



Coronavirus disease 2019 (COVID-19) Update #03



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Overview

The Prime Minister convened the Disaster Risk Reduction and Management Council to discuss COVID-19 preparedness and response including the monsoon preparedness. This monsoon planning considered a possible 1.26 million affected population including landslide risk. The Government extended the ongoing nationwide lockdown until 27 April 2020. Most of the border crossings with India and China are completely closed and some of the major crossings are limited to the supply of essential goods. Two new cases of COVID-19 were confirmed in the Kathmandu valley on 14 April 2020, making a total of 16 positive cases in Nepal. The Ministry of Health and Population (MoHP) has started rapid diagnostic tests in areas of Bagmati, Province Two, Gandaki and Sudurpaschim Provinces.

The number of people in quarantine centres is declining as people complete the initial 14 days as stipulated by the Government. As per the latest update from the National Disaster Risk Reduction and Management Authority (NDRRMA) a total of 5,558 people are staying in the quarantine centres (which was 7,068 last week). The highest number i.e. 1,725 is in Province 5 followed by Province 2 (1,175) and Sudurpaschim Province (902). Initial information from the field suggests a significant gap in basic conditions and compliance with Government Standard protocols including provisions for infection prevention, social distancing, case identification and isolation.

Some of the reported concerns remain: these include the use of school buildings as quarantine centres without adherence to infection prevention and control protocols, and stigmatization against the returnees from India as well as other third countries and those who recently returned to their village/home after completing the 14 days in quarantine centres. Shortage of supplies related to COVID-19 continue to remain a challenge including Personal Protective Equipment (PPE) kits, masks, gloves, Infrared thermometers, and hand-sanitizers for health workers. Additionally, there are reports of a lack of proper training, and safeguarding protocols for health professionals to handle suspected cases of COVID-19 for tracing, testing, quarantine and isolation. Most of the designated hospitals in the provinces reportedly lack ventilators, pulse oximeter, oxygen, and necessary drugs. Access to basic health services is reportedly becoming an issue, as the health professionals and front-line health workers are scared to go to work for fear of contracting COVID-19 due to the lack of necessary PPE.



Food Security Cluster

A joint assessment of food security and agriculture, looking at the consequences of COVID-19 on vulnerable farming communities is being planned. This will be implemented in two phases: the immediate impact assessment for short-term response, and a detailed assessment of the impacts on food security and agriculture in the medium and longer-term to enable a comprehensive response. A country-wide household food security survey (Vulnerability Analysis Mapping-VAM) is under-

way. Similarly, the market functionality study is ongoing. As per the government-announced immediate relief programme, the local-governments are providing food relief support to daily wage workers, unemployed, 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 sites.



WASH Cluster

WASH cluster members have been engaging with local government across the country. Supplies including soap sanitizers, water purifiers hygiene kits, buckets and personal protection supplies such as gloves and masks have been provided to the local governments. An assessment of three hub-hospitals in Kathmandu valley was conducted on 15th April and the remaining ten will be carried out next week. WASH assessments have been conducted in 5 schools that were repurposed as quarantine centres in Province Five. It was found that they lack adherence to infection prevention and control protocols and a critical need for basic WASH services was identified. A list of critical supply items, called a minimum WASH supply package, will be provided to targeted Health Care Facilities as part of initial response on no regret basis.



Health Cluster

The MoHP endorsed both COVID-19 and non-COVID-19 health service guidelines to address all health needs during the COVID-19 situation. The guidelines classified the hospitals countrywide as follows: Number of hospitals to run COVID-19 Clinics: 111; Level 1 COVID hospitals (for mild cases): 13; Level 2 COVID hospitals (for moderate/severe cases): 12; Level 3 COVID hospitals (for multi-speciality services in COVID cases): 3. Laboratory testing services for COVID-19 was expanded to 13 locations which led to a significant increases in the number of test throughout the country in a short period of time. The MoHP identified key priority areas for support and requested health sector partners to align the response to the priority areas

