



Coronavirus disease 2019 (COVID-19) Update #02



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Overview

The Humanitarian Country Team (HCT) in Nepal has finalized a Nepal **COVID-19 Emergency Preparedness and Response Plan** in close coordination with the Government of Nepal. Humanitarian Agencies and the UN Provincial Coordination Focal Agencies have been closely working with their respective ministries both at the federal and provincial level.

Nine people have been reported as positive for COVID-19. A first case of local transmission was confirmed on 4 April in Sudurpaschim Province, making it the ninth case of coronavirus infection in Nepal. The Government has intensified mass testing (rapid diagnostic test) for COVID-19 in Baglung, Kailali and Kanchanpur districts where the majority of the positive cases are from. Laboratories for testing COVID-19 samples have been established in all provinces. A total of ten institutions have functional laboratories to test COVID-19 through the PCR (Polymerase Chain Reaction) method across all seven provinces. As of 8 April, a total of 2,357 suspected cases have been tested negative out of the total of 2,366 samples tested. 134 suspected patients are undergoing treatment in isolation.

On 6 April, the government of Nepal extended the nationwide lockdown until 15 April to prevent the spread of COVID-19. All public or private vehicles are restricted except those used by security forces, health workers and vehicles transporting foods and essential goods. All international and domestic flights have been halted until April 30 except for security agencies and evacuation flights organized by diplomatic missions. The lockdown will mostly likely be prolonged, and border crossing with India and China are closed.

A significant number of temporary quarantine centres are being established in all provinces. Gaps in basic conditions and compliance with Government Standard protocols (including provisions for infection prevention, social distancing, case identification and isolation) continue to be reported as one of the big concerns in the management of temporary quarantine sites. The Provincial and Local Governments are managing temporary quarantine shelters along with tracking recently returned migrant workers. Almost all local governments have a designated quarantine site.

The reduction in access to basic health services is becoming a concern. This is reportedly happening due to the health professionals and front-line health workers being scared to work due to the lack of necessary personal protective material, and reportedly some of the private hospitals are not accepting patients, citing the unavailability of isolation wards and PPE etc.

Shortage of supplies related to COVID-19 continue to remain a reported challenge, including PPE kits, masks, gloves, in thermometers and hand-sanitizers for health workers. Lack of proper training, protective equipment and safeguarding protocols for health professionals to handle suspected cases of COVID-19 for tracing, testing, quarantine and isolation are also reported as concerns. Partners report that most of the designated hospitals in province lack ventilators, pulse oximeter, oxygen and necessary drugs.



Food Security Cluster

The local governments are providing food relief support to daily wage workers, the unemployed, and other poor and vulnerable people impacted by the lockdown. Similarly, the respective provincial and local-governments are providing food to individuals suspected of having COVID-19 infection, who are kept in group quarantine facilities, as per the government-approved criteria on the operation and management of quarantines.

The Food Security Cluster is working with partners to prepare for any gaps in the Government-led assistance. Partners are also planning for a potential need for food assistance and food security/livelihood restoration support for vulnerable people in the post-lockdown period due to the socio-economic impact of COVID-19. The cluster partners are planning mainly in-kind food assistance, unconditional cash-based transfers and conditional cash-based transfer for restoration/recovery of livelihood and food security for vulnerable families. Some of the INGOs have provided in-kind food support through LGs for around 500 HHs in Karnali Province.

Household food security monitoring (4,400 households countrywide) is ongoing, along with a market functionality study and high-frequency market price monitoring (30-40 markets). The Food Security Cluster meeting is discussing the impact of COVID-19 on people's livelihoods, food security and potential interventions from cluster partners. A blanket one-time COVID-19 assistance to be used as an emergency buffer for food and household items of 3000 NPR (24 USD) to Urban and Bhutanese refugees is being provided.



WASH Cluster

An assessment of WaSH services in five COVID-19 designated health facilities (Province 7- (1), Province 5- (2), Province 2- (1) and Province 3- (1)) has been completed, and four others are ongoing. Initial findings suggest gaps in the following areas: i) lack of water quality treatment facilities ii) lack of disability and menstruation hygiene friendly toilets iii) irregular toilet and surface cleaning practices and supplies, iv) lack of adequate number of handwashing facilities, v) major issues related to hospital waste management including open dumping in backyard, vi) unsafe linen cleaning practices, vii) lack of personal protective equipment for health care workers and auxiliary staff who deal with cleaning and waste management, viii) lack of disinfection equipment such as autoclaves and other cleaning supplies, and ix) open drainage around the hospital premises. Action plans are being developed to support government hospitals to address these issues.

