



Coronavirus disease 2019 (COVID-19) Update #08



22 May 2020

Overview

Three COVID-19 related deaths were confirmed this week: a 29-year-old new mother from Sindhupalchowk, a 25-year-old man in a quarantine site in Banke and a 41-year-old man in Rupandehi died on 16, 17 and 21 May respectively. Over the past week the number of COVID-19 cases rose to 486. Nearly half of the total cases (196) have been identified in Province Five, followed by Province Two with 136 new cases. As a result, the nationwide lockdown, first enforced on 24 March, was extended by the Government on 17 May for the seventh time, until 2 June. All international and domestic flights have been suspended until 14 June, with exceptions for emergency services, repatriation of foreigners and the import of medicines and essential supplies. Amidst the surge in positive cases, some additional stringent measures aimed at stopping the spread have been enacted, effective 16 May: all vehicle passes issued by District Administration Offices (DAOs) across the country have been cancelled. Some districts and municipalities, including Sindhupalchowk, Nawalparasi and Kabilbastu districts and municipalities that have detected new cases have sealed their boundaries and intensified case investigation and contact tracing.

As the lockdown in India has been eased and railway service has resumed, hundreds of Nepalese workers that have been stranded in India are returning home, increasing the flow of returnees across the border. The number of returnees has spiked in border areas such as Bhairahawa, Nepalgunj and Dhangadhi. Across the country there are currently 23,202 people staying the quarantine sites. Concerns have been raised around the management of quarantine sites, particularly in Province Five; a lack of coordination among stakeholders has been reported and observed. Local governments are engaged in maintaining the quarantine facilities, DAOs are mobilizing security forces and supporting rescuing stranded people, provincial governments are engaged in hospital management, and the federal government has been providing surge medical support, including lab testing facilities, test kits and other essential medical equipment.

On 15 May, the President presented the annual programmes and policies of the Government during a joint sitting of the House of Representatives and the National Assembly, which was endorsed by Parliament on 19 May. The annual programmes and policies focuses on the COVID-19 response and recovery. Key priorities include strengthening public health facilities, employment programmes and enhanced government support in agriculture and education sectors, including expansion of technical education in community schools. The programmes and policies also pledge subsidies to industries and enterprises affected by the ongoing crisis, seed funding to youth returning to the country after losing jobs abroad, and aid to daily wage workers and other financially marginalized sections.



Health Cluster

Health cluster coordination mechanisms are activated in all provinces. Weekly provincial health sector coordination meetings have been organized by Provincial Health Directors with support from cluster co-leads. The Ministry of Health and Population (MOHP) recently endorsed the following guidelines:

- Interim guidelines, 2077: permission for COVID-19 Rapid Diagnostic Test (RDT) testing through private and community hospitals;
- Guidelines for management of health workers and other staff directly engaged in COVID-19 treatment;
- MOHP, Epidemiology and Disease Control Division (EDCD) endorsed data collection guidelines: “Patient Profile Format for COVID-19 hospitals” for case investigation and contact tracing teams (CICTT);
- Incident Command System (ICS) endorsed the service continuity matrix/template to collect information from health facilities.

As of 22 May 2020

Total lab testing sites: 19

Total PCR tests: 38,770 (average >2000/day in last week) Total PCR positive: 487

Total active cases: 401

Total discharged: 49 (10 this week)

Total isolation beds: 3,349

Total people in isolation: 401

Total quarantine beds: 67,419

Total people in quarantine: 23,202

The High-Level Committee on COVID-19 decided to allow asymptomatic national or international individuals to undergo testing for COVID-19 at a fixed rate at designated private health facilities which have maintained National Public Health Laboratory (NPHL) standards, ensured information privacy and regular reporting. Formation of CICTT at the local level has been endorsed by MoHP. The team deployed at local level will work closely with EDCD for further improvement of their daily activities.

Amid the COVID-19 pandemic, measles outbreaks have been reported across different parts of the country. In an effort to address this, the Supreme Court has issued an order to resume the National Measles Rubella Campaign that was interrupted by COVID-19 and the lockdown. MoHP has circulated new guidelines to continue the campaign. The technical agency and humanitarian partners are closely supporting the Expanded Programme on Immunization (EPI) Section/Family Welfare Division/Department of Health Services to ensure safety measures and standards are maintained.

