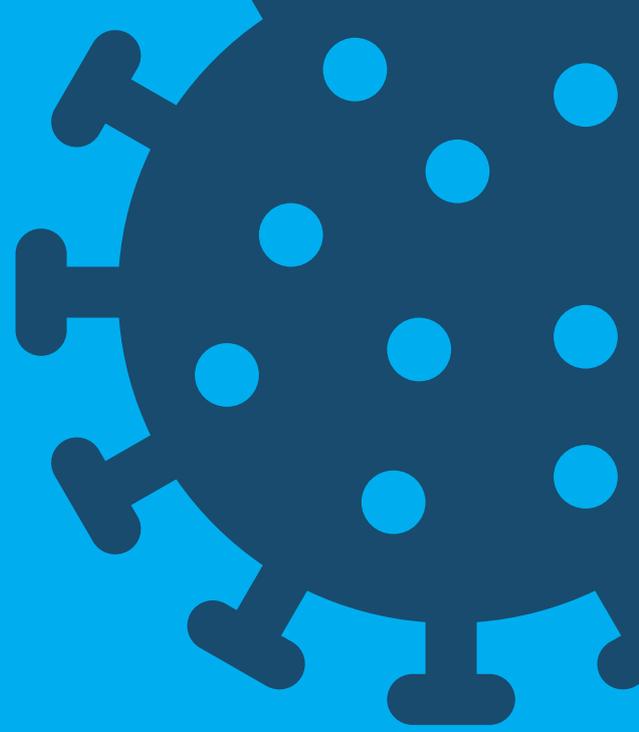


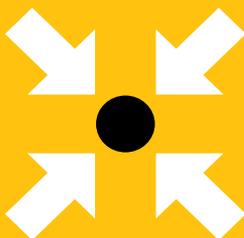
# REPORT ON COVID-19 PREPAREDNESS AND RESPONSE AS OF 28 SEPTEMBER



The Humanitarian Country Team has been supporting the Government of Nepal in COVID-19 preparedness and response since the beginning of the crisis. Initially, coordination and support focused on health with the Ministry of Health and Population but very quickly, the HCT initiated a multi-sector approach to the crisis as it became clear the effects would reach beyond the health sector and as wider socioeconomic impacts were felt. This has been articulated in the COVID-19 Preparedness and Response Plan, the first version was finalized on April and a revised version taking into account the changed context was presented on May.

**USD 50,746,117**  
Funding by donors

**USD 108,428,601**  
Total cost of CPRP



**COORDINATION**

From the outset of the COVID-19 pandemic in Nepal, the Humanitarian Country Team, under the joint leadership of the UN Resident Coordinator and WHO, has worked in coordination with the Government of Nepal to support its response to the outbreak. The Clusters, led by the Government of Nepal and co-led by UN agencies/NGOs, are stood up. At provincial level, key clusters are activated, and the UN has reinvigorated the Provincial Focal Point Agency system on behalf of the HCT to support inter-cluster coordination and work with cluster-co leads where clusters are yet to be rolled-out.

By April 2020, 1000 quarantine sites across the country have been assessed, mainly remotely by humanitarian partners. The results of the assessments were presented to the federal and provincial governments, and the results guided HCT's interventions.



## HEALTH



### 6,745 CALLS

were received from all seven provinces in three helpline services that was established by Reproductive health sub cluster partner immediately after the lockdown for the provision of necessary information, counselling and referral services on reproductive maternal, neonatal and child health.



### 23 SETS

of Inter-Agency Reproductive Health Kits (IARH kits) distributed to selected health facilities in the Provinces (1, 2, Bagmati, 5, and Sudhuraschim) for continuity of essential SRH services including treatment of rape cases in the one-stop crisis management centers. The kits cover the affected population of 290,000.



### ORIENTATION

on the interim guideline on reproductive, maternal, neonatal, child and adolescent health (RMNCAH) is on-going in all 77 districts.

As the COVID-19 pandemic is primarily a public health emergency, a central focus of the HCT response is on actions related to prevention or mitigation of adverse health impacts which are structured around the following: health surveillance, rapid response teams, case investigation and operational research; health assistance and strengthening at points of entry; support to 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 response in quarantine settings.

Health Cluster was activated for COVID-19 response on 9th April 2020 under the leadership of Incident Management System (IMS) under Ministry of Health and Population (MoHP) coordinator and co-leadership of WHO representing the partners.

