

2020

PROVINCIAL PROFILES

# GANDAKI PROVINCE



Surveillance, Point of Entry  
and Rapid Response



Risk Communication and  
Community Engagement



Laboratory Capacity



Operations Support  
and Logistics



Infection Prevention and Control &  
Clinical Management



Partner  
Coordination



Government of Nepal  
Ministry of Health and Population



World Health  
Organization  
Nepal

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## **SURVEILLANCE, POINT OF ENTRY AND RAPID RESPONSE**

# SURVEILLANCE, POINT OF ENTRY AND RAPID RESPONSE

COVID-19: How things stand in Nepal's provinces and the epidemiological significance of the coronavirus disease

## 1.1 BACKGROUND

The provincial epidemiological profile is meant to provide a snapshot of the COVID-19 situation in Nepal. The major parameters in this profile narrative are depicted in accompanying graphics, which consist of panels of posters that highlight the case burden, trend, geographic distribution and person-related risk factors.

incidence/prevalence of the cases, both as aggregate reported numbers and population denominations. In addition, some insights over evolving patterns—such as changes in age at risk and proportion of females in total cases—were also captured, as were the trends of Test Positivity Rates and distribution of symptom production, as well as cases with comorbidity.

## 1.2 METHODOLOGY

The major data sets for the COVID-19 situation updates have been obtained from laboratories that conduct PCR tests. The information covers individuals who approached the laboratories for tests, those recommended through medical advice, and those referred by ward and municipality public health personnel as part of the Case Investigation and Contact Tracing (CICT) or active case search. Information was supplemented by active CICT teams and call centres engaged in following up on cases and contacts. These data are uploaded or endorsed by the Province-level Health Emergency Operations Centre (PHEOC).

## 1.4 MAJOR OBSERVATIONS AND TRENDS

Nepal had very few cases of laboratory-confirmed COVID-19 till about the middle of April, which is when the Nepali New Year is celebrated. Over a period of four months—ending in the middle of July—cases increased, peaked and went down to make up the first wave of the pandemic. These cases consisted of expats returning home by air or through land crossings; during this time, PCR tests were undertaken at less than 20 laboratories across the country.

The middle of July witnessed the next wave. This time, cases were much higher than projected; the health care infrastructure was overwhelmed, with a huge burden being placed on the public health system. The total number of laboratories in the country had reached 70 by then, a large chunk of it in the private sector, mostly located in and around Kathmandu. There were more symptomatic cases in the second

Information was supplemented by active CICT teams and call centres engaged in following up on cases and contacts. These data are uploaded or endorsed by the Province-level Health Emergency Operations Centre (PHEOC).

## 1.3 FINDINGS

The cases and deaths attributed to COVID-19 in the different provinces have been captured by time, place and person characteristics. They are comprised of cases and their time trends; geographic location and spatial movement; affected age groups; and

wave. Hospital case load increased; distinctions between normal and designated COVID hospitals were removed, and there was major dependency on intensive care infrastructure and ventilator support.

11 percent from Karnali, and 11427 or 5.1 percent from Sudurpaschim. The following pages have a detailed analysis of these cases.

### 1.5 SITUATION SUMMARY

The number of COVID-19 cases in Nepal by PCR positivity stood at 2,22,287 as of 23 November 2020. A total of 25421 cases, or 11.4 percent, came from Province 1; 19715 or 8.8 percent from Province 2; 121861 or 54.8 percent from Bagmati; 13306 or 5.9 percent from Gandaki; 24559 or

### 1.6 WAY FORWARD

This epidemiological extract has been prepared to help understand the COVID-19 situation better and in a contextual manner for each of the provinces. It can be used by public health personnel and decision-makers as a ready reference to support public health and social measures at the municipality, district and provincial levels.

Map 1: PCR Positive Case and Deaths

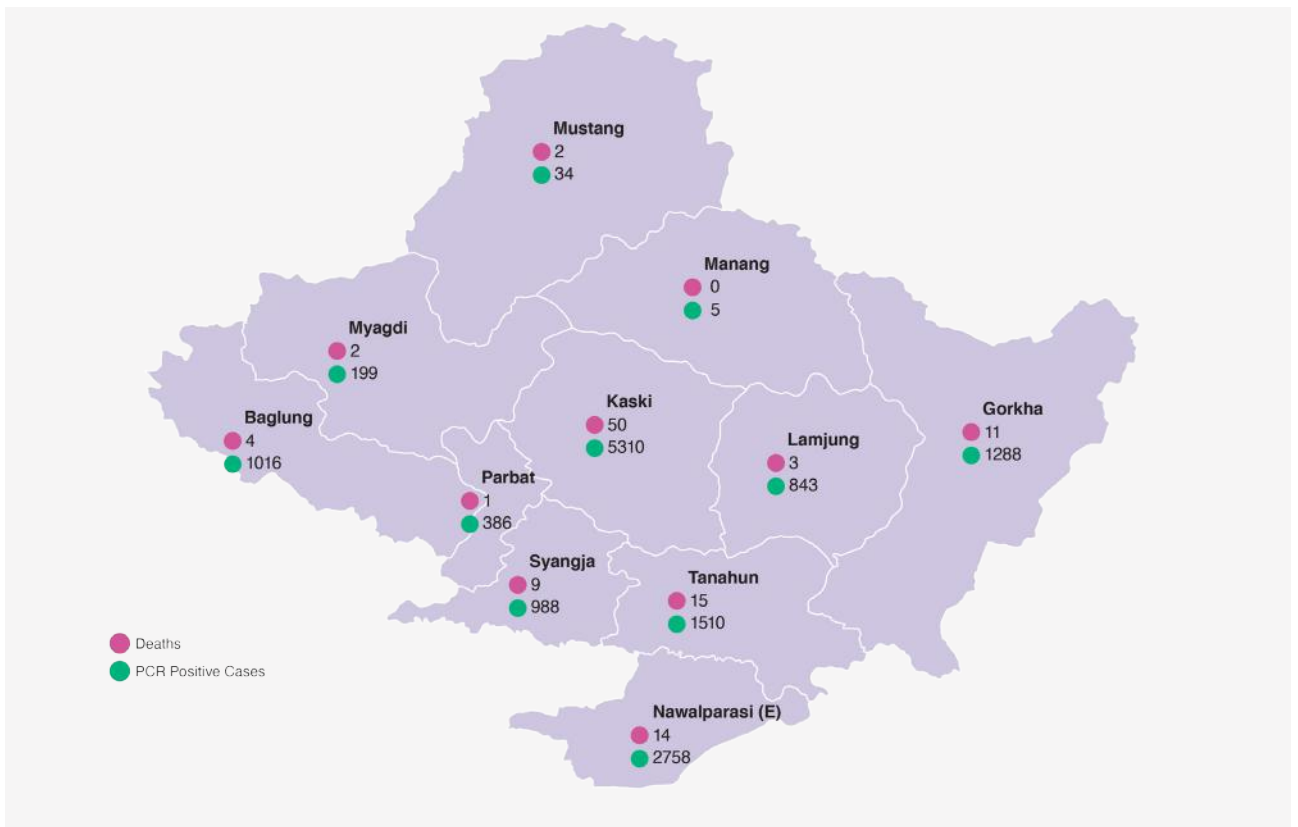
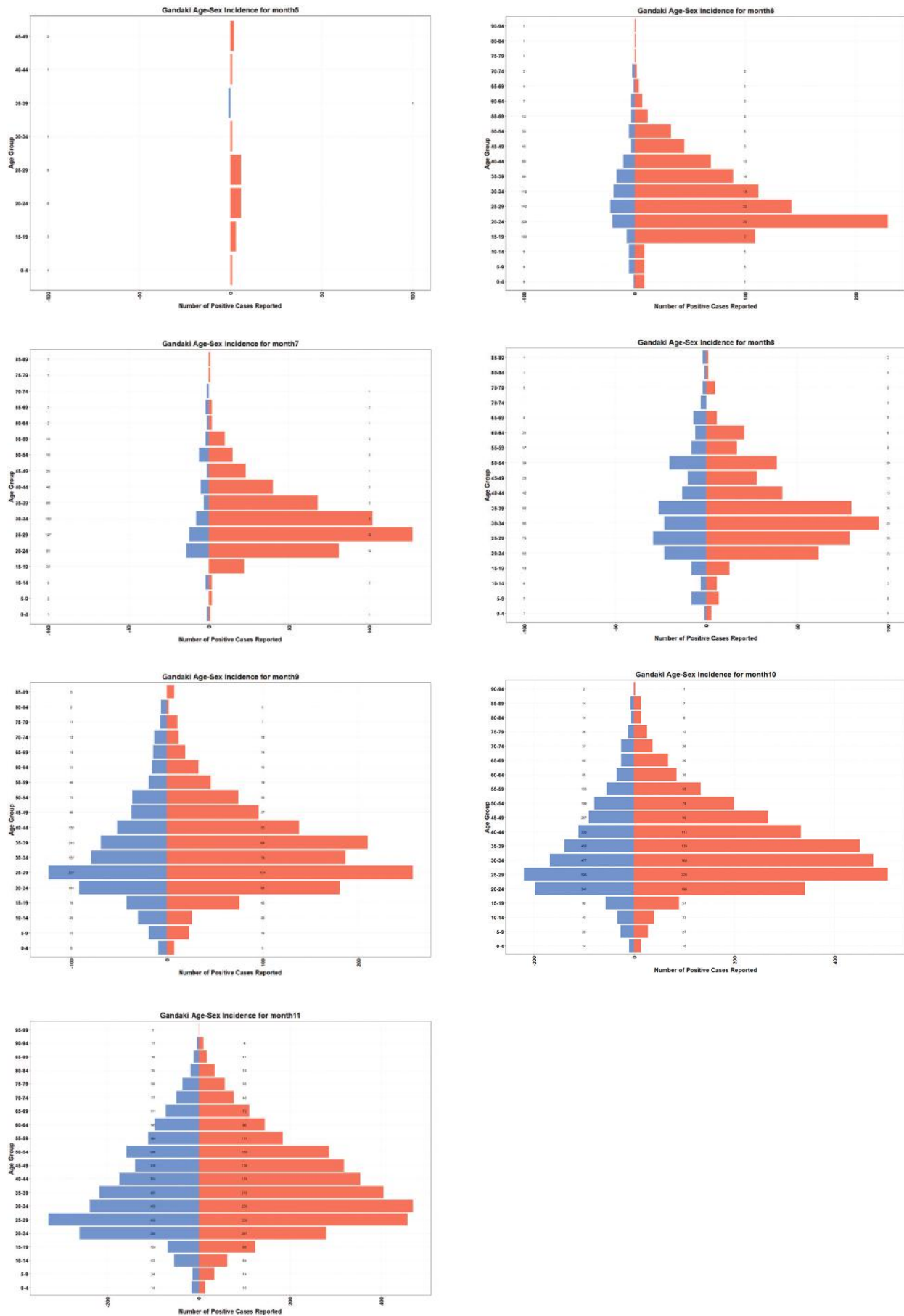


Figure 1: Changing Age-Sex pattern of cases – (April – November)

Sex: ■ Female ■ Male



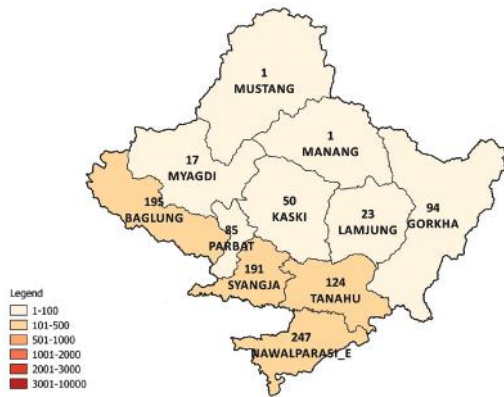
Map 2: Cumulative Case Incidence by Month – April 2020



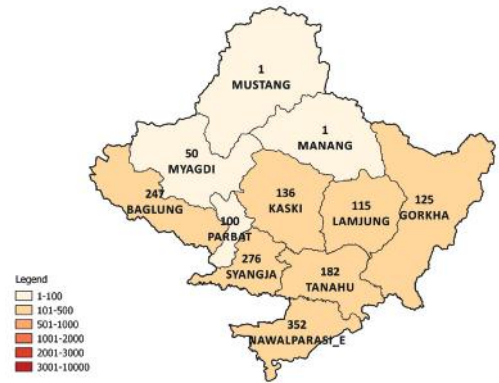
Map 3: Cumulative Case Incidence by Month – May 2020



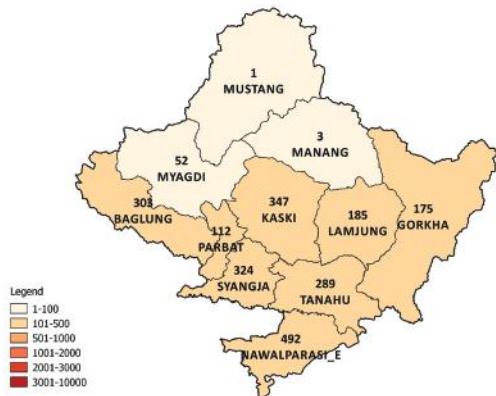
Map 4: Cumulative Case Incidence by Month – June 2020



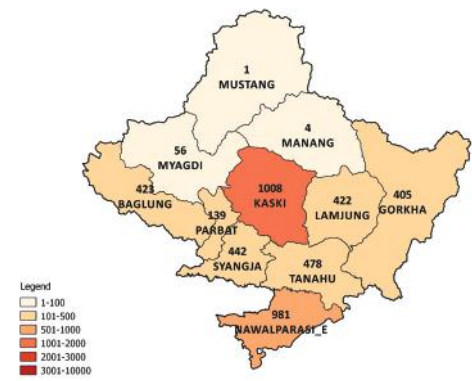
Map 5: Cumulative Case Incidence by Month – July 2020



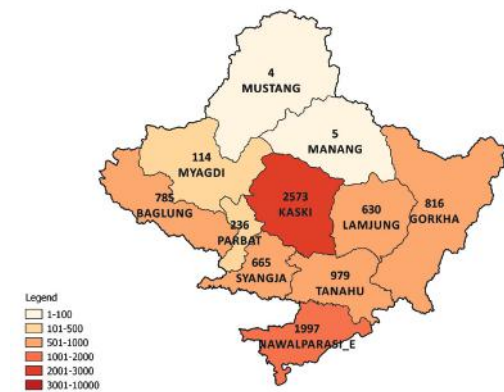
Map 6: Cumulative Case Incidence by Month – August 2020



