



Nepal COVID-19: Cluster Update #31



22 January 2021

COVID-19 situation

Deaths	Positive cases	Recovered cases	Tested for COVID-19	Persons in isolation	Persons in quarantine
1,979	268,646	262,868	2,031,756	3,799	172

Source: <https://covid19.mohp.gov.np/#/> (as of 7 January 2021)

Overview

The political stalemate resulting from government’s 20 December 2020 decision to dissolve the House of Representatives (HoR) have had implications on the COVID-19 response. The political development has diverted the attention of society from responding to COVID-19. Opposition political groups, including a faction of the Nepal Communist Party (NCP), have been staging rallies and mass meetings in protest against parliament’s dissolution.

85% of schools now reported to be open across the country; however, concerns over level of adherence to public health and safety measures, including hygiene etiquette and existence of appropriate hygiene facilities has raised concerns over increased risk of transmission in these settings.

The COVID-19 variant B-117, first detected in the UK, now circulating in more than 50 countries, has been confirmed in Nepal after three suspected positive tests were sent to Hong Kong for genetic sequencing. The three cases are among recent returnees to Nepal from the UK. Current evidence does not suggest increased severity of the disease caused by the UK variant, or decreased efficiency of vaccines currently being used against COVID-19.

Job loss and income reduction caused by the COVID-19 pandemic has had knock on effects for household food security. According to latest nVAM results 20.2% of households have inadequate food consumption; however, inadequate food consumption and food insufficiency were also found to be more common among households that reported job loss (11%) and income reduction (31.2%). Households with low education levels, with a disabled household member, female-headed households, daily wage labourers and migrant workers were found to be most food insecure.



As of this week, a total of 268,310 cases have tested positive by RT-PCR for COVID-19 and 1,975 deaths have been reported. All 77 districts are affected. Testing capacity increased to 82 sites, of which 35 are private laboratories.

Cluster members have been supporting the National Public Health Laboratory (NPHL) monitoring the quality standards of designated COVID-19 laboratories through the National Quality Assurance Program (NQAP). A total of eight COVID-19 labs participated in the NQAP this week, all of which were satisfactory with a result of $\geq 90\%$ concordance. In addition, technical support has been provided by the Cluster in the preparation of internal quality control protocol and procedure for SARS-CoV-2 PCR testing at NPHL as well as screening

of samples of 20 UK returnees, three of which were identified as positive for SARS-COV-2 with s-gene negative. With Cluster support, the three samples were shipped to a reference laboratory in Hong Kong for sequencing. The finding confirmed to be variant of concern 202012/01 (i.e VOC reported by UK in December 2020) with key features detected which include HV 69-70 deletion, Y 144 deletion, N501Y, and P681H. This variant is the same as that detected in the UK, also known as Lineage B.1.1.7 or 20B/501Y.V1.

As of 20 January 2021

Total PCR testing sites: 82
Total PCR tests done: 2,026,726
(average of 4,245/day in past week)
Total PCR positive cases: 268,310
Total active cases: 3,693 (1.4%)
Total discharged: 262,642 (97.9%)
Total deaths: 1,975 (0.7%)
Total isolation beds: 13,754
Total quarantine beds: 22,292
Total people in quarantine: 172

Directors from NPHL and EDCCD, along with WHO IMS team members, participated in the regional meeting on implementation of WHO guidance on maintaining influenza surveillance and monitoring SARS-CoV-2 through national sentinel surveillance system on 13-14 January 2021. The Cluster also facilitated a virtual meeting of health care waste management (HCWM) stakeholders on 18 January about current activities and future plans related to WASH & HCWM. Department of Health Science (DoHS) further committed to follow-up and implement activities as per the 12-point commitment made by Ministry of Health & Population (MoHP) during the meeting. Partners also handed over video conference equipment to the Curative Service Division (CSD), NPHL and Epidemiology and Disease Control Division (EDCCD), Department of Health Services to better facilitate virtual meetings. Similarly, critical care training equipment (mannequin, training materials etc.) were formally handed over to National Training Centre (NHTC) for critical care trainings.

