



Coronavirus disease 2019 (COVID-19) Update #10



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Overview

The number of COVID-19 cases in Nepal has more than tripled within a week, reaching 2,634 with ten confirmed deaths, 233 recovered patients and 2,335 people in isolation. The daily PCR testing rate has increased over the week, with a current daily average of 3,000. The capacity to conduct PCR tests for suspected cases remains insufficient. As of 4 June, 161,262 people are staying in quarantine sites across the country. With the rapid increase in COVID-19 positive cases, some quarantine sites have been transformed into isolation centres for asymptomatic cases. In certain areas, authorities have completely sealed off hotspots, restricting movements of people and vehicles, allowing only emergency services.

The prolonged lockdown has increased the rate of deaths from non-COVID-19 causes, including maternal deaths. Fifty-six maternal deaths have been reported during the lockdown, and deaths among patients with kidney failure, resulting from the inability to access dialysis have also soared. Fear of transmission in hospitals, lack of transportation services and poverty are considered the leading causes of the increased death rate. There have been instances of hospitals refusing to admit new patients, despite directives of the Supreme Court and Nepal Medical Council against such refusals. Likewise, the current situation seems to have led to an increase in the suicide rate, with 963 suicides reported since the beginning of the lockdown.

Following the recommendations of the COVID-19 High Level Coordination Committee, the Council of Ministers extended the lockdown until 14 June, and the suspension of domestic and international flights until 30 June. The Committee also recommended, to the President, the mobilization of the Nepal Army in the pandemic response to manage returnees from India across the Indo-Nepal border and from other countries arriving via international flights from 5 June onwards. The Nepal Army, together with the Armed Police Force and Nepal Police, will be mobilized for security, monitoring and record keeping in quarantine centres in coordination with local governments. Before the meeting of the Council of Ministers, a meeting of the National Security Council, headed by the Prime Minister, had recommended the mobilization of the Army to the federal government. The House of Representatives must endorse the mobilization of the Nepal Army within a month of the Presidential order.

On 29 May the Council of Ministers issued an order to facilitate the return of Nepali nationals affected by the ongoing travel restrictions. In the first phase, 25,000 Nepalis will be repatriated on a priority basis. Those prioritized will include people with expired visas, pregnant women, critically ill people (except COVID-19), those who have recently lost family members and Nepalis working in international organizations who need to come to Nepal. People returning from third countries through air transport will need to produce a negative PCR report before boarding their flight. Upon arrival they will be temperature screened and placed in quarantine for two weeks -- either in hotels at their own expense, or quarantine centres set up by local governments.

The Humanitarian Country Team is scaling up humanitarian activities in areas experiencing a surge in returnees. In support of the provincial and local governments, and in collaboration with volunteer organizations and authorities, services such as hot meals, drinking water, masks and risk information have been provided. Humanitarian partners are also providing support to improve the conditions of transit centres and holding areas near border crossings. Meanwhile, a joint field mission, led by the Karnali Provincial Coordination Focal Agency, was organized in Karnali Province. The visiting mission met with senior provincial officials, including Chief Minister and Ministers. Key support sought from development and humanitarian partners included management of quarantine and isolation centres, ramping up of testing capacity, ventilators, and livelihood support to around 80,000 returnees.



Health Cluster

This week, three guidelines were approved:

- COVID-19 Emergency Medical Deployment Teams (EMDT) Mobilization Guidelines,
- COVID-19 Cases Isolation Management Guidelines, and
- Guidelines for Management of Dead Body of COVID-19 cases.

RT-PCR laboratory testing is ongoing in 20 laboratories throughout the country, with at least one in each province.

During the reporting week, partners continued to provide commodity support, such as N95 masks, to Management Division/ Department of Health Services and provincial governments. In the last week, National Measles Rubella Campaign completed its activities in two districts (Bajhang and Bajura), for a total of six completed districts of Sudurpaschim province, targeting 139,335 children age between 0-59 months. Similarly, the campaign resumed activities in five districts (Surkhet, Dailekh, Saiyan, Kalikot and Rukum West) of Karnali province.

