

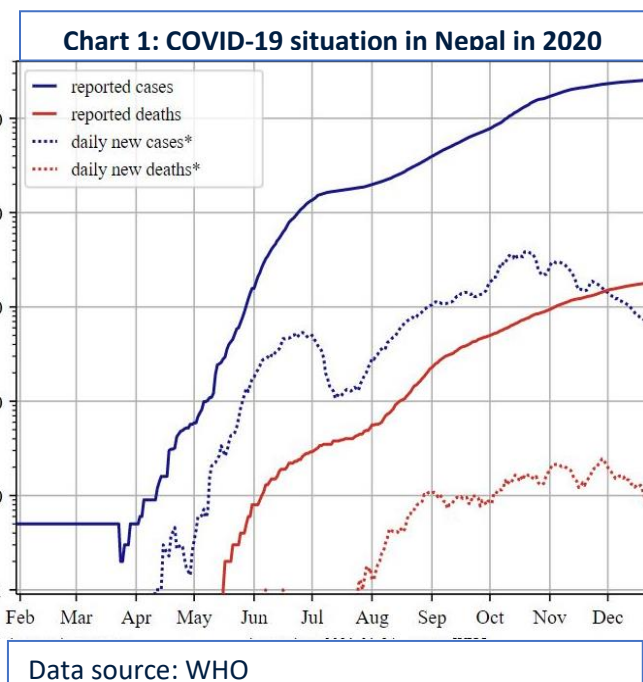
1. Situation Analysis

Country epidemiological data and context

The world has been suffering from pandemic of coronavirus disease 2019 (COVID-19). The first case of COVID-19 infection was detected in the Wuhan City of Hubei province of China on 31 December 2019. Since then 81 million people have been infected by the COVID-19 with death of 1 798 050 people globally (WHO 31 December 2020, 08:56 pm GMT+5:45).

For the latest update on the epidemiological data in the country, see the updates from the Ministry of Health and Population [here](#) and WHO Nepal [here](#).

The COVID-19 scenario has elicited many proximal as well as distal impacts on almost all aspects of daily lives of people. The pandemic has hit hard people belonging to lower quintile, including daily wage workers. The major impacts are seen on health, including mental health, and decreasing health-seeking behavior, economy, education, transportation and livelihood⁷.



Key milestones in Nepal

January – February 2020	First official COVID-19 case in Nepal. The country started to learn about the new virus, Nepal Red Cross Society (NRCS) initiated internal trainings and planning with initial Disaster Relief Emergency Fund (DREF) allocation by International Federation of Red Cross and Red Crescent Societies (IFRC) while also supporting the government in repatriating students from Wuhan.
March 2020	With the WHO announced COVID-19 as a pandemic and IFRC global appeal launched, community fears and stigma were rapidly raising and NRCS initiated multiple channels including its hotline to disseminate official information about COVID-19 to communities. As the world started to go into restrictions, Nepal too announced its nation-wide lockdown from 23 March and closed its borders. Personal protective equipment (PPE) were scarce and NRCS focused its attention to the continuation of essential services such as ambulances, blood transfusion services and eye hospitals.
April – June 2020	Nepalese working abroad, increasingly become an issue of attention with borders closed, in particular along with the Indian border. While cases were still sporadic and testing capacity being very limited, the Government puts in place a wide system of quarantine sites in communities for returnees, where NRCS is required engaged itself to provide support and be part of management committees for such sites. At the peak of the returns, around 180,000 people were living in quarantine sites with key humanitarian concerns in terms of WASH, protection, etc.
July – September 2020	With the easing of nationwide lockdowns in July and subsequent localized lockdowns in August-September, the country gradually sees an increase of cases, in particular in urban centres (more than 50% in Kathmandu Valley). Hospitals start to be overwhelmed while the indirect economic consequences of the restrictions have increased the vulnerabilities of many and impacted on overall mental health of the population.

October – December 2020

A seroprevalence survey conducted by the Government with support of WHO in October suggests that 14% of the sampled population was affected by COVID-19. With testing being limited from November, the number of cases gradually reduces while the restrictions are lifted and the adherence to safety measures is limited among the population. As news of new variants start to emerge in international media, concerns over a second wave remain high while vaccination will likely require time to be made available to the population by 2021.

As of 31 December 2020, total number of COVID-19 positive cases was 260,593 out of which 65% was male. The recovery rate was approximately 98% while 1,856 people died due to COVID-19¹. The national epidemiological information and provincial status of COVID-19 situation are provided in the figure 1 and 2.

Main direct and indirect impacts on the population

The COVID-19 pandemic has affected each and every sectors in Nepal. Major disrupted sectors and services are health, education, enterprises, tourism and transportation. COVID-19 pandemic has disrupted regular health services in one hand and increase social stigma on the other hand. Health workers have been redirected to care for COVID-19 patients, people are hesitating to seek routine care due to fears of infection, and global supply chains of medicines and equipment have been strained. This has directly affected the most vulnerable groups such as senior citizen, chronic patients, pregnant women and children as they have been deprived of receiving the basic health service. Besides, the effect of COVID-19 pandemic has affected men and women differently making women and girls more vulnerable towards the violence including domestic violence, sexual exploitation and abuse etc. from the family members and/or intimate partners.

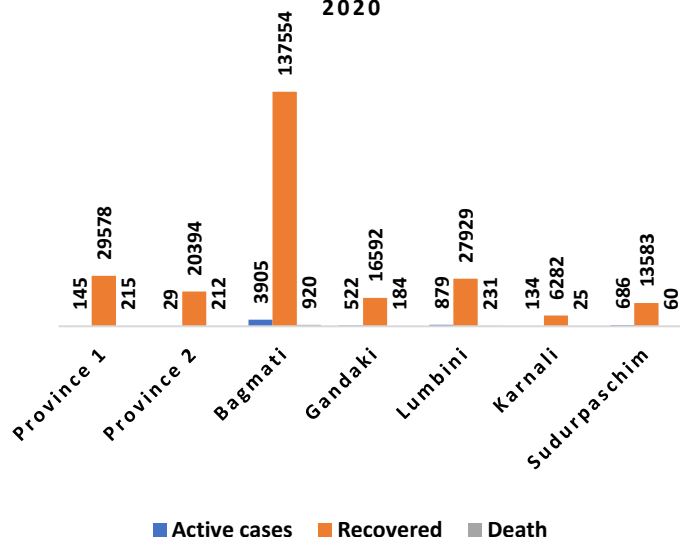
Likewise, prolonged closure of educational institution during lock down and restriction period due to COVID-19 pandemic, school children were depriving of their right to get education. Although many schools commenced remote classes, however, all students did not have access to the remote learning facilities such as mobile and internet which could have generated a level of stress to children and their parents especially those who have low economic status.