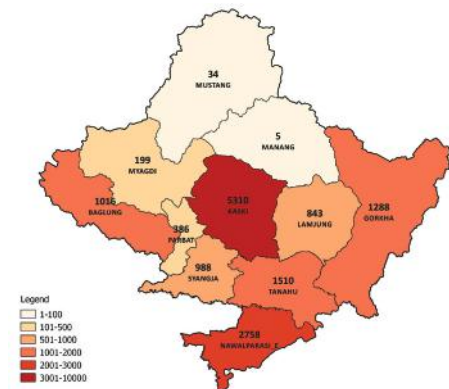
Map 7: Cumulative Case Incidence by Month – September 2020

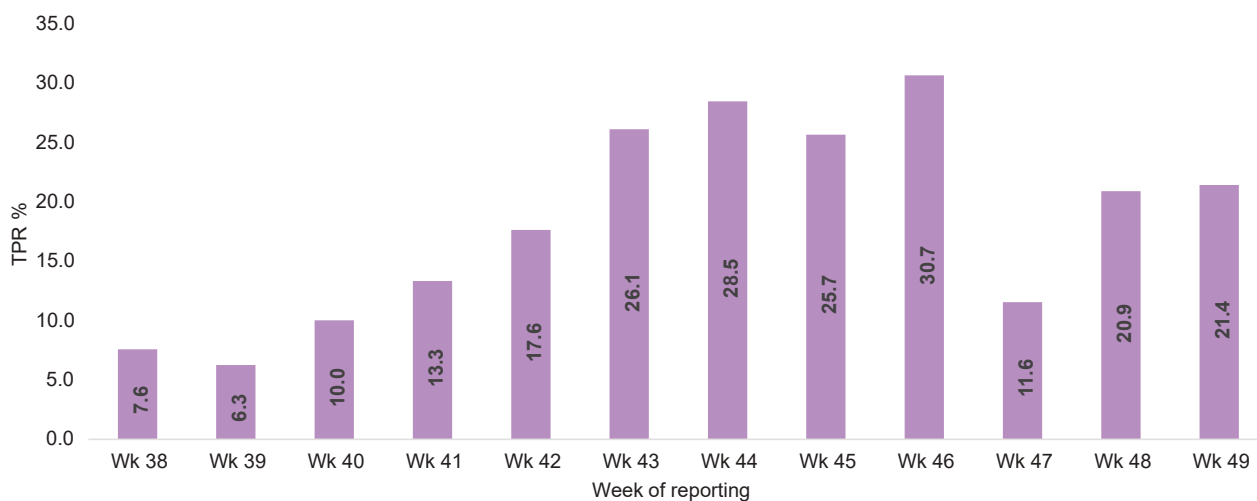
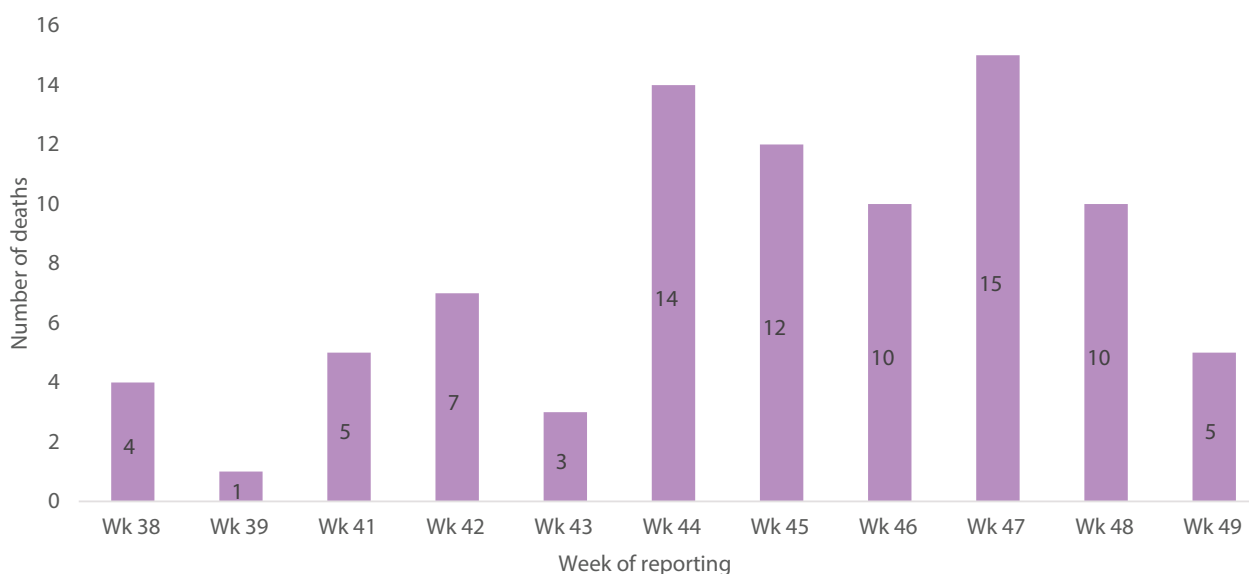


Map 8: Cumulative Case Incidence by Month – October 2020



Map 9: Cumulative Case Incidence by Month – November 2020



**Figure 2: Weekly Test Positivity Rate – (12 weeks)****Figure 3: District Deaths Weekly (12 weeks)**

## 1.7 SUMMARY

Gandaki province detected its first COVID-19 case in Baglung district back in March 2020. The case load was 23 as of May affecting 3 districts. The number of cases jumped to 1005 in the next month of June affecting all the 11 districts. The monthly number of cases decreased during the following months. By September, the monthly case incidence had doubled to 2076. There was a surge in the monthly reported cases to 5533 cases in November. Kaski district reported the highest number of cases in the province with a total of 5310 cases.

- Gandaki province now has an incidence of 573 per lakh population and the range of district level incidence varied between the lows of 0.2 per lakh in Manang to the highs of 110 and 212 per lakh in Nawalparasi east and Kaski districts. The monthly incidence per lakh population did not constantly increase in the province. The incidence of cases in Kaski and Nawalparasi east had been constantly rising whereas Lamjung witnessed monthly ups and downs along with Manang and Mustang.

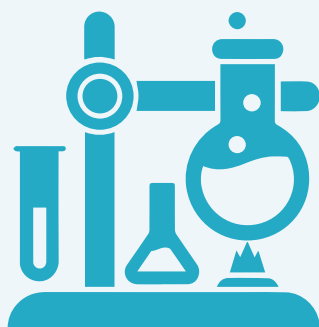


- The age-sex pattern of the case incidence has changed radically from almost an absence of the females to a substantive 30 % in most age groups. Almost all the age-groups started getting affected since April and females represented in most of those age groups by May. Since August, there is a homogeneous pattern affecting all age groups representing both sexes. Gradually the proportion of females increased though little slower than the males.
- Gandaki province had 2 cases reported as of April from Baglung district. By June, when almost all the districts started reporting cases, the spread was through the length and breadth of the province. Most of the cases are concentrated in the districts of Kaski and Nawalparasi east. Together these 2 districts accounted for 56% of all cases in the province. Kaski alone reported 37% of the cases at 5310; followed by Nawalparasi east with 19% of the total at 2758; and the district of Tanahu accounted for 10% with 1510 cases.
- Gandaki province is largely hills and one terai district. The two high mountainous districts of Mustang and Manang had been reporting occasional and very few numbers. Largely the cases are reported from Kaski, the district that locate its capital Pokhara and from Nawalparasi east, a southern border district.
- Gandaki province has 3 laboratories located in the district of Kaski in and around Pokhara. Possibly this explains, why so much polarity is seen in the reported cases from Kaski and nearby Nawalparasi east. The test positivity rates calculated as overall rate of test positives by PCR from amongst the total samples tested were between a low of 6% and a high of 30% in the province. The rates were consistently over 20% from Week 43 till the recent weeks with a dip to a low of 11% in Week 47 during the festivals. Between July and November, the test positivity rates and adjusted test positivity rates, indicate that the efficiency of testing strategy was never fully consistent and predictive. In September it was efficient except a dip in middle, probably due to shortage of consumables. But the consistency ended in mid-October and the curves have gone completely haywire.
- The total number of deaths in the province is 111 with an overall case fatality of 0.8% and has huge differentials. Kaski had a fatality rate of 0.9% with 50 deaths of 5310 cases, Tanahu had 1.0% with 15 deaths of 1510 cases, Gorkha had 0.9% 11 deaths of 1288 cases, closely followed by Syangja at 0.9% with 9 deaths of 988 cases while Nawalparasi east had only 0.5% with 14 deaths of 2758 cases.

**Table 1: WHO Transmission Classification**

Category	Definition : Countries/territories/areas with
No (active) cases	No new cases detected for at least 28 days (two times the maximum incubation period), in the presence of a robust surveillance system (where COVID-19 surveillance is not robust, a lack of identified cases should not be interpreted as an absence of transmission). This implies a near-zero risk of infection for the general population.
Imported / Sporadic cases	Cases detected in the past 14 days are all imported, sporadic (e.g. laboratory acquired or zoonotic) or are all linked to imported/sporadic cases, and there are no clear signals of locally acquired transmission. This implies minimal risk of infection for the general population.
Clusters of cases	Cases detected in the past 14 days are predominantly limited to well- defined clusters that are not directly linked to imported cases, but which are all linked by time, geographic location and common exposures. It is assumed that there are a number of unidentified cases in the area. This implies a low risk of infection to others in the wider community if exposure to these clusters is avoided.
Community transmission – level 1 (CT1)	Low incidence of locally acquired, widely dispersed cases detected in the past 14 days, with many of the cases not linked to specific clusters; transmission may be focused in certain population sub-groups. Low risk of infection for the general population.
Community transmission – level 2 (CT2)	Moderate incidence of locally acquired, widely dispersed cases detected in the past 14 days; transmission less focused in certain population sub- groups. Moderate risk of infection for the general population.
Community transmission – level 3 (CT3)	High incidence of locally acquired, widely dispersed cases in the past 14 days; transmission widespread and not focused in population sub-groups. High risk of infection for the general population.
Community transmission – level 4 (CT4)	Very high incidence of locally acquired, widely dispersed cases in the past 14 days. Very high risk of infection for the general population.

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## **LABORATORY CAPACITY**

# 2

## LABORATORY CAPACITY

### 2.1 INTRODUCTION

Here is a detailed description of the laboratory facilities established in the province in response to the COVID-19 pandemic. It is a compilation of the current testing capacity, facilities, equipment, consumables used, manpower, training, laboratory biosafety and bio-security, quality assurance and data management. It also provides salient observations and recommendations for the quality improvement and sustenance of the services.

The data was collected from the laboratories using standardized data collection tool followed by telephonic data collection and review of reports of onsite laboratory visit by experts.

Laboratory services for COVID-19 was established in Gandaki Province on 30th March 2020. As of 4th Nov 2020, a total of 91,578 samples were tested in 2 different laboratories in Gandaki Province.

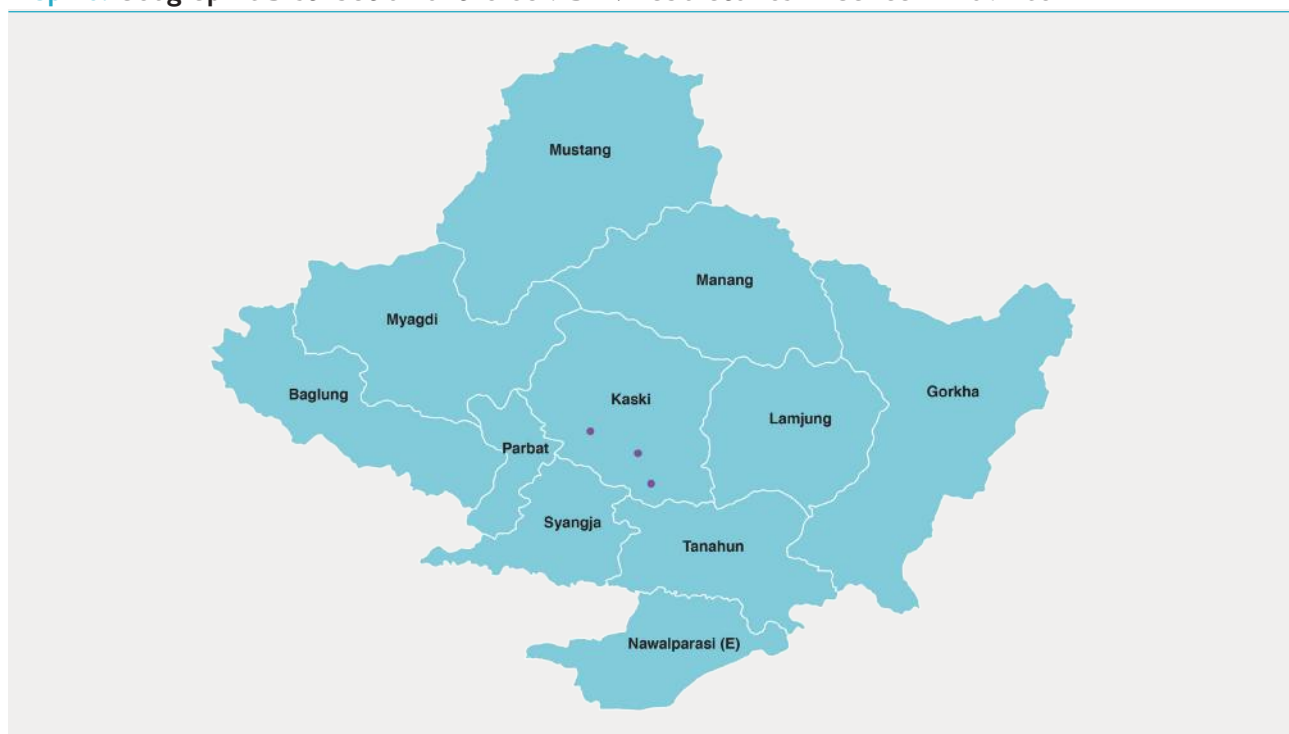
### 2.2 COVID-19 LABORATORIES

A total of three laboratories were established by either repurposing existing laboratories or building new facilities. Of this three, two are government run and one is from the private sector as given below.

