



Rapid Assessment on the status of the Quarantines

May 2020

**Strengthening Access To Holistic, Gender Responsive,
And Accountable Justice In Nepal (SAHAJ)**



Executive Summary

COVID-19 pandemic has ravaged the social and economic conditions of the lives of the majority of the people globally. It has been an unprecedented challenge for marginalised and vulnerable groups such as women, children, people living in poverty and people with disabilities to cope with this pandemic.

From the start of COVID-19, most of the quarantines in SAHAJ working communities experienced an immense influx of migrant workers returning home from neighbouring India. As a result, most of the quarantines do not have the capacity to accommodate all the people in the quarantine. It is found that most of the quarantines are established in existing schools, colleges, they lack basic hygiene and sanitation facilities and are not conducive gender-friendly environment. Strengthening Access To Holistic, Gender Responsive, And Accountable Justice In Nepal (SAHAJ) project with its consortium partners have been working closely with the provincial and local governments to support the primary actors and the communities that are most vulnerable to cope with the challenge. As part of the COVID-19 response plan, the project aims to support selected quarantines from the working communities to enhance them as a gender-friendly spaces where women and vulnerable people feel safe to stay.

To assess the status of the quarantines in SAHAJ working palikas in Province 2 and 5 of Nepal, this survey will be an evidence-based finding to know the situation of the quarantines which will help to develop the measures to support the quarantines.

Key Findings from the Rapid Assessment



The situation of Facilities and Management

- Most of the quarantines are set up in the pre-existing schools/campus.
- Less than 15% of the quarantines can accommodate more than 150 people.
- Most of the quarantines are located within 1 KM from the nearest town/villages.
- Currently, there are less than 100 people in 84% of the quarantines.



Gender Responsiveness

- People are kept in the same room in 33% of the quarantines.
- 72% of the quarantines do not have dignity kits.
- Very few women/girls in the quarantine.
- No counselling support in the quarantines and no NGOs have supported so far.
- 85% of the quarantines do not have the availability of female security personnel.



Water, Sanitation and Hygiene

- 57% of the quarantines have separate toilets for male and female. The number of available toilets is not enough as the number of people is increasing unexpectedly each day.
- Many of the quarantines have water facilities but they are not sure about the quality of the water. Water and waste management seems a challenge.
- Personal Hygiene Kits are available in 54% of the Quarantines.
- Three or more than 3 people are kept in a single room.



Cooperation from Other Agencies

- 63% of the quarantines say that they have not received any support from Nongovernmental agencies so far.
- Health and sanitation supports are provided to quarantines that are supported.
- None of the agencies has supported Psychosocial counselling.

The evidence from the assessments express that it is required to engage and coordinate with Local Governance Units, agencies and Quarantine Operation and Management Committee strategically to ensure all the quarantines are safe space for women and vulnerable groups. Further, it is seen as important to concentrate on hygiene and sanitation measures to ensure that people will not be affected by other communicable diseases. The assessment sheds the light to the need for psychosocial counselling/support in the needy quarantines.

1. Objectives

- To assess the status of the quarantines in SAHAJ working palikas in Province 2 and 5.
- To generate an evidence-based finding to understand the situation of the quarantines which will help to develop the measures to support the quarantines.

2. Methodology

Key respondents of the survey are any one of the following (depending on the local context)

- Senior representatives of the Quarantine Management Committee
- Medical Officer from the LGU or,
- Designated focal person by the LGU

Maintaining the physical distancing, the rapid assessment was conducted using the Microsoft Office Forms. The project officers from partner organisers were engaged as enumerators and were oriented to conduct telephonic interviews with the representatives from the quarantine management committees during the third week of May 2020. 46 quarantines that lie in SAHAJ working areas and are proposed for the COVID-19 response plan by the project team.

2.1. Limitations of the Survey

- This survey is based on the response that the project team received from the key representatives of the quarantines. Hence, it was a challenge to deal with the possible biases and get the independent evaluation of the status of quarantines.
- This survey was conducted during the last week of May 2020. The COVID infection rate in Nepal increased significantly at the start of June. Hence, the current numbers of people in the quarantines can not be generalised based on this survey.

2.2.Data Analysis Process

The quantitative information received from the survey is thematically tabulated and analysed. The qualitative insights are collected from partner staffs and GBV specialists from SAHAJ.

