REVISED STANDARD JOINT PROGRAMME DOCUMENT

Cover Page

Country: Nepal

Programme Title: Preparedness and Response to Covid-19 in Nepal

Joint Programme Outcome(s):

1. To support the Government of Nepal in preparing and responding to the outbreak of COVID-19 while building Nepal's response capability for future emergencies.

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 practice.

Programme Duration: ___12 months_____

Anticipated start/end dates: _____

Fund Management Option(s): Pass-through_____(Parallel, pooled, pass-through, combination)

Managing or Administrative Agent: _ UNDP Multi-Partner Trust Fund Office _____ (if/as applicable)

Total estimated budget*: GBP 3 million

Out of which:

1. Funded Budget: GBP 3 million

2. Unfunded budget: 0

* Total estimated budget includes both programme costs and indirect support costs

Sources of funded budget:

- Donor: United Kingdom Department for International Development.

Names and signatures of (sub) national counterparts and participating UN organizations

Adequate signature space should be provided in order to accommodate name (person), title (head), organization name/seal of all participating UN organizations and national coordinating authorities, as well as date of signature.

This joint programme document should be signed by the relevant national coordinating authorities. By signing this joint programme document, all signatories – national coordinating authorities and UN organizations - assume full responsibility to achieve results identified with each of them as shown in Table 1 and detailed in annual work plans. For regional and global joint programmes, endorsement or signatures of participating countries (at least three, if there are more than three countries) are required.

UN organizations	**National Coordinating Authorities**
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1. Situation Analysis (One to two pages)

As of 31 May, the number of confirmed COVID-19 infected cases passed 1,000 and continues to increase. With the increased return of migrants into Nepal, a further rise in the number of cases can be expected. The Government response is led by a High-level Committee on COVID-19, headed by the Deputy Prime Minister and the Minister for Defense. A Corona Crisis Management Centre (CCMC) has also been established – led by the same ministers, along with a Steering Committee, led-by the Secretary of the Ministry of Health and Population, and the Clusters have been stood-up at Federal and Provincial Level – though not all clusters are currently active in all provinces at this stage. Under the joint leadership of the UN Resident Coordinator's Office and WHO, the Humanitarian Country Team continues to respond to the ongoing situation in support of the Government along with contingency planning and preparedness for a scaled-up response should it be required. The UN has activated the Provincial Focal Point Agency System to support coordination between the international community and the Government of Nepal as at the provincial level to enhance coordination. Coordination remains challenging given remote working and given the nascent coordination architecture for preparedness and response outside Kathmandu as federalism takes shape.

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

The Government decreed, nation-wide lockdown has been active since 24 March, maintaining the closure of all points of entry and restricting domestic and international flights. This 'lockdown' includes business closures, closures of land-border entry points, and restrictions on movement within the country and flight access in and out. Discussion is ongoing to enable the movement of those supporting the preparedness and response to COVID-19, should the situation deteriorate. With the lockdown in mind and the impact of the global pandemic on local and worldwide supply chains, scaled up logistical support to humanitarian operations to enable Government and its partners to reach the affected populations is becoming vital.

The Government has initiated a COVID-19 relief program, focusing on cash/food-for-work for workers, loan offers to businesses, extension of tax payment deadlines and rebates on utility bills. As per the scheme, informal sector workers who have lost employment because of COVID-19 will receive cash or food in exchange for labour in the public works of federal, provincial and local governments. The government has directed formal sector employers to pay 50% of the salaries of their workers – accrued from the beginning of the lockdown until mid-May – and gradually pay the

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

remaining 50% once business has resumed. To tackle employment creation at the local level, the Prime Minister's Employment Fund, Prime Minister's Agriculture Modernization Project, and COVID-19 Response Fund, established at federal, provincial and local levels, are to be mobilized.

The establishment of quarantine centres, has raised a number of protection and other concerns, including the use of school buildings as quarantine centres, women being allowed to home quarantine given the predominance of males at the quarantine centres, service provision in the centres including adherence to infection prevention and control protocols, lack of appropriate water and sanitation provision in the sites, stigmatization against returned migrants and those who recently returned to their village/home after quarantine, and reported shortages of medical equipment and supplies related to COVID-19 including Personal Protective Equipment (PPE) kits. The introduction of transit sites for returned migrants raises similar concerns. Furthermore, the lockdown is impacting the delivery of basic services, including healthcare, as well as resulting in shortages of commodities in markets, loss of jobs and income generating opportunities, and the ability of international organizations to deliver programs.

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

The current suspension of work permits from countries of destination and issuance of labour permits to Nepali aspirant migrants starting February 2020 will have a severe impact on Nepal's economy and foreign currency reserve, including the families of the migrants left behind and those who are now indebted for already paid-for permits. Remittances of foreign migrant workers – some 6 million Nepalis - contribute over 25% of Nepal's GDP[2]. Seasonal migrants to India are predominantly from the poorest and most chronically food insecure and geographically remote districts in the Far West and Karnali Provinces.

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

Alongside the economic impact, the social impact of the current pandemic and lockdown is concerning, with strains being felt at individual and household levels. As Nepal's constitution[3] also recognizes, certain groups continue to face political, economic and social discrimination, oppression, and marginalization. Vulnerable groups, including women, children, youth, persons with disabilities, those with compounded care burdens, socially excluded groups, indigenous peoples, refugees, internally displaced persons and migrants, have limited or no coping strategies to manage shocks and there are concerns that the most vulnerable people will be increasingly forced to adopt negative coping strategies in response to the new risks and economic challenges, often compounding existing vulnerabilities.

The impact of the COVID-19 pandemic on household economies is likely to make already poor families even more vulnerable, and therefore affect a range of nutrition determinants such as food security, reduced access to markets, weakened health systems and disruption of regular

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

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

preventative nutrition interventions (such as vitamin A and micro-nutrient supplementation) as well as decreased access to needed treatments for 'common' illnesses and severe acute malnutrition. The combination of these factors may result in a rise in the number of children suffering from acute malnutrition and constitute a potential reverse in the gains Nepal has made in reducing chronic malnutrition (stunting).

The COVID-19 pandemic is disrupting access to life saving sexual and reproductive health services, as health system resources and capacities become stretched and resources are diverted from various programmes to address the pandemic. Nepal has one of the highest maternal mortality rates in the region (239 per 100,000), an indication of weak health systems, which COVID-19 will further strain. Adolescents have the highest unmet need (35%) for family planning; contraceptive use is extremely low among spouses of migrant workers. Considering the anticipated number of migrants returning, the emerging needs may exceed current commodities and supplies. The current context of lockdown combined with the diversion of sexual and reproductive health services will lead to higher rates of maternal mortality and morbidity, and higher incidence of unintended pregnancies and unsafe abortions.

The COVID-19 pandemic is having a disproportionate impact on women and is exacerbating gender inequalities. It poses a serious threat to women's engagement in economic activities and can widen gender gaps in education, while lockdown measures have globally resulted in an increase in cases of gender-based violence. Women are taking on the burden of home-based health care and make up the majority of nursing staff in professional health care settings; these healthcare workers experience a disproportionate exposure to infection, are often underpaid, and work in under resourced conditions, which are aggravated during infectious outbreaks. Support staff in these settings are also largely female, such as cleaners, laundry, and catering staff, and are at heightened risk of exposure to infectious sources. In Nepal, emerging gender issues are outlined below[4]*:*

	**Health and Wellbeing:** Concerns about the impact of COVID-19 on pre-existing health conditions, access to health services, in particular sexual and reproductive health services (including pre- and post-natal healthcare) and access to gender-specific hygiene items. Lack of transportation to facilitate the movement of people requiring critical health services, including pregnant women and new mothers, is a growing concern.
	**GBV, including domestic violence:** Cases of domestic violence numbers are increasing. Food insecurity, loss of livelihoods especially for daily wage workers, reduction in remittances, economic pressure, return of migrant workers and the lockdown place women at heightened risk of physical and emotional abuse. With perpetrators at home, access to support is also limited.
	**Care burden:** The closure of schools has exacerbated the unpaid care burden on women and girls.
	**Labour:** The lockdown has further increased the vulnerability of women's livelihoods, as women often depend on daily wages and lack sufficient savings. The socio-economic impacts experienced by rural women farmers as a result of the lockdown are multifold. Loss of harvests and inability to sell produce are placing a serious strain on women's incomes and livelihoods. The financial insecurity affecting women is further compounded by difficulties in securing - or repaying - credit and loans, and accessing Government's

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

	compensation schemes, which remain unavailable to many due to the informality of their work.
	**Information sharing:** Messages and information on COVID-19 prevention are yet to reach the most excluded (female headed households) who do not have access to a phone, radio and television in rural areas and urban slums. The use of isolation measures may also limit access to information on Protection from Sexual Exploitation and Abuse (PSEA) and restrict the access of victims to reporting channels and services.[5]
	**Shelter Homes/Schools/Quarantine Centres:** Civil Society Organizations (CSO) facilities, hotels, schools and health facilities have been identified as quarantine sites but in a number of cases, gender-related protection measures including separate rooms and toilets and female guards, are lacking.
	**Migrant workers:** Many migrant workers, including women, are unable to return to their families. Targeted support is required for women domestic workers abroad who may not have access to information and are often unrecognized if their migration was through unofficial channels.
	**Legal identity and lack of documentation:** Legal identity and lack of documentation is preventing many from accessing relief. LGBTIQ persons and sex workers are facing increased stigma and discrimination. Sex workers also struggle to access essential health services including ARV's and relief due to mobility restrictions, stigma and lack of legal identity documentation.

4. Strategies, including lessons learned and the proposed joint programme

Background/context:

This joint programme is a one UN approach in support of the overarching objectives of the National Preparedness and Response Plan for Covid-10.

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 practice.

In particular, the programme focus is on filling the identified gaps in the current response and enabling the UN to scale up its support to the Government of Nepal.

The programme contains activities which respond to the current situation and enable scaled-up preparedness and response for the planning scenario used by the Government of Nepal: 10,000 cases
The approach particularly recognizes the gaps in current response and preparedness in the following sectors which speak to the health and related impacts of COVID-19:

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

Health: with a dual focus on preparing and responding to the direct impacts of COVID-19; and mitigating secondary impacts on essential health services. Participating UN agencies are WHO, UNICEF with WFP (nutrition) and UNFPA (sexual and reproductive health, GBV preparedness and response).

