



Coronavirus disease 2019 (COVID-19) Update #09



29 May 2020

Overview

With movement restrictions eased across India, the number of returnee migrants both reaching the border and entering the country, have increased significantly. More than 86,057 people are in quarantine centres. The past week saw large numbers of returnees crossing the Nepal-India border across the Terai region in Provinces One, Two, Five and Sudurpaschim. Returnees assemble near border crossings, are taken across the border by buses hired by the local governments, and then sent to their home district/palika. An average of 3,000 people per day, for last 3-4 days, are crossing the border in Nepalgunj area (particularly people from Karnali Province). Reportedly, there has been a lack of record keeping and screening. Traffic police are organizing people onto their respective gaupalika buses. With the large influx in the province, the Karnali Provincial Government has established 'transit centres' near the provincial borders and started to provide water, food and transportation services to the returnees. Humanitarian partners are supporting the Provincial Government in providing food, water and transportation.

Reportedly, at the Dhangadhi border crossing, around 5,000 people returned from India on 26 May, with the total for the last 12 days being 12,000 returns. At Bhairahawa border crossing an average of 1,000 people per day have been returning to Nepal over the last 4-5 days, with most being sent on to their respective palikas. In Province Two, over the last week around 4,600 returnees are being quarantined in sites near the border area. With 500 people per day returning to Nepal in Province Two, a 'holding centre' has been established at the border for temperature screening and testing.

Key issues of concern include: transportation capacity, how to operationalize distribution of the influx across quarantine sites, provision of food and water in transit sites as municipalities are reported to be overwhelmed by the numbers, gender related concerns, such as violence and harassment, which have been reported in transit centres and quarantine sites. Contact tracing, while labour intensive is not technical (i.e. can be done by non-health specialists), and thus responsibility for community-level contact tracing should lie with the palikas, which have been asked to form small teams to do this. There is no clarity yet on who exactly will do the contact tracing. The WHO is requesting that partners who could support contact tracing to contact them directly.

As the High-Level Coordination Committee for the Prevention and Control of COVID-19 (HLCCPCC) and other respective ministries are working on repatriating migrants from the Gulf, Malaysia and other countries, there is an urgent need to strengthen and expand quarantine capacity across the country. In a televised address to the nation on 25 May, the Prime Minister stressed the need to expand the scope of COVID-19 testing to at least two percent of the total population and pledged to turn hotels and public infrastructures currently not in use into quarantine facilities. The UN Resident Coordinator convened a Humanitarian Country Team (HCT) meeting on 27 May, in which a revised COVID-19 Preparedness and Response Plan was endorsed.

There was a total of 398 new cases of COVID-19 reported over the past week, as well as two deaths confirmed. This brings Nepal’s COVID-19 case total to 1,042. As per the Ministry of Health and Population (MoHP), total COVID-19 deaths have reached five. Nearly half of the new cases are in Province Five (160), followed by Province Two (135). MoHP has intensified supporting respective palikas for contact tracing and case investigation of all new cases.

The nationwide lockdown remains in effect across the country with additional curfews issued in hotspots. With the rapid increase of COVID-19 positive cases, some areas have been sealed off, restricting movement of people and vehicles to essentials goods and emergency services.

On 28 May, the Government presented a NRS 1,474 billion (approx. USD 12.5 billion) national budget for fiscal year 2020/21, broadly focusing on COVID-19 response and recovery, as indicated in the annual programmes and policies of the Government, previously endorsed by Parliament. Key priorities include strengthening public health facilities, employment programmes and enhanced government support in agriculture and education sectors, apart from expansion of technical education in community schools. Through the budget, the federal government has pledged a number of measures, including subsidies to industries and service sectors, such as tourism, that have been affected by the pandemic. The government aims to create employment opportunities for returning migrant workers and daily wage labourers who have lost their livelihoods due to the COVID-19 lockdown.

The Monsoon Emergency Response and Preparedness Plan is under development, factoring in the impact of COVID-19. The plan will be finalized in coordination with the National Disaster Risk Reduction and Management Authority (NDRRMA).



Health Cluster

The HLCCPCC has decided to amend the standards of quarantine and dead body management guidelines based on the field reflection and recommendations from different stakeholders. The national measles rubella campaign that was interrupted by the ongoing lockdown has resumed in Sudurpaschim Province, after being completed in Baitadi, Darchula, Achham and Doti districts. The campaign targets a total of 96,844 children between 5-59 months and is currently ongoing in remaining five districts (Kailali, Bajhang, Bajura, Dadeldhura and Kanchampur).