**Table 2: Name, location and contact details of the COVID-19 laboratories in Gandaki Province**

S.No.	Name of Laboratory	Address	Govt / Private
1	Life Care lab	Pokhara, Kaski	Private
2	Pokhara Academy of Health Sciences	Pokhara, Kaski	Govt
3	Provincial Tuberculosis Control Centre /Provincial Public Health Laboratory-4 (PPHL-4)	Pokhara, Kaski	Govt

**Map 10: Geographic Distribution of the COVID-19 Laboratories in Gandaki Province**



## 2.3 TESTING CAPACITY OF THE LABORATORIES

**Table 3: Testing capacity of the COVID-19 laboratories in Gandaki Province**

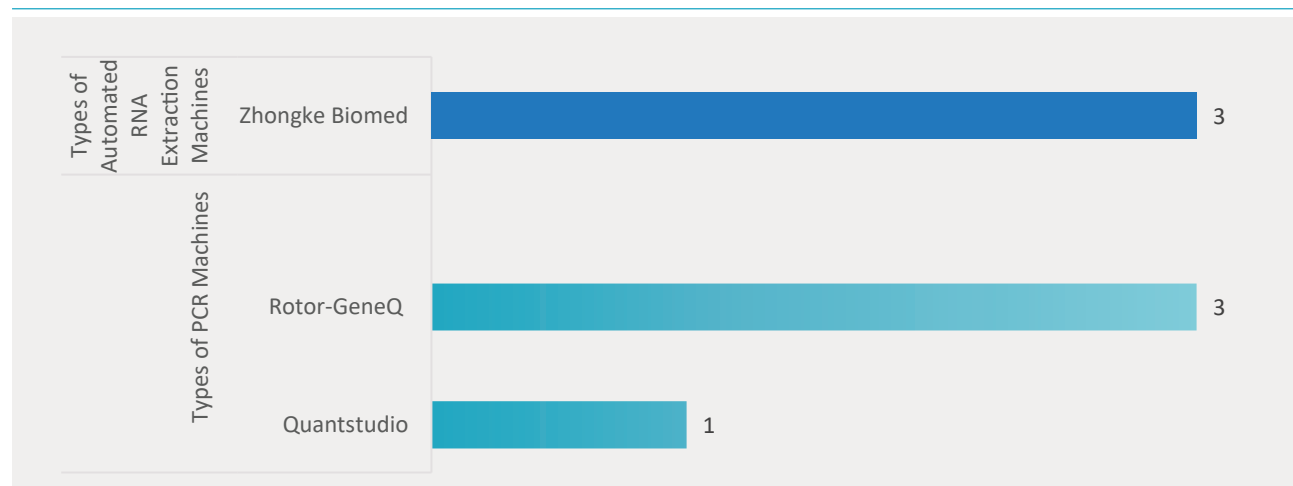
Name of Laboratory	Date of establishment (DD/MM/YY)	Estimated Testing Capacity/day	Maximum PCR tests/run
Life Care Lab	12/10/2020 (26/06/2077)	250	96
Pokhara Academy of Health Science	30/03/2020 (17/12/2076)	450	72
Provincial Public Health Laboratory-4	15/06/2020 (01/03/2077)	800-1000	72

## 2.4 EQUIPMENT AVAILABILITY

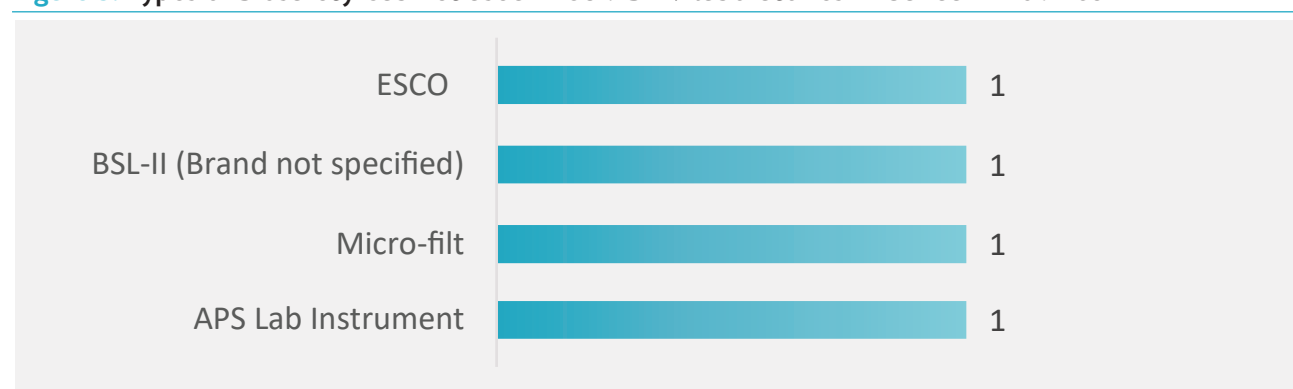
**Table 4: Distribution of Equipment available in COVID-19 laboratories in Gandaki Province**

Name of Laboratory	PCR Machine		RNA automated extraction machine		Biosafety Cabinet		Freezer (Qty)	
	Brand (Capacity)	Qty	Brand (capacity)	Qty	Brand	Qty	-80°C	-20°C
Life Care Lab	Quantstudio	1	Zhongke Biomed	1	APS Lab instrument Micro-filt	2	-	-
Pokhara Academy of Health Sciences	Rotor-GeneQ	1	-	-	BSL-II (Brand not specified)	1	-	1
Provincial Public Health Laboratory-4	Rotor-GeneQ	2	Zhongke Biomed	2	ESCO Type 2 A II	1	1	-

**Figure 2: Types of PCR Machines and Automated RNA Extraction Machines in COVID-19 laboratories in Gandaki Province**

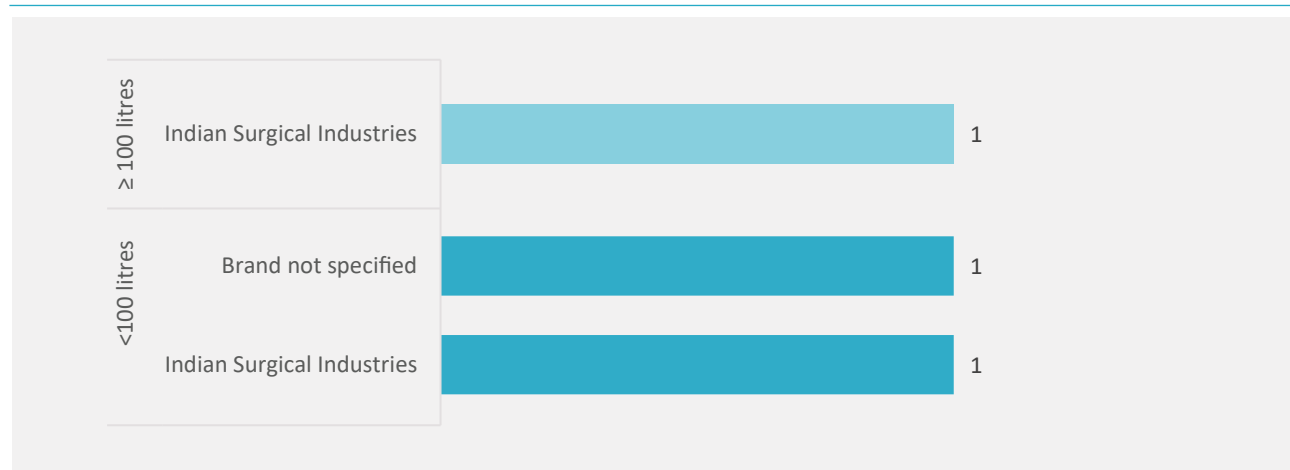


**Figure 3: Types of Biosafety Cabinet used in COVID-19 laboratories in Gandaki Province**



**Table 5: Types and Capacity of Autoclave Machines used in COVID-19 laboratories in Gandaki Province**

Name of Laboratory	Number of Autoclave machine	Capacity (litres)	Company (Brand)
Life Care lab	2	1= 180 l 2= 25 l	Indian Surgical Industries
Pokhara Academy of Health Sciences	No Separate autoclave machine	-	-
Provincial Public Health Laboratory-4	1	40 l	Brand not Specified

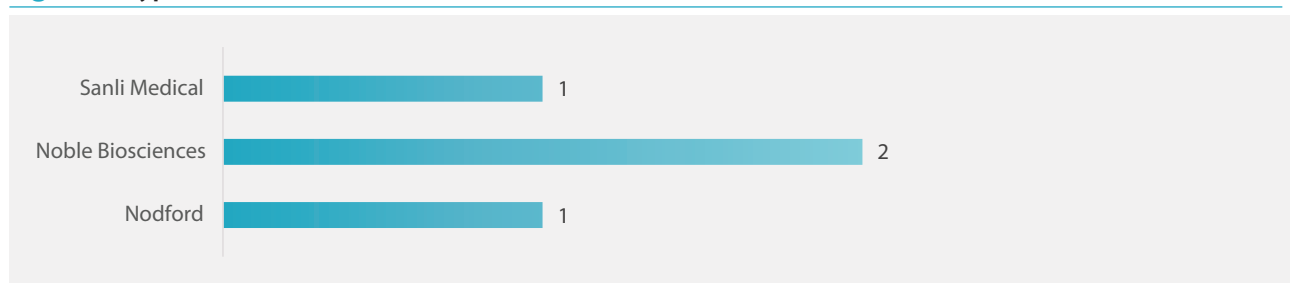
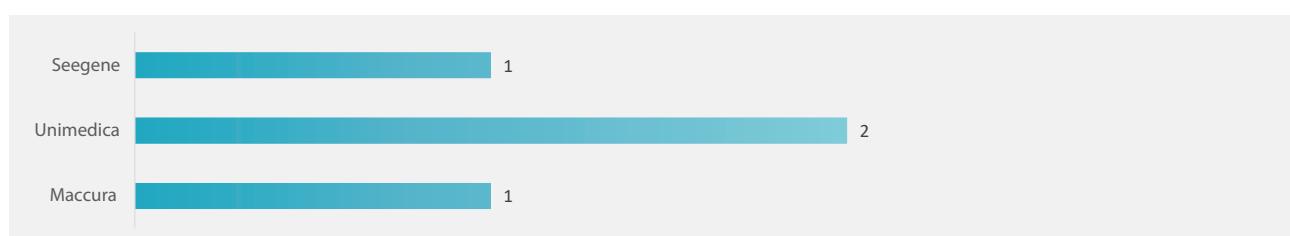
**Figure 4: Types and Capacity of Autoclave Machines in COVID-19 laboratories in Gandaki Province**

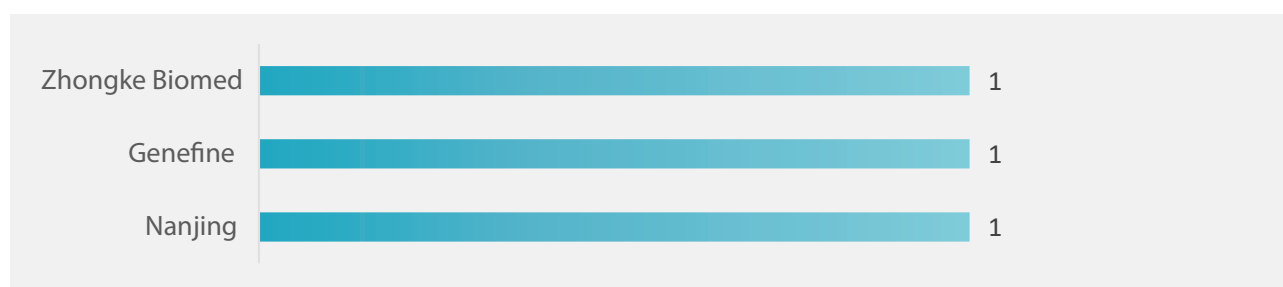
No separate Autoclave machine in PAHS

## 2.5 CONSUMABLES/ LABORATORY REAGENTS

**Table 6: Brands of Viral Transport Media (VTM), PCR Test Kits and RNA extraction kits used in COVID-19 laboratories in Gandaki Province**

Name of Laboratory	VTM in use	PCR test kits	RNA Extraction kits
Life Care Lab	Nodford	Maccura	Nanjing
Pokhara Academy of Health Science	Nobel Bio	Unimedica	Genefine
Provincial Public Health Laboratory-4	Sanli Medical Noble Bio	Unimedica Seegene	Zhongke Biomed

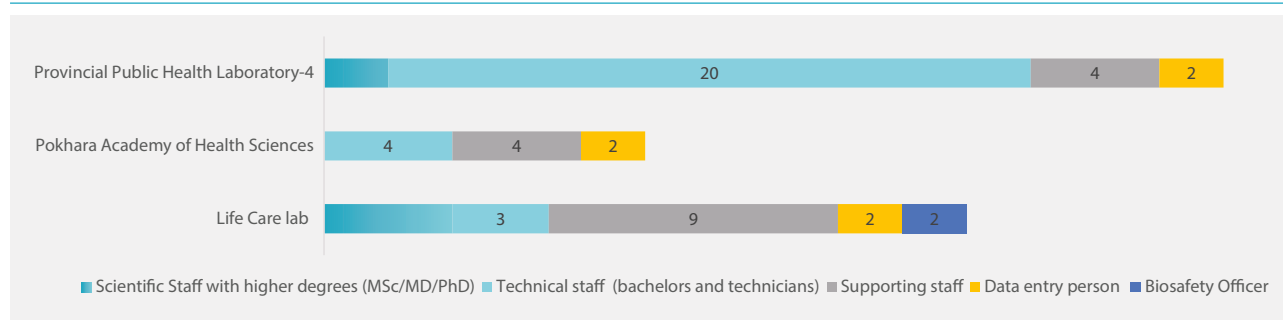
**Figure 5: Types of VTM used in COVID-19 laboratories in Gandaki Province****Figure 6: Types of PCR Test Kits used in COVID-19 laboratories in Gandaki Province**

**Figure 7: Types of RNA Extraction Kits used in COVID-19 laboratories in Gandaki Province**


## 2.6 HUMAN RESOURCES

**Table 7: Distribution of Human Resources in COVID-19 laboratories in Gandaki Province**

Name of laboratory	Number of scientific staff with higher degrees (MSc/MD/PhD)	Number of technical staff (bachelors and technicians)	Number of supporting staff	Number of data entry person	Number of bio-safety officer
Life Care lab	4	3	9	2	2
Pokhara Academy of Health Sciences	-	4	4	2	Routine lab staff
Provincial Public Health Laboratory-4	2	20	4	2	-

