

2020

PROVINCIAL PROFILES

LUMBINI 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

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.

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.

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).

1.3 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

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.

1.4 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

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.

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

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

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

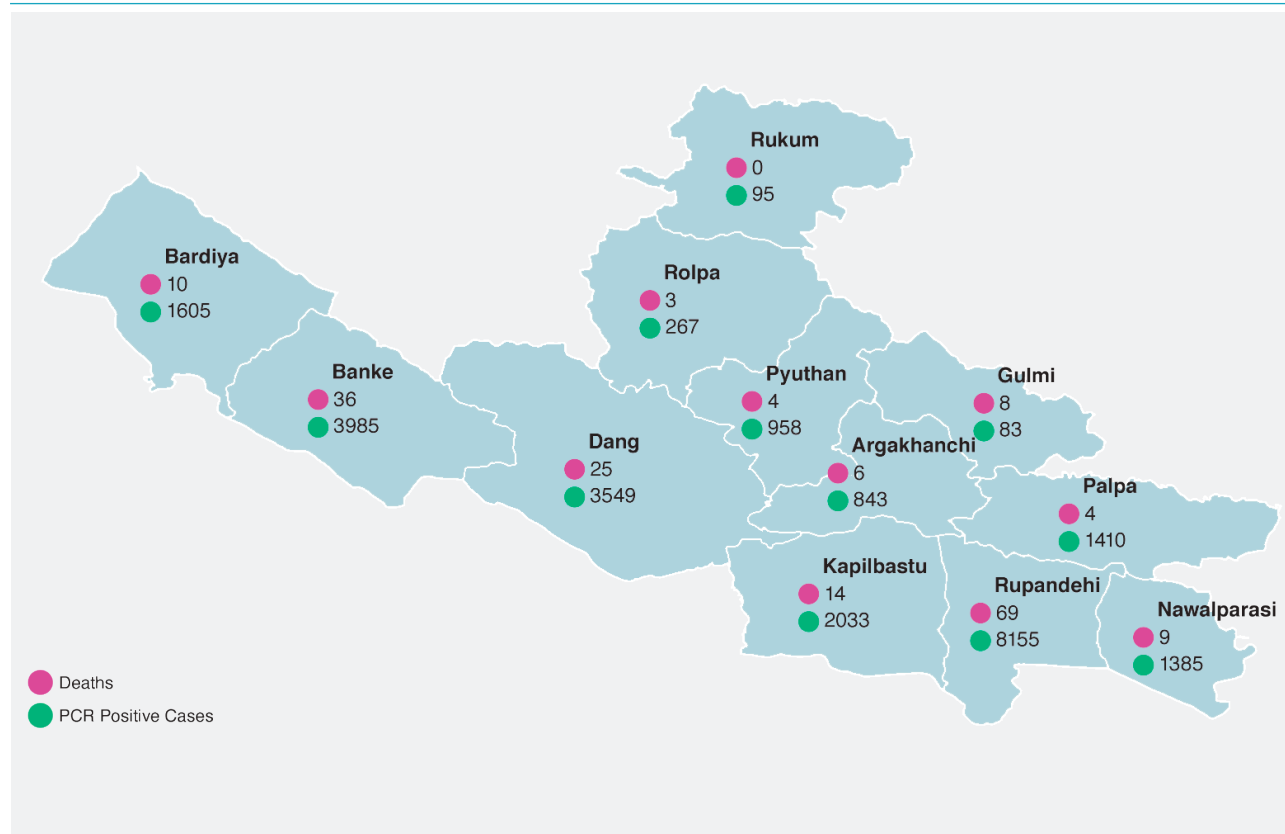
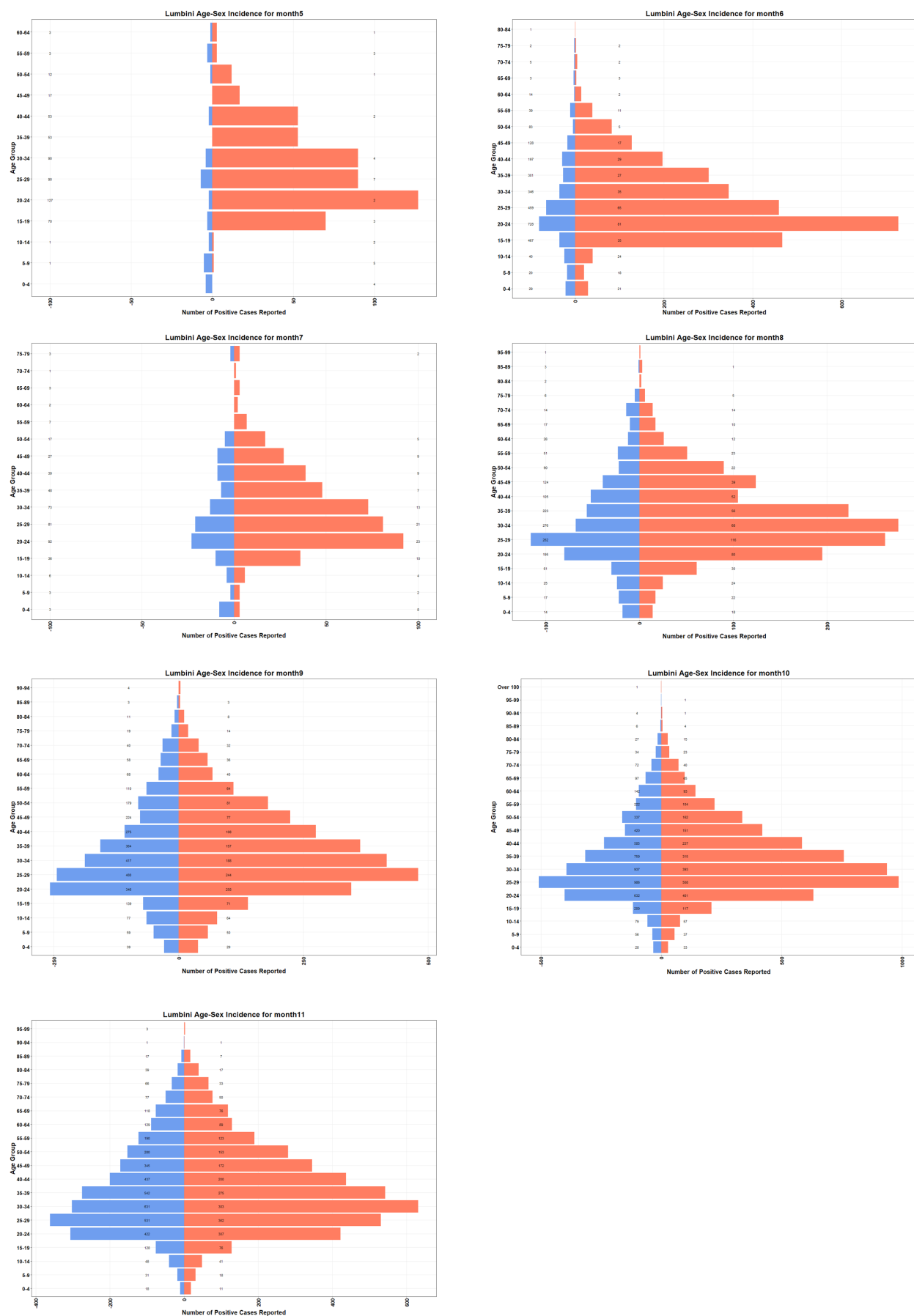