An assessment on the continuity of essential health service (EHS) was conducted across 45 health facilities in Provinces Two (24 HFs), Karnali (6 HFs) and Sudurpaschim (21 HFs) through the online ONA application. The assessment found that basic health services are functional in all health facilities. EHS data shows that anti-natal care (ANC) services reached 889 mothers and their children, and 109 institutional deliveries were completed in the last week. Immunization services (mostly through facility-based sessions) continue, thus far reaching 3,238 children with routine vaccines over the week. Despite ongoing service delivery, EHS is severely compromised due to inadequate supply of protective equipment (mask, gloves and hand sanitizer) as well as difficulty in maintaining physical distance in congested spaces. EHA assessment findings noted that a majority of health facilities have run out of at-least one essential health commodity, such as misoprostol, Zinc, BCG syringe, ORS,

<i>As of 3 June 2020</i>
Total test sites: 20
Total PCR tests done: 80,267 (average of >3000 per day in last week)
Total PCR positive: 2,300 (increase of 1,444 in past week)
Total active cases: 2,009
Total discharged: 282 (99 in past week)
Total isolation beds: 3,952
Total people in isolation: 2,013 (confirmed cases)
Total quarantine beds: 204,388
Total people in quarantine: 155,868

Vitamin A, etc. This stockout will have an immediate impact on the continuation of essential services. Additionally, obtaining EHS information is challenging due to the engagement of health staff in multiple tasks, including support in quarantine sites.

The Reproductive Health (RH) sub-cluster prepared a plan and budget to support quarantine sites in ensuring minimum standards of reproductive, maternal, neonatal and child health (RMNCH) services. The plan includes availability of information, education and communication (IEC) / behaviour change communication (BCC) materials on improving hygiene practices, social distancing and promoting health seeking behaviour to mitigate Sexual and Reproductive Health (SRH) risks in the COVID-19 context. It also includes the provision of helpline, remote information, counselling and referral services; transportation services to referral sites for emergency and high risk cases in the absence of ambulances; hygiene kits, newborn kits, ORS/zinc for children, and family planning commodities (condoms, oral contraceptive pills) as critical priorities. Additionally, considering the increasing demand for protective equipment for health service providers, to ensure the continuity of lifesaving SRH services, a PPE need estimation is also being initiated. One maternal death was reported last week. Investigation into its cause is ongoing. Increasing stockouts of essential commodities have been reported in all birthing/basic obstetric care sites contacted this week. Notable stockout commodities include magnesium sulphate, nifedipine, misoprostol, vitamin ampicillin, oral contraceptive pills, implants, syringes for Depo-Provera and medabon. Transportation of the required commodities from provincial and district warehouses is seen as a major challenge, and shortages of supplies for some commodities have been reported. This week the RMNCAH helpline reported 847 calls, with the top three enquires being related to sexuality issues (171), safe abortion (148), family planning and maternal health (116). The majority of callers continue to be male, with 543 (64.1%) male callers last week and 304 (25.9%) female callers. By age, the greatest share of calls was received from the age group 25-49 (465), followed by 20-24 (267) and 15-19 (117) and below 15 (6).



Protection Cluster

Over the last two months the psychosocial working group reached a total of 4,945 persons (1,770 males, 3,173 females and two third gender) with psychosocial support through existing helplines, online platforms and one-on-one counselling. Most support sought was related to information on relief assistance, health related information and sharing feelings of fear, anxiety and stress. Community psychosocial workers (CPSWs) and community outreach workers were mobilized to raise awareness on COVID-19 and psychosocial well-being in communities. CPSWS reached to a total of 21,188 persons (8,565 males and 12, 623 females) through awareness raising interventions across all seven provinces. Most awareness raising activities were conducted in coordination with local government units during relief distributions.

The child protection working group provided support to a total of 1,953 children with care arrangements (family reintegration support, placement in interim/transit care centres) or emergency support (transportation services, immediate relief materials). Among which 40 children were referred for additional services, including health, security and justice.

The refugees working group initiated a second round of COVID-19 cash assistance distribution for 700 persons of concern living in the Kathmandu Valley, who continue to face significant challenges due to the COVID-19 lockdown. In close coordination with the camp management committee and a

refugee diaspora organization, food was distributed to 6,864 Bhutanese refugees (including those unregistered and census absentees) in Sanischare and Beldangi settlements of Morang and Jhapa districts respectively.

The migrants/points of entry (PoEs) working group continued to broadcast the live radio program 'Desh Paradesh'. This week's programme focused on the voices of returnee migrants and their COVID-19 experiences and experiences of migrants who returned from Qatar and Europe prior to lockdown. The programme reflected on how the local governments are responding to concerns and challenges faced by returnee migrants in Udayapur and Rupandehi districts, as well as highlighted issues of stigmatization against migrants/returnees.

