



Coronavirus disease 2019 (COVID-19) Update #07



15 May 2020

Overview

Following the increase in positive cases of COVID-19, the government is taking stringent measures to enforce lockdown in areas which are considered to be more at risk. Some districts, such as Kabilabastu and Bara, have completely sealed district boundaries, restricting movement. Over the last three days 123 new positive cases were identified, bringing the total COVID-19 caseload for Nepal to 258. To date, no deaths have been reported in Nepal. A total of 21,367 swab samples were tested using the PCR method and 60,319 Rapid Diagnostic Tests (RDT) conducted as of 14 May 2020. There are currently 245 people in isolation and 14,313 in quarantine sites nationwide.

Nepal's nationwide lockdown has been extended to 18 May 2020 with curfew in specific localities. The latest lockdown extension is accompanied by an initial easing of restrictions to allow some industries and business to resume operations on a priority basis. Government offices, banks and financial institutions as well as insurance companies resumed operations with a minimum number of employees from 10 May 2020.

The Government of Nepal launched “the Health Sector Emergency Response Plan: COVID-19 Pandemic” with three strategic approaches and key interventions: (i) public health and social measures; (ii) hospital-based intervention and (iii) management and oversight. The Humanitarian Country Team (HCT) is finalizing the revision of its COVID-19 Preparedness and Response Plan.



Health Cluster

Health Cluster coordination mechanisms are activated in all seven provinces. Regular weekly provincial Health Cluster coordination meeting have been organized by Provincial Health Directors as chairs, with support from WHO Provincial Health Officers as co-leads. The Ministry of Health and Population (MoHP) endorsed two guidelines/SOP: ‘Guidelines for COVID-19 Case Investigation and Contact Tracing’, and ‘Pocket Book for Infection Prevention and Control Measures for COVID-19 in the Healthcare Setting’. The COVID-19 Health Sector Emergency Response Plan for COVID-19 was approved by MoHP with a budget of NPR 6.9 billion (USD 57 million). The plan was developed based on a scenario of 10,000 active cases and covers the core areas of: public health measures, socioeconomic measures, hospital-based interventions and oversight and management. Laboratory based PCR testing for COVID-19 has expanded to 19 different locations across the country, with at-least one in each province. Mental Health and Reproductive Health Sub-Clusters are actively providing relevant COVID-19 response support in their respective areas to MoHP.

Routine immunization, and maternal and newborn services resumed in almost all health facilities across the provinces. The number of service seekers is gradually increasing. A fear of transmission

of COVID-19 to frontline health workers and patients in health facilities continues, particularly in districts with a large number of COVID-19 positive cases.

Continuity of essential health services is vital at this time. As immunization services have recently resumed, vaccinations must be continued. To ensure this, uninterrupted supply of vaccine and syringes are critical. Due to the COVID-19 pandemic however, government's supply of BCG (Bacillus Calmette–Guerin) syringes has been affected.

The interim technical guideline for reproductive, maternal, new-born, child and adolescent's health (RMNCAH) and its detailed roll-out plan, including training package, is being prepared. The regular monitoring of maternal and new-born health (MNH) services in selected facilities continues to report low utilization of services, including for safe delivery. As reported by selected hospitals, five maternal deaths were reported last week (total 14 in the lockdown period). At least two of these deaths were due to delays in seeking care; reasons behind the others are being investigated. The RH sub-cluster is planning regular data collection on facility based maternal and perinatal death. Moreover, the need to generate greater demand for services is recognized. This should include risk messaging and clear guidance on access to services in the COVID-19 context. In this regard, the RH cluster, in coordination with MoHP, is working on a press release to reiterate service availability and focused messaging for accessing services. In addition, shortages in contraceptives for family planning at the facility level are reported, posing a risk of increasing unwanted pregnancies and unsafe abortions. The RH sub-cluster will continue to monitor the stocks of life saving maternal health and family planning commodities and undertake required coordination for adequate supplies.



Protection Cluster

Sixteen percent of children in institutional care (2,499 children) across the country have returned home. The National Child Rights Council continues to monitor the situation of children in institutions.