- Health cluster partner have enhanced real-time Surveillance through Early Warning Alert and Response System (EWARS) and prepared real-time dashboard and data analysis features for COVID-19.
- Support to case investigation and contact tracing using WHO Global Outbreak Alert and Response Network (GOARN). Data and enhanced Influenza-like Illness (ILI) and Severe Acute Respiratory Infection (SARI) surveillance in Nepal. Weekly epidemiological analysis and data generation for COVID-19.
- Expert advice to develop and scale- up a testing strategy for COVID-19 and assured National Planning and Health Laboratories (NPHL) quality for COVID-19 testing through the collaborating centres. Sample shipments supported via a courier agency during the early stages of the COVID-19 response.
- Assessment of Level II COVID-19 hospitals in Kathmandu Valley (Patan, Army and Teku Hospitals) to inform response.
- Healthcare waste management equipment provided to COVID-19 level II hospitals and heavy load washing machines to hub hospitals.
- Health cluster partner installed solar electrification and basic equipment (autoclave, nebulizer, peri-light, halogen heater and refrigerator) in 61 health facilities.
- Medical equipment and supplies provided to Koshi Hospital in Biratnagar, Janakpur Zonal Hospital and Scheer Memorial Adventist Hospital in Banepa and other health facilities in Sunsari, Udaypur, Sarlahi and Rautahat).
- Five hundred health workers and Armed Police, Nepal Army, and Nepal Police were trained on Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE) use.
- Airport infrastructure was strengthened for entry and exit screening. Health desk prototype was developed for point of entries at ground-crossings aimed at screening, registration, triaging and transfer of returnee migrants to appropriate settings.

Medical supplies and equipment supported:



**57,500**

RT-PCR test kit and 1 PCR Machine



**414,385**

surgical masks



**180,097**

surgical gloves



**2,000**

coverall protection



**4,150**

protective goggles



**1,100**

IR thermometers



# PROTECTION

Pre-existing societal structures, social norms, discriminatory practices and gender roles which create or contribute to heightened risks for vulnerable groups in Nepal are being further exacerbated by COVID-19. In humanitarian emergencies, the further erosion of the protective environment presents an even greater risk. Gender based violence, especially domestic violence, and limited access to assistance are some of the issue.

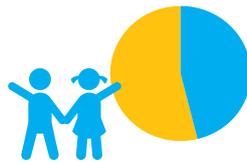
Since the beginning of the COVID-19 response, the Protection Cluster members have reached more than 1,280,000 persons through messaging on harmful practices including GBV, domestic violence, care burden and early/forced marriage through its different response initiatives across all provinces of the country. These protection initiatives are implemented by more than 40 protection cluster members.



4,593 MALE  
7,727 FEMALE  
22 THIRD GENDER

## 12,342 PERSONS

have received with psychosocial support, including psychosocial first aid and counseling services, through different modalities of psychosocial support, remote counseling, online platforms and one-on-one counseling by cluster members.



4,457 MALE  
4,051 FEMALE

## 8,508 CHILDREN

unaccompanied, separated or vulnerable, received for other reasons, care arrangements (family reintegration support, placement in interim/transit care centres) and/or emergency support transportation services and immediate relief materials.



26,923 MALE  
30,550 FEMALE  
180 THIRD GENDER

## 57,603 PERSONS

have been reached through awareness raising interventions and group orientation sessions across all seven provinces by community psychosocial workers.



## 5,033 VULNERABLE

persons at point of entries (PoEs) were provided with transportation services, food/ drinking water and returning services to reach their home.



## 3,514 PERSONS

were referred to health, legal, psychiatric, security and other services. (582 persons for health services, 619 persons for legal assistance, 353 persons for psychiatric services, 916 persons for security related services and 1,044 for other services).



## 4,119 SURVIVORS

of gender-based violence, including 464 girls and 42 elderly, received multi-sectoral support through peripheral health support, through peripheral health facilities, safe houses/shelter homes, One-stop Crisis Management Centers (OCMCs), legal and psychosocial counselors and the police.



## 6,876 FEMALES

including 395 adolescent girls, 19 persons with disability and 74 elderly women, have been reached with essential life-saving items like dignity kits, Kishori kits and hygiene kits in the quarantine centers.



## 3,619 PERSONS

of concern/refugee received various protection services including psychosocial services and GBV services.



## 200 VULNERABLE

migrants were supported with immediate cash assistance to meet their basic necessities and support.



# RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

The core objective of the Risk Communication and Community Engagement response is to drive a participatory, community-based approach to provide people with the necessary, accurate, timely and life-saving information to protect themselves and others. Engaging with affected communities enables beneficiaries of assistance to actively participate in shaping the interventions aimed at serving them.



## 20 M PEOPLE

were reached through radio, television programmes with messages on

## 45 M PEOPLE

or more (43 percent female), have been reached through social media channels with messages on COVID-19, prevention, parenting guidance, stigma and discrimination, and menstrual hygiene.

## 1.5 M PEOPLE

mobile phone subscribers were reached with message on a) handwashing with soap and water or sanitizer use, b) maintain at least 1 meter distance from another person, c) mask use through SMS and call back tone.