Over the last two months the GBV working group reached a total of 1,110 GBV survivors, including 195 adolescent girls and 27 elderly people through peripheral health facilities, safe houses/shelters, one stop crisis management centres (OCMCs), legal and psycho-social counsellors and police. A total of 1,894 females, including 161 girls, 15 women with disabilities and 42 elderly people in quarantine centres received dignity kits, kishori kits and hygiene kits in Provinces One, Two, Five & Sudurpaschim. Three hundred and three service providers and stakeholders were trained on the provision of survivor sensitive GBV prevention and response services.

Managing gender friendly quarantine sites as per the government's standard remains a challenge in Provinces Two, Five and Sudurpaschim. Humanitarian actors are advocating for women and child-friendly services in quarantine centres and the extension of home quarantine options to those who belong to vulnerable groups. Restrictions on movement and unavailability of transportation has hindered service seekers in accessing OCMCs and safe houses.



Food Security Cluster

The preliminary report of the household food security survey is awaiting review and clearance by the Ministry of Agriculture and Livestock Development (MoALD). It is reported that local governments have initiated food for work (FFW) activities during the lockdown to implement small-scale public works, such as road construction, gabion filling, and school wall construction. The households that participate receive in-kind relief packages consisting of essential food commodities, including rice, pulses, oil and salt. In addition, over 37,700 households have received, or are receiving, cash or food assistance from members of the food security cluster across the country, which are complementing the Government's relief assistance. As included in the CPRP, capacity strengthening support to Food Management and Trading Company (FMTC) is ongoing, aimed at helping to expand its fair-price shops/sales centres in food insecure and remote geographic locations. This is seen as technical assistance for the existing government social safety net programme. Such expansion will enable food insecure people residing in remote areas access to essential food commodities at affordable prices. This is essential under the uncertain market conditions caused by supply chain disruptions, considering the reduced purchasing power of the most vulnerable populations. Harvest of winter crops, such as wheat and barley, is ongoing in the hills and highlands. Farmers are preparing for transplantation of the main paddy crop as the monsoon rains will start from early to mid-June. MoALD, with support from humanitarian organizations, is planning to conduct a joint assessment (rapid assessment and impact assessment) on food security and agriculture.



As of 30 May, WASH Cluster members provided basic water and sanitation services (bottled water, toilet and hand washing facilities) together with ready to eat food assistance to 28,307 people entering Nepal from India at various points of entry (PoE), in coordination with local governments, Red Cross and private sector. This assistance is being provided at four PoEs in Karnali and Sudurpaschim Provinces. Furthermore, cluster partners provided support for enhancing access to water supply, sanitation and hygiene facilities in health care facilities, quarantine centres and communities. So far 818 handwashing stations have been installed in health care facilities and communities. Cluster members continued to provide WASH supplies to health care facilities and to quarantine centres.

Cluster members provided critical hygiene supplies to 21,305 families. The supplies included buckets/water purification tablets to 14,400 families, masks to 1,615 families and hygiene kits to 6,654 families, as well as 35,858 soap bars. Furthermore, WASH cluster members reached 89,079 households with WASH promotional and behaviour change communication activities in 38 districts. This included provision of posters on COVID-19 causes, symptoms and prevention and water purification methods, airing of PSA jingle via local FM radio stations, and community level open-mic sessions.

With thousands of people entering Nepal from India every day, provision of required WASH assistance to all in need is proving exceptionally challenging, especially in unmanaged and crowded PoEs. The WASH Cluster critically reviewed the situation and recommended dedicated and continued support to the 20 PoEs identified by the Government of Nepal. Providing required WASH support to quarantine centres, of which there are thousands of centres nationwide, with more planned to be established in Kathmandu Valley to accommodate 25,000 returnees from various countries, is becoming an enormous task. These challenges are being compounded by ongoing lockdown movement restrictions. Similar challenges are faced in the provision of WASH and IPC support to health care facilities due to the limited number of WASH partners in the face of a rapidly increasing number of patients and facilities. Shortages of supplies are becoming an additional issue, mainly caused by restrictions on international flights/transportation as most WASH supplies and raw materials are imported. With the additional demand generated by needs for WASH services at PoEs, quarantine centres and health care facilities, the Cluster will be reviewing its available resources and capacities to address these challenges.



