



Nepal COVID-19: Cluster Update #28



11 December 2020

COVID-19 situation

Deaths	Positive cases	Recovered cases	Tested for COVID-19	Persons in isolation	Persons in quarantine
1663	12386	231601	1813204	12,386	515

Source: <https://covid19.moHP.gov.np/#/> (as of 10 December 2020)

Overview

Positive cases are continuing to rise in the Kathmandu Valley. With more than 500 active cases in Kathmandu and Lalitpur districts, the Valley accounts for nearly 50% of active cases in Nepal. Meanwhile, schools in various palikas in the Valley (Lalitpur, Bhaktapur and Kathmandu) have started reopening after nine months of closure due to government restrictions. The Private School Association (PABSON) is planning to open their affiliated schools from February. The federal Ministry of Education Science and Technology (MoEST) has authorised local governments to decide when and how to resume schools. Amidst growing public movement and reduced adherence to public health and safety measures, some local governments in Kanchanpur have imposed restrictions on public gatherings until mid-December. December is typically a season of cultural and religious gatherings, such as marriages and jatras.

On 30 November, the government began constructing 15-bed hospitals in 396 municipalities to ensure basic and quality health services across the country. At present, only 104 of 753 municipalities have hospitals. Initially, NRS 64 billion has been released to the concerned agencies and authorities for the hospital construction, and local governments have been entrusted with responsibility for construction. In its policies and programmes for the current fiscal year (2020/21), the government had envisaged to build 5 to 15-bed basic hospitals in all local units nationwide.



Health Cluster

As of this week, 244,433 people have tested positive for COVID-19 through reverse transcription polymerase chain reaction (RT-PCR), and a total of 1,651 deaths have been reported. All 77 districts are affected by COVID-19. Testing capacity has increased to 79 testing sites, of which 34 are in private laboratories.

The Ministry of Health and Population (MoHP), through its divisions, centres, COVID-19 hospitals and laboratories, is coordinating and managing the ongoing response. MoHP is regularly coordinating with external development partners, health cluster partners and other supporting

As of 9 December 2020

Total PCR testing sites: 79
 Total PCR tests done: 1,805,972
 (average of 7,335 per day in past week)
 Total PCR positive cases: 244,433
 Total active cases: 12,245 (5.0%)
 Total discharged: 230,537 (94.3%)
 Total deaths: 1,651 (0.7%)
 Total isolation beds: 19,602
 Total quarantine beds: 64,522
 Total people in quarantine: 525

institutions for appropriate response support, including COVID-19 commodities.

Technical support has been provided to the National Health Training Centre (NHTC) for a three-day training program on “Infection Prevention and Control (IPC) & Essential Critical Care Management”. The training took place in Birgunj, Province Two between 24-26 November. There were total of 30 participants on for the sessions on IPC, including doctors, nurses, and auxiliary health care workers. Support is extended to the Nursing and Social Security Division (NSSD) with the development of a comprehensive multisector infection prevention & control guidance document. In addition, technical assistance to NPHL is provided for:

- Validation of newly established COVID-19 laboratories: Bhaktapur Hospital and Kantipur Dental Hospital passed the validation process this week by sharing 10 negative and 10 positive samples to be validated by NPHL.
- Preparation of proficiency test (PT) panels for distribution to all designated COVID-19 labs for participation in the re-testing strategy of the National Quality Assurance Program (NQAP).
- Drafting a protocol for an isothermal COVID-19 detection kit and validation of antigen kits.
- Monitoring and supervision of designated COVID-19 laboratories through NQAP. A total of 15 designated COVID-19 labs participated in NQAP this week, of which 14 scored 100% and one scored less than 90%.