STAY HOME



MAINTAIN DISTANCE OF ONE METER



## 6,000

or more returnees received "welcome home" messages including through megaphone announcement at the point of entries - "Gauriphanta" and "Gaddachauki" in Sudurpaschim Province.



## 200

or more FM stations aired radio jingles on stigma, fear and discrimination that were developed in six different languages.



HANDWASHING WITH SOAP AND WATER



BREASTFEEDING FOR UNDER-TWO CHILDREN



COVID-19 SYMPTOMS AND PREVENTIVE MEASURES



CARE AND SUPPORT FOR COVID-19 POSITIVE CASES



## 204,957 PEOPLE

were addressed with the answer to their questions through the hotline services, radio and television program.



## 15,000 PEOPLE

were surveyed to understand the knowledge, attitude and practice related to COVID-19.



MENTAL WELLBEING



RESPECT AND CARE FOR RETURNEES/ MIGRANTS



## 1,175,407 HOUSEHOLDS

have received telephone counselling on COVID-19 messages, gender-based violence, infant and young child feeding, resuming agriculture work during lock down, mental wellbeing, stigma and discrimination and three key public health safety measures.



STIGMA AND DISCRIMINATION TOWARDS HEALTH WORKERS AND COVID-19 POSITIVE PEOPLE



## WASH

Reaching communities across Nepal with critical information on personal hygiene while improving, reinforcing and sustaining long-term good hygiene practices, such as handwashing with soap, is critical to stopping the transmission of COVID-19. Ensuring WASH services in communities, institutions and public places, as well as effective waste management in health care facilities (especially those hosting patients under isolation), schools and other community facilities is equally critical to reinforce the health response and to bolster infection prevention and control efforts within health facilities and the wider community. 50 WASH cluster members, including their implementing partners, provided WASH support to a total of 189 Health Care Facilities (including 50 hospitals, 139 Health Posts, Primary Health Care Center and Urban Health Clinic), 252 quarantine centres, 18 isolation centres, and a number of communities covering 467 municipalities in 72 districts across all seven Provinces.

WASH critical supplies supported:



15,736  
HYGIENE KITS



132,871 BARS  
OF SOAP



3,559 LIQUID  
HAND WASH



**78,972  
RETURNEES**

have received drinking water and benefited from other WASH facilities at point of entry and holding centres.



**1,478  
HANDWASHING**

stations have been installed in Health Care Facilities and communities.



52,228 HAND  
SANITIZERS



9,586 BUCKETS



994 KGS  
BLEACHING  
POWDER



**47,477 FAMILIES**  
were supported by hand hygiene.



**7,131 FAMILIES**  
were supported by respiratory hygiene.



3,033 WASTE  
BINS



## NUTRITION

The impact of the COVID-19 pandemic on household economies makes poor families even more vulnerable, and therefore affects a range of nutrition determinants such as food security, reduced access to markets, weakened health systems and disruption of regular preventative nutrition interventions (such as vitamin A and micro-nutrient supplementation) as well as decreased access to needed treatments for 'common' illnesses and severe acute malnutrition. 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.



**1,190 CHILDREN**

age 6-59 months with severe acute malnutrition were treated in the last 3.5 months at 539 Outpatient Therapeutic Care (OTC) and 15 Nutritional Rehabilitation Homes (NRH).



**3,000 CARTONS**

Ready-to-Use Therapeutic Food (RUTF), 250 cartons F75, 300 cartons F100 and 5,000 packs Mid Upper Arm Circumference (MUAC) tapes was procured as additional supplies for the treatment of children under-five years of age with Severe Acute Malnutrition.



**29,937  
HOUSEHOLDS**

with children under-five years or pregnant and lactating women received super cereal (fortified flour).



## EDUCATION

The COVID-19 pandemic has resulted in the disruption of education services throughout Nepal. Many schools throughout the country are being used as quarantine centres, raising concerns about the potential for children to return to school in these cases, even as lockdown ends. In this context, the education cluster prioritizes interventions to support continuity of learning, to help re-establish routines and support children's mental health, and to use education as a tool to prevent stigma, counter discrimination and support public health measures by keeping children and their communities informed on handwashing and other hygiene practices. Further, ensuring the disinfection of schools used as quarantine facilities is key to avoid the spread of COVID-19 in those areas.



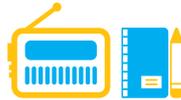
### 1,090,000 CHILDREN

have been reached through radio learning programmes including curricular and recreational activities.



### 50,4203 SELF-LEARNING

materials were distributed for pre-primary to grade 3.



### 135 EPISODES

of radio program based on self-learning materials for grades 1 to 3 have been produced.