3. Results from the Survey

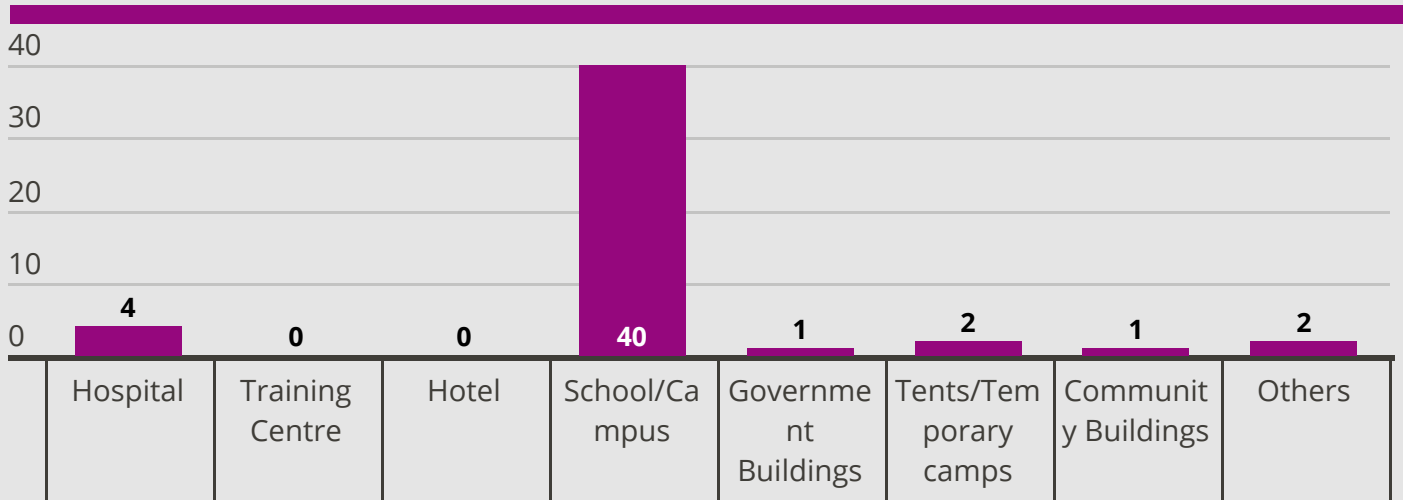


Figure 1: Quarantine Set-up in

3.1 Location of the Quarantine

- 87% of the quarantines are in community schools/colleges

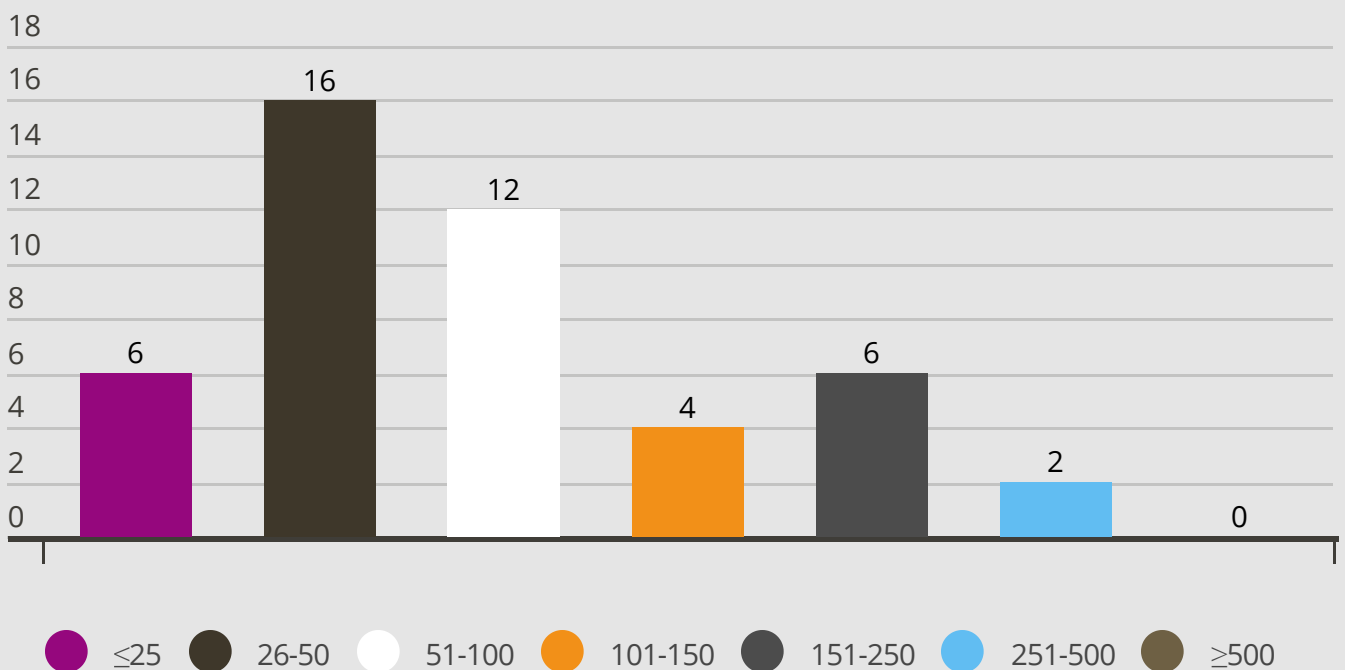


Figure 2: Number of Beds in the Quarantines

3.2 Number of Beds in the Quarantine

- 35% of the quarantines can accommodate 26-50 people
- 26% can accommodate 51-100 people
- 13% can accommodate less than 25 people and 151-250 people respectively
- 2 Quarantines can accommodate more than 250 people