Partners supported in case investigation and contact tracing as well as case findings and handed over 2,000 sets of health kits to Epidemiology and Disease Control Division (EDCD) and 2,500 kits to partners in 21 to support home isolation. In addition, the following supplies have been provided to MoHP: 60,000 antigen kits, 1,260 disposable oxygen tubing, 150 flow splitter for oxygen concentrator, 3,300 nasal prongs, oxygen analyzer, 50 ultrasonic handheld, 1,000 fingertip oxygen monitors, 100 pulse oximeters, 20 BiPap machines, 50 high-flow nasal oxygen delivery devices, 205,000 COVID-19 viral transport medium (VTM), 6,760 gowns, 9,099 disposable protective coveralls, 24 safety goggles, 5,000 face shields, 50,000 N95 masks, 8,554 RNA extraction kits, 100 ventilators.

Basic and essential health services, including routine immunization and maternal and newborn health services are functioning at most static and outreach sites. During the reporting period, eleven new health facilities from Lumbini province were assessed, in which 1,071 beneficiaries utilized maternal and child health services. To date, a total of 414 health facilities across all provinces¹ have been assessed for their EHS functionality. A total of 154,748 women and children utilized EHS, including 24,906 women who were reached with antenatal care (ANC) services; 14,157 women who delivered in health facilities; and 115,685 children who were immunized (49% boys, 51% girls). A total of 2,239 health workers and 6,834 female community health volunteers have been trained on case management and continuity of essential health services across the country through mobile application based virtual training.

Mental health and psychosocial support

Psychological first aid and counselling:

With one-on-one psychosocial first aid and counselling services, Protection Cluster members have reached a total of 17,341 persons (6,555 males, 10,734 females and 52 other gender) including 673 over the reporting period. The main issues reported are concerns over health, excessive worry and

¹ 183 in Province Two; 14 in Bagmati; 36 in Gandaki; 99 in Lumbini; and 82 across Karnali and Sudurpaschim

stress due to prolonged uncertainty, including loss of jobs. A total of 5,211 persons were referred to different services: 1,046 health services, 823 legal services, 527 for psychiatric consultations, 1,514 security services, and 1,301 other services. A total of 5,236 received follow-ups for additional support to ensure mental wellbeing.

Awareness-raising and communication on psychosocial wellbeing and mental health

Through the deployment of community-based psychosocial workers (CPSWs), Protection Cluster members reached a total of 51,007 persons (20,664 male, 30,337 females and six other gender), including 2,203 over the reporting period, through awareness raising interventions on psychosocial wellbeing in all seven provinces. Of the total, 23% are children below 18 years. A total of 29,721 persons (16,296 males, 13,199 females and 226 other gender), including 355 over the reporting period, were reached through group orientation sessions on stress management and various psychosocial issues (virtual and face-to-face) in all seven provinces. This includes humanitarian actors, community members and persons in quarantine sites and isolation facilities.

Mental health support to children, parents and caregivers

Partners have been supporting the organization of online mental health wellbeing sessions targeting children, adolescents and parents/caregivers. To date, trained mental health workers have conducted 1,419 sessions and reached a total of 28,672 people (8,597 girls; 8,017 boys and 12,058 parents/caregivers).

Care for caregivers

In partnership with the National Health Training Centre, an online training manual on mental health has been developed and rolled out through civil society organizations. The purpose of this training is to help frontline health workers cope with COVID-19-related stress. A total of 134 health workers working in isolation centres and COVID-19 designated hospitals have benefitted from this training. In partnership with Nursing and Social Security Division, in the light of potential school reopening, mental health awareness and support to students' training sessions for school nurses begun last week. The first batch of 13 nurses from Province Two were trained during the reporting period.

Challenges

The motivation level of psychosocial counsellors and CPSWs to provide services is low due to the fear of being infected by COVID-19.



Protection Cluster

Child protection

A total of 12,419 unaccompanied, separated or other vulnerable children (6,506 boys and 5,913 girls) (including 572 new cases in the last two weeks) were supported with appropriate care arrangements, including family reintegration, placement in interim/transit care and/or other emergency support and relief; of which a total of 694 children (includes 13 new cases) were referred to different services such as health, security, justice, etc.