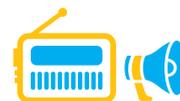
### 5.3 M PEOPLE

including people with disabilities have been reached through education related awareness messages.



### 41,639 VIDEO

and audio lessons for grades 1 to 10 have been produced by the Government for distance learning.



### 87 RADIO STATION

broadcasting parenting education program.



### 52,129 CHILDREN

have been reached through home-based learning support through mobilization of teachers, family members and social mobilizers.



## LOGISTICS

WFP has established supply chain services on behalf of the humanitarian community to maximize capacity for delivery of health and other essential humanitarian cargo and ensure the transport and delivery of essential supplies.

In close coordination with the Ministry of Home Affairs, WFP established a task force with the Ministry of Health and Population's Management Division and the Nepal Army to coordinate storage of Government and G2G-procured COVID-19 supplies and transport to provincial headquarters, sub-national stores and hospitals. WFP air operations are connecting Kathmandu to Kuala Lumpur with regular flights.



**3,664 M<sup>3</sup>**

of critical medical supplies transported.



**128**

truckloads of 3 to 21 MT trucks dispatched to province capitals and from provincial capitals to district HQs.



**18**

user organizations supported with transport.



**82 M<sup>3</sup>**

of critical medical supplies delivered to Nepal by WFP flights.



**2872 M<sup>2</sup>**

space for storage provided at Humanitarian Staging Areas in Kathmandu, Nepalgunj and Dhangadhi.

**592 M<sup>3</sup>**

critical medical supplies stored for MoHP at the Humanitarian Staging Area in Kathmandu.

**4**

Mobile Storage Units with storage capacity of 960 M<sup>2</sup> provided to Covid-19 Crisis Management Center.



**7**

Passenger & cargo flights from Kuala Lumpur.

**307**

passengers transported of UN agencies, INGOs and Embassies. (175 outbound and 132 inbound passengers).

**45**

flights information for cargo consolidation shared.



## FOOD SECURITY

Decline in household income and market functionality have direct implications on access to food and proper nutrition. The loss of jobs and income has further compounded burdens of care for households with young children, disabled or chronically ill members, and elderly persons – especially for female-headed households. Infants, young children, pregnant women, and breastfeeding mothers face significant risks to their nutritional status and well-being as access to essential health and nutrition services and affordable nutritious diets is constrained. Hence, the food security response focuses on supporting access to food for the most vulnerable and food insecure whose means of livelihood and level of income are severely affected by the COVID-19 emergency.

Technical assistance was provided to the Food Management and Trading Company (FMTC) to scale-up and expand the "Fair Price Shops" in food insecure and geographically remote areas to allow those with low-income to access food commodities at discounted/lower prices.



**39,709 FAMILIES**

(estimated 200,000 people) in over 50 districts received food assistance, in coordination with respective local governments, distributed by food security cluster partners.



**35,000 RETURNÉES**

from India in Sudhuraschim and Karnali Province received cooked food and water, in the transit/holding centres, in collaboration with provincial government.



**133,000 HOUSEHOLDS**

approximately received ration (fortified rice, pulses, vegetable oil and salt) in 58 palikas of 7 districts in Karnali and Sudhuraschim Provinces that benefits 156,410 students of 1,434 schools and their family members food security and nutrition.

# FUNDING PROVIDED TO THE OVERALL COVID-19 PREPAREDNESS AND RESPONSE IN NEPAL

## FUNDING PROVIDED TO OVERALL PREPAREDNESS AND RESPONSE BY DONOR:

Contributing donor	Committed budget (in USD)
Asian Development Bank	510,650,000
Australia	1,980,353
European Union	92,301,613
Finland	4,029,168
France	272,000
Germany	14,768,152
Japan	3,707,092
MPTF SG's COVID-19 Response	1,000,000
Others	8,583,229
Republic of Korea	702,822
Repurposed funds United Nations Agencies	31,613,970
Switzerland	7,359,821
United Kingdom	10,180,579
United States of America	30,692,258
World Bank	29,000,000
<b>Total</b>	<b>746,841,057</b>

## FUNDING BY CLUSTER:

Cluster	Funding received (in USD)	%
Coordination	180,000	18.46%
Early Recovery	3,991,964	8.29%
Education	4,000,000	66.67%
Food Security	3,069,040	60.04%
Health	32,670,080	103.56%
Logistics	700,000	61.33%
Nutrition	405,000	11.33%
Protection	2,642,534	117.45%
RCCE	2,310,000	70.53%
Shelter/CCCM	250,000	6.53%
WASH	527,500	20.57%
<b>Total</b>	<b>50,746,117</b>	<b>46.80%</b>

The HCT and its partners have received 6.8% of the overall COVID-19 funding in Nepal.