID-19 pandemic mean that while malnutrition is expected to have increased significantly, those in need are unable to access the life-saving services they require.

This disproportionately impacts poor and disadvantaged groups.

Renewed lockdowns and economic shocks across Nepal will only deepen the nutrition crisis affecting children from marginalized and vulnerable families and could dramatically increase the wasting caseload. A recent Lancet article estimated that COVID-19 could contribute to a 14.3% increase in child wasting, constituting an additional caseload of 80,000 children.

The severe outbreak is expected to result in a higher incidence of unintended pregnancies and unsafe abortions and an increase in home deliveries, leading to a significant increase in maternal deaths, particularly among marginalized groups. Nepal has one of the highest maternal mortality rates in the region (239 per 100,000), and the disruption in the provision of life saving essential sexual and reproductive health services, as health system resources and capacities become stretched and resources are diverted from various programmes.

Although most of the country is in complete

or partial lockdown and the majority of border crossings have been closed, cargo and essential supplies are able to be moved in-country and through the Indo-Nepal border without restrictions but with some delays. The suspension of international flights has interrupted and delayed arrival of essential health supplies requested by the Nepalese Government. Facilitation of air and road transport and cargo consolidation to deliver essential oxygen and health supplies to Nepal and provision of equipment and technical assistance to setup and expand holding/isolation areas in the provinces have emerged as key logistics gaps and needs.

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

The full version of the Nepal COVID-19 Response and Preparedness Plan is available here:

<https://nepal.un.org/en/108408-covid-19-preparedness-and-response-plan-jan-2021>





























# Funding

 **750K**

PEOPLE TARGETED

 **\$83.7M**

TOTAL FUNDING REQUESTED (US\$)

	TARGET POPULATION	FUNDING REQUESTED (\$US)
	Food Security  200k	 3.7M
	Health  400k	 42.0M
	CCCM / Shelter  180k	 5.0M
	WASH  750k	 10.2M
	Protection  518k	 7.5M
	Nutrition  455k	 3.5M
	Education  276k	 3.8M
	Logistics N/A	 664.0k
	Risk Communication Community engagement 20M	 3.8M
	Early Recovery  80k (16k HH)	 3.5M

# Response by Cluster

## Health



TARGETING CRITERIA	CLUSTER LEAD	SECTOR MEMBERS	PEOPLE TARGETED	FUNDING REQ. (US\$)
Individuals testing COVID-19 positive and undergoing hospitalization; individuals in isolation/ quarantine; women of reproductive age, pregnant and lactating, and adolescents.	Ministry of Health and Population (MoHP)  CLUSTER CO-LEAD WHO	Organizations including UN agencies, government bodies, INGOs, NGOs, donors, Red Cross movement	<b>400k</b>	<b>\$42M</b>

### Sector overview (needs):

At the current stage of the pandemic in Nepal, critical shortages in vaccines, oxygen, testing supplies, skilled human resources and critical care medicines and supplies have been identified as the immediate life-saving needs. The Health Cluster is working in support of the Government's efforts to respond to these key needs, as well as prevent and mitigate adverse health impacts.

Coordination is structured around the following pillars: surveillance, rapid response teams, case investigation and operational research, points of entry, national laboratories, infection prevention and control (IPC), case management operational support and logistics, continuity of primary healthcare and other essential and critical health services, reproductive health, and the health component of quarantine settings.

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

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

### Priority Response Activities:

- Support districts and municipalities to establish, train and mobilize rapid response teams and case investigation and contact tracing teams
- Expansion of Population Mobility Mapping in all major points of entry and also for Kathmandu Valley.