Non-health elements: with a focus on multi-sector assistance in areas with high humanitarian need in complement to the health response; namely logistics, protection, water, sanitation and hygiene (WaSH) and camp coordination/camp management. Participating agencies are WFP (logistics) and UNICEF (protection and WaSH), UNWomen (protection) and IOM (CCCM).

Lessons Learned*:*

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

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

Access constraints: lockdown measures and movement restrictions are likely to prevent partners from accessing populations in need of assistance, and the scale-up of remote programming therefore must be considered. Under normal circumstances given the topography and remoteness of some populations in Nepal, access and logistics are challenging. This is further exacerbated by COVID-19.

Increased protection concerns: pre-existing societal structures, social norms, discriminatory practices and gender roles which create or contribute to heightened risks for vulnerable groups[6] in Nepal are being further exacerbated by COVID-19. Increases in cases of domestic violence and limited access to assistance for those without legal documentation are some of the emerging issues which need to be factored into preparedness and response planning. Particular attention must be given to women and girls especially from excluded or vulnerable groups.

Social and economic exclusion: Traditional practices and discrimination in Nepal have affected certain development efforts. The CEDAW Committee noted that patriarchal attitudes and deep-rooted stereotypes remain entrenched in institutions and structures of the Nepalese society, hindering sustainable development. Development programmes and results related to gender and social inclusion are not equally weighted and effective across the country's different regions and population groups. Therefore, the adoption of conflict sensitive practices and do no harm are essential to ensure equal access to the programme.

Further sectoral lessons include:

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

Protection: As social distancing evolves into further isolation of vulnerable groups, persons at need of attention from protection actors are increasingly being invisibilised and their access to critical support networks and service providers curtailed.

Protection services already suffered from fragmentation and lack of prioritization and investment, pre-COVID 19. This has hampered the capacity of services such as shelters, hotlines, social workers to rapidly adapt and adjust to a remote work modality with limited direct contact with persons at risk.

The sector quickly realized the heightened risk of seeing a protection void extend and the need to empower segments of the populations the most disenfranchised as well as adapt service delivery to the new context. The protection sector articulated its operational footprint around the following pillars: enhanced protection monitoring with active engagement from persons most a risk and excluded, effective, safe and dignified health response, including in quarantine and isolation settings, protection advocacy within the UN as well as across sectors and through engagement of key duty bearers (police, local authorities, cluster lead), protection and rights awareness raising through a coordinated and adaptive risk communication approach focusing on key protection risks and protection service delivery.

In this process, a key learning is around collaboration with other sectors to ensure a comprehensive and adapted answer. This has been the case with the health, WASH, sector and extending with the shelter and education sectors.

Harnessing the power of technology while also acknowledging its limitation has also emerged as a key learning as both high-tech and low-tech modalities are being explored to enhance protection analysis and response.

Finally, the long-term engagement of protection actors with community networks has proven to be a critical asset in ensuring continued access to the 'realities' of people at risk. The need to enhance community's actors' capacity to tap into alternative networks such as health or local governance networks is providing an opportunity to bridge emergency response and longer-term cohesive protection monitoring.

The ability of protection actors to reach remote areas, as well as ensuring protection services' continuity and adaptation are major areas of risk and require continued advocacy and continued monitoring.

Continuity of protection services is critical in preventing help-seeking behaviors from being eroded and ground being lost on individual /community practices and institutional capacities.

Nutrition: Whilst health posts are open and health care workers available to provide essential health and nutrition services, utilization of services has declined. Lockdown measures, movement restrictions and fear of exposure to COVID-19 infection are affecting health seeking behaviour and service uptake.

WaSH: UNICEF, being a co-lead for WASH Cluster, enjoys a very good working relationship both with Government and other cluster partners in the area of emergency coordination and response. UNICEF supported the Federal and Provincial government in 2019 to strengthen the capacity of Provincial WASH Coordination Committee in all the seven provinces on emergency preparedness and response. For effective and harmonize humanitarian actions, each of the province is now assigned with a co-lead agency (volunteer agencies among the cluster members) to support PWASH CC in preparedness and response actions for COVID 19. In addition, UNICEF has a rich experience in providing responses to different emergencies including flood, diseases outbreaks, and earthquake as well implementing development projects including those funded by DFID such as Accelerating Sanitation for All (ASWA) Programme. Lessons learned in terms of viable technical options for WASH

services, working with local governments, and social mobilization will help in providing minimum WASH services in the quarantine centers to be targeted. Through close coordination with the relevant government authorities, and providing remote technical support, some of the challenges especially associated with mobility restrictions will be addressed.

The proposed joint programme:

This joint programme reflects a one UN approach to meeting health and related impacts as a result of the COVID-19 pandemic in Nepal. The choice of agencies reflects the sector expertise and cluster leadership in emergency preparedness and response.

Coordination:

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

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

1) To enable scaled up interagency coordination to respond to the impact of Covid-19 in Nepal and to allow for scaled-up coordination in response to increased need as a result of monsoon flooding.

To enable this the RCO recommends the following:

- Deployment of a humanitarian coordination specialist for three months.

Activities include:

1) Attendance in-person and coordination of intercluster coordination meetings.
2) Preparation of Situation Reports and input to response plans as required.

Health:

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

Surveillance, rapid investigation of cases and tracing of their contacts enables isolation of cases and quarantine of contacts to interrupt transmission chains. Well-organized screening at points of entry can identify people with detectable symptoms and allow them to be isolated. Laboratory systems need enhanced capacity to confirm a high volume of cases rapidly and with reliable quality. Comprehensive IPC needs to include adequate personal protective equipment (PPE), compliance to IPC protocols, adequate water, sanitation and hygiene (WASH) and health care waste management (HCWM) to prevent patients from infecting others while admitted. A high level of awareness in the

community and adequate provisions for adopting IPC measures including hand washing, basic hygiene, cough etiquette and physical distancing in home and work settings is required. Well-coordinated management (and number) of beds, care personnel and medical logistics at designated COVID-19 hospitals will support an effective response. Medical logistics and supply chain management systems will need strengthening to enable an effective and scaled-up response.

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

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

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

WHO is the technical health agency of the UN and the co-lead of the Health Cluster in Nepal. The MoHP, which is the lead of the health cluster and the line ministry mandated to facilitate the technical aspects of the government response to this emergency works closely with the WHO in all aspects of the health response. WHO has also has field teams at the provincial level which work closely with the MoSD and the Provincial Health Directorates. Currently the entire human resources of the WHO country office has been repurposed to manage the COVIV-19 response, organized under an Incident Management System akin to the Incident Command System of the MoHP. Through the regional office and mechanisms available at the level of head-quarters, WHO has also been able mobile surge staff and expertise un available at country level to assist in the national response. These are significant and unique comparative advantages that enable WHO to engage effectively in the national health response to COVID-19.

Many of the response interventions such as contact tracing and health management at community quarantine sites have to be implemented at the local level by the municipalities. The Nepal Red Cross Society with a pan national grass-roots presence through its trained volunteers managed and coordinated by tiered sub-national chapters, has the reach and expertise to leverage and expand the interventions of WHO from the national and provincial to the local levels. The NRCS is also supported by experts from various national red cross societies and can draw form the international experience of this international organization. Hence, it is the most suitable partner for WHO to ensure the rapid filling of the response gaps that have clearly emerged at the local level in terms of the implementation of national and provincial guidelines for effective response .

WHO programme strategy:
Activities:

Support (communications, transport and training) to 1100 contact tracing teams at municipal level for training, mobility support and communication. Partners are NRCS, MOSD and MOHP, Municipal Governments and MOFAGA.
Implemented via the NRCS through a project agreement entered into using existing WHO contracting modalities to enable their volunteers to support the municipal contact tracing teams.

Support for health screening, monitoring and data management (one paramedic and one data manager) at 200 critical community quarantine centers - NRCS, Municipality, MOFAGA.
Staff costs / volunteer incentives via the NRCS, to the trained para medics and the data managers from the NRCS roster who will be mobilized by them to man these prioritized quarantine centers.

Support for national and provincial telemedicine centers for COVID-19 clinical decision support and management - TUTH, MOHP, MOSD - 15000 per province + 25000 at the centre.
The project activities in this regard are: provision of basic equipment; supporting the high-bandwidth internet connections and training for the provincial telemedicine centers to be located at seven hospitals identified by the MoHP; Tribhuvan University Teaching Hospital (TUTH) would be coordinating the initiative from the central level through the augmentation of the National telemedicine center located therein which requires support from WHO for additional equipment and support for the current toll-free number allotted to the National HEOC – 1133 to be utilized professionally through technical assistance from an existing WHO vendor, used to provide a similar service to the call center located at the Epidemiology & Disease Control Division for enhanced Risk Communication & Contact follow-up.

Establishment and scale-up of tele-health services for suspected COVID-19 cases screening and referral and continuity of essential health services – MOHP – Development and training for 1000 doctors per province.

Support to field teams to enable movement and monitoring - WHO, MOSD and MOHP - MOSD, MOHP. Transport and subsidies for staff.

Sexual and Reproductive Health:

The COVID-19 pandemic is disrupting access to life-saving sexual and reproductive health services, as health system resources and capacities become stretched and resources are diverted from various programmes to address the pandemic. The current context of lockdown combined with the diversion of sexual and reproductive health services will lead to higher rates of maternal mortality and morbidity, and higher incidence of unintended pregnancies and unsafe abortions. Special attention must therefore be paid to ensuring the continuation of life saving essential sexual- and reproductive health services, including maternal and new-born health care and family planning and supplies.

Following are the proposed interventions for the lifesaving Sexual and Reproductive Health Services.
Key Interventions:
1: Strengthen capacity to lead and manage the RH sub-cluster at the federal, provincial and local level
UNFPA as a co-lead of the RH sub-cluster along with the Family Welfare Division/MoHP will: (i) Facilitate the operations of the RH sub-cluster at the federal, provincial and local level with the relevant government counterpart and partners; (ii) Support efficient coordination through the RH sub-cluster to ensure uninterrupted access to essential SRH services at all levels; and (iii) Ensure key stakeholders from underserved communities, such as migrants and returnees, persons living with disabilities, reproductive rights networks and women's networks are consulted and involved in all stages of the COVID19 response.