An assessment of essential health service continuity in 39 health facilities in Province Two was completed using an online ONA application. Major issues identified through the assessment were lack of PPE and difficulty in maintaining physical distancing. Moreover, the majority of the health facilities are out of stock of at least one essential health commodity, such as misoprostol, zinc, BCG syringes, ORS, vitamin A, etc.

As of 27 May 2020

Total sites: **20**

Total PCR tests done: **58,277** (average of >3,200 per day in past week)

Total PCR positive: **886**

Total active cases: **699**

Total discharged: **183 (138 in past week)**

Total isolation beds: **3,523**

Total people in isolation: **654 (confirmed cases)**

Total quarantine beds: **117,044**

Total people in quarantine: **70,305**

Support to the resumption of routine immunization and maternal and newborn health services is ongoing across all provinces. A total of 11,063 children received immunization, 2,998 pregnant women received anti-natal care, and 1,267 institutional deliveries were conducted during the reporting period. Health have been raising concerns about the supply items for their own as well as clients/patient's protection. Major requests are for masks, hand sanitizers and gloves. Additionally, support has been extended for resumption of the child and adolescent mental health clinic at Kanti Children Hospital, which provided clinical and psychosocial management support to 99 children (66 boys and 33 girls aged below 18 years) and 63 parents. Issues addressed via teleconsultation include therapeutic treatment with medication on psychiatric services and follow-up services to clients.

The interim guidelines for reproductive, maternal, new-born, child and adolescent health (RMNCAH) services is being endorsed and disseminated through various electronic platforms, and an orientation plan will be prepared. In the last two months, 30 maternal deaths and 265 perinatal deaths have been reported, seven across facilities that are part of the programme to address maternal perinatal death. A small task team, led by the Family Welfare Division, is working on identifying the causes of death and related recommendations. Inadequate data and information on maternal death and its causes continues to be a gap both at health facility and community levels. Furthermore, shortages of life-saving maternal health medicines are reported by all birthing centres and basic emergency obstetric sites, including some comprehensive obstetric sites. This requires serious attention and support from Government and partners. In addition, the safety of health service providers continues to be a priority for the continuation of Sexual and reproductive health and rights (SRHR) services; therefore, provision of adequate infection prevention and protective items including PPE, psychosocial support and testing/screening of providers for COVID-19, remain important. More than 780 people have accessed services through the helpline for RMNCAH reports in the last week, with a majority of the calls related to sexuality (157), safe abortion (157), family planning (128) and menstrual health (93). Among callers, 70% were male and 29% female. This reveals the need for improved awareness and messaging around available helpline services among women, high risk and vulnerable groups.



Protection Cluster

A total of 4,522 persons (1,614 males, 2,906 females and two third gender) received psychosocial support through existing helplines, online platforms and one-on-one counselling. Most of the support sought was related to information on relief assistance, health related information and sharing feelings of fear, anxiety and stress due to various reasons. Community psychosocial workers (CPSWs) and community outreach workers were mobilized to raise awareness on COVID-19 and psychosocial well-being in communities. A total of 19,325 persons (7,799 males and 11,526 females) were reached through awareness raising interventions by community-based psychosocial workers across all seven provinces. A total of 213 people (34 males and 179 females) in quarantine facilities in Banke, Udayapur and Siraha districts and 76 people from gender and sexual minority communities in Kathmandu were provided virtual group sessions on stress management and psychological first aid.

A total of 922 GBV survivors received multi-sectoral support through peripheral health facilities, safe houses/shelters and OCMCs (One-stop Crisis Management Centres), legal and psycho-social counsellors and police. A total of 1,019 women, including 85 adolescent girls, in quarantine facilities were provided with dignity kits and kishori kits in Provinces Two, Five and Sudharpachchim. To

enhance a coordinated service delivery mechanism to respond to GBV cases for refugees and other vulnerable groups living in Kathmandu during the COVID-19 crisis, capacity development trainings and immediate assistance, protective equipment and dignity kits have been prioritized.

A protection risk assessment and a child protection rapid assessment were conducted, with finding highlighting different child protection concerns in the COVID-19 context, including increases in violent discipline, child marriage and SGBV. Also, of concern are increased vulnerability arising from pre-existing family separation which has been exacerbated by the lockdown, as well as heightened risks of child labour. Guidelines for child friendly isolation and quarantine measures have been drafted and will be reviewed with the Health Cluster.