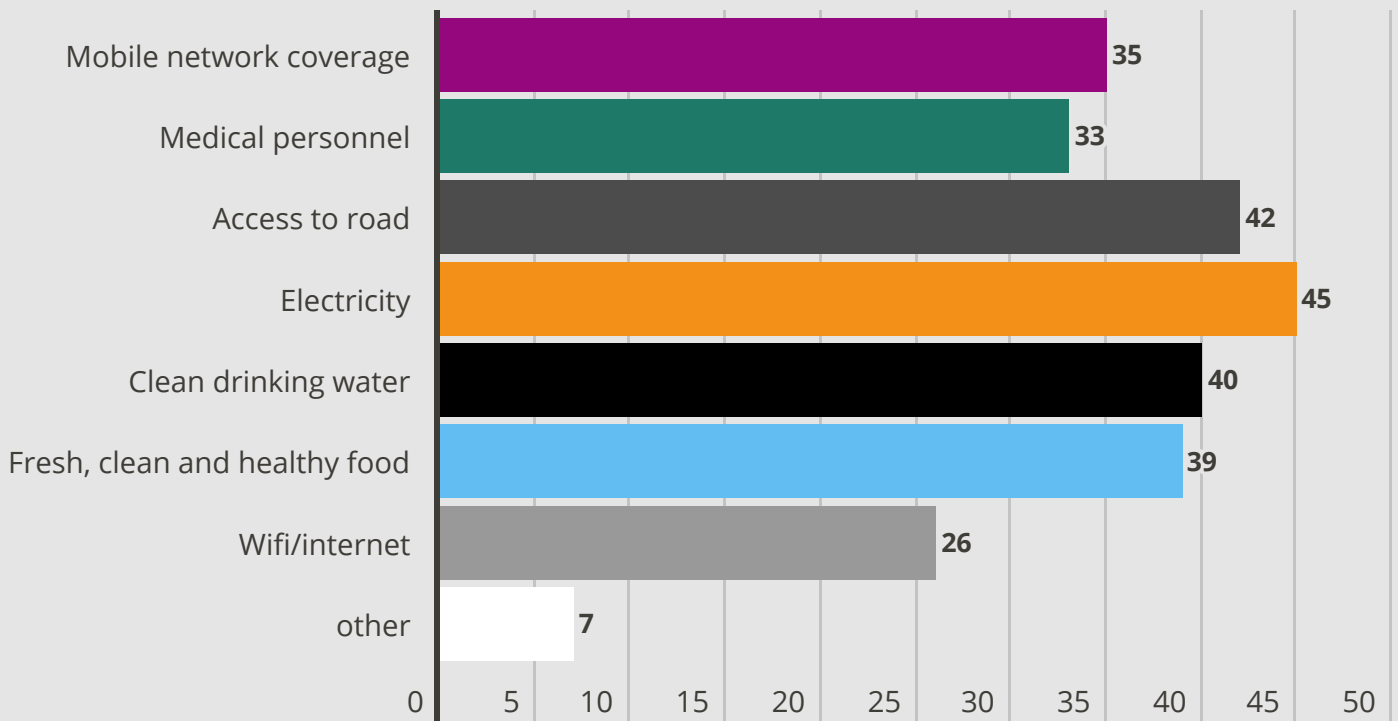


Figure 3: Basic arrangements in the Quarantine

3.3. Distance between the quarantine and the nearest village/town

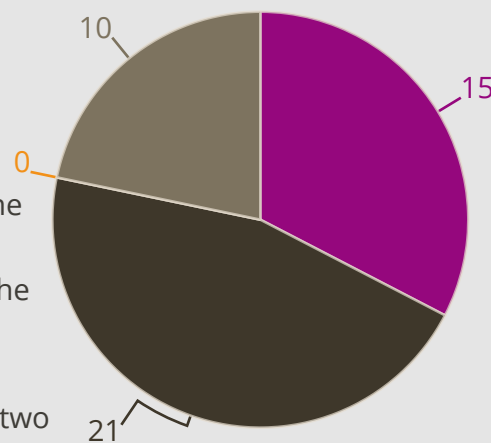
91% of the quarantines are located within 1 KM from the nearest village/town

3.4. Basic Arrangements in the Quarantines

- All the quarantines have electricity and road accessibility
- 76% have access to mobile network coverage
- 52% have medical personnel
- 87% claims that they have access to clean drinking water
- 56% of the quarantines have wi-fi Internet access