**Figure 8: Distribution of Human Resources in COVID-19 laboratories in Gandaki Province**


In PAHS, routine lab staff work as a biosafety officer

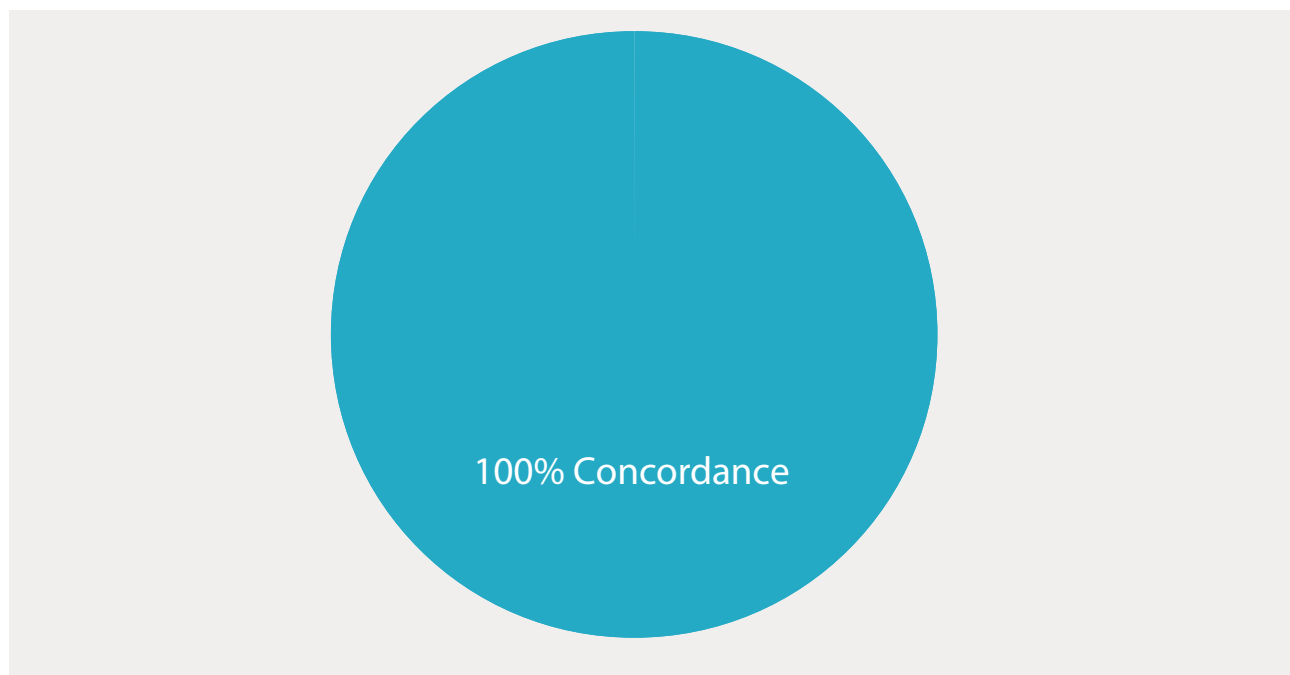
## 2.7 LABORATORY QUALITY INDICATORS

**Table 8: Laboratory Quality Indicators of COVID-19 laboratories in Gandaki Province**

Name of Laboratories	Result of EQAS (Retesting done at NPHL and Proficiency Testing in %)				PT Panel
	Asadh (June-July)	Shrawan (July-Aug)	Bhadra (Aug-Sept)	Asoj (Sept-Oct)	
Life Care Lab	NE	NE	NE	NE	NE
Pokhara Academy of Health Sciences	NP	100	100	NP	100
Provincial Public Health Laboratory-4	100	90	100	NP	100

Note: NE: Not Established NP: Not Participated

**Figure 9: Performance of SARS-CoV-2 real time RT-PCR Proficiency test panel in functional laboratories in Gandaki Province**



## 2.8 LABORATORY BIOSAFETY AND BIOSECURITY PRACTICES

### Biosafety

All laboratories are following basic laboratory biosafety practices including using PPE and processing all clinical samples in a biosafety cabinet. However, there is no biosafety manual available. Though many laboratories have designated biosafety officers, adequate training and supervision is absent in almost all laboratories. Mostly biosafety training is limited to donning and doffing of PPE. The laboratory staff are not trained in the appropriate and safe use of biosafety cabinets. None of the biosafety cabinets are certified or have any plan in place for their annual maintenance. As most of the samples are collected in virus inactivating virus

transport medium (VTM) the risk is reduced and low while handling these samples. However, a variety of VTMs are in use. There is a need to ensure the laboratories and field personal only use VTM which inactivates the virus.

### Biosecurity

Though few laboratories have access control and surveillance camera in place, there is no regular supervision. There is no biosecurity manual or policy available in these laboratories. Most of the laboratories are storing positive samples as far as their storage space allows. The freezers are not secured with lock and key. As most of the samples are collected in virus inactivating virus transport medium (VTM) the risk of handling live virus is reduced.

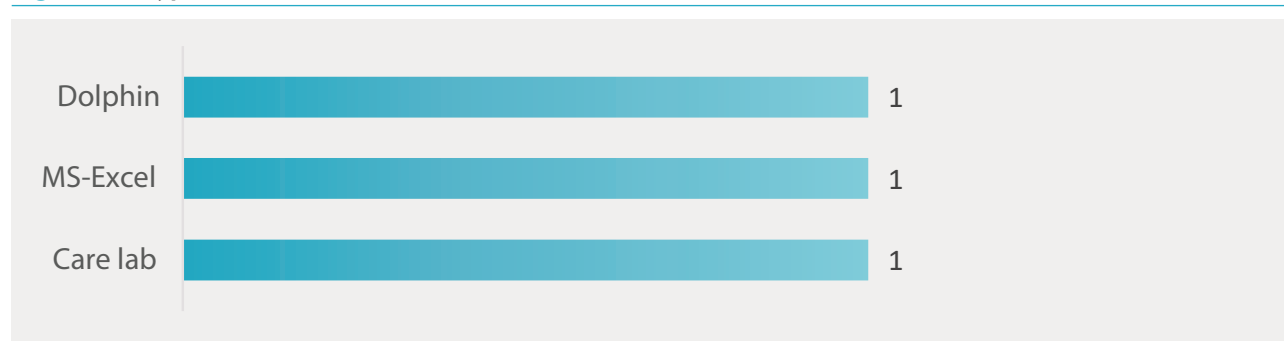
## 2.9 LABORATORY INFORMATION MANAGEMENT

**Table 9: Table 32: Distribution of Laboratory Information Management of COVID-19 laboratories in Gandaki Province**

Name of Laboratory	Availability of computer for data entry (Number)	Type of Database
Life Care lab	1	Care lab
Pokhara Academy of Health Sciences	2	MS-Excel
Provincial Public Health Laboratory-4	4	Dolphin

COVID-19 data is shared daily from all laboratories with HEOC, EDCCD, NPHL, respective municipalities and MoSD.



**Figure 10: Types of Database Software used in COVID-19 laboratories in Gandaki Province**

## 2.10 OBSERVATIONS

- There are three laboratories in the province and all are in one district. This significantly affect the access for testing.
- Almost all laboratories are set up outside the institutional infrastructure and housed in rented or temporary buildings.
- Laboratories are disproportionately distributed and mostly clustered in one area or district resulting in inequity of access to testing across districts.
- Facilities are well designed for the molecular diagnostics of COVID-19.
- Local leadership and ownership is present there but it is limited to COVID-19 response only.
- No clear plan for sustaining the laboratory or extending the services for other infectious diseases.
- Equipment and consumables are procured by local government or supplied by central government.
- A variety of equipment and reagents are used in the province. Equipment calibration and maintenance plans are missing in almost all laboratories.
- While all laboratories have at least one trained or partially trained staff member, most staff do not possess any experience in molecular diagnostics which includes the lab supervisors.
- There is commendable commitment of laboratory staff. They are doing extra hours of work to reduce turnaround time.
- There is very poor documentation across all laboratories. Though they follow manufacturers instruction for RNA extraction and real time SARS-CoV-2 PCR, no standard operating procedures are available for any laboratory process despite access to national laboratory guidelines from NPHL with templates. Lack of manpower is blamed for poor documentation.
- Laboratory information management system is not presently inadequate. Many laboratories enter data to generate a test report and enter data into the NPHL management information system. However, there are often delays in data entry and report generation and this adversely affects the turnaround time. In addition, they also provide cumulative data and data on positive cases to MoHP (EDCD and HEOC respectively).
- Many laboratories find it difficult to interpret borderline results. As the current national guidelines allow to report a result as positive or negative only. So borderline results are interpreted subjectively and often reported as positive. This has resulted in false positive reports.
- Most of the laboratories have inadequate biomedical

management systems. There is no sufficiently sized autoclave to match the workload for decontaminating the biomedical waste. It appears biomedical waste is burned with or without adequately autoclaving. Most of the laboratories lack documentation on biomedical waste management.

- Frequent change of PCR reagents and compatibility of reagents with PCR machine is a concern for laboratory quality.
- It appears most of the laboratories set up for COVID-19 testing will discontinue if COVID-19 testing reduces or the pandemic is over.

## 2.11 RECOMMENDATIONS

- NPHL should revise the national laboratory guidelines to allow reporting of borderline results as indeterminate or inconclusive rather than leaving subjective interpretation of individual laboratories.
- There is a need for hands on training. WHO is supporting NPHL with weekly online training for COVID-19 laboratories, however, the attendance is poor. The staff of hub laboratories could be trained at NPHL to provide hands on training to other laboratories.
- There is a need to encourage laboratory networking by creating a hub and spoke structure. NPHL supporting a Provincial Public Health laboratory or Medical college or another well-functioning laboratory in the province in turn supporting smaller laboratories. Pairing of Provincial public health laboratories with a medical colleges will be useful.
- It is advised to convert at least one laboratory per province and selected medical college laboratories into combined Influenza and SARS-CoV-2 sentinel surveillance laboratories. The new WHO multiplex Influenza-SARS-CoV-2 kits may be useful. Inclusion of Medical colleges may improve SARI surveillance.
- There is a need to issue clear guidelines for biomedical waste management in the laboratories. The laboratories may require support in terms of load appropriate autoclaves. Other partner agencies may be approached for this support.
- Selected laboratories need to be supported for equipment maintenance and calibration to ensure quality. In country training may be organised to create a cadre of biomedical engineers and laboratory technologists for calibration of equipment. Alternatively, one or more agencies may be contracted to provide support.
- As a long-term strategy these selected laboratories may be supported for providing laboratory surveillance and diagnostic services for common epidemic prone, endemic diseases such as Dengue, Leptospirosis and Scrub Typhus. The laboratories could also be utilised for antimicrobial resistance surveillance.



3

# **INFECTION PREVENTION AND CONTROL AND CLINICAL MANAGEMENT**

# INFECTION PREVENTION AND CONTROL AND CLINICAL MANAGEMENT

## 3.1 BACKGROUND

Gandaki Province, one of the seven Federal provinces of Nepal, came into existence following the promulgation of the Constitution of Nepal in 2015. Its capital is Pokhara. It borders the Tibet Autonomous Region of China to the north, Bagmati Province to the east, Karnali Province to the west, and Lumbini Province and Uttar Pradesh of India to the south.

Gandaki Province is divided into 11 districts. These 11 districts are divided into a total of 26 municipalities and 58 rural municipalities. Pokhara is the only metropolitan city of this Province.

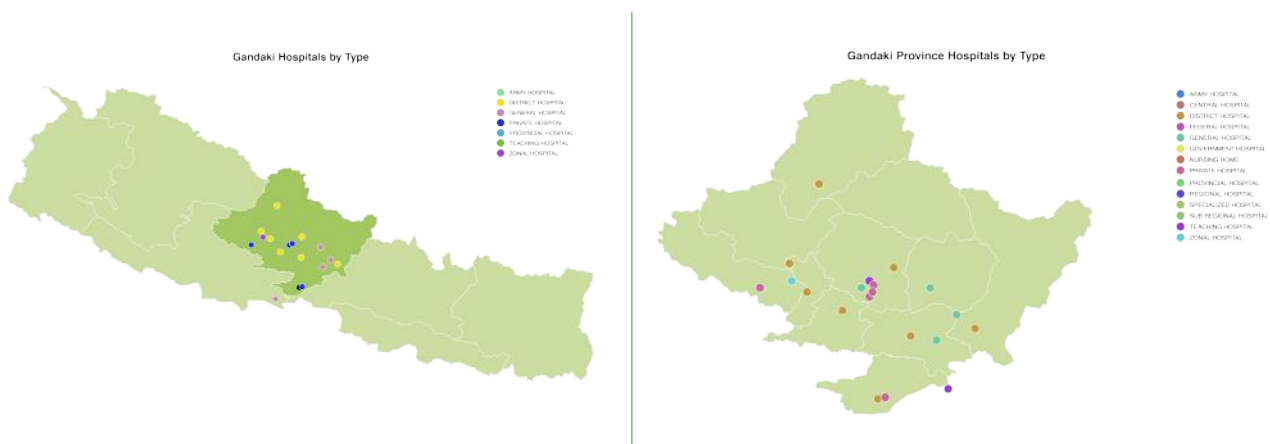
## 3.2 HEALTH BACKGROUND

According to National Demographic Health Survey (NDHS) 2016, the Province's neonatal mortality (per 1000 live births) stands at 15 and infant mortality rate (per 1000 live births) stands at 23, both of which are far below the national average of 21 and 32, respectively.

## 3.3 HEALTH FACILITIES BY TYPE

According to the Annual report of the Department of Health Services (DoHS) 2018/19, Gandaki Province has 16 public hospitals, 23 Primary Health Care Centres (PHCCs), 491 Health posts and 119 Non- public facilities.