To strengthen the capacity of the RH sub-cluster, UNFPA will support the counterparts (MoHP/FWD and MOSD provincial authorities) with the provision of Human Resources (Technical Assistance) to help them manage/coordinate continuity of SRH services at the national and federal level. The TA staff will be placed at designated government offices, while remaining under UNFPA's contract.

2: Equip health facilities and service providers to provide essential SRH services

Ensure availability of and access to Emergency Obstetric and Newborn Care: Access to skilled birth attendants and emergency obstetric and new-born care for all births is among the most essential services and needs to be ensured for all women and girls in need and their newborns. Monitoring reports of selected sites reveal a significant decrease in the utilization of services at the service delivery point. For the continuity of EmONC service, UNFPA in close collaboration with the FWD/MoHP will support selected existing EmONC sites designated to provide services, with technical guidance to reinforce infection control measures including triage flow, isolation and referral of suspected/confirmed COVID-19 cases to the designated COVID-19 hospitals. This support will include the provision of PPEs, essential medicines, supplies and equipment for basic and comprehensive emergency obstetric and newborn care services. UNFPA proposes to work with local authorities and the Nepal Red Cross to offer ambulance services as well as other means of transportation services to prevent delays in reaching health facilities during obstetric emergencies.

In addition, the maternal and newborn health service providers will also be offered online training on the interim guidance as well as mentoring and coaching support. Basic and comprehensive EmONC services for suspected/confirmed pregnant women will be provided in the designated COVID-19 hospital. In order to ensure appropriate isolation and care of pregnant women, mothers and their newborns suspected/confirmed with COVID-19, MoHP plans to establish separate delivery rooms in 13 designated COVID-19 (Level II and Level III) hospitals that can offer EmONC including for the management of complications, and will require Interagency Emergency Reproductive Health (IERH) Kits and equipment.

Provide Personal Protective Equipment (PPEs) for front line health providers: Given the importance of PPE for continuity of life-saving SRH services, UNFPA will procure and provide the 9 item PPEs for the 13 COVID-19 designated Level II and Level III hospitals as well as the basic PPEs supplies for the regular services providers in birthing centres and EmONC health facilities. In addition, basic PPE items will also be provided to protect Visiting Service Providers (VSPs), Female Community Health Volunteers (FCHVs), and static clinics run by NGOs for them to continue the provision of maternal health and family planning information, counselling and services.

3. Support SRH outreach services including provision of hygiene supplies

Expand the network of helpline service providers for provision of 24/7 information, counselling and referral on SRH: UNFPA will support the expansion of the existing SRH helpline to provide the necessary information, counselling and referral services. The aim will be to provide round the clock 24/7 services and to increase the network of service providers.

Teleconsultation for regular antenatal (ANC), postnatal (PNC) and family planning information, counselling and referral: UNFPA in collaboration with FWD, will support teleconsultation services for ANC and PNC in high density provinces and epicentres of COVID-19. Routine ANC visits are likely to be minimized particularly for low-risk pregnancies and remote counselling and screening using mobile phones could be offered with the exception of women with high-risk pregnancies or in the third trimester who will be encouraged to continue to visit a health facility for ANC services. Similarly, PNC services may be provided remotely. However, since PNC is critical for preventing maternal and newborn mortality, to the extent possible PNC services should be maintained or at minimum priority should be given to provide PNC within 24 hours post-partum for women who have left the health facility early after delivery or delivered at home and during the first-week after childbirth. Nurse/midwives and other key providers of ANC and PNC services will need to use clinical judgement in identifying women and girls who are at high-risk and need to visit a health facility, based on ANC and PNC protocols that will be developed under the RH Sub-cluster.

Items for Persons with disabilities: Marginalized groups, in particular persons with disabilities and the elderly, are even more vulnerable during the COVID-19 pandemic, especially those with existing health conditions. As health and social support systems are diverted to COVID-19 response, and with the breakdown of support structures that may have existed prior to the lockdown, persons with disabilities and the elderly lack the usual assistance required to manage the activities of daily

living. To address their immediate needs, UNFPA proposes to provide the following commodities: sanitary pads, adult diapers, and other basic sanitary supplies.

Gender Based Violence

There is concern about the impact of the stressors of COVID-19 related prevention measures on domestic violence and other forms of gender-based violence, with little access to usual reporting networks and protective services. Harmful practices such as child marriage or child labour may be increasingly adopted as negative economic coping strategies. Access to education, which contributes to delaying the age of marriage, is currently denied. More than 1/3 of young women aged 20-24 report being married by the age of 18, and 1/10 by the age of 15. Some in precarious positions may be driven to sex work as a desperate coping measure. Human trafficking rates in Nepal are already alarming, with an estimated 5-10,000 women trafficked annually to India alone, and may rise as a result of economic pressures families are facing. The focus of interventions will be to build the capacities of OCMCs and health sector service providers to respond to GBV.

Key Interventions:

1. Capacity building of health sector service providers for GBV response:
UNFPA will work with the National Health Training Centre to integrate the revised guidelines and protocols into OCMCs staff training, service provision and mentoring activities. Service providers will need to be oriented on the specific challenges and constraints posed by lockdown for women, girls and LGBTQI persons and limitations and challenges of providing remote support by phone- such as the constant presence of the abuser around the survivor and difficulty in finding privacy for phone counselling. They will need to be oriented and guided in using the new protocols and guidelines and they will need to learn new skills for delivering services while protecting themselves and service providers from COVID-19, for de-escalating situations of violence when a survivor is stuck with the abuser and so on.

For services that will be newly set up or where basic training on gender responsive and survivor centered service provision has not yet been provided, and for newly established or poorly functioning OCMCs, existing training packages will be implemented as fundamental to service provision. The modality of such training and mentoring will be determined by the various phases of lockdown expected in this crisis. Support will also be provided to sensitize frontline health workers (FCHVs and medical staff) in OCMCs and peripheral Health Facilities on the identification of GBV cases and abuse of vulnerable persons; responding to disclosures of GBV; as well as the existing referral mechanisms for survivors needing services.

2. Build human resource capacities of selected OCMCs through providing salary costs and psychosocial training of OCMC case managers:
When OCMCs are staffed with a nurse, case manager and outreach counsellors, they are better able to provide one-stop multi-sectoral services to survivors. This approach includes cost sharing with the MoHP where the MoHP provides for all establishment, equipment and running costs of the OCMC as well as the salary of a staff nurse, while UNFPA provides salaries for a team of case manager and outreach counsellor and provides technical support in terms of training and mentoring of health workers as well as all staff of the OCMC. In some districts, this approach has already been institutionalized successfully. Hence, it is proposed to upscale this model to priority districts and provinces (2, 5, 7).

3. Provide basic water, sanitation and hygiene facilities at supported OCMCs:
While governments will be encouraged to fund the establishment and running costs, UNFPA will fill the gap in provision of basic materials, specifically in the context of the crisis, such as protective gear (masks, gloves), dignity kits (ERH Kit#3) and preposition Rape Treatment Kits (ERH Kit 3).

4. Provision of reliable and trustworthy community-based psychosocial support services for GBV survivors:

Community-based psychosocial support is a critical enabler for women's decision and ability to access services. The provision of psychosocial first aid through community-based female psychosocial workers (CPSW) who will be selected and trained from among the women living in the beneficiary communities. The CPSW are linked with case managers at the OCMC and use mobile phones to consult with case managers and the counsellors at CMC for any support or consultation. The CPSWs are also trained to refer cases to the police or local government or the shelter directly if so required. Selection, training and establishment of a new cadre of CPSWs is essential. They will be provided with an existing modality of 10-day training on psychosocial first aid and GBV referral mechanism.

5. Strengthen capacity to lead and manage the GBV sub-cluster at the federal, provincial and local level

UNFPA as co-lead of the Protection cluster (jointly with UNICEF) and lead of the GBV sub-cluster will (i) Facilitate the operations of the GBV sub-cluster at the federal, provincial and local level with the relevant government counterpart and partners; (ii) Support efficient coordination through the GBV sub-cluster to ensure uninterrupted access to essential GBV services; and (iii) Collect data and create a GBV Information Management System that provides up to date, timely and verified data on service availability, access, gaps and best practice to aid evidence-based decision making at all levels.

To strengthen the capacity of the GBV sub-cluster, UNFPA will engage surge capacity to lead all GBV sub-cluster coordination activities and joint leadership of the Protection Cluster, as well as engage a UN Volunteer to lead on all information management and data collection activities and coordinate with government counterparts in MoWCSC and MoHP on accessing and utilising the data for policy and activity planning.

Nutrition:

Unlike other emergencies, the COVID-19 pandemic and the measures used to control the spread of the virus such as physical distancing and lockdown, has in turn affected the way regular nutrition programmes and an emergency response are implemented. Based on global recommendations and decisions by Ministry of Health and Population, all health and nutrition activities involving mass gatherings have been cancelled. This has meant no vitamin A campaign, which was also the delivery platform for mass screening of children for acute malnutrition. The physical proximity involved in measuring children either by height and weight or Mid-upper Arm Circumference (MUAC) has deemed this unfeasible within the COVID-19 context.

UNICEF as co-lead of the nutrition cluster is at the forefront of technical assistance to the government and cluster members at national and provincial levels. Guiding the nutrition cluster on nutrition programme adaptations and ensuring they are aligned with global and regional recommendations enables the government and other implementing partners to continue provision of essential nutrition services such as treatment for acute malnutrition and support and promotion for breastfeeding for mothers suspected or confirmed COVID-19 positive. Members of the nutrition cluster have a collective and shared understanding that the peak of indirect impacts of COVID-19 on children's, women's and adolescent's nutritional status may not be seen immediately but rather the situation will unfold gradually as food insecurity worsens among vulnerable households and constrained access to health services results in increases in childhood illnesses. To be prepared for this surge in malnutrition, nutrition commodities for preventing and for treating children are essential.