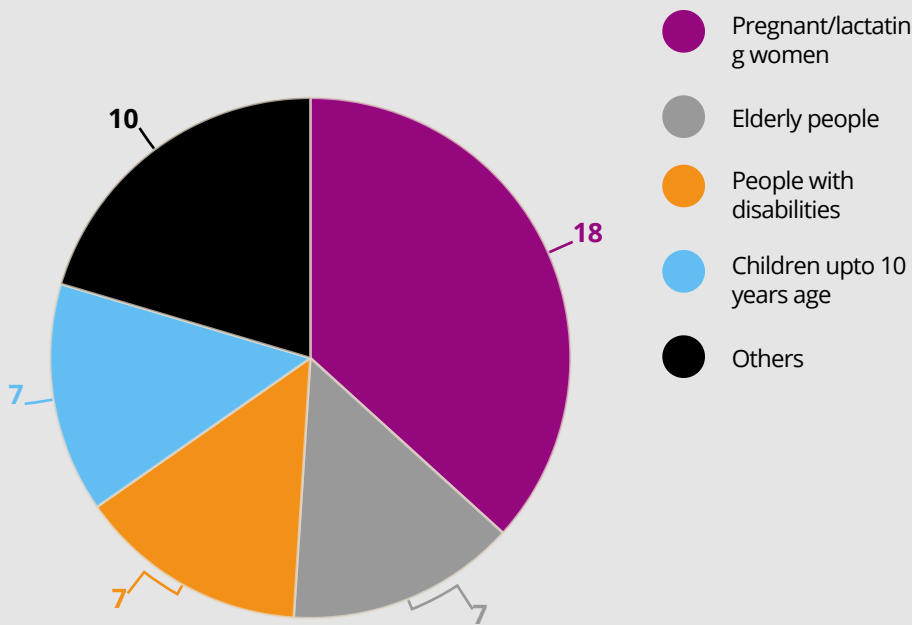
3.5. How People are kept in the Quarantine

- People are kept in the same room in 33% of the Quarantines
- People are kept in separate rooms in 45% of the quarantines
- Remaining quarantines responded they don't have that need to separate, or they only have two rooms etc..



● All in same room
 ● Separate rooms
 ● Don't know
 ● Other

Figure 4: People kept in the quarantines



3.6. Separate quarantines for the people with special needs

Out of 21 total quarantines that have separate room for people with special needs, few of them have appropriate rooms for elderly people, PWDs and children

