



24 April 2020

Overview

At the national level the High-Level Coordination Committee for the Prevention and Control of COVID-19¹ continues to coordinate the nationally led response. A COVID-19 Crisis Management Centre (CCMC) led by the Secretary from the Prime Minister's Office and other members including senior officers from the Nepali Army and the Ministry of Health Population (MoHP) has been established to operationalise the decisions made by the high-level committee.

Upon the request of the government, the Humanitarian Country Team (HCT) undertook a joint assessment of quarantine facilities to validate initial information pointing to gaps in basic conditions and compliance with national protocols for infection prevention, social distancing, case identification and isolation. More than 500 quarantine sites were remotely assessed, and some field visits were undertaken to the sites nearby provincial capitals. The results will be discussed with the Government, the HCT and the clusters after an analysis of the data.

Lockdown is in force throughout the country, which includes a ban on vehicular movements and restrictions on inter-province/inter-district movement of people. Suspension of domestic and international flights remains effective until 30 April 2020. Flights except are provided for those organized by the government, those used by security agencies and evacuation flights organized by diplomatic missions. The local governments are providing food relief in rural and urban areas. However, despite the lockdown, people continue to leave, particularly major cities, for their home villages. Over the last weeks hundreds of people were reported to have walked hundreds of kilometres back to their villages, in the absence of other means of transportation.

Two new COVID-19 cases were detected on 23 April. With the additional 14 cases (tested positive on 18 April) detected in Province One, the total COVID-19 cases in Nepal has reached 48. Among the 48 identified cases, ten have recovered and 38 are undergoing treatment; no deaths have been reported.

The provincial and local governments have been quarantining people arriving from other parts of the country, and abroad. With the confirmation of new COVID-19 positive cases in various parts of the country, provincial and local governments began quarantining people entering from neighbouring provinces, leading to an increased number of people in quarantine facilities – 8,793 compared to the previous week's 5,558. In many cases, individuals are effectively being 're-quarantined', due to requirements to quarantine for 14 days in each province they enter.

The Ministry of Health and Population (MoHP) deployed a team of 34 medical doctors to Sudurpaschim Province to strengthen prevention measures and the treatment of COVID-19 patients, especially given the high number of returnees from India. The team will work in close

¹ The committee was constituted by the Government of Nepal through its decision of 01 March 2020 under the convenorship of Deputy Prime Minister and Minister for Defence.

coordination with the Sudurpaschim Government to provide services in various hospitals in the province during an initial one-month deployment.



Food Security Cluster

A second edition of the Food Security and Vulnerability Update, as well as the COVID-19 mVAM Market Update #1 have been released. A concept note for a joint assessment on the impact of COVID-19 on food security and the agricultural sector has been shared with MoALD for review and endorsement. As per the government-announced relief programme, local-governments are providing food relief support to daily wage workers, the unemployed as well as poor and vulnerable people impacted by the lockdown. As of 2 April 2020, the 647 local governments across the country had identified 1.494 million vulnerable households, of which 604,900 (40%) have received relief packages². The Food Security Cluster 3W information update is ongoing. A Food Security Cluster meeting was held before the lockdown on the monsoon Emergency Response Plan (ERP) to agree a potential caseload, preparedness and response actions. Inputs are currently being collected from cluster partners related to these agreed points.



WASH Cluster

WASH cluster members are providing WASH and personal protection supplies to hospitals, quarantine centres and communities across 50 districts and their palikas. Distribution items include soaps (16,396), hand sanitizers (24,375), hygiene kits (6,238), bucket and mugs (724), and water purifiers (18,200), among others. Hygiene kits have been distributed and basic hygiene messages disseminated to more than 6,000 families to date. WASH and Health teams jointly conducted rapid assessments of three quarantine centres (two in Province Five and one in Province Two) and 10 health care facilities in Provinces Five and Two using a WASH assessment tool. It was found that these facilities lacked adherence to infection prevention and control protocols. The teams also identified critical needs in terms of basic WASH services. The WASH cluster secretariat had a virtual meeting with Provincial WASH Coordination Committee (PWASHCC) focal persons, led by the focal person of the Ministry of Water Supply, to discuss assessing the situation and agreeing next steps on activation of PWASHCCs and response coordination. Further guidance has been provided by the Ministry of Water Supply on (re)formation of PWASHCCs and key areas of work to facilitate more effective coordination and response work. The WASH cluster preparedness and response plan is being revised considering the current context and recent developments.