Another crucial impact of COVID-19 has been seen in economic field. The pandemic forced Nepal to cancel the then ongoing Visit Nepal Year 2020 tourism campaign. The country's economy has severely been affected due to the pandemic's impact on tourism, remittance, manufacturing, construction, and trade. Large number of people lost their employment. Extended period in quarantine, lockdown and movement restrictions preventing access to social/family support, loss of job and economic uncertainty and health concerns (fear of COVID-19 infection) have increased psychosocial and mental health problems among the population. Based on the data of Nepal Police, from the initiation of nationwide lockdown, 23 March to 25 July 2020, 1,343 cases of suicide were reported².

Furthermore, COVID-19 pandemic affected on social norms and practice of social cohesion in the country. Because of restriction against mass gathering, various religious and cultural practices were not conducted, which added frustration among the concerned community.

Despite of negative impact of the pandemic, there are some positive changes in people's health and hygiene behavior, for instance, hand washing practice has increased.

Chart 2: Province wise total active cases, recovered people and death as of 31 Dec 2020



¹ Ministry of Health and Population, GoN as of 31 Dec 2020

² Nepal CID Magazine 2076

Role of NS in response

As an auxiliary to the Government, Nepal Red Cross Society (NRCS) has been supporting the Government in COVID-19 preparedness and response. NRCS through its local branches are participating in the meeting organized by the local government and assisting in awareness raising activities, hygiene promotion activities, health desks, food, non-food relief items (NFRI), and water sanitation and hygiene promotion (WASH) support in holding centers, quarantine sites, schools, jails and communities. In addition, NRCS has been mobilizing its volunteer to disseminate the key messages against the COVID-19 infection in the communities. NRCS has activated its Emergency Operations Centre (EOC) since 10 February with volunteer and staff tracking initiative and actions undertaken by the local branches on daily. In addition to this, NRCS supported local government in managing the quarantine sites and isolation sites by mobilizing RCRC volunteers, providing non-food items to establish the quarantine and isolation sites, WASH support among others. Also, all of the 242 the ambulances of NRCS remained operational providing transfer facilities to the infected people to quarantine or isolation sites. NRCS participated in the various cluster team meetings through HCT mechanism and supported the Government in the COVID-19 preparedness and response as required.



Community people of Tripurasundari Rural Municipality, Ward No. 6, Dhading, receiving hygiene kit shared by NRCS (**Photo:NRCS Dhading**)

2. Summary of the Current Response

Overview of the National Society and steps taken

Number of staff	<i>58 (16 from HQs and 42 from district chapter)</i>
Number of active volunteers	<i>1969</i>
Clinical services by the NS	<i>242 ambulances and blood transfusion services</i>
Other programs delivered relevant to COVID-19	<i>Health and Care (including psychosocial support (PSS))/(Psychosocial first aid-PFA), Water Sanitation Hygiene Promotion , RC&CEA, PGI, Shelter,</i>
NS is cash-prepared	<i>Yes</i>
Experience in livelihoods projects	<i>Yes</i>
Experience in providing attention to migrants	<i>N/A</i>
Shelter as part of NS Mandate	<i>Yes</i>

Nepal Red Cross Society has been implementing COVID-19 preparedness and response operation with support of Red Cross Red Crescent Movement partners, UN agencies and private agencies. The operation has been guided by the approach paper developed by NRCS in March 2020. The approach paper focuses on implementing its preparedness and response in the following sectors:

- Five service areas: Health and care, WASH, risk communication and community engagement and accountability (RC-CEA), protection gender inclusion (PGI) and shelter
- Two enabling action: National Society Development (NSD), Planning, Monitoring, Evaluation and Reporting-Information Management (PMER-IM);
- Three key support functions: Human resources and duty of care, Finance and risk management, Logistics and Information technologies.

The COVID-19 preparedness and response supported the target population to adopt COVID-19 prevention and control behaviours and enhanced positive coping mechanisms within communities. As of 31 December 2020, more than 1 million people including people infected by COVID-19 and their family members, frontline health responders, elderly people, children, pregnant women, people with disability (PWD), migrant returnees/laborers/workers, school children, and people in holding areas, quarantine sites and prison were reached with various response.

Major progress as of 31 December 2020 include:

Material distribution:

- Distributed shelter, non food and food items to the people affected by the COVID-19. Refer to table 1 for list of major items and quantity of distributed by NRCS.

Health:

- **3,637** people received psychosocial first aid service/psychosocial support
- **242** ambulances mobilized across the county for transporting COVID-19 patients
- **548** pints of plasma collected and being supplied for treatment of COVID-19 patients

WASH:

- 262 events of Infection Prevention and Control (IPC) measures orientation conducted
- **302,425** people benefited with drinking water bottle distributed at point of entry, isolation site, quarantine and holding center.
- **824** hand washing stations established at public places and quarantine sites
- **58,552** people reached through hygiene promotion activities (hand washing demonstration)
- **56** emergencies toilet/portable toilet constructed in different quarantine sites

RC-CEA:

- **1,241** calls related to COVID-19 received and responder through Red Cross Hotline 1130
- **169** episodes of Red Cross radio programme aired through different FM stations across the country
- NRCS created social media volunteering page to engage youths in COVID-19 response activities. More than **1,670** youths joined in page. NRCS volunteers' activities and awareness messages related to COVID-19 are shared through this group.

