

MULTI-SECTORAL RISK ASSESSMENT OF SIX GROUND CROSSING POINTS ALONG THE NEPAL-INDIA BORDER



Health desk officials conduct antigen testing on return migrants at Gauriphanta GCP, Sudurpashchim Province (December 2021)



Funded by
the European Union

The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the International Organization for Migration (IOM). The designations employed and the presentation of material throughout the report do not imply the expression of any opinion whatsoever on the part of IOM concerning the legal status of any country, territory, city or area, or its authorities, or concerning its frontiers or boundaries.

IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an international organization, IOM acts with partners in the international community to: assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

Publisher: International Organization for Migration
768/12 Thirbam Sadak, Baluwatar – 5
P.O. Box 25503
Kathmandu, Nepal
Tel.: +977-1-4426250
Fax: +977-1-4435223
Email: iomnepal@iom.int
Website: <http://nepal.iom.int>

Assessment team: Uma Nepal, Project lead, IOM Nepal
Louise Jönsson Andersson, Reporting and Project Development Officer, IOM Nepal
Pratistha Pyakurel, Provincial Focal Point – Bagmati Province, IOM Nepal
Suban Thapa, Project Assistant, IOM Nepal
Dwarika Prasad Ghimire, Provincial Focal Point – Province 1, IOM Nepal
Pankaj Nabh Singh, Provincial Focal Point – Province 2, IOM Nepal
Prakash Budha Magar, Provincial Focal Point – Lumbini Province, IOM Nepal
Dhirendra Sinal, Provincial Focal Point – Sudurpashchim Province, IOM Nepal

Editor: Louise Jönsson Andersson, Reporting and Project Development Officer, IOM Nepal

Disclaimer: The data collection for this report was conducted from 24 October to 12 December 2021. The context, findings and reflections hence refer to this period. Any interventions or changes to the situation after this period are not reflected in this report.

This publication has been issued without formal editing by IOM.

© 2022 International Organization for Migration

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise without the prior written permission of the publisher.

EXECUTIVE SUMMARY

Since early 2020, the coronavirus disease (COVID-19) caused by the SARS-CoV-2 virus has triggered global repercussions on the health, safety and mobility of people. Restrictions on cross-border movement have severely impacted households, communities and nations that rely on remittances' impact on their economy.

The first lockdown in Nepal was declared in March 2020 following the identification of the second COVID-19 positive case. While the lockdown served to slow further spread of the virus, the implementation exacerbated pre-existing socioeconomic vulnerabilities and impacted people's mental health, livelihood and education. Meanwhile, at ground crossing points along the Nepal-India border, health desks, isolation centres and other facilities were put in place to ensure monitoring of cross-border movement and to limit contagion. When COVID-19 positive cases in Nepal started declining following the second COVID-19 wave in April 2021, staff and resources and consequently capacities at the GCPs declined.

In this context, this multi-sectoral risk assessment focuses on migrants and border management staff of six Government-designated ground crossing points¹ along the Nepal-India border that are targeted in the project entitled "Effective case management by strengthening Isolation centres and Ground Crossing Points (GCPs) management for Rapid Response and Preparedness against COVID-19". With a porous border with much of the cross-border movement occurring through informal crossing points, the project seeks to support the Provincial Governments of Provinces 1 and 2 (Lumbini and Sudurpashchim), in strengthening the capacity of formal ground crossing points to deliver services in a safe and dignified manner.

The assessment is based on data collected from key informant interviews with 30 government and non-government stakeholders, six stakeholder consultations with a total of 120 (88 males and 32 females) participants, and participatory observations (two days per GCP) at the six ground crossing points. Through the data collected, the assessment identified, analyzed and presented measures to mitigate to a total of 34 risks in the health, water, sanitation and hygiene and protection sectors that the migrants and frontline workers face. The risks are based on the identified hazards² with given risk scores between 1-4 of probability and consequence respectively, which are multiplied presenting a final risk score.

The assessment consists of four main parts. The first outlines information related to hazard identification, including listing infrastructures and systems that are in place or missing at the GCPs, at-risk groups, stakeholders active at the GCPs and presents risk scores given by stakeholders. The second part presents the hazard and risk analysis conducted by the assessment team based on the data obtained by key informant interviews, stakeholder consultations and participatory observations. The hazard and risk analysis provides a foundation for a final risk score which was determined by the assessment team. The third part focuses on risk measures, in which the assessment team discusses which planned project interventions are aligned with the needed risk measures and urgency as per the risk score, planned interventions that need to be adjusted and interventions that are recommended to include in project planning for effective risk mitigation. Finally, the fourth part provides a brief discussion of risks raised by stakeholders that are outside of project scope to be addressed but nonetheless important to be raised.

The assessment presents analysis and risk measures for 34 risks within project scope with four key recommendations for the project, and briefly analyzes 15 risks beyond project scope with 14 recommendations for mitigative measures.

Key findings and recommendations identified through the assessment are presented below.

¹ The six ground crossing points are: Kakarbhitta, Inarwa/Birgunj, Krishnanagar, Jamunaha, Gauriphanta and Gaddachauki

² United Nations Office for Disaster Risk Reduction defines hazard as "A process, phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, social and economic disruption or environmental degradation".

Key findings

The assessment identified a total of 34 hazards in six ground crossing points (GCPs) (please see the table below) that are within scope to be addressed by the project, of which 16 were related to protection, ten to health and eight to water, sanitation and hygiene (WASH). Among the six GCPs, Gauriphanta had the fewest number of identified hazards falling within scope of the project and Kakarbhitta and Jamunaha GCPs had the highest. The table below summarizes the number of hazards identified and subsequently analyzed and planned for in this assessment per GCP and sector.

| GCPs | Health | WASH | Protection | Total |
|----------------|-----------|----------|------------|-----------|
| Kakarbhitta | 3 | 1 | 3 | 7 |
| Inarwa/Birgunj | 1 | 2 | 2 | 5 |
| Krishnanagar | 2 | 1 | 3 | 6 |
| Jamunaha | 1 | 2 | 4 | 7 |
| Gauriphanta | 2 | 1 | 1 | 4 |
| Gaddachauki | 1 | 1 | 3 | 5 |
| Total | 10 | 8 | 16 | 34 |

The risks identified and scored between 0 to 16 by the stakeholders were categorized as "no risk", "accepted risk", "measure to plan- no urgent action", "measure to plan in the short- to mid-term", "urgent measures to plan as a top priority" and "urgent measures to be adopted without delay". The risk scores were later revised based on the stakeholders' consultation as well as the assessment team's observation and analysis. Justification for each score modification is provided in chapter 5 (hazard and risk analysis) of the report. The chart below shows the risk scoring by stakeholders versus the scoring by assessment team to reflect an overview of changes made to prioritization.

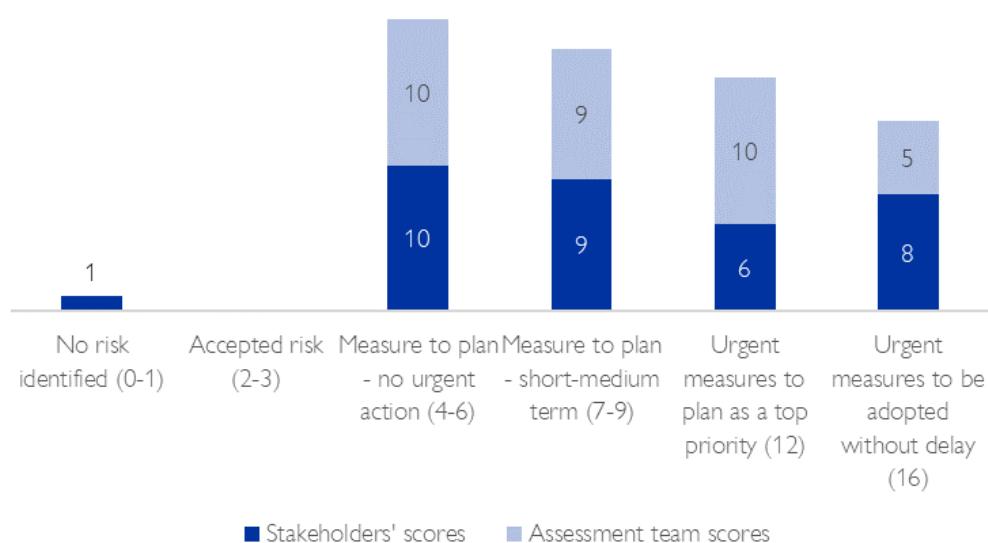


Figure 1: Graph of risk scores per prioritization by stakeholders and the assessment team.

Below are the key findings of the risk assessment listed.

- The risk of inadequate COVID-19 screening and subsequently While the risks at the six GCPs vary depending on available human resources, facilities, infrastructures and mechanisms in place, there were common risks raised by stakeholders in different GCPs.
- testing, recording and reporting mechanisms was raised in half of the GCPs (Kakarbhitta, Inarwa/Birgunj and Krishnanagar).
- The risk of water-borne disease transmission was raised in four out of the six GCPs (Kakarbhitta, Jamunaha, Gauriphanta and Gaddachauki).
- The risk of dignity and safety of population especially men, women and girls being compromised by inadequate gender friendly toilet facilities was raised by stakeholders in half of the GCPs (Inarwa/Birgunj, Jamunaha and Gaddachauki).
- Based on the assessment findings, the issues requiring major focus in Kakarbhitta GCP are development of Public Health Emergency Contingency Plan, training to frontline workers on infection prevention and control and first aid, proper screening of migrants for COVID-19, improvement in WASH, psychosocial counseling for people affected by COVID-19 or any other emotionally distressing circumstances, crowd management to prevent sexual exploitation and abuse and sexual harassment, and comfortable waiting space (with chairs to sit on and shade against harsh weather).
- For Inarwa/Birgunj GCP, major issues to be addressed are waste management, COVID-19 transmission- particularly due to lack of handwashing facilities, gender- and child- friendly sanitation facilities as well as waiting spaces.
- Measures requiring immediate implementation in Krishnanagar GCP are increasing human resources at health desks, psychosocial counseling service and facilitating easy access to hand sanitizers and soaps for migrants and frontline workers.
- Measures to be emphasized for Jamunaha GCP are psychosocial support at isolation centers, gender- and child-friendly spaces and RCCEA for COVID-19 prevention and control.
- For Gauriphanta GCP, health-related training on IPC, recording and reporting and measures for prevention of communicable diseases- particularly fecal-oral route diseases and timely supply of PPEs should be stressed.
- In the case of Gaddachauki, the most pressing needs based on the risk evaluation are increasing PPEs and COVID -19 antigen testing kits, prevention of water-borne diseases, compliance of public health and safety measures and gender- and child-friendly spaces.

ACRONYMS

| | |
|-----------|---|
| ADRA | Adventist Development and Relief Agency |
| AHF | AIDS Healthcare Foundation |
| AHW | Auxiliary Health Worker |
| APF | Armed Police Forces |
| BASS | Bageshwari Sanchar Sewa Private Limited |
| BEE-Group | Bheri Environmental Excellence Group |
| COVID-19 | Coronavirus disease |
| CSO | Civil society organization |
| DTM | Displacement tracking matrix |
| EDCD | Epidemiology and Disease Control Division |
| FAYA | Forum for Awareness and Youth Activity |
| GBV | Gender-based violence |
| GCP | Ground Crossing Point |
| HKI | Helen Keller International |
| HR | Human resources |
| IHR | International Health Regulations |
| IMU | Information management unit |
| IOM | International Organization for Migration |
| IPC | Infection prevention and control |
| KIDS | Kapilvastu Integrated Development Services |
| KII | Key informant interview |
| LWR | Lutheran World Relief |
| MHPSS | Mental health and psychosocial support |
| MoHP | Ministry of Health and Population |
| NEEDS | National Environment and Equity Development Society |
| NFI | Non-food items |
| NGO | Non-governmental organization |
| NNSWA | Nepal National Social Welfare Association (NNSWA) |
| NRCS | Nepal Red Cross Society |
| NSM | Nepal Safe Motherhood Project |

| | |
|--------|--|
| PFA | Psychosocial first aid |
| PHEIC | Public Health Emergency of International Concern |
| PHSM | Public Health and Social Measures |
| PMM | Population mobility mapping |
| PoE | Point of entry |
| PPE | Personal Protective Equipment |
| PRC | Peace Rehabilitation Center |
| PWD | Person with disabilities |
| RCCEA | Risk communication and community engagement and accountability |
| SEAH | Safeguarding against sexual exploitation and abuse |
| SNV | Netherlands Development Organization |
| SOP | Standard operating procedures |
| SSBH | Strengthening Systems for Better Health |
| UN | United Nations |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WASH | Water, sanitation and hygiene |
| WHO | World Health Organization |

OPERATIONAL DEFINITIONS³

| Term | Definition |
|--|---|
| Ground crossing point (GCP) | A place authorized for border crossing (for persons or goods), or a place designated by the legal framework of the state as an official entry to/exit from the state |
| Point of entry (PoE) | The IHR define a point of entry as “a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels, as well as agencies and areas providing services to them on entry or exist.” ⁴ |
| Status of GCPs | Open: Open for all purposes Closed: Closed for all purposes Partially open: Open for only travelers or for transportation of essential goods |
| Permanent structure | Non-movable building or infrastructure with a solid foundation |
| Semi-permanent structure | Building or infrastructure without solid foundation, or a prefabricated house |
| Area or space of the GCP | Total area covered by the official gate at the GCP |
| Communication facility | Communication mechanisms such as phone, Internet and fax |
| Health desk | A desk established at the GCPs to evaluate the physical and mental health statuses of migrants or travelers prior to their departure or on upon arrival |
| Personal protective equipment (PPE) | Protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection |
| Sewage system | A network of pipes or pumping stations that convey sewage from its points of origin to a point of treatment and disposal. |
| Biohazard waste | Waste contaminated with blood and other bodily fluids and infectious agents from a laboratory or waste from a patient with infection |
| Holding centre | A temporary stoppage for migrants before they are sent to the designated isolation or quarantine centre of their respective local units |
| Isolation centre | Centre allocated for symptomatic or suspected cases before referring them to designated COVID-19 hospitals |
| Public Health Emergency Contingency Plan | A detailed plan based on the IHR (2005) that is meant to respond to events that may constitute a public health emergency of international concern |
| Migrants in a vulnerable situation | Migrants who are unable to effectively enjoy their human rights, are at increased risk of violations and abuse and who, accordingly, are entitled to call on a duty bearer's heightened duty of care |
| Risk communication materials | Information, Education and Communication materials (e.g., posters, pamphlets, leaflets) aimed to provide information and raise awareness on COVID-19 and other health issues among travelers and community inhabitants |
| Screening area | Space or room allocated for the purpose of assessment or evaluation of the signs and symptoms of COVID-19 or other infectious diseases |
| Frontline worker | Includes various categories of personnel working on the frontline such as personnel in security, health, maintenance and cleaning |
| Tubewell | A type of water well in which a tube or pipe is bored into an underground aquifer |
| Waste management | The processes and actions required to manage waste from its inception to its final disposal |
| Standard operating procedure | A step of step-by-step instructions to help workers carry out routine activities or operations |
| Quarantine center | A center allocated for travelers or people who have or may have been exposed to the disease or infection |
| Public Health and Social Measures | Measures or actions by individuals, institutions, communities, local and national governments and international bodies to slow or stop the spread of an infectious disease, such as COVID-19. ⁵ |

³ IOM. [Assessing the Ground Crossing Points of Nepal and Their Compliance with the International Health Regulations \(2005\) to Prepare and Inform the Public Health Response to COVID-19](#), 2021.

⁴ WHO. [Points of entry: IHR, Annex 1b and relevant articles](#), 2022.

⁵ WHO. [Tracking Public Health and Social Measures – A Global Dataset](#), 2022.

CONTENTS

| | |
|--|-----|
| EXECUTIVE SUMMARY..... | ii |
| Key findings..... | iii |
| ACRONYMS..... | v |
| OPERATIONAL DEFINITIONS..... | vii |
| 1. THE CONTEXT..... | 1 |
| 2. OBJECTIVE..... | 2 |
| 2.1 Overall objective..... | 2 |
| 2.1 Specific objectives..... | 2 |
| 3. METHODOLOGY..... | 3 |
| 3.1 Study areas..... | 3 |
| 3.2 Methodology..... | 3 |
| 3.2.1 Stakeholder consultations..... | 3 |
| 3.2.2 Key informant Interviews..... | 4 |
| 3.2.3 Participatory observations..... | 4 |
| 3.3 Limitations..... | 5 |
| 3.3.1 Stakeholder consultation modality..... | 5 |
| 3.3.2 Delayed finalization of data collection..... | 5 |
| 3.3.3 Data scoping and management..... | 5 |
| 3.4 Ethical considerations..... | 5 |
| 3.4.1 Consent forms..... | 6 |
| 3.4.2 Data protection..... | 6 |
| 4. HAZARD IDENTIFICATION..... | 7 |
| 4.1 Health..... | 7 |
| 4.1.1 Stakeholders..... | 7 |
| 4.1.2 At-risk groups..... | 8 |
| 4.1.3 Resources, systems, and infrastructures at GCPs..... | 8 |
| 4.1.4 Hazards..... | 11 |
| 4.2 WASH..... | 11 |
| 4.2.1 Stakeholders..... | 11 |
| 4.2.2 At-risk groups..... | 12 |
| 4.2.3 Resources, systems and infrastructures at GCPs..... | 12 |

| | |
|---|----|
| 4.2.4 Hazards..... | 13 |
| 4.3 Protection..... | 14 |
| 4.3.1 Stakeholders..... | 14 |
| 4.3.2 At-risk groups..... | 15 |
| 4.3.3 Resources, systems and infrastructures at GCPs..... | 15 |
| 4.3.4 Hazards..... | 17 |
| 5. HAZARD AND RISK ANALYSIS..... | 19 |
| 5.1 Health hazard and risk analysis..... | 19 |
| 5.1.1 Kakarbhitta..... | 19 |
| 5.1.2 Inarwa/Birgunj..... | 20 |
| 5.1.3 Krishnanagar..... | 20 |
| 5.1.4 Jamunaha..... | 21 |
| 5.1.5 Gauriphanta..... | 21 |
| 5.1.6 Gaddachauki..... | 22 |
| 5.1.2 Compiled risk assessment team scores..... | 22 |
| 5.2 WASH hazard and risk analysis..... | 23 |
| 5.2.1 Kakarbhitta..... | 23 |
| 5.2.2 Inarwa/Birgunj..... | 23 |
| 5.2.3 Krishnanagar..... | 24 |
| 5.2.4 Jamunaha..... | 24 |
| 5.2.5 Gauriphanta..... | 25 |
| 5.2.6 Gaddachauki..... | 25 |
| 5.2.2 Compiled risk assessment team scores..... | 26 |
| 5.3 Protection hazard and risk analysis..... | 26 |
| 5.3.1 Kakarbhitta..... | 26 |
| 5.3.2 Inarwa/Birgunj..... | 27 |
| 5.3.3 Krishnanagar..... | 28 |
| 5.3.4 Jamunaha..... | 29 |
| 5.3.5 Gauriphanta..... | 30 |
| 5.3.6 Gaddachauki..... | 31 |
| 5.3.2 Compiled risk assessment team scores..... | 32 |
| 6. RISK EVALUATION..... | 33 |
| 6.1 Measures for health risks..... | 33 |
| 6.2 Measures for WASH risks..... | 37 |

| | |
|--|----|
| 6.3 Measures for protection risks..... | 41 |
| 7. HAZARDS AND RISKS BEYOND PROJECT SCOPE..... | 49 |
| 7.1 Health..... | 49 |
| 7.2 WASH..... | 50 |
| 7.3 Protection..... | 51 |
| 7.4 Others..... | 52 |
| 8. RECOMMENDATIONS..... | 53 |
| 8.1 Recommendations for the project..... | 53 |
| 8.2 Recommendations beyond project scope..... | 54 |
| 9. ANNEXES | 56 |
| 9.1 KII questionnaire..... | 56 |
| 9.2 Participatory observation guide..... | 63 |
| 9.3 Stakeholder consultation guide..... | 64 |
| 9.4 Photos..... | 65 |

I. THE CONTEXT

The Humanitarian Aid department of the European Commission - ECHO funded project entitled “Effective case management by strengthening Isolation Centres and Ground Crossing Points (GCPs) management for Rapid Response and Preparedness against COVID-19” intends to support the Government of Nepal’s efforts to combat COVID-19 and stop the spread of the virus. With a major focus on migrants crossing the borders and priority to population facing additional vulnerabilities including women, children, elderly citizens and persons with disabilities, the project aims to strengthen the capacities of six GCPs and isolation centers of Provinces 1, 2, Lumbini and Sudurpashchim. The project’s interventions are multisectoral, focusing on strengthening the capacities within health, water, sanitation, and hygiene (WASH) and protection.

The project was designed based on the findings of previous assessments carried out by IOM Nepal in 2020 – Population Mobility Mapping⁶, a rapid assessment at 20 government-designated formal GCPs on the status and alignment with IHR (2005), and a multi-cluster assessment to identify the needs and gaps at GCPs. Learning from these studies were also used while planning for this risk assessment.

This multi-sectoral risk assessment was conducted in the four targeted Provinces (province 1, Province 2, Lumbini province and Sudhurpaschim province) to ascertain the existing risk factors under different risk categories to develop corrective actions to minimize the impact. Through analysis of risks and the alignment of planned project activities to be implemented, this multi-sectoral risk assessment aims to strengthen the sustainability and impacts of project interventions by ensuring that project activities are targeted and adjusted as per the needs on the ground.

⁶ The Population Mobility Mapping (PMM) was developed through an adaptation of IOM’s Displacement Tracking Matrix (DTM) and has been implemented as part of the response and preparedness plan to several outbreaks, specifically the Ebola Virus Disease (EVD) in West Africa (2014-2016), the Democratic Republic of Congo (2017, 2018-2020), Burundi, South Sudan and Uganda (2019), as well as the plague outbreak in Madagascar (2018). The aim of PMM is to understand the dynamics of human mobility and identify the most vulnerable, priority locations within and outside the border.

2. OBJECTIVE

2.1 Overall objective

The overall objective of the risk assessment is to identify the most effective means to generate consistent, optimal and sustainable results.

2.1 Specific objectives

The specific objectives of the risk assessment are as described below.