A live radio program ‘Desh Paradesh’ is being aired through Ujayalo network with a focus on labour migrants issues, stress management, psychosocial wellbeing of migrants and their families and the Government’s plans for repatriation of the most vulnerable migrants, mainly female domestic workers (with health conditions, pregnant, with small children and stranded).

With the influx of migrant returnees from India, quarantine facilities are not being maintained as per guidelines, which increases the risk of COVID-19 transmission. Similarly, the lack of gender separate facilities is increasing the risk of violence against women and girls in quarantine facilities. Resources to address GBV and hygiene needs of women and girls are limited. Some OCMCs are facing limitations on resources due to high numbers of referrals. Limited mobility due to the lockdown has hindered psychosocial support in communities and quarantine facilities, making it challenging to reach the most vulnerable.



Food Security Cluster

A preliminary report on the household food security survey is awaiting review and clearance by the Ministry of Agriculture and Livestock Development. No comprehensive update has been reported on Government relief assistance; however, it remains ongoing and good progress is reported from Province Two where 97% of registered households have received the assistance from their respective local governments to date. In addition, over 37,700 households have received or are receiving cash/food assistance from members of the food security cluster across the country, which are complementing the Government’s relief assistance. Harvest of winter crops such as wheat and barley is ongoing in the hills and highlands. Likewise, spring paddy plantation is ongoing where irrigation facilities are available. Farmers are preparing for transplantation of main paddy crop as the monsoon rains will start from early to mid-June. 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

As the number of people continues to increase in the quarantine centres and transit areas, WASH Cluster has come up with a minimum WASH package for quarantine centres. The package includes basic water supply, basic sanitation facilities for males and females, basic hygiene support with soap, handwashing stations, sanitary napkins for females, towels, ensuring solid and liquid waste

management and basic information and education on COVID-19. The cluster members supporting quarantine sites will ensure this minimum package and if need be, additional support could also be provided based on the specific needs of the individual quarantines centres. More than 40 WASH Cluster partners are responding to the COVID-19 pandemic in the areas of infection prevention and control and basic WASH services in 381 municipalities of 69 districts across seven provinces. As of 26 May, minimum WASH supplies and cleaning/disinfection materials reached 118 health care facilities (which included 42 zonal, central, district and general hospitals; 76 health posts, (public health centres, urban health clinics) 34 quarantine centres and eight isolation centres. Furthermore, cluster partners are also supporting enhanced access to water supply, sanitation and hygiene facilities in health care facilities, quarantine centres and communities. 811 handwashing stations have been installed in health care facilities and communities. Cluster members continue to provide WASH supplies to health care facilities including. Cluster members provided critical hand hygiene supplies to 19,893 families, including: bucket/water purification tablet to 14,400 families, masks to 1,163 families and hygiene kits to 6,654 families,

WASH cluster members reached 79,896 households through WASH promotional and behavioural change communication activities in 38 districts. Provincial co-lead agencies continued to provide technical and backstopping support to their respective provincial Water, Sanitation and Hygiene Coordination Committees (PWASHCC) in all seven provinces to develop WASH preparedness and response plans. However, challenges remain in effective coordination due to the multiple roles played by the provincial WASH focal person at the provincial ministry level. With the massive influx of returnees from India, quarantine centres and transit areas have become areas of possible COVID-19 transmission. The WASH Cluster faces challenges in reaching out to all quarantine and transit centres with WASH services. To date, only 34 quarantine centres have been reached by Cluster members due movement restrictions caused by the ongoing lockdown. Other challenges include the limited numbers of WASH partners working in health care facilities and shortages of supplies, mainly caused by the ban on international flights, as most WASH supplies raw materials are imported.



Nutrition Cluster

Nutrition Cluster conducted interpersonal counselling on infant and young child feeding (IYCF) and COVID-19 prevention measures using mobile phone technology. Telephone counselling reached 101,808 households including 5,176 pregnant women and 42,067 mothers in 42 Suaahara programme districts. Nutrition and COVID-19 messages have been disseminated to 14,158 households via SMS and 143,835 households via radio programmes. Government relief packages have been distributed to 128,256 Golden 1000 Days households, targeting children and pregnant and breastfeeding women. A survey of 406 health facilities from ten districts found that 18 health facilities in Palpa district have violated the ‘Substitute for the Breast Milk (Sale, Distribution and Control) Act 2049’ by freely distributing breast milk substitute to mothers. Capacity of local super cereal production is a limiting factor to initiate blanket supplementary feeding to households with children and pregnant and breastfeeding women. As per the most recent information, the premixes/vitamins available in the country are sufficient for production of 400MT of super cereal in the coming three months, while the demand/need for super cereal is over 1000MT.