Map 11: Health facilities by type

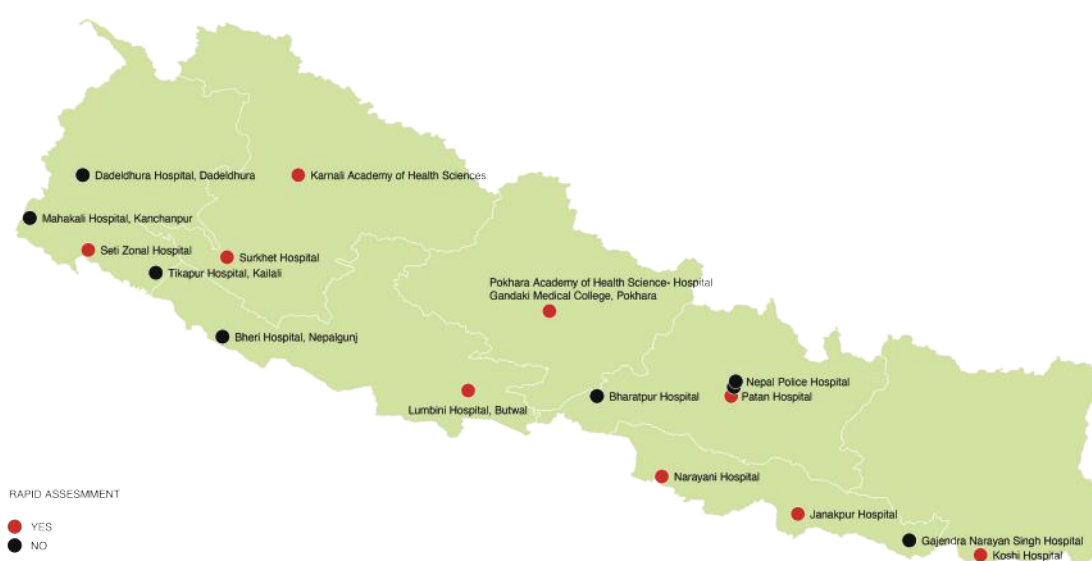


### 3.4 FINDINGS OF A RAPID ASSESSMENT (RA) FOR COVID-19 READINESS 2020

In April 2020 the Curative Services Division (CSD) of the Ministry of Health and Population (MoHP) led a multi

sectoral team to design and develop a rapid assessment tool to assess what was then designated 12 COVID-19 Level II Hospitals. In Gandaki Province, Pokhara Academy of Health Sciences (PAHS) was designated and took part in rapid assessment.

Map 12: Level 2 Hospital in Nepal



The key findings of the rapid assessment as recorded during self-assessment of PAHS includes the following:

Table 10: Key Findings from RA- Pokhara Academy of Health Sciences

ICU beds Adult	ICU beds children	Functioning ventilators	Oxygen Supply	COVID-19 designated Nurses	COVID-19 designated MD	IPC Focal Person	IPC program / activities	IPC dedicated budget
11	No	6	Pipe to ICU	167	36	No	No	No
Key Guidance documents in place		Training on COVID-19	Autoclave of alternative treatment technology present		Specific plan in place for patients or family members to mitigate COVID-19 infection			
Yes, 9 out of 16 are present		No	Yes, present but not functional and/or of sufficient capacity.		No			

### 3.5 CURRENT STATUS OF COVID-19 AND NON-COVID-19 HEALTH SERVICE PROVISION

The table below shows the government health facilities and medical colleges in Gandaki Province providing various health services in the context of COVID-19.

**Table 11: Health services provided by various government hospitals and medical colleges**

Name of Facility	District	Non COVID-19 services		
		Outpatient	MNCH	Surgery
PAHS	Kaski	✓	✓	-
Dhaulagiri Hospital	Baglung	✓	✓	✓
Matrisisu Miteri Hospital	Kaski	✓	✓	✓
Beni Hospital	Myagdi	✓	✓	✓
Parbat Hospital	Parbat	-	✓	✓
Gorkha Hospital	Gorkha	✓	✓	✓
District Hospital	Manang			
District Hospital	Mustang	✓	✓	X
Damauli Hospital	Tanahun	✓	✓	✓
District Hospital	Syangja	✓	✓	✓
Saruwa rog Hospital	Kaski	✓	X	X
Kaski Sewa Hospital	Pokhara	✓	-	✓
Manipal Teaching Hospital	Pokhara	✓	✓	✓

**Table 12: COVID -19 Designated Hospitals – HUB Hospital Details**

S No.	Hub Hospitals	COVID-19 Designated Hospitals (Yes/No)	Formation of EMDT
1	Pokhara Health Science Academy Hospital	Yes	Yes
2	Dhaulagiri Hospital	No	Yes

### 3.6 CURRENT STATUS OF BED CAPACITY AND ESSENTIAL HUMAN RESOURCES FOR HEALTH (HRH)

**Table 13: Bed capacity and Human resources in Pokhara Academy of Health Sciences**

S.N.	Categories	COVID-19 Designate	Non-COVID-19 Designated	Total
<b>Bed capacity</b>				
1.	Bed capacity IPD	40	344	384
2.	Bed capacity HDU		0	
3.	Bed capacity ICU	10	9	19
<b>Human Resources</b>				
4.	Total number of MD (Consultants)		36	36
5.	Number of anesthesiologists/intensivists		7	7
6.	Total nurses		162	162
7.	Total nurses trained in Critical Care		70	70

**Table 14: Establishment of Emergency Medical Deployment Team (EMDT) for COVID-19 Response**

Name of the hospital	EMDT Establishment	
	Number of team members	Team composition
Pokhara Academy of Health Sciences	17	Doctors - 9 Sr. AHW -1 Lab technician - 2 Staff Nurse - 5
Dhaulagiri Hospital	7	General surgeon -1 Orthopedic surgeon -1 General Physician -1 Medical officer-1 Er trained Nursing officer-1 OT trained ANM-1 Health Assistant- 1

**Table 15: Training of healthcare workers and support staff**

Essential Critical care Training for Nurses and Doctors - Gandaki Province				
Institute	Date	Module I (IPC) 1 day	Module II (CCT) 2 days	Total trained
*Pokhara Academy of Health Sciences (Conducted by NHTC)	9 – 11 September 2020	33	16	33
Pokhara Academy of Health Sciences (Conducted by PHTC)	5-6 October 2020 7-8 October 2020	16 (in each batch)		32

**\*Note:** Total 33 staff participated in IPC training, of them 16 continued in CCT training. The participants were from PAHS, Dhaulagiri Hospital, Gorkha Hospital and Madhyabindu Hospital.

**Table 16: Clinical Management COVID-19**

Current number of COVID-19 cases in Gandaki Province							
Gandaki Province COVID -19 Cases (Source: MoHP 30 November 2020)							
Date	Active	ICU	Recovered	Death	Total cases	Recovered & Death	CFR
30 November 2020	1,784	94	12,435	103	14,322	12,538	0.71

The following information is for the then level II hospital, Pokhara Academy of Health Sciences:

**Table 17: Treatment Modalities available**

Name of the hospital	Remdesivir	Hydrocortisone	Convalescent Plasma	Clinical trials	Secondary infections	Others
-	-	Yes	Yes	Managed	-	-

## 3.7 DISABILITY INCLUSION, REHAB & POST COVID-19 CARE

**Table 18: Availability of services for disability inclusion**

Accessible facilities (low level beds, transfer board, wheelchair accessible toilet with commode, drinking water within reach, etc.)	No
Assistive devices available and functional (wheelchair, crutches, etc.)	No
Nurses and paramedics trained in basic disabilities inclusion and rehabilitation	No
Facility linked to tele/virtual help-desk for disabled people and virtual expert pool – rehab nurse, physiotherapist, psychologist, speech therapist	No

## 3.8 CAPACITY TO PROVIDE OXYGEN IN GANDAKI PROVINCE

### Information gathered from 23 hospitals

- Dhaulagiri Hospital, Baglung
- GP Koirala NCRD, Tanahun
- Matrisisu Miteri Hospital, Kaski
- Manipal Teaching Hospital, Pokhara
- Beni Hospital, Myagdi
- Regional Hospital Pvt Ltd, Pokhara
- Parbat Hospital, Parbat
- Charak Memorial Hospital, Pokhara
- Gorkha Hospital, Gorkha
- Fewa City Hospital, Pokhara
- Madhyabindu District Hospital
- Green Pasture Hospital, Pokhara
- PAHS (Western Regional Hospital)
- Fishtail Hospital, Pokhara
- District Hospital Mustang
- Paschimanchal Community Hospital
- Damauli Hospital, Tanahun
- Galaxy Hospital Pvt Ltd.
- District Hospital Syangja
- Metro City Hospital, Pokhara
- Lamjung District Community Hospital, Lamjung
- Saruwa rog Hospital, Kaski
- Kaski Sewa Hospital, Pokhara

**Table 19: Capacity to provide oxygen by bed**

Type of beds across 23 Hospitals	Number of beds
Total COVID-19 designated beds	716
COVID-19 beds capable of delivering low flow O2 (5L/min)	Unknown
COVID-19 beds capable of delivering high flow O2 not on ICU or HDU (10L/min)	Unknown
No. of HDU beds (10L/min)	53
No. of ICU beds for Covid-19 (10L/min)	169
No. of ventilators for COVID-19 patients	66

**Table 20: Oxygen Availability**

Oxygen supply	Number
Oxygen Plant	8
Oxygen plant under construction	4
Oxygen plant output expressed as number of cylinders per day	>143*
Number of oxygen cylinders available	645*
Number of oxygen concentrators	191
"Minimum number of large cylinders available (plant output added to cylinders available)"	788
Number of hospitals with piped oxygen at least for some beds	8 (1 in the process of installing)

\*at least 143 cylinders as only one plant gave output figures, the other 7 plants did not give this level of detail.

\*In the November update this figure is lower but may reflect data gaps (433 large cylinders +12 small cylinders)

## OXYGEN SUPPLY AND DEMAND

- Demand based on ICU/HDU capacity plus total COVID-19 designated beds delivering 1.5 cylinders per day on average (some of this demand is met by the use of oxygen concentrator- this has been taken into account at hospital level)
- Each ICU/HDU bed delivers oxygen at 10L/min which is equivalent to 2.2 cylinders per day

Oxygen supply and demand	Number of cylinders
Total oxygen requirement per day for ICU/HDU	371 cylinders
Number of ward beds without an oxygen concentrator	455 beds
Total oxygen requirements for ward beds not able to use concentrator	682.5 cylinders
Total oxygen requirements for all beds	1053.5
Number of cylinders available	788 cylinders
Gap (-)/Excess (+)	-265.5 cylinders



4



## **RISK COMMUNICATION AND COMMUNITY ENGAGEMENT**

# RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

Religion in Gandaki Province encompasses four major groups and beliefs. Its major religion is Hinduism which accounts for 84% followed by Buddhism (13%), Christianity (2%) and Islam (1%).

## 4.1 DEMOGRAPHIC INFORMATION OF GANDAKI PROVINCE<sup>1</sup>

According to the Annual report of Department of Health Services (DoHS) 2018/19, Gandaki Province has 35 public hospitals, 41 Primary Health Care Centers (PHCCs), 641 Health posts and 1417 Non-public facilities.

### 4.1.1 Ratio

The ratio of men in Gandaki Province is more than that of women. There are 55% male and 45% females.

### 4.1.2. Religion

Religion in Gandaki Province encompasses four major groups and beliefs. Its major religion is Hinduism which accounts for 84%, followed by Buddhism (13%), Christianity (2%) and Islam (1%).

### 4.1.3. Caste

Brahman-Hill is the largest caste in Gandaki Province having 21% of the total population followed by Magar (19%), Chhetri (13%), Gurung (11%), Dalit (17%), Newar (4%), Tamang (2%) and others communities (13%).

### 4.1.4. Language Spoken

73% of the population speak the Nepali language making it the main spoken language in Gandaki Province. The second most spoken language is Magar (10%) followed by Gurung (9%), Newar (2%), Tharu (2%), Tamang (1%) and other languages (2%).

### 4.1.5. Literacy Rate

The literacy rate in Gandaki Province is 75% which means that 25% of the

population in Gandaki Province still cannot read or write.

### 4.1.6. Education Level<sup>2</sup>

There are various education levels in Gandaki Province. These include: Primary Level (37%), Lower Secondary Level (22%), Secondary Level (12%), SLC (11%), Intermediate Level (6%), Beginner (4%), Non-formal (6%), Graduate (2%), Post-graduate and above (1%).

## 4.2 INFILTRATION OF MASS MEDIA COMMUNICATION

### 4.2.1. Community Radio

There are a total of 44 radio stations in Gandaki Province. Some of the radio stations are Radio Tanahu, Radio Mustang and Radio Pokhara. Full detailed information of these radio stations are mentioned in Annex 1.

### 4.2.2. Source of communication (Access to Radio, TV, Internet and telephone)<sup>3</sup>

In Gandaki Province one, 60.0% have access to radio and followed by 36.2% have access to TV and only 3.0% have access to the internet. Similarly, 6.5% have access to landline telephones while 75.3% have access to mobile phones.

### 4.2.3. Popular Newspaper Channels

There are a total of 64 newspaper channels in Gandaki Province with national, provincial and local outreach. As per the classification, some of the top ranking newspapers are Adarsha Samajh Dainik, Darausai Dainik and Dhorpatan Dainik. Full details of the newspapers available in Gandaki Province are mentioned in Annex 2.

1. <https://nepalmap.org/profiles/province-1-province-no-1/>

2. Primary (class 1 to 5), Lower secondary (class 6 to 8), Secondary (class 9 to 10)

3. <https://cbs.gov.np/social-statistics-2075/>

#### 4.2.4. Cell Phone Providers

There are two major cell phone providers in Gandaki Province. They are Nepal Doorsanchar Company Limited (NTC) and Ncell Axiata Limited (NCELL).

### 4.3 PROVINCIAL LEVEL SPOKESPERSON

- Name of spokesperson: Dr. Binod Bindu Sharma
- Designation: Director at Provincial Health Directorate
- Contact number: 9856033933
- Email ID: bs819534@gmail.com
- Language spoken: Nepali

### 4.4 SPOKESPERSON FOR COVID-19 DESIGNATED HOSPITALS

There are two hospitals in Gandaki Province that are designated for COVID-19. The details of the hospitals are:

#### Pokhara Academy of Health Science

- Name of spokesperson: Dr. Arjun Acharya
- Designation: Director at the Pokhara Academy of Health Science
- Contact number: 9856037243
- Email ID: drarjunacharya@gmail.com

#### Dhaulagiri Zonal Hospital

- Name of spokesperson: Dr. Sailendra B.K Pokhrel
- Designation: Medical Superintendent
- Contact number: 9851176425
- Email ID: dhaulagiri.hospital@gmail.com

There are other district hospitals and private hospitals who are admitting COVID-19 patients, but they are not COVID-19 designated hospitals. These hospitals are identified in Annex 3.