1. **To identify hazards at the GCPs:** all dimensions of COVID-19 impact, severity and probability of high transmission systematically identified in relation to the specific situation analyzed. Some associated areas would cover:
 - a. Assess health and safety of human resources and the security of physical infrastructures at GCPs,
 - b. Frontline border control processes,
 - c. Lack of disinfectant protocols/culture,
 - d. Lack of physical distance adherence within the GCP area,
 - e. Review incidents history, and national Ministry of Health guidelines among others, are used alongside field visits to confirm the validity of desk research conducted before the assessment.
2. **To evaluate the risks under each identified hazard:** the risk of COVID-19 transmission under each category of the associated areas (mentioned above) is estimated. This phase also includes judgment by the Assessment Team on the degree of acceptability of identified risks that cannot be eliminated, after all possible mitigation measures are considered.
 - a. Identify who could be most at risk,
 - b. Evaluate each risk based on Probability-Consequence Matrix using IOM's Risk Assessment Tool,
 - c. Identify the pre-existing and current need of health, WASH and protection infrastructures and services amid COVID-19,
 - d. Identify risk associated with safety, security and dignity,
 - e. Identify risk associated with multi-sectoral approach of the project,
 - f. Identify the risk associated with gender, environment, operation and data protection,
 - g. Identify the existing controls and control strategies of the identified risks.
3. **To determine and prioritize corrective actions:** the hazards are sorted by order of decreasing risk value. For all scenarios in which the level of risk is unacceptable⁷ adequate corrective actions are identified.
 - a. Identify immediate effective precautionary measures,
 - b. Identify immediate guidance to begin the process of adapting GCPs facilities and operation in the context of COVID-19.

⁷ An unacceptable level of risk may be characterized as: continuous occurrence of community or local transmission, the health system does not have the capacity to respond, or public health measures such as physical distancing to mitigate the impact are not sufficiently implemented.

3. METHODOLOGY

3.1 Study areas

A total of six GCPs were selected for the study:

| Province | Name of the Ground Crossing Point(s) |
|------------------------|--------------------------------------|
| Province 1 | Kakarbhitta GCP |
| Province 2 | Inarwa/Birgunj GCP |
| Lumbini Province | Jamunaha GCP, Krishnanagar GCP |
| Sudurpashchim Province | Gaddachauki GCP, Gauriphanta GCP |

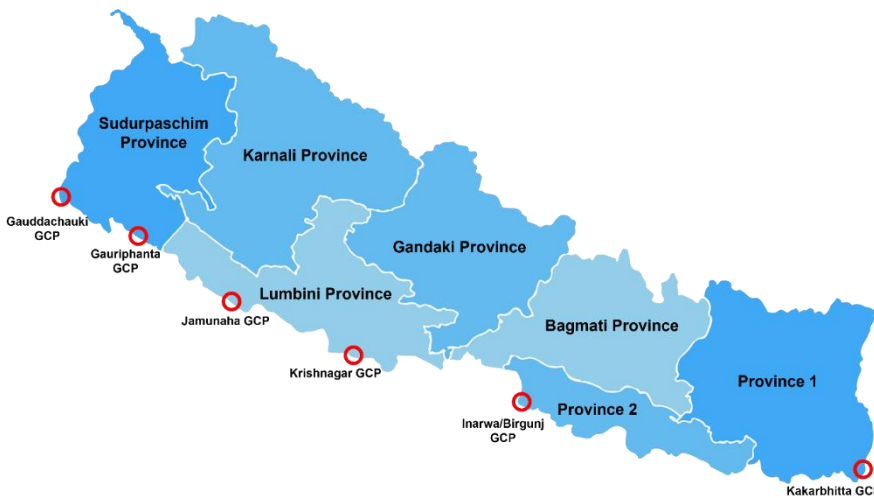


Figure 2: Map of areas of intervention.

3.2 Methodology

The methodologies applied in this risk assessment are aligned with IOM's internal Risk assessment tool for resuming operations at Points of Entry in the COVID-19 context. To ensure data validation through data collection from different sources, three methodologies were applied: conducting stakeholder's consultations, key informant interviews (KIIs) and participatory observations.

3.2.1 Stakeholder consultations

Stakeholder consultations were conducted in all of the targeted locations. The purpose of the consultations was to bring together stakeholders representing different organizations and agencies active on the ground at GCPs for identification and classification of risks and hazards that are faced at the GCPs based on stakeholders' consultation guide (please see Annex 9.3). Hence, the participants of the stakeholder consultations were selected and invited based on their on their ground involvement and experience at the GCPs, ensuring that the information compiled through the consultations reflect the reality on the ground as much as possible. Participants included representatives and concerned personnel from the health desks, security forces, the District Administration Office, UN agencies, NGOs working at the GCPs in the health, WASH and protection sectors.

The stakeholder consultations were carried out on the following dates:

- Kakarbhitta GCP, Province 1: 24 October 2021, 18 participants (12 males, 6 females)

- Inarwa/Birgunj GCP, Province 2: 24 October 2021 23 participants (17 males, 6 females)
- Krishnanagar GCP, Lumbini Province: 8 December 2021, 20 participants (14 males, 6 females)
- Jamunaha GCP, Lumbini Province: 8 December 2021, 22 participants (18 males, 4 females)
- Gauriphanta GCP, Sudurpashchim Province: 11 December 2021, 19 participants (16 males, 3 females)
- Gaddachauki GCP, Sudurpashchim Province: 11 December 2021, 18 participants (11 males, 7 females)

During the consultations, the assessment teams facilitated sessions for participating stakeholders to identify risks, what measures are currently in place, what measures are needed to mitigate the risks, risk scoring in terms of probability and consequence, identification of most vulnerable groups, identification of stakeholders at GCPs, and new precautionary measures to be adopted to mitigate the risks. A pre-determined structure with guiding questions was used to ensure consistent and relevant results during the consultation meetings.

The scoring of probability (P) and consequence (C) was aligned with the IOM POE Risk Assessment Toolkit - both (P) and (C) could be scored from 1 (low) to 4 (high). Risk was calculated by multiplying (P) and (C) so the maximum possible risk score would be 16. The prioritization criteria are as follows:

| | | |
|--|--|---------------|
| | No risk identified | 0 to 1 |
| | Accepted risks given low probability that they occur versus high cost of mitigation measure | 2 to 3 |
| | Measure to plan but do not require urgent action | 4 to 6 |
| | Measures to plan in the short/medium period | 7 to 9 |
| | Urgent measures to plan as a top priority | 12 |
| | Urgent measure to be adopted without delay | 16 |

Figure 3: Prioritization criteria (IOM POE Risk Assessment Toolkit).

3.2.2 Key informant Interviews

A total of 30 KIIs were conducted in the risk assessment, five at each GCP. Those working on border management (both government and non-government stakeholders) specifically on health, WASH and protection theme were selected for KII. These Key Informants are the ones working for the GCP management in a regular basis. The KIIs were conducted through structured interviews using a questionnaire (please see Annex 9.1) covering general and specific questions concerning the three priority sectors as well as a separate section on flow monitoring.

The questionnaire was developed in line with the IOM POE Risk Assessment Toolkit and underwent review by IOM Regional Office for Asia Pacific in Bangkok prior to being used. The data from the KII were entered in Microsoft forms.

3.2.3 Participatory observations

The team visited the project locations for first-hand participatory observation. The observations were structured through an observation guide sheet (please see Annex 9.2), outlining key details to note from each sector to ensure comprehensive and consistent notes from each project location. Documentation consisted of photographing existing infrastructures as well as note taking as per the guide sheet. The observations also included informal and unstructured conversations with workers on the ground for confirming observed details.

3.3 Limitations

3.3.1 Stakeholder consultation modality

The modality of the stakeholder consultations was slightly changed following the first two consultations conducted in Province 1 and Province 2. The two teams conducting consultations simultaneously in the two locations experienced similar challenges, namely:

- a. participants faced challenges in differentiating between risk and needs, resulting in the consultations to be very needs oriented,
- b. low participation among the participants as the discussion was facilitated through open floor with microphone, and
- c. extremely low participation among female participants at the consultations.

To address the challenges and ensure more efficiently conducted consultations in the remaining four locations in Lumbini and Sudurpashchim Provinces, the two assessment teams jointly changed the modality in the following ways:

- a. a brief presentation was given on the difference between needs and risk, with examples in both categories, and
- b. instead of open floor discussion, participants were divided into three work groups representing the three focus sectors of the project.

Immediate results were seen following the minor adjustments and both assessment teams reported improved time management, stronger focus on risk identification as opposed to needs identification, stronger focus on risks sector-wise, stronger participation by female attendees and more detailed and aligned data collected. Due to the abovementioned, the assessment faces data limitations from the stakeholder consultations conducted at Kakarbhitta and Inarwa/Birgunj GCPs.

3.3.2 Delayed finalization of data collection

Another limitation of the assessment is the timing in which the field visits for data collection were conducted. While the teams ensured to visit the GCPs during morning, midday and afternoon hours, covering peak and low inflow times of the day, the assessment did not coincide with seasonal peaks at any of the GCPs. Therefore, the daily peaks seen during the assessment were not representative of seasonal peaks when higher numbers of people cross the border, such as during the festival season.

3.3.3 Data scoping and management

A large amount of quantitative and qualitative data was collected and compiled during the assessment, some of which do not fall within the scope of the project to plan measures for. When all data was compiled, the assessment team revised the identified hazards to reflect the hazards that are aligned with the project scope to be included in the sections for hazard and risk analysis and evaluation.

3.4 Ethical considerations

Ethical considerations such as informed consent, voluntary participation, 'do no harm' principle, confidentiality and anonymity were duly considered throughout the assessment. Only information relevant for the risk assessment and that harms neither the informant nor others were collected.

3.4.1 Consent forms

Consent to record and photograph key informants was obtained prior to the interviews through provision and signing of consent forms. A standard IOM consent form was used for the purpose. During the data collection, it was explained to the respondent that their individual information would be recorded for internal purposes and would be shared with their consent if needed.

3.4.2 Data protection

In line with the IOM's data protection principles (IOM Data Protection Manual, 2010), data collection was conducted in a manner sensitive to protection concerns. The risk assessment team agreed to the procedures of collection, data entry, storage, access, retrieval and dissemination to minimize risk. It was ensured that proper mechanisms are in place to secure the data such as electronic backups, passwords and restrictions to access sensitive data. As far as possible, personal information was removed or replaced with a code to ensure anonymity.

4. HAZARD IDENTIFICATION

This chapter presents the details of the assessed GCPs in subsections for health, WASH and protection respectively. The details presented are the compiled results from the stakeholder consultations, KIIs and participatory observations. The data under each sector is divided into four sections: stakeholders, at-risk groups, overview of GCP status, and finally the list of hazards identified and given risk scores by stakeholders during the consultations. This chapter provides a foundation for hazard and risk analysis which comes in chapter 5.

4.1 Health

4.1.1 Stakeholders

The stakeholders working in health sector for each GCP were identified at the stakeholder consultations, KIIs as well as through observations and are listed below. Stakeholders are mostly UN organizations, national security forces such as Nepal Police, Nepal Army, Armed Police Force, government agencies, and I/NGOs working in health.

| Kakarbhitta GCP | Inarwa/Birgunj GCP | Krishnanagar GCP | Jamunaha GCP | Gauriphanta GCP | Gaddachauki GCP |
|---|--|--|---|---|---|
| <ul style="list-style-type: none"> UN: WHO, IOM Government Security: APF Local government: Health division of Mechinagar Municipality I/NGOs: Save the Children, NRCS | <ul style="list-style-type: none"> UN: UNICEF, WHO Government Security: APF, Nepal Police Local government I/NGOS: Bagmati Sewa Samaj, Rotaract Club, NRCS Journalists: Journalists Federation, Parsa Chapter | <ul style="list-style-type: none"> UN: WHO, USAID/SSBH, UNICEF, IOM Government Security Local government: Krishnanagar Municipality, District Health Office Kapilbastu I/NGOS: KIDS | <ul style="list-style-type: none"> UN: UNICEF Government Security Local government: Nepalgunj Sub-metropolitan City Federal Government: EDCCD I/NGOS: ADRA, SSBH, KIDS, BASS Sahakarmi Samaj, Nagarjun, NRCS | <ul style="list-style-type: none"> UN: IOM, WHO, UNDP, UNICEF, UNFPA Government Security Local government: Punarwas Municipality Kanchanpur, District Health Office Kailali, Social Welfare Division, Kailali I/NGOS: NRCS, Trishuli Plus, NEEDS, AHF, FAYA Nepal, HKI, Save the Children | <ul style="list-style-type: none"> Government Security: APF Nepal Police Nepal Army Local government: Custom Office, Immigration Office, Tourist Information Center, Livestock Quarantine Office, Temporary Traffic Citizen Help Desk I/NGOS: NNSWA, Save the Children, Trisuli Plus, FAYA Nepal, NRCS |

4.1.2 At-risk groups

The table below presents at-risk groups at GCPs for COVID-19 and other health risks as identified during the stakeholder consultations.

| Kakarbhitta GCP | Inarwa/Birgunj GCP | Krishnanagar GCP | Jamunaha GCP | Gauriphanta GCP | Gaddachauki GCP |
|---|---|---|--|---|--|
| <ul style="list-style-type: none"> • Frontline workers • Return migrant workers | <ul style="list-style-type: none"> • Children • Elderly citizens • Persons with Disabilities | <ul style="list-style-type: none"> • Health desk worker • Return migrants • Pregnant and lactating women | <ul style="list-style-type: none"> • Migrant workers • Frontline workers | <ul style="list-style-type: none"> • Auto drivers and bus drivers • Migrant workers • Frontline health workers | <ul style="list-style-type: none"> • Health workers • Children • Elderly citizens • Migrants returning from high-risk areas • Persons with disabilities • Pregnant and lactating women |

4.1.3 Resources, systems, and infrastructures at GCPs

The table below lists resources including infrastructure and facilities as identified during the participatory field observations. The compiled information is presented to provide an overview of what is and is not in place in the respective GCPs to plan targeted interventions accordingly. All the GCPs are official and government designated ground crossing point during the COVID-19 pandemic.

| | Kakarbhitta GCP | Inarwa/Birgunj GCP | Krishnanagar GCP | Jamunaha GCP | Gauriphanta GCP | Gaddachauki GCP |
|----------------|--|---|--|---|---|---|
| Infrastructure | <ul style="list-style-type: none"> • 1 screening desk • 2 health desks (of which one is not in use) • 1 check point • 1 antigen swab booth • 1 NRCS health desk | <ul style="list-style-type: none"> • 1 Screening desk (APF) • 1 health desk (Alpinter 24m² tent) • 1 waiting space, not in use (Alpinter 24m² tent) • 1 antigen swab booth (unusable) | <ul style="list-style-type: none"> • 1 screening desk (APF) • 1 health desk (permanent 2-room structure in custom building) • 1 antigen swab booth (not in use) | <ul style="list-style-type: none"> • 1 permanent health desk with 2 examination rooms • 1 waiting center • 1 registration desk | <ul style="list-style-type: none"> • 1 screening desk (APF and Nepal Police) • 1 health desk (semi-permanent under construction). • 2 tents used as health desk (screening and testing from one tent and vaccination center at other). | <ul style="list-style-type: none"> • 1 screening desk (Alpinter 24m² tent). • 1 health desk (Alpinter 42m² tent). |

| | | | | | | |
|------------------------------------|--|--|--|--|--|--|
| <p> Holding centre </p> | <p> Temporary holding centre (tent). </p> | <p> Open space with small, shaded area (next to health desk) used as holding centre. </p> | <p> Permanent under construction by Nepal Army 200 m from GCP. </p> | <p> None. </p> | <p> Under construction 2.5 km from the health desk. </p> | <ul style="list-style-type: none"> • Temporary holding centre (tent). • Permanent structure under construction 7 km from GCP. |
| <p> Isolation centre </p> | <p> Temporary isolation centre available (tent). </p> | <p> None. </p> | <p> None. </p> | <p> Available 6-7 km from the health desk, however not in regular use and no coordination with health desk. </p> | <p> Available 14.7 km from the health desk. </p> | <p> None. </p> |
| <p> Vaccination centre </p> | <p> None. </p> | <p> None. </p> | <p> None. </p> | <p> None. </p> | <ul style="list-style-type: none"> • COVID-19 vaccination available since 25 Nov 2021. • Adjoined to the health desk. | <ul style="list-style-type: none"> • COVID-19 vaccination available. • Adjoining the temporary holding centre. |
| <p> Human resources </p> | <ul style="list-style-type: none"> • Total 5 • 3 NRCS volunteers | <ul style="list-style-type: none"> • Total 14 staff • 1 doctor • 2 staff nurses • 3 lab technicians • 1 lab assistant • 5 health assistants • 1 AHW • 1 office assistant | <ul style="list-style-type: none"> • Total 9 • 3 male, 6 female • 7 from Municipality and 2 from KIDS Nepal | <ul style="list-style-type: none"> • Total 15 (7 male and 8 female) | <ul style="list-style-type: none"> • More than 20 health desk officials. • 18 from the local government and remaining from NRCS and FAYA Nepal • 3 shifts: 6-10am, 10am-3pm and 3-8pm | <ul style="list-style-type: none"> • A total of 16 staff, 8 working morning shifts 6am-12 pm and 7 working evening shifts from 12pm to 6pm. • 1 cleaning staff |
| <p> Trainings provided </p> | <p> No details (KII). </p> | <ul style="list-style-type: none"> • WASH trainings by Nepal Medical Association • IPC, safety gear training provided (no details on when) | <p> None. </p> | <ul style="list-style-type: none"> • WASH training by APF and NRCS. • IPC and safety gear training for Nepal Police. | <p> IPC and safety gear training provided by NRCS. </p> | <ul style="list-style-type: none"> • COVID security training by EDCCD, June 2021. • IPC and safety gear training August 2021 for 10 staff. |

| | | | | | | |
|-------------------------------------|--|---|--|---|--|---|
| Equipment at health desk | <ul style="list-style-type: none"> • 1 fan • 5 chairs • 2 tables • 1 small cabinet | <ul style="list-style-type: none"> • 1 desktop • 1 printer • 2 tablets • 1 internet router • 5 tables • 9 chairs • 1 stand fan • 1 infrared thermometer | <ul style="list-style-type: none"> • 3 tablets • 3 tables • 10 chairs • 1 fan • 2 cabinets • No printer • No computer | <ul style="list-style-type: none"> • 5 desks • 35 plastic chairs • 6 desks • Ceiling fans • Filing cabinets • Storage cabinets • Storage room • Two refrigerators | <ul style="list-style-type: none"> • 2 tablets • 3 filing cabinets • Internet facilities. • 6 desks • 12 plastic chairs • 7 long iron structured benches | <ul style="list-style-type: none"> • 3 tablets • 2 hospital beds • 1 disinfectant spray machine • 1 infrared thermometer • 1 printer • 1 internet router • 1 laptop • 2 desks • 45 chairs • 2 refrigerators • 1 gas stove • 2 filing cabinets |
| Access to PPE | In stock. | In stock. | Inadequate. | <ul style="list-style-type: none"> • In stock. • Regular deliveries from donors. | <ul style="list-style-type: none"> • In stock for a few months. | Inadequate. |
| Screening, recording and reporting | Manually done via the use of register. | <ul style="list-style-type: none"> • Manual screening • Manual recording • Electronic reporting (tablet) | <ul style="list-style-type: none"> • Manual screening • Manual recording • Electronic reporting • Data shared with municipality through SMS | <ul style="list-style-type: none"> • Manual screening • Manual recording • Electronic reporting of positive cases (desktop computer) | Electronic (tablet). | <ul style="list-style-type: none"> • Manual screening. • Electronic recording and reporting (tablet). |
| Case referral | Coordinate with local government to refer the cases to Mechi Hospital or home isolation. | Coordinate with local government or send to the designated COVID-19 hospital. | No isolation center nearby, send to COVID-19 designated hospital. | <ul style="list-style-type: none"> • None. • All positive cases are referred to home isolation. | Coordinate with local government whereby ambulance also comes. | All positive cases referred to hospital. |
| Guiding documents/ contingency plan | None. | <ul style="list-style-type: none"> • Health Sector Monsoon Preparedness and Response Plan 2078. • Provincial COVID-19 Health Sector Preparedness and Response Plan. | None. | None. | None. | None. |

4.1.4 Hazards

Hazards were identified and scored by stakeholder consultation participants, working in groups to determine hazards per sector. Below are the key hazards related to the health sector that are in scope with the project and with the risk scores given by the participants. The hazards are presented per GCP in descending order.

| Stakeholders' risk scores | | | | |
|---------------------------|---|----|----|-------|
| GCP | Risk | P. | C. | Total |
| Kakarbhitta | Inadequate rapid response due to no Public Health Emergency Contingency Plan (PHECP) in place | 4 | 4 | 16 |
| | Frontline workers not capacitated to further support the COVID-19 response due to inadequate trainings | 3 | 4 | 12 |
| | Migrants are not screened due to limited human resources | 2 | 4 | 8 |
| Inarwa/Birgunj | Screening, testing, reporting and recording processes are compromised by inadequate equipment at health desk | 2 | 2 | 4 |
| Krishnanagar | Insufficient HR at health desk resulting in delayed services and increased risk of migrants not being screened and tested | 4 | 4 | 16 |
| | Untimely recording and reporting leading to untimely response | 3 | 3 | 9 |
| Jamunaha | Risk of COVID-19 transmission increased due to inadequate infection prevention and control measures | 4 | 4 | 12 |
| Gauriphanta | Quality work not being delivered due to inadequate trainings | 3 | 4 | 12 |
| | Transmission of COVID-19 to health workers due to untimely supply and use of PPEs | 3 | 3 | 9 |
| Gaddachauki | COVID-19 transmission due to insufficient PPEs and testing kits | 3 | 2 | 6 |

4.2 WASH

4.2.1 Stakeholders

The stakeholders working in WASH for each GCP listed below were identified at the stakeholder consultations, KIs as well as through observations. Stakeholders are mostly UN organizations, national security forces such as Nepal Police, Nepal Army, Armed Police Force, government agencies, and I/NGOs working in WASH.

| Kakarbhitta GCP | Inarwa/Birgunj GCP | Krishnanagar GCP | Jamunaha GCP | Gauriphanta GCP | Gaddachauki GCP |
|--|---|---|--|---|---|
| <ul style="list-style-type: none"> UN: IOM, WHO Government Security Local government: Health division of Mechinagar Municipality I/NGOS: Save the Children NRCS | <ul style="list-style-type: none"> UN: UNICEF Government Security: APF Nepal Police I/NGOS: Bagmati Sewa Samaj Rotaract Club NRCS Journalists (FNJ)- Parsa Chapter) | <ul style="list-style-type: none"> UN: UNICEF WHO Government Security Local government: Krishnanagar Municipality I/NGOs, bilateral organizations: USAID/SSBH | <ul style="list-style-type: none"> UN: UNICEF UNESCO Government Security Local government: I/NGOS: ADRA BEE-Group, NSM Plan SNV, NRCS | <ul style="list-style-type: none"> UN: IOM, UNDP, UNICEF, UNFPA, WHO Local government: Punarwas Municipality Kanchanpur, District Health Office Kailali, Social Welfare Office, Social Welfare Division Kailali | <ul style="list-style-type: none"> UN: UNICEF, IOM Government Security Local government: Bhimdatta Municipality I/NGOS and bilateral organizations: USAID, Save the Children, NEEDS, NNSWA, |

- I/NGOS: NRCS, Trishuli Plus, NEEDS

4.2.2 At-risk groups

The table below presents at-risk groups at GCPs as identified during the stakeholder consultations.

