TECHNICAL BRIEF

A Review of SSBH’s Health Emergency Response (HER) to the COVID-19 Pandemic in Nepal

The COVID-19 pandemic in Nepal

The world changed when severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) emerged in Wuhan, China in late 2019. The virus spread worldwide rapidly, causing coronavirus disease 2019 (COVID-19) in those who became infected. COVID-19 has resulted in the deaths of more than 6.5 million people through September 2022. Transmission of SARS-CoV-2 within Nepal began in March 2020 and has resulted in at least 1,151,797 infections and 12,018 deaths through September 2022.

Throughout the pandemic, the Government of Nepal (GoN) led the response to COVID-19 in Nepal by taking actions that included mobilizing the health sector to increase testing capacity; undertaking contact tracing, infection prevention and control (IPC), and surveillance; launching major public education campaigns in support of key messages to confront the pandemic; and managing suspected and confirmed cases.

The USAID response

Confronted with the COVID-19 crisis in early 2020, the United States Agency for International Development (USAID) Mission to Nepal supported the GoN’s response to COVID-19 by providing funding for the Health Emergency Response Supplemental Program (“HER” or “Component”) that was conducted by USAID’s Strengthening Systems for Better Health (SSBH) activity. SSBH’s HER team began working in July 2020 in collaboration with federal, provincial, and municipal-level government counterparts to strengthen the health sector’s response at both the federal level as well as in Karnali and Lumbini Provinces. HER had four objectives:

1. Strengthened systems and capacity among provincial and local-level governments and health service providers to plan, execute, and monitor the health emergency response;
2. Improved surveillance of COVID-19 and other infectious diseases;
3. Maintenance of quality standards of care during the COVID-19 crisis and afterward; and,
4. Strengthened systems and capacity at sub-national levels for planning, implementing, and managing the COVID-19 vaccination program, resulting in maximum coverage of the target population.
The review

SSBH conducted a formal review ("Review") of HER in August 2022 to document successes, issues, challenges and lessons learned that can be used to guide the design and implementation of health emergency response programs in the future. This report presents the central findings of the Review as well as lessons learned and recommendations.

Box 1: WHO Health Emergency Response Pillars

Pillar 1: Coordination, Planning, and Monitoring
Pillar 2: Risk Communication and Community Engagement
Pillar 3: Surveillance, Rapid Response Teams, and Case Investigation
Pillar 4: Points of Entry (PoE)
Pillar 5: Laboratory Strengthening
Pillar 6: Infection Prevention and Control
Pillar 7: Case Management
Pillar 8: Operational Support and Logistics
Pillar 9: Vaccination Support

Methods

Two independent consultants ("Consultants") conducted the Review in order to bring a critical, external perspective to the exercise. The Review was framed on the four HER objectives listed above, and within those objectives, on the nine WHO Health Emergency Response Pillars (Box 1). SSBH provided the Consultants with a detailed list of overarching questions to guide the Review. While the questions covered many topics, they focused primarily on (i) what activities did HER implement?; (ii) to what extent were the activities implemented in a timely manner?; (iii) to what extent were the activities strategic?; and (iv) what did the HER leave behind that can be used in future health emergencies? The Review is based almost exclusively on primary qualitative data that were collected through 42 individual and group interviews conducted within eight districts with 81 respondents from SSBH/HER, the government of Nepal and other partners. The Consultants and SSBH/HER senior staff worked together to select the respondents.

Findings and conclusions

The goal of SSBH’s HER program was to strengthen Nepal’s health sector response to the COVID-19 pandemic and reduce transmission of the virus in Karnali and Lumbini Provinces. The overarching finding of the Review is that the Program implemented the activities that it committed to, achieved its objectives and made substantial technical, material and human resource contributions to the GoN’s response to COVID-19, helping to save many lives while also contributing to the government’s preparation for the next health emergency. Key findings are described below, categorized by HER’s four objectives, and within them, by WHO’s nine health emergency response pillars.

HER’s first objective was to strengthen systems and capacity among provincial- and local-level governments and health service providers to plan, execute, and monitor the COVID-19 response.

Under Pillar 1: Coordination, Planning, and Monitoring, HER focused on supporting key activities to strengthen the government’s management of the response. These actions included supporting the implementation of Provincial Health Emergency Response and Management Plans and the functioning of Provincial Health Emergency Operation Centers (PHEOCs) as well as the development and implementation of Municipal
Health Emergency and Disaster Preparedness and Response Plans (HEDPRP). In addition, HER worked to strengthen the integrated information management system which helped to inform the GoN’s response while also helping to enhance communication and coordination mechanisms that focused on COVID-19. Finally, HER supported the creation and distribution of regular situation reports and periodic COVID-19 performance reviews.