PGI:

- **44** district chapters involved in different activities related to restoring family link (RFL) services; 78 people were supported in their family contact and 5 people supported in reunification of their family
- 20,333 people including daily wage workers, street children and passengers were supported with food which was conducted in co-ordination with local authority.
- 207 staff/volunteers oriented on PGI and 180 staff/volunteers trained on SGBV, referral pathway

Likewise, since onset of the COVID-19 outbreak, NRCS has prioritized health and well-being of all staff and volunteers, front line responder mobilized in highrisk environments. As the pandemic evolved, NRCS followed International Federation of Red Cross and Red Crescent Societies (IFRC) and WHO guidance and ensured strong duty of care for staff. As part of duty and care, NRCS developed and endorsed safety and security guideline³ [NRCS COVID 19 New Normal Safety and Security Guideline-14. 07. 2020.docx](#). The document was developed in line to Nepal government working modality during the lockdown phase and will be updated as per the changing context. The guideline is expected to provide regular advice, updates and guidance to staff to continue the development project.

Furthermore, NRCS introduced 5W (what, where, when, how many, whom) for collecting and analyzing data of the COVID-19 preparedness and response operation across 77 district chapters. Several virtual trainings were conducted followed by regular follow up and mentoring to staff/volunteers and reporting focal persons in 77 district chapters. As a result, NRCS headquarters has developed 5W data dashboard of COVID-19 preparedness and response operation ([Link](#)). Likewise, daily situation update, forth nightly consolidated reports and one mini story book were prepared and

Items	Unit	Quantity
Personal protective equipment (PPE) such as disposable gloves, full body apron, full body PPE set	set/piece/pair	359,563
Hygiene kits	kit	2,497
Soap	bar	38,823
Buckets	number	5,813
Mugs	number	1,966
Tents	number	469
Tarpaulins	number	3922
Blankets	number	15416
Mosquito nets	number	3907
Mattress	number	8493
Bed sheet	number	1005
Kitchen set	set	2241
IEC materials such as pamphlets, flex, stickers, flyers,	Piece	737,232
Kishori (Adolescent kit)	kit	214
Dignity kit		1,122
Combo kit	kit	356
Cash support of NPR 5,000	Person	134 people including other gender (LGBTIQ), 29 daily wage labour and 5 children
Warm clothes, nutritious food and stationary material	Person	13 dependent children of central jail Kathmandu

these documents had been shared with all key stakeholders. Also, the NRCS developed learning platform which has been used by different departments for conducting different trainings such as psychosocial first aid, 5W and initial rapid assessment trainings. In addition, NRCS conducted need assessment in 2020 which helped to identify and streamline the need of the communities during the COVID-19 pandemic and consequent situation put forward. Similarly, NRCS conducted another need assessment as part of the COVID-19 plan revision in December 2020 to know the COVID-19 emergency need from the districts.

Information on COVID-19 preparedness and response is available at the IFRC GO Platform and [NRCS COVID-19 Dashboard](#).

Overview of support provided by Red Cross and Red Crescent Movement partners

Nepal Red Cross Society has been implementing the COVID-19 preparedness and response plan with the support from the IFRC, Participating National Societies (PNS) and the ICRC. Detail overview of the support provided by Red Cross and Red Crescent Movement partners are provided in the table.2.

Table 2: Support provided by RCRC Movement partners

Partner	COVID-19 support	International Staff	National Staff	Sectors of Focus
ICRC	Support in prisons, physical rehab centres,		At the input level	RC-CEA, PGI, NSD, Health/IPC, joint Movement positioning
IFRC	International appeal focusing on national-wide technical, logistic and technical support with more focus on 21 districts	1	-	Health, WASH, RC-CEA, PGI, Shelter, NSD, PMER-IM, technical, logistic and procurement
American Red Cross	1. Human resource for thematic area: PMER_IM, PGI, Shelter/WASH and logistic 2. Logistic Support 3. Financial Support	X	4	PGI, Shelter, WASH, logistic, PMER-IM, RC-CEA
British Red Cross	X	X	X	Urban DRR/ Emergency preparedness, Cash Preparedness, CEA, WASH, Livelihood and NSD
Canadian Red Cross	CRC is extending its support on COVID 19 preparedness and response through its ongoing projects/program in Kavrepalanchok, Sindhupalchok, Sindhuli, Baglung, Nawalparasi west and Khotang districts. Similarly, additional financial support to NRCS <i>Through a supplementary plan</i> , Specific technical support can be provided based on requirement	None at the country level. However, technical advises can be obtained from Ottawa	Available	Health, WASH, PGI Health, WASH, PGI and CEA
Danish Red Cross	Ongoing support through projects in Kavre, Lamjung, Tanahu, Surkhet, Dang, Bardiya, Kailali and Banke for COVID 19 preparedness (shelter/Wash, risk communication, CEA, PGIA, PPEs, volunteer mobilization) Potential support for COVID 19 vaccination operation in country for: 1. Community mobilization/information sharing at community level/campaigns ...	x	X	FbA/Disaster preparedness/DRR/Livelihoods/WAS/CEA and PGI/Social protection

	2. Support local government to identify vulnerable beneficiaries to be included in priority lists.			
Finnish Red Cross	Technical and financial Support for implementation of COVID-19 response activities all the thematic areas			Health and care, WASH, RC-CEA and PGI
Swiss Red Cross	Financial support to Banke, Surkhet, Kalikot, Dang, Rukum and Rolpa district chapters for response; quarantine management support, awareness activities, PPE support, volunteer mobilisation support, salary support to NRCS Surkhet Eye Hospital for 14 months.	X	Available	Health, WASH, DRR, Eye Care
Japanese Red Cross Society	1.Human resource for thematic area: PMER, Shelter/WASH, 2.Support for preparing and disseminating IEC materials and setting up help desks for information announcement through its ongoing projects/program.			NSD, CEA, WASH

Overview of non-Red Cross and Red Crescent actors in country

The Government of Nepal has been leading the COVID-19 response and preparedness. The Ministry of Health and Population (MOHP), through its Health Emergency Operations Centre (HEOC), has been coordinating the operation and issuing situation reports since 28 January 2020. In addition, the Government has developed and implemented various guidelines, directives, and Standard Operating Procedure (SOP) for implementation of the Operation.