Support is being provided to the resumption of routine immunization and maternal and newborn health services across all provinces. A total of 9,643 children received immunization, 2,192 pregnant women received anti-natal care, and 1,084 institutional deliveries were conducted over the past week. Health workers have been raising concerns over the supply of personal protective items for themselves as well as patients.

The RH sub-cluster monitoring of maternal and newborn health (MNH) services and reproductive health (RH) commodity stocks continues to show low utilization of sexual and reproductive health (SRH) services including delivery, and shortages of life saving maternal health and family planning commodities during the lockdown period. In addition, 20 maternal deaths were recorded in nine health facilities over the past two months, seven of which were reported by one of the four hospitals with

maternal and perinatal death surveillance programmes. Causes of death include pulmonary embolism (3), obstetric hemorrhage, pregnancy related infection, acute liver failure and ruptured uterus.

Inadequate data and information on maternal death and its causes is seen as a gap; therefore, monitoring of maternal deaths in health facilities and communities is an urgent priority. Furthermore, the safety of health service providers is essential for the continuation of SRH services; therefore, personal protective equipment (PPE), psychosocial support and testing/screening for COVID-19 of health providers have also been identified as priorities by the RH sub-cluster. In addition, the continuation of risk messaging and community engagement with a special focus on pregnant and vulnerable women, including people with disabilities, is deemed important to improve service utilization.



Protection Cluster

A total of 4,065 persons (1,468 males, 2,595 females and two third gender) received psychosocial support through existing helplines, online platforms and one-on-one counselling. The majority of support sought was related to information on relief assistance, seeking health related information and sharing feelings of fear, anxiety and stress. Flex posters with psychosocial messages were installed outside ten health facilities and in two quarantine centres in Dhanusa and Mahottari districts. The messages aimed at encouraging people to seek psychosocial support through dedicated helplines.

A study related to internet use and online safety risks emerging from the lockdown was conducted. Main findings include: (i) confirmation of increased screen time (+15% for; up to 10-12 hours/day), (ii) female respondents aged 18-24 years reported receiving high rates of hate remarks and online sexual content, (iii) increased proportion of children and young people visiting sites with sexual content. Based on the findings, awareness campaigns targeting children, parents and schools are being designed and guidance on reporting of cyber-related abuses against children and young people is being developed. Advocacy with NGOs and tech companies to increase awareness of online risks, and with authorities to strengthen laws on cyber security are ongoing.

A total of 1,909 children were supported with care arrangements (family reintegration support, placement in interim/transit care centres) or emergency support (transportation services, immediate relief materials), of which 35 children were referred to various services, such as health, security, justice, etc. In addition, 2,449 children were withdrawn from childcare homes and reintegrated with parents or other guardians.

A total of 735 GBV survivors received multi-sectoral support through peripheral health facilities, safe houses/shelters, One-stop Crisis Management Centres (OCMC), legal and psycho-social counsellors and police. Four alternative safe houses (in Kailali, Dang, Kathmandu and Udayapur) have adapted their set-up to include isolation facilities with necessary supplies and facilities to respond to new cases during the pandemic. Nine GBV survivors are utilizing shelter support from the alternative safe houses. Some GBV survivors face challenges in availing themselves of these services, due to limited protective and safety materials in OCMCs, safe shelters and with police. A total of 662 women, including 58 adolescent girls, in quarantine centres were provided with dignity kits and kishori (girls) kits in Provinces Two, Five & Sudharpachchim.

More than 1,000 Nepalis without citizenship certificates have been denied government relief materials; many similar cases remain unreported. On 17 May, the Supreme Court issued an interim and instructed that relief should be provided without discrimination, even if the beneficiaries do not have citizenship certificates or other legal documentation.

An outreach campaign for the health insurance renewal of Bhutanese refugees in Damak was conducted, through which a total of 646 families enrolled or renewed their health insurance. Among them, 386 families had significant vulnerabilities.

PSAs on COVID-19 related fear and stigma have been developed in six local languages – Bhojpuri, Maithili, Doteli, Tharu and Tamang – and are being aired in targeted districts through different local FM stations.

There is no specific operational entry point into protection issues at local levels. Advocacy is ongoing to ensure the identification of children and women officers. Some municipalities are planning to allocate funds for these officers. Limited mobility due to the lockdown has hindered the reintegration of children with their families and guardians, as well as access to other protective services (shelters), for which transportation might be necessary. Specific coordination and vehicle passes to address urgent protection concerns are required. There is a need to enhance the capacity of provincial level clusters in Provinces One, Gandaki and Karnali. Mental health and psycho-social counselling must be enhanced, through an expanded reach of helplines PSS services, as virtual PSS has been unable to reach all vulnerable communities.