A joint Health and WaSH Cluster comprehensive Health Facility IPC (infection prevention and control) assessment in designated hospital has been finalised. Guidance for minimum WaSH requirements in quarantine centres has been developed for cluster members supporting the quarantine centres.

Some of the cluster members have initiated distribution of hand sanitizers (1247 bottles), soap (837 bottles and 260 bars), gloves (1350 pairs), hygiene kit set with buckets and mugs (100 sets) in some high-risk communities in Sudurpaschim Province.



Health Cluster

The health cluster was officially activated by the Ministry of Health and Population (MoHP) on 9 April 2020 to support and coordinate the ongoing health sector response to COVID-19. The MoHP has activated the Incident Command System. There are five pillars of this: Operation; Planning & Budgeting; Logistics Management; Communication and Coordination and Admin/Finance. MoHP has formed seven teams under the leadership of the Joint Secretary to support and monitor progress and also to identify the gaps (HR/Logistics) in the response. Lab testing services have been expanded at 11 places (Teku, TUTH, Dulikhel, Hetauda, BPKIHS, Janakpur, Chitwan, Pokhara, Surkhet, Bhairhawa and Dhangadhi). The MoHP has started using Rapid Diagnostic Testing (RDT) in selected districts in quarantine settings where applicable. A 24/7 hotline services has been activated. The Early Warning and Reporting (EWARS) sentinel sites are up and running and have been reporting on COVID-19. Guidelines for contract tracing, Infection Prevention and Control (IPC) and case management have been endorsed by the MoHP. The top three urgent asks from MoHP in the cluster meetings are: support for test reagents and viral medium, PPE and infrared thermometers within 7-10 days. Additional requests will be clearly outlined in the minutes of the health cluster meeting and circulated for further support from the partners.

As of 8 April 2020	
Total tests performed =	2366
Total positive cases =	9
Result awaited =	179
Suspected people are in isolation wards =	12 (central designated hospital) + 122 = 134
Total beds available in quarantine facilities =	36471
People in quarantine facilities =	8580

Six medical tents pitched next to hospitals (two 42 square meter and four 24 square meter) have started to operate as fever clinic in Province 2, Karnali and Sudurpaschim Provinces. The tents provide space to maintain physical distancing of the patients who come for a check-up

Cluster partners have dispatched the following commodities: 1000 bottles (100 ml) and 1000 bottles (500 ml) of hand sanitizer; 100 blankets; 34,600



ORS packets; and 150 Long Lasting Insecticide Treated (LLN) bed nets also been delivered on 6 April 2020 to Karnali and Sudurpaschim province to support designated COVID hospitals, isolation facilities on request from the Government. Following the initial assessment of Teku hospital, locally available 500 blankets, 100 hygiene kits, buckets and mugs were provided for patients in isolation, quarantine. Support is provided by partners to the National Health Training Centre (NHTC) to support a Nepali voice-over for the online learning/training packages for

medical doctors, nurses and other health workers in hospitals providing isolation and ICU services, and a package for public health managers.

Cluster partner have supported the procurement of PPE materials to a total value of USD 300,000 including coveralls, masks, surgical masks and gloves through the global supply chain. Delivery will be as soon as possible, subject to organization of freight and logistics options. Procurement is planned for an initial 20,000 health and hygiene kits; the kit is a composite of the Nepal Standard Hygiene kit complemented by additional listed items added to support the self-care support of those in self-quarantine/isolation.

The Reproductive Health (RH) sub-cluster, led by the Family Welfare Division (FWD), is regularly updating the Maternal Health services data from various sites across country. Sexual and Reproductive Health (SRH) services, including family planning and institutional deliveries at health service delivery sites, have decreased, due to restricted mobility of both health service providers and clients. All health facilities are reportedly running only the emergency services; hence the basic RH services are affected. In addition to the need to continue lifesaving RH services, the RH sub-cluster also notes the need for adequate protective equipment, supplies and guidance to enable protection of the health service providers in the health facilities. There is an urgent need to make personal protective equipment (PPEs) and supplies available to referral and obstetric care sites. The continuation of life-saving RH services is also reportedly impacted due to the resources being diverted to the COVID-19 response. At this time, NGOs have called for the enactment of the safe motherhood and reproductive health rights act to ensure continuity of essential SRH care. There is need for a rapid assessment to better understand the impact of COVID-19 on the SRH services. Further, the RH cluster has finalized the risk communication messages for pregnant and lactating mothers, that are disseminated and aired in various languages through 298 radio stations in all 7 provinces. In addition, technical guidance for continuation of essential SRH services is being prepared and will be rolled out upon endorsement by the MoHP within a week.