In acknowledgement that a rapid nutrition assessment or active community-based screening for acute malnutrition that is normally performed by Female Community Health Volunteers (FCHV) is currently not feasible, the nutrition cluster is exploring alternative methods and means to monitor

the nutritional status of children. The 'Family MUAC' approach is being tested, whereby mothers or caregivers of children 6-59 months are taught how to use a MUAC tape to measure their own child/ren. This approach is used in numerous countries around the world and in the COVID-19 context will make it possible for children who are moderately or severely wasted to be detected early. Empowering caregivers to measure and understand the nutritional status of their own children is likely to trigger higher demand for health services. This approach will be sustained beyond COVID-19 and will strengthen the existing Integrated Management of Acute Malnutrition (IMAM) programme by addressing some of the limitations in the operationalization of the programme, namely, access to remote areas by health providers and FCHVs to perform screening and limited understanding among caregivers of the nutritional status of their own children and the importance of accessing treatment services early.

The second strategy prioritized by the nutrition cluster for the COVID-19 and monsoon flood season is blanket supplementary feeding for children 6-23 months identified as living in vulnerable districts; vulnerable to flood, in areas where COVID-19 cases are highly concentrated and in quarantine sites. Whilst the Family MUAC approach will eventually help government and partners to identify and target children for treatment interventions, within the context of no rapid screening capacity, the blanket supplementary feeding can immediately be implemented and is intended as a short term initiative to prevent children from becoming malnourished and to prevent deterioration among those children already moderately or severely wasted.

UNICEF Programme Strategy

Outputs

Output 1. Facilitate the procurement and delivery of 4000 cartons of ready to use therapeutic food to families that identify their child as needing nutritional supplements through the MUAC testing

Activities

-
- Directly procure RUTF through UNICEF supply division on behalf of FWD, MoHP
- Facilitate distribution of RUTF from provincial to district level and district to health facility
- Monitor stock management

Implementing partners:

Nutrition Section, Family Welfare Division, MOHP is the implementing partner for managing the nutrition commodities (RUTF). The RUTF will be distributed by federal level via the national supply logistics management centre to provincial logistic management centres. Provincial government will facilitate further transportation from province to district and district to health facility. UNICEF will support provinces for transportation of RUTF where there are financial gaps.

WFP programme strategy:

To support the Government of Nepal's COVID -19 response, WFP will undertake a blanket supplementary feeding programme (BSFP) targeting children 6-23 months of age and PLW with the aim of preventing malnutrition among these vulnerable groups. In consultation with the local government, four food insecure, flood prone, and COVID affected districts (namely; Saptari, Sarlahi, Rautahat, and Siraha) in province 2 have been already prioritized for the BSFP. The pre-existing higher vulnerabilities, as well as the high levels of secondary impacts of COVID-19 amongst poorest informal workers have also been taken into consideration in the prioritization of these districts. Accordingly, children 6-23 months of age, and PLW in these districts will receive specialized nutritious foods, a wheat-soya blend (WSB+) at a monthly ration of 3kg per person regardless of their nutritional status. With $200,000, the BSFP will reach a total of 17,176 (5,281 Children 6-23months and 11,895 PLW) beneficiaries in the prioritized districts for 2 months.

WFP has reputable experiences of implementing BSFP, and will engage its cooperating partners, who have also extensive experience in implementing BSFP and other nutrition programmes as evidenced during the last year's and previous monsoon flooding and other emergencies. WFP, together with the WHO, UNICEF and other nutrition cluster members will develop standard operating procedures (SOPs) that will guide safe implementation of the BSFP in the context of COVID-19. The SOP will be in line with updated global recommendations, including social distancing and other measures to be taken into consideration to contain infections.

WFP has standing agreements with two partners, NEPHEG and HHESS, for accelerated deployment during emergencies, following capacity and performance assessments. They have strong experience in Blanket Supplementary Feeding Programmes (BSFP) and other related nutrition interventions including screenings. WFP engaged them last year during the monsoon flood response in Province2, and in previous years. WFP transfers funds to these partners to support implementation, as well as for coordination and capacity strengthening support to health clinics, MoHP, etc.

Logistics:

The comprehensive health response is supported by medical logistics and supply chain management systems' strengthening to enable an effective and scaled-up response. The Logistics Cluster, co-led by the global cluster lead – the World Food Programme - will provide essential support to the Health Cluster, with the goal of maximizing supply chain capacity and ensuring the timely and uninterrupted flow of essential, lifesaving health supplies and equipment to health facilities and clinics across Nepal.

In particular, Operational Support and Logistics as part of the Health Cluster response during the preparedness phase supports the forecasting of supplies of PPE and other essential commodities and coordinates procurement and supply through the EDP-SCM sub-group with the Management Division of the Department of Health Services (in support of the Ministry of Health and Population's (MoHP's) one-door policy for a consolidated COVID-19 supply chain). In the response phase, the Logistics Cluster supports the Health Cluster by monitoring inventory of essential supplies, consolidating and validating demand and coordinating procurement of COVID-19 related medical supplies, utilizing the UN global COVID-19 supply chain system to augment government and local procurement mechanisms. Support is also provided with the timely delivery of international supplies by air and road through the COVID-19 Emergency Service Marketplace.

Logistics Cluster common services work will be provided to resolve storage and transport constraints for humanitarian agencies caused by the lockdown, and to increase the supply chain capacity of MoHP and Nepal Army to handle the large volumes of COVID-19 supplies required. Transport services for all national COVID-19 related medical supplies will be provided in close partnership with MoHP and Nepal Army, from Kathmandu to Humanitarian Staging Areas (HSAs) in Nepalgunj and Dhangadhi to medical stores in the provincial capitals and from the provincial capitals to sub-national, district stores, with approximately 50% (250 MT) during the preparedness phase and 25% (900 MT and 1200 truckloads.) during the response phase of the national supply chain handled by the Logistics Cluster. Storage capacity of the government will be increased by erecting up to six additional mobile storage units in Kathmandu and at provincial medical stores where needed.

The Logistics Cluster established a coordination cell with MoHP Management Division and Nepal Army to plan and coordinate the upstream and downstream COVID-19 supply chain to maximize capacity and prevent interruptions. The Logistics cluster coordinates with humanitarian organisations, Ministry of Home Affairs, MoHP and the EDP-SCM sub-group, through regular meetings, providing SOP's and situation updates to ensure full awareness of the available services, how to access them and to advocate with relevant authorities to resolve logistics gaps and constraints. The cluster also provides dedicated expertise to coordinate with Nepal Armed Forces

and the Covid Crisis Management Committee (CCMC) to coordinate use of military assets on behalf of the humanitarian operation if required.

WFP Programme strategy:

1. Provision of logistics common services a 6-month period:
    a. Storage: Common warehousing facilities at three Humanitarian Staging Areas, Kathmandu, Nepalgunj and Dhangadhi, and provision of up to 6 mobile storage units in Kathmandu and provinces at medical stores, to facilitate receipt and onward movement of COVID-19 medical supplies to health facilities, in partnership MoHP, Nepal Army, provincial Ministry of Internal Affairs and law and Chief District Officers.
    b. Land Transport: From Kathmandu to HSA's in Nepalgunj and Dhangadhi and provincial capitals and from provincial capitals to sub-national district stores. With $700,000 the Logistics cluster can transport 50% (250 MT) during the preparedness phase and 25% (700 MT) during the response phase of the national COVID-19 supply chain for approximately 6 months. This is almost 950 truckloads, by using commercial transporters and truck capacity of Nepal Red Cross Society. The remaining portion will be transported by Nepal Government: Ministry of Health and population and Nepal Army.
    c. International air cargo & passenger transport: coordination support to enable use of WFP air services for import of essential medical and non-medical supplies and enable surge support and rotation of humanitarian staff.

2. Logistics coordination and information management:
    a. Logistics coordination in Kathmandu and provincial capitals: Through dedicated support present in provincial capitals, provide federal and provincial authorities with updated logistics information and ensure full access and use of logistics common services. WFP will augment the number of staff in the provinces where there are no HSA's to help coordination storage and supply from provincial level to sub-national stores at district level.
    b. Procurement coordination: Support to UNICEF as supply focal point, and coordinate with WHO, MoHP and EDP partners to consolidate and validate national demand, create procurement action plan and manage supply chain information as needed to utilize the UN global COVID-19 supply chain system.
    c. Manage information sharing platform: Provide updated logistics operational information such as customs directives, international cargo flight information, transport permit procedures, SOP's, meeting minutes and storage and transport updates through email and dedicated webpage (http://logcluster.org/countries/NPL)

Protection:

A scaled-up protection response is critical to mitigating the social impact of COVID-19 on the most vulnerable segments of society, preserving current social gains and investments, supporting social cohesion during times of social distancing, and paving the way for recovery as containment measures evolve. Specific areas of concern which the Protection Cluster is looking to address in addition to GBV (highlighted above) include:

The engagement of the security sector (police, border management, corrections) on the enforcement of lockdown/quarantine measures including **effective civil-military coordination and ensuring age and gender considerations are addressed in the engagement with the security forces.** The needs of detainees need addressing, particularly vulnerable detainees, which includes support for diversion processes for young offenders. **Vulnerable families require support to maintain protection gains including gender equality, child protection and use of and access to critical services.** There is need to mitigate the impact on the mental health of the affected population and thus activities to enhance psychosocial and mental health prevention

and response services, including for frontline health workers need to be supported. Mechanisms to prevent family separation and support family-based care need strengthening, particularly in light of the increasing proliferation of quarantine sites. There is need to support the targeting of the most vulnerable in all interventions and thus, ensuring that issues around legal documentation do not adversely impact people seeking protection or access to services is of vital importance and in the same way, as is ensuring measures to mitigate the impact of COVID-19 response on access to legal documentation/ citizenship. Furthermore, given fragile gains made in protection services in Nepal, strengthening the capacity and local governance of protection systems in support of provincial and municipal levels' alert, response and referral mechanisms will be a priority. While factoring in the cultural and ethnic diversity of Nepal, and ensuring equal access to information, prevention messaging, care and alert systems, there is need to ensure that preventing and addressing stigma and ensuring standards of privacy and confidentiality are upheld in the response to COVID-19.