Gender-based violence (GBV)

5,403 GBV survivors (5,094 females and 309 males; 654 girls, 82 boys, 13 people with disabilities and 52 elderly), including 65 new recipients over the reporting period, received multi-sectoral support through peripheral health facilities, safe houses/shelters, one stop crisis management centres (OCMCs), legal and psychosocial counsellors and police from Province One, Province Two, Bagmati, Lumbini, Karnali and Sudurpaschim. 10,464 women, including 40 new recipients, have

received lifesaving supplies, including dignity, kishori, and hygiene kits in provinces One, Two, Bagmati, Lumbini, Karnali and Sudurpaschim. 2,385 service providers and stakeholders (1,588 females and 797 males), including 33 new recipients (all female), have been trained on providing survivor sensitive GBV prevention and response services.

Migrants/points of entry

A total of 250 (192 male and 58 female) most vulnerable migrants were supported with immediate cash assistance to meet their basic needs and support travel costs back to home districts. In coordination with the Ministry of Labour, Employment and Social Security (MoLESS) and Nepal Embassy in Malaysia one vulnerable man stranded in Malaysia was provided with return assistance, including a return ticket back to Nepal from Malaysia.

Persons of concern/refugees

A total of 1,000 calls (including 55 new calls) from persons of concern were received through 24/7 hotline services and protection needs were addressed accordingly. Furthermore, a total of 6,955 people received protection services (psychosocial support, GBV) were provided to persons of concern, including 296 new recipients.

Persons deprived of liberty

A total of 520 children (10 girls) who were deprived of liberty in eight child correction homes all across the country have been handed over to their guardians following court orders. Of the total, 148 children were released after completion of their sentences.

Challenges

It has been observed in some provinces that the general public, including the frontline service providers (police and health workers), are not wearing masks. This may contribute to increases in COVID-19 infection resulting in restriction of movement, as previously experienced. This could, in turn, increase protection risks and response needs. Due to the prolonged emergency, it is reported that limited and constrained financial resources are impeding the delivery of services to GBV survivors. In addition, coordination within referral pathways, particularly in the area of OCMC and shelter, are posing some challenges.



Food Security Cluster

In response to the COVID-19 pandemic, Cluster members have distributed food/cash/voucher assistance, as well as agricultural tools, in coordination with respective local governments, to 770,309 people (51% male and 49% female, including ongoing assistance to 24,555) in 234 palikas of 54 districts. Among these, 87% received in-kind food assistance, 10% cash/voucher assistance and 3% agricultural tools. Partners have begun a COVID-19 response livelihoods and economic recovery project, providing both unconditional cash and immediate employment opportunities through cash for assets activities to support some 13,000 households in 19 selected palikas of five districts (Rautahat, Sarlahi, Dailekh, Kalikot, and Bajura) across three highly vulnerable provinces (Province Two, Karnali and Sudurpaschim Province).

WFP produced the seventh mVAM Market Update through a phone-based assessment of market conditions and prices of essential commodities across 70 districts and shared the report with HCT members on 8 December. Key findings include:

- Retail prices of food staples were relatively stable and showed only marginal fluctuation. Prices of some vegetables, fruits and chicken meat declined, while potato and apple prices increased in October 2020.
- Continued improvement in functioning of markets was observed, with adequate availability of food and non-food commodities in markets, and improved supply and transportation of goods reported across the country.
- Demand for food and non-food commodities remained moderate and did not reach pre-COVID-19 levels, despite the expected increase during the festival season.
- Despite the observed improvement in market functionality since the easing of the second lockdown, the prolonged impact of the COVID-19 crisis, coupled with uncertainty and frequent localized disruptions in the supply of goods, have resulted in volatility of the retail prices of most essential commodities.
- Continued pressure on vulnerable households can affect their ability to access essential food and non-food commodities, and thereby negatively impact their food security status.

