



## Nepal COVID-19 Cluster Update #11



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### Overview

During the reporting period, Nepal recorded 3,587 new cases, taking the total to 4,364 positive cases including 15 deaths. This represents an increase by 461% compared to the last report (26 May). 72 of the 77 districts have positive cases with nearly half of the total new cases (1,592) in Province 2, followed by Province 5 with 1,315 cases. Among the positive cases, nearly 94% have travelled from India in the last 14 days. The Ministry of Health and Population (MoHP) has intensified contact tracing and case investigation of all the new cases. The daily PCR testing rate has increased over the week, with an average of 4,000 tests a day.

Arrivals of Nepali migrants from India continue to increase with significant overcrowding in border areas. Provincial and local governments are managing returnees in the holding areas and quarantine centres. As of 10 June, 172,266 people are 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 access only for emergency services.

The Government of Nepal has decided to facilitate the return of Nepali nationals stranded abroad by the ongoing travel restrictions. On 5 June, the first rescue flights were organized to bring 194 Nepalis from Myanmar (26) and the United Arab Emirates (168). Upon arrival they were screened at the Tribhuvan International Airport and transported to preidentified holding areas. As per the government decision, 25,000 Nepalis will be repatriated on a priority basis in the first phase. 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.



## Health Cluster

The Health Cluster has been activated at federal level and now in all provinces. The Ministry of Health and Population (MOHP) has added an additional testing lab (Sagarmatha Hospital) to a total of 21.

Two more guidelines have been endorsed this week:

- Minimum standards for donor agencies/partner organization for COVID-19 logistics support to MoHP, 2020
- Revised National Testing Guidelines for COVID-19

Sexual and Reproductive Health (SRH): The minimum standards of the Reproductive Maternal, Neonatal and Child Health (RMNCH) services in quarantine sites has been prepared, advocacy for its integration in the national guidelines for quarantine sites is ongoing. Partner mapping is ongoing at provincial level. Human resource availability and capacity concerns are being expressed at all the provincial cluster meetings, and support has been requested from partners. A total of 40 maternal deaths have been reported since the lockdown (in the last 3 months), the information on causes for maternal deaths is currently being analysed and recommendations will be taken forward by the small task team led by the Family Welfare Division (FWD).

The RH sub-cluster has prepared estimates for required PPEs for service providers, in the 4000+ health facilities that are providing SRH services, including birthing centres and referral. The PPE support is critical for protection of health service providers and to enable continuity of the lifesaving services. Partners' support for procurement and logistics of this are sought. The sub-cluster is planning a comprehensive assessment of the RMNACH service readiness and utilization. This week, 745 callers have accessed helpline services, with the highest number from Bagmati province (266), followed by Sudurpaschim (135) and Province 5 (105), majority are male callers (69%) with queries relating to adolescent's sexual health issues (166) followed by safe abortion (125).

As of 10 June 2020

Total districts affected: 72
Total sites: 21
Total PCR tests done: 110,744 (more than 4,300 per day in the past week)
Total PCR positive: 4,364 (Increase of 2064 in past week)
Total active cases: 3,675
Total discharged: 674 (392 in past week)
Deaths: 15 (6 deaths in past week)
Total isolation beds: 5,397
Total people in isolation: 3,675 (confirmed cases)
Total quarantine beds: 238,783
Total people in quarantine: 172,266



## Protection Cluster

Psychosocial Support: a media survey conducted among 2,014 persons showed that 32 per cent of respondents experienced two or more forms of psychosocial problems such as restlessness, fearfulness, sadness, worry and anxiety since the lockdown. Women, people living alone, parents of young children, youth below 25 reported higher prevalence of psychosocial problems. Psycho-social support is provided through different modalities: remote counselling, online platforms and one-on-one counselling and deployment of community-based psycho-social community workers (CPSW). Through these approaches, a total of 6,037 persons (2,256 males, 3,777 females and 4 third gender) received psychological first aid and counselling services. Questions about relief assistance and concerns over health and rising feelings of fear, anxiety and stress are the main issues raised by callers. Community psychosocial workers (CPSWs) and community outreach workers were mobilized to raise awareness on COVID-19 and psychosocial well-being in communities. In coordination with the local government, they reached a total of 21,867 persons (8,689 males and 13,178 females) across all seven provinces. stress management and psychological first aid activities

also reached a total of 2,078 people (1,907 males and 171 females) in quarantine facilities in Banke, Kanchanpur, Kalikot, Surkhet, Ramachhap, Jhapa districts to address the psychological impact of quarantines and isolation.

