



# Coronavirus disease 2019 (COVID-19) Update #05



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## Overview

The Government of Nepal (GoN) extended the nation-wide lockdown until 7 May, maintaining the closure of all points of entry and restricting domestic and international flights until 15 May. This is the fourth consecutive time the Government has extended the lockdown since 24 March 2020.

The Humanitarian Country Team (HCT) completed a rapid assessment of approximately 1000 quarantine sites across the country. The assessment was undertaken jointly by local governments, I/NGOs and Red Cross and coordinated at the provincial level by the UN Provincial Coordination Focal Point Agencies. Issues related to protection, quarantine site management, risk communication and WASH were identified. The UN Resident Coordinator convened an HCT meeting to discuss initial findings and will be engaging with senior GoN officials to advocate on some of the identified issues. Nine (9) new COVID-19 cases were confirmed, bringing the total cases in Nepal to 57. Among the 57 positive cases, 16 have recovered 41 are in isolation and treatment where necessary, no deaths have been reported so far. The highest proportion of cases (31) have been identified in Province One. Some provincial and local governments are quarantining people entering from neighbouring provinces, leading to an increased number of persons in quarantine, up nearly three times (27,239) compared to the previous week (8,793). Preliminary findings from the quarantine assessment confirms many individuals are 're-quarantined' due to crossing multiple provincial boundaries.

The Prime Minister's Employment Program, and similar types of programs targeted at returnee migrant workers and unemployed people in the country, will be jointly led by the Ministry of Labour, Employment and Social Security, and Ministry of Federal Affairs and General Administration (MoFAGA).



## Health Cluster

There are now 16 RT-PCR testing sites (Reverse Transcription Polymerase Chain Reaction), the latest one being in the Rapti Academy of Health Sciences, Dang. All health cluster partners are continuing to support the MoHP in response to COVID-19. The health cluster has also ensured disability inclusive risk communication in collaboration with the MoHP.

Agencies support COVID hospitals, fever clinics and isolation facilities. Support is being provided to Kanti Children Hospital to run a child and adolescent mental health clinic providing clinical and psychosocial support to those suffering during the lockdown. A total of 34 children (22 boys and 12 girls aged below 18 years) and 40 parents suffering from anxiety received services over the past

week. Issues addressed via teleconsultation include counselling on stress and distress, psychiatric services, and follow-up services to clients.

Following last week's issuance of the Government's 'Interim Guideline on continuation of essential/basic health services' partners have been working closely with Provincial Health Directorates and municipalities to monitor and resume essential health services. It is reported that routine immunization services have restarted in many health facilities in Provinces Two, Five, Karnali and Sudurpachhim with COVID-19 precautions in place. While maternal and newborn services had not stopped, they have not been fully functional.

The Reproductive Health sub-cluster is working to finalize the interim Reproductive Maternal Neonatal Child Health (RMNCH) guidelines for the health workers. These guidelines have been translated into Nepali and forwarded to the Director General, Department of Health Services for endorsement and circulation. The development of training package for community level health workers, including female community health volunteers (FCHV) is underway.

A rapid assessment of the sexual and reproductive health (SRH) service readiness in provinces has been conducted. A consistent decrease in the utilization of SRH services in health facilities has been observed. While the majority of facilities have reported the availability of health service providers and provision of outpatient department (OPD) services – in particular safe delivery, family planning and anti-natal care services – the flow of patients has significantly decreased during the lockdown period due to fear of disease transmission, lack of transportation and travel restrictions. A training roll-out plan has been drafted to build the capacity of service providers and programme managers to use the guidance. Meanwhile, Reproductive Health sub-cluster partners have initiated helpline services including toll free numbers for regular provision of counselling and information on safe motherhood, family planning and safe abortion services.