Figure 5: Separate quarantines for the people with special needs

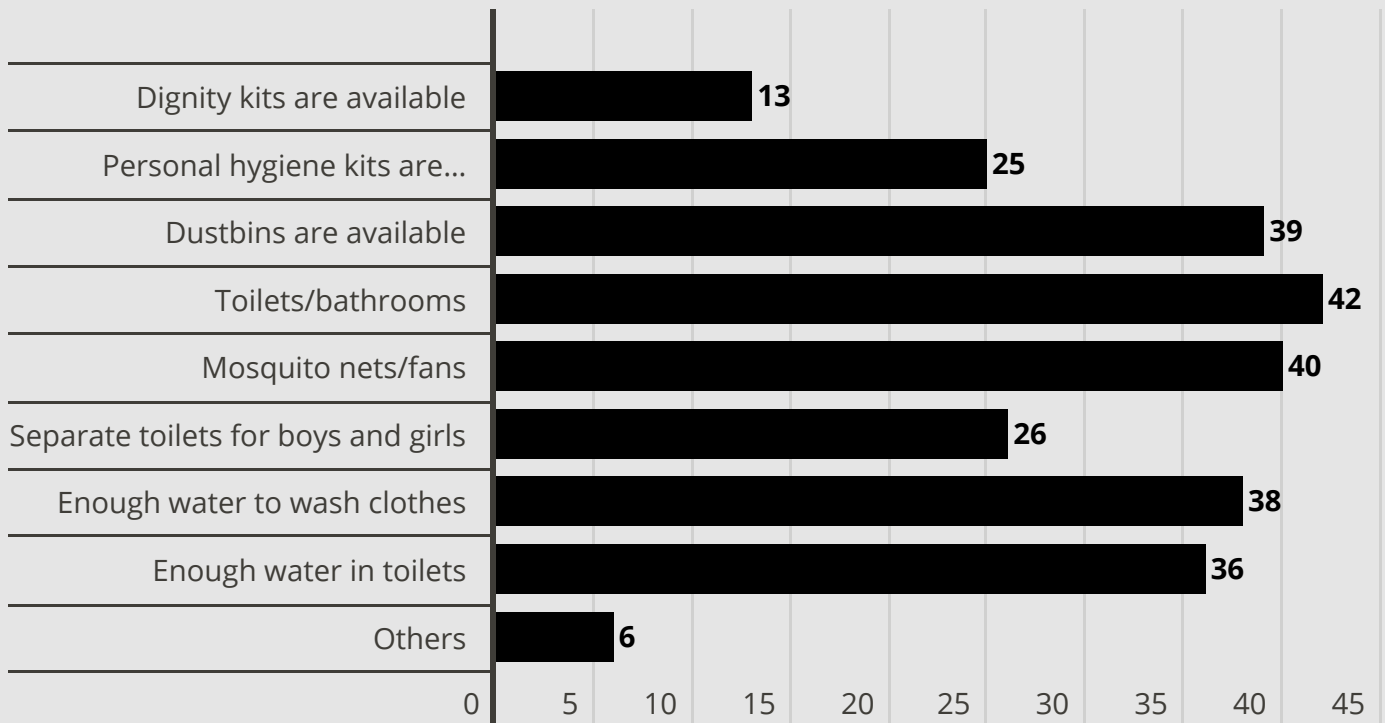


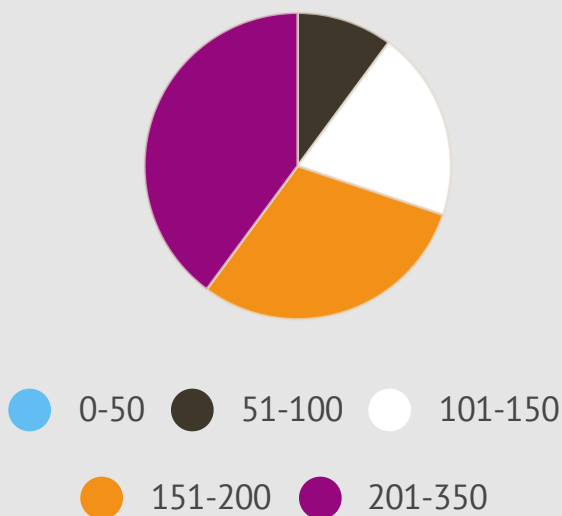
Figure 6: Hygiene and Sanitation

3.7. Hygiene and Sanitation

- Only 57% of the quarantines have separate toilets for male and female
- 28% have dignity kits

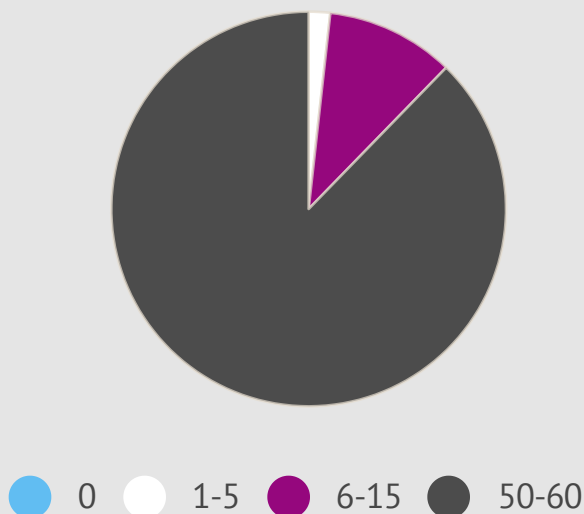
“Most of the quarantines are set up in government schools and colleges and there are at least two toilets previously made for male and female separately. Some centres even have three and four toilets, but they are not sufficient as the number of people is increasing unexpectedly each day.”

Figure 7: Number of people in quarantine



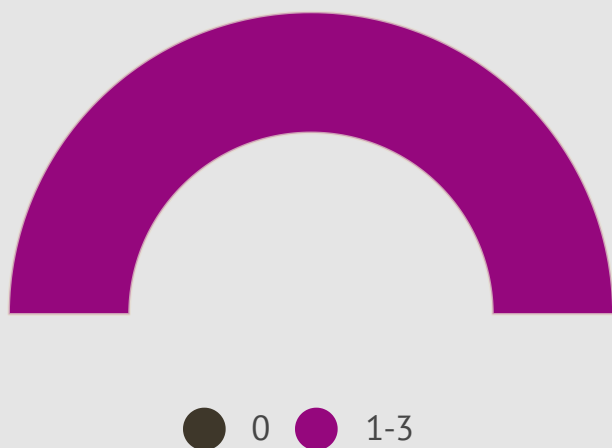
Currently there are less than 100 people in 84% of the quarantine.

Figure 8: Number of women/girls currently in the quarantine



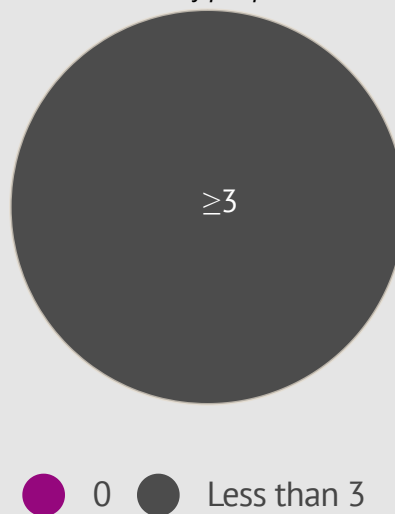
48% of the quarantine have less than five women/girls and 26% have less than 15 women/girls.

Figure 9: Number of pregnant/lactating women in the quarantine



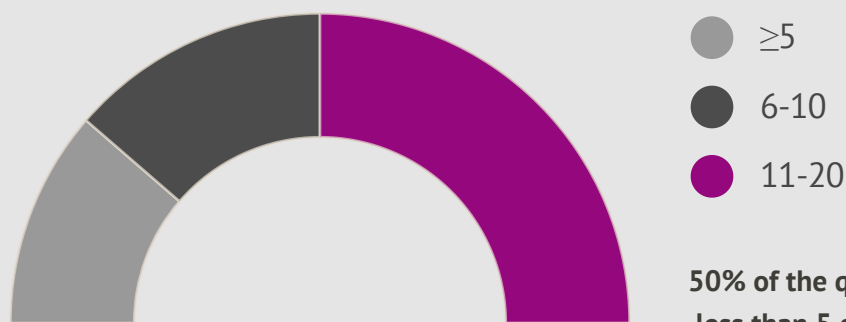
83% of the quarantine do not have pregnant and lactating women. There are 1-3 numbers of pregnant/lactating women in remaining 17% of the quarantine.