Health partners provided the following supplies to Management Division, MoHP: 39,360 chemagenic viral DNA/RNA kits, special H96; 12 disposable protective clothing; 600 nitrile gloves; 300 examination gloves; 120 masks (3M); 3 safety goggles; 1,000 disposable gowns; 9,000 disposable gloves.

Health partners also provided 5,000 IR hand thermometers to health facilities in Province Two, Lumbini, Karnali and Sudurpachhim in support of the continuation of essential health services.

Support was also provided to provincial governments of Province Two, Lumbini, Karnali and Sudurpachhim in vaccine preparedness, including assessment of cold chain, supply management of vaccines, supply stock of essential medicine and vaccines, EPI microplanning and pre-effective vaccine management (EVM), as well as assistance in the preparation of the list of health workers, FCHVs, cleaners, and frontline workers working in the COVID-19 response. In addition, partners supported an HMIS data quality review in eight districts of Province Two through discussion with 36 participants (34 male and 2 female) on HMIS data quality related to MNCAH indicators as well as

barriers, challenges and timely reporting in HMIS in COVID-19 context. All essential health services, including EPI sessions and safe motherhood services are functional without disruption in Province Two, Lumbini, Karnali and Sudurpaschim.

Reproductive health

The Reproductive Health Sub-Cluster continues to be active in ensuring the provision of lifesaving RMNCAH services across the country. 275 sets of inter-agency reproductive health (IARH) kits have been received and prioritized for both prepositioning and distribution to health facilities across the country to provide SRH services. In consideration of on-going challenges around maternal and perinatal death surveillance and response (MPDSR) reporting, Family Welfare Division is leading the review and update of the national guidelines aimed at addressing the challenges of reporting and review in both COVID-19 and post-COVID-19 contexts. The orientation of health workers on postpartum hemorrhage (PPH) management is on-going to address the most common cause of maternal death in Nepal. In addition, SRH partners have supported the procurement and distribution of 22,500 sets of personal protective equipment (PPEs) across the provinces, including other infection prevention materials.

Support was provided to a virtual training for 21 doctors and nurses working in antenatal care, postnatal care, labour rooms, operating theatres and postnatal wards along with anaesthetist assistants from Janakpur Provincial Hospital, Narayeni Hospital and Gajendra Narayan Singh Hospital of Province Two, focusing on oxygen therapy and postpartum haemorrhage.

The second round of the impact assessment conducted between August and October 2020 shows an overall decline in ANC (30%) and institutional delivery (19%) in 2020 compared to the preceding year. Moreover, 36% of health facilities have not yet resumed their services, including Aama transport incentives. Shortages of human resources, life-saving medicines, and family planning commodities continues to undermine the provision of RMNCAH services. RMNCAH remains underfunded during the COVID-19 period, and serious attention is required to address current gaps, including the need to strengthen coordination across the tiers of government and between government and non-state actors to ensure effective nationwide coverage and support for RMNCAH services.

Mental health and psychosocial support

Psychological first aid and counselling

Protection Cluster members reached 222 people (78 males, 144 females and one other gender) over the reporting period with one-on-one psychosocial first aid and counselling services. Main issues reported include concerns over health, excessive worry and stress due to the prolonged emergency and uncertainty, including loss of jobs. Among the total supported, 28 persons were referred to various services (five for psychiatric consultations, five for legal services, eight for health services and six for security services).

Awareness-raising and communication on psychosocial wellbeing and mental health

Through the deployment of community-based psychosocial workers (CPSWs), Protection Cluster members reached 575 participants (174 males and 401 females) over the reporting period through awareness raising interventions on psychosocial wellbeing in all seven provinces. Similarly, 2,709 participants (1,351 males and 1,358 females) were reached through group orientation sessions on stress management and various psychosocial issues (virtual and face-to-face) across the country. Those reached include humanitarian actors, community members and persons in quarantine sites and isolation facilities.