- Provide technical and in-kind support at PoEs to ensure optimal functioning of health desks.
- Provision of minimum additional WASH facilities and critical supplies at points of entry, health desks and holding centres
- Support active surveillance, including health screening, IPC measures, referral and data collection at all PoEs.
- Activate stand-by lab support arrangements to meet surge in demand for lab testing.
- Support the internal and external quality assurance processes in NPHL and other COVID-19 laboratories.
- Support to NPHL on training of laboratory personnel in COVID-19 labs across the country.
- Support for monitoring, referral and transportation to hospital, as needed, for cases in home/institutional quarantine and isolation.
- Provide in-kind support to hospitals and health posts to ensure adequate stock of IPC and waste management supplies and equipment.
- Support MoSDs and HEOCs to identify, train and deploy medical personnel, as required.
- Provide technical and in-kind support to improve screening and management of COVID-19 cases.
- Support continuous monitoring and reporting on availability, stockpiling and use of critical COVID-19 supplies.
- Support procurement of COVID-19 related medical and non-medical supplies, both local and international, as required and when possible.
- Provide necessary support for the implementation of COVID-19 vaccination OSL HR support in seven provinces.
- Ensure provision of 24/7 helpline and teleconsultation services for information, counselling and referral for RMNCAH services and health response to GBV.
- Support procurement and distribution of RH and family planning commodities, including community-based distribution.
- Strengthen surveillance and response system for pregnancy and childbirth risks including before, during and shortly after delivery for identification and management of risks and incidences of COVID-19 infection.
- Strengthen systems and capacity among health facilities and health service providers to deliver quality emergency obstetric and new-born care (EmONC) services.
- Maintain routine immunization services and integrate COVID-19 preventive measures in EPI clinics.
- Maintain the effective functioning of existing disease control programs and ensure continuity of care for people with diseases requiring long term and life-long treatment.

# Water, Sanitation and Hygiene (WASH)



TARGETING CRITERIA	CLUSTER LEAD	SECTOR MEMBERS	PEOPLE TARGETED	FUNDING REQ. (US\$)
<p>People affected by COVID-19; Health and WASH service providers; people entering through PoEs; hotspot communities at risk; vulnerable group such as women, children, elderly and people with disabilities</p>	<p><b>Ministry of Water Supply</b></p> <p><b>CLUSTER CO-LEAD</b></p> <p><b>UNICEF</b></p>	<p>26 organizations including UN agencies, NGOs, INGOs, donors, government bodies, Red Cross movement</p>	<p><b>750k</b></p> <p>(381,750-F, 367,950-M, 64,500 children under 5 yrs)</p>	<p><b>\$10.2M</b></p>

## Sector overview (needs):

Poor sanitation and hygiene, as well as lack of access to clean drinking water, is a major factor in the transmission not only of COVID-19, but also a number of other diseases endemic to Nepal. While access to basic water and sanitation facilities has reached over 95%, proper operation or functionality of these facilities, as well as overall hygiene practices, remain challenges. Ongoing WASH support is essential to break the chain of COVID-19 transmission and prevent additional burden of disease through adoption of hygienic practices by all.

The Cluster will continue to support the community level engagement that is required to contain COVID-19, including ensuring the availability of WASH services in communities, institutions and public places, formal and informal business and industries, as well as effective waste management in health care facilities. These activities are critical to reinforcing the health response and bolstering IPC efforts within health facilities and the wider community. With the increase in home isolation as well as the aim to develop community isolation centres by local governments, the Cluster will explore special packages and programmes that may be required to contain the current outbreak, in coordination with local governments and relevant sectors.

All WASH response activities will be based on the global guidance of various workstreams defined to combat COVID-19 where WASH sector is engaged: 1) Coordination, Planning and Monitoring, 2) Risk Communication and Community Engagement, 3) Infection Prevention and Control, 4) Points of Entry and 5) Service Continuity for WASH in communities.

- Ensure provision of WASH facilities and supplies at various points of entry and their holding centers defined by government
- Provide minimum WASH facilities in health care centers, schools and isolation/quarantine centers as identified/established in coordination with various clusters.
- Support health care waste management systems in health care facilities, isolation and quarantine centers, in coordination with health and relevant government entities.
- Ensure the continuation of essential WASH services through the education and provision of appropriate equipment to staff of public utilities and staff responsible for WASH services and beyond at national and subnational levels.
- Continue personal hygiene promotion, with a focus on handwashing with soap and other critical hygiene behaviours, to break the transmission of COVID-19.
- Provision of essential WASH facilities in prioritised schools, public spaces and communities to support service continuity and hygiene practices.
- Provision of essential supplies, such as hygiene items, chlorine or other water treatment chemicals, PPE and other equipment necessary for service continuity.
- Engage with private sector on supplies and facilities assistances and to leverage resources for service continuity.
- Work with multisector stakeholders on community level engagement aimed at containing COVID-19 in hotspot communities of high-density areas.