Total PCR tests performed = 2366 + 4505 = 6871
Total PCR positive cases = 9 + 7 = 16
Result awaited = 337
Total RDT performed = 8929
Total tests performed = 15800
Suspected people in isolation wards = 11 (central designated hospital) + 106 (provincial) = 117
Total beds available in quarantine facilities = 29730
People in quarantine facilities = 5614

Medical and sanitation supplies including medical tents, hand sanitizers, blankets and bed nets worth US\$ 2500 were provided to Karnali Academy of Health Science (KAHS) – a designated COVID-19 hospitals and the isolation facilities in the Karnali Province. Development of community level health workers including female community health volunteers (FCHV) training package is under process. A horizontal autoclave (210 lt capacity) was provided to Sukraraj Tropical & Infectious Disease Hospital (Teku, for the decontamination of infectious wastes before disposal. The Reproductive Health (RH) sub cluster is regularly monitoring the Maternal Health service data from 15 referral, basic and comprehensive obstetric care sites each day on a rotational basis. The service utilization continues to decrease at the delivery sites, two of which have seen less than 20% of the normal number of deliveries. Similarly, utilization of other services such as

family planning and safe abortion services are also decreasing. There is an urgent need to fast track messaging for pregnant mothers and health service providers on birth preparedness and complication readiness to respond to an increase in home delivery, in the absence of skilled assistance. The Safe Reproductive Health (SRH) interim technical guidelines for family planning, maternal neonatal health, child health and safe abortion services is being prepared for use in the context of lockdown. A lack of PPE in SRH service sites continues to be reported.



Nutrition Cluster

The Nutrition cluster endorsed the Infant and Young Child Feeding (IYCF) and Integrated Management of Acute Malnutrition (IMAM) guidance notes. 2,000 cartons of Ready to use Therapeutic Food (RUTF), 250 cartons of F-100 and 200 cartons of F-75 needed for the treatment of children with severe acute malnutrition have been procured the cluster member. Based on the monitoring of the routine health information system data there are no new admissions to date for outpatient and in-patient treatment of severe acute malnutrition. 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 542 Outpatient Therapeutic Care centres across the country functioning and able to provide treatment to children with acute malnutrition. Out of a total of 21 Nutrition Rehabilitation Homes, 14 are closed. These treat children who have severe acute malnutrition and other medical complications.



Protection Cluster

Most of the calls to existing helplines and hotlines were related to information on symptoms of COVID-19 and to share feelings of fear and anxiety. There is a process in place to refer people for additional support if required. Protection risk mapping and situation analysis is being carried out in Provinces 1, 2, 3, 5 and 6. A total of 212 children (3 girls) who were in pre-trial detention have been released from correction homes due to COVID-19 and received by their guardians. Messages on vulnerability of children in the current situation and promotion of the use of helpline services reached approximately 15 million persons through radio in a period of one week. Messages on online safety reached 218,000 young people who were particularly targeted through social media saw more than 3,000 engagements countrywide. In addition, risk communication messaging on Gender-Based Violence (GBV) continues to be disseminated through more than 300 radio stations, social media platforms in local languages. Services through 16 safe shelters continued in (Province 1, 2, 3, 5 & 7) responding to the GBV cases including psycho-social support. Eight GBV cases were reported and referred to relevant authorities, two are kept under isolation in women's shelters. Cluster partners are working to provide dignity and *kishori* kits to the quarantine sites.

A total of 25 calls from refugees were received and responded. The calls were related to inclusion of refugees for Government and NGO food distribution package. A one-time cash transfer and access to health care during the lockdown situation is being provided. In addition, a total of 182 protection interventions for refugees related to COVID-19 were carried out. Free legal counselling and support services during the lockdown is being provided to the refugees. The legal and support issues include denial of access to government relief packages due to lack of citizenship certificates or other identity documents.



Shelter Cluster

Cluster lead and co-lead (Shelter and CCCM) are working to gather information on shelter-related requirements at the quarantine centres but the information is yet to be received from the local level. The Cluster members are providing shelter items (beds, blankets, tarpaulin) to the quarantine centres.