The Ministry of Health and Population has been coordinating COVID-19 response through the Health Emergency Operation Centre across the country. The Government of Nepal has established COVID-19 Crisis Management Centre (CCMC) to manage and streamline COVID-19 response in the country so that the response is effective for the containment of the pandemic, as well as it will reach the most vulnerable population who are in need of support. Other ministries involving in the COVID-19 preparedness and response are Ministry of Home Affairs and Ministry of Foreign Affairs. Likewise, Nepal Army has been involved in management of dead body and related complication, while Nepal Police supported in implementation of protocol such as stopping movement of people and vehicle in public places during the nation-wide lockdown.

The UN agencies including WHO, UNFPA and UNICEF have been coordinating with the Government to implement the COVID-19 response in the country. Similarly, NRCS in partnership with UNICEF has been implementing COVID-19 response and operation in various districts since August 2020.

Inter-agency coordination

NRCS and IFRC have been participating in various clusters meetings such as health cluster, WASH cluster, HCT mechanism, cash coordination group, shelter cluster etc. to follow up on preventative measures and procedures against COVID-19 infection. NRCS along with IFRC has been participating in the national health cluster and WASH cluster meeting on regular basis. Similarly, IFRC together with NRCS has been participating in the meeting organized by HCT, shelter cluster and cash coordination groups. Moreover, the coordination with local government authorities and engagement of community has been ensured for effective implementation of the response activities.

3. Needs Analysis, Targeting, Scenario Planning and Risk Assessment

Needs analysis

NRCS carried out district needs assessment and lessons learned workshops in December 2020. In total, 41 districts out of 77 districts participated in the need assessment survey however, voices from all the 77 district chapters were captured during the lessons learnt workshops and meetings. Likewise, one to one meeting was conducted with concerned government agencies to know their priority and expectation from Red Cross. Similarly, COVID-19 pandemic: needs assessment for response and recovery was conducted by IFRC Asia Pacific Regional office in November 2020 where NRCS staffs were involved in conducting focus group discussion (FGD) and key informant interview (KII) virtually.

Key needs and priorities identified from the assessments and lessons learned workshops are:

Health

- Essential services such as ambulance service and blood supplies
- Promotion of blood donation campaign through coordination with local government and local organization
- Personal protective equipment and safety materials along with insurance or any motivational support to frontline service providers
- Ensure role of NRCS to support the government in COVID-19 vaccination programme (volunteer mobilization, support in vaccination planning in collaboration with district public health offices and concern authorities)
- Psychosocial first aid and support to people especially students, migrants, COVID-19 infected persons and their family members, and senior citizen
- Capacity enhancement of Red Cross youth volunteers on PFA/PSS for their mobilization
- Supportive role of NRCS in contact tracing
- COVID-19 awareness message dissemination to larger population
- Medical equipment for COVID-19 treatment hospital, for instance ventilator for intensive care unit
- Infection prevention and control (IPC) training to waste management team and local representatives as they reach places other than just targeted community
- Access to general medical services such as non -communicable diseases, regular immunization, maternal neonatal and child health services.

Water Sanitation Hygiene Promotion

- Toilet construction/renovation for the most vulnerable group
- Upgrade sanitation facilities including contactless hand washing facilities and toilets, waste management, cleaning and disinfection in health facilities, quarantine sites and schools.
- Hygiene kits and other WASH materials to the vulnerable group. However, it is necessary to ensure that hygiene kits are not gender biased
- Disinfection of public places along with IPC material support

Risk Communication- Community Engagement and Accountability

- Awareness message dissemination focusing the importance of use of face mask, practicing proper hand washing with sanitizer or soap and 2-meter distancing message
- Awareness raising activities through appropriate local information flow channel including household visit there by mobilizing junior youth Red Cross and female community health volunteers
- Use of local language for information sharing in community
- Prevent mass gathering
- More precise awareness messages content should be included to clarify taboos and stigmas faced by COVID-19 infected for increasing their acceptance in the community
- Use of local organizations like women's saving group, child clubs, forest user groups, cooperatives, farmers group for COVID-19 awareness information dissemination
- Prepare awareness message about COVID-19 vaccination (IEC material, radio message) in coordination with government authorities

Protection Gender and Inclusion

- Activities such as referral pathways for reaching out the most vulnerable groups generated by the pandemic
- The livelihood supports related activities such as cash transfer, unemployment support, skill development training to the vulnerable group affected by the pandemic
- Dead body bags distribution to security forces
- Actions to address sexual and gender-based violence – prevention, mitigation, referral and response.
- Integration of protection and gender and inclusion issue in each sector

National Society Development

- Cloth mask production at local level should be emphasized thereby supporting the economy of most vulnerable group in community.

- Enhance and strengthen capacity of junior youth circles in COVID-19 awareness and mobilize them in disseminating awareness in schools.
- Ensure the coordination with local authorities for effective implementation and sustainability of COVID-19 response.
- In regard to the potential risk of COVID-19, high demand for blanket approach response of COVID-19 rather than response limited to targeted area
- Coordination with local government for fund creation and budget allocation for preparedness and response activities
- Need of digital transformation in the organization

Planning Monitoring Evaluation Reporting and Information Management

- For 2021, the practice of the 5W reporting system needs to be continued, however there is need of support and commitment from all concerned partners, NRCS departments and district chapters.
- Upgrade NRCS learning platform, along with server capacity so that more than one training can be conducted simultaneously without interruption.
- Adequate staffing for the data management, reporting and capturing the learning specific to COVID-19 preparedness and response operation

Human resources and duty of care

- Update/revise COVID-19 safety and security guideline
- Need of reward, gratuity fund, and provident fund and leave for motivating staff mobilized in the COVID-19 response.

