



# Nepal COVID-19: Cluster Update #35



30 April 2021

## COVID-19 situation

Deaths	Positive cases	Recovered cases	Tested for COVID-19	Persons in isolation	Persons in quarantine
3,246	317,530	280,167	2,458,565	34,117	59

Source: <https://covid19.mohp.gov.np/#/> (as of 29 April 2021)

### Overview

Over the past month Nepal has seen a sharp increase in COVID-19 cases, from 152 new cases per day on 1 April to 4,831 new cases per day on 29 April. In addition, the RT-PCR test positivity rate has increased from 4% to 32% over the same period. This increase in test positivity rate would suggest inadequacy of testing or increase disease transmission, or both. India also reports high daily numbers of COVID-19 cases, including in states bordering Nepal. This is a concern for COVID-19 control, prevention and response activities in Nepal.

There is currently insufficient capacity to conduct consistent health screening at points of entry, systematic contact tracing or case investigation and limited adherence to public health and safety measures. In order to control the outbreak prohibitory orders have been imposed in more than 10 districts across the country. Only essential services are allowed to operate, with schools, markets and transportations services remaining closed.

Considering the escalation of COVID-19 cases, including increased cross border movements, COVID-19 health desks are operating in major points of entry. Antigen test kits, malaria test kits, fever testing, first aid support and counselling services have been provided at established help desks. However, it has been reported that the majority of the population (daily laborers, factory workers, returnees), especially in Province One, are travelling through informal proxy points to cross the borders. In addition, local movement of the population to border markets is not monitored or captured through health desks.



### Health Cluster

All 77 districts are affected by COVID-19. The testing capacity increased to 86 testing sites. There are 36 private laboratories conducting COVID-19 RT-PCR tests.

The Health Cluster has been providing support to the National Public Health Laboratory (NPHL) in monitoring the quality standard of designated COVID-19 laboratories in the country through the National Quality Assurance Program (NQAP). Four designated COVID-19 laboratories participated in the NQAP this week, all of which received satisfactory results. The Cluster also provided technical support to NPHL in screening and reporting of S-gene in SARS-CoV2 positive samples received from five laboratories of Kathmandu Valley and one from Sudurpaschim Dhangadi laboratory.

Health Cluster is providing financial and technical support to Nursing and Social Security Division for a five-day clinical skills training program on “Development of Pool of Trainers for IPC” for nurses. The training ran from 18-22 April at National Health Training Center in Teku, Kathmandu with 16 participants. The Cluster has also been supporting HEOC to establish telemedicine centers at major hospitals located in all seven provinces with the establishment of Tribhuvan University Teaching Hospital (TUTH) as a center for telemedicine. To date telemedicine equipment has been installed in Narayani hospital and B.P. Koirala Institute of Health Sciences (BPKIHS), TUTH, Patan hospital, Karnali Academy of Health Sciences and Bheri Hospital. Additional equipment has been dispatched to Seti Provincial Hospital and Pokhara Academy of Health Sciences.

The Cluster has also been supporting MoHP to conduct a virtual training on Emergency Medical Deployment Teams (EMDTs). The third and final EMDTs training was completed on 30-31 March with a total of 71 participants, including doctors, nurses and paramedics from Province One, Province Two, Bagmati, Karnali and Sudurpaschim.

Health partners provided two million 0.5 ml AD syringes to the government. 1,000 health kits are prepositioned in Bhairahawa Field Office to respond to COVID-19 cases in home isolation. Fifty sets of high flow nasal cannulas, with tubing and patient interfaces for adults and children, with accessories, were delivered to Management Division, MoHP. Partners are also supporting transportation services for COVID-19 positive cases from points of entry (PoEs) and holding centres to isolation centres as well as transportation of vaccines from stores to vaccination sites. NRCS volunteers have been mobilized for vulnerability assessment and in surveillance and are preparing for COVID-19 response at PoEs and in communities.

### **Reproductive Health Sub-Cluster**

RH-sub cluster meeting frequency is being revisited, and provincial level cluster forums are being leveraged for enhanced coordination at the sub-national level. Current priorities include helpline services, remote counselling/services and risk communication. Helpline services received a total of 744 calls in the past month, but an increase is anticipated in the coming weeks with localized lockdowns and travel restrictions being imposed. Stock-out of Depo has been reported in many provinces, and stock of 776,000 will be replenished by sub-cluster members in May.