| Kakarbhitta GCP | Inarwa/Birgunj GCP | Krishnanagar GCP | Jamunaha GCP | Gauriphanta GCP | Gaddachauki GCP |
|---|---|--|--|--|--|
| <ul style="list-style-type: none"> Frontline workers Return migrant workers Community people | <ul style="list-style-type: none"> Children Elderly citizens Persons with disabilities | <ul style="list-style-type: none"> Local communities Frontline workers | <ul style="list-style-type: none"> Frontline workers Return migrants Transport workers Local community | <ul style="list-style-type: none"> Frontline workers Return migrant workers Transport workers | <ul style="list-style-type: none"> Frontline health workers Migrants Security personnel |

4.2.3 Resources, systems and infrastructures at GCPs

The table below lists resources including infrastructure and facilities as identified during the participatory field observations. The compiled information is presented in order to provide an overview of what is and is not in place in the respective GCPs in order to plan targeted interventions accordingly.

| | Kakarbhitta GCP | Inarwa/Birgunj GCP | Krishnanagar GCP | Jamunaha GCP | Gauriphanta GCP | Gaddachauki GCP |
|---------------------------|--|--|--|---|--|--|
| Drinking water facilities | <ul style="list-style-type: none"> No adequate drinking water facilities available. | <ul style="list-style-type: none"> No adequate drinking water facilities available. | <ul style="list-style-type: none"> No adequate drinking water facilities available. Jar water used by authorities. | <ul style="list-style-type: none"> One drinking water station outside of the health desk with filter. Functioning. | <ul style="list-style-type: none"> No adequate drinking water facilities available. | <ul style="list-style-type: none"> No adequate drinking water facilities available. |

| | | | | | | |
|--|---|--|--|--|--|--|
| Toilets and washroom facilities | <ul style="list-style-type: none"> No adequate facilities 1 toilet at health desk for staff. Not adequately maintained, gender separate or disability friendly. 1 gender-friendly toilet at NRCS health desk. | <ul style="list-style-type: none"> 2 permanent toilets in use at health desk. Not adequately maintained, gender separate or disability friendly. | <ul style="list-style-type: none"> Permanent gender-friendly toilets and washrooms at GCP. Not adequately maintained, entry fee. | <ul style="list-style-type: none"> 4 permanent toilets inside health station (2 for staff, 2 for migrants). Not adequately maintained, gender separate or disability friendly. 1 permanent toilet structure opposite of health desk, entry fee. | <ul style="list-style-type: none"> 2 permanent toilets in use at health desk. Not adequately maintained, gender separate or disability friendly. | <ul style="list-style-type: none"> 2 permanent toilets in use at health desk. Not adequately maintained, gender separate or disability friendly. 2 temporary toilets, unusable. |
| Handwashing and sanitizing facilities | <ul style="list-style-type: none"> 1 at GCP, no soap or sanitizer. 1 at NRCS health desk, no soap or sanitizer. | <ul style="list-style-type: none"> 1 functional 4 non-functional No soap or sanitizer | None. | <ul style="list-style-type: none"> Shared sinks outside of toilets inside health desk. No handwash facilities at GCP outside of health desk. | Foot operated available at health desk. | 3 tanks (500 l) with sink at waiting line, health desk and holding centre. |
| Waste management | None. | <ul style="list-style-type: none"> 2 bins at health desk. No segregation of biohazard waste. Waste openly burned next to health desk. | <ul style="list-style-type: none"> 1 waste bin at the health desk. All the medical and non-medical waste is thrown in an open space and the burned near the river canal. | <ul style="list-style-type: none"> 10 bins available inside and outside of health desk. No segregation for biohazard waste. Waste openly burned next to health desk. | <ul style="list-style-type: none"> Color coded bins available but waste is being burned. | <ul style="list-style-type: none"> 20-25 bins 2 incinerators, unusable. No segregation for biohazard waste. Waste openly burned next to health desk. |

4.2.4 Hazards

Hazards were identified and scored by stakeholder consultation participants, working in groups to determine hazards per sector. Below are the key hazards related to the WASH sector that are in scope with the project and with the risk scores given by the participants. The hazards are presented per GCP in descending order.

| Stakeholders' risk scores | | | | |
|---------------------------|--|----|----|-------|
| GCP | Risk | P. | C. | Total |
| Kakarbhatta | Risk of water-borne diseases and COVID-19 transmission due to unavailability of clean drinking water and sanitation facilities | 4 | 3 | 12 |
| Inarwa/Birgunj | Inadequate waste management resulting in health implications | 4 | 4 | 16 |
| | Risk of COVID-19 transmission due to inadequate handwashing | 3 | 3 | 9 |
| Krishnanagar | Personnel and migrants at GCP unable to maintain personal hygiene | 4 | 4 | 16 |
| Jamunaha | COVID-19 transmission at health desk due to improper waste management and disposal | 4 | 4 | 16 |

| | | | | |
|--------------------|--|---|---|----|
| | Risk of COVID-19 transmission and diarrheal outbreak due to inadequate drinking water, handwashing and sanitizing facilities | 3 | 3 | 9 |
| Gauriphanta | Transmission of communicable diseases, in particular fecal-oral route diseases | 4 | 4 | 16 |
| Gaddachauki | Transmission of water-borne diseases among the staff and migrants at the GCP | 2 | 2 | 4 |

4.3 Protection

The assessment seeks to identify protection risks related to migration in the context of COVID-19.

4.3.1 Stakeholders

The stakeholders working in protection sector for each GCP listed below were identified at the stakeholder consultations, KIs as well as through observations. Stakeholders are mostly UN organizations, national security forces such as Nepal Police, Nepal Army, Armed Police Force, government agencies, and I/NGOs working in protection such as Maiti Nepal (works against human trafficking). Maiti Nepal also works to screen suspected cases of cross-border child labor and provides MPHSS for these target groups. It works in close coordination and collaboration with Nepal Police. Thus, referral mechanism is present for human trafficking and cross border child labor. Nepal Police directly provides other kinds of protection support.

| Kakarbhitta GCP | Inarwa/Birgunj GCP | Krishnanagar GCP | Jamunaha GCP | Gauriphanta GCP | Gaddachauki GCP |
|--|--|---|---|---|---|
| <ul style="list-style-type: none"> • UN: UNFPA • Government Security: APF, Nepal Police, Nepal Army • I/NGOS: NRCS, World Mission Outreach Service, Maiti Nepal, Aafanta Nepal, Sana haat | <ul style="list-style-type: none"> • UN: UNICEF • Government Security: APF, Nepal Police • I/NGOS: NRCS, Bagmati Sewa Samaj, Rotaract Club • Journalists | <ul style="list-style-type: none"> • UN: UNICEF • Government Security: APF, Nepal Police • I/NGOS: Maiti Nepal, PRC, Aafanta Nepal | <ul style="list-style-type: none"> • Government Security: Nepal Army, Nepal Police, APF • Local government • Civil administration • Media | <ul style="list-style-type: none"> • Government Security: Nepal Police, APF • I/NGOS: PRC | <ul style="list-style-type: none"> • UN: UNICEF • Government Security: Nepal Police, APF, Nepal Army • Local government • Federal Government • Provincial Government • I/NGOS: NRCS, NEEDS, NNSWA, LWR, FAYA Nepal, Maiti Nepal, PRC, Aafanta Nepal, Three Angels |

4.3.2 At-risk groups

The table below presents at-risk groups at GCPs as identified during the stakeholder consultations.

| Kakarbhitta GCP | Inarwa/Birgunj GCP | Krishnanagar GCP | Jamunaha GCP | Gauriphanta GCP | Gaddachauki GCP |
|---|---|--|---|---|---|
| <ul style="list-style-type: none"> • Frontline workers • Return migrant workers | <ul style="list-style-type: none"> • Children • Elderly citizens • Persons with disabilities | <ul style="list-style-type: none"> • Women and children (human trafficking) | <ul style="list-style-type: none"> • Border communities • Frontline workers • Laborers | <ul style="list-style-type: none"> • Frontline workers • Return migrant workers | <ul style="list-style-type: none"> • Women and children (human trafficking) • Elderly citizens • Persons with disabilities • Youth (for drug abuse) |

4.3.3 Resources, systems and infrastructures at GCPs

The table below lists resources including infrastructure and facilities as identified during the participatory field observations. The compiled information is presented in order to provide an overview of what is and is not in place in the respective GCPs in order to plan targeted interventions accordingly.

| | Kakarbhitta GCP | Inarwa/Birgunj GCP | Krishnanagar GCP | Jamunaha GCP | Gauriphanta GCP | Gaddachauki GCP |
|---|--|---|------------------|--------------|-----------------|--|
| Communication facilities available for migrants | <ul style="list-style-type: none"> • NRCS and local NGOs provide facilities. • Security forces provide personal support and information. | <ul style="list-style-type: none"> • None • Health desk staff and security forces provide personal support. | None. | None. | None. | <ul style="list-style-type: none"> • None. • Health desk staff and security forces provide personal support. |
| Safe spaces | Breastfeeding corner at NRCS health desk, however in poor condition. | None. | None. | None. | None. | None. |

| | | | | | | |
|---------------------------|---|--|--|---|--|---|
| Crowd management measures | <ul style="list-style-type: none"> • Inadequate crowd management in place. • No priority for vulnerable groups. • No physical distancing. • NRCS volunteers assigned for crowd management | <ul style="list-style-type: none"> • Inadequate crowd management in place. • One person at the health desk designated for crowd management | <ul style="list-style-type: none"> • Inadequate crowd management in place. • No designated queueing space. | None. | <ul style="list-style-type: none"> • Inadequate crowd management in place. • No priority for vulnerable groups. • No physical distancing. | <ul style="list-style-type: none"> • Inadequate crowd management in place. • Fenced waiting line to health desk but no distancing maintained or separate line for women and children. Priority given to vulnerable groups |
| Shaded areas | None. | Available but inadequate. | None. | Available. | Available. | Available. |
| Breastfeeding corner | <ul style="list-style-type: none"> • 1 at NRCS health desk, however in poor condition. | None. | None. | None. | None. | None. |
| Designated waiting spaces | <ul style="list-style-type: none"> • None at GCP. • 2 benches at NRCS post. • Shaded waiting space with electric fan at NRCS health desk. | None. | None. | Shaded areas with benches and small open space next to the health desk. | <ul style="list-style-type: none"> • 1 with seating for 3 and roof • 1 without roof and seating • 1 large space but not in use. • Iron benches for seating at the health desk. | None. |

| | | | | | | |
|--|---|--|--|--|--|---|
| Risk communication | None. | Posters in Nepali and English language at the GCP with messaging for COVID-19, IPC, counter-trafficking. | <ul style="list-style-type: none"> • Very few posters across the whole GCP. The ones present were unreadable due to dust. • No separate human resources for information sharing. | <ul style="list-style-type: none"> • Posters in Nepali language at the GCP with messaging for pregnant and lactating women, ending GBV, IPC, counter trafficking. • COVID-19 flyers distributed to migrants. | <ul style="list-style-type: none"> • COVID-19 flyers distributed to migrants. • Messaging through loudspeakers on COVID-19 played outside of peak hours. | <ul style="list-style-type: none"> • Posters in Nepali language at the GCP with messaging for pregnant and lactating women, ending GBV, IPC, counter trafficking. • Messaging through loudspeaker and megaphone on COVID, TB, AIDS, Malaria during peak hours in the morning. |
| Active stakeholders in identification of vulnerabilities | <ul style="list-style-type: none"> • 5 organizations working to identify cases of human trafficking only. • No other human resources for identification of vulnerabilities. | Maiti Nepal. | <ul style="list-style-type: none"> • Aafanta Nepal • Maiti Nepal (no staff present at GCP during assessment) • Women's help desk | <ul style="list-style-type: none"> • Maiti Nepal. • Nepal Police. • Both stakeholders have strong coordination in vulnerability identification | PRC. | <ul style="list-style-type: none"> • Maiti Nepal • PRC • Three Angels • Aafanta Nepal. |

4.3.4 Hazards

Hazards were identified and scored by stakeholder consultation participants, working in groups to determine hazards per sector. Below are the key hazards related to the protection sector that are in scope with the project and with the risk scores given by the participants. The hazards are presented per GCP in descending order.

| Stakeholders' risk scores | | | | | |
|---------------------------|---|----|----|-------|--|
| GCP | Risk | P. | C. | Total | |
| Kakarbhitta | Increased cases of suicide, self-harm and stigmatization among migrants in vulnerable situations in absence of psychosocial counselling for COVID- 19 affected people | 3 | 3 | 9 | |
| | Migrants are discouraged to use formal GCP due to inadequate waiting spaces | 4 | 2 | 8 | |
| | Risk of crimes and inadequate SEAH due to crowd mismanagement | 2 | 2 | 4 | |
| Inarwa/Birgunj | Dignity and safety of women, children and PWD are compromised by inadequate facilities | 3 | 2 | 6 | |
| | Migrants face health implications due to harsh climate and weather exposure | 1 | 1 | 1 | |
| Krishnanagar | Trauma among the incoming migrants testing COVID-19 positive at the GCP | 3 | 3 | 9 | |
| | Crowd mismanagement resulting in chaos and violent outbreak | 3 | 2 | 6 | |

| | | | | |
|--------------------|---|---|---|----|
| | Spread of infection due to lack of risk communication and engagement in the communities and at GCP | 3 | 2 | 6 |
| Jamunaha | Mental stress during the stay at isolation centre | 3 | 4 | 12 |
| | Risk of COVID-19 transmission increased due to inadequate RCCEA and crowd management at GCP and health desk | 4 | 2 | 8 |
| | Vulnerable populations crossing the border at risk due to inadequate assistance | 2 | 2 | 4 |
| | Dignity and safety of women, children and PWD are compromised by inadequate facilities | 2 | 2 | 4 |
| Gauriphanta | Attacks on frontline workers sometimes due to long waiting by the travelers | 4 | 4 | 16 |
| Gaddachauki | Dignity and safety of women, children, elderly citizens and PWD are compromised by inadequate facilities | 4 | 4 | 16 |
| | Non-compliance of public health and social measures (PHSM) due to inadequate crowd management | 3 | 4 | 12 |
| | Migrants suffer from mental stress due to improper case management and counselling | 2 | 2 | 4 |

5. HAZARD AND RISK ANALYSIS

In this chapter, the hazards listed at the end of each section in the previous chapter are analyzed and given final scores by the assessment team. The analysis and final scores are based on the data obtained during the data collection phase as well as influencing factors. The higher score, the more severe risk. The final scores determined by the assessment team guide the measures to plan which are presented in the next chapter.

5.1 Health hazard and risk analysis

5.1.1 Kakarbhitta

Kakarbhitta – Inadequate rapid response due to no Public Health Emergency Contingency Plan (PHECP) plan in place for the GCP

Stakeholders' risk score: P4, C4

The inadequate rapid response due to no Public Health Emergency Contingency Plan (PHECP) in place has been prioritized the highest by the stakeholders, requiring urgent measures to be adopted without delay. Without a contingency plan in place, the key informants from the health desk raised unclarities concerning their duties and responsibilities. An influencing factor to this risk is the limited staff at the health desk, which further caused delays in health desk operations during the first and second waves of COVID-19 and obstructed rapid response and preparedness efforts. As inadequate rapid response ultimately results in further spread of the virus, the consequence of the risk is deemed severe. The assessment team agrees with the stakeholders' risk score.

Assessment team risk score: P4, C4

Frontline workers not capacitated to further support the COVID-19 response due to inadequate training

Stakeholders' risk score: P3, C4

Frontline workers not being capacitated to further support the COVID-19 response due to inadequate training was one of the risks identified by stakeholders as in need of urgent measures to plan as top priority. With the emerging new variants of COVID-19, the frontline health workers must be aware about the variants, IPC measures to be adopted and updates on the recording and reporting mechanism in place. The KIIs with frontline workers at the GCP highlighted the need for trainings. With no PHECP in place, capacity-building training for the frontline workers must be the top priority to be planned. For consequence, the score considers the risk of not being capacitated to respond against COVID-19 at the GCP, but also during any outbreak or cases of Public Health Emergency of International Concern (PHEIC). The assessment team agrees with the stakeholders' risk score.

Assessment team risk score: P3, C4

Migrants are not screened and tested due to limited human resources

Stakeholders' score: P2, C4

At Kakarbhitta GCP, there are a total of five health workers (2 males and 3 female) deployed at the health desk for screening and testing, two working morning shift and three working afternoon shifts. In the KII it was mentioned that the peak hour of arrival of migrants is during the late morning and afternoon, coinciding with both the shifts. However, with both shifts being understaffed, there is an increased risk of migrants not being screened and tested, consequently missing positive cases. Having COVID-positive migrants crossing the border untested may result in community transmission. Similarly, during the observations it was seen that there were only two staff at the health desk, one for verbal screening and one for testing. Antigen testing is not conducted at the health desk until there are 10-15 identified presumptive cases from verbal screening. Therefore, migrants were held at the holding center up to two hours before

there were enough presumptive cases to be tested. There was no monitoring in place at the holding center in terms of migrants staying there until the testing was conducted, nor if safety measures such as maintaining physical distancing were kept by the migrants. However, this was also not monitored by any health desk staff. Given no monitoring at the holding site for antigen testing by the health desk staff, the assessment team concludes the probability to be 3 and the consequence to be 4.

Assessment team risk score: P3, C4

5.1.2 Inarwa/Birgunj

Inarwa/Birgunj – Screening, testing, reporting and recording processes are compromised by inadequate equipment at the health desk

Stakeholders' risk score: P2, C2

Inadequate equipment was raised as a factor hampering the screening, testing, reporting and recording processes at the health desk and scored as measures to plan but not requiring urgent actions. Two tablets and one desktop computer are available at the health desk, functional and in use by the health desk staff. Reporting is conducted regularly at the health desk. A swab collection booth is available at the health desk, however not in use due to an impractical placement of holes where the arms go through, being placed too low to be usable. The booth stands outside the health desk in the open. The screening process is conducted by APF and is therefore not affected by the health desk equipment. The assessment team agrees with the stakeholders in that more technical equipment is needed to make the processes more efficient, however that the testing, reporting and recording processes are, as per data collected, sufficiently functional to not plan for immediate or urgent measures. Therefore, the assessment team deems the final risk score to be aligned with the stakeholders' score.

Assessment team risk score: P2, C2

5.1.3 Krishnanagar

Insufficient HR at health desk resulting in delayed services and increased risk of migrants not being screened and tested

Stakeholders' risk score: P4, C4

Similar to Kakarbhitta GCP, the delayed services and increased risk of migrants not being screened and tested due to insufficient human resources was highlighted as a problem at Krishnanagar GCP. The prioritization measure was scored 16 by the stakeholders, referring to urgent measures to be adopted without delay. According to the Federal Government, each health desk should have at least ten staff with the mandate of a medical doctor. At Krishnanagar GCP, currently there are nine persons working at the health desk, seven from the Municipality and two from a local NGO. The staff work in two shifts with two to three staff during each shift, deeming the health desk understaffed.

Given the high flow of returnees from the GCP, low human resources at the health desk and that recording and reporting processes are conducted manually which entails a risk of missing out on detailed information such as health status, exposure to the virus, symptoms and need of referral services, there is a significant risk of missing out of the migrants for screening and testing, thus failing to identify COVID-19 cases which may result in community transmission. Hence, the assessment team agrees with the stakeholder probability and consequence scoring of 4 each.

Assessment team risk score: P4, C4

Untimely recording and reporting leading to untimely response

Stakeholders' risk score: P3, C3

All screening and recording at the health desk is done manually, and the recorded data is later transferred to the IMU data template and a brief of quantitative data is shared daily with the Municipality via SMS. Reporting is conducted

electronically by using tablets. Inadequate access to internet, electricity and electronic equipment such as tablets, computers and printers, as well as unavailability to user-friendly forms may result in inadequate reporting and consequently reporting. Untimely recording and reporting may delay appropriate responses. Manual recording entails a risk of missing out on detailed information such as health status, exposure to the virus, symptoms and need of referral services. An influencing factor is understaffing, which may result in untimely screening, reporting and recording.

Recording and reporting processes that are delayed or hampered by understaffing at the health desk may result in late identification of situations requiring rapid response, and inadequate data to justify or back up rapid response. Untimely recording and reporting as well as data gaps derive from inadequate training of health desk staff in terms of using the standardized recording and reporting format. The assessment team agrees with the stakeholders' risk score.

Assessment team risk score: P3, C3

5.1.4 Jamunaha

Risk of COVID-19 transmission increased due to inadequate infection prevention and control measures

Stakeholders' risk score: P4, C4

In context of COVID-19, one of the most effective ways to remain safe is properly following the IPC guidelines. IPC measures are crucial to combat the current pandemic. Stakeholders raised the risk of COVID-19 transmission due to inadequate IPC measures as a top priority with urgent measures to be adopted without delay. On the other hand, the KIs and observations confirmed that adequate IPC materials, primarily PPEs for staff are in place at the health desk however staff at the health desk raised that PPEs were still sparingly used due to concerns that the stock would run out. Deliveries of PPEs were received at the health desk during the observations. Given the sufficient supply of PPEs, and with consideration to the prevailing inadequate use, the assessment team lowers the probability score from 4 to 2 and the consequence from 4 to 3, with the total score raising the need for measure to plan but do not require urgent actions.

Assessment team risk score: P2, C3

5.1.5 Gauriphanta

Quality work not being delivered due to inadequate training

Stakeholders risk score: P3, C4

Stakeholders raised that staff at the GCP and health desk are unable to conduct quality work due to inadequate provision of trainings. This was supported by KIs as key informants also emphasized that the lack of trainings and capacity building of the staff presented an obstacle to staff. With new COVID-19 variants emerging, inadequate trainings may compromise the service delivery by GCP and health desk staff particularly concerning symptoms, vaccination and IPC guidelines that may vary depending on the variant. Moreover, inadequate trainings pose the risk of inadequate use of PPE, inadequate IPC measures as well as reporting and recording which could result in increased transmission and incorrect data management. Hence, the assessment team agrees with the stakeholders' risk scoring.

Assessment team risk score: P3, C4

Transmission of COVID-19 to health workers due to untimely supply and use of PPEs

Stakeholders' risk score: P3, C3

At Gauriphanta GCP, it was observed that the health desk staff are using full PPE when performing the antigen test and distributing masks to the migrants who were not wearing any. Upon enquiry it was also observed that that the Municipality supplied PPEs in case the health desk run out of stock. It was raised that the restocking of PPEs normally takes a few days. Hence, the identified risk on the inadequate availability of PPE resulting in risk of transmission of

COVID-19 among health workers and its scoring by the stakeholders aligns with the assessment team requiring measures to be plan in the short/medium period.

Assessment team risk score: P3, C3

5.1.6 Gaddachauki

COVID-19 transmission due to insufficient PPEs and testing kits

Stakeholders' risk score: P3, C2

An average of 500 migrants are screened and tested at the health desk daily, and no crowd management or physical distancing measures are in place. The health desk staff that conduct the testing wear full PPE except for face shields which is not consistently used, and the remaining staff in the testing area and health desk wear mask only. PPEs are the most efficient means for health desk staff to remain safe from COVID-19 transmission. Migrants at the health desk are wearing masks, however it was observed that many are not using it properly making the masks inefficient, and as physical distancing is not maintained it further exacerbates the risk of transmission among both migrants and health desk workers. Insufficient testing kits at the health desk increases the risk of not identifying positive cases and consequently increasing the risk of community transmission. The assessment team deems that the probability score be changed to 4 and consequence changed to 3.