## Protection Cluster

168 gender-based violence (GBV) cases have been received by one stop crisis management centres (OCMCs), safe houses and through hotlines in Provinces One, Two, Bagmati, Five and Sudurpaschim. Cases are related to domestic violence including emotional abuse, physical assault, sexual and GBV, denial of resources and child marriage. This week 29 survivors of GBV were referred to police and health facilities.

A total 2,502 persons (1,648 females and 854 males) received psychosocial support through existing helplines and telephone counselling. Among the callers, 129 were referred for various services (72 for psychiatric consultations, 30 for legal services, 21 for health services, six to security and one stop crisis management centres). The majority of calls received were related to information on relief assistance, and people sharing feelings of fear/ anxiety. Where GBV risks were identified they are being followed-up with referral to health and legal services.

In close coordination and collaboration with a ward office in Kathmandu, an ambulance has been deployed to transfer patients from refugee settlements and local communities to Tribhuvan University Teaching Hospital during the lockdown.

Guidance for labour recruiters to enhance migrant worker protection in the current context has been developed. The aim of this guidance is to offer advice on the establishment of effective

protection mechanism for migrant workers linked to recruiters' operations. Migrant-targeted animated video messages on the importance of staying in quarantine upon return to Nepal and the protocol to follow while in quarantines have been developed in four local languages, including in Nepali and sign language.



### Food Security Cluster

Data collection for a nationally representative household food security survey has been completed and data processing and analyses are underway. Preliminary results will be available next week. The third edition of food security and vulnerability updates and second COVID-19 mVAM Market Update are being finalized. As per the government-announced immediate relief programme, local-governments are providing food relief support to daily wage workers, unemployed, poor and vulnerable people for the duration of the lockdown. As of 28 April, 689 local governments (92%) across the country have identified 1.55 million vulnerable households, of which 720,000 households (46%) have received a relief package (based on information collected by field staff from local governments by phone). The FSC 3W information is being updated regularly. The COVID-19 NPRP (Nepal Preparedness and Response Plan) is also being reviewed. For the monsoon ERP (Emergency Response Plan), the food security cluster has agreed on a potential caseload, preparedness and response actions, based on which input from cluster partners is being collected.



### WASH Cluster

WASH cluster members have supported 12 health care facilities, eight quarantine centres, and eight isolation centres with minimum WASH supplies and cleaning/disinfection items. Cluster members are also providing support to ensure adequate water supply, sanitation and hygiene facilities in the hospitals. Cluster members have provided WASH commodities in health care facilities across the country: soaps (2140), hand sanitizers (1494), hygiene kits (210) buckets and mugs (243), water purifiers (111600 tablets), gloves (1024), masks (2968), bleaching powders (115kgs) and other cleaning and disinfectant items. Cluster members have also provided similar items in isolation centres, specifically hygiene kits (242), buckets/jerrycans (211), and water purifiers (340 sachets). At quarantine centres cluster members have provided soap (572), sanitizers (590), hygiene kits (588), masks (4800), gloves (2068), buckets (396), and bleaching powder (50kgs). Similarly, at community/household level the WASH cluster members have provided items such as soaps (13,860), sanitizers (2,035), hygiene kits (6466), water purifiers (72000 tablets), masks (4689) and gloves (2400) to name some. In addition, cluster members have supported the construction of 68 hand washing stations in high risk areas. WASH and Health teams from the Federal Government and WASH cluster members are planning to initiate joint health and WASH assessments in the respective provinces. These agencies are also collaborating with government to identify gaps and quick response actions in the areas of WASH, infection prevention and control, health waste management and case management.



## Nutrition Cluster

The health and nutrition cluster has been activated in five of seven provinces, with the exception of Province Five and Gandaki Province. The nutrition cluster has developed an interim Nutrition Information System (NIS) that aims to capture data about nutrition service provision, challenges health care workers are facing in providing services and information about nutrition commodity supplies within the COVID-19 context. The nutrition cluster will field test the NIS before finalizing and submitting it to the Ministry of Health and Population (MoHP) for approval. The cluster members have been supporting 46 local government municipalities (35 in Province Five and 10 in Gandaki Province) to disseminate messages on breastfeeding in the COVID-19 context through health workers, female community health volunteers (FCHV), and Multi Sector Nutrition Programme (MSNP) volunteers. The local governments, with support from cluster members, have mobilized 308 MSNP volunteers to support nutrition commodity monitoring and behaviour change communication activities.