According to data collected through the child helpline number, 143 children (105 girls) have been reported missing during the lockdown period. Of this total, 40 (29 girls) have been found and reunited with their families. Tracing of the remaining missing children is ongoing. Fifty-one unaccompanied children, including children in street situations, were supported with family reintegration or placement in alternative care by the National Child Rights Council. Cluster members disseminated messages on non-violent discipline through social media targeting parents and reached more than 818,000 people with more than 11,000 engagements.

The Cluster provided psychosocial support to 3,562 persons (2,279 females and 1,282 males) through nine existing helplines, social media and one to one counselling and referred a total of 285 to various services (98 for psychiatric consultations, 33 to legal services, 52 to health services, 45 for security, 20 for relief assistance, 17 to both security and one stop crisis management centres and 20 to other services).

The Cluster organized a stress management session for 508 persons (172 males and 336 females) from different humanitarian organizations in Kathmandu (virtual), and college students from Kalikot district (face-to-face). Members also provided orientation to 24 psychosocial counsellors and

community based psychosocial counsellors (7 males and 17 females) from Province 2, Karnali and Sudharpachim on psychosocial first aid in the COVID-19 context.

One Stop Crisis Management Centres (OCMCs), safe houses and civil society organizations (CSOs) provided assistance to 356 GBV survivors in Provinces One, Two, Bagmati, Gandaki, Five and Sudurpaschim. More than 50% of cases were related to domestic violence while the remaining half were related to sexual and GBV, resource denial, forced marriage and child marriage. Survivors were referred to police, health and psychosocial counselling services.

To ensure continuity of GBV response services, two safe houses/shelters in Udayapur and Kathmandu districts have adapted their set-up to include isolation facilities with necessary supplies and facilities. The Cluster is providing technical support to Nepal Police to develop a guidance note/SOP on police response to GBV. Analysis of GBV and violence against children cases registered with Nepal Police, both pre- and post-lockdown is ongoing. Preliminary data suggests a drop-in reporting and an increase in suicide cases. The analysis will be used to guide advocacy and programming.

The Protection Cluster supported the development and broadcast of a TV programme called “Talk of the Town” through leading national television channels with a focus on Government preparedness plans for managing the return of migrant workers from major labour destination countries during the COVID-19 pandemic. The programme especially highlighted measures taken by the Government to contain the spread of the virus, quarantine centres to accommodate returnees and managing employment for the returnees within the country.



Food Security Cluster

Data processing and analysis for the household food security survey is underway. Once finalized, results will be shared widely. According to the information collected from 723 palikas, some 1.84 million households have been registered by local governments as of 12 May, of which 1.65 million households (90%) have received relief assistance during the lockdown period. Public works based conditional assistance has also begun, though a few urban municipalities have faced difficulties in formulating public works during the lockdown period. As per updated 3W information, 35,000 households have received or are receiving cash/food assistance from NGOs which complements the government relief assistance. According to information from Province 5, Bardiya district has been facing challenges in acquiring paddy seed and agricultural inputs, such as fertilizer, due to the ongoing lockdown, closure of markets and disruption of the supply chain. The Cluster, under the leadership of the Ministry of Agriculture and Livestock Development (MoALD) are working on a joint assessment (rapid assessment and impact assessment) on food security and agriculture.



WASH Cluster

Over 32 WASH cluster members and their implementing partners are responding to the COVID-19 pandemic in the areas of infection prevention and control and basic WASH services in 248 municipalities of 65 districts across all seven provinces. As of 8 May, Cluster members had provided minimum WASH supplies and cleaning/disinfection materials to 54 health care facilities, 21 quarantine centres and eight isolation centres. Furthermore, Cluster partners are also providing

support to enhance access to water supply, sanitation and hygiene facilities. Major supplies provided to health care facilities by cluster partners included soaps (8,462), hand sanitizers (5,618), hygiene kits (413) buckets and mugs (252), water purifiers (111,600 tablets), gloves (8,051), masks (2,968), bleaching powders (840 kgs) and other cleaning and disinfection items. In addition, hygiene kits (242), buckets/jerrycans (211), and water purifiers (340 sachets) were provided to isolation centres while quarantine centres received soap (18,854), sanitizers (1,214), hygiene kits (593), buckets (2,948), bleaching powder (150kgs), water storage tanks (23) and other personal protection and cleaning items from Cluster partners. In addition, a total of 101 hand washing stations were established in strategic areas within targeted communities. A joint assessment by Health and WASH clusters was completed in six designated hospitals. The assessment covered the current status of WASH, infection prevention, hospital waste management and clinical management. The findings from the assessment will inform response and support. The assessment will be extended to other designated hospitals in the coming weeks.