Mental health support to children, parents and caregivers

Cluster partners have been supporting the organization of online mental health and wellbeing sessions targeting children, adolescents and parents/caregivers. Trained mental health workers conducted 49 sessions for 1,027 parents and caregivers during the reporting period.

In partnership with Nursing and Social Security Division, in the light of potential school reopening, the Cluster has begun providing mental health awareness and support to students delivered in sessions by school nurses. Twelve nurses of Bagmati Province were trained for this during the reporting period. Likewise, sessions for youths aiming to fill the gap in mental health care reached 123 youths during the reporting period.

In partnership with the National Health Training Centre, an online training manual on mental health has been developed and rolled out, with the aim of helping frontline health workers cope with COVID-19 related stress. A total of 150 health workers working in isolation centres and COVID-19 designated hospitals benefitted from such training sessions during the reporting period.

Challenges

Limited access to digital equipment such as computers and mobile phones for online sessions and poor mobile internet network issues pose significant challenges. Another challenge, initially, was to create a pool of trained people and motivate them to reach beneficiaries by organizing online sessions. This was a big hurdle for people with no similar previous experience and limited information technology skills. Finally, despite intensive advocacy and awareness, parents remain reluctant to seek services from experts.



Protection Cluster

Child protection

During the reporting period, 568 unaccompanied, separated or otherwise vulnerable children (206 boys, 362 girls) were supported with appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency support and relief; of which 105 (34 boys, 71 girls) were referred to different services such as health, security, justice, etc. In addition, 884 people (322 males, 562 females) were oriented to identify, and respond to, the needs of unaccompanied, separated or otherwise vulnerable children.

Gender-based violence (GBV)

During the reporting period, 121 people (117 females and 4 males) 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. 46 people (all females) received lifesaving supplies, such as dignity, kishori, and hygiene kits in provinces One, Two, Bagmati, Lumbini, Karnali and Sudurpaschim. 13 service providers and stakeholders (five females and eight males) were trained on providing survivor sensitive GBV prevention and response services. Furthermore, 277 people (124 females and 153 males) were sensitized on GBV prevention and response interventions across all provinces.

Migrants/points of entry

In coordination with the Ministry of Labour, Employment and Social Security and Nepal Embassy in Malaysia, three vulnerable Nepali migrants (two males and one female) were supported with return assistance, including return tickets to Nepal from Malaysia. Similarly, the Cluster continues to receive referrals of stranded vulnerable migrants for return assistance support, mainly from Gulf Cooperation Council (GCC) countries and Malaysia. Cluster members are coordinating with relevant stakeholders in destination countries to facilitate the safe return of irregular/undocumented stranded migrants.

Challenges

In Lumbini Province, it has been observed that children of survivors of polygamy and domestic violence are often malnourished and require adequate care and support. Coordination with other clusters, particularly Nutrition, is necessary to support these children with appropriate services.

GBV case management in one stop crisis management centres (OCMCs) across Province Two, Lumbini and Sudurpaschim (Rautahat, Kapilvastu, Rolpa) is a matter of concern, and proper reporting and documentation of GBV cases remains a challenge. To mitigate this challenge the GBV Sub-Cluster plans to roll out GBV case management training. Due to the prolonged COVID-19 pandemic, funding for most of Protection Cluster member organizations has been exhausted, resulting in reduced ability to deliver the protection response and low reporting.



Food Security Cluster

Winter crops (wheat and barley) are growing well. Farmers in Province Two are concerned about a shortage of fertilizers, whereas in Province One Salt Trading Company Limited (STCL) has managed enough stock of fertilizers. Markets across the country are functioning smoothly with regular supplies. Prices of coarse/medium rice (a widely consumed cereal) have remained normal, or below normal levels in most provinces, except for Gandaki, where the price of Sona Mansuli rice has increased by 5-10%. Vegetable prices have come down to normal levels in almost all provinces. Cold wave and foggy weather have continued in Terai districts. So far, there is no report of crop losses or damage due to cold wave. Ministry of Internal Affairs (MoI) in Lumbini has allocated NRS 0.5-1.0 million per district to respond to the impact of cold wave. The amount will be disbursed, as required, through district disaster management committees (DDMCs).