Paddy harvest is complete, or near completion in most provinces. Despite the shortage of fertilizers across the country, paddy production is estimated at normal, or above normal levels. Farmers are currently busy sowing winter crops (wheat and barley). Crops are partially sown in Bagmati (60%), Gandaki (40%), Lumbini (50-60%) and Sudurpaschim (95%), while sowing is mostly completed in the hills (95-100%) and mountains (50-85%) of Karnali.

Challenges

Results of the second round of the mVAM household survey on the impact of COVID-19 on household food security and vulnerability in Nepal finds that food security has slightly improved as compared to the results of the first mVAM household survey in April; however, COVID-19 continues to negatively impact the livelihoods of Nepalese households. Some key findings include:

- The COVID-19 crisis has continued to negatively impact livelihoods of Nepalese households, with 11% reporting job loss and 31.2% a reduction in income. Despite only a marginal increase in reported income loss, more households experienced severe (11.1%) and moderate (16.5%) income loss in August than April (severe 3.7%; moderate 9.3%).
- Loss of income was found to be more common among certain types of livelihoods, namely daily wage laborers, migrant workers and small business and trade.
- Job loss and income reduction caused by the COVID-19 crisis affected household food security: inadequate food consumption and food insufficiency were more common among households that reported job loss and income reduction, compared to households that did not experience job loss and income reduction. Similarly, households with low education levels, with a disabled household member, female-headed households, daily wage labourers and migrant workers were found to be more food insecure.



WASH Cluster

To date, 71 WASH cluster members and implementing partners have provided support to 13 federal hospitals and 61 COVID-19 hospitals in 53 districts as well as 139 health posts, primary health care centres, urban health clinics, and community health units. WASH interventions reached 350 quarantine and 29 isolation centres, as well as communities covering 540 municipalities in 77 districts across all seven provinces. In addition, WASH supplies were provided to 177,050 returnees in 20 designated points of entry (PoEs) and approximately 37,781 returnees in holding centres. To support

a more integrated and coordinated response to COVID-19, the WASH Cluster has initiated a joint WASH, Health and Education Cluster lead and co-lead team meeting. This is planned on a monthly basis, as and when required for critical discussion and joint response.

WASH support to IPC in health care facilities, quarantine and isolation centres

WASH Cluster continued to provide critical WASH support to healthcare facilities, quarantine and isolation centres benefitting 99,075 people in quarantine centres and 3,735 people in isolation centres. In addition, 159 water tanks of 100-1,000 litre capacity and 75 water filters were provided to quarantine centres.

WASH in communities

Overall, 191,250 people benefited from the installation of 1,275 handwashing stations at the community level. Cluster members provided critical hygiene supplies to 52,053 families, which included buckets and water purification tablets to 20,567 families, masks to 7,648 families and hygiene kits to 18,783 families, as well as 84,124 soap bars. Over 5.1 million people have been reached through various risk communications programmes related to hygienic behaviour through various media, such as television, radio, megaphone announcements, etc.

Training, orientation and knowledge management

Nearly 1,900 frontline workers, stakeholders and WASH partners at various levels have been trained/oriented on various subjects related to WASH and infection prevention and control in the COVID-19 context.

Challenges

With nearly one year of engagement on the COVID-19 response, engagement of Cluster members is currently decreasing, despite the likelihood of increasing cases in winter. Home isolation continues to present a challenge due to the lack of appropriate mechanisms for daily monitoring of asymptomatic cases or people with mild symptoms. This is a serious concern that requires a multi sectoral collaboration, led by the health sector and local governments, with contribution from WASH. Healthcare and IPC supply waste (e.g. used PPE, gloves and masks), continues to present a critical environmental issue which may contribute to transmission of COVID-19, as well as pollution. This concern may increase with waste coming from home isolation, which is greater now than institutional isolation. Provision of required operational support to schools for infection prevention, especially those to be reopened or already reopened, continues to present a challenge. However, disinfection guidelines and a supporting video have been developed and are being shared.