Nutrition Cluster

The Nutrition Cluster have endorsed the Infant and Young Child Feeding (IYCF) and Integrated Management of Acute Malnutrition (IMAM) guidance notes for healthcare workers related to breastfeeding and treatment of severe acute malnutrition in the context of COVID-19. It is recommended that all women, irrespective of COVID-19 status, should be supported to breastfeed whilst adhering to infection protection and hygiene measures.

The Nutrition Cluster has been activated in the provinces. This is likely due to the lockdown situation and inability of parents to access health care services. Currently there are 446 out of a total of 542 Outpatient Therapeutic Care centres functioning and able to provide treatment to children with acute malnutrition across the country. All 21 Nutrition Rehabilitation Homes, which treat children who have severe acute malnutrition and other medical complications, are closed.

In collaboration with the Health cluster, nutrition experts are contributing to a systematic mechanism for monitoring the continuity of primary health care services; reproductive, maternal, infant and child health and nutrition. (ANC, labour and delivery, PNC, immunization, micronutrient supplementation, SAM treatment).



Protection Cluster

A total of 116 people (65 females and 51 males) have received psychosocial services through existing helplines and hotlines. Among the total callers, 7 were referred for psychiatric consultation. Most of the calls were related to information on symptoms of COVID-19 and to share their feelings of fear and anxiety. Follow up calls were also done for those individuals in need. A dedicated hotline service is operational to support all persons of concern and responds to critical protection needs. The Nepal Police- Directorate of Women, Children and Senior Citizens has produced awareness raising materials and disseminated through digital platforms.

Continuous services are being provided to responds to GBV cases through 13 safe shelters in Provinces. Services including psycho-social counselling was provided to 13 people. A general guideline for persons with disabilities for COVID-19 response has been drafted by the National Federation of Disabilities- Nepal and widely disseminated. Protection messages highlighting the vulnerability of women, children, migrants, people with disability and other persons of concern including refugees in the current situation have been developed. Guidelines also promote the use of Help-line services including the Hotline of the Nepal Police for assistance are developed, these have been disseminated in local languages. In addition, awareness on COVID-19 was conducted at 2 checkpoint posts (Dhulikhel and Thankot) for police personnel and internal migrants crossing/travelling to reach home. Protection thematic (psychosocial support, GBV, child protection, persons of concern-refugees, migrants/Points of entry) preparedness and response plans have been finalized.



Shelter Cluster

Shelter and CCCM clusters, have requested local governments to share information about quarantine centres established in provinces and at local level. The Department of Urban Development Building Construction (DUDBC) is convening regular coordination meetings of Shelter and CCCM clusters and has extended offers of support in the management of quarantine centres to the local and provincial governments. To operationalize quarantine centres, fulfilling the role outlined in quarantine operation guideline of government, Shelter cluster members are closely working with municipalities as well as providing shelter items (blankets, beds, mattress etc.) to the centre. Using the Displacement Tracking Matrix tool, CCM cluster has collected information, information on restrictions and flow of all official Point of Entries (POEs) in Nepal India border. This will also assist in keeping track of population mobility in the future.

Logistics Cluster

The concept of operations for the Logistics cluster has been discussed. The current Logistics gaps are: lack of international airfreight capacity to Nepal, availability of PPE and COVID-19 health supplies on the global market, and challenge of clearing items & paperwork for customs due to closure of the Department of Customs. The cluster is engaged with the Department of Customs to clarify the fast track process for customs clearance. The Logistics cluster has been coordinating international flights to consolidate cargo capacity and has so far shared information on five flights. This successfully enabled cargo for partners on a flight from Doha, and from China.

Socio-Economic/Early Recovery Cluster

The SER focused workplans and tentative budgets are being prepared. The cluster is continuing to refine the proposed activities and formulate ways to integrate activities across agencies and across government mechanisms. Many common threads in the proposed activities were noted, such as the prevailing focus on returning migrants. The cluster meeting acknowledged the need for a concerted effort to review and analyse proposed activities to avoid potential duplication and leverage synergies where practical. The cluster is also currently working to expand government coordination by exploring other government agencies in addition to the Ministry of Federal Affairs and General Administration (MoFAGA), such as the Ministry of Finance (MoF), National Planning Commission (NPC) and Ministry of Labour Employment and Social Security (MoLESS).