Figure 10: Number of people with disabilities



93% of the quarantine do not have people with disabilities- functional limitations

Figure 11: Number of Children below 14 Years of Age ≥ 3



50% of the quarantines have less than 5 children

- Availability of MPH/MD
- Availability of medical officer
- Availability of Paramedic
- Availability of Lab Technician
- 24 hours ambulance service
- Psycho social counselling Serv
- Medical essentials like infrarede guns
- Others

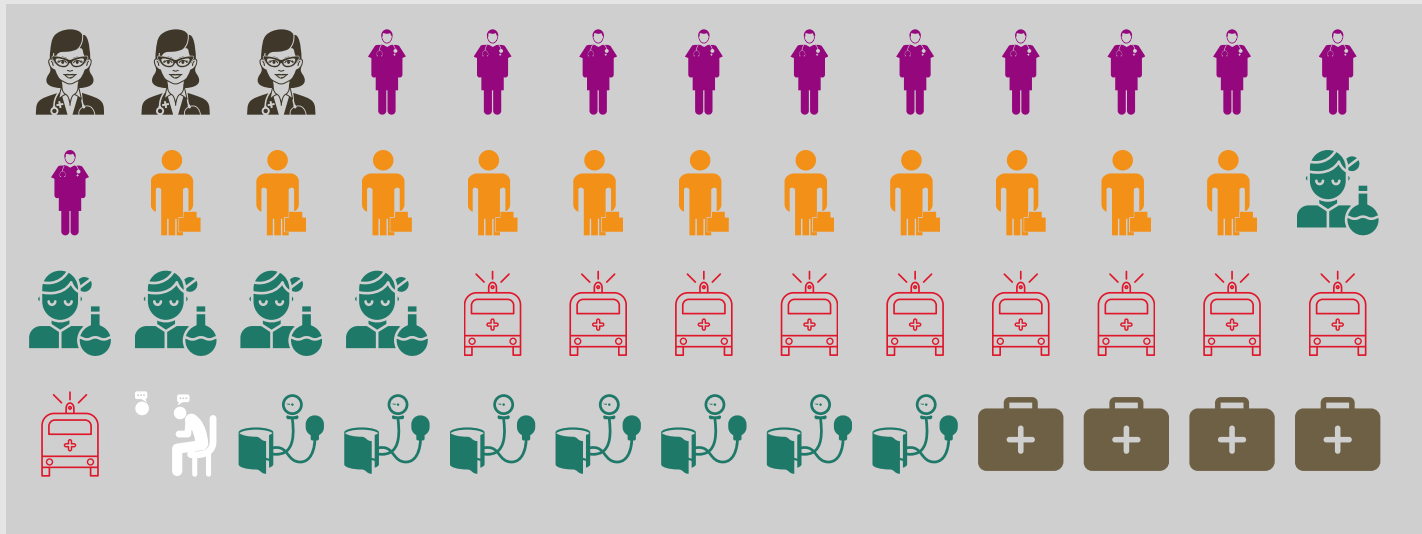


Figure 12: Availability of Medical Arrangements

- 17% of the quarantines have the availability of MPH/MDs
- 61% of the quarantines have Medical Officers and Paramedic
- 66% of the quarantines lack basic medical equipment's (infrared guns, oxygen etc)
- 54% have 24 hours ambulance facilities
- Only two of the quarantines say that they have psycho social counselling/support facilities

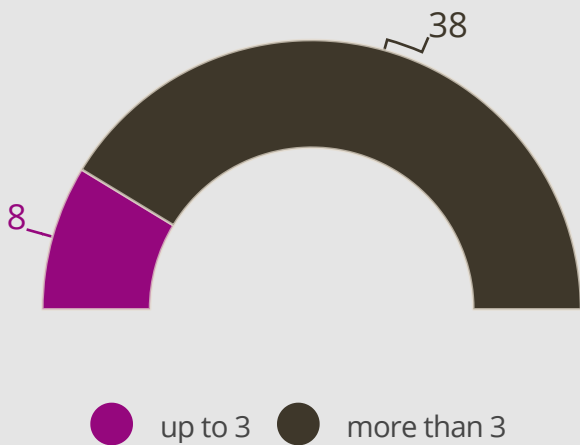


Figure 13: People kept in a single room

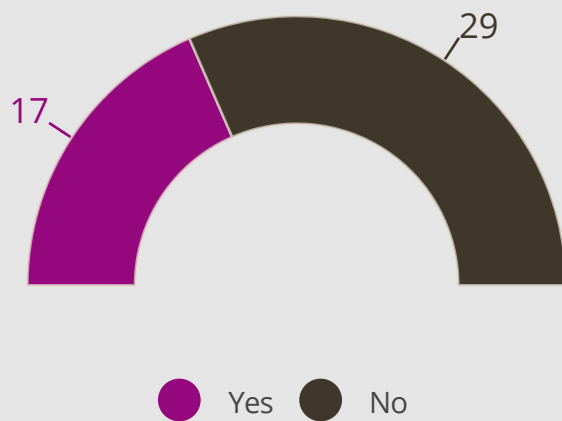


Figure 14: People kept in a single room

More than 3 people are kept in 83% of the quarantines

63% of the quarantines say that they have not received any support from Nongovernmental agencies so far.