Nutrition Cluster

Nutrition Cluster has been formed jointly with Health Cluster in six provinces. In Province Five, the cluster will be formed in the coming week. The Provincial Health Directorate of Province Five transported 80 cartons RUTF to Dang districts in this week. Nutrition related BCC messages endorsed by MoHP have been aired over more than 75 FM radio stations nationwide. Mapping and monitoring of Outpatient Therapeutic Centres (OTCs) for the treatment of children with severe acute malnutrition, along with transportation of RUTF to OTCs is ongoing.

Multi-sector Nutrition Plan (MSNP) volunteers in 308 municipalities are supporting the dissemination of key nutrition messages to caregivers of children under five years of age on breastfeeding and complementary feeding in the context of COVID-19. MSNP volunteers in one village in Kalikot district of Karnali Province are supporting screening of children for wasting using ‘family MUAC’ approach. Two children were identified as being severely wasted and were referred for treatment at the nearest health facility. Provincial level clusters across six provinces are leading their respective provincial response activities, which include nutrition service continuity monitoring, nutrition commodity monitoring and transportation logistics for distributing essential nutrition supplies to health facilities. The Ministry of Federal Affairs and General Administration (MoFAGA) has issued a circular to all municipalities to mobilize the Multi-sector Nutrition Plan (MSNP) Nutrition Food Security Steering Committees for the COVID-19 response.



Shelter Cluster

A sub-group has been formed to develop an illustrative checklist for establishing quarantine centres and services targeting local governments. This checklist is to be developed considering shelter related aspects, while also touching upon other issues, including health and WASH. The checklist could be used for upgrading services at centres, as well as establishing them. The checklist is planned to be finalized by Shelter Cluster in the coming week. Upon finalization, it will be circulated to other clusters for input and comment. The final checklist will be translated into Nepali. Cluster members have developed multi-lingual Public Service Announcements targeting the residents of quarantine

centres. The Cluster recently updated its stocks and found there has been a high demand for blankets. With only 20,000 remaining blankets, concerns for monsoon response have been raised as local procurement is challenging in the face of the COVID-19 pandemic. In addition, the list of basic NFIs and stock varies from one local level to another. Shelter Cluster members have been supporting the distribution of NFI items to quarantine centres. The Department of Urban Development and Building Construction (DUDBC) has requested local authorities to share information about quarantine centres and provide information on technical support requests; however, no such request has been received thus far.



Education Cluster

Education Cluster updated the Federal level Education Cluster Contingency Plan with education specific scenarios, and the Ministry of Education, Science and Technology (MoEST) has endorsed the plan.

Nepal Teachers Federation has established help desks and assigned teachers (49) to support learning of grade 10-12 students. Students consult teachers for clarification on their questions via the toll-free number provided to them. In Karnali Province, students preparing for Secondary School Examination (SEE) are being supported over the phone by compulsory subject teachers assigned by Nepal Teachers' Federation to provide guidance for exam preparation and answer questions.

Cluster members are supporting a mapping of ICT (internet) and overall media access in Karnali and Sudurpaschim provinces to inform distance education in those provinces. The preliminary results from Karnali highlight that only 18 percent of schools have access to the internet, while 10 percent have access to television (national channel) and 7 percent (local channels). Eighty-three percent of schools have access to Radio Nepal and 74 percent have access to other FM stations. The mapping showed that a total of nine percent of schools have access to no media at all. These findings will be crucial in designing effective approaches to self-learning for students during the current school closure and beyond.

Public Service Announcements (PSAs) on how teachers and parents can help children tackle psychosocial issues are being broadcast through Community Information Network (CIN), a nationwide network of community radios. In addition, PSAs for children with disabilities and PSAs targeting teachers continue in 77 districts through this network of 334 community radios.

PSAs on education specific messages from 68 local radios in 26 districts from Province 2, Province 5, Karnali Province and Sudurpaschim Province are being aired, reaching around 3 million people.