A telephone survey of the social and economic impact on women and children (caregivers) was drafted and was tested to be implemented in some 6,000 households in the coming two weeks. The SER cluster has coordinated with the Nepal Social Protection Task Team to develop a joint advocacy and programming position focusing on providing social protection measures such as emergency cash transfers to poor and vulnerable groups. The idea is to provide one or two payments to vulnerable households, potentially using the databases of Social Security Allowances (SSA) and the Prime Minister's Employment Program (PMEP). This will ensure that most of the demographically and economically vulnerable are covered. Income support will also be provided to affected seasonal workers. Building on existing social security databases, cluster partners are looking to provide emergency transfer to households with members who lost their jobs/livelihoods. Grants to firms to promote worker retention have also been suggested as has the provision of grants to subsistence and micro-enterprises (partial wage or sick leave payment, deferral of tax, social security contribution or loans, etc.) Health cost support is also being considered and one idea is to subsidize health insurance premiums for all for one year.

Education Cluster

The School Management Committee Federation has issued an appeal to avoid the use of schools as quarantine centres, following several reports of this practise. Based on partners assessment on the use of schools as quarantine centres, the following has been determined: 449 schools have been

prepared as quarantine sites in Province 2 and Province 5. As of 8 April, 274 schools are used as quarantine centres, sheltering 2,806 people in province 2, Karnali and Sudur Paschim province. Education-specific Public Service Announcement (PSA) for parents and children have been developed. The announcements focus on ways of creating a learning environment at home during the lockdown period and on how to communicate with children about COVID-19 and its prevention. The messages are developed in two languages (Nepali and Maithali). PSAs are disseminated through 34 local radio stations at the federal level.

Work is undergoing on rolling out the digital learning platforms. A technical working group has been formed to develop a home learning pack for children from Early Childhood Development to Grade Three. Provincial Education Clusters have been coordinating efforts at the provincial level.



Risk Communication and Community Engagement

More than 15 million people have been reached through risk communication messages from radio, television, print media, megaphone announcements, telecommunication platforms, social media and online news. A citizen pulse survey on COVID-19 has been completed and findings shared with wider stakeholders. More than 98% of the respondents are aware of COVID-19. Around 90 percent of the respondents were aware about handwashing and more than three quarters of the population are aware of mask use and avoiding the crowd, as the protective measures. Partnership agreements have been signed with the community radio broadcasters and Nepal Television to produce and broadcast COVID-19 messages and issues. The radio programmes will be on air from 10 April 2020. More than 17,884 calls (IVR 10,296 and telephone 7,588) have been answered through hotlines services. 12,814 calls were on requesting general information on COVID-19 and 74 calls were on reporting the symptoms related to the COVID-19. Multilingual Radio public service announcements (PSA) on child protection, education, infant and young child feeding, and pregnancy have been produced and aired through various radio stations across Nepal.

COVID-19 preventive messages have been sent through SMS to 722,000 pregnant and lactating mothers in different areas. Three newsletters on rumours and misinformation have been developed and shared with wider stakeholders and media. COVID-19 prevention messages have been disseminated through outreach and megaphone announcements in major border areas focusing migrant workers.



Inter-Agency Gender Working Group

The first Gender in Humanitarian Action (GIHA) Task Team (TT) meeting was held 2 April 2020. Key issues highlighted during the meeting included: 1) Access to information on prevention in rural areas and urban slums (many do not have radio/tv/phones); 2) Access to Antiretroviral therapy for person living with HIV/AIDS; 3) Loss of livelihoods for daily wage workers/female headed households; 4) Lack of legal documentation may prevent access to relief; 5) Increase in the care burden; 6) Increase in domestic violence; 7) Food insecurity and inability to pay rent and education needs of children; 8) PPE's for health workers; 9) shelters being

converted to quarantine facilities; 10) Migrant workers not being able to come home as many do not have proper documentation; 11) people with disability are without care and forced to be homeless. As a recommendation, many participants expressed the need for a comprehensive relief packages (cash and in-kind support); accessible information, helplines and psychosocial counselling; need for strengthening women's leadership in decision making.



Cash Coordination Group (CCG)

The CCG has prepared a COVID-19 response plan, which is being discussed in CCG. This looks at cash interventions required for the lockdown and post-lockdown situation. The CCG is focused on using cash transfer mechanisms to reduce the risk of transmission and provide support to those in need in a timely manner. The CCG is exploring partners support to assess markets in terms of access to food, basic items and services and simultaneously coordinating with the government to explore the use of cash transfers in the COVID-19 response

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