Finance and risk management

- Need of forecast based financing
- Needs to have simpler and some flexibility regarding the procurement process to ensure timely service delivery

Logistics and Information technologies

- Need of strengthening procurement system

Targeting, Scenario Planning and Risk Assessment

The unprecedented impact of COVID-19 scenario, precautionary measures such as nation-wide lockdown implemented by the Government had bounded NRCS to halt its development activities which was later continued from November 2020. NRCS was swift to develop its business continuity plan (BCP) with work from home modality and implemented it to continue its essential services among others during the nation-wide lockdown and other precautionary measures imposed by the Government. The pandemic scenario has also impacted upon NS income generating activities⁷. Similar to higher exposure among frontline workers at national level, NRCS volunteers and staff at district and sub-chapter levels were highly exposed to COVID-19 infection. The district-level need assessment report pinpoints the need of motivational activities such as providing PSS and PFA services, providing adequate and timely PPE, etc. for NRCS volunteers ensuring the safety and security of volunteer. Based upon the need assessment, NRCS is expected to reach 3.5 million of people in 2021 as part of the COVID-19 Prepared and Response Operation.

With the time, daily lives are turning into normal cycle with opening of public gathering places and abroad travelling. Along with it, a level of complacency is being found among people evidenced by less incorporation of precautionary measures such as mask usage and social distancing in the community. It has raised the need of intensive awareness sessions among the community in involvement of local community groups and leaders. Considering the advancement in vaccine development in international context, there is also a need of initiating immunization campaign to initiate a dialogue with people about the vaccine and to enhance smooth COVID-19 vaccine roll-out in near future. A COVID-19 preventive health survey launched in 67 countries from July 2020, in partnership of Facebook, the Massachusetts Institute of Technology (MIT), and Johns Hopkins University Centre for Communication Programs (JHU CCP) and advised on by the World Health Organization Global Outbreak Alert and Response Network, showed that about 25% of Nepali respondents were either unsure or against taking up potential COVID-19 vaccine⁸.

Based on the situation analysis and the current capacities of the NRCS with its partners, the key priorities and targets for 2021 has been defined as follows:

- Continue nation-wide risk communication initiatives focusing on the adherence to safety measures (including on the cases of home quarantining), the reduction of stigma as well as information related to vaccination campaigns.
- Support the efforts of the Government of Nepal to successfully roll-out the COVID-19 vaccination campaign, ensuring no one is left behind and combatting misinformation among the communities.
- Continue the PSS support to the staff and volunteer as they will be mobilized rigorously in the communities for COVID-19 related activities

- Identify key support areas for livelihood such as skill-based trainings to the identified vulnerable groups affected by the COVID-19 infection.
- Continue the RCRC volunteer mobilization to support the vaccination drive being implemented by the Government throughout the country in different phases.
- Coordinate with the local level government to identify the need of the vulnerable people for the Livelihoods supports
- Continue the PGI initiatives of the NRCS as part of the COVID-19 Preparedness and Response Operation that promotes the protection and inclusion of the most vulnerable communities through-out the planning and implementation processes.

NRCS potential support to the COVID-19 vaccination

Nepal Red Cross Society aims to ensure the equitable access and utilization of COVID-19 vaccine among the most vulnerable population. NRCS strategizes to implement vaccination plan in close collaboration with MoHP based on the priority of the government in partnership with IFRC, in-country Participating National Societies (PNS), International Committee of the Red Cross (ICRC) and non-Movement Partners such as UNICEF, WHO through NRCS. Nepal Red Cross Society also highlighted its solidarity in national COVID-19 vaccination program through deployment of immunization advisor with MoHP/DoHS/immunization section for technical as well as managerial support. Beside this, NRCS mobilized eight health workers on different COVID-19 immunization centers to support vaccination program, which includes preliminary screening, counselling, and documentation. Similarly, NRCS channels/networks has been utilized to motivate and accept COVID-19 vaccine at different grass-root levels. While COVID-19 vaccine is a priority, regular vaccination is to be given equal space and effort to reach the target population and bridge the gap in access to information and services that pandemic has brought into. Existing collaboration of NRCS in such campaigns jointly with government has been a successful approach. The need of supporting COVID-19 vaccination program along with support in regular immunization program would help in strengthening capacity of national health programs.

Institutional strengthening

In order to ensure the NRCS operational response and institutional sustainability, NRCS will be focused on the enhanced positioning of NRCS through health authorities in coordination with the concerned authorities at all levels. The auxiliary role of NRCS will be further strengthened by institutionalizing the roles of NRCS in epidemic preparedness and response including the role of NRCS in the vaccination campaigns. The summary of the institutional strengthening is presented in the table below:

Table-3: Institutional strengthening

Institutional area		Rationale
Enhanced positioning of NRCS	Ensure the continuation of the volunteer mobilization and implementation of RC-CEA activities at the communities that promotes the vaccination campaign of the Government starting from January 2021.	This will enhance the role of NRCS in the epidemic preparedness and response at all level. This will also enhance the auxiliary role of NRCS at all level through enhanced coordination with the Government authorities primarily with the concerned health authorities.
NRCS PMER-IM	Ensure context and needs of the COVID-19 affected people are well assessed, use the data for bottom-up planning, capacitate sectors team and Red Cross local branches for quality monitoring, data management and reporting.	Stronger PMER-IM helps NRCS on timely evidence-based decision making and reaching more people affected by COVID-19 with relevant services which will ultimately contribute in preventing the spread of the virus.
Volunteer support	Ensure volunteer safety by guaranteeing volunteer insurance and rational PPE provision	To mobilize volunteers effectively

Support secured to date from Partners to roll-out the 2021 Plan.

Partner name	Areas of focus (technical geographic)	Estimated funding secured (as of January 2021)	Comment
IFRC	Support to risk communication, vaccination preparedness, WASH, coordination, etc. Coverage nationwide as per needs	50,000 CHF	More funding is being sought as part of the international appeal

Canadian Red Cross	CRC will support volunteer mobilization for contact tracing, ambulance services in 2021 in its project areas Risk communication		
Swiss Red Cross			Under discussion
JRCS	Technical support for preparation of COVID-19 plan, support for volunteer mobilization for contact tracing, clinical case management for COVID-19, adaptation of livelihood affected by consequences of COVID-19, support for Infection Prevention and Control activities		

Operational and Institutional Risk Assessment

The key risks foreseen include the risk of NRCS volunteers and staff acquiring COVID-19 infection during the operation. The NRCS will ensure that all volunteers and staff engaged in the operation have adequate knowledge about the virus, where to access personal protective equipment as necessary to complete their tasks and be insured. In addition, they will be re-orientated on personal protective measures and complete the Stay Safe course.