GBV: A total of 1,375 GBV survivors (265 new cases) including 248 adolescent girls (53 new cases) and 29 elderly (2 new cases) received multi-sectoral support through peripheral health facilities, safe houses/shelters, One Stop Crisis Management Centres (OCMCs), legal and psycho-social counsellors and police. 2003 females including 189 girls, 16 women with disabilities and 40 elderly people in quarantine centres received dignity, kishori, and hygiene kits in Provinces 1, 2, 3, 5 & 7. GBV actors trained 489 (325 females, 164 males) service providers on survivor-centred GBV prevention and response services. In order to support those seeking assistance and information on GBV prevention and response, referral pathways reached 5,395 (4,182 females and 1,213 males) persons, of which 1,039 were adolescent girls, in all provinces. A total of 157,747 persons were reached through messaging on harmful practices including GBV, domestic violence care burden and early/forced marriage.

Child Protection: child protection actors supported a total 2,371 children with care arrangements (family reintegration support, placement in interim/transit care centres) and/or emergency support (transportation services, immediate relief materials). 47 of these children were referred for additional services, including health, security and justice. A total of 2.6 million were reached through child protection messaging through local FMs and radio stations.

Migrants: A communication tool 'COVID 19' has gone live with the aims to better inform migrants and the communities using official resources, COVID-19 communication materials/tools, helpful information/services delivered in countries of origin (Nepal) and labour destination countries to ensure migrant's wellbeing, health and safety of migrant workers in the destination countries. In addition, a short awareness animated video to address fear, stigma and discrimination against the migrants and communities has been developed and widely disseminated to sensitize the general public on this issue.

Refugees: 57 refugees received medical service including maternal health services through UNHCR-supported ambulance service in Kathmandu. The ambulance service is on standby to provide service to the needy host community. Activities to promote the service to refugees, host community, GBV survivors and were carried out in Bhudalinkanta municipality. Virtual psychosocial social support was provided to 28 refugees and host community members from Beldangi and Sanischare

#### Challenges:

Some quarantines, isolation and transit centres do not reach the standards in the Government's guidelines. This not only increases the risk of COVID-19 transmission, but also increases psychosocial distress. To address these issues, psychosocial support interventions including stress management, psychosocial first aid and awareness raising interventions are being provided. Humanitarian actors continue to advocate for women and child-friendly services in quarantine centres and possibility of home quarantine for those who belong to vulnerable groups. This includes elderly persons, persons living with disabilities, pregnant and lactating women. Managing gender friendly quarantine site as per the government's standard remains a challenge. Women and girls lack sanitary materials in the quarantine centres

Restriction of movement and unavailability of transportation has hindered service seekers from accessing OCMCs and safe houses. Lack of protective equipment for health and other GBV frontline workers limits the ability to provide services of the necessary scale, to GBV survivors and those at risk of GBV.



## 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 faced challenges in terms of accessing adequate financial resources from the federal government to manage quarantine sites and address increasing essential needs associated with migrant returnees. Over 41,600 households in 50 districts 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.

Capacity strengthening support to the 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 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.

The prices of food commodities have reportedly increased in Province 1 and Sudur Paschim Province around 10 – 30 %, while a decreasing trend has been observed in Gandaki Province since the transportation ban was lifted. Karnali Provincial Government is planning to procure and stock up around 4,000 MT of food (rice, wheat, lentils) through FMTC, anticipating the probability of future food insecurity in the province due to Covid-19 impact. Farmers are preparing for transplantation of the main paddy crop as the monsoon season is approaching. MoALD, with support from humanitarian organizations, is planning to conduct a joint assessment (rapid assessment and impact assessment) on food security and agriculture.