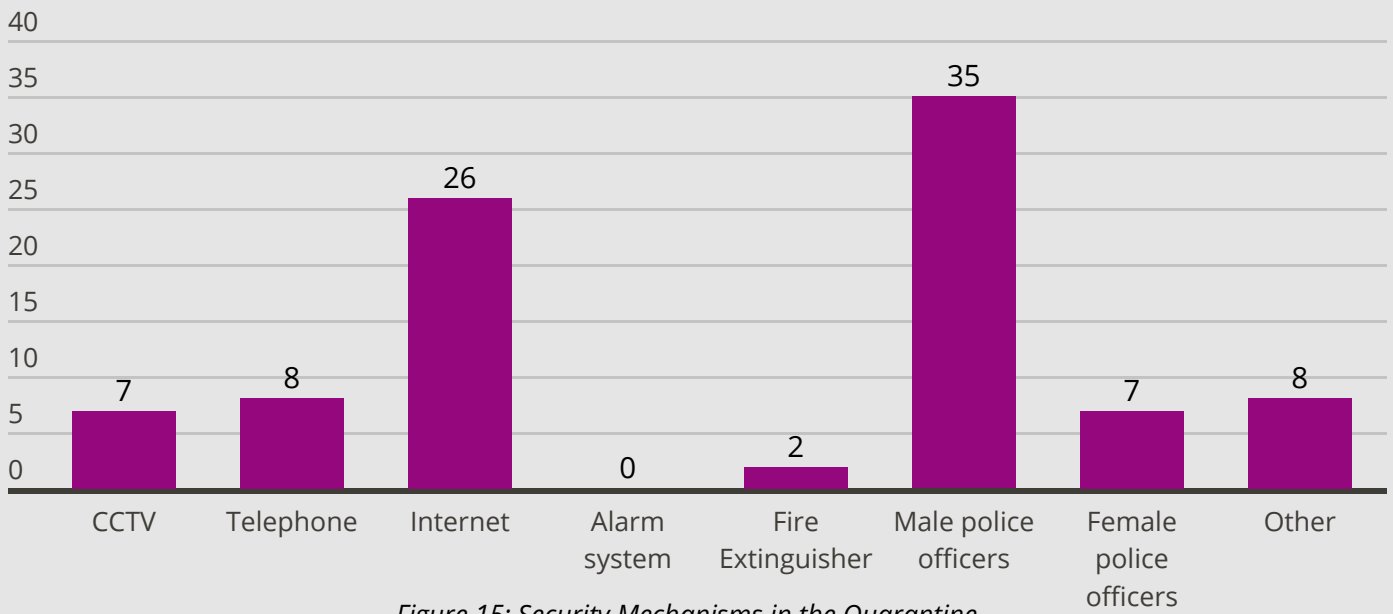


Figure 15: Security Mechanisms in the Quarantine

85% of the quarantines do not have the availability of female security personnel. Most of the quarantines lack basic safety and security measures such as fire extinguishers, CCTV cameras and alarm systems for any emergencies.