Risk area	Controls
Staff health: risk of contracting COVID-19 through clinical or community-based activities	<ul style="list-style-type: none"> • Information and training for staff and volunteers • PPE for first line responders • Modification of work approaches to reduce the risk of exposure for non-health workers in high-risk affected areas • Minimise non-essential travel
Services disrupted due to restrictions to movement or illness of personnel	<ul style="list-style-type: none"> • Write/Action Business Continuity Plan including tasks for finance, admin, PMER-IM, information technology, human resource management, logistics • Set up flexible working arrangements • Identify essential and non-essential services that could be prioritised during period of hibernation or withdrawal.
Negative media coverage related to handling of the response operation	<ul style="list-style-type: none"> • Proactive communication with media and stakeholders • Community Engagement and Accountability • Thorough needs analysis, planning, prioritisation and reporting
Scaling activities in areas new to the NRCS, outside technical scope	<ul style="list-style-type: none"> • Identify red lines based on a do no harm approach and the existing technical capacity of the National Society
Social unrest and community resistance; stigma against humanitarian workers and volunteers	<ul style="list-style-type: none"> • Gathering and analysis of community perceptions • Community Engagement and Accountability • Evidence-based action with community and media stakeholders

4. DETAILED OPERATIONAL PLAN

The **operational objective** is to fulfil the auxiliary role and mandate of the NRCS and contribute to reducing illness and loss of life, while protecting the health, safety, wellbeing and livelihoods of the most vulnerable people for the duration of the COVID-19 outbreak.

Operational Priority 1: Sustaining Health and WASH

Objective: to support National Society contributions to reducing illness and loss of life, while protecting the health, safety and wellbeing of the most vulnerable people, by supporting efforts to contain, slow or suppress transmission of the virus, treating cases, and helping affected communities maintain access to essential health and social services.

Health Pillar 1: Epidemic control measures (testing, point of entry/point of control screening, contact tracing, quarantine, and support for isolation of mild cases)

People targeted	5,000,000	Start Date:	1 April 2021	Current timeframe (months):	12
Support in COVID-19 vaccination campaign. Separate plan has been developed for the COVID-19 vaccination which is annexed with this plan.					
Set up COVID-19 precaution and prevention mechanism in school (Disinfection, training and support for disinfection of quarantine centres)					
Provide training and supportive supervision for epidemic control measures to ensure quality, appropriateness of programming, and coherence and interoperability with government approaches					
Capacitate NRCS province and district chapters for managing pool of active health focus volunteers at provincial level, in close coordination with Public Health Emergency Operation Center, such as epidemic control for volunteer, public health in emergency, rapid response team trainings					
Support individuals mandated to self-isolate at home, including providing mental health and psychosocial support, health checks, food and essential provision, and other services					
Support government testing activities for staff and volunteers					
Support community-level cohort isolation of mild COVID-19 cases not requiring clinical care (e.g., home isolation health kit)					
Support/advocate for transportation/ambulance services for maternal health services particularly during emergency					
...					

Health Pillar 2: Risk communication, community engagement and accountability, and health and hygiene promotion

People Targeted:	3,000,000	Start Date:	1 April 2021	Current timeframe (months):	12
<ul style="list-style-type: none"> Carry out behaviour adaptation campaign in an innovative way focusing on the proper use of mask, practicing 2m distancing, proper quarantine and hand washing: Adaptation, development and reproduction of IEC material translate in local language and distribution, including hoarding board Jingle/PSA development and airing through radios/TV and different FM stations Activate CEA focal points –phone group/message group, SMS, Social media 					

- Scale up community feedback mechanisms that allow diverse community voices, priorities and perspectives to be heard and responded to (face to face, hotline and radio program, hotline...)
- Ensure dialogue, capture community concerns and perceptions, and continuously adapt epidemic response based on community needs and preferences (perception survey)
- Carry out community-based epidemic-related health promotion activities, including Epidemic Control for Volunteers (ECV)
- Install Health desk at market, feast and festivals
- Conduct Media interaction/visit
- Reach to all vulnerable group with accessible medium/channel and message for vulnerable groups such as people with hearing impairment.
- Risk Communication and Community Engagement for mitigating the risk of SGBV and health and sanitation hazards

Health Pillar 3: Community-based surveillance (CBS)

People Targeted:	10,000	Start Date:	1 April 2021	Current timeframe (months):	12
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- Consider initiating CBS along with other health-promotion activities and SGBV
- Establish event based reporting system inclining with NRCS COVID-19 overall reporting system

Health Pillar 4: Infection prevention and control and WASH- Community

People Targeted:	80,000	Start Date:	1 April 2021	Current timeframe (months):	12
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- Ensure access to hand washing facilities for vulnerable populations in affected and at-risk communities
- Ensure access to hand washing facilities in high-risk and/or high-density public locations (e.g., markets, transportation hubs)
- Hygiene promotion session, including MHM and hand washing demonstration at school in collaboration with school nurse programme.
- Upgrade water facilities at school

Health Pillar 5: Infection prevention and control and WASH -Health Facilities

People Targeted:	50,000	Start Date:	1 April 2021	Current timeframe (months):	12
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- Provide PPE to frontline workers in NRCS health facilities (BTS, eye care, snake bite centres) , including guidance and training on IPC, appropriate and rational use of PPE, and alternative methods of work to reduce risk
- Ensure WASH facilities support in vaccination center/camp (waste disposal, water facilities)
- Support for the disinfection material for school/isolation centre
- Ensure access to hand washing, waste management, and sanitation in health facilities (hardware and training)
- Develop WASH emergency preparedness and response plan for epidemic/pandemic for district level

Health Pillar 6: Mental health and psychosocial support services (MHPSS)

People Targeted:	• 10,000	Start Date:	1 April 2021	Current timeframe (months):	• 12
<ul style="list-style-type: none"> • Provide psychosocial support to staff, volunteers, frontline workers and/or their families • Orient/re-orient staff and volunteers on PSS/PFA • Ensure the availability of mental health referral pathways for staff and volunteers • Conduct campaign against stigmatization and harmful practices (COVID 19 infected person) • Provide psychosocial support and psychological first aid (PSS/PFA), to affected and at-risk individuals and communities 					