Health Cluster

MoHP endorsed COVID-19 and non-COVID-19 health service guidelines formulated to address all health needs, including service continuity during the pandemic. COVID-19 and non-COVID-19 hospitals have been advised to continue their respective health services based on the recent

² Figures based on information collected by field staff from local governments by phone.

“Interim guidelines on delivery of COVID-19 and other health care services in the context of COVID-19 pandemic-2076”.

A team has been mobilized to conduct case investigation and contact tracing of COVID-19 positive cases in Udaypur, Chitwan and Birgunj due to a relatively high number of cases identified in these areas.

Laboratory testing of PCR based COVID-19 samples has increased, with 15 labs across the country now able to conduct tests. There is at least one lab capable of processing PCR based tests in each province. Bheri Hospital, Nepalgunj Hospital and Patan Hospital are the latest additions to the list.

Total PCR tests performed = 6871 + 2143 = 9014
Total PCR positive cases = 16 + 29 = 45
Total RDT performed = 8929+ 22491 = 31420
Total tests performed = 15800+ 24634 = 40434
Total isolation beds: 3126
Total beds available in quarantine facilities = 34394
People in quarantine facilities = 8595
Suspected people in isolation wards = 95
<i>As of 22 April 2020</i>

The National Health Training Centre (NHTC) has developed a training package for community level health workers including Female Community Health Volunteers (FCHV). The Kanti Children Hospital began a child and adolescent mental health clinic.

Monitoring of maternal health services continues to highlight a decline in service utilization. Data from selected referral hospitals points to a dramatic decline in the utilization of delivery services, with four hospitals reporting only 20-25% of their typical delivery caseload and one hospital reporting 50%. Challenges affecting service utilization reported by health facilities include fear of disease transmission, lack of PPE for service providers, lack of transportation, and travel restrictions. Transportation disruptions are also affecting the supply of reproductive health (RH)/family planning (FP) commodities to health facilities. Reproductive Health sub-cluster partners, including the NGO network, are mapping their support to address these issues. Reproductive Health Rights working group is initiating ground level monitoring of sexual and reproductive health (SRH) service provision to ensure lifesaving SRH services are not interrupted. The interim technical guidance prepared by the small task force for service providers and program managers has been finalized and is awaiting Nepali translation and roll-out. A dedicated helpline for reproductive health services is also planned. Messaging and infographics on danger signs during pregnancy and birth have been prepared and disseminated through social media, radio and TV PSAs.



Nutrition Cluster

MoHP officially endorsed the Infant and Young Child Feeding (IYCF) and Integrated Management of Acute Malnutrition (IMAM) guidance notes for healthcare workers. Financial assistance was provided to transport 710 cartons of ready to use therapeutic food (RUTF). Additionally, 40 cartons of micronutrient powder from the provincial warehouses of Province Two have been distributed to 136 local governments. According to routine health service statistics, in

the past month utilization of Severe Acute Malnutrition (SAM) treatment services at Outpatient Therapeutic Care Centres (OTCC) has ceased, likely due to the lockdown. There have been no reports of new cases of severe acute malnutrition referred to health facilities for treatment, which is a consequence of the cessation of mass screening. No children have returned to OTCCs for follow up visits and treatment monitoring, also likely due to lockdown measures. The Nutrition Cluster, led by Nutrition Section of Family Welfare Division (FWD), MoHP, is reviewing a proposed Nutrition Information System, designed to monitor continuous service provision. It is expected to be endorsed by 24 April 2020. A Health and Nutrition cluster has been established in Sudurpaschim Province, led by the Provincial Health Directorate and jointly co-led by UNICEF, WHO and UNFPA.