## Priority Response Activities:

# CCCM/Shelter



TARGETING CRITERIA	LEAD AGENCIES	SECTOR MEMBERS	PEOPLE TARGETED	FUNDING REQ. (US\$)
<p>People with positive cases and living in quarantine/holding centers</p> <p>Returnee migrants</p>	<p><b>Department of Urban Development and Building Construction (DUDBC)</b></p> <p><b>CLUSTER CO-LEAD</b></p> <p><b>IOM ( for CCCM)</b> <b>IFRC (for shelter)</b></p>	<p>22 Organizations (UN agencies, INGOs and NGOs)</p>	<p><b>180k</b></p>	<p><b>\$5M</b></p>

## Sector overview (needs):

CCCM/Shelter Cluster member organizations will provide necessary support in improving point of entry infrastructure, quarantine or isolation centre infrastructure according to need, including physical distancing and crowd control measures, and upgrading of hygiene infrastructure. The Cluster will also provide support, as needed, in issues related to the monsoon season (June – September), forecast to be above average rainfall, and potential for flooding and landslides.

The Cluster will work together with the Government of Nepal, in particular the Ministry of Health and Population, the Department of Urban Development and Building Construction (DUDBC) and all three tiers of the government to prepare displacement sites in the provinces so they adhere to COVID-19 protocols and have safety and hygiene measures in place to minimize the spread of the virus, making the sites adequate to use during the monsoon without further exacerbating the vulnerabilities of the displaced population. In addition, the Cluster will contribute to site improvements to address any urgent safety and hygiene considerations at these sites. With the leadership of DUDBC, cluster lead agency, all cluster member organization will work collectively to make effective preparedness and response to the emergencies.

## Priority Response Activities:

### Shelter

- Support local governments in establishment of quarantine/holding centers, as needed.
- Supply NFIs in quarantine/holding centers.
- Conduct awareness programs on safety measures and home isolation practices as per existing guidelines.
- Procure and stockpile tents for setting up holding/quarantine centers at points of entry (PoEs) or provide temporary shelter for disaster displaced population.

## Priority Response Activities:

### CCCM

- Rapid construction of makeshift medical operating centres for screening, quarantine, isolation and medical emergency services.
- Support federal, provincial and local governments in conducting inflow and outflow mapping, monitoring and analysing the impact of COVID-19 on populations of concern using DTM's existing flow monitoring operations.
- Construct/improve migrants screening centres at PoEs, including physical distancing and crowd control measures.
- Set up and improve isolation and quarantine centers and upgrade hygiene infrastructure to prevent and control infection.
- Information management support for oxygen plant tracking at isolation or quarantine centres.
- Upgrade and improve displacement sites to ensure safety and hygiene in order to minimize risks related to the spread of COVID-19.
- Train local responders and frontline workers in disaster management operations to rapidly integrate COVID-19 measures in displacement sites, with a focus on displacement sites without Site Management Committees.
- Coordinate with government and cluster co-leads to provide logistic support to returnee migrants at PoEs.
- Roll out a Displacement Tracking Matrix (DTM) and Return Intension Survey in the displacement sites that have emerged or may emerge during the outbreak, in order to understand humanitarian needs and gaps and to assess COVID-19 risks in displacement sites.
- Strengthen site level platforms to ensure up to date information on COVID-19 is shared and reaches all internally displaced person groups.
- Capacity enhancement of local governments and frontline workers on better management and operation of holding/quarantine/isolation centers and PoE officials in line with GESI/protection guidelines and WHO guidelines.
- Tracking and support to home isolation and NFI distributions.

# Risk Communication and Community Engagement



TARGETING CRITERIA	WORKING GROUP LEAD	SECTOR MEMBERS	PEOPLE TARGETED	FUNDING REQ. (US\$)
Youth, parents, teachers, local government, private sector, health workers	National Health Education Information and Communication Centre (NHEICC) Epidemiology and Disease Control Division. MoHP	47 number organizations, including INGOs, NGOs, Red Cross movement, UN agencies, donors.	<b>20M</b>	<b>\$3.75M</b>
	<b>WG CO-LEAD</b> UNICEF UNRCO			

## Sector overview (needs):

Through a coordinated interagency effort, partners in the Risk Communication and Community Engagement (RCCE) interagency working group are working strategically with the Government of Nepal to address the critical demand for reliable and accurate COVID-19 related information. Urgency is growing as the number of reported cases is dramatically increasing daily and the behaviours of individuals and communities is a critical factor in the spread, or containment, of the virus.