### **Mental health and psychosocial support**

#### **Psychological first aid and counselling**

Protection Cluster members have reached 815 people (198 males and 617 females) over the reporting period with one-on-one psychosocial first aid and counselling services. The main issues reported are concerns over health and stress among adolescents since schools and colleges are closed and they are required to stay at home. Among the total supported, 470 persons were referred to various services (26 for psychiatric consultations, 25 for legal services, 66 for health services, 142 for security services and 211 for other services).

#### **Awareness-raising and communication on psychosocial wellbeing and mental health**

Through the deployment of community-based psychosocial workers (CPSWs), Protection Cluster members reached 13,167 participants (7,113 males, 6,052 females and 2 other gender) over the reporting period through awareness raising interventions on psychosocial wellbeing in all seven provinces. Among the 13,167 people reached 27% were children under 18 years. Similarly, 1,436 participants (303 males, 597 females and 536 children) 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, children and parents as well as people from LGBTI community.

### **Capacity building**

Through the Protection Cluster, a total of 30 service providers (13 male and 17 female) from Sudurpaschim Province were trained on psychosocial support (21 hours training over seven days) with a focus on case management and referrals. Participants were community psychosocial workers recruited by local government units and civil society organizations.

### **Challenges**

The current second wave of COVID-19 is infecting more young people and children than the previous wave which has resulted in an increase in psychosocial distress among children and caregivers.



## **Protection Cluster**

### **Child protection**

During the reporting period, 249 unaccompanied, separated or other vulnerable children (94 boys, 155 girls) were supported with appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency support and relief, of which a total of 18 children (4 boys, 14 girls) were referred to different services such as health, security, justice, etc. In addition, 862 people (580 males, 282 females) were trained or oriented on identification, care and assistance to children at risk of violence, neglect and abuse, including family separation. The major child protection concerns addressed by child helpline services in this period were child marriage, abuse (mainly sexual abuse), missing children, family conflict and labour exploitation.

### **Gender-based violence (GBV)**

During the reporting period, 402 survivors (381 females, 21 males including 56 girls, 15 boys and five elderly) received multi-sectoral support through peripheral health facilities, safe houses/shelters, one stop crisis management centres (OCMCs), legal, psychosocial counsellors and police. Thirty-two females have received lifesaving supplies, such as dignity, kishori and hygiene kits. Two hundred and forty service providers and stakeholders (146 females -92 males, 1 non-binary and 1 person with a disability) have been trained on providing survivor sensitive GBV prevention and response services. Training on safe and survivor sensitive referral, PSS and case management was provided to 18 GBV sub cluster partners and key stakeholders including from Nepal Police, National Human Rights Commission and National Women Commission based on the training modules developed by the GBV sub-cluster. Furthermore, 6,528 people (4,430 females and 2,098 males, including one person with a disability and 293 elderly) were sensitized on GBV prevention and response interventions across all provinces.

The CPSWs continued to support the strengthening of response mechanism at community level, including monitoring and referral of the GBV cases to OCMCs. In Province Two, with strengthened capacity of OCMCs, deployment of CPSWs, regular coordination between stakeholders and strengthened response mechanism, referrals to OCMC and registration for legal aid have increased by 65% compared to February 2021.

### **Migrants/points of entry**

During the reporting period, 61 male, vulnerable Nepali migrants were supported with return assistance in coordination with the Ministry of Labour, Employment and Social Security, and Nepal Embassy in the destination countries. The support assistance included return tickets from key

destination countries. The returnee migrants were also provided with shelter support upon their arrival, including reintegration counselling service and referral to appropriate services based on their needs.

Considering the escalation of COVID-19 cases, including increased cross border movements, COVID-19 health desks are operating in major points of entry. Antigen test kits, malaria test kits, fever testing, first aid support and counselling services are also provided in the established help desks. However, it has been reported that the majority of the population (daily laborers, factory workers, returnees), especially in Province One, are travelling through informal proxy points to cross the borders. In addition, local movement of the population to border markets is not monitored nor captured through health desks.