## WASH Cluster

To date, 46 WASH cluster members, including their implementing partners, provided WASH support to a total of 137 Health Care Facilities (including 49 hospitals), 34 quarantine centres, eight isolation centres, and a number of communities covering a total of 386 municipalities in 70 districts across all seven provinces.

WASH Cluster members have volunteered to extend support to basic WASH facilities in all 20 Points of Entry (PoE) in close coordination with the Government's Crisis Management Committee. 32,092 returnees in the selected PoE were reached with bottled water together with food assistance. In addition, three female toilets, four male toilets, two toilets for kitchen staff providing food assistance, three drinking water stations, and two garbage pits in transit points were also constructed/installed in Karnali province. Similarly, one male and one female toilet and one water station in two PoEs were repaired. Soap, and buckets were also provided as part of the WASH support at the PoEs.

WASH cluster organised three online orientations for WASH stakeholders and partners, Twenty-nine (Female-5 and Male -24) health personnel from hospitals and provincial health directorates and WASH partners in Karnali and Surdurpaschim Provinces benefited from the online orientation on rapid assessment of health care facilities for WASH and IPC status. In addition, 39 WASH sector partners and stakeholders (6 Female and 33 male) were oriented on WASH and COVID 19 response.

Minimum WASH supplies and cleaning/disinfection materials were provided to 186 Health Care Facilities (HCF) which included 49 Central, Academia, Provincial, Zonal, and District level Hospitals and 137 Health Post, Primary Health Centre, Urban Health Clinic, and Community Health Unit. In addition similar supplies also provided to 34 quarantine centres and nine isolation centres. The support continues to ensure WASH facilities in the HCFs. So far 820 handwashing stations have been installed in HCFs and communities.

Cluster members continued to provide WASH supplies to health care facilities, isolation centres and quarantine centres.

Cluster members have thus far provided critical hygiene supplies to 31,042 families. The supply includes, buckets/water purification tablets, masks, soap bars and hygiene kits.

#### Challenges:

With the evolving situation at the PoEs, the exponential increase of Quarantine centres and new guidance on additional isolation centres, focusing on district hospitals and Primary Healthcare Centres, the WASH conditions and requirements are significant and require substantial resources.

Due to the sharing of responsibility of water supply support and sanitation/hygiene support between Provincial Ministry of Physical Infrastructure Development and the Ministry of Social Development, the provincial cluster coordination mechanism has become challenging in Province 1 and 3.

There is huge challenge at the local level to implement the guidance provided by the federal government. Technical backstopping is required for local government to respond to the current needs in the systematic manner.

Providing required WASH support to quarantine centres of enough scale to cater for the anticipated 25,000 returnee migrants will be challenging given the limited number of agencies supporting the QCs. There is a similar challenge when it comes to provision of WASH and IPC support in the Health Care Facilities, due to the limited number of WASH partners/agencies providing support while the number of patients and HCFs are continuously increasing.

The shortage of WASH supplies continues which is caused by the restriction on international flights/transportation as most of the WASH supplies and related raw materials are being imported.



#### **Nutrition Cluster**

1,110 children age 6-59 months with Severe Acute Malnutrition have been treated in the last 3.5 months at 539 OTCs (out of total 557) and 15 NRH (out of 21). The central medical store of Pathlaiya, along with provincial medical stores has dispatched approximately 1,000 cartons of ready-to-use therapeutic food (RUTF) to different districts nationwide. UNICEF procured additional 2,000 cartons RUTF, 250 cartons F75, 300 cartons F100 and 5,000 packs MUAC tapes for the treatment of children under-five years of age with Severe Acute Malnutrition. These nutrition commodities are prepositioned at Government warehouses and ready for release upon request of the district health offices. MSNP coordinators and volunteers have been mobilized to support monitoring of the distribution of the local government's relief package; to date 49,348 of Golden1000Days households received relief packages from local government.

The nutrition cluster reached 287,295 households with radio messages on nutrition through 168 FM radio services; 315,165 HHs with SMS on Infant and Young Child Feeding messages; and 278,029 pregnant and lactating women (PLW) with IYCF messages through SMS and 228,623 PLW were counselled through telephone services. 744,709 Households were provided with counselling services via telephone on nutrition and COVID-19 messages.