However, the crisis has given rise to an “infodemic” of misinformation and rumours. The core objective of the Risk Communication and Community Engagement strategic response is to drive a participatory, community-based approach to providing people with necessary, accurate, timely and life-saving information to protect themselves and others. This objective is supported by proactive efforts to solicit and respond to feedback related to concerns, rumours, and misinformation, particularly concerns of vulnerable groups. The RCCE interagency working group will succeed by ensuring all content is evidence-based (tracking latest global developments), informed by emerging local contexts and using established community networks/influencers and channels alongside technical capacity building of local, provincial and central governments. Further, engaging with affected communities enables beneficiaries of assistance to actively participate in shaping the interventions aimed at serving them. The RCCE interagency working group will work to enhance accountability to affected populations throughout the preparedness and response phases by establishing a two-way feedback system through social listening, hotline services, perception surveys and radio programmes.

## Priority Response Activities:

- Monitor rumors and misinformation and dispel them with evidence-based information.
- Develop and disseminate cultural and gender sensitive communication materials related to health, hygiene, WASH and other relevant behaviours via a range of relevant communication channels.
- Prioritize key messages based on evidence from WHO and insights from social and behavioural data related to: updated and localized COVID-19 and vaccine messaging, mental health, socio economic, people with disabilities, quarantine and isolation, gender priorities and LGBTIQ issues and season-specific messaging.
- Establish community feedback mechanism through social media, hotlines, perceptions surveys, media briefs, radio, television and community discussions to ensure community voices, feedback and concerns are addressed and the response is accountable to affected populations.
- Mobilize ward level COVID-19 support groups to spread COVID-19 awareness, monitor home isolation, behaviour monitoring in public places and referrals for health services.
- Mobilize female community health volunteers for monitoring and support to cases in home isolation, awareness raising on health and hygiene behaviours through mothers' group meetings and door-to-door visits.

# Logistics



TARGETING CRITERIA	CLUSTER LEAD	SECTOR MEMBERS	PEOPLE TARGETED	FUNDING REQ. (US\$)
Government authorities and humanitarian agencies delivering essential supplies in support of COVID-19 response	Ministry of Home Affairs NEOC	19 organization, including UN agencies, government bodies, INGOs, Red Cross movement		<b>\$664k</b>
	<b>CLUSTER CO-LEAD</b> WFP			<b>AVAILABLE</b> <b>\$410k</b>

## Sector overview (needs):

Most of the country is in complete or partial lockdown and the majority of border crossings have been closed. Cargo and essential supplies are able to be moved in-country and through the Indo-Nepal border without restrictions but with some delays. International flights (except two weekly to/from India) have been suspended which has delayed the arrival of essential supplies brought in through commercial airlines.

The National Logistics Cluster, led by Ministry of Home Affairs and co-lead by WFP, is providing essential support to the Health Cluster, to ensure the timely and uninterrupted flow of essential, lifesaving health supplies and equipment to health facilities across Nepal. One year into the pandemic response, the cluster has transported 1,162 MT/5,542 m<sup>3</sup> of cargo, and provided 4,160m<sup>2</sup> of storage in support of 39 organizations.

The Logistics Cluster coordinates with the Ministry of Health & Population (MoHP), the Covid 19 Crisis Management Center (CCMC)/Nepal Army, and humanitarian organizations to provide common storage and transport services, provision of equipment and technical assistance, and logistics coordination and information management to the national clusters and the Government of Nepal.

### Storage and Transport Gaps & Needs

- Air transport capacity to import essential medical supplies into Nepal. (commercial or charter flights)
- Facilitation of road transport for health items from China to Nepal.
- Transport and storage capacity in support of Ministry of Health and Provincial Ministries of Social services.

### Equipment and Technical Assistance Gaps & Needs

- Setup holding/isolation areas for returnees at borders in provinces.
- Expand health facility capacity for mild cases in provinces.

### Logistics Coordination and Information Management

- Upstream air cargo pipeline coordination / consolidation.
- Tracking of government requests and supplies offered by development partners, by EDP-SCM working group.
- Customs duty waiver of critical health supplies as requested by Nepal Government.

## Priority Response Activities:

### Storage and Transport Services

- Transport services from Kathmandu to seven provinces and from provinces to district headquarters. Target: 1,000 MT/ 5,000 m<sup>3</sup> cargo transported.
- Storage and logistics services at five humanitarian staging areas across the country.  
Target: 7,500 m<sup>2</sup> storage space provided.