Based on data reflected in the health management information system, 612 children aged 6-59 months have been treated for severe acute malnutrition at outpatient treatment centres. The Nutrition Cluster conducted interpersonal counselling on infant and young child feeding (IYCF) and COVID-19 prevention measures using mobile phone technology. Telephone counselling reached 180,360 households, including 8,500 pregnant women. Additionally, nutrition and COVID-19 messages were disseminated to 23,417 households via SMS and 239,576 households via radio programmes. Government relief packages were distributed to 170,183 Golden 1000 days households, targeting children and pregnant and breastfeeding women.

The limited capacity of health care providers to attend to non-COVID-19 essential nutrition services continues to present a challenge. There is a gap in funding to meet the supplementary food needs of vulnerable children and pregnant and breastfeeding women.



Shelter Cluster

A discussion was held between the Ministry of Urban Development, DUDBC and Cluster members to develop a quarantine centre checklist. A technical working group, formed for development of the checklist, is consolidating indicators, taking quarantine management guidelines, the questionnaire of UN quarantine centre assessment, and the previously developed government checklist as reference. Cluster members are continuously supporting the provision of non-food items (blankets, beds, etc.) to quarantine centres. The monsoon preparedness plan has been developed and submitted, considering the impact of monsoon on the ongoing COVID-19 response.



Education Cluster

Education Cluster members distributed 10,746 self-learning packs in Provinces One, Two, Bagmati and Gandaki, and 9,000 textbooks in Province Two. School radio programmes have reached more than 43,000 children in Provinces Two, Five, Karnali and Sudurpaschim, and home-based learning support has reached 3,257 children in Provinces Two, Karnali and Sudurpaschim. The Ministry of Education, Science and Technology released “Distance Learning Guidelines for school children” on 31 May ([link HERE](#)) and has formed a taskforce to draft a school reopening framework. In partnership with the Association of Community Radio Broadcasters Nepal (ACORAB), messages related to education and psychosocial support are being aired through more than 300 community radio stations nationwide. Two radio programmes targeting parents – ‘Ramaundai Sikdai’ and ‘Sikdai Sikaudai’ – have been finalized and will be broadcast on 3 and 4 June. Schools being used as quarantine sites continue to pose a challenge, risking prolonged school closures beyond the official school reopening date in order to complete quarantine periods and allow disinfection. Additionally, there is a lack of disaggregated data on children who require education support in quarantine sites. Delays in delivery of self-learning materials for the most disadvantaged children who do not have access to any kind of media or distance education due to lockdown have been reported.



Logistics Cluster

The first WFP air passenger flight, for outbound passengers, landed at TIA, Kathmandu on Wednesday, 3 June. The flight carried 4.5 MT of UNICEF medical supplies into Nepal, and 11 passengers from humanitarian agencies boarded the departing flight to Kula Lumpur the same day. A directive by the Ministry of Commerce, Industry and Supplies and the District Administration Office of Kathmandu states “no pass is required for transportation of essential commodities including health commodities during the COVID-19 lockdown.” The next WFP air passenger flights, KUL-KTM-KUL, are scheduled for 10, 17 and 14 June. The national Logistics Cluster common services for COVID-19 response has been extended until the end of July.

Logistics Cluster transported one truck, 1.4 MT (14 cbm) of medical supplies of Provincial Health Directorate, Karnali Province, on 28 May; two trucks, 1.6 MT each (16 cbm) of medical supplies of IPAS Nepal to Province Five (Dhangadi) and Province One (Biratnagar) on 29 May; 1.4 MT (14 cbm) of medical supplies of IPAS Nepal to Gandaki Province (Pokhara) on 31 May; and 1.4 MT (14 cbm) of medical supplies of IPAS Nepal from Dhangadi to Bajura on 31 May. To date, approximately 28.5 MT (285 cbm) of medical cargo have been dispatched. MoHP is currently in the process of procuring 170,000 viral transport media (VTM). To fulfil the gap, until the procured VTM is received, MoHP is planning to procure 35,000 VTM through direct procurement, which development partners have been asked to support. MoHP requested development partners providing COVID-19 commodities at the central level, provinces (PHLMCs), district stores, or hub hospitals, to ensure those commodities are entered into eLMIS at the time of handover, before commodities are dispensed. Lack of availability of PPE and COVID-19 supplies internationally, and lack of storage space for PPE and health supplies in Provinces One and Two remain a concern.



Early Recovery Cluster

The Early Recovery (ER) Cluster leads and co-leads met to discuss ER priorities in light of the narrowing of the mandate of the cluster from socio-economic recovery to early recovery. A first draft of the workplan has been shared with government leads. A Cluster meeting will be held next week, following the government approval of the ER TOR.