UNICEF programme strategy:

The extended lockdown has resulted in wide-ranging protection concerns spread across different programming environment: border points of entry, quarantine centres, transit centres, isolation wards and communities. These require enhanced monitoring of risk factors and capacity to mitigate risks, decrease vulnerability and provide remedial protections services to the most vulnerable.

In addressing key protection issues arising from the COVID 19 environment UNICEF will leverage both its coordination role as co-lead of the Protection Cluster and thematic lead of the psycho-social and child protection components of the protection cluster's response.

UNICEF's interventions will build on existing partnerships with the Ministry of Children Women and senior Citizen, social development personnel in targeted municipalities, Nepal Red cross society, national NGO Child Workers in *Nepal* (*CWIN*), a leading protection actor with good linkages with national protection agencies and community-based organisations. UNICEF as a co-lead of the Protection cluster has also enhanced its collaboration with associations of persons living with disabilities (PLWDs) and women's organisations with which partnerships have been strengthen partnership is being built around protection monitoring and alert mechanisms.

UNICEF has field presence in Provinces 2,5 6 and 7 and beyond its child-focused mandate has capacity to build linkages between protection issues, including GBV, child protection, psycho-social support. The agency's multi-sectorial reach provides opportunity to leverage inter-sectorial coordination to address protection needs, including with the WASH, health, nutrition, social protection and shelter sectors, all critical to maintaining protection gains and mitigating the risk of seeing vulnerable families resorting to coping mechanisms exposing them to further harm.

Lessons learnt from previous emergencies in Nepal including the 2015 earthquake and floodings in the past few years highlight the critical importance of strong protection monitoring systems and structured engagement with duty bearers and other sectors, as well as active support to community-based structures to address vulnerabilities, and support help-seeking behaviours.

In this unprecedented context, UNICEF's network of community-based partners built through years supporting child-friendly local governance mechanisms is an asset to support dialogue with local authorities as well as enhance engagement of community actors.

UNICEF has developed strategic partnerships with key duty bearers including the MWCSC, National Child rights Council, National Human Rights Commission, and municipalities in areas of return around the Nepal-India border.

The Protection response implemented by UNICEF will be underpinned by the following strategies:

- technical support to protection monitoring, analysis and case documentation to guide advocacy, program adaptation and emergency response including monitoring of the protection situation in quarantine centers.
- support the incorporation of protection analysis in other sector's responses with a focus on health, shelter and food security/ recovery and attention to intersecting risk factors (COVID 19, Monsoon) and their impact on vulnerabilities to discrimination, violence, abuse and exploitation
- support to community-based alert and reporting mechanisms and protection services including helplines
- structured and strategic engagement of both duty bearers and other sectors on protection issues. Specific attention will be paid to engaging security actors on protection concerns emerging from the enforcement of the lockdown and securing quarantine/ transit centers. UNICEF will contract technical resource with police/ security background to support this engagement and enhance capacity of cluster members to engage in operational dialogue with security actors;
- support to ensure adaptation and continuity of critical protection services (children emergency shelters, social workers, specialised police services).
- engagement of vulnerable groups as actors in the response particularly ensuring the voice of children, youth, women, the elderly and people living with disabilities are heard, amplified and acted upon. The engagement of women and PLWD networks in protection monitoring will be critical in ensuring adequate protection responses.
- scaling up the psycho-social service provision and adapting it to specific groups (PLWD, youth, frontline workers) and environments (quarantine centres, isolation wards, places of detention)
- targeted protection interventions to address the needs of specific groups

Output 1 - Protection concerns arising from the COVID 19 context are regularly and systematically monitored, analysed with contribution from affected populations and used to feed into advocacy and response

In the absence of a centralized data collection system for protection issues, a fragmented institutional set-up and lack of a dedicated, protection monitoring is critical to feed advocacy, help shape operational responses while empowering groups traditionally kept away from emergency preparedness and response.

As the monsoon season approaches, the current constrained social an economic environment is likely to result in compounded vulnerabilities. In this context, not only will strengthened protection monitoring enhance protection responses, it will have the potential to identify cross-sectoral issues to enhance overall preparedness and response.

Activities:

- extension of mobile-based protection monitoring system to Province 1, 2, 5,6, 7 (within community and in priority quarantine centres) with engagement of women's organisations, associations of PLWD, red cross volunteers, community-based para-social workers (monthly key informants monitoring reports and incident reporting from cluster members)
- Training of partner organisations in protection monitoring/ incident reporting

To strengthen the protection sector's situation analysis and evidence-based programming, UNICEF, as co-lead of the protection sector will enhance the cluster data analysis capacity to process, analyse, disseminate protection monitoring data as well as ensure contribution to other sector's planning and overall advocacy.

Indicators:
# of districts with active protection monitoring partners
# of cluster partners trained in the use of the protection monitoring/ incident reporting platform

Output 2 – Duty-bearers capacity to address protection risks, adapt service-provision and mitigate the impact of the COVID 19 pandemic is enhanced

Activities:

- technical support to Nepal Police in service adaptation and continuity of the Women Children, Senior Citizens Service Centers operations (technical guidance, monitoring of policing practices and service use) in Provinces 2,3,5, 6 and 7;
- capacity-development of quarantine management authorities to support protective environments (prevention of sexual exploitation and abuse, orientation on referral pathways) in Provinces 2,5, 6 and 7 ;
- technical support to local authorities in implementing age and gender-sensitive public health measures (deployment of (psycho) social workers, support in the facilitation and monitoring of home/ dedicated quarantine of vulnerable groups) in provinces 2,5, 6 and 7;
- Technical support to local government to strengthen the system of detection of abuse/violence and reporting of child protection concerns by health and education service providers in provinces 2,5, 6 and 7

Indicators

% of COVID hospital using SOPs on protection referrals

# of districts incorporating protection criteria in screening and quarantine orientation processes

# of security officers trained on protection referral pathways and PSEA prevention

Output 3 – Persons vulnerable to protection risks arising from the lockdown receive timely and adequate protection response and referral to other sectors as appropriate

Activities:

- Extension of psycho-social hotlines and coordination with mental health services to enhance suicide prevention strategies
- Comprehensive assistance package to vulnerable families/ children to mitigate impact of COVID 19 prevention measures and prevent negative coping mechanism (vulnerability assessments and identification of vulnerable families, referral to relief programs and targeted assistance for those not meeting criteria including unconditional cash, NFIs)
- Support to the promotion of referral pathways in areas with significant changes in protection service delivery and with a specific focus on priority quarantine/ isolation centres
- Training of OCMC and GBV service providers to ensure services adapted to the needs of teenage and children survivors of GBV and adapted referral pathways

Assistance package will target both newly vulnerable children and families and children and families from pre-existing protection caseloads such as children released from institutions and detention centres and girls previously enrolled in school reinsertion and life skills programs as part of child marriage prevention programs who are at heightened risk of child marriage and psycho-social distress.

- Deployment of psycho-social counselling services for vulnerable persons in priority quarantine centres (based on assessment of needs in QC and monitoring information) and extension of remote counselling services to general quarantined population
- Support to setting up 31 child-friendly isolation wards in provinces 2,5,6,7 (psycho-social support, child-friendly activities, family/parenting support and support to vulnerable family members left behind)
- Prepositioning ofof essential relief materials, recreational kits for children in quarantine/isolation and protective materials for survivors of violence and duty bearers involved in COVID-19 response
- Support to the Child Helpline and associated services for appropriate assistance to unaccompanied, separated or other vulnerable children along with provision of appropriate care arrangements
- DesignDesign and dissemination of protection messages (in local languages and accessible formats) on protection issues (gender-based violence, domestic violence and other harmful practices-child marriage) and promoting help-seeking behaviours

Indicators

- # of persons reached with protection assistance disaggregated by age, gender, (dis)ability status

- % of child helpline calls referred to relevant services disaggregated by type of service, protection issue, age and gender of help-seeker

- # of persons reached with psycho-social services disaggregated by age, gender, location (quarantine/ not quarantine)

- # of isolation wards supported with psycho-social services

- # of children provided with alternative care solutions disaggregated by age, gender, location-

- # of persons reached with protection messaging

- # of protection service-providers supported with protective equipment

UNICEF's interventions will build on existing partnerships with the Nepal Red cross society, national NGO Child Workers in *Nepal* (*CWIN*) which runs child helplines.

UNWomen programme strategy:

UN Women's experience of past humanitarian interventions shows that gender mainstreaming efforts need to be accompanied with targeted interventions to address the specific and differential needs of women from the excluded groups. In acknowledging the complexities that mark women's lives, and in recognizing that the current COVID crisis is likely to exacerbate existing fault-lines – create more vulnerabilities, intensify exclusions and push those in the margins, further behind – UN Women Nepal will adopt a comprehensive rights-based approach to support women from the excluded groups. The comprehensive package builds on the issues and concerns raised by diverse women's groups during interactions organized by the Gender in Humanitarian Action (GIHA) Task Team, chaired by UN Women, in collaboration with the Ministry of Women, Children and Senior Citizens (MoWCSC), diverse women's networks and International Development Partners Group – Gender Equality and Social Inclusion (IDPG-GESI) Working Group.

I. Cash based support

Given the specific challenges that women are facing during these times -such as increased care burden, and the possible need for emergency health services for GBV; cash support will be provided to women victims/survivors to respond to these specific needs.

II. In – kind support

In addition to the cash support, the package will provide in-kind support to address the following needs of women and their households:

1. Access to food – the immediate food insecurity of households will be addressed through the provision of rations/food supplies.
2. Access to energy – linked to food security is the need for clean energy including for cooking. This will be addressed through the supply of induction cookers and LPG cylinders.
3. Access to essential supplies – to support households maintain COVID related health and hygiene standards, essential supplies such as soaps, medicines, masks, sanitizers, sanitary napkins will be provided
4. Access to information/ communication – to address women's limited access to information in the COVID context, a series of public service announcements and messages to highlight critical issues such as gender-based violence, harmful social norms and discriminatory practices will be developed and broadcast in multiple local languages. These will be made available in formats that can be accessed by women with disabilities.
5. Access to essential services— women will also be supported with information on essential services including for GBV such as psycho-social support and trauma counselling in line with Protection cluster referral system. UN Women through its CSO partners will mobilize legal advisors to support the victims on facilitating on accessing justice over any kinds of violence faced.
6. Access to information technology – in the current context, the reliance on info mobile/digital platforms has grown exponentially. UN Women will provide smart phones and data cards to the most marginalised women to enhance their access to services and support on GBV
7. Additional support for rural women – for women engaged in subsistence agriculture/ livestock management, additional support will be made available in the form of animal/poultry feed, seeds, so that they can continue to sustain their livestock and small farms/kitchen gardens
8. Access to financial services – in the short and medium term, women especially those engaged in small/micro businesses will be linked with financial services; and access small grants/ financial support as they become available

III. Support women's organizations/ networks

UN Women will continue to support women's organizations and networks, including grassroots women's organizations (GWOs) to provide immediate support. This will entail providing seed grants to GWOs to set up justice funds to enhance women's access to justice. This will be in the form of a revolving fund/loan amongst the members and the interest earned will be used for services such as legal and paralegal support to the GBV survivors.