### Provision of Equipment and Technical Assistance

- Equipment and personnel to scale up health and humanitarian response (supporting all clusters) by providing storage tents, prefabricated buildings, generators, engineering services and any other equipment as required.  
Target: 12 MSU's, 6 Prefabricated, 4 Generators.

### Logistics Coordination and Information Management

- Provincial & Federal level logistics coordination and information management services.  
Target: 16 coordination meetings in 4 months.  
40 organisations participating, 30 IM updates.
- Civil-Military coordination with Nepal Army and CCMC to support MoHP health logistics.
- Updates on customs directives, international cargo flight information, transport permit procedures, SOP's.
- Augment cold-chain capacity and last-mile delivery to remote areas as needed.

### If and as required additional response mechanisms may be activated to support humanitarian partners on a cost recovery basis:

- Cargo consolidation at strategic hubs worldwide
- Strategic airlifts to Nepal
- Humanitarian Air Service
- Provision air capacity for national medical evacuations for UN and INGO partners.



# Protection



TARGETING CRITERIA	CLUSTER LEAD	SECTOR MEMBERS	PEOPLE TARGETED	FUNDING REQ. (US\$)
<p>People with pre-existing and emerging vulnerabilities to exclusion, abuse and violence, with a focus on women of reproductive age, children/caregivers, the elderly, migrants, people living with disabilities and ethnic, gender and sexual minorities, people without documentation/citizenship</p>	<p><b>Ministry of Women, Children and Senior Citizens</b></p> <p><b>CLUSTER CO-LEAD</b></p> <p><b>UNICEF</b> <b>UNFPA</b></p>	<p>41 organizations, including UN agencies, government bodies, NGOs, INGOs, CSOs, Red Cross movement</p>	<p><b>518k</b></p> <p>(132,900 at risk of GBV, 226,000 children, 126 000 persons in need of PSS, 15,000 vulnerable migrants, 20,000 refugees)</p>	<p><b>\$7.5M</b></p> <p>(gap: 3.6M)</p>

## Sector overview (needs):

COVID-19 is spreading in Nepal against the backdrop of pre-existing protection concerns and social inclusion issues, which significantly challenge protection service delivery. Along with the public health concerns the pandemic has raised, COVID-19 has created a long-term and far-reaching protection crisis. In the first wave, Protection actors reported a three-fold increase in reports of GBV cases to helplines, heightened child protection concerns with 1 out of 10 families resorting to child labour, a 40% increase in suicides among youth as stressors increased mental health concerns as well as a differentiated impact in terms of access to health, food, water, education and legal services for vulnerable and marginalized groups.

Pre-existing protection services have been disrupted, in turn affecting help-seeking behaviours and early identification and intervention mechanisms. Continuity and adaptation of protection services to prevent and address protection risks is critical to avoid the de-prioritisation of life-saving services. The unprecedented economic shock will not be felt equally, as communities and individuals at greatest risk deal with its multi-faceted consequences. Enhanced prevention and responsive protection services are critical to addressing this impact.

The disruption of livelihoods is likely to contribute to a heightened risk of households resorting to negative coping mechanisms, including family separation, violence, unsafe migration, child labour, early and/or forced marriage and unnecessary placement in care homes. Calls to child helplines related to financial distress have increased by 15% from the year before the pandemic. Public health measures such as isolation and quarantine, while necessary, also carry specific protection risks including those to mental health and psycho-social well-being, disruption of economic activities, family separation, sexual exploitation and abuse as well as discontinuation of care arrangements for vulnerable populations such as children, elderly and people with disabilities. This is compounded by the increasing mortality rates.

Restrictions on mobility act as major social disrupters, cutting vulnerable people off from critical social networks and services. In addition to confronting heightened mental health and psychosocial risks, population at risk of exclusion face decreased access to support services, including access to vaccination and protective supplies. Emotional and psychosocial distress are rising among vulnerable groups, exacerbated by pre-pandemic drivers. Suicide, a pre-existing public health issue, remains an issue of concern amid growing mental health and psychological wellbeing concerns, including among frontline service providers.