Food Security Cluster

Data processing and analysis of the household food security survey is still underway. According to information from 723 palikas, some 1.85 million households have been registered by local governments as of 19 May, of which over 1.72 million households (93%) have received relief assistance during the lockdown period. Public works based conditional assistance has also begun; however, a few urban municipalities have faced difficulties in formulating public works during the lockdown period. Over 37,700 households have received or are receiving cash/food assistance from members of the food security cluster, which are complementing the Government's relief assistance.

The number of people deprived of much needed assistance may increase as the lockdown extends, as local governments are switching to conditional relief assistance in the form of food for work. Reportedly, authorities have resisted the distribution of unconditional cash-based assistance during the lockdown in some locations. The Ministry of Agriculture and Livestock Development (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

Support is being provided to provincial Water, Sanitation and Hygiene Coordination Committees (PWASHCC) in all seven provinces for preparation of preparedness and response plans, monitoring of activities and harmonization of humanitarian activities. Three technical working groups have been

formed and are actively supporting the cluster on: a) preparedness, response and monitoring; b) infection prevention and control (IPC) and c) risk communication and community engagement. More than 40 WASH cluster partners are participating in the COVID-19 response in the areas of infection prevention and control and basic WASH services in 371 municipalities of 69 districts across all seven provinces.

As of 19 May, minimum WASH supplies and cleaning/disinfection materials had been distributed to 55 health care facilities, 33 quarantine centres and eight isolation centres across the country. Cluster partners are additionally supporting the enhanced access to water supply, sanitation and hygiene facilities. 807 handwashing stations have been installed in health care facilities and communities. Major supplies provided to health care facilities by cluster partners include 13,786 soap bars (including 5,324 provided this week), 8,158 hand sanitizers (including 2,540 this week), 5,133 hygiene kits (including 4,720 this week) 252 buckets and mugs, 111,600 water purification tablets, 35,946 gloves (including 26,895 this week), 34,796 masks (including 31,828 this week), 840 kgs bleaching powders and other cleaning and disinfection items. In addition, 242 hygiene kits, 211 buckets/jerrycans, 125 masks and 45 bottles of hand sanitizer were provided to isolation centres, while quarantine centres received 22,669 bars of soap (3,815 this week), 3,257 sanitizers (2,043 this week).

Critical supplies were also provided to 61,716 households in 38 districts which included 33,033 soap bars (5,310 this week), 6,654 hygiene kits (133 this week), water purifiers (72,000 tablets), 5,814 masks (1,052 this week) and gloves (2,400).

Among 908 quarantine centres assessed for basic services, more than 50% have issues related to WASH. With limited partner agencies engaged, the cluster faces a significant challenge in reaching all quarantine centres with WASH support. Currently, only 33 of the 908 quarantine centres have been reached. Similarly, challenges are presented by a limited number of WASH partners/agencies working in health care facilities, as well as shortages of critical WASH supplies, which are mostly imported.



Nutrition Cluster

Based on data from the Health Management Information System, since February a total of 449 children under five have been newly enrolled in the integrated management of acute malnutrition (IMAM) programme for the treatment of severe wasting. Interpersonal counselling related to infant and young child feeding (IYCF) and COVID-19 prevention measures have been conducted by mobile phone with 99,151 households including 8,550 pregnant women and 28,667 mothers across 42 Suaahara program (a nutrition program) districts. Messages about breastfeeding in the context of COVID-19 have been broadcast on 100 local radio stations nationwide. The Government has distributed 70 metric tons of super cereal to 23,546 pregnant and lactating women (PLW) and children 6-23 months in 113 health facilities of five Karnali districts.

The Ministry of Federal Affairs and General Administration (MoFAGA) has requested the activation nutrition and food security steering committees at ward and local levels to address nutrition issues created by COVID-19. All seven provinces have formed nutrition or combined nutrition and health clusters. Nutrition rehabilitation homes (NRH), which usually provide in-patient treatment of children

with severe acute malnutrition (SAM) with other medical complications, are co-located in provincial hospitals. These NRHs are currently designated as COVID-19 hospitals, creating a need for the Ministry of Health and Population (MoHP) and Ministry of Social Development (MoSD) to identify appropriate alternative places to treat SAM cases.