IV. Policy Advocacy and Coordination

Support will also be extended to women's networks to galvanize their advocacy efforts aimed at the realization of human rights especially the right to quality public services including essential services for GBV. Lessons learned from this intervention will also inform UN Women's policy and budget advocacy efforts at the national level and sub-national level.

Proposed activities

- Comprehensive relief package for GBV victims and their children (including unconditional cash grants, food and non-food items, transportation costs, solar radios, and telephone / data top up cards, hygiene kits, sanitary napkins, soaps)

- Psycho-social and case management support to GBV survivors
- Legal aid and accompaniment support including for legal documentation to GBV survivors
- Training of police on GBV prevention and response by women's organizations
- Meetings with women's groups and local government (in all 7 provinces)
- Technical support on GBV and Gender in humanitarian action (field missions to 7 provinces by UN Women personnel)

Target: 500 GBV survivors (women, LGBTIQ persons, persons with disabilities)
Location: Provinces 3 (Bagmati) and 57

Detailed targets are outlined below:

Activity	Target /Scope
Comprehensive relief package for GBV victims and their children (including unconditional cash grants, food and non-food items, transportation costs, solar radios, and telephone / data top up cards, hygiene kits, sanitary napkins, soaps)	500 women, LGBTIQ persons, persons with disabilities
Psycho-social and case management support to GBV survivors	100 women, LGBTIQ persons, persons with disabilities
Legal aid and accompaniment support including for legal documentation to GBV survivors	100 women, LGBTIQ persons, persons with disabilities
Training of police on GBV prevention and response by women's organizations	100 personnel

Capacity, Implementing partner and Implementation Modality: UN Women will leverage its triple mandate – normative, coordination and operative – to ensure that the voices, needs and interests of women especially those from the most excluded groups are foregrounded in the COVID preparedness and response - with the aim of achieving lasting, empowering change in the lives of women. To implement the project, UN Women will bolster its partnerships with government – especially the nodal ministry of gender equality namely the Ministry of Women, Children and Senior Citizens and relevant provincial and local governments for effective coordination and coherence with ongoing initiatives.8 Further, UN Women will work in close collaboration with the World Food Programme9 to roll out the cash-based interventions. Technical support will be also be provided by UN Women to the focal agencies at the provincial level to ensure the integration of gender equality across preparedness and response efforts. Community based initiatives such as the in-kind support, legal aid, psycho-social counselling, and training of service providers will be conducted in partnership with civil society/ women's rights organization that have provincial and local chapters. The selection of the partner agency will be done in line with UN Women's policy, procedure, and guidance framework.

The GIHA platform chaired by UN Women will be further leveraged to facilitate engagement between key stakeholders and synchronize efforts towards shared gender equality priorities and facilitate constructive dialogues in a coordinated manner.

With regard to CSO partnerships, UN Women will undertake an open/competitive process to select the partner agency. UN Women is already working with some of these organizations to implement similar initiatives supported by the Government of Finland; and will do targeted outreach for the MPTF project. UN Women has operationalized fast-track solicitation processes to minimize the time

[7] The selection of provinces has been done in consultation with UNICEF and UNFPA to ensure complimentary of efforts and avoid duplication

[8] UN Women and MoWCSC have signed a Memorandum of Understanding in 2019 formalizing areas of collaboration

[9] UN Women and WFP signed a letter of agreement in 2020 formalizing the areas of collaboration between the two agencies across the humanitarian-development continuum

taken to select partners. As part of this process, Un Women will conduct organizational assessments to evaluate financial and management capacities of all new partners– i.e. organizations that have not worked with any UN agency in the last four years. In terms of proportion of funds flowing to CSOs, it will be approximately 65 per cent as per the budget submitted.

WaSH:

In the context of Nepal, with millions of citizens working in highly affected countries and thousands desiring or constrained to return, quarantine becomes a more critical public health intervention strategy. If these arrangements and mechanisms are inadequate and the public health and health care interventions are sub-optimally implemented, the entire purpose of quarantine would be defeated. Effective infection prevention and control relies on adequately functioning health facilities.

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

UNICEF programme strategy:

UNICEF with its core strength as the Cluster Co-lead and being one of the leading support agencies for Government and with countable standby partners at the national and subnational level has its comparative advantage to support immediate assistance in WASH in the context of COVID 19. In the addition, with the regular program placed in Province 2,4,5,6 and7 gives UNICEF the local network to work around these areas while also with its global humanitarian principles can move to any part of the country, as the provider of last resort. In addition, UNICEF has three field offices to closely provide technical and financial assistant to the government and community where WASH need is urgent.

With these comparative advantages and its ongoing support to limited Quarantine Centres (QCs), UNICEF will continue to work collaborate and partner with local government, local and national partners and communities to assist WASH needs in the QCs. Further, as WASH Cluster co-lead, UNICEF has prepared WASH Guideline for QCs for all the partners to be followed while planning and implementing WASH activities in the quarantine sites. UNICEF is also closely working with Health and education sector to ensure that infection prevention and control measures in QC/schools are duly followed with training and monitoring of the IPC practices. UNICEF together with the partners will follow this as its accountability to cluster and government.

There is great need of support to the people in quarantine centres to prevent them from COVID-19. Most of the quarantine sites are established in locations where access to safe drinking water and safe toilets are not adequate especially in the context of increasing number returnees from India. Though UNICEF is providing some support to improve the situation of WASH in the QCs but due mainly due to limited funding, it was not able to expand the support. With this funding, UNICEF will intensify its efforts to ensure minimum WASH services in the targeted QCs. The detail of output to be achieved with the support from DFID and proposed activities are listed below:

Output 1 (WASH):

25,000 people in 100 quarantine centres received access to minimum gender and disability sensitive WASH services (safe water for drinking, washing and bathing etc; separate toilets, bathing places, handwashing facilities, and critical supplies)

Proposed Activities:

1. *Provide adequate and safe water for drinking, washing, sanitation and cleanings in targeted quarantine centres.*

   Adequate and safe water will be provided either through repairing of existing water systems or getting the quarantine centre connected to existing water system or providing a water storage tank/bladder and filling the same through water trucking and providing motor for pumping. The appropriate option will be selected based on actual assessment/requirements. Drinking water will be chlorinated, or water purification tablets/liquid will be provided for point of use treatment as per technical feasibility to make the water safe. Regular water testing will be carried out to ensure the water is safe.

2. *Provide support for repair/re-construction of separate toilet with washing and bathing facilities suitable for women, men and person with disability in targeted quarantine centres.*

   Access to toilets for male, female, children and disables will be ensured through temporary construction/quick fix of separate toilet facilities in community quarantine centres. If the quarantine centres are in schools, the option of reconstruction or putting new one facilities (if need be) may be considered which will be used by school children after re-opening of the schools and thus we can link COVID-19 response with regular development.

3. *Provide bathing and hand washing facilities for women, men and person with disability in targeted quarantine centres.*

   Bathing and hand washing facilities are generally not available in school and other settings so temporary bathing space for men and women, and hand washing facilities will be made available through providing water tank or connecting to existing system. As mentioned earlier, for quarantine centres in schools, UNICEF will link COVID-19 response with development work ongoing.

4. *Provide minimum critical WASH supplies (bathing soap, sanitary napkin, bins, disinfection materials, etc.) to maintain daily hygiene and environment and reach the targeted population with critical messages (on COVID-19 and use of WASH services with focus on handwashing and social distancing).*

   The expected population from critical WASH supplies from 100 quarantine centre is estimated to be 25,000 people if a person is retained in a quarantine centre for 14 days and the number of people in a quarantine centre is estimated between 10-100. This support would be implemented in selected quarantine centres in Province No. 5, Karnali Province and Sudur Paschhim Province and wherever the critical support on quarantine centre is identified by Government in absence of other supporting agencies. UNICEF will be using other resources to support other provinces not covered under this funding.

Indicators:

# of people in quarantine centres reached with access to adequate and safe drinking water,

# of people in quarantine centres reached with access minimum sanitation facilities
# of people in quarantine centres reached with handwashing/bath facilities, and
# of people in quarantine centres reached with critical WASH supplies.

Camp Coordination and Camp Management:

Support to camp coordination and camp management will enable targeted assistance to all three tiers of Government for the management of quarantine centres and transit centres in line with global guidance. The initial geographical focus areas for the activities are five selected POEs in Province 5 and Sudur Paschhim Province and one in Province 1. The identified target groups for the assistance include returnee migrants, women, children, men, elderly, and people living with disabilities (PWDs), gender and sexual minorities, among others, to enable equitable access to protection, services and assistance. The activities are expected to reach 4,000 beneficiaries.

IOM Programme Strategy:

There are more than 2,000 quarantine centers and holding centers across all seven provinces of Nepal and the number of people in quarantine is almost 86,057 as of 29th May. Province 5 records the highest number of people in quarantine -29,158 followed by Sudurpaschim Province with 22,125. With the Government's decision to allow Nepalis abroad to come back, the number of returnees has been increasing daily. Point of Entries (PoE) at the border with India have seen mass returns and this has put immense pressure on quarantine centres which are continuously growing, often crowded, and lack basic preventive measures and services including adherence to infection prevention and control protocols. This places them at high risk of spreading COVID- 19. In order to systematically assist the returnee migrants, the CCCM and Shelter cluster have identified, via the quarantine assessments undertaken by the HCT, the highest priority districts and POEs in the provinces where there are substantial gaps in terms of shelter and CCCM.