### Persons of concern - refugees

Sixty-four calls were received through 24/7 hotline services during the reporting period and protection needs were addressed accordingly. Furthermore, a total of 376 persons received protection assistance (psychosocial support, GBV).

### Challenges

The decrease in programming capacity of protection actors, as well as funding, remains a matter of concern, particularly considering the current surge in cases and migratory patterns. Some local governments have re-instated restrictions which may impact the continuity of services.

Vulnerable returnees and migrants are facing specific challenges, including temporary accommodation, transportation, access to safe and dignified hygiene facilities, food and water while in transit.



### Food Security Cluster

Food Security Cluster partners have provided unconditional cash, livelihood promotion support and immediate employment opportunities through cash for assets activities through the ongoing COVID-19 response livelihoods and economic recovery projects. During the reporting period, the Cluster assisted a total of 10,375 people in 13 districts across six provinces (One, Two, Bagmati, Gandaki, Karnali and Sudurpaschim).

The general food security situation has remained stable across the country, and outlook remains positive for the next one to two months. Winter crop (wheat) harvesting is completed in Terai areas, while harvesting of wheat and barley is ongoing in the hill districts. In the mountain areas crops are still in the growing stage. There has been no report of pest and diseases infestation. Overall, production is expected to be normal due to the favourable weather conditions and availability of fertilizers in most areas. However, production in the rain-fed farming areas of Karnali and Sudurpaschim provinces is expected to decrease by 20-50% due to the impact of localized dry spell. Detailed estimates are yet available (Source: DADOs, DoAD, AKCs, MoLMAC, STCL, farmers).

Markets across the country are functioning well with regular supplies. Prices of cereals such as coarse rice have remained stable and normal. Prices of several kinds of vegetables and fruits such as tomatoes, potatoes and apples have increased in Province Two, Bagmati, Lumbini and Gandaki, while the price of cooking oil has increased from 20 to 34% in Province One, Bagmati and Sudurpaschim. Food Management and Trading Company (FMTC) has maintained sufficient level of food stock and been transporting food to the hill and mountain districts as per the planned quotas

across provinces. In Karnali, FMTC has nearly 2,800 Mt of food stock in nine districts as of 20 April. In Bagmati, commodity transaction is still partially operational across Nepal-China border at Tatopani, Sindhupalchowk as only essential commodities are permitted for cross-border trade (Source: CCI, Barhabise Palika/Sindhupalchowk).



## **WASH Cluster**

National WASH Cluster review, lessons learnt and way forward meeting was conducted on 12 April 2021, with active participation from 100 participants from different government different ministries and departments, relevant stakeholders, members of WASH, Education, and Health clusters, donors, private sector and other partners. In advance, provincial level review and lessons learnt meetings were conducted in all seven provinces. The outcomes and suggestions will be included as action points in the 2021 cluster plan.

The majority of WASH Cluster members have completed the activities in their respective COVID-19 response plans from 2020, while few partners are near completion of some remaining activities. WASH Cluster has initiated a mapping exercise for 2021 to assess the current cluster capacity including fund availability, target caseload of agencies, WASH human resources, prepositioning of critical WASH supplies, and targeted region to update/revise the WASH preparedness and response plan for 2021.

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

During the reporting period, WASH Cluster provided critical WASH support to 129 people, including frontline health workers of four primary health care centres, and one COVID-19 hospital. Similarly, 154 people were served by WASH facilities in six quarantine centres established in schools. The Cluster supported installation of eight handwashing stations, and provided 400 pairs of gloves, 4,600 surgical masks, 87 liquid handwash, 50 litres of chlorine solutions, and 32 sets of protection gears (jackets, boots, gloves) for sanitary worker in health care facilities. Likewise, seven handwashing stations were installed, 170 masks, 129 liquid handwash, 31 waste collection bins, 108 sanitizers provided to five schools.

### **WASH in communities**

Cluster members reached out to 10,000 people through various risk communications programmes related to hygienic behaviour through various media, including television, radio, megaphone announcements, among others.