HER’s efforts under Pillar 2: Risk Communication and Community Engagement were primarily concerned with working with the National Health Education, Information and Communication Centre (NHEICC) to develop a variety of communication materials. HER also supported provinces and municipalities to conduct targeted communication campaigns to ensure that the public was aware of the continuous availability of essential health services during the pandemic. Another aspect of HER’s work under this pillar was to support communication efforts to relieve the psychosocial effects of COVID-19 and to reduce stigma and discrimination associated with COVID-19.

Under Pillar 8: Operational Support and Logistics, HER supported the Ministry of Social Development (MoSD) in Karnali Province, the Ministry of Health (MoH) in Lumbini Province and municipalities to monitor and report on the availability, stock and use of crucial COVID-19 supplies. HER also provided transportation support to the MoSD, MoH, PHEOCs, and district response teams as per need.

HER’s second objective was to improve surveillance of COVID-19 and other infectious diseases.

Under Pillar 3: Surveillance, Rapid Response Teams, and Case Investigation, HER supported districts and municipalities to form, train and mobilize Case Investigation and Contact Tracing (CICT) Teams. HER also supported the MoSD in Karnali Province, the MoH in Lumbini Province, and PHEOCs in both provinces to bolster their coordination with municipalities in order to establish operational surveillance systems. Finally, HER supported the expansion of the Information Management Unit (IMU) system for daily recording and reporting of data for COVID-19.

Under Pillar 4: Points of Entry (POE), HER provided technical and in-kind support to the three PoEs in Lumbini provinces to ensure that the Health Desks functioned well. HER also supported the MoSD, MoH and municipalities to set up recording and reporting systems at PoEs and to use standard protocols there to facilitate tracking and contact tracing of migrants and travelers.
HER’s third objective was to maintain quality standards of care during the COVID-19 crisis and afterward.

Under Pillar 5: Laboratory Strengthening, HER supported provincial and municipal governments to expand testing for COVID-19 by improving laboratories’ physical capacity while also assisting with the training and mobilization of health care providers. HER also helped to ensure the effective and safe operation of systems to transport patient samples.

HER strengthened Infection Prevention and Control (Pillar 6) by supporting the distribution and implementation of COVID-19 IPC protocols in health facilities, isolation centers and quarantine units. HER provided support to health facilities ranging from hospitals to health posts in order to ensure that they had adequate stock of IPC and waste management supplies and equipment. HER also assisted municipalities and health facilities to make sure that functional, effective water, sanitation and hygiene facilities were available.

Under Pillar 7: Case Management, HER supported the management of patients with COVID-19 by first disseminating case definitions along with triage and management protocols to public and private hospitals and health facilities. HER then supported provincial governments and PHEOCs to identify, train and deploy medical personnel to manage COVID-19 cases. HER supplemented existing government health workers in hospitals that experienced case surges by directly hiring and appointing additional personnel. HER also provided technical support to improve the screening and management of COVID-19 cases. Finally, HER ensured that the MoSD, MoH and hospitals had a plan for referring and transporting patients safely and supported this by helping to conduct preparedness drills.

HER’s fourth objective was to strengthen systems and capacity at sub-national levels for planning, implementing, and managing the COVID-19 vaccination program. HER provided various types of support under Pillar 9: Vaccination Support. HER assisted with the coordination, planning and review of the national vaccination program with regards to COVID-19 vaccination. HER also worked to strengthen surveillance and information management regarding COVID-19 vaccination coverage. As noted above under Pillar 2, HER provided substantial support to the development of communication materials and community engagement to increase demand for vaccination. HER provided assistance to vaccine administration activities and clinical management related to COVID-19 vaccinations while also helping to ensure that IPC protocols were observed in place and followed during vaccination activities. Finally, HER supported planning activities for vaccine logistics, cold chain maintenance, and the transport of vaccines.

Timeliness, strategy, and sustainability

SSBH wanted to understand respondents’ viewpoints regarding key characteristics of HER’s support: specifically, its timeliness, the degree to which it was focused on strategic needs, and its sustainability for application in future emergencies. With minor exceptions, respondents stated that HER’s support was extremely timely. Some interviewees noted that HER’s support for selected activities was delayed and began only during the second wave of COVID-19 in Nepal, while other observed that HER was still in the process of team formation and general planning during Nepal’s first wave and could not have provided assistance at that time. Similarly, all respondents felt that HER’s support was highly strategic and focused on high-priority needs that emerged during the crisis. Finally, respondents’ comments
on the sustainability of HER’s contributions were largely positive albeit somewhat mixed. They noted that some contributions had clear potential for sustainability while others were responses to the needs of the moment and were not intended to be sustainable. What did stand out was that a number of HER’s contributions hold the potential to be sustainable and effective in the future but will require follow-up and nurturing over the coming years if they are to remain viable.