Health Pillar 7: Isolation and clinical case management for COVID-19 cases

People Targeted:		Start Date:		Current timeframe (months):	
Not applicable					

Health Pillar 8: Ambulance services for COVID-19 cases

People Targeted:	300	Start Date:	1 April 2021	Current timeframe (months):	12
<ul style="list-style-type: none"> • Support and guidance to maintain, scale-up and adapt pre-existing ambulance service • Provide PPE for paramedics and drivers caring for/supporting possible, suspect or confirmed COVID-19 patients 					

Health Pillar 9: Maintain access to essential health services (community health)

People Targeted:	10,000	Start Date	1 April 2021	Current timeframe (months):	12
<ul style="list-style-type: none"> • Support birthing centre to ensure appropriate arrangement considering the COVID-19 while delivering the services i.e. handwashing, COVID-19 screening, • Support for routine immunization and outbreak response for vaccine-preventable diseases • Support reproductive, maternal, new-born and child health services at the community level, including referrals to health • Support in vector borne disease prevention at the community level 					

Health Pillar 10: Maintain access to essential health services (clinical and paramedical)

People Targeted:	5,000	Start Date:	1 April 2021	Current timeframe (months):	12
<ul style="list-style-type: none"> Promote voluntary non-remunerated blood donation (VNRBD) Maintain and adapt first aid programs (e.g., online trainings) and ensure provision of first aid supplies to volunteers, 					

Health Pillar 11: Management of the dead					
People Targeted:	500	Start Date:	1 April 2021	Current timeframe (months):	12
<ul style="list-style-type: none"> Preposition of dead body management bag 					

Operational Priority 2: Addressing Socio-economic Impacts fo COVID-19

Objective: To respond to the enormous socio-economic impact of COVID-19, the National Society is scaling-up its existing livelihoods and food security support and adapting or developing new programmes to address the fall-out from the pandemic

Pillar 1: Livelihoods and Household Economic Security					
People Targeted:	10,000	Start Date:	1 April 2021	Current timeframe (months):	12
<ul style="list-style-type: none"> Cash and Voucher Assistance (CVA) /food package/meal parcel implemented to address basic needs of people affected by COVID-19 Support most vulnerable people for cloth mask production to restore their live hood 					

Pillar 4: Social Care, Cohesion and Support to Vulnerable Groups					
People Targeted:	20,000	Start Date:	1 April 2021	Current timeframe (months):	12
<ul style="list-style-type: none"> Use of key messages and tools addressing risk of violence, exclusion and discrimination for specific vulnerable groups Identify and disseminate referral pathway in coordination with local gov and non-gov stakeholders Develop IEC/ motivational materials (Poster, Pamphlet, Booklet, and Brochure) with advocacy and awareness messages on child protection, social inclusion, Sexual and Gender Based Violence (SGBV), migration and non-discrimination. Identify, promote and disseminate practices that enhance the social cohesion between migrants and host communities, addressing stigma and xenophobia Dignity /hygiene kit support to vulnerable group (Women and adolescent) Community awareness and advocacy orientation/Training on Violence Prevention, referral pathway, child protection and social inclusion. Contribute to the "NRCS Solidarity Fund" (Emergency fund created at HQs level to support NRCS staff and volunteers) PGI mainstreaming training to programme focal from district mobilized in recovery programme and district level GESI committee 					

- Support the restoration of family links for separated loved ones and family members, including separated and unaccompanied children and minors, in collaboration with ICRC

Operational Priority 3: Strengthening National Society

Objective: To support preparedness and institutional readiness to respond to COVID-19, as well as to other disasters and crises, through sound preparedness and contingency planning.

The recently approved National Society Development (NSD) Compact establishes the roles and responsibilities to support National Societies in NSD. Those roles apply in the present COVID-19 pandemic response

Pillar 1 – National Society Readiness					
People Targeted:	10,000	Start Date:	1 April 2021	Current timeframe (months):	12
<ul style="list-style-type: none"> • Explore possibility to engage district chapters in production of cloth mask, hand washing soap and sanitizer and develop capacity for the same • Deploy volunteer for COVID-19 prevention Group (CPG) as guided by volunteer mobilization guideline developed by GON • Participate and represent NRCS in humanitarian clusters at all level ensuring better knowledge on humanitarian clusters approach/system • Develop strategic partnership model to engage with Non-Movement partners in COVID-19 response • Support/train local authorities in preparing business continuity plan, preparedness/response plan, contingency planning, reporting and data management • Revise/develop contingency plans for COVID-19 • Strengthen information and communication technology (ICT) of province and district chapters with provision of required computers, software and internet connectivity • Formalize partnership with authorities and other stakeholders through enhanced relationship and coordination (e.g., multi stakeholders' meeting/workshop) • Facilitate DC to prepare COVID19 preparedness and response plan along with local resource mobilization 					

Pillar 2 – National Society Sustainability					
People Targeted:	Start Date:	1 April 2021	Current timeframe (months):	12
<ul style="list-style-type: none"> • Capitalize on digitalization for increasing efficiency through invest in digital hardware (e.g., networking, computers and monitors) and capacity building of staff to utilize new equipment, systems and software – NRCS learning platform • Conduct PMER-IM orientations, capture and share learning, conduct continuous assessment and surveys and feed them into the ongoing response activities. • Manage centralised information/data management system for COVID-19 preparedness and response (e.g. 5 W, dash board) and link it with NRCS integrated management information system • Invest in Emergency Fundraising, new and diverse ways to generate income • Conduct lessons learnt workshop • Support branches to enhance local actions, partnership and fundraising • Conduct final evaluation of the COVID-19-preparedness and response operation 					

- Develop and publish COVID-19 preparedness and response story book, photo album, process documentation, video document

Pillar 3 – Support to Volunteers

People Targeted:	1,500	Start Date:	1 April 2021	Current timeframe (months):	12
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- Develop national mechanisms to support uninsured volunteers who need hospitalization or lose their life as a result of COVID-19
- Provide easy access to new volunteers; provide options for online or distance volunteering
- Provision for Volunteer Insurance
- Conduct staff and volunteer online health risk assessment