## 4.5 COMMUNITY ENGAGEMENT

#### 4.5.1. Provincial or District Call Centre

The first provincial call centre in Gandaki Province was established on March 30. The call center number used is 1092. All activities of these call centres are supported by the Health Directorate. Initially, the

working hours of the call centres were 7am to 7pm. Staff for these call centres were made available by support from various hospitals. Currently, with the support with PHEOC team members, the call centres are operating from 10 am to 5pm.

#### 4.5.2. Social Service Operation Organization

The major social service operation organizations involved for risk communication in Gandaki Province are:

- Nepal Red-cross society
- Junior Red-cross
- Rotary clubs
- Rotaract
- Jaycess and Ladies Jaycees
- Inner wheel club
- Lions club
- Scout

While Nepal Red-Cross Society and Junior Red-Cross support all districts of Province 4, Rotary clubs provide support to a selected few districts. However, all organizations support the government by key disseminating messages about COVID-19.

#### 4.5.3. Major Business Groups (Industrial)

There are presently no business groups operating in Gandaki Province that have been supporting the government in disseminating messages related to COVID-19.

#### 4.5.4. Rumour & Misinformation Monitoring Mechanism

Rumours and misinformation continue to circulate regarding COVID-19. In order to handle such rumours and misinformation and to reduce anxiety among the general public, PHEOC is monitoring rumours and misinformation. However, due to lack of human resource support, monitoring does not take place on a regular basis and it does not have any fixed schedule. Similarly, there are no dedicated staff to address misinformation and its impacts. Currently, staff are already providing support to their maximum capacity. In order to help the situation, the Health Director, who is also the spokesperson for the COVID-19 prevention and control program, addresses

rumours on behalf of the government which includes conducting live press briefings and publishing press releases.

#### 4.5.5 Media Monitoring

PHEOC monitors media in Gandaki Province. However, it is not on a regular basis and does not have any fixed schedule. Due to lack of human resource support there is no dedicated focal point for media monitoring. IOM does have a media monitoring system which operates centrally from Kathmandu.

### 4.6 PRESS BRIEFINGS

On March 15, the Health Directorate started a briefing system. The briefings were on a weekly basis. However, currently, there are no press briefings at Gandaki Province. All press briefings are documented in the following platforms: Website: [hd.gandaki.gov.np](http://hd.gandaki.gov.np) and facebook page <https://www.facebook.com/hdgandaki>.

### 4.7 REPORTING

Situation reports in Gandaki Province are shared with OCMCM, MoSD, MoIAL, EDCD, HEOC, (MoIAL), District Hospitals, District Health offices and partners. Such reports are shared on a daily basis. All the information in situation reports is shared from the Health Directorate and is supported by WHO field staff. These reports are published on the official website of the Ministry of Social Development of Gandaki Province.

### 4.8 OTHER ACTIVITIES

There are other activities as well in Gandaki Province that are conducted at the Provincial level and district level for Risk Communication & Community Engagement (RCCE). These activities are conducted in order to create awareness to the community for COVID-19. Awareness activities include:

- Awareness messages and IEC materials are

broadcasted by radio. Messages are also disseminated via social media.

- Orientation at the community level completed by the Health Directorate team. These orientations are conducted on a needs basis.
- In the past, the Health Directorate had used various means of communication like the Radio, TV, newspapers, etc for the COVID-19 message dissemination. Health Directorate continues to provide the daily press release, press briefing, weekly electronic newsletter, and updates in Viber group/ Facebook and YouTube as well.
- The Suaahara, Gorkha Welfare Trust, Save the Children, Nepal Red Cross Society, Kopila Nepal and others health partners are disseminating COVID-19 health messages through their networks and by radio programs.
- At the local level, local FM is being used for the dissemination of the message specially message on COVID 19 preventive measures.

### 4.9 CHALLENGES

There are many challenges in Gandaki Province regarding information related to any Risk Communication & Community Engagement. For example:

- There is a need for human resources for RCCE in the Health Directorate.
- There are no programs and budgets for RCCE for the government Health office.
- There is a lack of protocol as to whom and where to communicate.
- There is a lack of coordination. Different agencies are disseminating different messages.
- There are no measures to monitor the effectiveness of the media mobilization.
- There is insufficient management of the rumours and fallacies. As a result, people trust potentially incorrect information given on Facebook and YouTube rather than the correct information disseminated by the government.

5



## OPERATIONS SUPPORT AND LOGISTICS

# OPERATIONS SUPPORT AND LOGISTICS

The provincial profile for the Operations Support and Logistics Pillar has been subdivided into the following categories:

- Health Emergency Operations Center
- Provincial Health Emergency Operations Center
- Electronic-Logistic Information Management System
- Points of Entry
- Repurposing of Health Facilities for Isolation beds

## Health Emergency and Operations Center

The Health Emergency Operations Center (HEOC) acts as the secretariat of the Ministry of Health and Population during health emergencies, including the COVID-19 pandemic. It is the central communication body for the provincial and local levels, and it also coordinates with affiliated international bodies, NGOs, and other organizations.

The HEOC's operations are currently supported by four WHO staff, and six personnel from the government (medical superintendent, section officer, staff nurse, officer, helper).

## Provincial Health Emergency Operations Centers

Provincial Health Emergency Operations Centers (PHEOCs) play an integral part in different areas of health sector preparedness and response readiness, such as hub and satellite hospital network coordination, prepositioning and replenishing emergency medical logistics, risk assessment, and human resources management, among others.

WHO has deployed a team in all seven province to support the provincial governments in health emergency/disaster preparedness, recovery and response. Each team consists of Field Medical Officers (FMOs), a COVID Surveillance Associate (CSA), an Information Management Assistant (IMA) and a driver.

The major roles of an FMO includes assisting federal and provincial health authorities in the core capacity enhancement of national health security,

as well as supporting health emergency/disaster preparedness, recovery and response. An FMO's responsibilities consist of:

- Implementing, monitoring, and assessing existing and planned epidemiologic and laboratory surveillance (event- and indicator-based) mechanisms.
- Establishing and ensuring the efficient functioning of the Public Health Emergency Management Sub-Committees (PHEM-SC) and HEOCs, and their effective coordination, communication and information management functions throughout the disaster/emergency management cycle.
- Maintaining a regular mechanism for the HEOC to coordinate with hub and satellite hospitals, health sector partners, and other stakeholders so as to collaborate on health sector emergency preparedness and response readiness interventions.
- Establishing, capacitating, maintaining readiness, and efficiently positioning emergency medical deployment teams from hub and satellite hospital networks.

The COVID Surveillance Associate (CSA) is responsible for:

- Maintaining daily communication with key hospitals, ground crossings, and tourist hotels identified by the federal and provincial health authorities to collect information on certain diseases, including COVID-19.
- Following up, maintaining records, and reporting the status of admission, investigation, sample collection and shipment, lab confirmation, clinical status and outcome, and referral or discharge details of identified cases.
- Monitoring, reporting, verifying, and investigating events/incidents associated with COVID-19 and other public health issues in coordination with WHE Field Medical Officers.

- Assisting provincial health authorities in identifying population groups and vulnerable areas that are at high risk of COVID-19 transmission.

The Information Management Assistant (IMA) is responsible for:

- Communicating and coordinating with districts/local bodies/health facilities and other stakeholder partners to collect information and follow-up on potential public health emergencies for the preparation of situation reports.
- Generating first information reports on public health events/emergencies and reporting them to the WHE FMO and the supervising health authority.
- Updating databases on human as well as logistic and financial resources in close coordination with hub and satellite hospital networks and national/provincial/district/local health authorities. This is done for utilization during the different phases of the health security emergency risk management cycle.

The driver is responsible for:

- Transporting authorized personnel, visitors, and delegates to identified locations within the duty station.
- Translating basic conversations from/to the local language.
- Performing messenger functions, such as delivering various items/commodities, including diplomatic pouches following authorized routing.

Depending on the province, some of the PHEOCs also have government staff working closely with WHO personnel. This has been described in the individual province profile.

### **Logistic Management Section and Electronic-Logistics Management Information System (eLMIS)**

The Logistics Management Section is one of the four units of the Management Division. It is responsible for collecting and analyzing quarterly logistics management information system (LMIS) reports from all the health facilities across the country. The Logistics Management Section prepares reports and disseminates information in order to:

- Forecast the annual requirements for public

health programs, including family planning, maternal, neonatal and child health, HIV and AIDS commodities; vaccines; and essential drugs.

- Help ensure demand and supply of drugs, vaccines, contraceptives, and essential medical and cold chain supplies at all levels.
- Quarterly monitor the national pipeline and stock levels of key health commodities.

The LMIS combines forms and procedures required for collecting and organizing logistic information. It gathers data on the quantities of products dispensed to users, stock levels, stock losses, batch, and expiry, among others. Additionally, it circulates this information, which is required for supply chain management, through the system. The LMIS is an effective tool for inventory control and waste reduction; it also helps in rational as well as decentralized decision-making at federal, provincial, and local levels.

In addition, the LMIS helps to determine order quantities at the facility level; supervise and monitor stocks at the district/provincial level; and forecast, procure, monitor as well as distribute supplies at the federal level.

As for the e-Logistics Management Information System, it was found that all 55 COVID-designated health facilities had received eLMIS training. However, it came to light that only 33 percent of the hospitals/labs had been providing weekly COVID supply updates. Procurement of commodities is done at different levels: provincial, rural/municipality as well as that of the health facility. Therefore, it is essential for the health facilities, which receive the supplies, to track the data on the availability of commodities. A lack of timely updates on the eLMIS makes forecasting and quantification of supplies difficult. Moreover, the supply of required commodities cannot be ensured in the absence of eLMIS data.

### **Establishment of health desks at Points of Entry**

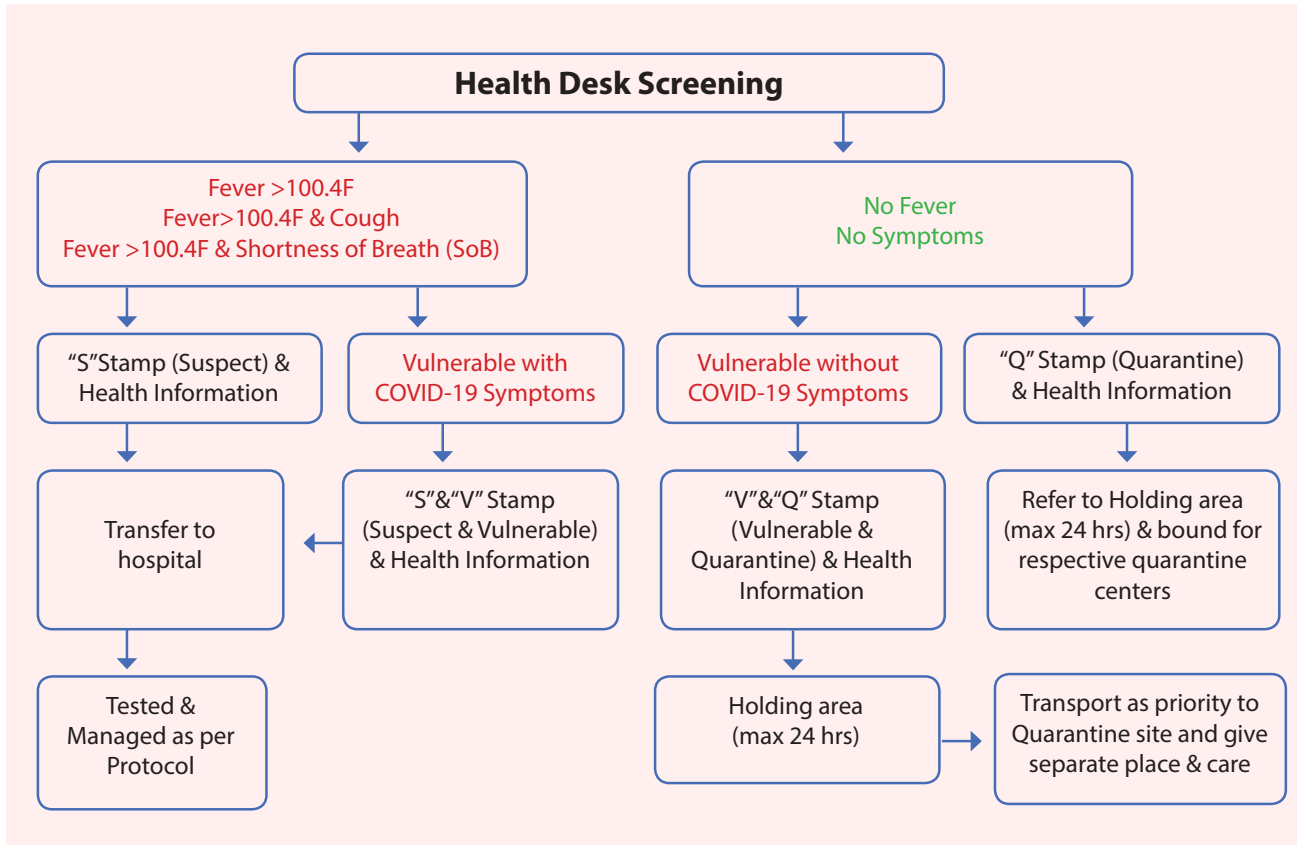
Nepal is surrounded by India on three sides, and the two countries share a 1,751 km long open border. However, due to the COVID-19 crisis, the borders have been sealed, and thousands of out-of-work Nepali migrants are still stuck in India. The Government of Nepal recently announced that 20 border entry points would be opened

for them to return home. The mass movement that the government decision might lead to will require an effective COVID-19 response preparation and management for returnees, including registration and screening at health desks at points of entry, and proper organization of transportation and quarantine.