Nutrition Cluster

6,069 children under five were treated for severe wasting using ready to use therapeutic food (RUTF) through 620 outpatient therapeutic centres (OTCs) and 18 nutrition rehabilitation homes (NRH). 224 cases were admitted to outpatient treatment programmes in the past two weeks. A total of 971,273 pregnant and lactating women received telephone counselling on maternal, infant and young child feeding (IYCF) and care (73,926 in the past two weeks). 187 FM radio stations are broadcasting nutrition and COVID-19 messages reaching more than 3,532,535 households. In the past two weeks 90,854 households were reached with nutrition messages. In addition, IYCF and COVID-19 messages reached more than 2,234,202 households through SMS (76,373 in the past two weeks). The national Vitamin A campaign was conducted on 26 and 27 November 2020 (11 and 12 Mangsir 2077) across all 753 local levels targeting 2.7 million 6-59 months children for Vitamin A supplementation and 2.3 million 12-59 months children for deworming.

Challenges

Blanket supplementary feeding programme (BSFP) to cover more than 115,000 children age 6-59 months and more than 85,000 pregnant and lactating women (pregnant women: 32,000, lactating women: 51,000) who require supercereal for the prevention of acute malnutrition faces a resource gap of US\$ 1.025 million. It is difficult to screen, identify and refer children 6-59 months who are severely wasted for treatment due to lack of protective materials (such as masks, gloves and sanitizers) for female community health volunteers as well as fear of COVID-19 preventing families from visiting health facilities.



Education Cluster

Ministry of Finance (MoF) has approved the budget allocation to local governments for the implementation of School Education Emergency Action Plan. Local governments will be provided budget to develop and distribute learning materials, link teachers and students to the closed user group (CUG) mobile service for establishing learning linkages, extension of internet services to schools, establishment of temporary learning facilitation centres, implementation of home schooling and teacher mobilization.

Education Cluster members have disinfected 458 schools which were used as quarantine centres in Province Two, Gandaki, Lumbini, Karnali and Sudurpaschim and installed/repared WASH facilities in 129 schools in Province Two, Bagmati, Lumbini, Karnali and Sudurpaschim. 120,000 welcome to school invitation cards have been printed and provided to 111 schools in seven municipalities of Kapilbastu district. The welcome to school invitation card requests parents to admit their children to school and provides safety information while going to and being in schools. A total of 208,694 children have been reached through the distribution of printed self-learning materials (144,480 by Cluster members, 64,214 by government) in 175 municipalities of 35 districts across all provinces. Education Cluster members are also supporting the capacity building of teachers and education stakeholders through the provision of training on alternative learning modalities, COVID-19 related safety, school reopening and other skills. A total of 2,122 teachers and education stakeholders have been reached with such capacity building activities across all provinces.

Challenges

With the issuance of School Reopening Framework, local levels have started to reopen schools. However, there have been limited interventions to ensure that children, teachers and parents are free of fear and stress in returning to school.



Logistics Cluster

The national Logistics Cluster common services have been extended for three months, until the end of February 2021. The next national Logistics Cluster meeting is scheduled for 18 December. As part of cold wave preparedness, a request has been made to Cluster members to share their organization's stockpile information. On 2 December, one truck with 3.4 MT (16 cbm) medical items of Provincial Health Directorate (PHD) in Karnali was dispatched from Nepalgunj to Surkhet and Dailekh districts. The national Logistics Cluster has transported approx. 1,102 MT (5,330 cbm) medical items and NFIs for COVID-19 and monsoon response to date.