Lessons learned

SSBH’s HER program made substantial technical, material and human resource contributions to the Government of Nepal’s response to the COVID-19 pandemic. Perhaps the most unique aspect of HER’s support was its concurrent breadth and depth. It provided support to each of the nine WHO HER pillars (i.e., breadth) while also contributing at the federal, provincial, district and municipal levels (i.e., depth). This in itself is an important lesson learned—that a single component (HER) of a modestly-sized activity (i.e., SSBH) can make such broad, deep contributions. In doing so, the Program has also contributed both procedurally as well as physically to the government’s preparation for the next health emergency in Nepal.

The lessons learned below are divided into two categories. The first group is Internal Structures and Procedures and describes lessons that apply to programs regarding internal management issues as they work with governments to confront health emergencies. The second group of lessons are Response Strategies that pertain to assistance strategies that programs might follow during emergencies.

Internal Structures and Procedures

1. **Vertical structure was advantageous.** Given that HER was originally funded for only one year, SSBH chose to structure HER vertically with its own organogram and hierarchy. This allowed HER to streamline its decision making and gave it flexibility. HER and SSBH increasing worked together as “one family” as the pandemic progressed.

2. **Emergency projects need to have expedited procedures while maintaining compliance.** Programs responding to emergencies need different, less time-consuming administrative procedures compared to long-term projects, especially with regards to procurement and hiring, while still maintaining accountability.

3. **It is critical to devote significant human resources to senior management and operations.** SSBH senior management felt that, in hindsight, they should have hired additional human resources to bolster HER’s senior management and operational support team in order to strengthen planning and communication and facilitate the project’s deeper understanding.

4. **Provide support to program staff to help them balance workplan activities with ad-hoc requests and priorities.** In emergency situations, personnel supporting the emergency response—especially field staff—will be pressured to respond to counterpart requests for ad-hoc assistance. Staff
benefit from support for pre-planning and guidance regarding how to manage special requests while maintaining focus on approved activities.

5. **Maintain a flexible approach to the workplan.** During emergencies, programs must be prepared to modify their workplans based on emerging needs and information and have mechanisms in place to expedite approval for reprogramming, changes and special activities and expenses.

6. **Tasks that are shared across workplans can bring teams together.** SSBH found that an effective way to have staff from a non-emergency program work effectively with staff from an emergency program was to include common tasks in their respective workplans. Treating some tasks as bridging activities can help to build a one-team approach.

**Response Strategies**

1. **Organizational entities implementing health programs or activities can contribute by actively seeking funding to provide support early during emergencies.** There was a great deal of confusion at the beginning of the COVID-19 pandemic and it is perhaps unfair to blame organizations for not moving immediately to provide support. Still, some respondents commented that external support had been slow to materialize, although once it arrived, it was very helpful.

2. **A program’s ability to provide a range of assistance increases its value and flexibility.** HER was able to provide technical assistance, equipment / materials, and human resources, all of which proved to be extremely helpful to the GoN and Nepal’s communities. HER’s ability to provide a wide range of assistance made it a valuable partner.

3. **Gap-filling roles have their place during emergencies.** Government counterparts appreciated support for ad-hoc requests such as transportation and supplies related to PPE. While this type of support may not be viewed as sustainable or strategic, it is much-needed during emergencies.

4. **Major projects have a role to play at grassroots during emergencies.** HER devoted significant resources to assisting municipalities—assistance that was noted and appreciated. Not only does this type of support ensure that municipalities are receiving the assistance that they need, but it also allows programs such as HER to inform the center regarding the real situation at the periphery.

5. **Working closely with the central government during emergencies can serve as an effect-multiplier.** HER worked closely with the central government to develop a wide range of products and tools that included communication materials, protocols, policies, and training packages. HER’s work with the central government was generally applicable to the entire country and benefited people across the nation.

6. **Coordination and communication between partners pays dividends.** Strong communication between partners allows them to leverage each others’ efforts, avoid duplication, and conduct joint planning.