## Education Cluster

Education Cluster members are working with the Centre for Education and Human Resource Development (CEHRD) of the Ministry of Education, Science and Technology (MoEST) to support the continuation of children's learning through distance education. CEHRD has launched a Learning Portal which includes online learning materials for grades one through ten. However, access and use of online learning materials by all learners and teachers remains a challenge due to connectivity issues. MoEST has endorsed self-learning materials for grades pre-primary to three, which have been uploaded to the CEHRD's website.

Education Cluster partners continued to support the airing of education specific PSAs reaching approximately 730,000 students through 34 local radios in 18 districts. Education messages in sign language have been disseminated through social media. In addition, CEHRD has endorsed PSAs on how teachers and parents can help children tackle psychosocial issues. Printed leaflets containing education specific messages are being distributed along with cash to 5,874 families in seven districts (Sunsari, Sindhuli, Nawalpur, Banke, Bardiya, Kalikot, Jumla). A total 13,570 households have received education specific printed messages to date.

The Education Cluster has updated its COVID-19 contingency plan to reflect three education-specific scenarios (school closures for: i. up to mid-July ii. up to September 2020 and iii. for the majority or entire duration of the 2020-21 academic year) and an accompanying response plan in the case of extended school closures. Currently, 679 schools are being used as quarantine centres accommodating 3,038 people across sites in seven provinces. The greatest number of people in quarantine in schools is in Sudurpashchim Province (193 schools, 1,383 people). The MoEST is yet to set a date for the re-opening of school and is awaiting guidance from the High-Level Coordination Committee for COVID-19 response and MoHP.

## **Logistics Cluster**

The Logistics cluster transported 1.46 MT of COVID-19 medical supplies for MoHP, Management Division to Provincial Health Directorate Offices in Province Five (Butwal), Karnali Province (Surkhet) and Sudhuraschim Province (Dhangadi) on 24 April. MoHP, Management Division has requested storage space at the HSA, Kathmandu and support with kit packing. They expect medical supplies to arrive 1 May. All organisations are requested to share information on the distribution of PPE and other COVID-19 supplies outside of the MoHP supply chain with the Management Division to ensure even distribution of medical supplies among facilities. Current Logistics gaps include the limited international air freight capacity to Nepal, transport and transport permits and unavailability of PPE and COVID-19 health supplies on the global market.

## **Socio-Economic/Early Recovery Cluster**

The terms of reference for the Social Economic and Early Recovery Cluster were shared and commented on by all partners, including government. In line with the focus on assessments of the most vulnerable groups, the Cluster is anticipating support for a comprehensive social and economic assessment led by the National Planning Commission. NPC and MoFAGA have highlighted the need to coordinate local support to address social and economic impacts of the pandemic. The Social Economic and Early Recovery Cluster was activated in Province Two, and the formation of a working group to conduct a rapid assessment on socio economic impact and develop short-, medium- and long-term intervention plans was decided at the first cluster meeting. The draft survey to support the monitoring and analysis of the socio-economic impacts of COVID-19 is nearly finalized. A programme cooperation agreement (PCA) with a partner to carry out data collection and monitoring (including advocacy activities) is in process. Work is ongoing with social protection partners on expanding the coverage of the existing social cash transfer scheme with a special focus on ensuring families particularly vulnerable to the secondary effects of COVID-19 are being reached.