Figure 1: Changing Age-Sex pattern of cases – (April – November)

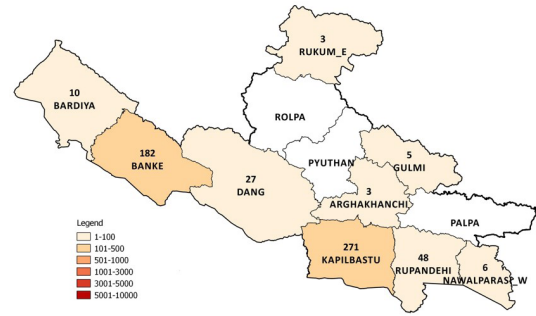
Sex: ■ Female ■ Male



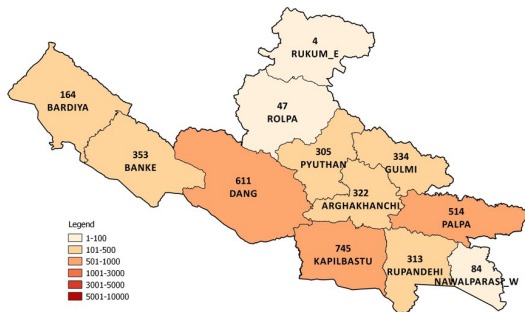
Map 2: Cumulative Case Incidence by Month – April 2020