5. INDICATORS

Sustaining Health and WASH	
Pillar	Indicator(s)
1. Epidemic control measures ([a]testing, [b]point of entry/point of control screening, [c] contact tracing, [d] support for quarantine and isolation of COVID-19 cases not requiring clinical treatment)	[a] # of cases in cohort/home isolation receiving material/food and essential support from NS [b] #of staff and volunteer/DC trained/capacitated on epidemic control measures
2. Risk communication, community engagement, and health and hygiene promotion	# of people reached through risk communication and community engagement for health and hygiene promotion, C-19 vaccination and SGVB activities (including health desk installed in market, feast and festivals)
3. Infection prevention and control and WASH (community)	# of households/schools supported through community WASH activities #of staff and volunteer trained on IPC measures
4. Mental health and psychosocial support services (PSS)	# of people reached with MHPSS services
5. Ambulance services for COVID-19 cases	# of COVID-19 cases (confirmed or suspected) who received ambulance transport
6. Maintain access to essential health services (community health)	# of people reached with essential community health services adapted or scaled to respond to needs created by COVID-19
7. Maintain access to essential health services (clinical and paramedical)	# of essential health services continued by NRCS as of pre-COVID levels
8. Management of the dead	# of deaths of suspected or confirmed COVID-19 cases buried or cremated directly or supervised by NS staff or volunteers
9. Support Immunization Activities	[a] # of staff and volunteers participating in routine immunization and supplementary immunization activities (Target) [b] # of staff and volunteers trained on COVID-19 vaccine introduction (Target) [c] # of people reached by the NS to address vaccine hesitancy (Target) [d] # of hard-to-reach persons helped by the NS to receive the COVID-19 vaccine (Target)
Addressing Socio-economic Impact of COVID-19	
Pillar	Indicator(s)
1. Livelihoods and Household Economic Security	[a] # of people made vulnerable by COVID-19 reached with conditional and unconditional cash and voucher assistance [b] # of people made vulnerable by COVID-19 supported with skills development for livelihoods/economic activities support
2. Community engagement and accountability, and community feedback mechanisms	[a] # of community feedback comments collected [b] # of community feedback reports produced [c] # of NS staff, and volunteers trained on community engagement and accountability

	[d] # of media visit/interaction conducted by DC and/or NHQ
3. Social Care, Cohesion and Support to Vulnerable Groups	[a] # of branches who include an analysis of the specific needs of marginalised groups in their assessments [b] # of people reached by programmes addressing exclusion [c] # of people reached by programmes addressing violence
Strengthening National Societies	
Pillar	Indicator(s)
National Society readiness	[a] The NS has developed contingency plans for COVID-19 and other concomitant emergencies [b] The role and activities of the NS are expressly included in the national government's main plan(s) for COVID response/recovery
National Society sustainability	[a] Proportion (%) of core organisational budget that is funded [b] Unrestricted financial reserves for more than 3 months [c] # of new streams for unrestricted income [d] The NS has adapted its business continuity plans (BCP) for COVID-19 or developed a new one #of staff/volunteer capacitated in digitation and data management
Support to volunteers	# Volunteers provided with insurance that covers accidents, illness or death benefits to their families, including private, organizational (e.g., solidarity funds) or public coverage from authorities. # volunteers that have access to the Personal Protection Equipment (PPE) necessary to safely fulfil their duty #staff/volunteers tested for COVID-19

6. BUDGET SUMMARY

It is expected that the NS will reach to 5 million people through various activities as part of COVID-19 preparedness and response in 2021 for which an approximate of 3.2 million CHF is required. Detail budget with people reached in each of the operational priorities are provided in table 4:

Table 4: Details of operational priority wise people reached and estimate budget breakdown:

Priority	Pillars	People targeted to be reached	Estimated budget (CHF) in million
Operational Priority 1: Curb the pandemic-sustaining health and WASH	Health Pillar 1: Epidemic control measures	5,000,000	0.45
	Health Pillar 2: Risk communication, community engagement and accountability and health and hygiene	3,000,000	0.35
	Health Pillar 3: Community based surveillance (CBS)	10,000	0.05
	Health Pillar 4: Infection prevention and control and WASH (health facilities)	50,000	0.20
	Health Pillar 5: Infection prevention and control and WASH (community)	80,000	0.35
	Health Pillar 6: Mental health and psychosocial support services (PSS)	10,000	0.05
	Health Pillar 7: Isolation and clinical case management for COVID-19 cases	0	0
	Health Pillar 8: Ambulance services for COVID-19 cases	300	0.25
	Health Pillar 9: Maintain access to essential health services (community health)	10,000	0.05
	Health Pillar 10: Maintain access to essential health services (clinical and paramedical)	5,000	0.05
	Health Pillar 11: Management of the dead	500	0.05
Operation Priority 2: Tackle poverty and exclusion-addressing socio-economic impacts	Pillar 1: Livelihoods and Household Economic Security	10,000	0.30
	Pillar 4: Social Care, Cohesion and Support to Vulnerable Groups	20,000	0.25
Operational Priority 3: National Society strengthening	Pillar 1 – National Society Readiness	10,000	0.20
	Pillar 2 – National Society Sustainability	1000	0.70
	Pillar 3 – Support to Volunteers	1,500	0.20
Total		5,000,000⁴	3.50

S.N.	Partners	Vaccination Support		COVID-19 response		Total	
		NPR	CHF	NPR	CHF	NPR	CHF
1	*SRC	15,400,000.00	128,333.33	-	-	15,400,000.00	128,333.33
2	*WHO/UNICEF	-	-	65,000,000.00	541,666.67	65,000,000.00	541,666.67
3	IFRC(Ask)	130,000,000.00	1,083,333.33	210,000,000.00	1,750,000.00	340,000,000.00	2,833,333.33
	Total					420,400,000.00	3,503,333.33

***Confirmed: SRC support for C-19 vaccination roll-out and WHO/UNICEF support for C-19 response**

⁴ When different activities/programmes are carried out in the same communities, NRCS follows the following rule to avoid double counting:

Total people reached = People reached data of the sector/activity which has the highest value.

7. CONTACTS

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