### Challenges:

Screening children for acute malnutrition is not feasible in the COVID-19 context making it difficult to identify children in need of treatment. In lieu of screening, UNICEF is exploring options for Family or Mother MUAC. The Nutrition Cluster has identified a need to prevent acute malnutrition by implementing blanket supplementary feeding to 6-59 months children, pregnant and lactating women in those districts with multiple vulnerabilities; pre-existing high level of wasting, flood prone and COVID-19 affected. Therapeutic food is needed for 8,000 children with Severe Acute Malnutrition (8,000 cartons RUTF). There is a need to define the nutrition response for children under five years of age and pregnant and lactating women at boarder entry points and quarantine sites.



### Shelter Cluster

Cluster members continue to support local authorities' quarantine management by providing shelter items. Cluster members are exploring ways to extend their engagement in quarantine centres to support returned migrants. Cluster members are also supporting the further establishment of quarantine centres.



### Education Cluster

Education Cluster members distributed 20,545 self-learning packs in Provinces One, Two, Bagmati and Gandaki. 2,887 out of 4,125 community schools in Gandaki Province received the textbooks for students. School radio programmes have reached more than 43,000 children in Provinces 2, 5, Karnali and Sudurpaschim, and home-based learning support has reached 3,257 children in Provinces 2, Karnali and Sudurpaschim. Broadcasting of two radio programs on education targeting parents - 'Ramaundai Sikdai' and 'Sikdai Sikaudai' from 85 radio stations nationwide is ongoing.

### Challenges:

Schools being used as quarantine shelters continues to be a challenge, risking schools remaining closed beyond the official reopening date. Also, there is a lack of disaggregated data of children who need education support in the quarantine sites.

There is a delay in the delivery of self-learning materials for home-learning for the most disadvantaged children who do not have access to any kind of media or distance education due to lockdown.



### Logistics Cluster

Consolidation of flights: The Cluster shared the flight information of 3 flights during the reporting period. (Japanese embassy-chartered flight from KTM-Narita-KTM on 11th and 12th June and from Narita-KTM on 5th and 8th of June). The next WFP Air Passenger flights, KUL-KTM-KUL, are scheduled for 17th and 24<sup>th</sup> of June. This is currently only for outbound passengers and for inbound cargo to KTM. Malaysian Airlines have announced they will resume commercial flights on July 1st to KTM, but they have also not yet received permission for passengers to enter Nepal. The Logistics Cluster plans to start transport service to all District HQ's by June 22nd. The Cluster transported goods for Save the Children, Action Against Hunger (ACF) and Nepal Army. Logistics cluster provided a standby pickup vehicle to the health directorate in Karnali for 1 month, for ad hoc dispatch of critical COVID-19 health supplies to districts stores. To date, the Cluster has transported approx. 75.2 MT (752 cbm) of cargo of medical items.

There is a potential transport gap of medical supplies (family planning and MCH) from districts health stores to health facilities.



## Risk Communication and Community Engagement

Feedback modalities: with the support from the RCCE members, this past week around 8,400 questions and concerns from the public were answered via the Ministry of Health and Population's regular press briefings television and radio programmes, and hotlines. The broad range of topics included the status of COVID-19 cases in Nepal, quarantine support and testing facilities, government plans to bring back Nepalese from abroad and whether COVID-19 is transmitted through raw vegetables and fruits. According to a recent survey that was conducted, almost 99 per cent of the population is aware of COVID-19, 75 per cent are aware of three types of symptoms and more than 80 per cent are practicing three preventive behaviours (frequently washing hands, wearing mask and staying at home).

Reach of anti-stigmatization messages: RCCE working group members have reached more than 1 million people with messages to address anti-stigma and anti-discrimination focusing on migrant workers and COVID-19 cases - through radio, television, print, megaphone announcements and social media platforms.