## Priority Response Activities:

- Expand the coverage and connectivity of alert and real-time monitoring systems including the Protection Monitoring system in support of early identification and response to the impact of movement restrictions on service delivery.
- Scale up helplines to support early intervention to critical protection needs including GBV, child protection and mental health alerts and assistance to vulnerable groups.
- Disseminate messages in different formats on available protection services and monitor the functionality, relevance, and support adaptation of referral pathways for essential services on GBV, psychosocial support and violence against children.
- Support continued access to protection supplies to service providers and vulnerable groups (dignity kits, PPEs, recreation kits, support to isolation/ PoEs etc.).
- Provide child protection services, including emergency response to children affected by the pandemic (isolation/ death disrupting care arrangements, family separation); family support to prevent re-institutionalization; emergency rescue, protection and rehabilitation support to children at risk of, or rescued from, early and forced marriage, child labour, sexual exploitation and other forms of violence against children (VaC).
- Support to identified vulnerable households to decrease vulnerability and protection risks, including VaC, GBV, trafficking, etc., through targeted assistance, including cash, and referrals.
- Support the continuity of frontline GBV prevention and response services.
- Support vulnerable returnee migrants with emergency assistance as well as social and economic reintegration assistance.
- Coordinate with other sectors to ensure access of vulnerable groups/ protection service providers to critical services including vaccination and social protection/ relief In coordination with Health Cluster, support the mental health and psychosocial wellbeing of affected population and their families distressed or traumatized by the pandemic, with a on psychological first aid and psychosocial counselling.
- In coordination with RCCE, Education and Health clusters, support coordinated multisectoral mental health promotion and suicide prevention programs.

# Food Security



TARGETING CRITERIA	LEAD AGENCIES	SECTOR MEMBERS	PEOPLE TARGETED	FUNDING REQ. (US\$)
<p><b>Geographic:</b> Nepal COVID-19 Economic Vulnerability Index</p> <p><b>Household:</b> food security related vulnerability assessment, affected in terms of food security and socio-economic profile and livelihood type</p>	<p><b>Ministry of Agriculture and Livestock Development</b></p> <p><b>CLUSTER CO-LEAD</b></p> <p><b>WFP, FAO</b></p>	<p>26 organizations, including UN agencies, government bodies, INGOs, NGOs, Red Cross movement</p>	<p><b>200k</b></p>	<p><b>\$3.71M</b></p>

## Sector overview (needs):

The 2020 country-wide lockdown, which lasted several months, negatively impacted the food security and nutrition situation in the country. Newly imposed lockdowns/ prohibitory orders are likely to further negatively affect food security and livelihoods of already vulnerable households who are still struggling to recover from the socio-economic effects of the COVID-19 crisis.

The prolonged COVID-19 crisis has created unprecedented challenges in the social and economic sectors, further worsening already precarious situation for the most vulnerable households in Nepal. Food security and livelihoods have also been affected: the limited availability of agricultural inputs and restrictions for supply and transportation put availability of food in markets at risk, while limited job opportunities and income loss have hindered access to food. Food security and livelihoods assessment conducted in 2020 clearly indicate the negative impact the crisis had on food security and livelihood status of Nepalese household, raising concerns about further worsening should the crisis continue in 2021.

The vulnerability of households, in particular with a view to food insecurity, has been further exacerbated by the detrimental effects of COVID-19 including additional hardship and loss of income due to the hard lockdown. As per overall trend analysis, COVID-19 Economic Vulnerability Index and related assessment undertaken in 2020, the most vulnerable households are found in various geographical pockets known for their chronic vulnerability.

As was the case in 2020, declines in income have direct implications on access to food and proper nutrition, and could result in negative coping strategies if additional support is not provided. The loss of jobs and income could create further compounded burdens of care for households with young children, disabled or chronically ill members, and elderly persons – especially for female-headed households. Infants, young children, pregnant women, and breastfeeding mothers face significant risks to their nutritional status and well-being as access to essential health and nutrition services and affordable nutritious diets are constrained.

## Priority Response Activities:

- Unconditional social assistance in the form of cash-based transfers (multi-purpose cash) for targeted populations in highly vulnerable locations, in both rural and potentially urban areas, to enable them to meet their essential needs.
- Where markets close or may not function, unconditional in-kind food assistance may be provided in rural areas to affected populations.
- Transportation of agriculture inputs and products, opening of retail/wholesale fresh markets and Haat bazaars.
- Provision of quality seeds, agriculture tools, inputs, and extension services for the most affected farmers in remote and affected areas.
- Provision of an appropriate technological and incentive packages for returnee migrants in agriculture, livestock, and fishery sectors feasible to the areas.
- Two rounds of mobile Vulnerability Assessment and Mapping (mVAM) survey and 2-3 market assessments in rural and urban areas, and an assessment on the disrupted agricultural assets and practices, to monitor the impact on food security, livelihoods and markets and help identify immediate needs, and medium-long term secondary socio-economic impacts.