### **Challenges**

Field observations highlighted the issue of maintaining WASH facilities after handover, mainly due to lack of operation and maintenance, and thus Cluster members have been requested to assess the status of their respective interventions completed as part of the COVID-19 response and take required actions to ensure they are fully functional for use in the context of the evolving COVID-19 second wave.

With cases rising exponentially and health care facilities filling up with positive cases, enforcement of hand hygiene protocols together with mask use and social distancing is essential with aggressive intervention to combat the second wave. Few agencies are currently engaged in WASH response

due to limited resources, thus additional and flexible funds for WASH response needs to be explored for strategic support.



## Nutrition Cluster

Over the past month 959 children under five years with severe acute malnutrition were treated using ready to use therapeutic food (RUTF). A total of 408,933 pregnant and lactating women received telephone counselling on maternal, infant and young child feeding (IYCF) and care. 1,120,146 households were reached with nutrition messages and 245,328 households received IYCF messages through SMS. In addition, 534,112 households reached with telephone counselling on IYCF and maternal nutrition. Finally, 429,938 households were reached with COVID-19 and nutrition messages through 175 FM station across the country.

On behalf of nutrition cluster, nutrition in emergency training was organized by Family Welfare Division, Department of Health Services of MoHP from 13-18 April into two batches. Altogether, 42 participants were trained from seven provincial nutrition clusters, federal level nutrition cluster, nutrition cluster technical working groups and nutrition and dieticians from different federal level hospitals. At the end of training, all participants had an action plan to develop nutrition in emergency preparedness and response plans to be completed by the end of Baishakh 2078 (mid-May 2021).

The national Vitamin A campaign and deworming campaign was successfully conducted from 19-20 April targeting 2.7 million children aged 5-69 months for Vitamin A and 2.3 million children aged 12-59 months children for deworming.

## Challenges

Due to COVID-19, community based active MUAC screening cannot be carried out smoothly and therefore it is a challenge to identify and refer 6-59 months children with severe acute malnutrition (SAM). The Cluster plans to pilot the family MUAC approach with the government by enhancing the capacity of mothers/caretakers of under five children to screen for SAM. Insufficient personal protective equipment for Female Community Health Volunteers (FCHVs) has led to disruption in community-based nutrition activities.



## Education Cluster

A decision to stop in-person classes at schools and extend teaching-learning through alternative modes until 14 May was passed at a cabinet meeting on 19 April. The decision is to be implemented in high COVID-19 affected urban areas – all metropolitan cities and urban municipalities of Kathmandu, Lalitpur and Bhaktapur districts, as well as in Biratnagar, Birjung, Bharatpur, Pokhara, Itahari, Dharan, Janakpur, Hetauda, Butwal, Ghorahi, Tulshipur, Nepalgunj, Dhangadi, Mechinagar, Birtamod, Damak, Rajbiraj, Banepa, Dhulikhel, Siddharthanagar, Birendranagar and Bhimdatta.

Community based remedial education classes are ongoing on Saturdays in 100 centres through 100 volunteers in Darchula, Bajhang, Jajarkot, Doti, Rukum East and Rukum West. Messaging on school safety protocol through local FM stations and awareness raising on the second wave of COVID-19 targeting school going children through the mobilization of 120 community volunteers is ongoing in Province Two. In addition, 35,000 printed IEC materials on school safety protocols distributed in Province Two, Bagmati, Lumbini, Karnali and Sudurpaschim.

Twenty municipalities in Province Two, Lumbini, Karnali and Sudurpaschim have developed education response plans to ensure the learning continuity of children during the crisis. Orientation on the importance of the role of parents in continuity of learning during school closure was provided to 600 local level stakeholders including teachers, parents, school management committee in 12 municipalities. Training on psychosocial support was provided to 750 teachers from five municipalities imparting knowledge and skills to identify the psychosocial issues of children and the role of teachers and schools to address the psychosocial issues.

## Challenges

The Ministry of Health and Population requested the government to close schools, anticipating schools are a hot spot for COVID-19 transmission. The school closure decision should be taken on a case-by-case basis to prevent further learning loss; however, there is gap in information that would enable local government to take an informed decision on school closures.



## Risk Communication and Community Engagement

### Reach

During the reporting period there were a total of 80.9 million impressions, an aggregate reach of 50.5 million and 7.4 million engagements on social media through content focused primarily on COVID-19 vaccination, UNICEF support to cold chain strengthening, and promotion of safety measures against COVID-19.