Logistics Cluster

The logistics cluster is engaged with the Department of Customs to clarify the fast track customs clearance process for items related to COVID-19. Cargo flights are coordinated from Doha, Dubai, and from China. The Health Logistics Management Information System has expanded to 8 more health facilities and MoHP requested it to be expanded to 25 more sites across the country. The logistics cluster is in the process of setting up an international air freight and passenger network; this will take at least one to two weeks to become operational. Current Logistics gaps are; a lack of international airfreight capacity to Nepal, and unavailability of PPE and COVID-19 health supplies on the global market.



Socio-Economic/Early Recovery Cluster

The SERC cluster is currently focussing on looking at the social protection, employment, and macroeconomic-related implications with a vulnerability and leave-no-one-behind lens. A telephone survey of the social and economic impact on women and children (caregivers) was tested for implementation against 5,000-6,000 households in the coming two weeks. Discussion is underway to finalise the delivery of the economic impact-related relief packages using existing government social protection mechanisms.



Education Cluster

The Ministry of Education, Science and Technology (MoEST) has formed a high-level committee with six sub-committees to respond to COVID-19, namely i) Teaching Methods and Options, ii) Scientific Consciousness and Communications, iii) Diagnostic and Response, iv) Research, v) Technology Development and Innovation, and vi) Policy and Finance. The School Management Committee Federation has issued an appeal to avoid use of schools as a quarantine centre, following several reports of this practise. As of 13 April, 497 schools are used as quarantine centre, where, 2,274 people are remaining in province 2, Karnali and Sudur Paschim provinces. Similarly, 30 schools are reported using as quarantine shelter in Province 1, Bagmati and Gandaki Provinces. Education specific messages are being aired through 34 local radio stations. The mapping of available digital learning materials is completed, and the finalized materials will be uploaded on a MOEST digital learning portal. The Centre for Education and Human Resource Development (CEHRD) has finalized reference materials for immediate use by grade 6-10 children. The contents for self-learning materials for pre-primary and grade 1 are ready and submitted to the Government for endorsement.



Risk Communication and Community Engagement

More than 2 million people have been reached through risk communication messages across Nepal. A dedicated 5 mins daily television programme “Corona Care” broadcast started from the 13 April 2020. Both the radio and television programme focused on the socio-economic impact of the COVID-19. In the first two weeks of April 2020, messages on COVID-19 reached an additional 8.5 million through social media, engaging nearly 200,000 people. The total number of people reached is 17 million. The community feedback survey on COVID-19 is completed covering 1,100 respondents and found that more than 98 percent of the respondents were found to be aware of COVID-19. Around 90 percent of the respondents were aware about the need for handwashing and more than three quarters were aware of the need for mask use and to avoid crowds as protective measures. The Risk Communication and Community Engagement Working Group is supporting the MoHP to conduct daily virtual press briefings by providing technical support as well as key messages. These virtual press briefings have had more than 1 million views in total in the last three weeks.



Inter-Agency Gender Working Group

At the last Gender in Humanitarian Action (GIHA) meeting representatives from Muslim Women Group and Indigenous Communities groups highlighted the needs and concerns emerging from their constituents. These included: 1) loss of livelihoods and income of home-based workers due to cancellation of production orders ; 2) food insecurity, inability to access relief and social security allowances experienced by indigenous communities along with confusion surrounding protection measures due to lack of information in indigenous languages; and 3) loss of income due to reduction in daily wage work and remittances, and difficulties in accessing relief and limitations related to citizenship experienced by Muslim women.



Cash Coordination Group (CCG)

The CCG finalized the technical guidance for cash and voucher assistance (CVA). Consultations are ongoing with MoFAGA, and the CCG is coordinating with humanitarian partners to promote cash transfer programming in response to COVID-19. Some agencies already started cash-based interventions in collaboration with local governments. However, some areas have witnessed resistance by the authorities due to a lack of guidance from the federal government on cash assistance. District Authorities have stopped cash distributions from humanitarian organizations unless they get clear guidance from the federal government. The CCG facilitates two sub-groups on Minimum Expenditures Baskets (MEB) and Digital Cash Transfers. Both sub-working groups will provide technical guidance for scoping, adaptation of tools and enhance shared understanding and collaboration.

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