Assessment team risk score: P4, C3

5.1.2 Compiled risk assessment team scores

| Assessment team risk scores | | | | |
|-----------------------------|---|----|----|-------|
| GCP | Risk | P. | C. | Total |
| Kakarbhitta | Inadequate rapid response due to no Public Health Emergency Contingency Plan (PHECP) in place | 4 | 4 | 16 |
| | Frontline workers not capacitated to further support the COVID-19 response due to inadequate trainings | 3 | 4 | 12 |
| | Migrants are not screened due to limited human resources | 3 | 4 | 12 |
| Birgunj | Screening, testing, reporting and recording processes are compromised by inadequate equipment at health desk | 2 | 2 | 4 |
| Krishnanagar | Insufficient HR at health desk resulting in delayed services and increased risk of migrants not being screened and tested | 4 | 4 | 16 |
| | Untimely recording and reporting leading to untimely response | 3 | 3 | 9 |
| Jamunaha | Risk of COVID-19 transmission increased due to inadequate infection prevention and control measures | 2 | 3 | 6 |
| Gauriphanta | Quality work not being delivered due to inadequate trainings | 3 | 4 | 12 |
| | Transmission of COVID-19 to health workers due to untimely supply and use of PPEs | 3 | 3 | 9 |
| Gaddachauki | COVID-19 transmission due to insufficient PPEs and testing kits | 4 | 3 | 12 |

5.2 WASH hazard and risk analysis

5.2.1 Kakarbhitta

Risk of water-borne diseases and COVID-19 transmission due to unavailability of clean drinking water and sanitation facilities

Stakeholders' risk score: P4, C3

The water at Kakarbhitta GCP is not purified or tested and there are no drinking water stations available for neither border personnel nor migrants. Jars of water are provided for drinking but observed as unhygienic. Stakeholders raised the concern of water-borne diseases spreading at the GCP in case migrants drink the untreated and untested water. There are no toilets at the GCP, and one handwashing station is available but with no soap/handwash gel or sanitizer. Lacking proper and adequate WASH facilities, poor hand hygiene may contribute to contamination of existing sources of drinking water, for example: unclean water jars with no water glass, hand wash stations with no proper drainage system.

As the GCP is in the Terai, the high-temperature summers act as an influencing factor entailing an increased exposure for the hazard when the demand for drinking water increases in the heat. Another influencing factor is that there are no shaded areas in the GCP or surrounding the health desk, and migrants crossing through during peak hours may need to wait under the sun to be tested at the health desk. While children are most at risk of water-borne diseases, all groups are at risk of serious consequences if not treated adequately and quickly. The greater threat of this phenomenon will be to vulnerable populations, having limited coping capacity. Inadequate sanitation facilities also contribute to an increased risk of COVID-19 transmission at the GCP and health desk. Another influencing factor for spread of COVID-19 is absence of physical distancing and improper or no use of mask which was observed at the GCP. This is key since risk of transmission remains high when physical distancing and IPC measures are not practiced, further exacerbating the risk of transmission. The assessment team deems the risk score to be aligned with the stakeholders' risk score.

Assessment team risk score: P4, C3

5.2.2 Inarwa/Birgunj

Inadequate waste management resulting in health implications

Stakeholders' risk score: P4, C4

At Inarwa/Birgunj GCP, there are an inadequate number of dustbins that are not regularly used, and there is no separate waste management system for biohazard waste from COVID-19 testing and used PPEs. The accumulated waste is gathered on open ground in two places surrounding the health desk, one in the area used as a holding centre, and one between the health desk and the toilets. In both places, both migrants and health desk personnel move regularly and thus come in contact with waste. Key health implications for this hazard are inhaling smoke from burning and contracting COVID-19 from contact with biohazard waste. The risk of COVID-19 transmission is higher for health desk staff that handle the waste for disposal and burning. Health implications from the open burning of waste are also deemed higher for health desk staff who are exposed to smoke at a regular basis, while the consequence for migrants may be deemed lower due to the infrequent exposure, considering that the waste is often burned outside of peak hours when fewer migrants cross the border and pass through the health desk.

The coping capacity of health desk personnel is limited as the health desk has not been supplied with means for a separate waste management system for biohazard waste, which exacerbates the issue concerning waste collection which is not currently in place.

Assessment team risk score: P4, C3

Risk of COVID-19 transmission due to inadequate handwashing

Stakeholders' risk score: P3, C3

There are five handwashing stations at the GCP of which only one is functional, however there is no soap or sanitizer available. Migrants were not observed using the handwashing station. Sanitizer is available only at the APF screening desk. With inadequate functional handwashing stations in place, migrants face a higher risk of contracting COVID-19 through touching surfaces at the GCP and during travel. Given that surfaces are not adequately cleaned or sanitized at the GCP and health desk, handwashing is one of the most effective ways of keeping the disease at bay. A key influencing factor for the spread of COVID-19 is maintaining physical distancing, as even with adequate access to and use of handwashing stations, soap and sanitizer, the risk of transmission is not eliminated when physical distancing is not maintained. At the GCP, physical distancing was not observed among the migrants which contributes to a higher risk of COVID-19 transmission.

The assessment team deems the probability to be 4 and consequence 3. For consequence, the score considers the risk of not only COVID-19 transmission at the GCP, but also consequently in the migrants' home communities.

Assessment team risk score: P4, C3

5.2.3 Krishnanagar

Personnel and migrants at GCP unable to maintain personal hygiene

Stakeholders' risk score: P4, C4

At Krishnanagar GCP it was raised that migrants and personnel are unable to maintain personal hygiene and scored at highest risk by the stakeholders during the consultation. While the GCP has permanent gender-friendly toilets and washrooms in place, they are not adequately maintained, and a fee is charged for using the facility which may hinder migrants' access to the facilities. There are no handwashing stations at the GCP. An influencing factor is that there is no available drinking water at the GCP. A cholera outbreak struck Krishnanagar Municipality in the first week of October 2021 and has yet to be contained. The outbreak has since October spread to nearby Municipalities and thus puts not only persons at the GCP at risk but also persons in nearby and home communities.

Assessment team risk score: P4, C4

5.2.4 Jamunaha

COVID-19 transmission at health desk due to improper waste management and disposal

Stakeholders' risk score: P4, C4

While Jamunaha health desk has an adequate amount of waste bins in use as well as in storage, there is no segregation between biohazard waste and other waste. There is no littering within the health desk structure and biohazard waste from the health desk is not littered in the GCP area. However, the biohazard and other waste are disposed and burned next to the health desk in an open space separated by fences. People were not observed moving in the open space where the waste is disposed of and burned. As migrants do not come in direct contact with biohazard and other waste and therefore face a low risk of COVID-19 transmission, however the health desk staff face a medium risk of COVID-19 transmission due to the improper handling of biohazard waste, as is observed and prevalent in all of the assessed GCPs.

Assessment team risk score: P2, C3

Risk of COVID-19 transmission and diarrheal outbreak increased due to inadequate drinking water, handwashing and sanitizing facilities

Stakeholders' risk score: P3, C3

One drinking water station is available at Jamunaha GCP next to the health desk. The drinking water station has a built-in filter and provides potable water, both hot and cold. While the tank is small and the station requires frequent refills, there was water during each field visit. Staff informed that they were not using the drinking water station out of fear that the water would run out. The only handwashing facilities at the GCP are sinks with soap inside the health desk next to the permanent toilets. Crowding at the facilities was not observed, and no regular handwashing or sanitizing was observed among migrants.

Assessment team risk score: P2, C3

5.2.5 Gauriphanta

Transmission of communicable diseases, in particular fecal-oral route diseases

Stakeholders' risk score: P4, C4

At Gauriphanta GCP, there are two toilets available at the health desk of which one was in use while the other was locked. The used toilet was also not properly maintained or sanitized. The sewage of the toilet was not proper and the water clogging in the toilet was observed. While there is no access to drinking water, handwashing facilities are available with soap and sanitizer.

There is no crowd management or physical distancing in place, and use of PPEs such as face masks among migrants is inadequate. These factors contribute to an increased risk of exposure to communicable diseases such as water- and air-borne diseases and in particular fecal-oral route diseases.

Assessment team risk score: P4, C4

5.2.6 Gaddachauki

Transmission of water-borne diseases among the staff and migrants at the GCP

Stakeholders' risk score: P2, C2

The health desk at Gaddachauki GCP has several water sources available for personnel and migrants to wash their hands. There is one tap with a "drinking water" sign next to the holding centre. However, all water at the health desk is ground water that is not treated. A recent testing of the water showed e-coli bacteria in the water, still the drinking water tap has not been closed off, and the sign is still up. Migrants drink the tap water and are not actively discouraged not to. Staff at the health desk boil the water before consumption but do not have the capacity to provide boiled water to the migrants passing through. Due to the contaminated water consumption by migrants, the assessment team increases the probability to 4 and consequence to 4, as e-coli and other water-borne diseases are highly infectious and may spread to nearby and home communities causing large outbreaks.

Assessment team risk score: P4, C4

5.2.2 Compiled risk assessment team scores

| Assessment team risk scores | | | | |
|-----------------------------|--|----|----|-------|
| GCP | Risk | P. | C. | Total |
| Kakarbhitta | Risk of water-borne diseases and COVID-19 transmission due to unavailability of clean drinking water and sanitation facilities | 4 | 3 | 12 |
| Inarwa/Birgunj | Inadequate waste management resulting in health implications | 4 | 3 | 12 |
| | Risk of COVID-19 transmission due to inadequate handwashing | 4 | 3 | 12 |
| Krishnanagar | Personnel and migrants at GCP unable to maintain personal hygiene | 4 | 4 | 16 |
| Jamunaha | COVID-19 transmission at health desk due to improper waste management and disposal | 2 | 3 | 6 |
| | Risk of COVID-19 transmission and diarrheal outbreak due to inadequate drinking water, handwashing and sanitizing facilities | 2 | 3 | 6 |
| Gauriphanta | Transmission of communicable diseases, in particular fecal-oral route diseases | 4 | 4 | 16 |
| Gaddachauki | Transmission of water-borne diseases among the staff and migrants at the GCP | 4 | 4 | 16 |

5.3 Protection hazard and risk analysis

5.3.1 Kakarbhitta

Increased cases of suicide, self-harm and stigmatization among migrants in vulnerable situations in absence of psychosocial counselling

Stakeholders' risk score: P3, C3

There are no proper measures adopted for risk communication and community engagement or any related standard operating procedures amongst community-engagement staff, responders, health authorities and other partners to effectively communicate with migrants in vulnerable situations to help, prepare and protect themselves. In absence of psychosocial counselling, the psychosocial status of the migrants in vulnerable situations remains unassessed. Also, with multifold and varying impacts of COVID-19 depending on gender, age-group and socio-economic status, the lack of psychosocial status assessment and counselling put the migrants with detected symptoms of COVID-19 at high risk, especially the vulnerable such as women, elderly and those who have lost their livelihood as a direct impact of COVID-19. Five non- governmental organizations are active at this GCP in identifying probable cases of human trafficking, through deployment of the Human resources for surveillance and identification at the GCPs, however identification of other forms of protection issues are not in place at the GCP. With the lower degree of risk communication and community engagement in the communities, coupled with absence of risk communication and psychosocial counselling in the GCP, the migrants with detected symptoms are at risk of self-harm, stigmatization and, in extreme cases, suicide.

The risk assessment team scores the probability of the risk based on the abovementioned risk most likely to occur, i.e. stigmatization, and the consequence based on the most severe risk, i.e. suicide.

Assessment team risk score: P3, C4

Risk of crimes and inadequate safeguarding against sexual exploitation and abuse and sexual harassment (SEAH) due to inadequate crowd management measures

Stakeholders' risk score: P2, C2

The inadequate crowd management has resulted in a higher rate of crime in the waiting spaces. As there are no designated spaces and migrants have no option but to wait for their turns in the crowd, crimes such as petty theft (pickpocketing) have been frequent. The absence of proper safe spaces and designated waiting spaces put women and children at risk of being physically and verbally harassed and abused. In absence of proper protection support

systems such as complaint and referral mechanisms, this could also potentially lead to anxiety issues amongst these populations.

Assessment team risk score: P3, C3

Migrants are discouraged to use formal GCP due to inadequate waiting spaces

Stakeholders' risk score: P4, C2

There is only one shaded area at the NRCS health desk (1-1,5 km away from the border), but no shaded areas nor waiting spaces for migrants in the rest of the GCP area including the health desk. Meanwhile, the screening and testing at the GCP is conducted in an interval of every 2-3 hours which may keep migrants waiting at the GCP. The long waiting time for migrants in the open during heat, cold and rain without any shade may deter migrants from using the formal GCP and also expose migrants to various weather-related health hazards. Children, sick people, elderly people, persons with disability, and pregnant and lactating mothers are at exacerbated risk. Influencing factors to this risk include lack of drinking water at the GCP, improper and inadequate crowd management measures resulting in physical distancing not being practiced at the GCP which increases the risk of COVID-19 transmission, and overall inadequate services specifically aimed at vulnerable populations may persons such as elderly, pregnant and lactating women and persons with disabilities.

Associated risks with movement across informal crossing points are primarily connected to COVID-19 transmission, lack of reporting and testing, lack of other health, WASH and protection services which could contribute to a large-scale increase in number of COVID-19 positive cases and negative consequences of health-, WASH- and protection-related issues. Increased use of informal GCPs also brings forth more data gaps in terms of cross-border movement, and migrants using informal GCPs are completely lacking access to health screening, testing and other health-related services. Finally, increased movement at informal crossing points might increase the risk of trafficking due to the absence of organizations actively working for identification of trafficking cases at the informal GCPs.

Assessment team risk score: P2, C4

5.3.2 Inarwa/Birgunj

Dignity and safety of women, children and PWD are compromised by inadequate facilities

Stakeholders' risk score: P3, C2

There are no separate spaces for women, children and persons with disabilities such as toilets, washrooms, waiting spaces or child-friendly spaces at the GCP or health desk. The small space surrounding the health desk in its current state leaves little room to maintain gender-separate lines or to provide separate spaces at all. There are no separate breastfeeding corners nor other designated areas for girls and women to practice and maintain their menstrual health and hygiene. There are no support desks or resources to support women and girls for their menstrual health. There are no shaded gender-friendly waiting spaces, and no access to fans to coolers for the migrants.

The walkway from the border to the health desk is partially on grass/stomped ground and is not disability-friendly, hindering access for persons with physical mobility challenges. The health desk has one person designated for crowd management by drawing separate waiting lines for men and women as well as encouraging physical distancing among migrants, but limited space and unwillingness among migrants make the crowd management unsuccessful. The ambiance at the health desk was deemed stressful for migrants and agitation was observed during the field visit. A key influencing factor for this hazard is the high level of pollution and dust at the GCP and health desk which is observed to contribute to a stressful environment for migrants.

Assessment team risk score: P3, C3

Migrants face health implications due to climate and weather exposure

Stakeholders' risk score: P1, C1

In absence of designated waiting spaces and shaded areas, migrants are required to queue at the health desk under direct sunlight in hot and humid climate. The tents at the health desk, of which one is no longer in use, are climate adaptable however the climate control function is no longer adequate due to no maintenance and cleaning of the tents including their ventilation. There is only one fan inside the health desk tent. There is one small, shaded area in the open area used as a holding centre. A tarpaulin is set above two benches, providing shade however only for persons being tested and awaiting their test results. With temperatures reaching up to 40° C with high humidity in summer, and cold waves in winter, inadequate infrastructure and equipment for climate control at the GCP and health desk puts migrants' physical health at risk. Influencing factors include no access to drinking water facilities which may exacerbate climate impacts in the summer months in terms of dehydration.

Assessment team risk score: P3, C2

5.3.3 Krishnanagar

Trauma among the incoming migrants testing COVID-19 positive at the GCP

Stakeholders risk score: P3, C3

There are no proper measures adopted for risk communication and engagement or any related standard operating procedures amongst staff at the GCP and health desk to effectively communicate with migrants who have tested positive for COVID-19. The health desk is inadequately staffed, leaving little human resources to spare for supporting migrants when tested positive at the health desk. Fear of stigmatization, of the virus, of infecting family members and home community, and fear due to lacking understanding of the virus and its health implications may leave migrants testing positive to COVID-19 in need of psychosocial support. Untreated trauma could potentially lead to mental stress, anxiety and self-harm. As there are no counselling services available at the GCP or health desk, the assessment team deems the ultimate risk score to be aligned with the stakeholders' risk score.

Assessment team risk score: P3, C3

Spread of infection due to lack of risk communication and engagement in the communities and at GCP

Stakeholders' risk score: P3, C2

Risk communication and community engagement is inadequate at the GCP. There are few posters at the GCP, however the messaging is unclear due to dust and low maintenance of them. No other risk communication measures were reported at the GCP. Observations confirmed that there is a high need for increased risk communication, in particular for sharing information on prevention of COVID-19 transmission, importance of handwashing, importance and techniques of use of mask and maintaining physical distancing. Low access to information on IPC measures may entail inadequate awareness among migrants on preventative measures at both the GCP and in communities. As this puts both migrants and responders at risk of contracting the disease, the assessment team agrees with the stakeholders' risk score.

Assessment team risk score: P3, C2

Crowd mismanagement resulting in chaos and violent outbreak

Stakeholders' risk score: P3, C2

The inadequate crowd management measures resulting in lack of physical distancing is viewed as possible ground for transmission of COVID-19 putting both migrants and staff/responders at risk. The absence of priority in terms of vulnerabilities including ill, elderly, persons with disabilities, children, pregnant and lactating mother puts these groups at compounding risk. As a long queue forms during peak hours of migrant movement, there is an identified risk of chaos and violent outbreak between migrants and frontline responders.

Influencing factors for chaos and violent outbreaks may be inadequate services at the GCP and health desk which combined with long waiting times creates a stressful environment to be in and frustration among migrants. While chaos and violent outbreak incidents have not been reported at the GCP, the consequence would be severe as the situation may place both migrants and GCP staff at risk, as well as discourage migrants from using the formal GCP out of fear of violence.

Assessment team risk score: P1, C4

5.3.4 Jamunaha

Mental stress during the stay at isolation centre

Stakeholders' risk score: P3, C4

The designated isolation centre for Jamunaha GCP is no longer in regular use following the decline of positive cases after the second wave. Since then, there has been no coordination between the health desk and the isolation centre for sending positive cases for isolation, and the transport service between the health desk and isolation centre is no longer available. Migrants testing positive leave the health desk with a self-isolation kit.

The hazard refers to peak times when the isolation centre was in use and is expected to be as relevant during the anticipated third wave, as a new increase in positive cases is likely to result in resuming isolation centre and related services.

With varying impacts of COVID-19 depending on factors such as age group and pre-existing conditions, mental stress during the stay at isolation centres impacts people in different ways. Additionally, the abovementioned isolation centre is not gender- or disability friendly, which may further exacerbate mental stress or exclude people from accessing it altogether. Absence of or inadequate mental health and psychosocial support may result in the mental health status of migrants in isolation remaining unassessed. The assessment team deems the risk score to be aligned with the stakeholders' score.

Assessment team risk score: P3, C4

Dignity and safety of women, children and PWD are compromised by inadequate facilities

Stakeholders' risk score: P2, C2

There is lack of separate spaces for women, children and persons with disabilities such as toilets, washrooms or waiting spaces at the GCP or health desk. The small space set as waiting space surrounding the health desk leaves little room to maintain gender-separate lines or to provide separate spaces at all. There is a limited shaded waiting space, and no access to complaint and referral mechanism for the migrants, especially women and children. The health desk has inadequate service for crowd management to provide easy access to PWD. In absence of risk communication materials curated for PWD in terms of COVID-19 messaging and GBV complaint and referral mechanism, vulnerable populations have limited access to information and support needed.

Assessment team risk score: P3, C3

Risk of COVID-19 transmission increased due to inadequate RCCEA and crowd management at GCP and health desk

Stakeholders' risk score: P4, C2

The most prevalent risk communication seen at Jamunaha GCP is posters of which many cover IPC measures to prevent COVID-19 transmission as well as common symptoms. There are no staff at the GCP designated for crowd management or prompting migrants to maintain distance or wear masks, and at the health desk staff are only able to manage crowding outside of morning peak hours, yet inadequate at that time too. Chairs are set up immediately next to each other at the waiting space nor testing area inside the health desk, leaving inadequate distancing even when there are fewer people inside. During peak hours, migrants crowd outside as well as inside of the health desk. There

is no system of maximum persons inside the building at a time. A shaded waiting space with benches is available next to the health desk but not in use by migrants. With the high probability of transmission of the disease in absence of preparedness, the assessment team deems the risk score to be aligned with stakeholders' score.

Assessment team risk score: P4, C2

Vulnerable populations crossing the border at risk due to inadequate assistance

Stakeholders' risk score: P2, C2

Maiti Nepal works in coordination with Nepal Police for identification of vulnerabilities and subsequent referrals at Jamunaha GCP, however they are limited to cases such as trafficking, child and other forced marriage and child labour. There are no human resources at the GCP working with essential services for other vulnerable populations (such as persons with disabilities and senior citizens with medical conditions). The overall assistance available at the GCP is not adapted to vulnerable populations or persons with special needs. While the permanent health desk structure is accessible by wheelchair, having a ramp at both entry and exit, the permanent toilets inside are not disability friendly. The health desk is spacious inside, however crowding and chairs in the waiting and testing spaces deem it difficult for movements to persons with physical disabilities to move freely inside. There are no designated spaces at the GCP nor health desk for vulnerable populations, such as disability-, women- and child-friendly area or breastfeeding corner.

Much of the risk communication at the GCP and health desk is aimed towards vulnerable populations and include messaging for pregnant and lactating mothers and information on counter-trafficking measures, however most of the information is in Nepali language and therefore excludes persons who depend on messaging in other languages or formats. No risk communication targeting persons with disabilities was observed. As such, vulnerable populations face a high probability of not accessing services and receiving inadequate assistance at the GCP and health desk.

Assessment team risk score: P3, C2

5.3.5 Gauriphanta

Attacks on frontline workers and travelers due to long waiting

Stakeholders' risk score: P4, C4

During the consultation, stakeholders raised the issue of frontline workers being at high risk of being attacked by migrants due to the long waiting that migrants endure at the GCP. No adequate crowd management at the GCP, and no physical distancing was observed by the assessment team during the field visits. Influencing factors for attacks or violent outbreaks at the GCP can be drawn from gaps in all three sectors where an overall inadequate service delivery may cause stress, anxiety, frustration and anger among migrants.

The assessment team gathered no information on such attacks or incidents, however agitation and misbehavior among migrants towards frontline workers have been witnessed. The stakeholders raised that RCCEA training is needed to mitigate the risk. The assessment team recognizes that improper crowd management, fueled by other inadequate services in place, may agitate migrants crossing the border, however not as posing as high of a risk as scored by the stakeholders. However, such attacks put frontline workers as well as migrants in harm's way, attacks may escalate to violence involving more people and may deter migrants from using formal instead of informal GCPs out of fear of being exposed to violence.