Shelter Cluster

Shelter Cluster held its national level coordination meeting on 25 May, with a key discussion on how to increase the engagement of Shelter cluster members in support to quarantine sites. Shelter Cluster members are continuously supporting the distribution of non-food items to quarantine centres. A technical working group formed for development of a checklist for quarantine site management has presented a draft checklist during the shelter meeting. The checklist has been developed for local municipalities and quarantine establishment units which will enable them to ensure all minimum requirements are in place while establishing quarantine centres. In addition, this will help local authorities to monitor the quality of services in quarantine centres and report back to provincial-national authorities. The draft checklist has been shared with the Ministry of Urban Development for further inputs. Shelter Cluster members have also decided to appoint provincial focal units for Shelter Cluster, to be led by one of designated staff from DUDBC divisional offices and supported by one Cluster member staff. The team will closely coordinate with HCT provincial focal agency, provincial government and municipalities and expand support for quarantine centres in a coordinated manner.

The Shelter Cluster conducted a rapid remote assessment on the use of tents in quarantine sites. Tents had been set up across all seven provinces to be used as quarantine sites. Tents were and are being used as quarantine sites for security force personnel or general public. In most of the provinces, except Karnali, tents are empty, and people have been moved out of these sites into an existing building. One reason for this is due to the pre-monsoon season and increasing unsuitability of temporary structures such as tents. Local, district level and provincial governments have expressed that they are considering the use of tents in large numbers or camps as an option of last resort, especially with the onset of monsoon. In Sudurpashchim, due to increasing patients in Baitadi hospital, tents have been set up on the hospital premises and are being used to accommodate at-least eight patients who tested positive for COVID-19. In Province Five, tents are being used to accommodate overflow of people from quarantine centres, which are established in an existing building.



Education Cluster

The federal Education Cluster organized a virtual coordination meeting with provincial education clusters and discussed the progress of different provinces in the COVID-19 response, ways forward and alternate modalities of learning continuity. All provinces confirmed that schools are publishing and disseminating the results of final examinations of the last academic year. Participants agreed to hold weekly meetings to share updates. Five technical task groups under the federal Education Cluster developed self-learning materials for grades 4 to 8 and submitted these to the Centre for Education and Human Resource Development (CEHRD) for endorsement. 81 local government (59 percent) in Province Two have developed local level education preparedness and response plans, prioritizing continuation of learning. Cluster members, jointly with the Ministry of Social Development of Sudurpashchim Province completed a 10-day virtual training for 60 Education Officers of local levels, equipping them to manage education response, including during the COVID-19 crisis. Education specific public service announcements (PSAs) targeting children and parents reached around 5.3 million people. PSAs for parents of children with disabilities are reaching 57,584 people, 82% of the target population. PSAs targeting teachers on effective teaching methods are being

aired in the Provinces 2, 5, Karnali and Sudurpaschim on 39 local FM stations. Cluster members carried out a mapping in 23 local governments of 11 selected districts of Provinces Two, Gandaki, Five, Karnali and Sudurpaschim to understand household access to radio, mobile phone and television, in order to assess possibilities for distance education. The survey found that households have most access to radio (44%), mobile phone (92%) and television (53%). Schools currently used as quarantine sites are at risk of remaining closed beyond the official reopening date, in order to complete quarantine periods and allow disinfection. There is also a lack of disaggregated data on children who needs education support in quarantine sites. There have been delays in the delivery of self-learning materials for the most disadvantaged children, without any access to media or distance learning due to lockdown.



Logistics Cluster

The Logistics Cluster meeting was held on 22 May. Planned flights include: Flash Freight cargo flight from Frankfurt to Kathmandu on 6 June; Nepal Airlines flights facilitated by the Australian embassy between KTM-CNB via Kuala Lumpur on 8 June; two flights on 9 June. The first WFP passenger transport is planned for 3 June from Kuala Lumpur to Kathmandu, return. This flight will carry only outbound passengers and inbound cargo. The next Logistics Cluster meeting will be on Friday 5 June. The Logistics Cluster transported 1.6 MT (16 cbm) of medical supplies of DanChurchAid (DCA) to Sudurpaschim Province (Dhangadi) on 24 May. Requests for transport service have been received from the Provincial Health Directorate, Karnali Province, Save the Children and IPAS Nepal for various locations. Medical supply transport is planned for 28 May. The Department of Health Services has initiated the procurement of 200,000 PPEs. Gaps remain around the lack of international availability of PPE and COVID-19 supplies and lack of storage space for PPE & health supplies in Provinces One and Two. The government is requesting RNA extraction kits, viral transport media and RDT test kits. Viral transport media is the main priority.