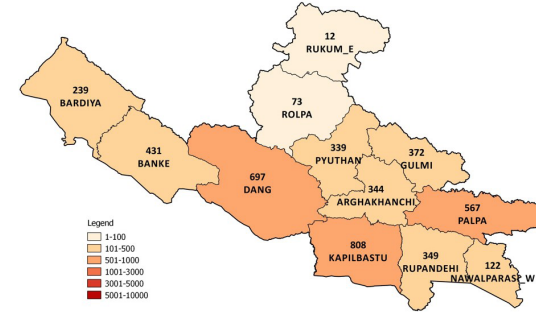
Map 3: Cumulative Case Incidence by Month – May 2020



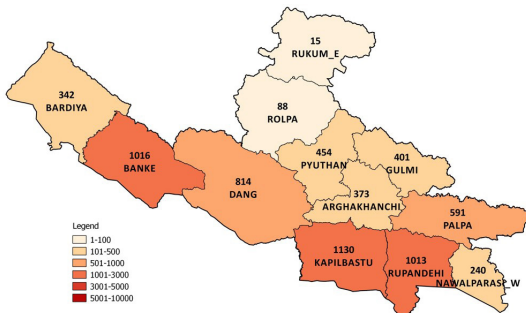
Map 4: Cumulative Case Incidence by Month – June 2020



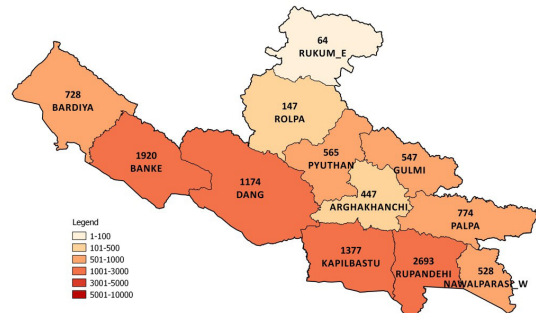
Map 5: Cumulative Case Incidence by Month – July 2020



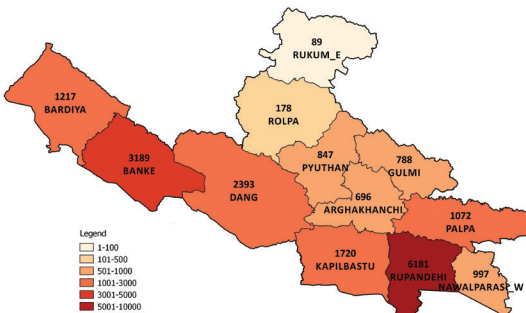
Map 6: Cumulative Case Incidence by Month – August 2020