Protection Cluster

A total of 1,589 people (943 females and 646 males) have received psychosocial services through existing helplines and telephone services. Most calls were related to information on symptoms of COVID-19, information on where to seek relief support and to share feelings of fear and anxiety. A total of 1,598 children have been released from institutional care facilities and sent to their guardians. This amounts to 34% of total children in institutional care facilities in the Kathmandu Valley which has the highest number of children in such care. Through the joint effort of the South Asia Regional Brick Kilns Consortium, data from 40 brick kilns in 11 districts has been collected, indicating that 9,161 workers are stranded (5,821 male, 1,465 female and 1,883 children). Coordination is ongoing with municipalities to ensure inclusion of psychosocial support in relief assistance, as well as referrals to online counselling services. Safe shelters received 72 gender-based violence (GBV) cases this week, of which two cases were related to minor girls. Five cases were referred to police and one case is being followed up from a distance. GBV services are available in Provinces One, Two, Three, Five and Seven, including in refugee settlements in Kathmandu. In addition, 692 people received distance counselling related to GBV.

One hundred and forty women in quarantine centres received dignity kits across Provinces Two and Seven. An additional 35 PPE sets were provided to health workers in quarantine sites in Kailali district. Advocacy efforts are ongoing with ward officials, municipalities and NGOs to ensure that COVID-19 food assistance is coordinated through local government mechanisms as per Government instruction and is delivered in a timely, effective and equitable manner to all vulnerable groups in the community, in order to prevent potential tensions among vulnerable communities. A survey of Private Recruitment Agencies in Nepal (PRAs) and Nepal Association Foreign Employment Agencies (NAFEA) members was conducted to better understand the impacts of COVID-19 on migrant workers in labour destination countries and private PRAs in Nepal. The main objectives of the survey were to address protection needs of vulnerable migrants and their families in source and destination countries and to assist the private sectors during and after the pandemic.

Logistics Cluster

The Nepal National Logistics Cluster initiated storage and transportation services for medicines, medical supplies and medical equipment for the COVID-19 response at three Humanitarian Staging areas in Kathmandu, Nepalgunj and Dhangadhi on 20 April 2020. Management Division, Department of Health Services (DoHS) requested the Logistics cluster to transport 4.5 MT of COVID-19 supplies to Provincial Health Directorate offices in Province Five, Karnali and Sudhuraschim Provinces (Dhangadi) on 24 April 2020. The customs duty exemption for COVID-19 related medical supplies will expire on 27 April 2020. A request letter for the extension of this period was shared with MoHA and Ministry of Finance (MoF); MoF advised that a formal request should come from MoHP, after which the request will be discussed by cabinet and a decision will be made. DoHS have contracted three vendors to procure PPE, valued \$2.5M. Association of International NGOs (AIN) members procured \$0.5M worth of PPE and hygiene supplies, mostly earmarked for the target areas of AIN members. WHO provided a second shipment of PPE to MoHP and UNFPA provided 1,200 PPE sets to MoHP this week. Current logistics gaps include a lack of international air freight capacity to Nepal, challenges related to transport and transport permits for AIN members and unavailability of PPE and COVID-19 health supplies in global markets.

Socio-Economic/Early Recovery Cluster

Following the presentation of a draft relief, resilience and recovery plan to regional representatives of international financial institutions, the Government of Nepal met with the core group of the Social and Economic Recovery Cluster (SERC) to gain support for a rapid needs assessment of vulnerable groups and development of a cross-sectoral early response plan. The National Planning Commission (NPC) has been mandated by the government's high-level committee to conduct assessments and planning. NPC has sought technical assistance to conduct an assessment covering six thematic areas, including: social welfare, poverty and vulnerable people.

This week SERC met with the government (MoFAGA and NPC) and had productive conversations on the workplan and ToR of the cluster, as well as the inclusion of a wider group of participants. In light of this mandate, the SERC will work towards assisting the NPC to develop an early recovery plan. While MoFAGA has been the traditional government lead on early recovery, SERC is exploring partnerships with other relevant government agencies in light of the evolved mandate of the cluster. SERC also met with representatives from AIN and the NGO federation to develop an inclusive modality to address concerns from I/NGOs. The outcomes of these meetings will be discussed with cluster members in the SERC meeting scheduled 24 April 2020.

Education Cluster

The Government of Nepal is working on Nepal's application for the COVID-19 accelerated funding window, for which Nepal is eligible for up to US\$ 15 million from Global Partnership for Education (GPE). Approximately 730,000 students have been reached through education specific PSAs that are being aired on 34 local radios in 18 districts, supported by different cluster partners.