Assessment team risk score: P1, C4

5.3.6 Gaddachauki

Non-compliance of PHSM due to inadequate crowd management

Stakeholders' score: P3, C4

The inadequate crowd management measures resulting in lack of physical distancing is viewed as possible ground for COVID-19 transmission and protection-related issues putting both migrants and staff at the GCP and health desk at risk. Risk communication was seen at the GCP through posters placed throughout the health desk area, as well as messaging during peak hours using a megaphone and speakers at the health desk. Messaging includes risk communication on IPC measure including maintaining physical distancing. There are no staff designated for crowd management, and a long line with no physical distancing is formed during peak hours. The health desk used to have a larger temporary holding centre and the current holding centre used to be for women only, however currently only a smaller temporary structure is used as a holding centre for all which entails more crowding. There are currently no separate spaces in place at neither the GCP nor health desk. All persons at the GCP and health desk are exposed to the hazard, and the consequence of non-compliance with health standards is primarily COVID-19 transmission. The assessment team deems the risk score to be aligned with stakeholders' score.

Assessment team risk score: P3, C4

Dignity and safety of women, children, elderly citizens and PWD are compromised by inadequate facilities

Stakeholders' risk score: P4, C4

The GCP previously had two holding centres, one smaller immediately next to the health desk and one larger some 100 metres from the health desk, of which the former was for women only and the latter was for the rest of the migrants. Currently, the smaller holding centre next to the health desk is used for all migrants, and there are no other separate spaces in place. There are no facilities at the GCP nor health desk that are women-, child-, elderly or disability-friendly. The two permanent toilets at the health desk have locks but no functioning lights inside were observed by the assessment team.

There is no gender separation or prioritized queuing for vulnerable populations. increasing the risk of harassment and other health- and protection-related issues particularly during peak hours when there is crowding. The risk is exacerbated by the fact that there are no protection support systems such as complaints or referral mechanisms in place. Risk communication at the health desk includes posters targeted specifically at pregnant and lactating women, however no risk communication was observed concerning elderly or persons with disabilities. Factoring this together, the dignity and safety of women, children, elderly citizens and persons with disabilities are compromised.

Assessment team risk score: P3, C3

Migrants suffer from mental stress due to inadequate case management and counselling

Stakeholders' risk score: P2, C2

There are no trained psychosocial counsellors available at the GCP or health desk for migrants. Maiti Nepal is the only actor providing counselling but only for identified cases falling within their scope such as victims of trafficking, forced marriage or child labour. During peak hours, migrants may feel mentally overburdened due to the conditions at the health desk including overcrowding, long waiting time and inadequate handwashing, toilet and drinking water facilities. Migrants that test positive to COVID-19 at the health desk are offered support sessions separately with health desk staff where they can address fears and concerns, but there is no follow up from the health desk once the positive cases have been referred to the designated hospital. In absence of psychosocial counselling, the migrants may experience trauma or existing trauma may become exacerbated.

Assessment team risk score: P2, C3

5.3.2 Compiled risk assessment team scores

| Assessment team risk scores | | | | |
|-----------------------------|---|----|----|-------|
| GCP | Risk | P. | C. | Total |
| Kakarbhitta | Increased cases of suicide, self-harm and stigmatization among migrants in vulnerable situations in absence of psychosocial counselling | 3 | 4 | 12 |
| | Risk of crimes and inadequate safeguarding against sexual exploitation and abuse and sexual harassment (SEAH) due to inadequate crowd management measures | 3 | 3 | 9 |
| | Migrants are discouraged to use formal GCP due to inadequate waiting spaces | 2 | 4 | 8 |
| Birgunj | Dignity and safety of women, children and PWD are compromised by inadequate facilities | 3 | 3 | 9 |
| | Migrants face health implications due to climate and weather exposure | 3 | 2 | 6 |
| Krishnanagar | Trauma among the incoming migrants testing COVID-19 positive at the GCP | 3 | 3 | 9 |
| | Spread of infection due to lack of risk communication and engagement in the communities and at GCP | 3 | 2 | 6 |
| | Crowd mismanagement resulting in chaos and violent outbreak | 1 | 4 | 4 |
| Jamunaha | Mental stress during the stay at isolation centre | 3 | 4 | 12 |
| | Dignity and safety of women, children and PWD are compromised by inadequate facilities | 3 | 3 | 9 |
| | Risk of COVID-19 transmission increased due to inadequate RCCEA and crowd management at GCP and health desk | 4 | 2 | 8 |
| | Vulnerable populations crossing the border at risk due to inadequate assistance | 3 | 2 | 6 |
| Gauriphanta | Attacks on frontline workers sometimes due to long waiting by the travelers | 1 | 4 | 4 |
| Gaddachauki | Non-compliance of PHSM due to inadequate crowd management | 3 | 4 | 12 |
| | Dignity and safety of women, children, elderly citizens and PWD are compromised by inadequate facilities | 3 | 3 | 9 |
| | Migrants suffer from mental stress due to improper case management and counselling | 2 | 3 | 6 |

6. RISK EVALUATION

In this chapter, measures and precautions are presented for the analyzed risks as per the final total risk scores determined by the assessment team.

6.1 Measures for health risks

Kakarbhitta – Inadequate rapid response due to no Public Health Emergency Contingency Plan (PHECP) plan in place for the GCP

The risk was scored the highest at 16, requiring urgent measures to be adopted without delay as none of the targeted Provinces has a PHECP in place. The COVID-19 Preparedness and Response Plan (CPRP) for Nepal, developed at the national and provincial level, will act as supporting document to draft the PHECP for the GCP. Drafting the PHECP was highlighted as needing urgent actions by the stakeholders. In line with the International Health Regulations (IHR) 2005, the PHECP must be developed and maintained in all designated point of entries (GCPs, ports and airports) for responding to events that may constitute a PHEIC. The PHECP is a provincial document that serves to prevent, prepare for, detect, rapidly respond to, and recover from outbreaks and emergencies to reduce the mortality and morbidity of affected populations. The rise of new COVID-19 variants in neighboring countries further emphasizes the urgency to support the Provincial Government and relevant stakeholders in the development of a PHECP.

Subsequently, the PHECP will provide guidance in the functioning of the targeted and other GCPs in times of emergencies to prevent and control any identified outbreaks. The plan must include clear roles and responsibilities of the health desk staff at the GCPs, their staffing, scheduling, equipment needed for well-functioning of the health desk at emergencies for adequate planning and response. The contingency plan will serve as a guiding document for the functioning of the overall preparedness and response to COVID-19 at the GCPs and other points of entries.

The project plans to support the targeted Provincial Governments in developing PHECPs within the first six months of project implementation. The work plan is aligned with the risk score in terms of urgency to be adopted without delay. The methodology for developing the PHECP will include conducting consultation workshops, focus group discussions and KIIs with stakeholders including local governments to collect relevant data for the PHECP. The PHECP will be aligned with national-level guidelines and plans in place. This activity relates to all four targeted Provinces. The development of the PHECPs will enable the project to adequately respond to the identified risk.

Kakarbhitta — Frontline workers not capacitated to further support the COVID-19 response due to inadequate training

The risk of inadequate response due to insufficient trainings provided to frontline workers received a final risk score of 12, requiring urgent measures to plan as a top priority. Especially in the pandemic context, where new variants emerge and information about the virus is constantly updating, the frontline workers at the GCP must remain informed. Provision of trainings to frontline workers at all GCPs and isolation centres will capacitate the staff while creating a safer environment for both themselves and for migrants, in particular during outbreaks.

Similarly, with the new emerging variant around the world and our neighboring country, training on IPC and knowledge on the new variant, new guidelines and protocol associated with it must be given to the frontline workers at the GCP. Providing training on IPC is a milestone in reducing the COVID-19 infection risks at the GCP among themselves and the migrants. This will ensure the safety of the frontline workers at work and those returning from the GCP.

The project will provide one-day trainings on COVID-19, practical use of safety gears and medical equipment and IPC measures, targeting the frontline workers including health desk staff, security forces and organizations at the GCPs and isolation centres. A total of 150 frontline workers will be trained, 25 from each GCP and isolation centre. The trainings will include a pre- and post-training assessment to understand the level of knowledge increase among the

participants regarding IPC in the context of the pandemic. The work plan is aligned with the risk score in terms of urgency to be planned as a top priority.

Kakarbhitta - Migrants are not screened and tested due to limited human resources

The risk of migrants not being screened was given a final risk score of 12, requiring urgent measures to be planned as top priority. Kakarbhitta GCP has only five staff of which two work the morning shift and three the afternoon shift, both shifts encountering high influx of migrants. However, with both shifts being understaffed there is a high risk of migrants not being screened and tested, consequently missing positive cases. Adequate human resources at the health desk will help in sharing the workload at the health desk. This will eventually support timely detection of the COVID-19 cases and proper management of the identified positive case. Sufficient human resources at the health desk will serve to capacitate health desk staff to respond to the current pandemic.

Recruitment of additional human resources at Kakarbhitta GCP will help in increasing the number of staff in the morning and the evening shifts, both shifts where the inflow of migrants is high. The additional human resource will support with the antigen testing and screening whereby migrants will not have to wait for long hours to be tested and the cases of missing them will also be minimized.

The project will hire six public health personnel to be stationed GCPs, one in each, for 12 months. The personnel will provide onsite support to the health desk staff in all GCPs in screening, recording and reporting details of the migrants using the Government of Nepal's protocol and guidelines. The public health personnel will assist in regular operations of health desks including operating the Information Management Unit (IMU) software, daily reporting and handling communication concerning risk and preventative measures of COVID-19 transmission targeting migrants. The project will also mobilize volunteers to further support at the health desk for the proper functioning and operation to adequately respond to the identified risk. The hiring of public health personnel and mobilization of volunteers is currently in its final stages, and immediate deployment is planned.

Inarwa/Birgunj – Screening, testing, reporting, and recording processes are compromised by inadequate equipment at the health desk

The risk was given a final score of 4 and therefore prioritized as a measure to plan which does not require urgent action. At Inarwa/Birgunj GCP, there are two tablets and one desktop being regularly used by the health desk staff for reporting and recording purposes. Similarly, there is a swab collection booth available at the health desk, however not in use due to an impractical placement of holes where the arms go through, being placed too low to be usable. Proper and adequate supplies at the health desk will accelerate the services being given from the health desk to the migrants. The migrants will not have to wait for hours for testing and the chances of missing out also decrease. This will support the Government to adequately respond to COVID-19.

The screening, testing, recording, and reporting mechanism needs strengthening by providing necessary supplies and equipment at the health desk for smooth services being delivered to migrants.

The project plans to provide distribute necessary equipment like 1,000 antigen test kits, 300 PPE sets, two fans/coolers, one printer, two tablets, two laptops as well as installing one solar panel at each health desk of the targeted GCPs. Additionally, the project will service and update existing tablets and computers that have previously been provided by IOM. The distribution of the equipment will take place within six months of the project implementation aligning with the prioritization criteria as measures to plan but not requiring urgent actions for the risk.

Krishnanagar — Insufficient HR at health desk resulting in delayed services and increased risk of migrants not being screened and tested

Krishnanagar GCP has a total of nine staff working in two shifts with two to three staff in each shift. Insufficient human resources increase the risk of delayed services by the health desk. Hence, the final risk score was the highest at 16, requiring urgent measures to be adopted without delay.

As mentioned for Kakarbhitta GCP, adequate human resources at the health desk will help in sharing of the workload at the health desk which will eventually support in timely detection of the COVID-19 cases and proper management of the positive case. The fulfillment of the human resources as required will help the staff to perform well on their assigned task and respond to the current pandemic. Likewise, recruitment of additional human resources will help in increasing the number of staff in the where the inflow of the migrant is high. Additional human resources will also support antigen testing and screening, thereby minimizing the risk of cases not being screened.

The project plans to hire a public health personnel to be stationed at each GCP of the targeted provinces for a duration of 12 months. The public health personnel will provide onsite support to the staff at health desk of each targeted GCPs in screening and recording-reporting of the details of the migrants using the Government of Nepal's protocol and guidelines. The personnel will assist in regular operations of health desks including operating the IMU software and generate report on daily basis and communicate the risk and importance of preventive measures of COVID-19 to migrants. The project will also mobilize volunteers to further support at the health desk for the proper functioning and operation to adequately respond to the identified risk. The hiring of public health personnel and mobilization of volunteers is currently in its final stages, and immediate deployment is planned.

Krishnanagar – Untimely recording and reporting leading to untimely response

One of the risks identified in Krishnanagar GCP is the untimely recording and reporting leading to untimely response. The risk was given a final score of 9 and requires short- to mid-term planning. Inadequate electronic equipment such as tablets, computers, and printers, as well as unavailability of user-friendly forms can seriously impede reporting, recording and subsequent response. Appropriate logistics arrangement and trained staff can facilitate recording of detailed information such as health status, exposure to the virus, symptoms and need of referral services.

As IOM has previously supported GCPs with technical equipment, the project will service and update existing tablets and computers as well as procure one tablet and computer for each targeted GCP and isolation centre as well as one printer for each GCP. As inadequate technical equipment was consistently raised during the assessment period the team deems it a crucial intervention to strengthen the recording and reporting mechanism. The intervention is planned to be conducted within the first six months of the project, aligning with the risk score, and needed planning thereafter. To further secure functionality of using the technical equipment as well as uninterrupted recording and reporting, the project will provide high-speed Wi-Fi connection which can be used by both staff and migrants, as well as one solar panel to each targeted GCP and isolation centre. Trainings on the recording and reporting mechanism will be provided at all GCPs, targeting ten participants in each location for strengthened data management capacity. Each training will include pre- and post-training assessments, attendance records will be kept, and training reports will be produced for each training.

Additionally, the project will conduct flow monitoring using IOM's Displacement Tracking Matrix (DTM) methodology. The flow monitoring component will serve to identify high transmission mobility corridors which include both formal and informal GCPs. The analyzed data will be presented through maps, reports, datasets and an interactive dashboard to government agencies, communities and humanitarian agencies and organizations. The findings of the flow monitoring component will serve to raise humanitarian needs beyond COVID-19 for better-targeted and multi-sectoral humanitarian response.

Jamunaha - Risk of COVID-19 transmission increased due to inadequate infection prevention and control measures

The identified risk at Jamunaha GCP for the risk of COVID-19 transmission increased due to inadequate infection prevention and control measures has been scored 6, raising the need to plan but do not require urgent actions. The score was determined as KIIs and observations confirmed that there are adequate IPC materials, primarily PPEs, in place at the health desk which also received regular deliveries from donors. However, effective IPC practices always support in reducing the risk of infection transmission between patients, healthcare workers and others in the healthcare environment; they are an essential component of safe quality health care.

In line with this, adequate IPC measures are crucial and should be followed at the health desk where hundreds of migrants are screened and tested for COVID-19 and other communicable diseases. IPC measures adopted at the health desk will not only minimize the risk of transmission among the health workers at the health desk but will also reduce the risk of infection among migrants.

The project plans to support the health desk with IPC materials like 300 PPE sets assumed to be enough for 15 days and two IR thermometers within the initial phase of the project implementation at each targeted GCP and isolation center. However, given the prioritization criteria that measure plan do not require urgent actions the distribution of the IPC materials can be shifted to the mid of the project implementation.

Gauriphanta – Quality work not being delivered due to inadequate training

The risk of quality work not being delivered due to inadequate training received a final risk score of 12, needing urgent measures to plan as a top priority.

While IPC and safety gear training has been provided in the past for health desk staff by the NRCS, there is still a clear identified need of more trainings covering all frontline workers at GCPs and isolation centres. The need for trainings is primarily driven by new emerging variants of COVID-19 which frontline workers need to stay informed of, but also other crucial trainings on IPC measures and the use of safety gear and medical equipment. Capacity building through training is also needed in reporting and recording mechanisms to ensure adequate data management. The trainings will provide a safer environment for both frontline workers and for migrants.

The project will provide trainings at all targeted GCPs and isolation centres on the abovementioned topics, each training targeting 25 frontline workers from the health desk, GCP, security forces and other organizations working at the GCP. The trainings are planned for immediate rollout in early 2022 to ensure strengthened capacity and preparedness, considering that COVID-19 cases are surging in neighboring countries and a probable wave in Nepal is expected. Moreover, trainings on the updated reporting and recording mechanism will be provided at all GCPs, targeting ten participants in each location for strengthened data management capacity. Each training will include pre- and post-training assessments, attendance records will be kept, and training reports will be produced for each training. The trainings are planned to be conducted in alignment with the urgency of the final risk score.

Gauriphanta – Transmission of COVID-19 to health workers due to untimely supply and use of PPEs

Health desk staff at Gauriphanta GCP wear full PPE when conducting the antigen test and distributing masks to migrants. The Municipality supplies PPEs when the health desk runs out of stock, but as re-stocking takes a few days the health desk staff risk being left with inadequate numbers of PPEs until the supplies have been received. The final risk score is 9, needing measures to plan in the short to medium term.

The identified need to address the risk at the health desk is to ensure that there is some spare stock in place for staff to use in case of delayed deliveries from the Municipality. Meanwhile, provision of larger amounts of PPE is not deemed necessary nor appropriate through the project, with consideration of the Municipality's PPE stock which is adequate as per the assessment.

The project will provide a total of 300 PPE sets, assumed to be enough for 15 days' use by staff. The project will also provide two infrared thermometers and 1,000 antigen testing kits to strengthen the health desk's capacity and lower the risk of transmission. The non-food items (NFIs) are planned to be procured and distributed in the early stages of project implementation. As the health desk does receive PPEs from the Municipality, and the Municipality stock of PPEs is adequate, the project does not deem it necessary to plan for any additional interventions to address the risk.

The assessment team deems strengthened coordination and communication between health desk staff and the suppliers at the Municipality to be strengthened, so that PPEs can be proactively ordered to minimize the risk of provision of new supplies before running out. This is, however, outside of project scope and not something that can be directly addressed through the project.

Gaddachauki – COVID-19 transmission due to insufficient PPEs and testing kits

Health desk staff at Gaddachauki GCP wear full PPE only when conducting antigen testing, the rest wear only mask for protection. Access to PPEs was raised as inadequate. Face shields are used sporadically by the person conducting the antigen test. Due to limited access to hand sanitizer, the health desk staff use it sparingly to ensure it lasts longer. The risk was given a final risk score of 12, needing urgent measures to plan as a top priority.

The identified need to address the risk at the health desk is to ensure that there is some spare stock in place for staff to use in case of delayed or outstanding provision of PPEs.

While provision of PPEs falls under the Municipality's responsibility, the project will supply a total of 300 PPE sets, assumed to be enough for 15 days' use by staff. The project will also provide two infrared thermometers and 1,000 antigen testing kits to strengthen the screening and testing for COVID-19 being done from the health desk and lower the risk of transmission. The NFIs are planned to be procured and distributed in the early stages of project implementation. As PPE supply is under the Municipality's responsibility, the project will not plan for increased provision of PPEs.

6.2 Measures for WASH risks

Kakarbhitta - Risk of water-borne diseases and COVID-19 transmission due to unavailability of clean drinking water and sanitation facilities

The inadequate access to clean drinking water and sanitation facilities at the GCP compose a risk of total score 12 implying a need for urgent measures to plan as a top priority.

Provision of water at the GCP is key, highlighting the need for construction of deep tubewells with built-in filters for access to ground water and reducing the reliance on water deliveries. Other than filtration, the water will need additional treatment such as boiling or with chlorine solution to be fully potable. As for sanitation facilities, at Kakarbhitta there are facilities available, however, without any soap or sanitizer in place. Adequate toilet and washroom facilities are needed at all project locations.

Construction of tubewells is planned to be initiated during the first six months of project implementation, however, is expected to be a lengthy process and may not be finalized until September 2022. This with consideration to potential land issues that were raised during the data collection. The tubewells will have filters installed, and provision of chlorine solution will be prioritized as an urgent implementation measure to ensure access to potable water. The chlorine solution can also be used for treatment of wastewater from e.g. handwashing and cleaning to further reduce the spread of water-borne diseases in the area. Moreover, the project will provide handwashing stations, soap and sanitizer dispensers and soap refill packages to be installed by the handwashing stations to ensure strengthened sanitation and thereby lower the risk of spread of diseases. Provision of said materials is planned for early-stage implementation and is a top priority in terms of NFI distribution to all project locations.

The project will construct gender- and disability-friendly toilets and washrooms at all GCPs in the initial six months of project implementation, but as with tubewell construction the project may face delays in the construction process due to potential land issues. Each GCP will be equipped with two gender-separated toilets with adequate septic tanks, and one washroom. Part of the intervention is the establishment of a water and sanitation committee and ensuring frequent cleaning and disinfecting of the facilities. The project will also provide disinfectant machines and solution to all project locations to strengthen capacity in terms of sanitizing the area and facilities to minimize the spread of diseases.

Inarwa/Birgunj – Inadequate waste management resulting in health implications

Health implications due to inadequate waste management at Inarwa/Birgunj GCP can be related to several causes, primarily being insufficient dustbins at the GCP causing littering, lack of separation between biohazard and other waste, lack of garbage collection by the Municipality and open ground burning at the health desk in areas where both migrants

and health desk staff move. The prevalence of biohazard waste from the testing procedures increases the risk of contracting COVID-19 and other diseases in case of direct contact with the waste. The risk is scored 12 and calls for urgent measures to plan as a top priority.

Provision of color-coded waste bins and biohazard waste bags will partially address the issue, however the garbage collection which is managed by the Municipality is beyond project scope and cannot be directly addressed. However, as the absence of garbage collection was consistently attributed to the non-separation of biohazard and other waste at the GCPs, ensuring such separation for safer waste management may fulfill the needs from the Municipality's side to resume garbage collection and subsequently remove the need for open ground waste disposal and burning.

The project will provide color-coded and labelled waste bins that are foot-pedal operated to minimize surface transmission of COVID-19, as well as 21 biohazard waste bags to the targeted GCPs and isolation centres. Needle destroyers will be provided to isolation centres for safe disposal of needles after use. The abovementioned interventions are planned to be conducted during the initial six months of the project implementation which is aligned with the priority as per the risk score.

Inarwa/Birgunj - Risk of COVID-19 transmission due to inadequate handwashing

The risk received a final risk score of 12, implying the need for urgent measures to plan as a top priority. While the GCP has five handwashing stations in place, only one is functional and there is no soap or sanitizer in place. Inadequate handwashing and sanitizing increase the risk of transmission of COVID-19 and other diseases.

While the project has planned for provision of a handwashing station at GCPs, the health desk premises at Inarwa/Birgunj GCP is already crowded with handwashing stations most of which are not in use. The assessment raises a strong need to repair the existing handwashing facilities which includes access to water and provision of pipes that are missing. Therefore, the assessment team argues for project activities to include repair services of some or all of the existing non-functional facilities to ensure sustainable functionality and use of facilities in place. The issue of handwashing stations not having access to a water connection will be solved by the construction of deep tubewells, which will ensure access to ground water at the GCP and subsequently for the handwashing stations.