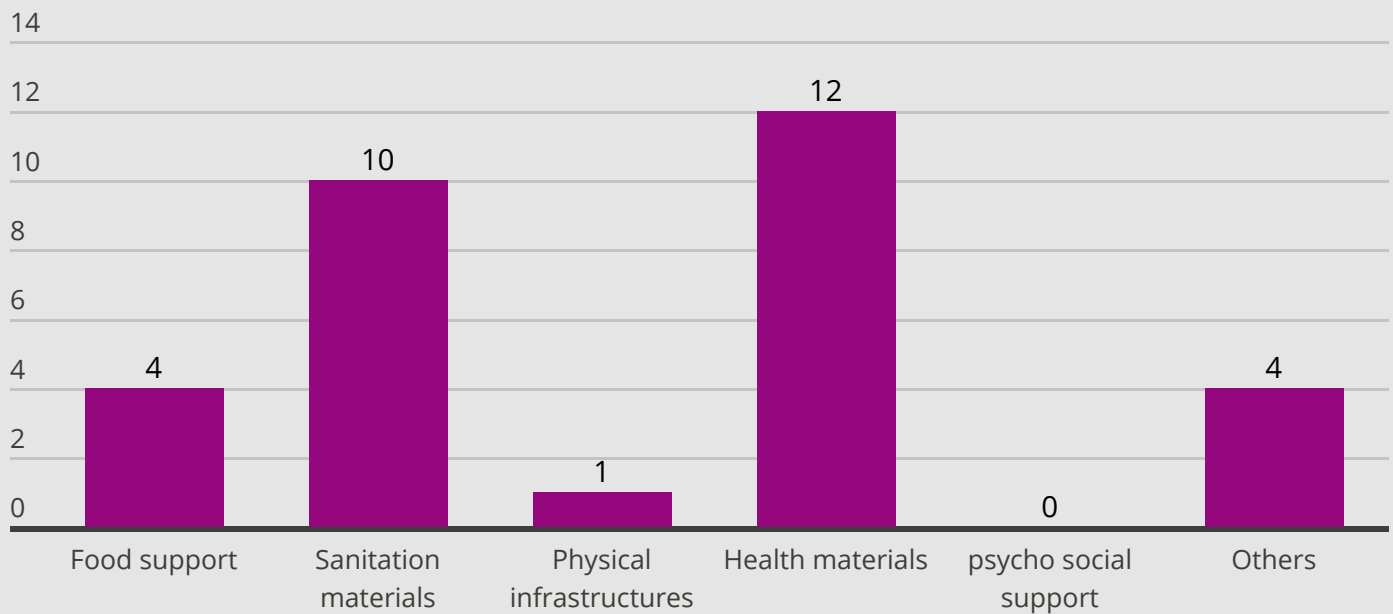


Figure 16: Kind of support received in the quarantine

Health and sanitation materials are provided to quarantines that are supported by the agencies.

4. Recommendation



The situation of Facilities and Management

- Majority of the quarantines are established in schools. They have open territories and do not have a fence. Most of the school infrastructures are fragile and open. Therefore, the quarantine management committee should consider fencing the premises to avoid easy access for the outsiders and restrict the mobility of the people inside the quarantines.
- Multiple beds are placed inside a single room. It is recommended to allocate a maximum of 3 beds in a room as mentioned in the quarantine management and operation guidelines.
- With the increasing number of COVID-19 cases, it is observed that the number of people are increasing significantly in most of the quarantines. This survey also shows that very few quarantines can accommodate more than 100 people. Therefore, the management committee should coordinate with concerned stakeholders to set up durable tents or other options to expand the number of beds and spaces.
- It is observed that people face difficulties returning home from the quarantine after getting discharged. For example, A man was found unconscious at the roadside in Lahan after he was discharged from the quarantine. Locals suspected that was because of hunger and dehydration as he had to walk a long way from Lahan to Sunsari (Home). Therefore, it is important for the administrations to arrange vehicles to send the people back home from quarantines.
- psychosocial counselling/support should be available in the quarantine so that the needy people can manage their stress.



Water, Sanitation and Hygiene

- Water Management is poor. Most of the schools have one or two tube wells and they are shared by all the people in the quarantines. The tube well can transmit the virus from one person to another. Therefore, it is crucial to set-up appropriate water management systems eg: overhead tanks, water motors and designated pipelines.
- Most of the schools have 2-3 toilets and they are not enough for ever-growing number of people in the quarantines. Therefore, it is recommended to increase the numbers of toilets that are separate for men, women, children and Person with Disability.
- It is recommended to set up designated bins for waste management considering special needs of women and girls.
- It is found that nutritional values and quality of food in the quarantine centre needs substantial improvement. Therefore, it is suggested to improve nutritional value and suggested frequency (4 times a day) as per the guideline



Cooperation between Agencies

- Protection cluster meetings at the province level is regular. It is recommended to continue such initiatives as it has helped coordinate the government and development agencies and initiate the collective response.
- It is recommended to increase coordination between LGU, security personnel, development agencies and DAO. It can also be done with their active participation and engagement in sub-national level emergency clusters like protection cluster to strengthen coordination during pandemic and other humanitarian crisis.



Specific recommendation for increasing gender-responsive services

- Quarantine Management Committees should extend and prioritize special considerations for lactating mothers and pregnant women. Providing separate space for breastfeeding, emotional and physical wellbeing and ensuring the nutritional diets.
- Prioritize safe spaces (separate rooms) for women and most vulnerable groups such as people with disabilities and elderly people.
- Strengthen alternative tools (digital/distance) to provide psychosocial counselling services to women who may require the service.
- Security personnel should be trained to safeguard women and most vulnerable populations in the quarantine. It is found that most of the quarantines lack female security personnel, therefore, it is crucial to allocate female security personal in the quarantines immediately.
- Only 28% of the quarantines have the availability of dignity kits. Therefore, the agencies and management committees should procure abundance dignity kits as well as sanitation kits so that women can use them for free.
- When women spend at least 14 days in the quarantine, they might face relocation challenges. Few pieces of evidence have shown that their house and community would not accept them easily. Therefore, it is important for the LGUs and management committees to orient the family members regularly and during the discharge period.



VSO Nepal
Sanepa, Lalitpur
Po. Box 207
Kathmandu, Nepal

+977 (1) 5441469 Fax: +977 (1) 5424743
www.vsointernational.org

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