In addition, PSAs on how teachers and parents can help children tackle psychosocial issues have also been developed and ready to air. MoEST has endorsed self-learning materials for pre-primary and grade one. The learning material for grades two and three is at the final stage of development. Education Clusters have been activated in four provinces (Two, Five, Karnali and Sudurpaschim). Karnali and Sudurpaschim Provinces have approved COVID-19 education preparedness and response plans, whereas Provinces Two and Five have initiated the process to develop such plans. Education contingency plans are also under development in Provinces Two and Five.



Risk Communication and Community Engagement

More than 15 million people have been reached through multi-lingual (local languages) messages on COVID-19 prevention and protection, including hand washing. The messages are disseminated through more than 500 radio stations and 22 television channels across Nepal. Continued production and dissemination of radio programmes “Corona Capsules” and “Jeevan Rakshya” daily, as well as “Sathi Sanga Manka Kura” and “Hello Bhanchin Amaa” weekly, and daily television programme “Corona Care” covering various issues related to COVID-19 are reaching over 2 million people across the country.

A total of 139,476 pregnant women and mothers of children under-two have been reached through COVID-19 prevention SMSs and 80,527 households have received COVID-19 specific telephone counselling in 42 districts. A total of 23,042 calls were received on the 1115 hotline. Among them, 7,339 calls were answered directly and 7,689 were diverted to interactive voice recording (IVR) response. Most calls were related to general information on COVID-19, the current situation in Nepal and availability of test services. Broadcast Association of Nepal, a network of 220 commercial radio stations, was provided orientation on the production of short public service announcement on COVID-19. Rumours and misinformation are being tracked and addressed regularly through social media (Facebook and Twitter), IVR, hotlines and mass media (radio, television, print and online news). The latest rumours tracked are “Nepal is a sacred land, so Nepali people are protected against coronavirus” and “Nepali people have killer cells, so they are immune to this deadly disease”.

More than 200 youth volunteers across all seven provinces were mobilized via online platforms to tackle rumours and misinformation related to COVID-19. Content in Nepali and local languages have been developed and shared online to spread awareness about the crisis. 800 Female Community Health Volunteers from Darchula, Rautahat and Terathum have been reached with push messages on COVID-19 prevention, handwashing, stay home and social distancing in Doteli, Nepali and Bajjika languages.



Inter-Agency Gender Working Group

The Government is moving forward with a Rapid Gender Analysis (RGA) process in the context of COVID-19 under the leadership of the Ministry of Women, Children and Senior Citizens (MoWCSC).

Concerns were raised by civil society, women's and excluded groups in the Gender in Humanitarian Action (GIHA) Task Team meeting on 16 April 2020, attended by with 86 participants. Elderly people, particularly women, lack access to information and are unable to stay connected family due to the digital divide. Their access to regular health services and medication is also restricted. There are reports of sexual violence against older women in old age homes. Information about COVID-19 is yet to reach many Dalit communities, particularly in Province Two, where misconceptions about hygiene measures persist. Concerns over social cohesion have emerged due to tensions over relief distribution (e.g. in Sihara and Saptari) and the circulation of misinformation about Muslim communities in international media. The loss of income experienced by sex workers has impacted their food security; they also struggle to access essential health services including antiretrovirals and relief, due to mobility restrictions, stigma and lack of legal identity documentation. Lack of transportation to facilitate the movement of people requiring critical health services, including pregnant women and new mothers, is a growing concern.

FWLD and LACC have begun to provide pro bono legal services on GBV and other issues through helplines. Difficulties in registering cases of GBV (including rape), accessing relief, and discontinuation of maternity and family planning services have been reported.



Cash Coordination Group (CCG)

The CCG coordinated with the sub working group on minimum expenditure basket to prepare the minimum expenditures basket (MEB) and calculated the transfer value. The purposed MEB has been circulated to all co-leads and humanitarian agencies for their feedbacks and will be endorsed in the upcoming CCG meeting. CCG is asking its member agencies to sharing their capacities, plans and budget for cash and voucher assistance related to COVID-19. The CCG is coordinating with the government lead agency MoFAGA to prepare cash assistance guidelines for the COVID-19 response. The upcoming revision of cash and voucher assistance (CVA) guidelines for humanitarian agencies requests cluster co-leads to communicate and work together with CCG for possible support and collaboration on utilization of cash transfer programmes in the COVID-19 response.

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