Construction of tubewells with filtration system is planned to be initiated during the first six months of project implementation and is planned to be implemented at all GCPs. The project will provide soap and sanitizer dispensers and soap refill packages to be installed by the handwashing stations to ensure strengthened sanitation and thereby lower the risk of spread of diseases. Provision of said materials is planned for early-stage implementation and is a top priority in terms of NFI distribution to all project locations. The project will also provide disinfectant machines and disinfectant solution to all project locations to strengthen capacity in terms of sanitizing the facilities and area to minimize the spread of diseases.

Krishnanagar – Personnel and migrants at GCP unable to maintain personal hygiene

Stakeholders and the assessment team agreed on the risk score being the highest possible at 16, therefore needing urgent measures to be adopted without delay. While Krishnanagar GCP has permanent gender-friendly toilets in place, they are not maintained or cleaned, and a fee is charged for usage. With no handwashing facilities or regular disinfection procedures in place, the ability to maintain personal hygiene is further compromised, presenting an increased risk for transmission of COVID-19 and other diseases.

Well maintained and sanitary toilets, washrooms, and handwashing facilities that all staff and migrants including persons with disabilities can access without charge is key, as well as disinfecting surfaces and the overall GCP area.

The project will provide a handwashing station, soap and sanitizer dispensers and soap refill packages to be installed by the handwashing stations to ensure strengthened sanitation and thereby lower the risk of spread of diseases. Provision of said materials is planned for early-stage implementation and is a top priority in terms of NFI distribution to all project locations. The project will also provide disinfectant machines and disinfectant solution to all project locations to strengthen the capacity in terms of sanitizing the facilities and area to minimize the spread of diseases.

Jamunaha – COVID-19 transmission at health desk due to improper waste management and disposal

While the GCP has enough colour-coded waste bins in place at the health desk, with spare bins in storage, the waste management is insufficient with no separation between biohazard and other waste, no garbage collection system and open ground disposal and burning next to the health desk. The prevalence of biohazard waste from the testing procedures increases the risk of contracting COVID-19 and other diseases in case of direct contact with the waste, however at Jamunaha GCP the waste is disposed and burned in a fenced off area where persons were not seen moving regularly as compared to Inarwa/Birgunj GCP. The total risk score is 6 and calls for measure to plan but do not require urgent action.

The bins in place are adequate in size, number and colour coding but with swing lids. Foot-pedal operated bins with labels are preferable considering minimal surface contact while disposing waste. Biohazard waste bags are needed to ensure waste separation thus minimizing the risk of transmission of COVID-19 and other diseases while handling waste. The garbage collection is managed by the Municipality and is beyond project scope to address, however as the absence of garbage collection was partially attributed to the non-separation of biohazard and other waste at the GCP, ensuring such separation for safer waste management may fulfill the needs from the Municipality's side to resume garbage collection and subsequently remove the need for open ground waste disposal and burning.

The project will provide color-coded and labelled waste bins that are foot-pedal operated to minimize surface transmission of COVID-19, as well as 21 biohazard waste bags to each targeted GCP and isolation centre. Needle destroyers will be provided to isolation centres for safe disposal of needles after use. The abovementioned interventions are planned to be conducted during the initial six months of the project implementation which is well aligned with the priority as per the risk score.

Jamunaha - Risk of COVID-19 transmission and diarrheal outbreak increased due to inadequate drinking water, handwashing, and sanitizing facilities

Jamunaha GCP has one drinking water station with a built-in filter next to the health desk which provides clean hot and cold water through three taps. The facilities are fully functional though equipped with a small tank needed frequent refills and keeping persons at the GCP from using it too often, fearing the water will run out. Two sinks for handwashing with soap are available inside the health desk next to the toilets. Public toilets are available at the GCP next to the health desk but are not maintained and migrants need to pay a fee to access the facilities. No hand sanitizer was seen in place for or in use by migrants during the field assessment. The risk of COVID-19 transmission due to the abovementioned inadequate facilities was given a final risk score of 6, needing measure to plan but do not require urgent action.

The project will provide a handwashing station, soap dispensers and soap refill packages to be installed by the handwashing stations to ensure strengthened sanitation and thereby lower the risk of spread of diseases. Provision of said materials is planned for early-stage implementation and is a top priority in terms of NFI distribution to all project locations. The project will also provide disinfectant machines and disinfectant solution to all project locations to strengthen capacity in terms of sanitizing the facilities and area to minimize the spread of diseases.

The project will construct gender- and disability friendly toilets and washrooms at all GCPs in the initial six months of project implementation but may face delays in the construction process due to potential land issues. Each GCP will be equipped with two gender-separated toilets with adequate septic tanks, and one washroom. Part of the intervention is the establishment of a water and sanitation committee and ensuring frequent cleaning and disinfecting of the facilities. Construction of tubewells is planned to be initiated during the first six months of project implementation, however, may face delays with consideration to potential land issues. The tubewells will have filters installed, and provision of chlorine solution will be prioritized as an urgent implementation measure to ensure access to potable water. The chlorine solution can also be used for treatment of wastewater from e.g., handwashing and cleaning to further reduce the spread of water-borne diseases in the area.

Gauriphanta - Transmission of communicable diseases, in particular fecal-oral route diseases

There are no adequate drinking water facilities available at Gauriphanta GCP. Of the two permanent toilets only one is on use but not maintained. The assessment team observed clogging in the toilet, indicating poor connection to the sewage system. A couple of handwashing stations are available at the health desk, however not equipped with soap and run with water sourced from deep boring which is not filtered and thus not clean. The risk of transmission of communicable diseases is given the highest risk score, 16, needing urgent measures to be adopted without delay.

Immediate response by the project which addresses the challenges include provision of soap dispensers and soap refill packages to be installed by the handwashing stations. Chlorine solution will be provided for water treatment of both drinking water as well as wastewater. The project will also provide disinfectant machines and disinfectant solution to all project locations to strengthen capacity in terms of sanitizing the facilities and area to minimize the spread of diseases. Provision of said materials is planned for early-stage implementation and is a top priority in terms of NFI distribution to all project locations.

With a deep boring well in place, the GCP has water supply however no filtration or any water treatment systems in place. While the project can construct deep tubewells with filtration systems for water supply, an assessment needs to be conducted by the project's WASH expert to determine whether the construction is needed, or if it is possible to install a filter into the exiting water supply.

The project will construct gender- and disability-friendly toilets and washrooms at all GCPs in the initial six months of project implementation but may face delays due to land issues. Each GCP will be equipped with two gender-separated toilets with adequate septic tanks, and one washroom. Part of the intervention is the establishment of a water and sanitation committee and ensuring frequent cleaning and disinfecting of the facilities.

Gaddachauki – Transmission of water-borne diseases among the staff and migrants at the GCP

Jamunaha has ground water access at the GCP and health desk, however there is no adequate water treatment system in place and e-coli bacteria have been confirmed in the water supply. Yet, unfiltered, and untreated water is supplied as drinking water through a tap for migrants, presenting a severe risk of spread of diseases among migrants that consume the water. Health desk staff boil water before drinking it, but there is no capacity to boil enough water to provide to migrants at the health desk. Three handwashing stations are in place at the health desk, and none were identified in the remaining GCP area. There is no provision of hand sanitizer, and limited access to soap. The two permanent toilets at the health desk are not adequately maintained, and while there is cleaning staff there is no disinfectant solution to sanitize the facilities with. There is no proper water drainage in the toilets, causing water to log inside. With consideration of the current situation, the risk was given the highest score of 16, needing urgent measures to be adopted without delay.

Rapid response to the situation at the GCP will be provision of chlorine solution for water treatment to minimize the risk of disease. Chlorine can be used for treatment of drinking water as well as treatment of wastewater. A disinfectant machine with disinfectant solution will be provided to ensure proper disinfection of the area. Soap dispensers and soap refill packages will be installed by the handwashing stations to ensure strengthened sanitation and thereby lower the risk of spread of diseases. Provision of said materials is planned for early-stage implementation and is a top priority in terms of NFI distribution to all project locations.

While the project has planned to construct deep tubewells with filtration systems for water supply at all GCPs, an assessment needs to be conducted by the project's WASH expert to determine whether the construction is needed at Gaddachauki GCP with consideration to existing access to ground water. An alternative is installing a filtration system into the existing water supply if possible. The project will construct gender- and disability friendly toilets and washrooms at all GCPs in the initial six months of project implementation but may face delays due to land issues. However, Gaddachauki GCP has relatively much space surrounding the health desk as compared to other GCPs. Each GCP will be equipped with two gender-separated toilets with adequate septic tanks, and one washroom. Part of the

intervention is the establishment of a water and sanitation committee and ensuring frequent cleaning and disinfecting of the facilities.

6.3 Measures for protection risks

Kakarbhitta – Increased cases of suicide, self-harm, and stigmatization among migrants in vulnerable situations in absence of psychosocial counselling

The risk of increased cases of suicide, self-harm, and stigmatization among migrants in vulnerable situations in absence of psychosocial counselling was given a final risk score of 12, requiring urgent measures to plan as a top priority. While five organizations are active at the GCP in identifying cases of human trafficking and providing counselling services to victims of trafficking, there are no such mechanisms in place for other types of vulnerabilities in place at the GCP.

Provision of mental health and psychosocial support (MHPSS) services such as psychosocial counselling and psychosocial first aid (PFA) is key in the context of GCPs considering the large number of migrants that cross the border at a daily basis, in particular migrants in vulnerable situations. Mental health support serves to enable migrants to process their thoughts and emotions in a more constructive way and in the face of social stigma and associated mental stress.

To adequately respond to the risk, the project will capacitate first responders' ability to provide PFA by conducting three-day training at all GCPs targeting staff, volunteers, isolation centre staff and border officials. Ten PFA sessions will thereafter be conducted in each project location at a monthly basis to ensure that migrants have access to the service. The training and sessions will be facilitated by a PFA expert, and the activity is planned to be implemented within the first six months, which aligns with the risk score. Trainings on RCCEA, states' obligations on human rights at international borders and gender-sensitive screening will be provided for staff at the GCPs and health desks to strengthen the protection mechanisms at all target project locations. The project will provide information materials including print, audio and video materials in different languages that raise awareness on rights and how to access immediate basic protection services. This is also planned to be implemented within the first six months of the project duration. In coordination with CSOs and NGOs active at the GCP, the screening and referral mechanism will be strengthened (e.g., by increasing patrol officers) for improved identification of potential risks and vulnerabilities such as victims of human trafficking, domestic violence and forced labour among migrants crossing the border.

Kakarbhitta – Risk of crimes and inadequate SEAH due to inadequate crowd management measures

Risk of crimes and inadequate safeguarding against sexual exploitation and abuse and sexual harassment (SEAH) due to inadequate crowd management measures was given a final risk score of 9, needing measures to plan in the short-to medium term. Stakeholders claimed that it was easier for perpetrators to harass or touch others inappropriately in a crowded setting as the risk of getting caught was less.

Increasing crimes at the GCP including petty theft have been attributed to inadequate crowd management which can be observed particularly during peak hours when there is much movement at the GCP and subsequent crowding at the health desk. Management of crowd to avoid any untoward incident is pivotal at GCPs, as well as provision of safe waiting spaces to deter sexual exploitation and abuse and other crimes.

In coordination with CSOs and NGOs active at the GCPs, the screening and referral mechanism will be strengthened (e.g., by increasing patrol officers) for improved identification of potential risks and vulnerabilities such as victims of human trafficking, domestic violence and forced labour among migrants crossing the border. Trainings on RCCEA, states' obligations on human rights at international borders and gender-sensitive screening will be provided for staff at the GCPs and health desks to strengthen the protection mechanisms at all target project locations. The project will provide information materials including print, audio and video materials in different languages that raise awareness on how to access immediate basic protection services. To reduce the risk, the project will provide orientations to GCP staff, security forces, volunteers, and community leaders on crowd management with a focus on queue management

and one-to-one interactions with migrants. Provision of safe waiting spaces with adequate physical distancing is identified as a core measure, and the project will provide basic gender-friendly waiting spaces for migrants in vulnerable situations that will be separated by movable fences. Moreover, the project will set up Wi-Fi connections at all targeted GCPs and isolation centres to ensure that online communication is available to migrants and that can be used to access help quickly, if needed. The measures are planned to be implemented within the first six months of project duration.

Kakarbhitta – Migrants are discouraged to use formal GCP due to inadequate waiting spaces

The risk of migrants being discouraged from using the formal GCP due to inadequate waiting spaces received a final risk score of 8, needing measure to plan in the short- to medium-term. Use of informal GCPs compromises the safety and security of the migrants and their destination communities in terms of lacking services in place and increased risk of disease transmission, as with no screening, recording, and reporting mechanisms in place the subsequent data gaps of cross-border movement and number of COVID-19 positive cases. The assessment team deems there are a multitude of factors other than safe waiting spaces that contribute to migrants being deterred from using the formal GCP in Kakarbhitta just as in other GCPs. Therefore, the key factors and measures to address them are included below.

The project will provide basic, safe waiting spaces with adequate physical distancing measures in place at all targeted GCPs and isolation centres. The waiting spaces will be gender-friendly and will be separated by movable fences. High-speed Wi-Fi will be provided to ensure that migrants can utilize online communications, and two fans/coolers will be provided for strengthened climate control in the premises. Additionally, the project will provide GCP staff, security forces, volunteers, and community leaders with orientations on crowd management with a focus on queue management and one-to-one interactions with migrants. The orientations will serve to strengthen the provision of services in a dignified manner. To ensure access to water and subsequently drinking water at the GCP, the project will construct a tubewell with a built-in filtration system and provide chlorine solution for water treatment to allow for provision of drinking water. Gender- and disability-friendly toilets with septic tanks and washroom facilities will be constructed. Both tubewell, toilet and washroom construction are planned to be completed within the first six months of project implementation, however, may face challenges in land allocation.

Moreover, in coordination with CSOs and NGOs active at the GCPs, the screening and referral mechanism will be strengthened for improved identification of potential risks and vulnerabilities such as victims of human trafficking, domestic violence and forced labour among migrants crossing the border. Trainings on RCCEA, states' obligations on human rights at international borders and gender-sensitive screening will be provided for staff at the GCPs and health desks to strengthen the protection mechanisms at all target project locations. The project will provide information materials including print, audio and video materials in different languages that raise awareness on how to access immediate basic protection services. Finally, a related measure concerning use of formal and informal GCPs is flow monitoring which the project will implement to identify high risk transmission mobility corridors and areas to inform provincial and federal surveillance, preparedness, and response plans, as well as analysis and sharing of data DTM results reports, datasets, maps and interactive dashboard with government agencies, communities and humanitarian agencies will be in place. The flow monitoring component with subsequent reporting is planned for the mid and final stages of project implementation.

Inarwa/Birgunj – Migrants face health implications due to climate and weather exposure

At Inarwa/Birgunj GCP, migrants face health implications due to climate and weather exposure, particularly during the summer in which the Terai can face temperatures up to 40° C with high humidity and cold waves in winter. With inadequate facilities and equipment at the GCP for climate control, migrants and health desk staff are left exposed to climate and weather impacts. The risk was given a final risk score of 6, needing measure to plan but do not require urgent action.

The project will address the risk through provision of two fans/coolers to each targeted project location to ensure that climate control measures are available inside the health desk structure at the GCP, lowering the risk of health implications such as heat stroke especially to vulnerable persons. The climate control tent currently not in use is deemed non-functional due to positioning with the opening facing the road causing pollution inside, as well as no maintenance which has left the ventilation clogged with dust. The tent was previously used as a holding centre that kept migrants out of the sun and heat. With consideration of this, the assessment team deems it necessary to in coordination with health desk staff explore how the tent can be re-positioned to have the opening not facing the road, and for initial maintenance, such as cleaning both tents followed by weekly cleaning of the tents managed by staff at the health desk.

As there is currently no reliable water source at the GCP the project plans to construct a tubewell within the first six months of implementation, however delays may be faced at Inarwa/Birgunj GCP due to land allocation for the health desk, which currently is situated partially on land designated for the road and partially on land owned by the Nepal Police building. The tubewell will have filters installed, and provision of chlorine solution will be prioritized as an urgent implementation measure to ensure access to drinking water.

Inarwa/Birgunj – Dignity and safety of women, children and PWD are compromised by inadequate facilities

The risk of dignity and safety of women, children and persons with disabilities being compromised by inadequate facilities was given a final risk score of 9, needing measures to plan in the short- to medium-term. Inadequate facilities in place include inadequate toilets and absence of waiting spaces and crowd management.

The project will construct gender- and disability-friendly toilets and washrooms at all GCPs in the initial six months of project implementation, but construction may face delays due to land allocation issues. Each GCP will be equipped with two gender-separated toilets with adequate septic tanks, and one washroom. Part of the intervention is the establishment of a water and sanitation committee and ensuring frequent cleaning and disinfecting of the facilities. To ensure functioning of said facilities the project plans to construct tubewells with built-in filtration systems at all targeted project locations. The construction is planned to take place within the first six months of the project, but as with construction of toilets and washrooms the tubewell construction may be delayed for the same reason of potential land issues.

The project will provide safe waiting spaces with priority for vulnerable persons. The waiting spaces will be separated by movable fences and ensure that physical distancing is being practiced. Moreover, orientations for GCP staff, security forces, volunteers and community leaders with orientations on crowd management with a focus on queue management and one-to-one interactions with migrants. The orientations will serve to strengthen the provision of services in a dignified manner. Moreover, in coordination with CSOs and NGOs active at the GCPs, the screening and referral mechanism will be strengthened for improved identification of potential risks and vulnerabilities such as victims of human trafficking, domestic violence and forced labour among migrants crossing the border. Trainings on RCCEA, states' obligations on human rights at international borders and gender-sensitive screening will be provided for staff at the GCPs and health desks to strengthen the protection mechanisms at all target project locations. The project will provide information materials including print, audio and video materials in different languages that raise awareness on how to access immediate basic protection services will be produced and disseminated. The assessment team deems the planned activities adequate in addressing and reducing the risk of dignity and safety being compromised at the GCP.

Krishnanagar – Crowd mismanagement resulting in chaos and violent outbreak

'Crowd mismanagement resulting in chaos and violent outbreak' is another risk identified in Krishnanagar GCP which received a final risk score of 4 requiring measure to plan but does not require urgent action. In an area with a large cross-border movement of people, having proper crowd management measures can prove efficient in controlling transmission of COVID-19 and improving the safety of both migrants and GCP staff. On the other hand, improper

crowd management, fueled by other inadequate services in place may agitate migrants and in worst case scenario result in chaos and violence.

A key project intervention in addressing the risk is provision of crowd management orientations for GCP staff, security forces, volunteers and community leaders. The orientations will include components on one-to-one interactions and queue management and will serve to strengthen the provision of services in a dignified manner. The project will furthermore mitigate the risk by conducting three-day trainings on PFA at all GCPs targeting staff, volunteers, isolation centre staff and border officials. The trainings will capacitate first responders to provide PFA services for migrants which would help mitigate violence. Ten PFA sessions will thereafter be conducted in each project location at a monthly basis to ensure that migrants have access to the service. The trainings and sessions will be facilitated by a PFA expert, and the activity is planned to be implemented within the first six months which aligns with the risk score.

Trainings on RCCEA, states' obligations on human rights at international borders and gender-sensitive screening will be provided for staff at the GCPs and health desks to strengthen the protection mechanisms at all target project locations. The project will provide information materials including print, audio and video materials in different languages that raise awareness on how to access immediate basic protection services. High-speed Wi-Fi will be provided, through which migrants can utilize online communications to seek assistance in the case of unrest.

The assessment team deems the risk will be mitigated through the combined effect of various measures that are planned to be conducted in the project implementation.

Krishnanagar – Spread of infection due to lack of risk communication and engagement in the communities and at GCP

The risk of spread of infection due to lack of risk communication and engagement in the communities and the GCP in Krishnanagar was given a final risk score of 6, needing measure to plan for short- to mid-term.

A project component directly addressing the risk is provision of training on RCCEA, states' obligations on human rights at international borders and gender-sensitive screening. The training will be provided for staff at the GCPs and health desks to strengthen the protection mechanisms at all target project locations. The project will provide information materials including print, audio and video materials in different languages that raise awareness on how to access immediate basic protection services. The information materials will be placed in project locations as well as communities to ensure community engagement and awareness-raising. Crowd management will be strengthened through orientations for GCP and isolation staff, community leaders, security forces and volunteers on queue management and one-to-one interactions. Direct IPC measures which will reduce the risk of transmission include provision of soap and sanitizer dispensers, disinfectant machine and disinfectant solution, chlorine solution for water purification and PPE sets to health desk workers.

Jamunaha – Mental stress during the stay at isolation centre

The risk of mental stress during the stay at isolation centre was given a final risk score of 12, requiring urgent measures to plan as a top priority.

While the isolation centre is not currently coordinating with the health desk and no COVID-19 positive cases are referred there from the health desk, the assessment team deems it very likely that coordination including the Municipality and other organizations will be resumed in case of expected surge of COVID-19, considering the current increase in neighboring countries and at GCPs.

Provision of MHPSS services such as psychosocial counselling and PFA at isolation centres is key in addressing the risk. Mental health support serves to enable migrants to process their thoughts and emotions in a more constructive way and in the face of social stigma and associated mental stress. Anticipating resumed coordination and referrals between the health desk and isolation centre, the project will capacitate first responders' ability to provide PFA by conducting three-day trainings targeting isolation centre and GCP staff as well as volunteers and border officials. Ten PFA sessions will thereafter be conducted at the isolation centres and GCPs on a monthly basis to ensure that migrants have access

to the service. The training and sessions will be facilitated by a PFA expert, and the activity is planned to be implemented within the first six months, which aligns with the risk score. The project also plans to strengthen the referral mechanism between the health desk and the isolation centre including transportation services which are currently not in place in Jamunaha.

Jamunaha - Dignity and safety of women, children and PWD are compromised by inadequate facilities

The dignity and safety of women, children and PWD compromised by inadequate facilities was given a final risk score of 9, needing measures to plan in the short- to mid-term.

One of the key measures planned by the project to mitigate the risk is safe waiting spaces that will give priority to vulnerable populations and in which physical distancing is practiced minimizing the risk of COVID-19 transmission. For this, the project will provide movable fences which will be highly useful in a Jamunaha, as there is limited space to allocate immediately outside the health desk, however an open space next to it that is in consideration for set up. Moreover, orientations will be provided to GCP staff, security forces, volunteers and community leaders on crowd management with a focus on queue management and one-to-one interactions with migrants. The orientations will contribute to mitigating the risk by capacitating staff to deliver services to vulnerable persons in a dignified manner.

Concerning screening and referral mechanisms, the project will coordinate with CSOs and NGOs active at the GCP to strengthen the capacity to identify potential risks and vulnerabilities among migrants. A training on RCCEA, states' obligations on human rights at international borders and gender-sensitive screening will be provided for staff at the GCPs and health desks to strengthen the protection mechanisms, and information materials including print, audio and video materials in different languages that raise awareness on how to access immediate basic protection services will be produced and disseminated. With specific focus on pregnant and lactating women, a breastfeeding corner is planned to be set up. Dignity and safety of vulnerable groups will also be addressed through construction of gender- and disability-inclusive toilets and washroom with adequate and hygienic measures in place including regular maintenance, locks, and lights. The work plan has adopted these measures to be in place within the first six months of project implementation which aligns with the urgency of the risk score.