Shelter Cluster

DUDBC is coordinating with its units at provincial and municipal levels to provide further technical support to quarantine centre establishment and management. However, information from municipalities is yet to be received. Shelter cluster member organizations have been providing non-food items to quarantine centres. More than 20,000 blankets, as well as a few mattress, have been supported to quarantine centres so far. A task team formed by shelter cluster has been developing an illustrative checklist for establishing quarantine centres in order to ensure quality and minimum standards. The team will share a draft of the checklist in the coming cluster meeting, scheduled for 25 May.

There has been an increase in requests for non-food items to support quarantine centres in Provinces Two, Five, and Sudurprashim. The cluster will discuss these requests and make necessary arrangements in the upcoming cluster meeting. Approximately 20,000 non-food relief materials in stock are available to cluster members currently. However, as this stock must cover both COVID-19 and the upcoming monsoon season, it is inadequate to meet the overall needs of the country for two emergency responses.



Education Cluster

The Centre for Education and Human Resource Development (CEHRD) has initiated an online learning portal from 18 May. 18,362 users have used the portal with 57,756 views and 25,855 user sessions. Under the leadership of the Government and Education Cluster partners, the development of self-learning packs for children from Grade 4 to Grade 8 has begun, focusing on those children without access to online resources. Local governments have started to provide self-learning materials to ensure the continuity of education. Self-learning packs for children from pre-primary to grade 3 are being printed and distributed by partners and local governments. As of 18 May, 4,545 learning packs have been printed and in currently being distributed to the most marginalized children.

Education specific public service announcements (PSAs) targeting children and parents are being aired nationwide, reaching around 5.3 million people, with support from cluster partners. A 5-day virtual information and communication technology (ICT) training was provided to 104 teachers of grades 9-12 in Sudurpashchim Province. The main purpose of the training was to build the capacity of secondary school teachers on ICT to promote effective virtual learning in instances of school closures and lockdowns.

Ten episodes of a radio program on parent centred learning activities have been endorsed by the Ministry of Education, Science and Technology (MoEST). The programme is in the process of being recorded for dissemination. Video messages to communicate specific tips, with examples, on how

parents and caregivers can support the learning of children with disabilities have been developed and are awaiting endorsement by Ministry of Education, Science and Technology (MoEST).

Cluster partners mobilized psychologists and counsellors to provide psychosocial support to 32,698 individuals (including children and parents) on stigma due to COVID-19. Discussions with MoEST and development partners on the development of national guidelines and contextualization of the global framework on reopening of schools are ongoing. Key challenges remain ensuring an aligned approach and intergovernmental coordination between federal, provincial and local level cluster mechanisms (Provinces One and Gandaki have yet to establish their cluster mechanism), to align response plans and budgets at all level. Many schools are being used as quarantine sites, creating a risk that schools may be forced to remain closed beyond the official reopening date to complete quarantine periods and allow disinfection.



Logistics Cluster

Logistics cluster is working on coordinating possible flights. MoHP received 21 MT of medical supplies, for which the Humanitarian Staging Area (HSA) has been providing the storage support. The cluster is providing support to the government in scaling up storage facilities through the provision of mobile storage facilities to Nepali Army. The Logistics clusters also facilitated and supported the transportation of 7 MT of medical supplies to Karnali Province (Surkhet), Sudhuraschim Province (Dhangadi) and Province One (Biratnagar & Dharan) on 17 May, as well as the transportation 6 MT of medical supplies to Province Five (Butwal & Nepalgunj) and Province Two (Biratnagar & Janakpur) on 18 May. Additionally, 1.5 MT of medical items provided by humanitarian partners were transported to Province Five (Butwal & Nepalgunj) and Sudhuraschim Province (Dhangadi) on 20 May. Gaps remain in terms of the limited international availability of PPE and COVID-19 supplies. Lack of storage space for PPE & health supplies is also presenting a challenge in Provinces One and Two.



Early Recovery Cluster

The Early Recovery cluster is working to address short term needs. Longer-term socio-economic recovery is to be tackled through a structured discussion among agencies.



Risk Communication and Community Engagement

This week, RCCE cluster partners reached over 20 million people with messages on staying home, handwashing, COVID-19 symptoms and treatment services, mental health and stigma prevention through social media, radio, television and megaphone announcements in high risk districts. Six million people have been reached through the daily and weekly radio programmes: “Corona Capsule”, “Pawankali”, “Jeevan Rakshya”, “Sathi Sanga Man Ka Kura”, “COVID-19 Kura” and “Hello Banchin Amaa”, as well as one- minute public service announcements.