The key tasks of the health desks are:

- a. Screening
- b. Registering
- c. Triaging, and
- d. Transferring to appropriate settings

The health desk-screening flowchart is given below:



The first step in the process will be temperature screening. Next, the returnees will be observed and asked if they have been showing COVID-19 symptoms. Suspected cases will be given an ‘S’ (Suspect) stamp; their basic information will be captured through a screening form, after which they will be ushered to a waiting area for transfer to a hospital for testing and management, as per protocol. Similarly, suspect cases with co-morbidities or vulnerable conditions will be given ‘S’ and ‘V’ (Vulnerable) stamps. Their basic information will be captured through a screening form, and they will be ushered to the waiting area for transfer to a hospital, where

they will be tested as priority and managed as per protocol. Those with normal temperatures and no symptoms will be given a ‘Q’ (Quarantine) stamp for transportation to a holding center for normal quarantine. Travelers with normal temperature and no symptoms but with co-morbidities or vulnerable conditions will be given ‘Q’ and ‘V’ stamps. They will be sent to a holding center for vulnerable quarantine where they will be provided with enhanced care and support. Each person will be given a colored card/sticker identification card, which they will have to present at their respective facilities.



## GANDAKI PROVINCE

Gandaki Province comprises of 11 districts, 1 metropolitan city, 26 urban municipalities and 58 rural municipalities. It has 607 public health facilities including 2 hub hospitals, 14 hospitals, 24 primary health centers, 492 health posts, 34 urban health centers, 32 community health units and 12 other health facilities.

### 5.1 HUMAN RESOURCES AVAILABILITY AT PHEOC

The workforce at Gandaki Province includes one Field Medical Officer (FMO), two COVID Surveillance Assistant (CSA) and one Information Management Assistant (IMA). The workstation is single with one meeting room. The storage facility and archival room facility is not available. Nevertheless, internet facilities and power back up through generator and solar panel is available.

Currently there are no other government staff within the PHEIC.

### 5.2 REPURPOSING OF INSTITUTIONS FOR COVID-19 TREATMENT

Amidst the COVID-19 pandemic, 36 institutions of Gandaki Province that includes 6 training centers and 36 health facilities is being presumed to be converted to COVID-19 wards, for isolation and treatment of cases.

Number of training centers developed	4
Number of potential health facilities	32
Number of Institutions that can be converted to COVID-19 wards	36

The name of health facilities, their level, year of construction and bed capacity that is presumed on being repurposed for COVID-19 pandemic in this province are given in the table below:

**Table 21: Health facilities, their level, year of construction and bed capacity repurposed for COVID-19**

Health Facility Name	Year of Construction	No. of Beds	After repurposing	Categorised level
<b>Baglung District</b>				
Burtibang PHCC		15	38	Primary Hospital A 2
Kusmisera PHCC / PH	2064	12	29	Primary Hospital B 2
<b>Gorkha District</b>				
Aaruchanuate PHCC / PH	PHCC 2066/067	12	29	Primary Hospital B 3
Jaubari PHCC / PH	PHCC 2063/064			Primary Hospital B 3
<b>Kaski District</b>				
Shishuwa PHCC		15	38	Primary Hospital B 2
Kristi PHCC / PH	PHCC 2064/065	12	29	Primary Hospital B 3
Bhedabari PHCC / PH	PHCC 2061/062, BEOC 2068/069			Primary Hospital B 2
<b>Lamjung District</b>				
Chandreswor PHCC / PH	2064/065	12	29	Primary Hospital B 3
Gauda PHCC / PH	2067/068	12	29	Primary Hospital B 3
<b>Manang District</b>				
<b>Mustang District</b>				
Lete PHCC / PH	2061/062	5		Primary Hospital B 3
<b>Myagdi District</b>				
Darwang PHCC / PH	PHCC 2061/062, BEOC 2068/069	5		Primary Hospital B 3

Health Facility Name	Year of Construction	No. of Beds	After repurposing	Categorised level
<b>Nawalparasi District</b>				
Dumkauli PHCC / PH	PHCC 2061/062			Primary Hospital A 1
Chormara PHCC / PH	BC in PHCC 2065/066, 2065 (check)	12	29	Primary Hospital B 3
Bulingtar PHCC / PH	BEOC 2062/063, PHCC 2063/064			Primary Hospital B 1
<b>Parbat District</b>				
Lunkhu Deurali PHCC / PH	2065/066	12	29	Primary Hospital B 3
Thulipokhari PHCC / PH	PHCC 2061/062, BEOC 2068/069			Primary Hospital B 3
<b>Syangja District</b>				
Garhaun Ghyangling PHCC / PH	BEOC -2066/067			Primary Hospital B 2
Malanga PHCC / PH	PHCC 2061/062, BEOC 2068/069			Primary Hospital B 3
Panchamul PHCC / PH	PHCC 2067/068	12	29	Primary Hospital B 3
<b>Tanahu District</b>				
Purandihi PHCC	PHCC 2064/065	12	29	Primary Hospital B 3
<b>Total</b>		<b>148</b>	<b>337</b>	

### 5.3 eLMIS REPORTING STATUS

Regarding eLMIS reporting status of Gandaki Province, none of the designated COVID-19 labs/hospitals with eLMIS access has updated eLMIS weekly. eLMIS reporting status of COVID-19 designated hospitals/labs in this province is summarized in the table below:

<b>Gandaki Province eLMIS update data</b>	
No. of COVID-19 designated labs/hospitals updating eLMIS weekly	0
No. of COVID-19 designated labs/hospitals not updating eLMIS weekly	3
No. of COVID-19 designated labs/hospitals without eLMIS access	N/A

The last login details of COVID-19 designated labs/hospitals in this province are as follows:

S. No.	Hospitals/Labs	Last log in details	Last transaction date
1	PAHS	9-Jul-2020	14-June-2020
2	Provincial Public Health Laboratory	20-Nov-2020	20-Nov-2020
3	Baglung Hospital	7-Oct-2020	11-May-2020

### 5.4 ESTABLISHMENT OF HEALTH DESK AT POINT OF ENTRY (POE)

EDCD has not allocated budget to establish health desks in Gandaki Province for this fiscal year.

6



## **PARTNER COORDINATION**

# 6

## PARTNER COORDINATION

### RISK COMMUNICATION & COMMUNITY ENGAGEMENT

**Distribution of IEC/BCC materials** at the health facility level and public institutions, including posters, leaflets, brochures and reprinting of materials by NHEICC.

**Audio-Visual Communication** including public service announcements on FM stations and establishment of a hotline to provide service to municipalities on COVID-19 relief/response services.

**Web portal and mobile application** with Ministry of Health for epidemic surveillance and response.

**Partners:** ACF, AIN, FAIRMED, FHI 360, HI, KOSHISH, Plan International, VSO, World Vision International, UNICEF, UNFPA, WHO, Ncell/NTC, IOM, GF/SF, Water Aid, IFRC/NRCS, ILO, DFAT, WB

### NATIONAL LABORATORIES

**Capacity building** including training of trainers on PPE use/IPC and sample collection, packaging and transport for COVID-19 to lab staff from diagnostic sites.

**Procurement and handover** of over 100,000+ RT-PCR test kits to MoHP.

**Partners:** FAIRMED, FHI 360, KOICHA, The Global Fund/Save The Children, UNICEF, USAID, WHO, DFID, Gates Foundation

### POINTS OF ENTRY, INTERNATIONAL TRAVEL AND TRANSPORT

**Capacity Strengthening and Establishing health desks** located at multiple POEs for screening of returning migrants. The measures taken will contain, improve and propose a model for better

management of the WASH facilities, making PPE items and noncontact thermometers available for screening at the POEs.

**Partners:** Community Action Nepal, Nepal Redcross Society, Plan International, UNICEF, USAID, World Vision International, IOM, WHO.

### INFECTION PREVENTION AND CONTROL

**Distribution of PPE and commodities** including alcohol based hand rub, IR thermometer, liquid hand washing soap, soap dispensers, disposable gowns, head protectors, sterile and non-sterile gloves and surgical gloves, disinfectants, testing kits (including RT PCR), KN95 Masks, surgical masks, and eye goggles.

**Support to caregivers and healthcare workers** including training of trainers (ToT) on PPE use/IPC and sample collection, packaging, and transport for COVID19 to lab staff from diagnostic sites.

**Risk assessment and preventative education** in support of caregivers and communities on COVID-19.

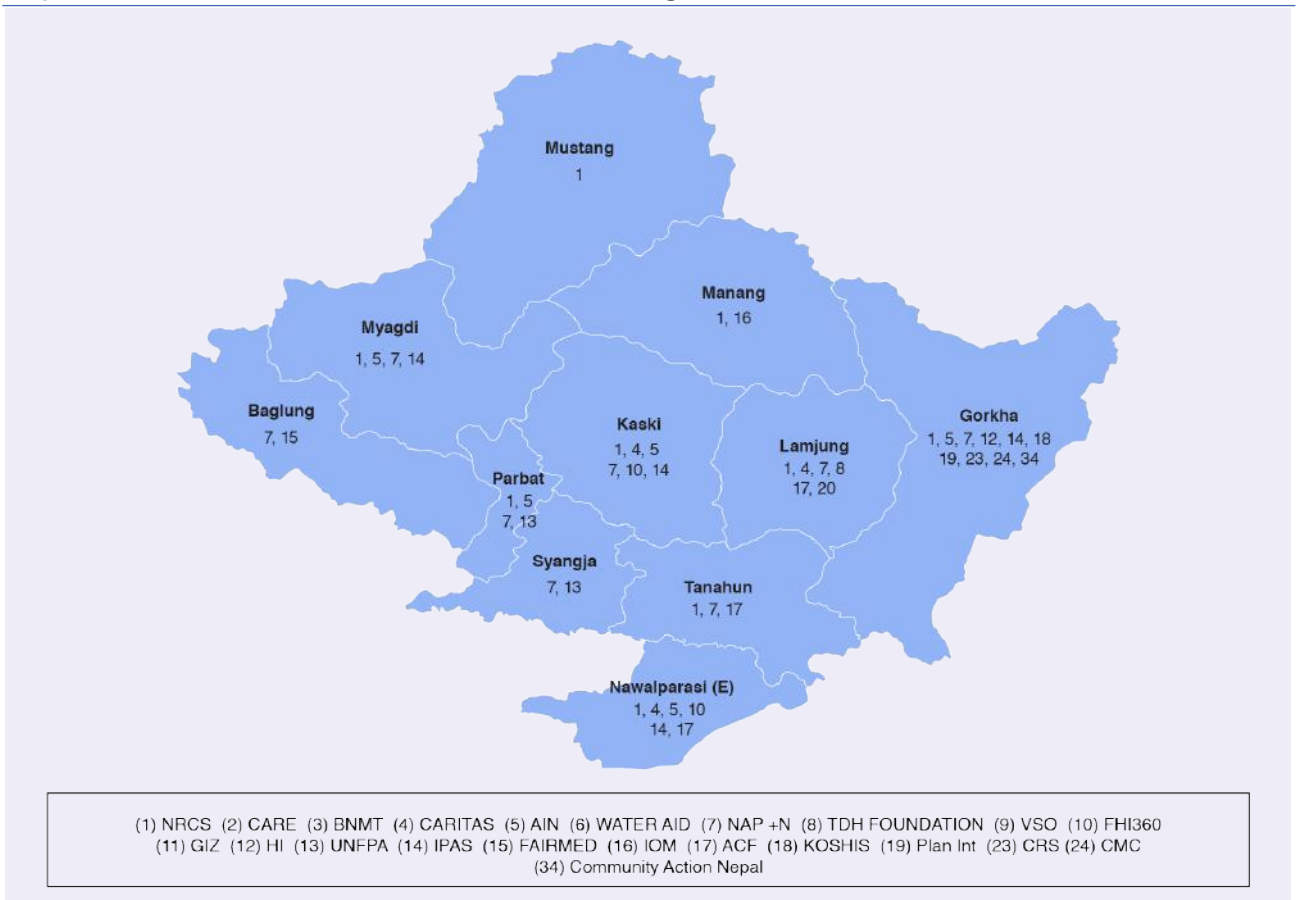
**Partners:** ACF, AIN, Caritas, CRS, FAIRMED, FHI 360, HI, KOICHA, NAP+N, IFRC/Nepal Redcross Society, Plan International, The Global Fund, WHO, GIZ, CMDN, USAID, UNFPA, Oxfam, UNFPA, WB, GAVI, DFID, Water Aid

### CASE MANAGEMENT

Orientation for caregivers/health workers of COVID patients with disabilities on how to provide personal assistance during the treatment period.

**Partners:** AIN, HI, WHO, USAID, GIZ, UNICEF, IOM, DFID, WB

**Map 13: Provincial UN Focal Point – World Health Organization (WHO)**



## EPIDEMIOLOGY CASE INVESTIGATION AND CONTACT TRACING (CICT)

**Assessment of Quarantine sites** via real time data collection using KOBO. Partner support in Gandaki Province also includes a Case Investigation and Contact Tracing (CICT) training package developed with the support of master trainers from NHTC and EDCD.

**Capacity strengthening support** including a mobile based training for health workers and female Community Health Volunteers (FCHVs).

**Partners:** FAIRMED, UNICEF, USAID, IOM, GIZ, IFRC/NRCS

## OPERATIONAL SUPPORT AND LOGISTICS

**Establishment of structures** including temporary health desks and physically accessible Quarantine Centres and Isolation wards.

**Quarantine facility support,** establishment of washing stations and other key structures at health facilities.

**Partners:** AIN, FAIRMED, FHI 360, HI, IPAS, Nepal Redcross Society(NRCS), Nick Simmons Foundation International(NSI), Plan International, UNFPA, UNICEF, USAID, World Vision International, ADB, IOM, DFAT

## MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

**Communications and Telehealth** including dissemination of psychosocial information through media, individual tele-counseling and mental health services from mental health experts, including assigned experts and experienced psychosocial counsellors, via a toll-free number.

**Psychological First Aid** (at quarantine and isolation centres) through telehealth and through socially distanced support.

**Capacity building and stress management** to the frontline workers, health workers, security forces and I/NGO staff which includes providing a Training of Trainers (ToT) on stress management. This includes supervision and coaching to medical officers in project implemented districts.

**Radio programs broadcast** on psychosocial and mental health related topics, which includes 2 episodes per week of Jiwan Rakchya airing on CIN, and 3 episodes (2 on children's and 1 in GBV issues) produced and broadcasted.

**Supply of psychotropic medicines** in support of psychiatric service and in coordination with concerned municipalities and health facilities.

**Partners:** CMC, KOSHISH, Nepal Redcross Society

## CONTINUITY OF ESSENTIAL MEDICAL SERVICES

**Human resource support** for HIV programming for COVID19.

**Financial support** providing essential medical items for spinal cord injury patients.

**Partners:** FAIRMED, HI, KOSHISH, Nick Simmons Foundation International, UNICEF, USAID, ADB, UNFPA, DFAT, WVIN, IPAS, GIZ

## WATER AND SANITATION HYGIENE (WASH)

**Technical assistance to MoHP** Management Division in support of Water, Sanitation and Hygiene programming for Healthcare facilities.