7. **Planning for sustainability increases the benefits of support.** Much of the assistance and equipment that is provided during an emergency hold the potential to be used during future emergencies or even normal times. Planning for what can be done to maximize the sustainability of efforts undertaken during an emergency—such as HER’s work on establishing waste management capabilities at health facilities or training staff on IPC—can strengthen the future utility and viability of those initiatives.

8. **FCHVs still have an important role to play in public health in Nepal.** FCHVs were effectively mobilized during the COVID-19 pandemic and played important roles in the response, especially in working to increase demand for vaccination. The COVID-19 health emergency showed that FCHVs are still an important part of Nepal’s public health workforce.

**Recommendations**

This review of the HER program has described HER’s activities and performance and also lessons that have been learned from HER’s experience in providing assistance during the COVID-19 pandemic. Most of the lessons learned described above lead directly to recommendations which are succinctly detailed below. This technical brief then concludes with a set of recommendations that focuses specifically on strengthening emergency response systems in Nepal, as the government and its partners move forward following the COVID-19 pandemic.
Internal structures and procedures
Programs and organizations that seek to support governments during emergencies should consider the following recommendations when determining how to develop their internal structure and procedures:

1. **Consider vertical versus horizontal structures.** Many feel that the management structure and hierarchy should be more independent and streamlined during emergencies, qualities that are easier to achieve with a vertical approach.

2. **Develop expedited procedures while maintaining accountability.** Emergency projects benefit from expedited procedures, especially for hiring new staff and the procurement of goods and services. Internally, the decision-making hierarchy should be streamlined to allow decisions to be made quickly while maintaining adequate accountability and compliance.

3. **Form a strong senior management and operations team.** This will strengthen planning and communication and facilitate deeper understanding of how to work most effectively with the government while also reinforcing operational support.

4. **Be flexible with the workplan.** Emergency programs should ensure that their workplan is reviewed frequently and that there is adequate flexibility with the donor to adjust or change the workplan when the situation calls for it.

Response strategies
Programs, organizations and donors that seek to support governments during emergencies should consider the following recommendations:

1. **Move quickly to respond to emergencies.** Programs, activities, organizations and donors should take action quickly to seek or provide funding and support during emergencies.

2. **Provide a range of types of support according to capability.** Organizations that can provide multiple types of support such as technical assistance, equipment and supplies, and human resources are valuable partners during emergencies and can operate with enhanced flexibility.

3. **Coordinate closely with the central government and partner organizations.** Doing so strengthens the government's own capabilities, enables materials and tools that are developed to be shared across the country, and avoids duplication of effort. At the same time, programs should prioritize coordination and communication with other organizations that have similar goals.

4. **Plan for sustainability.** Programs that support a response to an emergency should commit to taking the steps necessary to maximize the sustainability of their contributions by capacitating the government to perform the work once the emergency has concluded.

Strengthening HER systems in Nepal
Based on this review of SSBH's HER program, the following recommendations are made for SSBH, the Ministry of Health and Population of the Government of Nepal and its development partners, as they move forward following a successful response to the pandemic:

1. **Systematize the development and use of the HEDPRP.** The GoN, with support from its partners, should support the completion of the HEDPRP in all municipalities and provinces of Nepal and ensure that it is regularly updated and used as appropriate over the coming years.

2. **Ensure that key trainings and initiatives are supported over time.** A number of important training packages were developed to support important initiatives during the COVID-19 pandemic including Health Care Waste Management (HCWM), Essential Critical Care Training (ECCT), CICT and IPC. The GoN, with support from its partners, should follow up and support these initiatives to maximize their sustainability.

3. **Systematize the biomedical equipment cataloguing system.** The biomedical equipment cataloguing system that was developed with HER's support during the pandemic should be strengthened and used by the government in the future to identify gaps and guide procurements.

4. **Strengthen Health Desks at Points of Entry.** The PoEs emerged during the COVID-19 pandemic as a key link in the system to control the spread of disease in Nepal. Moving forward, the GoN should ensure that the Health Desks at all PoEs have adequate human resources, well-equipped
5. **Develop and operationalize a system for capability-based acquisition and maintenance of laboratory equipment.** The GoN and its partners should ensure that an appropriate system is developed and operationalized that will assess a laboratory’s ability to make use of a piece of major equipment prior to its acquisition and installation, including the availability of basic requirements for its operation (e.g., stable supply of electricity, trained staff) and a mechanism to monitor the working condition of the equipment and to repair it if it breaks down in the future.

6. **Strengthen vaccination in remote communities during emergencies.** The Government of Nepal should ensure that adequate support is provided to efforts to vaccinate residents of remote communities in future emergencies.

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