Jamaunaha - Risk of COVID-19 transmission increased due to inadequate RCCEA and crowd management at GCP and health desk

The risk was given a final score of 6, needing measure to plan for short- to mid-term. The GCP has risk communication in place in terms of posters with information including COVID-19 transmission, symptoms and IPC measures, messaging that targets pregnant and lactating women and ending GBV and trafficking. Crowd management measures are not adequately in place and during morning peak hours of cross-border movement, crowds form outside and inside the health desk with no designated staff or systems in place for managing the crowd.

A training on RCCEA, states' obligations on human rights at international borders and gender-sensitive screening will be provided for GCP staff to strengthen the protection mechanisms in place. While risk communication in Jamunaha is deemed adequate in terms of informative posters, the project will provide inclusive information materials in a variety of forms including print, audio, and video, targeting migrants and community members. Crowd management will be strengthened through orientations for GCP and isolation staff, community leaders, security forces and volunteers on queue management and one-to-one interactions. Direct IPC measures which will reduce the risk of transmission include provision of soap and sanitizer dispensers, disinfectant machine and disinfectant solution, chlorine solution for water purification and PPE sets to health desk workers. The work plan has adopted the measures to be in place within the first six months of project implementation.

Jamunaha - Vulnerable populations crossing the border at risk due to inadequate assistance

The vulnerable populations crossing the border at risk due to inadequate assistance was given a final risk score of 6, needing measures to plan but do not require urgent action. The score is determined with consideration to existing mechanisms such as partnership and referral mechanism in place for cases including human trafficking, child and forced

marriage and bringing the child across the border for forced labour purposes. However, there needs to be assistance to other vulnerable populations to provide support and services to PWD, pregnant and lactating women, and children. There needs to be RCCEA focused on targeting these vulnerable populations with inclusion of population who do not understand Nepalese language.

The development of RCCEA in various formats targeting vulnerable groups such as PWD, illiterates, non-Nepalese speaking groups on risks related to COVID-19 along with risks associated with cross-border migration will increase awareness among the vulnerable population. Training on protection, gender-sensitive screening, RCCEA and on human rights will allow to aid vulnerable populations crossing the border.

The project plans to provide training on protection, RCCEA and states' obligation on human rights at international borders and gender sensitive screening to officials present at GCP and isolation centre. The project plans to disseminate information materials on rights and access to immediate basic protection services and formal isolation centres and GCPs along with other necessary information related to RCCEA and place provisions for screening and referral mechanisms. The work plan has adopted these measures to be in place within the first six months of project implementation.

Gauriphanta – Attacks on frontline workers and travelers due to long waiting

The risk of frontline workers and travelers being attacked due to long waiting was given a final risk score of 4, needing measures to plan but do not require urgent action.

While there have not been any attacks or similar incidents occurring at the GCP, agitation may arise among migrants spending extensive time at the GCP and particularly the health desk presents a risk of attacks occurring at some point. Long waiting times was specifically raised by stakeholders as an underlying cause; however, the assessment team deems there may be more contributing factors such as inadequate services and facilities, in protection-related, that create a stressful environment for migrants, leading to agitation or in worst case, attacks. The assessment team deems the risk will be mitigated through the combined effect of various measures that are planned to be conducted in the project implementation.

The project will implement several components which will generate a safer environment for migrants at the GCPs and health desks. A key intervention in mitigating the risk is ensuring that PFA is available for migrants at the GCPs. The project will conduct three-day training at all GCPs targeting staff, volunteers, isolation centre staff and border officials. The training will capacitate first responders to provide PFA services for migrants. Ten PFA sessions will thereafter be conducted in each project location monthly to ensure that migrants have access to the service. The training and sessions will be facilitated by a PFA expert, and the activity is planned to be implemented within the first six months, which aligns with the risk score. Moreover, dignified crowd management and rapid assistance to vulnerable groups is another important factor in measures to counter the risk. The project will orient GCP staff, security forces, volunteers, and community leaders on crowd management with a focus on queue management and one-to-one interactions with migrants. Provision of safe waiting spaces is identified as a core measure, and the project will provide basic gender-friendly facilities for migrants that will be separated by movable fences. Another planned measure for countering a stressful environment at Gauriphanta and the other targeted GCPs and isolation centres is provision of high-speed Wi-Fi to ensure that online communications is accessible so that migrants can encounter their families.

In coordination with CSOs and NGOs active at the GCPs, the screening and referral mechanism will be strengthened for improved identification of potential risks and vulnerabilities such as victims of human trafficking, domestic violence and forced labour among migrants crossing the border. Trainings on RCCEA, states' obligations on human rights at international borders and gender-sensitive screening will be provided for staff at the GCPs and health desks to strengthen the protection mechanisms at all target project locations. The project will provide information materials including print, audio and video materials in different languages that raise awareness on how to access immediate basic protection services.

Gaddachauki - Non-compliance of PHSM due to inadequate crowd management

The risk was given a final score of 12, needing urgent measures to plan as a top priority. While the health desk at Gaddachauki GCP has a designated queuing area that is fenced off, shaded and wide to ensure that physical distancing can be kept, crowding occurs as migrants arrive in high numbers at a time. Since the health desk reduced the number of holding centres to one, crowding has been exacerbated with no distancing measures in place. Handwashing stations are in place; however few migrants were observed utilizing the facilities.

One of the key measures planned by the project to mitigate the risk is safe waiting spaces that will give priority to vulnerable populations and in which physical distancing is practiced minimizing the risk of COVID-19 transmission. For this, the project will provide movable fences which will allow for flexibility in terms of where the safe waiting space is set up and avoid any delays in provision due to land issues which is likely to be raised in any construction-related intervention. The health desk at Gaddachauki GCP as well as the immediate area by the border has relatively much space available for setting up safe and separated waiting spaces as compared to other GCPs, thus the assessment team foresees no issues in this regard. Moreover, orientations for GCP staff, security forces, volunteers and community leaders will be provided on crowd management with a focus on queue management and one-to-one interactions with migrants. The orientations will contribute to mitigating the risk by capacitating staff to deliver services to vulnerable persons in a dignified manner. The assessment team deems there is adequate space to enforce gender-separated queue management at the health desk.

As access to soap at the handwashing stations is limited, the project will provide soap and sanitizer dispensers as well as soap refill packages to further reduce transmission of COVID-19 and may also serve to encourage more migrants to utilize the handwashing facilities. Other than posters at the health desk that raise IPC measures including handwashing, health desk staff provide audio-messaging using a megaphone and speaker during peak hours. The assessment team deems that additional human resources are required at the health desk to capacitate the staff to manage the crowd in terms of prompting handwashing, adequate use of masks and maintaining physical distancing.

Gaddachauki - Dignity and safety of women, children, elderly citizens and PWD are compromised by inadequate facilities

The risk of dignity and safety of women, children, elderly citizens and PWD compromised by inadequate facilities was given a final risk score of 9, requiring measures to plan in the short- to mid-term. The risk relates to inadequate facilities including no gender- or disability-friendly toilets, no washrooms, and no crowd management in place.

One of the key measures planned by the project to mitigate the risk is safe waiting spaces that will give priority to vulnerable populations and in which physical distancing is practiced minimizing the risk of COVID-19 transmission. For this, the project will provide movable fences which will allow for flexibility in terms of where the safe waiting space is set up and avoid any delays in provision due to land issues which is likely to be raised in any construction-related intervention. The health desk at Gaddachauki GCP as well as the immediate area by the border has relatively much space available for setting up safe and separated waiting spaces as compared to other GCPs, thus the assessment team foresees no issues in this regard.

Moreover, orientations for GCP staff, security forces, volunteers and community leaders will be provided on crowd management with a focus on queue management and one-to-one interactions with migrants. The orientations will contribute to mitigating the risk by capacitating staff to deliver services to vulnerable persons in a dignified manner. The assessment team deems there is adequate space to enforce gender-separated queue management at the health desk. The project will also coordinate with CSOs and NGOs active at the GCP concerning the screening and referral mechanisms to strengthen the capacity to identify potential risks and vulnerabilities among migrants. A training on RCCEA, states' obligations on human rights at international borders and gender-sensitive screening will be provided for staff at the GCPs and health desks to strengthen the protection mechanisms, and information materials including print, audio and video materials in different languages that raise awareness on how to access immediate basic

protection services will be produced and disseminated. With specific focus on pregnant and lactating women, a breastfeeding corner is planned to be set up. Dignity and safety of vulnerable groups will also be addressed through construction of gender- and disability-inclusive toilets and washroom with adequate and hygienic measures in place including regular maintenance, locks and lights. The work plan has adopted these measures to be in place within the first six months of project implementation which aligns with the urgency of the risk score.

Gaddachauki - Migrants suffer from mental stress due to improper case management and counselling

The risk of mental stress due to improper case management and counseling was given a final score of 6, needing measures to plan but not requiring urgent action. While mental health support sessions are provided by health desk staff for persons testing COVID-19 positive, it is not deemed as an adequate response to counter mental health impacts. Case management is brief at the health desk, as all COVID-19 positive cases are referred to the designated hospital and not followed up, and no other referral systems are in place. There is currently no designated isolation centre to which COVID-19 positive cases identified at Gaddachauki GCP can be referred.

In addressing migrants' mental health, the project will capacitate first responders' ability to provide PFA by conducting three-day training at all GCPs targeting staff, volunteers, isolation centre staff and border officials. Ten PFA sessions will thereafter be conducted in each project location at a monthly basis to ensure that migrants have access to the service. The training and sessions will be facilitated by a PFA expert, and the activity is planned to be implemented within the first six months, which aligns with the risk score. The project will support in strengthening the screening and referral mechanisms for improved identification of risks and vulnerabilities among migrants crossing the border such as victims of human trafficking and forced labour in coordination with CSOs and NGOs active at the GCP. Volunteers will be mobilized to support case management and referral mechanisms under the guidance of case management officers. The volunteers are expected to be mobilized by January 2022. Though there is currently no designated isolation centre in place, the assessment team expects one will be designated if there is a surge in COVID-19 positive cases at the border, which is likely with cases already rising in neighboring countries and at GCPs. Therefore, coordination for coordination between the health desk and isolation centre, in particular transportation service, will be arranged should an isolation centre be designated.

7. HAZARDS AND RISKS BEYOND PROJECT SCOPE

This risk assessment was conducted for the purpose of identifying, analyzing, and evaluating risks that are within the framework of what the project can plan measures for. As anticipated by the assessment team, the scope of hazards and risks identified during the stakeholder consultations, KIs and observations encompassed much more. In this chapter, the key hazards and risks that go beyond the project's ability to plan for and mitigate are presented and briefly analyzed. This section aims to serve as a complementary part of the main analysis section of the assessment, to reflect the full picture of hazards and risks that are faced by personnel and migrants at GCPs, and to highlight hazards and risks that remain to plan and implement mitigative measures for.

7.1 Health

Migrants unscreened during night hours due to closure of health desk at nighttime

All the health desks of the targeted GCPs are closed during the nighttime, resulting in the absence of screening and testing services during that time. Migrants that cross the border at night must either wait outside the health desk until it opens or leave the GCP unscreened and untested. Given that there are inadequate or no waiting spaces at the GCPs, migrants that need to wait until the health desk opens face difficulties in resting and waiting throughout the night. Meanwhile, crossing the border unscreened and untested may result in positive cases going unidentified, leading to further transmission.

To mitigate the risk the assessment team recommends that the health desks operate 24 hours a day to include as many migrants as possible in screening, testing, recording and reporting, which will also allow for strengthened data on cross-border movement at the GCPs.

Not everyone is screened at the GCP

As per the Epidemiology and Disease Control Division (EDCD) under the Ministry of Health and Population (MoHP), anyone entering through the GCP should be screened with verbal screening compulsory for those staying more than one day in the neighboring country and temperature measurement for everyone. However, not everyone was found to be screened at the GCP which highly increases the risk of community transmission of COVID-19 given the high transmissibility of the new variants. Also, the auto drivers who are in most cases the first one to meet the migrants are not screened and tested at the GCP, further aggravating the risk of community transmission.

At Gauriphanta GCP, the auto drivers are provided with face masks and urged to use them, but routine testing of the auto drivers at all GCPs is needed. Awareness-raising programs and training on IPC can be conducted among the auto drivers as they are too at the frontline. Similarly, the frontline workers should also be provided with orientations and refreshers on the screening and testing guidelines provided by the MoHP.

COVID-19 transmission among the security personnel due to insufficient PPEs

Security personnel are among key frontline workers stationed at all the GCPs. They not only provide safety and security at the GCPs, but at all the GCPs assessed the security personnel were found to be involved in screening of the migrants, especially the temperature and verbal screening before sending the migrants to the health desk for further screening and testing for COVID-19. As the security personnel are the first to encounter migrants, they were found to be using inadequate or no PPEs such as face shield or gloves as recommended to be used by MoHP while screening. They were only found to be wearing face masks and not changing them as required. This greatly increases the risk of transmission among the security force involved in screening, leading to mass community transmission of COVID-19. Hence, it is suggested that security forces stationed at the GCP should be provided with adequate PPEs as well as IPC materials.

Spread of zoonotic disease due to attacks by monkeys

This particular risk was identified at Gauriphanta GCP, which borders with the Dudhwa National Park of India. There have been reported cases of monkeys biting migrants and the staff at the GCP. Due to the lack of the basic medical facilities at the health desk, timely treatment cannot be provided. Delayed or absent treatment increases the risk of zoonotic diseases.

The stakeholders suggested to fence off the GCP area to minimize the risks of such attacks. The assessment team deems basic medical facilities for wound treatment would further support in minimizing the spread of diseases, as well as other medical emergencies that may arise at the GCP. Provision of basic medical facilities is equally needed at all GCPs.

Inadequate nutritious food during the stay at the isolation centre

The stakeholders attending the consultation at Jamunaha GCP identified that at isolation centre, migrants must undergo mental stress and there is an inadequate supply of nutritious food during the stay. Similarly, not having nutritious food during the 14 days isolation can be an influencing factor for mental stress among the migrant staying at the isolation centre. To mitigate this, the stakeholders mentioned that food was being served as per the capacity of the isolation centre. To mitigate the risk, relevant stakeholders must coordinate to provide a well-balanced diet to those who are isolating, as a good balanced diet will support migrants to maintain good mental and physical health. Moreover, consultation with a dietician would be advisable to ensure that proper nutritious food is being provided at the isolation centers.

Delay in identification of the new variants being circulated inside the country

On average, hundreds of antigen tests are being performed daily at the health desks situated at the GCPs. Any virus circulating in any corner of the world has the chance to come to Nepal due to the mobility of the people, especially at the open GCPs. Hence, whole genome sequencing is important to know which virus is circulating in the country if the virus has changed its variant or how infectious the virus is. Genome sequencing will help to contain the spread of infection, and with the data from it will support the Government in making policies in accordance with the information. Thus, at a regular basis there should be provision to send some random samples from the health desks to the closest appropriately equipped laboratory performing whole genome sequencing to better understand the status of the virus which ultimately helps in taking preventive measures as needed.

7.2 WASH

Spread of vector-borne diseases

Poorly designed irrigation and water systems, inadequate housing, poor waste disposal and water storage, deforestation and loss of biodiversity are all contributing factors to the most common vector-borne diseases in the concerned areas including malaria, dengue and leishmaniasis. Both in Gaddachauki and Gauriphanta GCP, the stakeholders raised the risk of spread of vector-borne diseases, however risk is prevalent at all GCPs. Stakeholders and the assessment team agree that sufficient provision of repellants to protect both staff and migrants at the GCPs is an urgent necessity to minimize the risk.

Environmental and air pollution due to inadequate waste management

With close to no waste management in place at the GCPs as biohazard and other waste are mixed and burned in open ground, there is an extensive risk of environmental contamination and pollution as well as air pollution from the smoke. At Gaddachauki GCP, waste is kept and burned next to a pond. Syringes and other biohazard waste from the health desk was observed in the water which has not been tested for contamination levels, and soil contamination may be in place at all the GCPs where biohazard waste is kept and burned. While the project will support with

provision of materials such as waste bins and biohazard bags, the waste must be collected and disposed of as per guidelines determined by the waste type and burning must stop at GCPs to counter environmental pollution, contamination and air pollution.

7.3 Protection

Migrants are stranded at the GCPs due to transportation charges

During the high transmission of the COVID-19 in India, many of the Nepalese migrant workers engaged in the informal sector in India lost job and returned to Nepal. As experienced during the last wave, many of the return migrant workers were without money as they had spent their nominal savings to travel to the GCPs. Though some local levels had coordinated with the health desks at the GCPs to provide transportation services, many return migrants were charged a fee to travel to their home districts. It was observed that few of these migrants were borrowing from fellow travellers for the cost. Migrants that could not obtain the financial means for their trips were stranded and had to wait for long hours at the GCPs while the health desk staff coordinated with local levels on their economic situation and requested transportation services free of charge. To mitigate the risk, the assessment team suggests a coordination mechanism be established among the local levels, authorities with presence at the GCPs and CSOs/NGOs to facilitate migrants' travel to their home districts free of charge. An alternative solution, which may be more suitable when COVID-19 cases are not surging, is to establish a fund to support migrants in vulnerable situations with transportation and related expenses. The fund could be established through coordination between local governments and donors and would be in the interest of vulnerable travelers even when COVID-19 is not at its peak and there is less organization footprint at the GCPs.

Confusion regarding standard working procedures and coordination/collaboration mechanisms

The authorities and agencies working at the GCPs have sector-wise policies to carry out their own responsibilities. However, there is an absence of integrated border management policies to clarify roles and responsibilities of authorities and agencies to carry out coordination efforts. As there are health staff, security forces, and other first-line responders from various sectors and agencies, there is a need for clear coordination/collaboration mechanism and standard working procedures. Stakeholders have suggested measures such as development of integrated border management policy and recruitment of GCP management in charge to facilitate the coordination/collaboration mechanisms.

Risk of smuggling of drugs and illegal arms, and lack of adequate record on travel

Due to inadequate records on travel and lack of proper checking and monitoring at the GCPs, there is a risk of smuggling of drugs and illegal arms. At present, there is general monitoring of flow of vehicles and custom office checks of goods and luggage arriving in large trucks. However, there is not sufficient human resources and equipment to check the goods and luggage for thorough check against smuggling of drugs and illegal arms. There must be a provision of computers with relevant software and SOP for recording of vehicle movement. Availability of modern technologies, well-trained human resources for monitoring and detection dogs would contribute to screening and subsequently curbing illegal activities.

Human trafficking

At present, to address human trafficking, inquiry is carried out in potential risk cases. The risk of human trafficking is prevalent in all GCPs as there is lacking monitoring, trained human resource for screening, technologies and coordination between different stakeholders working at the GCPs. Stakeholders have suggested 24-hour monitoring along with automatic face reading cameras for monitoring. There needs to adequate documentation of travelers and integrated approach must be adopted between various stakeholders at GCP such as health desk staff, security staff, local levels, and other agencies such that cases of human trafficking can be screened and addressed properly.

Refugee entry

On cases related to refugee entry, there are no proper referral mechanisms in place. At present, security personnel inquire about potential cases and document their entries. There needs to be SOP on handling such cases and a referral mechanism to assist refugees. Proper documentation mechanisms are required, and digitalization of data must be prioritized to record these cases to be referred for mobility tracking.

Provision of separate electricity lines

Due to the absence of proper infrastructure GCPs and isolation centers, many of these centres have unreliable electricity supply. In Kakarbhitta GCP, the health desk is using electricity arranged for APF. As electricity is required for necessary activities like accessing computers to record and report, using fans/coolers/heaters, a dedicated electricity line must be provisioned at GCP health desks and isolation centres. Stakeholders have suggested access to electricity for both frontline workers and migrants. Meanwhile, the project is supporting each project location with solar panels to support access to electricity and the smooth functioning of services.

7.4 Others

Crowding of vehicles at the GCP due to inadequate parking space

The stakeholder consultation at the Gauriphanta had raised the risk of overcrowding due to no parking space, however in most of the assessed GCPs, overcrowding of vehicles and people was observed due to no proper space management or insufficient space altogether. The overcrowding of the vehicles increases the risk of missing out of the migrant for screening and testing from the health desk, which in turn might lead to community transmission of COVID-19. Stakeholders suggested that a proper parking space be created to minimize the overcrowding at the GCP. On the GCPs facing this issue are recommended to, as in Gauriphanta, allocate fixed perimeters for the entry of the vehicles inside the GCP as well as designated parking spaces that do not crowd the immediate GCP area. For this, the relevant stakeholders at the GCPs are recommended to organize monthly meetings to review whether the designated parking spaces and fixed perimeter sets are helping to minimize the crowd at the GCP.

8. RECOMMENDATIONS

The recommendations listed below are divided into two parts. The first outlines recommendations for the project to adapt to ensure comprehensive interventions and are suggested with consideration to the project scope and alignment with existing interventions. The second presents recommendations aimed at other actors at the GCPs and are related to interventions that go beyond project scope.

Similarly, the risks of smuggling, human trafficking and illegal refugee entry through the border and the need for increasing security personnel were raised. In Kakarbhitta GCP, the need for a separate electricity line for the health desk was raised. It was reported that the security personnel are also at risk of COVID-19 transmission and should be supplied with adequate PPEs by the Government.