Early Recovery Cluster

The Early Recovery Cluster has been consolidating and refining workplans submitted by Cluster members. Government coordination is ongoing and tentative meetings with government co-leads is scheduled for next week. In light of the reorientation of the cluster from Socio-Economic Recovery to Early Recovery, work is ongoing on realigning the TOR to focus priorities on Early Recovery. Similar to other clusters, Early Recovery is awaiting government guidance on NGO/CSO participation modality.



Risk Communication and Community Engagement

COVID-19 dedicated call centres (1115 and 1133), radio and television programmes and daily press briefings of the Ministry of Health and Population responded to around 11,000 questions and feedback this week. Major questions and feedback were related to the availability of testing services, COVID-19 status in Nepal, symptoms and prevention, management of quarantine facilities, requests to return to Nepal from abroad, discrimination in relief distribution and others. Complaints from 5,659 food insecure households have been received through telephone, and household contacts have been linked

with local governments for relief package distribution. Radio and television programmes “Corona Capsule”, “Corona Care”, “COVID Kura”, “Hello Bhanchin Amaa”, “Jeevan Rakshya” “Pawankali Sanga Corona Ka Kura” and mega phone announcements reached more than 10 million people with messages on the importance of breastfeeding during the pandemic, testimonies of people recovered from COVID-19, management of COVID-19 response and relief efforts by municipalities, actions taken by local government, stress management during lockdown and support to health workers.

RCCE cluster members reached 103,894 households through telephone counselling on COVID-19 and nutrition. ‘Ministers with Children’ radio campaign interaction between children and policymakers on COVID-19 was aired on 300+ community FM stations and reached more than 10 million listeners. Over the past week, 26.3 million people have been reached by messages related to COVID-19 and mental health through social media platforms. Humanitarian partners engaged more than 100 young volunteers through an online session on coping with mental health issues during COVID-19. They also spoke out about the need to address the specific issues of marginalized groups, including young people with disabilities and those from the LGBTIQ community. Initial results of a post-webinar survey show that all respondents found the webinar helpful and more than 90% learned something new about taking care of their mental health. Around 60 Nepal Red Cross Society staff and district personnel from 22 districts on risk communication and community engagement were trained. They will work with local governments to form unit action teams at the ward level that directly engage with the community. They will help share messages on protective measures while practicing physical distancing.

Many of the challenges highlighted during the previous week remain. Increasing levels of stigma are anticipated due the exponential influx of migrant workers returning from India. Given the fear among the public that COVID-19 comes from outside of Nepal, there may be repercussions on how returnees are perceived and thus how they are treated.



Inter-Agency Gender Working Group

The sixth GiHA Task Team meeting was held on 21 May, focusing on youth leadership in promoting social cohesion and eradicating harmful practices through innovation. With victims/survivors of violence unable to report cases due to the lockdown, there is an urgent need to address measures for survivors/victims to safely access support services and justice. Women Platform for DRR are reporting lack of psychosocial support, nutritious food, hygiene and sanitation facilities in quarantine centres in Province Five and Sudurpaschim Province. Cases of discrimination against health personnel working in quarantine sites continues to be raised. Women and girls outside Kathmandu Valley are facing challenges accessing sanitary pads. Ministry of Women, Children and Senior Citizens have, given directions for sanitary pads to be included in the essential service package.



Cash Coordination Group (CCG)

The Cash Coordination Group (CCG) has been continuously exploring cash advocacy through diverse networks. Now, CCG is connected to Social Protection Technical Team (SPTT), AIN and CBDRM platform for wider and collective advocacy for the best utilization of unconditional cash transfers in

the current COVID-19 response. CCG is drafting advocacy messages for raising awareness on cash assistance. Simultaneously, a capacity assessment of humanitarian agencies has been ongoing using online sheets. In addition, many discussions around further strengthening of CCG to coordinate and collaborate CVA and explore more opportunities of CVA in humanitarian response in Nepal are ongoing. Recently, CCG and SPTT organized a combined meeting to discuss various CVA response options for COVID-19 and brainstorm ways to strengthen coordination between the two groups.

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