Quarantine and holding centers at the PoEs along the Nepal-Indian border are overwhelmed with high numbers of returning migrants. Lacking capacities in human resources as well as non-food items (NFIs) has resulted in returning migrants becoming stranded at the PoEs with no proper shelter and other humanitarian needs. On top of the spread of COVID-19, fluctuating temperatures, precipitation and the approaching dengue season makes it imperative to ensure that the returnee migrants stranded at the point of entries as well as in the quarantine and holding centers have access to NFIs such as PE foams, blankets, pillows, bedsheets, mosquito nets, sanitizers and masks. For this purpose, considering the latest data on number of Nepalis crossing the border compiled through the daily and weekly reports from the provinces, five POEs have been identified along the India Nepal border. They are namely, Belahia and Rupaidiha POEs in Province 5, Gauriphat and Gaddachauki POEs in Sudurpaschim Province and Kakarvitta in Province 1.

IOM's approach in assisting the government in managing the quarantine and holding centers at the POEs, while specifically targeting vulnerable populations residing there will be done through the following outputs:

(01) Technical assistance to the government to manage the quarantine and holding centers through institutional and human capacity enhancement in line with global standards

(02) Distribution of essential Non-Food Items (NFIs) at 5 POEs in Province 1, Province 5 and Sudurpaschhim Province

Activities:

(1) Coordinate implementation arrangements and target locations together with the CCCM and Shelter Cluster lead Department of Urban Development and Building Construction (DUDBC), cluster partners, other clusters, and local governments to maintain effective and informed implementation aimed at the most vulnerable populations in the 5 most pressurized POEs at the border points of entry in Province 1, Province 5 and Sudurpaschhim Province.

1.1 Create coordination committee amongst CCCM and Shelter Cluster lead Department of Urban Development and Building Construction (DUDBC), cluster partners, other clusters, and local governments.

1.2 Set up coordination channel within the coordination committee.

1.3 Coordinate and assign roles and responsibilities of the partner agencies involved to cover all necessary actions and avoid duplication for quarantine/holding centers' administration.

1.4 Finalize target quarantine or holding centers near the 5 most pressurized POEs at the border points of entry amongst CCCM and Shelter Cluster lead Department of Urban Development and Building Construction (DUDBC), cluster partners, other clusters, and local governments.

(2) Conduct rapid needs assessment with management teams at identified quarantine and holding centers to gauge the needs of returnee migrants. The assessment will focus primarily on most vulnerable groups including women, children, pregnant and lactating women, persons with disabilities, elderly and sick. The Assessment will also take into account individual needs of the Quarantine/holding centers identified and will be conducted in coordination with other clusters to have a more harmonized and comprehensive approach.

a. Finalize Terms of Reference (ToR) for the hiring of consultant/s to conduct the rapid needs assessment.

b. Selection and hiring of consultant/s to conduct the rapid needs assessment

c. Development of rapid needs assessment forms.

d. Focus the rapid needs assessment on vulnerable groups including women, children, pregnant and lactating women, persons, elderly and sick.

e. Rapid needs assessment is conducted with management teams in selected quarantine and holding centers to identify the urgent and immediate needs of returnee migrants. This will be conducted using interview methodology.

f. Results of rapid needs assessment is compiled, submitted to IOM by consultant/s and distributed among the coordination committee and partner agencies and broader humanitarian community

(3) Capacity building to strengthen the knowledge and skills of frontline workers in quarantine and holding centers in line with Quarantine Operations and Management Standard for COVID-19 of the Government of Nepal. Audio visual guidelines will be developed and provided to ensure that the quarantine sites provide a safe and inclusive space which safeguards the rights and dignity of the returnee Migrants.

a. Finalize ToR for the hiring of consultancy firm to produce audiovisual operational guidelines.

b. Selection and hiring of consultancy firm to produce audiovisual operational guidelines.
c. Audiovisual operational guidelines is developed by the consultancy firm and in line with the Quarantine Operations and Management Standard for COVID-19 of the Government of Nepal, and in coordination with relevant clusters including the Protection, WASH Cluster and the Health Cluster.
d. Disseminate the finalized product to the selected quarantine and holding centers.
e. Ensure frontline workers at the quarantine and holding centers take part in the trainings of the operational guidelines to strengthen their capacity and knowledge.

(4) Procurement and distribution of Non-Food Items (NFIs) namely PE foam, mosquito nets, pillows, blankets, bedsheets, sanitizers and masks among others. This will based on the rapid needs assessment to ensure that the migrant's needs are met and that the NFIs are supplied as per demand and in sufficiency.
a. Subcontracting NRCS as implementing partner.
b. Based on the results from the needs assessments, compile what NFIs are needed in which quarantine center and in which quantities.
c. Procure NFIs.
d. Arrange for transport of sufficient amount of NFIs to the respective quarantine center.
e. Coordinate with NRCS for the distribution of the NFIs in line with the results from the needs assessments.

(5) Regular updating of prepositioned essential shelter and non-food items (PE foam, mosquito nets, pillows, blankets, bedsheets, sanitizers and masks) with the cluster members to ensure NFIs are available in sufficient numbers.
5.1 Set up a digital logbook using MS Excel on OneDrive for the monitoring and updating of prepositioned essential shelter and non-food items that all cluster members will have access to.
5.2 Ensure management and updating of the logbook by the implementing partner, whom will be the focal point for it.
5.3 Ensure continuity of weekly evaluations of the item availability at the respective quarantine centers to ensure that essential items will remain in stock.
5.4 In case of identified lack of materials, procure and arrange for transport as per the needs of the respective quarantine centers.

(6) Monitoring of distributions and post-distribution monitoring conducted by mobile/remote monitoring teams. The teams will comprise of men and women to enable a safe environment to reach out to beneficiaries regarding receiving sensitive materials as well as to minimize the risks related to spread of COVID-19. The monitoring results will be shared with all the clusters at the intercluster meeting at the local level as well as at the coordination committee meetings mentioned in activity one. Most importantly, the design of the monitoring mechanism and tools will be done in participatory and one UN approach.
6.1 Put together a distribution and post-distribution monitoring team comprising of both men and women by the implementing partner, namely NRCS.
6.2 Set up a digital logbook using MS Excel in OneDrive which can be accessed by all parties involved with monitoring distributions and post-distribution monitoring.
6.3 Ensure regular updating and review of the logbook.
6.4 Conduct follow ups based on needs and gaps identified by the review.
6.5 Submit digital logbook reviews to the coordination committee at a weekly basis.

Capacity, Implementing partner and Implementation Modality:

As part of the Inter-Agency Standing Committee (IASC), and in partnership with WHO, other United Nations (UN) organizations and coordination groups, and non-UN stakeholders, IOM is assisting the Government of Nepal to prepare for and respond to COVID-19 with operational, technical and policy support. IOM has extensive experience of working directly with communities in crisis and supporting governments to prevent, detect and respond to health threats along the mobility continuum while advocating for migrant-inclusive approaches that minimize stigma and discrimination. In Nepal, IOM operates with over 130 staff and leads an array of programmes covering the humanitarian and development spectrum, enabling the Organization to support all identified priority areas for COVID-19 response, including coordination and planning, risk communication and community engagement, disease surveillance, points of entry, protection, mobility tracking and socio-economic assistance. IOM also has presence in all seven provinces and working relations with many of the municipalities and Provincial Governments. IOM has been serving as co-lead on camp coordination and camp management and as coordinator of the UN Network on Migration. Such roles have prepared IOM to coordination responsibilities for migration and COVID-19 and help develop comprehensive response planning across health, humanitarian and development domains.

IOM will subcontract Nepal Red Cross Society (NRCS) as implementing partner, with regards to the organization's presence in all 77 districts throughout Nepal as well as their involvement as a member of quarantine centers management committee. The NRCS has been involved with COVID-19 response in Nepal though interventions such as setting up hand washing stations, setting up quarantine centers and conducting public awareness raising, thus the organization's field presence makes it a strong implementing partner. While IOM shall be responsible for procuring NFIs and transporting them to the respective border points of entry that have been identified as overwhelmed with returnee migrants that need assistance, NRCS will be responsible for on-the-ground interventions as per the virtual management approach that IOM is taking.

NRCS will be the implementing partner for Activities 4, 5 and 6. Under Activity 4, NRCS will manage the distribution of NFIs to the respective quarantine centers as per the rapid needs assessment's results. Under Activity 5, NRCS will be the focal point for updating the inventory of prepositioned NFIs as well as providing weekly updates of said inventory. Under Activity 6, NRCS staff will form teams that will conduct NFI distribution monitoring and post-distribution monitoring. The monitoring will be documented in a log book that NRCS will manage and maintain regularly updated, as well as submitting weekly reviews based on the continuous monitoring. NRCS has been selected as implementing partner for the above described activities as they with their field presence will have the strongest insights and access to information. NRCS will receive funds as per their subcontractor role and indirectly through the NFIs.

Further Programme Detail:

In line with the 2030 Agenda for Sustainable Development, it is essential to target those most at risk of being left behind and ensure Nepal does not lose ground previously won, particularly in addressing inequalities along gender and socio-economic lines.

As noted in the UN framework for the immediate socio-economic response to COVID-19, the crisis impacts the world's poorest and most vulnerable hardest, and compounds existing inequalities including gender-inequalities. In Nepal, certain groups have historically and continue to face political, economic and social discrimination, oppression, and marginalization. Gender inequality, patriarchal attitudes and the persistence of harmful traditional practices such as child marriage, son preference, chhaupadi menstrual confinement etc. remain significant barriers to sustainable social development. Almost 67% of working females are in informal sector and 30% of households in Nepal are female headed households.

The programme activities have been designed taking into account not just the impact of the pandemic, but the human rights and gender specific consequences of various measures being taken in response to COVID-19. They also consider the weak or non-existent coping mechanisms of

Nepal's vulnerable groups, including women, children, youth, persons with disabilities, those with compounded care burdens, socially excluded groups, indigenous peoples, detainees, refugees, internally displaced persons and migrants, to manage shocks and respond to the emerging social and economic challenges. With COVID-19, new vulnerabilities are also emerging, which need to be taken account of.