## **Risk Communication and Community Engagement**

Bi-weekly surveys are being conducted amongst RCCE members to strengthen alignment and identify issues and challenges. A focused weekly agenda item has been on sharing two national audience-related surveys and best practices related to engaging radio channels. RCCE workstream members continue to support production and dissemination of “Corona Capsules” and “Jeevan Rakshya” daily radio programmes; “COVID kura in Maithili and Bhojpuri” “Sathi Sanga Manka Kura” and “Hello Bhanchin Amaa” weekly radio programmes and “Corona Care” daily television programme covering various COVID-19 issues, collectively reaching more than 2 million people across Nepal.

More than 22 million mobile phone subscribers are reached through call tone dialling with information on staying home, maintaining social distance, symptoms of COVID-19, and contacts

for COVID-19 treatment. The workstream members supported the provincial authority and local governments of Province Two on the dissemination of general information and awareness messages on COVID-19 to more than 60,000 households through megaphone announcements. A total of 13,362 calls were received this week through the 1115 hotline. More than 60 percent of the calls were related to the status of COVID-19 in Nepal and general information regarding COVID-19. The remaining 40% of calls were related to availability of test facilities, quarantine, isolation and lockdown

The RCCE workstream members are supporting more than 500 radio stations and 22 television channels across Nepal to continue dissemination of multi-lingual (local languages) messages on COVID-19 prevention and protection, handwashing, nutrition, gender-based violence, psychosocial counselling needs and child protection. These have reached more than 15 million people. Around 104,165 households received interpersonal counselling on COVID-19 risk communication through telephone and 52, 835 households with pregnant women or child below two years received emergency nutrition SMSs in 42 districts.

RCEE members have posted at least 30 social media messages on immunization, parenting, breastfeeding, violence against women and girls and climate change in the COVID-19 context. These messages have reached more than 18.5 million people and received two million engagements.

Through a collaboration with the National Inter-Religious Network and other inter-faith religious and social leaders, specific risk information and social distancing guidance related to religious celebrations during the COVID-19 pandemic were disseminated to interagency working group members and religious institutions. Media guidance on the role of journalists in combating stigma and discrimination during COVID-19 was released and disseminated in English and Nepali languages to more than 100 media representatives. The guidance was also shared on digital platforms including Facebook, Twitter and the UN website, and reached 1 million people less than 24 hours after its launch.



### **Inter-Agency Gender Working Group**

The socio-economic impacts experienced by rural women farmers as a result of the lockdown are multi-fold. Loss of harvests and inability to sell produce are placing a severe strain on women's incomes and livelihoods. The financial insecurity affecting women is further compounded by difficulties in securing - or repaying - credit and loans, and accessing Government's compensation schemes, which remain unavailable to many due to the informal nature of their work. Rural women farmers' safety and security at home is threatened due to increased risky behaviour by male household members, including rising alcohol consumption. Domestic and sexual violence are on the rise, yet difficulties in reporting and accessing reproductive health services and contraceptives mean many women are unable to get the support they need.

Women and excluded groups, such as Dalits in the Terai and Hill regions, work largely in the informal economy and are less protected from the economic fluctuations caused by COVID-19

and other crises. The precarious situation of women is further aggravated by their unpaid work burden and existing discriminations, including the gender pay gap, which is now expected to widen. Women wage workers are already paid less than ¾th of their male counterparts. With increasing numbers of migrants returning to Nepal, women are managing larger households with reduced income. This impacts their ability to spend on education, food, and nutrition in addition to increasing the unpaid work burden.



### Cash Coordination Group (CCG)

The Cash Coordination Group (CCG) is working collectively through different sub-working groups to produce guiding documents and tools to respond to COVID-19. This will be presented together with minimum expenditures basket (MEB) transfer value and online Cash and voucher assistance (CVA) mapping in the next CCG meeting. The CCG has established coordination with the Ministry of Federal Affairs and General Administration (MoFAGA) and shared the guidance note and MEB value. Simultaneously, CCG has been coordinating with others humanitarian clusters and platforms to explore the benefits of cash and voucher assistance in the current context.

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

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