Medium-longer term intervention (after 4 months): conditional cash transfers for restoration/recovery of livelihood, employment creation and food security for vulnerable families adversely impacted by COVID-19's socio-economic implications through Food Assistance for Assets.



# Education

TARGETING CRITERIA	CLUSTER LEAD	SECTOR MEMBERS	PEOPLE TARGETED	FUNDING REQ. (US\$)
Children from the most marginalized communities and those without access to any form of media or connectivity	Ministry of Education, Science and Technology (MoEST) Centre for Education and Human Resource Development (CEHRD)	34 organizations, including UN agencies, government bodies, INGOs, NGOs, Red Cross movement	<b>276k</b> (135,240 girls and 140,760 boys)	<b>\$3.8M</b>
	<b>CLUSTER CO-LEAD</b>  UNICEF Save the Children			

## Sector overview (needs):

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

In this context, continuity of learning is essential to avoid a permanent setback to the education of Nepal's 8.1 million school children (ECED to grade 12), to help re-establish routines and support children's mental health, and to use education as a tool to prevent stigma, counter discrimination and support public health measures by keeping children and their communities informed on handwashing and other hygiene practices.

The government has endorsed the "Student Learning Facilitation Directive", which classifies students based on their access to various kinds of media and technology into five categories to facilitate alternative learning during school closures. Many students do not have access to devices at home or are not able to access online or other media regularly, and they require support with printed materials to continue their learning at home.

As local governments are responsible for managing the teaching-learning activities at school level, it is necessary to provide them with technical support for preparing/updating alternative education response plan and to ensure learning continuity of children through mobilization of teachers, volunteers, parents and local support groups to continue home based learning and through radio in the most marginalized communities.

In order to ensure the continuation of learning and a safe return to in-person teaching, there is a need to include teachers as a priority group in the national vaccination campaign to curb the spread of COVID-19 and protect teachers and students.

## Priority Response Activities:

- Print and distribute learning pack to children from the most marginalized communities and those without access to any form of media or connectivity
- Develop parental awareness on how to provide enabling learning environment to support home-based learning and psychosocial wellbeing of the children.
- Provide technical support to local governments to update/develop education response plans and localise "Student Learning Facilitation Guidelines" to ensure learning continuity through alternative modalities during school closures, particularly targeting the most marginalised and deprived children.
- Mobilise teachers and volunteers for learning continuity of the most marginalised and deprived children in safe and protective environment.
- Advocate for inclusion of teachers as a priority group in the national vaccination campaign to protect teachers and to ensure the continuation of learning in a safe and protective environment.
- Support MoEST, CEHRD, provincial and local governments in ensuring public health and safety measures at schools, ECD centers, and education institutions once schools/ECD centers are re-opened in coordination with RCCE, WASH and Health clusters.

# Nutrition



TARGETING CRITERIA	CLUSTER LEAD	SECTOR MEMBERS	PEOPLE TARGETED	FUNDING REQ. (US\$)
Pregnant and lactating women and children under five	Family Welfare Division, Department of Health Services, MoHP	Over 22 organizations, including INGOs, NGOs, UN agencies, government bodies, Red Cross movement, donors and international financial institutions.	<b>455k</b>	<b>\$3.5M</b>
	<b>CLUSTER CO-LEAD</b> UNICEF			

## Sector overview (needs):

The COVID-19 pandemic has negatively impacted household economies, and the second wave with its severe impacts and reintroduction of movement restrictions will deepen this impact. This is likely to exacerbate the vulnerability of already poor families, and therefore affect a range of nutrition determinants such as food security, reduced access to markets, weakened health systems and disruption of regular preventative nutrition intervention. It is also expected to decrease access to necessary treatments for common illnesses and severe acute malnutrition. The combination of these factors is likely to result in an increase in the number of children suffering from acute malnutrition and reverse the gains Nepal has made in reducing chronic malnutrition (stunting).