Risk Communication and Community Engagement

Reach

Radio programmes titled “Banchin Amaa”, “Koshish – Corona ka laagi Sichkya ra Sandesh”, “Milijuli Nepali”, Sahaj” and television programmes called “Corona Care” and “Swastha Jeevan” continued to be broadcasted. The radio and television programmes highlighted messages on school reopening, new COVID-19 symptoms, home isolation protocols and requirements, contact tracing and case investigation and the need for equitable availability of testing and treatment. More than 15 million people, including people with hearing impairments were reached with messages on handwashing, proper use of masks and two-meters distancing through radio, television and social media platforms.

Community engagement

More than 27,724 volunteers (64% male, 36% female) including 178 boys and 154 girls were involved in COVID-19 community engagement actions, disseminating messages on COVID-19 prevention and control through community-based platforms reaching 1,463,000 people across the country. Proper use of masks and maintaining two-meters distance, avoiding crowded areas and travel messages were disseminated through door-to-door visits and megaphone announcements.

Feedback mechanisms

A total of 266,175 questions and concerns have been answered through hotlines and television programmes (during the reporting period: 7,062 through hotline services). The majority of calls and questions are related to the availability of PCR testing and testing requirements, home isolation protocols and treatment services. 732 community support groups from 53 urban and rural municipalities addressed COVID-19 related concerns, confusions, issues and questions of a total of 98,429 people (45% female) through door-to-door visits and community discussions.

Challenges

Low risk perception and ‘taking COVID-19 as general flu’ or assuming ‘COVID-19 is nothing’ or ‘cases are decreasing’ among the general population is leading to decreasing levels of adherence to health and safety measures, especially in public places.



Inter-Agency Gender in Humanitarian Action

COVID-19 continues to challenge access to justice for survivors of gender-based violence (GBV). A stakeholder dialogue organized by the Forum for Women, Law and Development (FWLD) from 5-7 December noted the following critical barriers to access to justice: delays in justice delivery, non-recognition of GBV services as essential, gaps in the effective implementation of the recent Supreme Court judgements for addressing GBV in the COVID-19 context, lack of effective implementation of CEDAW Committee’s recommendations from 2018 and inadequate provision of justice services through virtual mediums.

Members of the Conflict Victim Women National Network (CVWNN) from provinces One, Bagmati, Gandaki and Karnali and Sudurpaschim highlighted that COVID-19 is affecting their livelihoods, education of their children’s physical and mental health and wellbeing. It is also causing significant delays in the justice and reparation processes. Further, several of them remain without identification cards, despite follow up with ward offices to request recommendation letters. Without identity documents, they are unable to access relief and other services. Key gaps in services identified by the group include: lack of psychosocial counselling, support for health check-ups and medicines.

CVWNN members from Sunsari district also reported that a fee of NRS 600 is being charged to issue recommendation letters from wards/municipalities to receive relief as conflict victims. In Dhading, families of disappeared persons are being requested to produce death certificates to receive their allowances.

Similarly, provincial and local governments and CSOs from Province Two reported that plans and policies related to local disaster risk reduction and management must be revised from a gender and social inclusion lens. Key gaps noted were: lack of consultation with women and vulnerable groups during policy formulation, absence of measures to address differential impacts of the pandemic on different groups, absence of sex, age, diversity, disability disaggregated data in the federal and local disaster management portals and data system, lack of adequate representation and leadership of women's group and representatives of vulnerable groups, CSOs and gender experts in local disaster management committees.



Cash Coordination Group (CCG)

CCG held a meeting on 8 December to share cash and voucher activity updates among members. Many members are providing assistance through vouchers, food or NFI distributions. NRCS and DCA have provided cash assistance for flood and landslide affected households. WFP is continuing cash for work programmes. A progress update on cash and voucher model guidelines for local government was shared. The draft guideline is almost finalized after a series of discussions and revisions from the committee formed by MoFAGA. It will be shared for further feedback later. CCG will also be working to translate the guideline in English. A full time CCG coordinator has officially joined to support coordination and other regular activities of CCG.

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/>

To be added or deleted from this SitRep mailing list, please email: drishtant.karki@one.un.org