The programme addresses the gender-specific needs of vulnerable groups. Agencies will adopt humanitarian principles, do no harm, the human rights-based approach and conflict sensitivity in programme implementation. The programme will ensure that its activities and inputs are available to everyone without discrimination, identifying ways to overcome potential challenges to access and to participation among vulnerable groups, in line with OHCHR's COVID-19 Guidance.

The programme activities will be implemented with the objective of meeting beneficiary needs with the 'least cost' to the environment. Environmentally good practices will be applied to logistics, and to the extent possible, locally available materials will be used. The project will adopt environmentally friendly approaches, with logistics and other activities strengthening communities in a risk-resilient, sustainable manner.

Sustainability of results:

In addition to building the capacities of communities, the programme will build the capacity of duty-bearers such as police, border management and corrections. The capacity of health workers and hospitals will also be increased. Programme planning and implementation will be done with the relevant line ministries, including the Ministry of Health and Population, and using exiting coordination structures such as the clusters. This will increase the sustainability of the capacity-building efforts. For example, strengthening capacities to manage hospital waste during COVID-19 will serve in the future for all operations in the hospital. The activities will be undertaken with prior consideration and preparedness for future humanitarian emergencies to build response capacity in this eventuality. Within communities, for example prevention messaging reinforce general messages concerning the importance of hand-washing and hygiene measures.

More broadly, the capacity building work complements the work of the UN Country Team to support the promotion and fulfilment of human rights undertaken as part of the UN Development Assistance Framework (UNDAF). Capacity development is also one of four strategic approaches of the UN Gender Theme Group. In addition to national counterparts to this programme, UN agencies have established relationships with other relevant national institutions such as the National Human Rights Commission, the National Dalit Commission, and the National Women Commission. Therefore the capacity-building work undertaken within this programme will be complemented by and sustained through efforts, of both the participating UN agencies and the broader UNCT, to support the implementation of the new Constitution and its non-discriminatory clauses and advocate for do no harm, the human rights based approach and humanitarian principles.

5. Results Framework: See Separate Excel Sheet

6. Management and Coordination Arrangements

For a Joint Programme using pass-through modality, the Steering Committee provides strategic direction and oversight and has decision-making authority, the Convening Agency (RCO) is responsible for coordinating the programmatic aspects, and the Administrative Agent is responsible for financial management, while each participating UN organization has programmatic and financial responsibility for the funds disbursed to it. Coordination modalities, primarily the clusters and associated working groups (cash, information management, risk communications and community

engagement, gender in humanitarian action) will support intersectoral analysis, coordination and implementation.

Programme Implementation Focal Points:
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7. Fund Management Arrangements

The Joint Programme will be using a pass-through fund management modality where UNDP Multi-Partner Trust Fund Office will act as the Administrative Agent (AA) under which the funds will be channeled for the Joint Programme through the AA. Each Participating UN Organization receiving funds through the pass-through has signed a standard Memorandum of Understanding with the AA.

Each Participating UN Organization (PUNO) shall assume full programmatic and financial accountability for the funds disbursed to it by the Administrative Agent of the Joint SDG Fund (Multi-Partner Trust Fund Office). Such funds will be administered by each UN Agency, Fund, and Programme in accordance with its own regulations, rules, directives and procedures. Each PUNO shall establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent.

Indirect costs of the Participating Organizations recovered through programme support costs will be 7%. All other costs incurred by each PUNO in carrying out the activities for which it is responsible under the Fund will be recovered as direct costs.

In Nepal, HACT has been adopted by UNICEF and UNFPA (and UNDP). The Harmonized Approach to Cash Transfer Committee leads the Harmonization of Cash Transfers process, which is intended to build the capacities of national partners.

Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months.

PUNOs shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts.

Following the completion of any activity, any balance of funds shall be refunded.

The Value added tax (VAT) and Public Procurement Act of Nepal require the projects to procure goods and services from VAT registered vendors. UN funds used in paying VAT on projects should be refunded from the Inland Revenue Department through appropriate procedures.
Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

8. Monitoring, Evaluation and Reporting - See attached Excel sheet.

- Mid-term progress review report to be submitted halfway through the implementation of the Programme;
and
- Final consolidated narrative report, after the completion of the joint programme, to be provided no later than two (2) months after the operational closure of the activities of the joint programme.

The Convening/Lead Agent will compile the narrative reports of PUNOs and submit a consolidated report through the Resident Coordinator.

9. Legal Context or Basis of Relationship

This section specifies what cooperation or assistance agreements[10] form the legal basis for the relationships between the Government and each of the UN organizations participating[11] in this joint programme.

For the ExCom Agencies, these are standing cooperation arrangements. For the specialized Agencies, these should be the text that is normally used in their programme/project documents or any other applicable legal instruments.

1. Agency name: International Organisation for Migration (IOM)

   Agreement title: Cooperation Agreement between the Government of Nepal and the International Organization for Migration

   Agreement date: Signed on 30th August 2007.

2. Agency name: United Nations Children's Fund (UNICEF)

   Agreement title: Basic Cooperation Agreement (BCA)

   Agreement date: 21 February 1996

3. Agency Name: United Nations Population Fund (UNFPA)

   Agreement title: Standard Basic Assistance for UNDP dated 23 February 1984 which applies mutatis mutandis to UNFPA personnel, activities, property and assets.

   Agreement date: 23 February 1984

4. Agency Name: UN Resident Coordinator's Office

   Agreement title: Standard Basic Assistance for UNDP

   Agreement Date: 23 February 1984

[10] Such as: the Basic Cooperation Agreement for UNICEF; Standard Basic Assistance Agreement for UNDP, which also applies mutatis mutandis to UNFPA; the Basic Agreement for WFP; as well as the Country Programme Action Plan(s) where they exist; and other applicable agreements for other participating UN organizations.
[11] Including Specialized Agencies and Non Resident Agencies participating in the Joint Programme

5. Agency Name: United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)

   Agreement title: Standard Basic Assistance Agreement (SBAA)

   Agreement date: 9 December 2014

6. Agency name: World Food Programme (WFP)

   Agreement title: Basic Agreement, 30th August, 1967 .
   Agreement, 26th September, 2007

   Agreement date: 22 June 2020

7. World Health Organization (WHO)

   Agreement title: Basic Agreement between the Government of the Kingdom of Nepal and the World Health

   Organization, signed on 13 May 1954

   Agreement date: 13 May 1954

The text specific to each participating UN organization should be cleared by the respective UN organization.

Table 3 below provides illustrative examples on various UN organizations' cooperation arrangements.

Table 3: Basis of Relationship (illustrative examples)

Participating UN organization	Agreement
UNDP	This Joint Programme Document shall be the instrument referred to as the Project Document in Article I of the Standard Basic Assistance Agreement between the Government of [NAME] and the United Nations Development Programme, signed by the parties on [DATE].
UNIDO	UNIDO Office was established in accordance with the Agreement between the Government of [NAME] and [MOFCOM]. The Office as established in [YEAR].
FAO	The Food and Agriculture Organization of the United Nations and the Government of [NAME] signed agreement for the establishment of the FAO Representation in [COUNTRY] on [DATE].
UNESCAP-UNAPCAEM	The United Nations Asian and Pacific Centre for Agricultural Engineering and Machinery (UNAPCAEM) is a subsidiary body/regional institution of the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), based [COUNTRY]. Following the host country headquarters agreement signed between the Government of [COUNTRY] and the United Nations on [DATE]. UNAPCAEM began its operations in 2004.

UNFPA	Standard Basic Assistance for UNDP signed on 23 February 1984 which applies mutatis mutandis to UNFPA personnel, activities, property and assets as per Letters of Exchange of October 1996 and February 2009.
UN Women	With the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) the Standard Basic Assistance Agreement (SBAA) between the Government of Nepal and the United Nations Development Programme (UNDP), entered into force on 23 February 1984, was extended to apply mutatis mutandis to UN Women, its premises, property, assets as well as to its personnel in Nepal through an exchange of letters between UN Women and the Government of Nepal on 9 December 2014.

The Implementing Partners/Executing Agency[12] agree to undertake all reasonable efforts to ensure that none of the funds received pursuant to this Joint Programme are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by Participating UN organizations do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm. This provision must be included in all sub-contracts or sub-agreements entered into under this programme document.

10. Work plans and budgets - See Excel Sheet.

* The Total Planned Budget by UN Organization should include both programme cost and indirect support cost

Signatures[13]:

UN organization(s)	**Implementing Partner(s) - if needed see note below.**
Name of Representative: Ms. Lubna Baqi *Signature* [redacted] *Name of Organization: UNFPA* *Date 18 June 2020*	*Name of Head of Partner* *Signature* *Name of Institution* *Date*
Name of Representative: Ms. Wenny Kusuma *Signature* [redacted] *Name of Organization: UNWOMEN* *Date: June 19, 2020*	*Name of Head of Partner* *Signature* *Name of Institution* *Date*

[12] Executing Agency in case of UNDP in countries with no signed Country Programme Action Plans

[13] When CSOs/NGOs are designated Implementing Partners, they do not sign this Work Plan. Each participating UN Organization will follow its own procedures in signing Work Plans with CSOs/NGOs.

Name of Representative: Ms. Pippa Bradford *Signature* [redacted] *Name of Organization: UN WFP* *Date: 22 June 2020*	*Name of Head of Partner* *Signature* *Name of Institution* *Date*
Name of Representative: Ms. Lorena Lando *Signature* [redacted] *Name of Organization: IOM* *Date: 29 June 2020*	*Name of Head of Partner* *Signature* *Name of Institution* *Date*
Name of Representative: Ms. Elke Wisch *Signature* [redacted] *Name of Organization: UNICEF* *Date: 29 June 2020*	*Name of Head of Partner* *Signature* *Name of Institution* *Date*
Name of Representative: Ms. Valerie Julliand *Signature:* [redacted] *Name of Organization: UNRCO* *Date: 1 July 2020*	*Name of Head of Partner* *Signature* *Name of Institution* *Date*
Name of Representative: Dr Jos Vandelaer *Signature:* [redacted] *Name of Organization: WHO* *Date:* 15 July 2020	*Name of Head of Partner* *Signature* *Name of Institution* *Date*