According to the Nepal Multiple Indicator Cluster Survey 2019, 12% of children below the age of five were wasted, of which 3% were severely wasted, prior to the onset of the COVID-19 pandemic. Severely wasted children are nine times more likely to die than well-nourished children. In Nepal, due to the effects of COVID-19 mitigation measures there has been a 67% reduction in the number of children admitted for treatment of severe wasting in 2020 compared to 2019. The nutrition situation in Nepal is further challenged restrictions on the availability, access and affordability of fresh and nutritious food, as well as limited access to essential health and nutrition services due to the COVID-19 pandemic, which disproportionately impacts poor and disadvantaged groups. A modelled estimate of the impact indicates that disruptions in essential health and nutrition services due to COVID-19 could account for as much as 20-50% child mortality in developing countries like Nepal.

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

## Priority Response Activities:

- Counsel patients, parents and guardians on health, and hygiene behaviors for prevention of COVID-19.
- Counselling on maternal, infant and young child nutrition for pregnant and postnatal mothers.
- Support health workers and community volunteers with technical guidance and protocols for providing counselling to caregivers of children 0-23 months on breastfeeding and complementary feeding.
- Monitor the impact of COVID-19 related IPC measures on continuity of nutrition services at health facilities and measure changes in household level health seeking behavior for nutrition services using remote technologies/applications.
- Expand outpatient management of acute malnutrition to health posts and via female community health volunteers, using adapted treatment protocols designed for the COVID-19 context.
- Build the capacity of mothers and caregivers of children 6-59 months for household based active nutrition screening (family MUAC) .
- Initiate treatment of children aged 6 to 59 months with moderate acute malnutrition in two districts of Province Two, with high caseloads.
- Blanket supplementary feeding for children 6 to 23 months and pregnant and lactating women in worst affected areas by the secondary socio-economic impacts of COVID-19 in Province One, Province Two, Karnali and Sudurpaschim.

# Early Recovery



TARGETING CRITERIA	CLUSTER LEAD	SECTOR MEMBERS	PEOPLE TARGETED	FUNDING REQ. (US\$)
Daily wage earners in tourism, transport and construction sector, poor farmers	<b>Ministry of Federal Affairs and General Administration</b>  <b>CLUSTER CO-LEAD</b> UNDP	Organizations, including UN agencies, government bodies, INGOs and NGOs	<b>16K HH</b>	<b>\$3.5M</b>

## Sector overview (needs):

Nepal's economy contracted by 1.9% in the last fiscal year, resulting in loss of jobs, income and livelihood opportunities for hundreds of thousands of households. Many people who were on the border line of poverty have now fallen back below the national poverty line. Nepal is a least developed country with high poverty and poor social protection coverage. While the economy was slowly recovering following the lifting of lockdown in July 2020, the renewed lockdown measures introduced to combat the second wave will continue to devastate the livelihoods of poor and vulnerable people, particularly daily wage earners involved in tourism, hospitality, transport, construction and microenterprises. As infections and deaths continue to rise, it is expected that these measures will continue for the foreseeable future.

Early recovery therefore is important to provide immediate livelihood opportunities and emergency employment opportunities to daily wage earners through cash for work as well as agriculture input support for poor farmers in and around hardest hit cities and provincial headquarters. Early Recovery, under the co-leadership of the Ministry of Federal Affairs and General Administration (MoFAGA) and United Nations Development Program (UNDP) will maintain a light coordination function, working with partners and clusters. The cluster aims to support the government to pre-empt and prioritize livelihood recovery, in addition to humanitarian efforts, to bridge the gap until more longer-term solutions are developed for economic stabilization.

A Rapid assessment will be carried out to identify target groups as well as strategies to effectively deliver ER activities. To fast track delivery with maximum impact, the Cluster will use the learning and knowledge generated through socio-economic recovery initiatives implemented by various agencies in 2020. The Cluster will also explore inter-cluster collaboration to build synergy and improve outcomes.

## Priority Response Activities:

- Provide emergency employment for daily wage earners associated with tourism sector (trekking guides, tour guides, informal workers in hotels and other hospitality sectors).
- Emergency employment and skill development for informal workers in transport and construction sectors.
- Skills development and equipment support for micro-entrepreneurs.
- Agriculture inputs (seeds, fertilizers, equipment) for poor farmers.

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*Staff of National Public Health Laboratory performing RT-PCR tests.*

*Credit: WHO Nepal/A. Maharjan*