Three million people have been reached through the daily television programme “Corona Care”, together with one-minute public service announcements. Mental health issues, support for persons

with COVID-19, including taking care of that person during home isolation were discussed in the programme.

More than 150,000 households have been reached through megaphone announcements on handwashing, stigma prevention and COVID-19 preventive measures across 18 districts. 763, 520 households have received SMSs related to gender-based violence and reporting mechanisms. Five one-minute radio public service announcements were developed and shared with relevant stakeholders on: physical distancing, handwashing, COVID-19 symptoms and ways to protect against COVID-19. Three printed materials on pregnancy, delivery and postnatal care have also been finalized and disseminated. More than 99,151 pregnant women and mothers in 42 districts have received counselling via telephone on how to protect themselves from COVID-19, handwashing and the importance of nutrition.

A total of 10,300 concerns and questions from the general public have been answered and referred to relevant health services through call centres and radio programmes. The majority of calls were regarding the number of COVID-19 cases, questions about the deaths from COVID-19, testing facilities and who needs to be tested, as well as clarifications on PCR and RDT testing methods.

Multiple sources, including media news stories, report a growing challenge related to discrimination and stigmatization experienced by vulnerable groups, including health workers, people returning from abroad and those belonging to certain religious groups. A speaker from the trans-community provided insights to the RCCE cluster about stigmatization within their community. One of the key challenges lies in the difficulty in reaching out to communities and families who have no access to mass media and internet due to mobility restrictions and the need for social distancing. This has posed challenges to the planning and implementation of community engagement work on risk communication.

There are also existing gaps and challenges related to the adaptation of messages and content given the ever-changing context. A survey conducted on online protection issues faced by children was shared with the RCCE group, together with a specific call to action. There remains an overall challenge in fully assessing the gaps in reach and engagement across RCCE members – changes are being made to the monitoring tools to more accurately capture key indicators.



Inter-Agency Gender Working Group

On 19 May, a meeting between 56 women's groups representatives and the National Planning Commission (NPC) was held to discuss emerging gender equality issues in light of the current lockdown and to make recommendations for the 2077/78 fiscal budget. During the meeting, gender responsive priorities, as spelled out in the Charter of Demand, were reiterated to inform the budgeting process. The women's group also expressed grave concern on the consideration of budget reallocations, which could severely impact allowances for vulnerable groups such as elderly and single women, as well as women with disabilities. Clear requests to promote eco-tourism and homestays managed and led by women, as well as support to women-led micro, small and medium business owners (MSMEs), including tax exemptions, suspension of mortgages and loans were made.

The lesbian, gay, bisexual, transgender and intersex (LGBTI) representatives in Nepal highlighted that sexual and gender minority members without legal identity documents were unable to access relief. Several CSO organisations are distributing essential relief packages to address this gap.

Cases of sexual harassment of LGBTI members while accessing relief has also been reported. Loss of livelihood and rising rents is forcing LGBTI members to move home to live with their families, where they are facing stigma from family members, leading to mental health issues. In some cases, transactional sex is used as a last resort to make ends meet.

On 17 May, the Supreme Court issued an interim order to the government to remove the requirement for proof of citizenship in the distribution of COVID-19 related relief. This includes persons working in the informal sector. The order was issued in response to a petition filed in the Supreme Court against the mandatory requirement of citizenship cards to access relief. The UN is currently collaborating with Ncell, in coordination with the Ministry of Women, Children and Senior Citizens, to provide preliminary evidence on the immediate consequences of COVID-19 on unpaid and domestic work, including childcare.



Cash Coordination Group (CCG)

Cash-based interventions is a strategic priority for many humanitarian organizations responding to COVID-19. However, clear guidance on the use of cash by the Government of Nepal is yet to be provided. CCG has continued to lobby and advocate for cash transfers through diverse platforms. CCG rolled out cash operation guidelines for the humanitarian community, focused on the COVID-19 response. It also drafted an advocacy brief with common messages regarding cash and voucher assistance (CVA) programmes in Nepal. CCG has been working to develop emergency cash assistance guidelines for local governments, in coordination with MoFAGA. The guideline is planned to be rolled out before the monsoon season.

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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