**Construction of handwashing stations** placed in strategic positions throughout Gandaki Province's health facilities.

**Partners:** UNICEF, KIRDARC, ENPHO, RVWRMP, NEEDS, RDC, SAC, BEE, BWSN, Campaign, JJYC, CDS, Everest Club, FOHRen, HRDC, IDS, JIDS, Kopila valley, KVS, Lumanti, MCDC, NBS, PACE, PRAG, PTYSM, RDC, Relief Nepal, RRPK, RYC, Sabal, SAC, SAHAS, SUYUK, WEL, GWT, UN-Habitat, UNDP, WFP, IOM, WHO, Nepal Red Cross Society, British Red Cross, ACF, AAN, Blinknow, Care, CRS, CAWST, DCA, DFAT, Felm, GiZ, GNI, Helvatas, LWF, Mercy Corps, NCV, Oxfam, Phase, Plan Int., Practical Action, Save the Children, USAID, Water Aid, WHH, WVI, WTW, ME, SNV

## COORDINATION PLANNING AND MONITORING

**Coordination and planning** between federal, provincial and local government for the provision of female-friendly COVID-19 quarantine facilities.

**Policy and planning strengthening** through technical support to the Nepal Law Society, resulting in the hosting of discussions with the Legislation Management Committee of the National Assembly on the amendment of the Contagious Diseases Act. Partners seek to support amendment of the law, which will provide federal, provincial and municipal governments with greater clarity on their roles and functions in response to managing epidemics such as COVID-19.

**Partners:** FAIRMED, HI, The Global Fund/ Save The Children, UNICEF, USAID, GIZ, DFID, UNFPA, WHO, DFAT, GF/SCI, IFRC/NRCS, CG, EU

## PROVINCEWIDE SUPPORT

**Partners:** WHO, GIZ, GF/SCI

## NATIONWIDE SUPPORT

**Partners:** ADB, ADRA Nepal, Chaudhary Group, CMDN, DFAT, DFID, EU, FHI 360, Gates Foundation, GAVI, GIZ, ILO, IOM, Ncell, Nick Simmons Foundation Institute, The Global Fund/ Save the Children, UNICEF, WHO, World Bank, German Dev. Cooperation / KfW, KOICA, SDC, USAID, UNFPA, UNDP, WFP

# ANNEXES

## Annex 1: Radio Station available in Gandaki Province

S.N	Station Name	Freaquency	Watt	District	Contact Person	Number
1	Vijaya FM	101.6 MHz	2000	Nawalparasi (East)	Bhumiraj Chapagain	9855056802
2	Madhyabindu FM	101 MHz	500	Nawalparasi (East)	Ramesh Bastakoti	9857040319
3	Radio Daunne	103.4 MHz	500	Nawalparasi (East)	Shudarsan Pokhrel	9851068053
4	Radio Parasi	90.2 MHz	500	Nawalparasi (East)	Meghraj Gautam	9857080936
5	Radio Sunwal	87.8 MHz	100	Nawalparasi (East)	Bishnu Prashad Poudel	9857027897
6	Baglung FM	96.4MHz	500	Baglung(East)	Hari Sharma	9841689674
7	Radio Galkot	102.4 MHz	100	Baglung(East)	Shree Raj Thapa	9756700009
8	Radio Paribartan	91 MHz	100	Baglung(East)	Lok Bdr. Sunar	9847633780
9	Radio Bihani	89 MHz	100	Baglung(East)		
10	Radio Mustang	89.0 MHz	100	Mustang	Jhanka Paudel	9857650107
11	Radio Gorkha	92.8 MHz	500	Gorkha	Kishor Jung Thapa	9846042655
12	Radio Manakamana	102.4 MHz	100	Gorkha	Pratap Gurung	9851105480
13	Radio Manaslu	103.9 MHz	100	Gorkha	Bishnu Devkota	064-421477
14	Gorkhali Radio	106 MHz	100	Gorkha	Shanti Gurung	9856024137
15	Manakamana FM	98.7 MHz	100	Gorkha	Saroj Shrestha	9815106801
16	Radio Barpak	96.4	100	Gorkha		
17	Madi Seti FM.	105.8 MHz	1000	Tanahu	Rajiv lal Shrestha	9856060001
18	Radio Damauli FM	94.2 MHz	500	Tanahu	Gopal bhandari	9856060075
19	Radio Bhanubhakta	104.2 MHz	100	Tanahu	Raj K. Shr	9804165328
20	Radio Mero Sathi	107.2 MHz	100	Tanahu	Bipin Malla	9851024519
21	Radio Tanahun	97.2 MHz	1000	Tanahu	Srijana	9846183242
22	Radio Devghat	102.6 MHz	100	Tanahu	Nabin Raj Poudel	9851029885
23	MeroSathi FM	107.2 MHz	1000	Tanahu	Sankhaman Shrestha	9846179913
24	Radio Myagdi	104.4 MHz	100	Myagdi	Yam kumari K.C	9857640712
25	Myagdi kali FM	88.2 MHz	500	Myagdi	Ashika Malla	9847609303
26	Radio Aandhikhola	105.4 MHz	250	Syangja	Dhurba P.Sharma	9856055144
27	Radio Syangja FM	89.6 MHz	500	Syangja	Hemraj Aryal	9846039183
28	Radio Waling	89.2 MHz	100	Syangja	Yam Prasad Panday	9856031433
29	Radio Chapakot	91.6 MHz	500	Syangja	Padam Bhadari	9851084281
30	Radio Marsyangdi	95.0MHz	500	Lamjung	Gham Prasad	9841046136
31	Radio lamjung	88.4 MHz	100	Lamjung	Raj kumar panday S.M	9856024515
32	Radio Chautari FM	91.4 MHz	500	Lamjung	Krishna Adhikari	9856045258 9856045043
33	Radio Parbat	103.6 MHz	100	Parbat	Sankhar Sarma	9840069764
34	Radio DidiBahini	95.2 MHz	500	Parbat	Kalpana Sharma joshi	9851143743
35	Radio Shaligram	100.6 MHz	500	Parbat	Om Ghayal	9857623677
36	Radio Kusum	90 MHz	100	Parbat	Subash PAnta	9847661586
37	Himchuli FM	92.2MHz	500	Kaski	Dilip Rai	9856026717

S.N	Station Name	Freauency	Watt	District	Contact Person	Number
38	Radio Sarangkot	104.6MHz	250	Kaski	Arjun Bahadur Basnet	9856030700
39	Radio Gandaki	90.2 MHz	1000	Kaski	Ghansyam Panday	9846040130
40	Radio Lekhnath	106.6 MHz	100	Kaski	Ganga Lal	9806760351
41	3 Angels Radio	94.6 MHz	1000	Kaski	Ganesh Kumar Shrestha	9856034991
42	Radio Hemja	88.5 MHz	100	Kaski	Parshuram Adhikari	9846381370
43	Gurkhali Radio	106 MHz	100	Kaski	Shanti Gurung	9856024137
44	Radio Sarthak		100	Kaski		



**Annex 2: Available newspaper in the Gandaki Province**

S.N	Name of the newspaper	District	Province	Type	Outreach	Grade
1	Pokharapatra Dainik	Kaski	4	Daily	Province	Kha
2	Adarsha Samajh Dainik	Kaski	4	Daily	Province	Ka
3	Samadhan Dainik	Kaski	4	Daily	Province	Ka
4	Hindudh Dainik	Kaski	4	Weekly	province	Ka
5	Pokhara Hotline Dainik	Kaski	4	Weekly	local	Ka
6	Sarankot Saptahik	Kaski	4	Weekly	province	Kha
7	Fewa Post Saptahik	Kaski	4	Weekly	Local	Ka
8	Arashi Times Saptahik	Kaski	4	Weekly	Local	Kha
9	Himali Awaj Saptahik	Kaski	4	Monthly	Local	Kha
10	Pokharaya Bhintuna Saptahik	Kaski	4	Daily	Province	Kha
11	Daraudi Dainik	Gorkha	4	Daily	Province	Ka
12	Suruwat Dainik	Gorkha	4	Weekly	Local	Kha
13	Sunaulo Khabar Saptahik	Gorkha	4	Daily	Local	Ga
14	Pradeshik Khabar Dainik	Tanahun	4	Daily	Province	Kha
15	Madiseti Prawaha Dainik	Tanahun	4	Daily	Local	Kha
16	Bhanjyang Dainik	Tanahun	4	Daily	Local	Kha
17	Damauli Khavar Dainik	Tanahun	4	Daily	Local	Ga
18	Tanahun Udghosh Dainik	Tanahun	4	Daily	Local	Kha
19	Setimadi Dainik	Tanahun	4	Weekly	Local	Ga
20	Byashshri Dainik	Tanahun	4	Daily	Local	Ga
21	Lokwadi Dainik	Tanahun	4	Weekly	Local	Ga
22	Tanahun Awaj Saptahik	Tanahun	4	Weekly	Local	Ka
23	Bihani Khabar Saptahik	Tanahun	4	Weekly	Local	Kha
24	Damauli Express Saptahik	Tanahun	4	Weekly	Local	Ga
25	Khabar Baatika Saptahik	Tanahun	4	Weekly	Local	Kha
26	Kashmiri Saptahik	Tanahun	4	Weekly	Local	Kha
27	Break Thru Saptahik	Tanahun	4	Weekly	Local	Kha
28	New Kaligandaki Dainik	Parbat	4	Daily	Local	Ga
29	Subha Sandesh Saptahik	Parbat	4	Weekly	Local	Ka
30	Modikali Saptahik	Parbat	4	Weekly	Local	Ka
31	Nispaxhya Abhimat Saptahik	Parbat	4	Weekly	Local	Ga
32	Artha Bit Saptahik	Parbat	4	Weekly	Local	Ga
33	Dhaulagiri Sanchar Saptahik	Parbat	4	Weekly	Local	Ga
34	Parbat Khabar Saptahik	Parbat	4	Weekly	Local	Kha
35	Falebaash Saptahik	Parbat	4	Weekly	Local	Kha
36	Samudaye Ra Shrijana	Parbat	4	Trimonthly	Local	Kha
37	Kaliko Suseli Traimashik	Parbat	4	Weekly	Local	Ka
38	Nawomadhuri Traimashik	Parbat	4	Weekly	Local	Withheld
39	Dhaulagiri Jagarand Dainik	Baglung	4	Daily	Local	Ka
40	Muktichetra Dainik	Baglung	4	Daily	Local	Withheld
41	Dhorpatan Dainik	Baglung	4	Weekly	Province	Ka
42	Agrashar Saptahik	Baglung	4	Weekly	Local	Kha
43	Parisuchan Saptahik	Baglung	4	Weekly	Local	Withheld
44	Dhaulagiri Star Saptahik	Baglung	4	Weekly	Local	Ka

S.N	Name of the newspaper	District	Province	Type	Outreach	Grade
45	Galkotpatra Saptahik	Baglung	4	Weekly	Local	Kha
46	Kalika Saptahik	Baglung	4	Weekly	Local	Withheld
47	Jananigarani Saptahik	Baglung	4	Weekly	Local	Ga
48	Himalpariko Awaj Saptahik	Mustang	4	Weekly	Local	Ka
49	Rupse Dainik	Myagdi	4	Daily	Local	Kha
50	Myagdi Sanchar Saptahik	Myagdi	4	Weekly	Local	Kha
51	Nawabikalpa Saptahik	Myagdi	4	Weekly	Local	Kha
52	Samrida Saptahik	Myagdi	4	Weekly	Local	Kha
53	Lamjung Darpad Dainik	Lamjung	4	Daily	Local	Kha
54	Lamjung Jagarand Saptahik	Lamjung	4	Weekly	Local	Withheld
55	Antaranga Saptahik	Lamjung	4	Weekly	Local	Ka
56	Lamjung Ratna Saptahik	Lamjung	4	Weekly	Local	Ga
57	Swotatra Shakti Saptahik	Lamjung	4	Weekly	Local	Ga
58	Lamjung Patra Saptahik	Lamjung	4	Weekly	Local	Ga
59	Lamjung Awaj Saptahik	Lamjung	4	Weekly	Local	Kha
60	Syangja Sandesh Saptahik	Syanja	4	Weekly	Local	Kha
61	Public Awaj Saptahik	Syanja	4	Weekly	Local	Kha
62	Galyang Post Saptahik	Syanja	4	Weekly	Local	Withheld
63	Jyagadi Kholako Taranga	Syanja	4	Trimonthly	National	Ka
64	Aargakhachi Times Saptahik	Arghakhachi	4	Daily	Local	Withheld

**Annex 3: Spokesperson for COVID-19 designated hospitals in Gandaki Province**

S.N	Name	Designation	Organization	Contact	email
1	Dr Manoj Ghimire	Medical Superintendent	Beni Hospital, Myagdi	985762188	benihospital.adm@gmail.com
2	Dr Sunil Raj Gauta,	Office Chief	Madhyabindu Hospital, Nawalpur	9840077913	gtmsunilraj@gmail.com
3	Dr Sushil Marasini	Office Chief	District Hospital, Syangja	9856053239	sushilmarasini@gmail.com
4	Dr Pratibha Goli	Medical Superintendent	Matrishu Miteri Hosptial, Kaski	9849393255	pratibhagauli@gmail.com
5	Mr Hemanta Shrestha		District Community Hospital, Lamjung	9841451448	meethemantass@gmail.com
6	Dr Nabin Thapa		District Hospital, Gorkha	9856010918	docgorkhahospital@gmail.com
8	Dr Pravin Ghimire	Medical Superintendent	District Hospital, Manang	9861242783	manang.dh@gmail.com
9	Dr Sunil Poudyal	Medical Superintendent	Damauli Hospital, Tanahun	9841461595	drsunilpoudel@gmail.com
10	Dr Shiva Bhandari	Medical Superintendent	District Hospital, Mustang	9849467563	jomsomhospital@gmail.com
11	Dr Sishir Devkota	Medical Superintendent	District Hospital, Parbat	9857621119	parbathospital@gmail.com



Government of Nepal  
**Ministry of Health and Population**



**World Health  
Organization**  
Nepal