RCCE working group members provided support to draft a joint anti-stigmatization and discrimination strategy to address the stigma and discrimination against health workers, returnees and COVID-19 cases. A joint anti-stigma and anti-discrimination campaign will be implemented to foster support and positive attitudes towards the returnees, migrant workers health workers and their families. To date, more than two million people have been reached with stigma and discrimination messages.

Reach of various messages: More than 12 million people were reached with messages on the role of health workers, rumours related to the treatment of COVID-19 through homeopathy and ayurvedic medicine, mental health, and guidance for the families of migrant returnees. These were shared through various radio and television programmes.

More than 25 million people, during the reporting week, were reached through social media channels with messages on COVID-19, prevention, parenting guidance, stigma and discrimination, and menstrual hygiene. Among the reached population, 43% were female and remaining are male.

Capacity building: Five municipalities and ward level elected representatives and staff were oriented on how to form community level support groups that can reach out and support vulnerable families and individuals. These groups will focus on: sharing COVID-19 preventive messages; addressing rumours and concerns/questions related to the available services; monitoring of the COVID-19 like symptoms; and referrals to the health services. The community level information dissemination and engagement will also support the general population in addressing stigma and discrimination.

Private sector engagement: an MOU was signed with the television satellite company, Dish Home, for the dissemination of COVID-19 awareness messages through its satellite network reaching over 1.5 million households in Nepal. RCCE engaged the Nepal Bottle water Industries Association and their provincial representatives to support timely provision of water to migrant returnees.

### Challenges:

There is a growing public anti-government sentiment seemingly originating from increasing frustration about the COVID-19 response efforts, the economic repercussion from the lockdown and an overall sense of fear. This is impacting the public perception around supplies (for example) being procured by agencies and being then handed over to government officials.



## Inter-Agency Gender in Humanitarian Action Working Group

Based on a UN consultation among 230 municipalities, Deputy Mayors and Mayors have highlighted stigma and discrimination against returning migrants, lack of border management, shortage of testing kits for COVID-19, data collection, decline in remittance, lack of coordination, alcohol abuse, suicides and gender-based violence as key concerns in their respective localities. Municipalities in remote areas (Jumla and Humla) are also facing shortages in relief supplies. Local governments are providing seeds and subsidies to farmers as well as developing plans for reintegration of returning migrants. Despite the numerous challenges raised above, women in leadership positions are gaining confidence through the experiences and response during this pandemic.

With the support of the UN, Ministry of Women, Children and Senior Citizen has launched a [Gender Equality and Social inclusion Checklist for Quarantine sites](#). The checklist is a practical tool to assess the safety, dignity and service provisions of quarantine centres for women, girls, children, persons with disabilities, LGBTIQ members and other vulnerable and excluded groups.

At the GIHA WG, the Mayor of Dipayal Silgadi shared that committees including women's groups, female health workers and volunteers has been established to respond to the COVID-19 crisis. In Dhangadi Sub-Metropolitan, Kailali (Sudurpashchim Province), programmes targeting women have been halted due to the lockdown. Separate quarantine facilities have also been established for women and children. Further, Dhangadi Sub-Metropolitan is exploring COVID-19 specific programmes for elderly, women, persons with disabilities, victims/survivors of domestic violence and more. The Deputy Mayor reports that fewer women and girls are practicing chhaupadi during the lockdown.

As migrants are returning from abroad, the Deputy Mayor of Dhulikel Municipality (Province 3) is raising concern over the inadequate infrastructure and equipment available in quarantine sites. Gender and disability friendly quarantine centres with masks, hand sanitizers, hand washing supplies are available in Dhulikel Municipality. To address the increase in gender-based violence, the municipality has identified safe houses, health facilities and female police focal points to support victims/survivors of violence. A COVID-19 fund (approx. 80 000 USD) has been established by the municipality to buy medicines and implement preventive measures to tackle the pandemic. The municipality has also established and allocated funds to address the needs of women, persons with disabilities and Dalit community members.



## Inter-Agency Cash Coordination Group (CCG)

The CCG and Social Protection Task Team organized a joint meeting and plan to jointly for advocate for the use of unconditional cash transfers to the most affected populations.

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

**Prem Awasthi**, Field Coordinator, [prem.awasthi@one.un.org](mailto: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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