Logistics Cluster

Logistics Cluster meeting was held on 8 May. The custom exemption for COVID-19 related supplies has been extended until 27 May. The Humanitarian Staging Area (HAS) received an additional 13MT of medical supplies of MoHP, Management Division for storage on 10 May. Transport of these supplies to provinces is planned for 15 or 17 May. Logistics Cluster provided 1 Mobile Storage Unit

(MSU) on loan for six months to Nepal Army to augment their storage capacity for the approximate 340 MT of cargo they are expecting starting from 15 May. The MSU will be set up at TIA near the Army Battalion, close to the apron.



Socio-Economic/Early Recovery Cluster

After many rounds of discussion with government, the cluster ToR and the tentative scope of work has been agreed upon. The Cluster has been gathering draft workplans and budgets associated with initial preparedness and recovery planning for socio-economic activities. While an initial workplan and budget has been included in the Country Preparedness and Response Plan, these are subject to change in light of the evolving nature of the crisis, and as government plans around long term recovery evolve.



Risk Communication and Community Engagement

The Risk Communication and Community Engagement workstream members provided messages focused on COVID-19 symptoms, physical distancing, quarantine, gender-based violence during lockdown, accessing essential services, breastfeeding and more.

Over 28.4 million people were reached during the reporting period through social media platforms, television and radio programmes, including:

- Radio and television: 6 million people were reached with messages on handwashing, social distancing, COVID-19 testing and treatment services, breastfeeding guidance, mental health guidance and information about the availability of essential health services.
- Mega-phone: 64,000 households across eight districts in the Terai were reached with messages about staying at home, handwashing, physical distancing, lactation guidance and COVID-19 prevention measures.
- Social media channels: 28.4 million people were reached with messages about staying safe.
- Telephone: more than 100,000 pregnant women and mothers were provided with counselling on how to protect themselves from COVID-19, handwashing and the importance of nutrition, across 42 districts.

A total of 12,346 concerns and questions from the general public have been gathered and answered through radio, television and call centres. The majority of calls were related to questions on COVID-19 symptoms and how to stay safe, available testing services and other health services, as well as the government relief efforts and the lockdown.

In collaboration with the Ministry of Health and Population, a risk communication package for health care facility staff and health management committees was adapted for the Nepali population and finalized. It has been shared with key stakeholders in the health sector for wider circulation.

A COVID-19 message reach and recall survey was conducted with 2,290 respondents (52 percent female and 48 percent male). Preliminary analysis of the survey response suggests that more than 61 percent of the respondents receive COVID-19 related information from television, while more than 50 percent received information through radio.



Inter-Agency Gender Working Group

The fifth GiHA Task Team meeting was held on 11 May, focusing on the opportunities that the UN Security Council Resolutions on Women, Peace and Security (WPS) can offer to address women's leadership, sustaining peace and social cohesion. Vice Chair of the CEDAW Committee, Bandana Rana, stressed the need to adapt the National Action Plan Phase-II on WPS to accommodate the challenges of COVID-19 and for the Government to swiftly endorse the plan. The NAP is currently being reviewed by the Cabinet.

There is a continued need for psychosocial support to excluded and vulnerable groups to cope with the shocks related to loss of livelihood, food insecurity, increased violence and care burden. This includes conflict victims, a group already facing severe stress before the pandemic.

Conflict victims highlighted the lack of access to health treatments, including psychosocial support services. Representatives also noted that support services have not been accessed due to fear of stigmatization (i.e. being identified as a victim/survivor of conflict related sexual violence). The Conflict Victims Women National Network has established a relief fund to support members unable to access the relief provided by the Government. Trauma among conflict victims could also be triggered due to the strong presence and involvement of armed forces in the COVID-19 response.

With the expected increase in domestic violence against women and girls during the lockdown, CSO representatives requested the government to review the Domestic Violence Act to ensure justice to victims/survivors of violence. On 8 May, the Gender Equality and Social Inclusion (GESI) Profile was published to inform government, civil society and development partners of the emerging gendered and social impacts of COVID-19.



Cash Coordination Group (CCG)

The CCG shared operational guidelines for cash and voucher assistance in the COVID-19 crisis to a wide group of stakeholders through different coordination platforms. The Minimum Expenditure Basket (MEB) and operational guidelines have been shared with MoFAGA. CCG has submitted the monsoon contingency plan 2020 to the HCT.

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

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