8.1 Recommendations for the project

The assessment revealed some needed interventions at the GCPs which are currently not included in the planned project interventions, which if included would allow for stronger sustainability of the project beyond the project implementation period. Below are key points listed for suggested actions to be worked into the project interventions, based on data obtained during the field assessment and verified by stakeholders:

- The assessment team strongly recommends that project interventions include repair and initial maintenance of critical structure at GCPs such as tents and handwashing stations where there is an identified need as per the assessment findings. A concrete example is Inarwa/Birgunj GCP where one of the tents is deemed not useable until re-positioned and thoroughly cleaned, as well as handwashing stations that need repair and connecting to a water source. The project recommends supporting with initial repair and cleaning in coordination with the stakeholders, followed by a handover to the stakeholders to ensure ownership of the processes.
- In line with the abovementioned recommendation, the assessment team recommends that existing project interventions be as targeted as possible to the current state of the GCPs with reference to what is already in place. As an example, the project has planned for provision of one handwashing station to each project location, while the assessment found that the need for such provision varies. While, as mentioned above, provision of handwashing station may not be needed at Inarwa/Birgunj GCP, the need for provision of more than one handwashing station is needed at Krishnanagar GCP where there are none in place. Likewise, construction of a tubewell may not be required at all GCPs such as Gaddachauki where access to groundwater is already in place however without an adequate filtration system. The assessment team thus recommends that such activities are not implemented where adequate facilities are already in place and instead maintenance and repair is planned instead.
- The project recommends the inclusion of basic first aid and health trainings to health desk staff as well as distribution of basic first aid and health supplies to the health desks. This added intervention would capacitate the health desk staff to address health issues that need immediate treatment and care. As the project is planning for trainings on COVID-19, infection prevention and control (IPC) measures and the use of medical equipment and safety gears to be implemented at the soonest, the assessment team recommends including basic first aid trainings in potential refreshment trainings along with provision of basic first aid materials and health supplies into project interventions.
- Based on field observations of accumulated biohazard waste at the GCPs, the assessment team recommends expanding the planned intervention of supplying biohazard waste bags to support the establishing of a functional separation of biohazard and other waste at the GCPs. The project proposes to double the supply of biohazard waste bags, from approximately 21 to 42, per project location including isolation centres amounting to a total of 500 biohazard waste bags to be procured and distributed,

8.2 Recommendations beyond project scope

- While an overall improved and coordinated waste management system needs to be in place at all GCPs as per the assessment findings, the assessment team recommends placing filtrated incinerators at the health desks as an immediate and temporary solution until waste segregation and collection is implemented in all locations. To address the risk of environmental and air pollution due to improper waste management, the assessment team finds that waste collection must be established or re-established so that the waste can be handled adequately according to the waste type
- The assessment team recommends that health desks and Municipalities establish stronger coordination mechanisms concerning the provision and re-stocking of PPE materials, as the assessment found that while PPE materials are readily available at the Municipality, delayed supply to the health desk may entail that the health desks run out of PPEs to maintain adequate IPC measures in place.
- The assessment team recommends that positive test samples are transported from each GCP to a laboratory in Kathmandu or closest adequate laboratory facilities for genome sequencing every two weeks. This would allow for rapid identification of new variants circulating at the GCPs and rapid response to prevent further spread in Nepal. Once fully established, such a mechanism could later be handed over to the health desks and Municipalities for their long-term continuation.
- The findings of the risk assessment highlight a need for nighttime screening at the GCPs. From a health perspective, this is needed for minimizing the spread of COVID-19 positive cases which in the current state of the GCPs can only be identified and referred to during the daytime operation hours of the health desks. From a protection perspective, persons at risk are currently only identified during the daytime whereas victims of human trafficking, forced labour or child marriage among others cannot be identified and provided support if moved across the border at nighttime. The assessment team recommends that SOP be established for nighttime screening at all GCPs.
- To strengthen the screening and testing mechanisms at the GCPs, the assessment team suggests for inclusion of auto drives to be screened and tested to minimize the risk of transmission. In line with this, the assessment team further recommends that auto drivers are provided and urged to use face masks and be included in awareness programs and trainings on IPC measures.
- Provision of PPEs to security personnel was found inadequate with consideration to that security personnel are often the first to encounter and screen migrants upon them crossing the border. The project therefore strongly recommends that security personnel are provided adequate PPEs such as masks, gloves, and face shields to protect them from COVID-19 transmission.
- Provision of nutritious food at isolation centres is recommended by the assessment team based on information provided and risks raised by stakeholders. The assessment team recommends inclusion of a dietician to ensure such provision and emphasizes that lack of nutritious food for 14 days while in isolation may have health implications that should be mitigated.
- The assessment team recommends that vector-borne diseases be mitigated at the GCPs through provision of sufficient resources such as repellants to mitigate the risk of transmission of diseases such as malaria and dengue among migrants and staff at the GCPs.
- As experienced during previous peaks in COVID-19 infection rates in Nepal and at the GCPs, inadequate transport systems for migrants to travel from the GCPs to their home or destination communities left many migrants stranded at the GCPs, unable to afford expensive transportation rates. In the current situation, health desk and security personnel at the GCPs were often found personally supporting migrants with their own means to finance their remaining travel. The assessment team therefore recommends transportation services free of charge to be established to ensure that all migrants including the most vulnerable can travel home. Such a transportation system could be established through coordination between the local governments, GCP authorities and CSOs/NGOs. Alternatively, the establishment of a fund to support migrants in vulnerable situations with transportation and related expenses through coordination between

local governments and donors would be in the interest of vulnerable travelers even when COVID-19 is not at its peak and there is less organization footprint at the GCPs.

- The assessment team recommends that an integrated coordination mechanism be established for authorities and agencies active at the GCPs in different sectors. The assessment team raises the suggestion of stakeholders to recruit GCP managers to facilitate the coordination mechanism at each GCP.
- The assessment team echoes the recommendation by stakeholders to strengthen the monitoring of vehicles moving across the border to prevent smuggling of drugs and illegal arms. This would require SOP and technical equipment such as computers and software for maintaining a record, and detection dogs at each GCP to curb illegal activities.
- To counter human trafficking at GCPs, the assessment team agrees with the stakeholders' recommendation of installing 24-hour CCTV monitoring with face recognition function, strengthened monitoring mechanisms through ensuring human resources that are adequate in number and trained in vulnerability screening, provision of technical equipment necessary for monitoring purposes and proper coordination mechanisms between different actors that are active at the GCPs.
- The assessment team recommends that SOP be developed concerning referral mechanisms for potential victims of trafficking, people in need of MHPSS, unaccompanied minors and refugees entering Nepal along separate entries or lines where refugees enter.
- Specifically raised for Gauriphanta GCP but applicable in other GCPs too, the assessment team in alignment with stakeholders recommends that a separate parking space be allocated at the GCP to mitigate the risk of overcrowding, which hinders the screening and testing processes. Relevant stakeholders at the GCPs are recommended to organize monthly meetings to review whether the designated parking spaces and fixed perimeter sets are helping to minimize the crowd at the GCP.

9. ANNEXES

9.1 KII questionnaire

Generic Questionnaire

| | | |
|-----|---|---|
| 1. | Date of assessment (DD/MM/YYYY) | |
| 2. | Name and Position of interviewer | |
| 3. | Village/Town where ground crossing point is located | |
| 4. | Ward number | |
| 5. | Name of municipality | |
| 6. | District | |
| 7. | Province | |
| 8. | GPS coordinate | Longitude Latitude |
| 9. | Type of ground crossing point assessed | <input type="radio"/> Unofficial <input type="radio"/> Official <input type="radio"/> Unknown <input type="radio"/> Others |
| 10. | Status of the ground crossing point assessed | <input type="radio"/> Fully Operational <input type="radio"/> Fully closed <input type="radio"/> Partially Operational <input type="radio"/> Others |
| 11. | If fully Operational, for what purpose? | <input type="radio"/> Open for both entry and exit <input type="radio"/> Open for exit <input type="radio"/> Open for entry |
| 12. | If partially open, for what purpose? | <input type="radio"/> Closed for entry <input type="radio"/> Closed for exit <input type="radio"/> Open for commercial traffic only <input type="radio"/> Open only to returning nationals and residents |
| 13. | If fully closed, for what purpose? | <input type="radio"/> Closed for entry <input type="radio"/> Closed for exit <input type="radio"/> Closed for both entry and exit |
| 14. | Names of person interviewed | |
| | Person A | |
| | Name: | |
| | Designation: | |
| | Agency/Department: | |
| | Contact #: | |

General Questionnaire

1. List of Border Agencies and Authorities with activities at the ground crossing point
 - a. Health
 - b. Customs
 - c. Immigration
 - d. Agriculture and animal health
 - e. Security
 - f. Do not know
 - g. Other (specify)
2. Which border management authority is mandated to lead the coordination with health authorities?
 - a. Health
 - b. Customs
 - c. Immigration
 - d. Agriculture and animal health
 - e. Security
 - f. Do not know
 - g. Other (specify)
3. Do any coordination mechanisms for ground crossing point exist prior to COVID-19 or on an ad-hoc basis during COVID-19 for identification and management of infectious disease?
 - a. Yes, prior to COVID-19
 - b. Yes, on an ad-hoc basis during COVID-19
 - c. Does not exist
4. How many government officials are deployed at this ground crossing point?
 - a. Health M/F
 - b. Customs M/F
 - c. Immigration M/F
 - d. Agriculture/animal health M/F
 - e. Security M/F
 - f. Quarantine M/F
 - g. Holding sites M/F
 - h. Other (Specify): M/F
5. IT equipment at the ground crossing point (multiple choice and number)
 - a. Tablet
 - b. Laptop/desktop
 - c. Printer
 - d. Fax
 - e. Communication and Internet equipment
 - f. None
 - g. Other (specify)
6. Is there a system available at the ground crossing to collect information on travelers?
 - a. Yes
 - b. No
7. If yes, are biometrics collected?
8. If No, how are data collected?
9. Which data is collected?
10. How is it stored?
11. How/ if it is shared with HQ and other relevant stakeholder for further use?

Questionnaire for WASH

1. What are the source of drinking water at thisGCP?
 - a. Bottled water
 - b. Tap water
 - c. Deep boaring
 - d. Other.....specify?
2. How far is the water source?
 - a. Within 50 meters
 - b. More than 50 meters
 - c. Others.....specify?
3. Is there a water testing mechanism?
 - a. Yes
 - b. No
 - c. Do not Know
4. Are the sanitation facilities available at this GCP?
 - a. Yes
 - b. No
5. If yes, What are the sanitation facilities available?
 - a. Separate toilets and bathing spaces
 - b. Handwashing areas with soap/handwash
 - c. Waste collection and management
 - d. Not available
 - e. Others.....specify?
6. Is there availability of the sewage system at this GCP?
 - a. Yes
 - b. No
 - c. Do not Know
7. Are there closed bins, lined and clearly marked for the disposal of the waste?
 - a. Closed
 - b. Lined
 - c. Clearly marked for disposal of waste
 - d. Other
8. How far is the toilets from the GCPs?
 - a. Within 50 meters
 - b. More than 50 meters
 - c. Do not know
9. Who maintains the toilets?
 - a. Separate staff at GCP
 - b. local volunteers
 - c. Not maintained
 - d. any other..... specify
10. Are the cleaning staffs trained/oriented on cleaning and handling waste?
 - a. Yes
 - b. No
 - c. If no, why not and how do they conduct the regular cleaning with focus to COVID-19?
11. Are the toilets and handwashing stations enough in number?
 - a. Yes
 - b. No
 - c. Do Not Know
12. What is the frequency of cleaning the surrounding and toilets/washrooms?
 - a. 3 times a day
 - b. Others.....specify

13. Have there been cases of any vector borne diseases in last few months?
 - a. Yes
 - b. No
 - c. Do Not Know
14. Have you received any trainings on handwashing/sanitation?
 - a. Yes
 - b. No
 - c. Do not remember
 - d. If yes..... what training and when?
15. What measure is adopted at this GCP to avoid COVID transmission?
 - a. Physical distancing
 - b. Compulsory use of safety gears/sanitizers
 - c. Nothing as such
 - d. Others..... specify

Questionnaire for Health

1. What is the status of the health desk?
 - a. Permanent structure
 - b. Semi-Permanent structure
 - c. Tent
 - d. Shared with other border agencies
 - e. Others (Specify)
2. What are the health services available from the health desk ?
 - a. Emergency services
 - b. Screening
 - c. Testing
 - d. Counselling
 - e. Others.....specify
3. Type of medical/health professionals deployed at ground crossing points (multiple choice), no M and F
 - a. Medical Officer
 - b. Public Health officer
 - c. Laboratory Technician
 - d. Laboratory assistant
 - e. Staff nurse
 - f. Health assistant (HA)
 - g. Auxiliary Health Worker (AHW)
 - h. Senior Auxiliary Nurse Midwife (Sr. ANM or ANM)
 - i. Auxiliary Nurse Midwife (ANM)
 - j. Others
4. How are medical/Health officials deployed at the GCPs?
 - a. 24 hours (how many in number)
 - b. Day time (how many in number)
 - c. Night time (how many in number)
 - d. No health officials present (how many in number)
 - e. Replaced periodically (how many in number)
5. Who deployed the health officials?
 - a. Local government
 - b. Provincial government
 - c. Federal government
6. What is the safety gears availability at this GCP?
 - a. Available in stock
 - b. In need of safety gears
 - c. Do Not know

7. If in need, what safety gears are mostly needed?
 - a.(with quantity)
 - b. (with quantity)
8. Is there any trainings given on the use of safety gears/IPC/screening?
 - a. Yes (how many trained? /when?)
 - b. No
 - c. Do Not Know
9. What are the structures/infrastructures available for health desk operation? (Note the number of the items available)
 - a. Table, chairs and cabinet
 - b. Computers, laptop and printers
 - c. Operating under temporary tents
 - d. Semi-permanent structures with equipment
 - e. Others ... (specify)
10. Is screening conducted at this GCP?
 - a. Yes
 - b. No
 - c. Do Not Know

10.1 If yes, how many screened as of now?
11. If yes, who conducts the screening?
 - a. Government health official
 - b. Government/local volunteers
 - c. Others.....specify
12. Who is being screened?
 - a. Lorry drivers/Truck drivers
 - b. Returnees
 - c. All people passing through the ground crossing
 - d. Others (Specify)
13. What are the screening method used?
 - a. Manually (only for outgoing) (note in detail, what information is collected during screening)
 - b. Manually (only for incoming)
 - c. Computer based
14. If computer based, what are the available facilities for screening?
 - a. Laptops/computers
 - b. Printers
 - c. Tablets
 - d. IR thermometers
 - e. Other.... Specify
15. What is the electricity situation for operating technologies?
 - d. 24 hours availability of electricity
 - e. Frequent power cuts
 - f. No availability of reliable power/electricity
16. Are the available facilities well function and sufficient?
 - a. Yes
 - b. No (what and how many in numbers)
 - c. Do not Know
17. Is testing being done for COVID-19 from the health desk?
 - a. Yes
 - b. No
18. What is the availability of the testing kits?
 - a. Available in stock
 - b. In need of testing kits
 - c. Do Not know

19. Is there isolation center available near the GCP for the management of the positive identified cases?
 - a. Yes
 - b. No
 - 19.1 If yes, where?.....
 - 19.2 If no, how are they managed?
 - a. Send to the designated COVID-19 hospital
 - b. Coordinate with local government for the management
 - c. Do not know
 - d. Others (Specify)
20. Is there availability of the contingency plan for the public health emergency?
 - a. Yes (provincial government/GCPs plan? others...specify)
 - b. No
 - c. Do Not Know

Questionnaire for Protection

1. What Protection mechanism are adopted at this GCP?
 - a. Screening
 - b. Information desks on COVID19
 - c. Information desk on safer migration procedural
 - d. Separate waiting spaces
 - e. Breast feeding corners
 - f. Others.....specify?
2. Is this mechanism being utilized by the migrants?
 - a. Yes
 - b. No
 - c. Do not Know
3. How are migrants in situations of vulnerability identified?
 - a. With support from protection/border officials
 - b. Identified by local CSOs/NGOs managing information desk at the GCP
 - c. Through use of certain standards (such as child friendly approach, gender considerations, cultural consideration, avoiding re-traumatization and survivor friendly approaches, firewalls and data protection, principles) and as identified by the volunteers/border officials
 - d. Otherspecify
4. Is the referral services available?
 - a. Dedicated government officer
 - b. Health officials
 - c. Local CSOs/NGOs
 - d. Border security
 - e. Not conducted at all
 - f. Other..... specify
5. Is there any training conducted on RCCEA/Protection/referral etc?
 - a. Yes (how many trained)
 - b. No
 - c. Do not know
6. Are the people/migrants provided information on protection services available at this GCP?
 - a. Yes (if yes, what information and through what channels)
 - b. No (if no, how to travelers get the information)
 - c. Do not know
7. Is there any provision for psychosocial counselling for identified vulnerable population (victims of GBV, victims of abuse/exploitations)
 - a. Yes (If yes, which agency are the service provider)

- b. No
 - c. Do not know
8. What is the estimated flow of daily, monthly and annually basis of migrants at this GCP?
 - a. Lowest(write month)
 - b. Highest(write month)
 9. What is the estimated flow of daily basis of migrants at this GCP? (At present, Number)
 10. What is the estimated flow of monthly basis of migrants at this GCP? (At present, Number)
 11. What is the estimated flow of annually basis of migrants at this GCP? (At present, Number)
 12. How is the flow of the migrants being managed?
 - a. Queue management service (Type of service)
 - b. Information sharing
 - c. Quick assistance to vulnerable group
 - d. Others.....specify
 13. Who is responsible to manage the influx?
 - a. Local volunteers (how many are available)
 - b. Border security officials (how many)
 - c. Local staff (how many)
 - d. Othersspecify
 14. Are the numbers of officials sufficient to manage the influx?
 - a. Yes
 - b. No (if no, how many more and what type is required)
 - c. Do not know
 15. What are other infrastructures available for protection service?
 - a. Child playground with enough physical distancing
 - b. Recreational area
 - c. Communication facilities
 - d. Other....specify
 - e. Not available (If not available, what are the immediate needs.....)
 16. Is there any provision of counselling for migrants affected by COVID or have symptoms?
 - a. Yes (where, who does, at what frequency)
 - b. No
 - c. Do not Know

Questionnaire for flow monitoring

1. Is there a registration system for collecting data of inflow and outflow of population at.....GCP?
 - a. Yes
 - b. No
 - c. Unknown
2. If yes, is age and sex disaggregated data available?
 - a. Yes
 - b. No
 - c. Unknown
3. If yes, do you know where this information is stored? Select all that apply
 - a. Ward Office
 - b. Rural Municipality/ Municipality
 - c. District Administration Office
 - d. Provincial Ministries
 - e. Covid Crisis Management Committee
 - f. Ministry of Health and Population
 - g. Others, specify
4. Who has access to this information?

- a. Government
 - b. Public
 - c. Others, specify
 - d. Unknown
5. Name and location of two informal ground crossings in the project district/ municipality where inflow and outflow of population is highest.
 6. What is the average number of people using these informal border crossings on the busiest day (s)?

9.2 Participatory observation guide

1. **What are the facilities and infrastructures available as well as not available (health, WASH, Protection and others)**
 - (Also reflect as per the consultative meeting and verify if that information is valid)
 - (Check with project planned activities to identify if all the activities are relevant and identify any additional requirement and/or adjustments required, if any). SWOT analysis can also be prepared.
2. **What are the personnel access and movement trends at each GCPs?**
 - Verify if the detailed staff and personnel logbooks are available and updated (security staff, cleaning staff, border officials, vendors etc). If not, identify why?
 - Check the entry and exit points and what is happening there (physical distancing, temperature checks, gender friendly queuing, Sanitation and hygiene, identification of vulnerabilities, communication and messaging etc. Keep in mind all the outcome of the project)
3. **Observe the flow management (Identify the hazards at entry and exit points)**
 - Check points, waiting spaces, gender friendly spaces, screening and recording etc
4. **Detection and management of ill travelers**
 - Check if the trained health officials are in place in adequate numbers
 - Updated health contingency plan in place
 - Screening
 - WASH facilities
 - Waste management
 - Nearest available health care facilities and isolation centers
 - Messaging on the covid-symptoms, physical distancing etc
5. **Protective equipment**
 - Identify the requirement of Staffs who require the protective equipment (not all staffs may require same amount of the equipment)
 - Identify the need, type, storage, usage and management (including waste)
6. **Risk communication**
 - Relevant sources of information, languages to be used
 - Identify most prevalent content in the messages to be posted at the GCPs
 - Identify procedures for cross border information sharing and coordination with relevant stakeholders
7. **Coordination and information sharing**
 - Pre-existing coordination mechanism
 - Cross-border/ bilateral/multilateral/inter agency coordination
 - Accessible system to collect information
8. **Mostly observe in terms of the planned activities (level of its relevance, what is the gap. This is applicable for Health, WASH and Protection). Better to collect any other additional needs, if any.**

9.3 Stakeholder consultation guide

| Health | WASH | Protection |
|---|--|--|
| 1. Who are the stakeholders working directly for Health management at GCPs? | Who are the stakeholders working directly for WASH management at GCPs? | Who are the stakeholders working directly for Protection management at GCPs? |
| 2. What systems are in place for health management at GCPs? (infrastructure, human resources, equipment, guiding documents and contingency plans) | What systems are in place for WASH management at GCPs? (Human resources, capacity building, infrastructures and facilities, plans/guiding documents etc) | What systems are in place for protection management at GCPs? (Human resources, capacity building, infrastructures and facilities, plans/guiding documents etc) |
| 3. What are the major risks at the GCPs for health management? a. b. | What are the major risks at the GCPs for WASH management? a. b. | What are the major risks at the GCPs for Protection management? a. b. |
| <p>Note: additionally also identify the following?</p> <ul style="list-style-type: none"> a. Identify the pre-existing and current need of health, WASH and protection infrastructures and services amid COVID-19 b. Identify risk associated with safety security and dignity c. Identify risk associated with multi sectoral approach of the project d. Identify the risk associated with gender, environment, operation and data protection e. Identify the existing controls and control strategies of the identified risks | | |
| 4. Who are more at risk from health management perspective? | Who are more at risk from WASH management perspective? | Who are more at risk from Protection management perspective? |
| 5. For each risk identified in number 3, a. What is the probability? b. how severe is the consequence? | 5. For each risk identified in number 3, a. What is the probability? b. how severe is the consequence? | 5. For each risk identified in number 3, a. What is the probability? b. how severe is the consequence? |

For 5 (use the following table)

| Risk | Probability (is the likelihood that the scenario occurs) | Consequence (is the extent of the negative impact resulting from a human behaviour or a specific situation, if not addressed or mitigated) | Total |
|---------------------------------------|--|--|-------|
| 1. | (1-4) | (1-4) | |
| e.g transmission of COVID-19 to front | 3 | 4 | 12 |

| | | | |
|-------------------------------|--|--|--|
| line health workers at GCP | | | |
|-------------------------------|--|--|--|

| | |
|-----|--|
| 0-1 | No risk identified |
| 2-3 | Accepted risks given low probability that they occur versus high cost of mitigation measures |
| 4-6 | Measures to plan but do not require urgent action |
| 7-9 | Measures to plan in the short/medium term |
| 12 | Urgent measures to plan as a top priority |
| 16 | Urgent measures to be adopted without delay |

| Health | WASH | Protection |
|---|--|--|
| 6. For each identified risk, in (5), : a. what are the existing and precautionary measures? b. what new precautionary measures needs to be adopted? a.... b.... | For each identified risk, in (5), : what are the existing and precautionary measures? what new precautionary measures needs to be adopted? a.... b.... | For each identified risk, in (5), : what are the existing and precautionary measures? what new precautionary measures needs to be adopted? a.... b.... |

9.4 Photos



Picture 1: Antigen testing is being conducted at the health desk at Inarwa/Birgunj GCP, Province 2 (October 2021).



Picture 2: Group photo with IOM assessment team and participants at the stakeholder consultation concerning Krishnanagar GCP conducted in Kapilvastu, Lumbini Province (December 2021).



Picture 3: Migrants wait in line at the health desk to be tested at Gaddachauki GCP (December 2021).



Picture 4: Migrants registering at the health desk at Jamunaha GCP, Lumbini Province (December 2021).



Picture 5: Migrants wait in line to the health desk at Kakarbhitta GCP, Province 1 (October 2021).



Picture 6: Staff are screening return migrants at the health desk prior to the testing at Gauriphanta GCP, Sudurpashchim Province (December 2021).



Picture 7: Holding centre at Gaddachauki GCP, Sudurpashchim Province (December 2021).