WASH Cluster

A review of the WASH response is being carried out through provincial WASH coordination committees, aiming to finalise a way forward for the first six months of 2021. The review has been conducted in Lumbini and Karnali provinces so far with engagement of provincial governments and provincial cluster members.

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

During the reporting period, WASH cluster provided critical WASH support to 42 people in quarantine centres and 234 people in isolation centres. Two handwashing stations were provided in health care facilities while three handwashing stations were installed in quarantine centres and three in isolation centres. In addition, two water tanks of 500 litres capacity were provided to quarantine centres.

WASH in communities

Cluster members provided critical hygiene supplies to 60 families and hygiene kits to 79 families, including 120 soap bars. They reached 46,000 people through various risk communications programmes related to hygienic behaviour using television, radio, megaphone announcements, etc.

Training, orientation and knowledge management

Fifty-six WASH partners at various levels were trained/oriented on various subjects related to WASH and infection prevention and control in relation to COVID-19.

Challenges

Concerns over a second wave of COVID-19 are growing, exacerbated by the limited Cluster members continuing support for WASH preparedness and response in 2021. WASH Cluster must continue its preparedness work for a possible second wave, including support to provincial and local governments.

School reopening continues to pose the risk of increased COVID-19 exposures of children, teachers and their communities as schools have been opened haphazardly with minimal or no hygiene facilities nor etiquettes followed. Though WASH Cluster has developed a school disinfection support video, together with Education Cluster, many schools are yet to access this resource or other support from local governments to ensure hygienic practices in schools.



Nutrition Cluster

In the past two weeks, 182 children under five years with severe acute malnutrition were treated using ready to use therapeutic food (RUTF), and 18,947 pregnant and lactating women received telephone counselling on maternal, infant and young child feeding (IYCF) and care. 176 FM radio stations are broadcasting nutrition and COVID-19 messages. In addition, IYCF and COVID-19 messages relayed via SMS reached more than 94,842 households.

Two training-of-trainers events were completed on comprehensive nutrition specific interventions, including nutrition in emergency preparedness and response. Trainers will conduct trainings at district and local levels.

9,438 Golden1000Days households received nutritious relief packages from local government in the past two weeks. 4,294 children 6-23 months and 2,572 pregnant and lactating women received supercereal (supplementary food) over the past month.

Challenges

There are challenges in screening, identifying and referring children aged 6-59 months who are severely wasted for treatment at outpatient therapeutic centres (OTC) due to lack of protective equipment (masks, gloves, sanitiser, etc.) for female community health volunteers who are responsible for managing such screening at community levels. Resource gaps exist to provide blanket supplementary feeding for the prevention of acute malnutrition of 6-59 months children, pregnant and lactating women.



Education Cluster

The Ministry of Education, Science and Technology's Centre for Education and Human Resource Development (CEHRD), in partnership with UNICEF Nepal, the School Management Committee Federation, Confederation of Nepalese Teachers and Nepal Education Cluster launched a National Campaign for Learning Continuity on 12 January 2021. The campaign engages parents, caregivers, teachers, school authorities and local government – as well as children themselves – with guidance on public health protocols for safe school reopening and promotes effective use of alternative education modalities. A framework on 11 modules of alternative learning has been developed to facilitate learning continuity utilizing low-tech and no-tech mechanisms, including telephone/SMS-based teaching-learning, self-learning materials and community level contact sessions by teachers and volunteers when the physical opening of schools is not possible. 85% of schools have reopened based on data collected between December 1-15 from 315 municipalities. 98,000 masks were distributed to children in Dailekh, Kalikot and Jajarkot districts in Karnali Province. In addition, 3,000 soap bars and one thermal gun per school were distributed to 250 schools in Dailekh, Kalikot and Jajarkot districts in Karnali Province.