A Media Crisis Hub, located at the Ministry of Health, has been established. The Hub provides round the clock social listening, reinforcing an informed approach for strategic messaging by the Ministry. The Media Crisis Hub helps ensure timely and accurate communication regarding COVID-19 and the national vaccination campaign and generates daily multi-media assets that can be used across the Ministry social media channels, TV and radio. Risk communication was embedded across all messaging during the nation-wide Vitamin A campaign, reaching millions of people, just one post elicited 18K reactions via the Government Viber channel.

The RCCE working group has created consolidated priority lifeline messaging for PoEs, mapped out planned interventions and shared multi-media assets through the RCCE central repository. Current activities include: megaphone announcements in four PoEs in Lumbini and Sudurpaschim provinces, in-person information sharing and distribution of print materials to returnees and radio PSAs being disseminated across Karnali and Lumbini provinces. Pamphlets and hoarding boards are being prepared for dissemination across Provinces One, Two, Lumbini and Sudurpaschim. Private sector communication networks are being activated and a key national supermarket with branches in three PoE locations is disseminating lifeline messaging reaching over 120,000 people.

A media interaction was coordinated engaging more than 25 journalists from major national media outlets to orientating them on new safety protocols. RCCE workstream members continued to reach more than 14 million people across the country with messages on COVID-19 second dose vaccination, COVID-19 preventive behaviours, new strains of COVID-19 and the situation at points of entry through dedicated radio programmes "*Corona Capsule*", "*Bhanchin Amaa*" and "*Milijuli Nepali*" and television programme "*Corona Care*", "*Swastha Jeevan*" and "*Janaswastha bahas*".

## Community engagement

Around, 19,400 volunteers (63 per cent male and 37% female), including 417 boys and 316 girls (under 18 years of age) from Nepal Scouts and Nepal Red Cross Society reached more than 50,000 men, women, adolescents and school children with public health safety measures and messages on second dose of COVID-19 vaccination through group discussions, meetings and face to face dialogue. A compulsory mask campaign is initiated in Nepalgunj, Dhangadi and Gadhwa municipalities in collaboration with municipalities, chief district officers and other stakeholders.

### Feedback mechanisms

A total of 12,331 questions and concerns were answered through hotlines (1115, 1133, 1130 and 1192). Most of the questions were related to new strains of COVID-19, government plans on lockdowns or prohibitory orders, COVID-19 treatment services, counselling for COVID-19 positive persons, second dose of AstraZeneca COVID-19 vaccine service sites and dates, Vero Cell vaccination sites, and eligibility. More than 423 concerns and grievances related to COVID-19 services and vaccination were referred to the concerned authorities and addressed.

Four bulletins on rumours and facts were developed. The bulletins were translated into Nepali and widely disseminated through social media, by RCCE member organizations, radio stations and media houses.

### Challenges

Non-compliance with public health and safety measures across the country continues. Meetings, workshops, public gatherings, festival celebrations and weddings, among others have been organised and attended in large numbers.



### Inter-Agency Gender in Humanitarian Action

The second wave of COVID-19 continues to challenge women migrant workers who chose to travel back to destination countries through informal routes. They faced hurdles in receiving the committed salary, proper accommodation and finding vehicles to commute to work, as promised by their employers. Similarly, returnee women migrant workers living in Nepal are unable to access employment opportunities in country. Organizations working for the rights of returnee migrant workers such as Paurakhi have highlighted the need for reintegration focused programmes to support these women.

CSOs such as The Story Kitchen reported an increase in the number of callers on the toll-free hotline numbers (1660136040 and 9801571236), established to provide information related to COVID-19, gender-based violence (GBV) and available services to respond to COVID-19. Most enquiries are about hospitals to take ill family members to, facilities to requisition oxygen cylinders and importance of vaccinations. Similarly, during dialogues/interactions facilitated by the Story Kitchen with different stakeholders, adolescent girls/young women noted increasing cyber violence, and expressed concerns around their inability to return to school, with increased pressure for early marriage from families.

**For further information, please contact the UN Resident Coordinator's Office:**

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