Risk Communication and Community Engagement

This week, around 8,000 concerns, feedback and queries were responded through MoHP spokesperson, television, radio and hotlines (1133, 1115 and 1130). 33% of the concerns and questions received came from Sudurpaschim province and were related to the testing facilities and services provided at quarantine sites and their standards. A total of 63 nurses from 12 COVID-19 hospitals have been trained on risk communication, stress management and interpersonal counselling skills during infection prevention and critical care training. RCCE cluster members reached more than 300,000 people with stigma and discrimination (be kind and be respectful) messages through megaphone announcements, radio and television programmes. Radio and television programmes “Corona Capsule”, “Corona Care”, “COVID Kura”, “Hello Bhanchin Amaa”, “Jeevan Rakshya” “Pawankali Sanga Corona Ka Kura” and megaphone announcements reached more than 10 million people. Programmes broadcast included testimony of COVID-19 recovered persons, management of COVID-19 response and relief efforts by municipalities, actions taken by local governments and calls to be kind and support COVID-19 positive persons. Over 50 youth volunteers were mobilized under UNDP's COVID-19 response initiative, in coordination with Dhanusha and Simraungadh municipalities. Volunteers are supporting local farmers selling vegetables at roadsides to maintain physical distancing and facilitating the stay of returnee migrant workers in quarantine facilities. RCCE Cluster members reached more than 87,000 households through telephone counselling on COVID-19 and nutrition. Elected representatives and officials from nine high risk municipalities in three districts were sensitized to form ward level support teams for the dissemination of COVID-19 messages and engage with the communities for information dissemination, monitoring and establishment of referral mechanisms.

Increasing levels of stigma are anticipated due the exponential influx of migrant workers returning from India. The fear among the general public, and the belief that COVID-19 comes from outside of Nepal is expected to negatively impact the perception of returnees and thus how they are treated.



Inter-Agency Gender Working Group

Women's groups are raising concerns about the conditions in quarantine facilities in Rautahat, as the centres are not providing safe and accessible hygiene and sanitation facilities, accommodation or nutritious food. Cases of family members bringing meals to the centres is increasing the risk of community transmission. Pregnant and lactating women do not have access to the necessary health care services or separate areas for breastfeeding. Quarantine facilities have a high number of male residents, leaving women at risk of violence and harassment. Many facilities are overcrowded, making it difficult to assign women to separate rooms. Caste-based discrimination against Dalit community members staying in the centres is an issue of grave concern. Women's groups have also reported sexual harassment by security personnel working in the quarantine centres.

Women's groups are reporting that undocumented women migrants, often engaged in domestic labour, are unable to return to Nepal. These women have lost their livelihoods and do not have access to basic health services. Several women are also facing sexual violence. On 2 June, the Women Friendly Disaster Management Group, Inter-Generation Feminist Forum and the Disaster Risk Reduction Platform issued a Call for Action to remove the ban on women migrants and include undocumented women migrant workers in the government list for rescue and repatriation. The networks also recommend the government establish re-integration programmes and employment opportunities for women migrant workers. Women's groups are also reporting that sex workers and survivors of trafficking are unable to pay rent in Kathmandu and are being rendered homeless. On 26 May the Ministry of Women, Children and Senior Citizen and the Global South Coalition issued a joint Call for Action on dignified menstruation amidst the COVID-19 pandemic. The call raises the need for women and girls to access information and essential menstrual supplies and support. It also addresses stigma, taboos, restrictions and discriminatory treatment as human rights violations.



Cash Coordination Group (CCG)

CCG is planning to convene a meeting with MoFAGA to discuss the development of the draft cash assistance guidelines for local governments. The draft guidelines are being prepared by a CCG task team, with the support of an external consultant. Following discussions with MoFAGA and others key ministries, the guidelines will be circulated through diverse networks and an English version will be forwarded to humanitarian agencies. CCG and Social Protection Task Team (SPTT) have established a coordination mechanism for regular meetings and joint planning on advocacy to the government around the best usage of unconditional cash transfers to the most affected population. CCG has begun to review the existing ToR of CCG with a view to extending the scope and relevancy of the group considering the evolving situation.

For further information, please contact the UN Resident Coordinator's Office:

Prem Awasthi, Field Coordinator, prem.awasthi@one.un.org, Tel: +977 (1) 552 3200 ext.1505, Cell +977 9858021752

For more information, please visit <http://un.org.np/>, <https://reliefweb.int/>

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