A parenting education programme is ongoing nation-wide in three languages: Nepali, Bhojpuri and Maithili, through 87 radio channels and digital media. Episodes on cultural and moral development of children, active feeding and causes and prevention of child malnutrition were aired between 5-18 Jan 2021.

Challenges

With the decreasing number of COVID-19 positive cases and low risk perceptions, there has been decline in adherence to public health safety measures. This has also influenced the schools, which have not all adopted sufficient safety measures.



Logistics Cluster

On 19 January, the national Logistics Cluster donated 70 wooden pallets to the Health Logistics Management Centre, Bagmati Province to stack and store relief supplies inside the mobile storage unit, also donated by the Cluster.



Risk Communication and Community Engagement

Reach

During the reporting period, over 14 million people were reached with key messages on COVID-19 including on Learning Continuity, a new campaign launched by the government to continue the education of children. A press release issued on the launch of the Learning Continuity campaign was covered by most mainstream media, reaching over nine million people.

RCCE workstream members reached more than 10 million people through radio programmes titled "*Banchin Amaa*", "*Corona Sandesh*" and "*Milijuli Nepal*" and television programmes called "*Corona Care*" and "*Swastha Jeevan*", which cover issues related to school reopening, home learning, winterisation, new variants of COVID-19 and vaccines. In addition, more than nine million people are continuously reached with messages on public health and safety (distancing, mask use and sanitising) through short public service announcements on radio and television.

Community engagement

More than 29,000 volunteers (36 per cent female), including 200 boys and 180 girls, are mobilized for involvement in COVID-19 community engagement actions, such as disseminating messages on COVID-19 prevention and control through community-based platforms, such as door-to-door visits, group discussions and megaphone announcements. During the reporting period volunteers reached about 26,000 people across the country.

Feedback mechanisms

A total of 5,270 questions and concerns were answered through hotlines, media briefs and television programmes in the last two weeks. Most calls and questions were related to the availability of PCR testing services, testing requirements, new variants risk in Nepal, if the COVID-19 risk has reduced, school reopening, COVID-19 vaccine and its availability in country.

Challenges

Following the government decision to open schools, cinema halls, etc. people feel life has largely returned to normal and adherence to public health and safety measures is gradually decreasing. Detection of new variants of COVID-19 in Nepal has led to speculation that the government may reimpose strict movement measures in Nepal. With the change political context, political leaders are conducting mass gatherings across the country without adherence to any safety measures, putting public health at risk.



Inter-Agency Gender in Humanitarian Action

The COVID-19 situation continued to challenge indigenous communities in Nepal. During a dialogue session organized by women's groups on 15 January, representatives from the Magar community from provinces One, Two, Bagmati, Lumbini and Sudurpashim shared the extreme hardships they are facing in the current context. Representatives shared their struggles given the limited availability of relief and lack of employment/livelihood opportunities or other support mechanisms. The hardship of the pandemic has further exacerbated this marginalized community's vulnerability.

Further, in a meeting organized by Women ACT and Blue Diamond Society in Rupandehi on 18 January, representatives from LGBTIQ+ groups shared that approximately 6000 LGBTIQ+ persons from Lumbini Province (of whom 500 are involved in the entertainment sector) are struggling to meet their daily expenses. Key concerns raised were continued stigma and discrimination, ostracization by their families, increasing mental stress leading to suicide in some cases and inability to meet medical expenses. Those who were engaged in the entertainment sector in India are unable to travel back due to continuing travel restrictions. Organizations working on LGBTIQ+ rights underscored the need for rapid financial assistance to these groups.

Following the last GIHA meeting on 17 December 2020, women's groups have started discussions on planning advocacy around the roll out of the vaccine and the need to ensure women's engagement in decision making during its wider roll out.

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