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

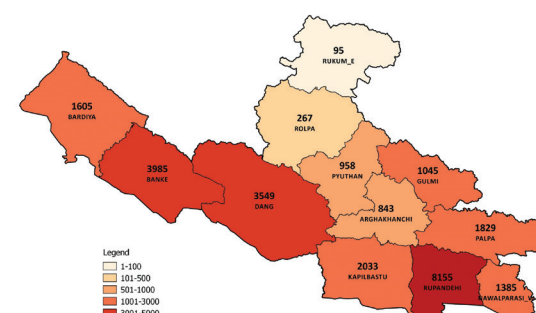
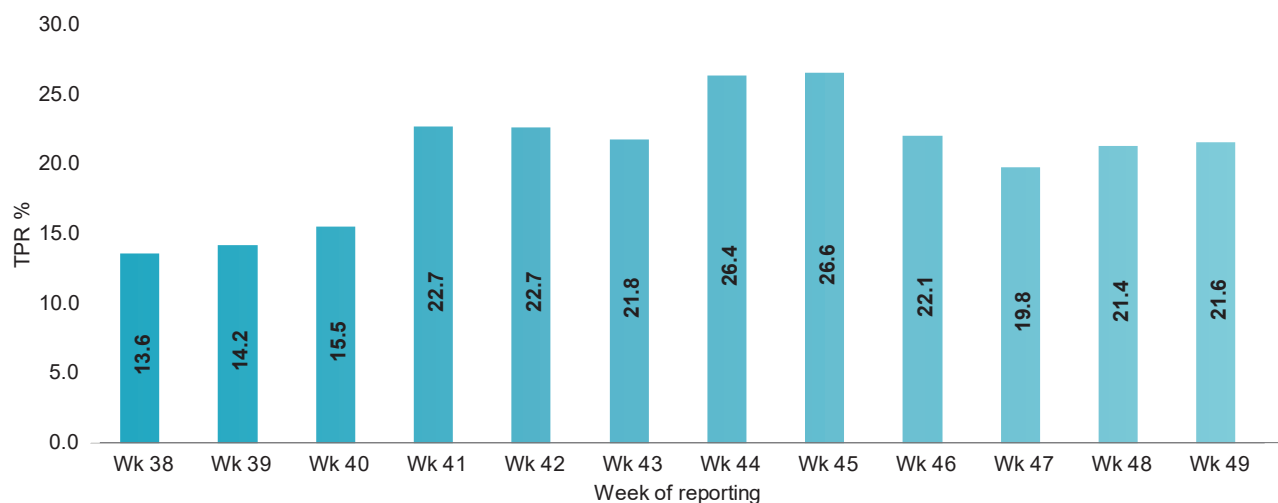
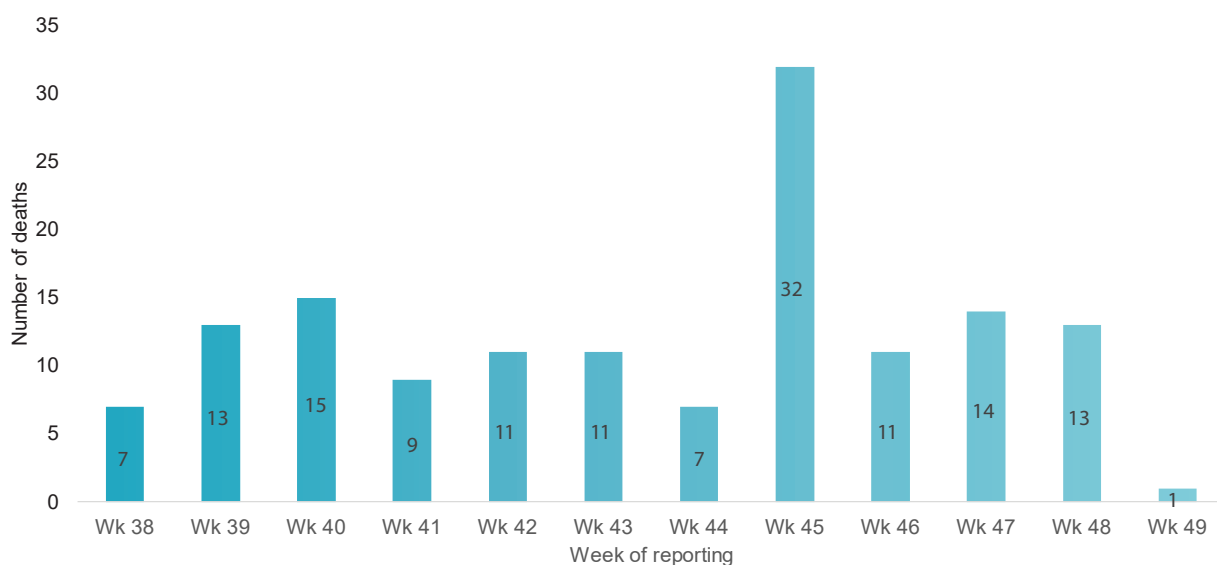


Figure 2: Weekly Test Positivity Rate – (12 weeks)**Figure 3: District Deaths Weekly (12 weeks)**

1.7 SUMMARY

In Lumbini province, Covid-19 cases started being detected in May. A total of 555 cases were detected from 9 districts in May. The number of cases jumped to 3796 in the next month of June affecting all the 12 districts. With a decrease in case detection of only 557 cases in July, a second surge in cases was observed from August with 2124 cases which continued unabated till October with 8403 cases

that month. The number of cases took a slump in November with 6382 cases. The total number of cases in the province is 25749.

- Lumbini province now has an incidence of 515 per lakh population and the range of district level incidence varied between the lows of 2 per lakh in Rukum east to the highs of 80 and 163 per lakh in Banke and Rupandehi districts. There was an upswing in the monthly case incidence per

lakh population in the province. The incidence of cases fell in all the districts in July probably due to unavailability of tests and since August had been constantly rising in all the districts except for Rolpa and Rukum east. November witnessed a fall in incidence in most of the districts but Palpa had an increased incidence.

- The age-sex pattern of the case incidence has been continuously changing in the province. Almost all the age-group started getting affected since May and beginning from an almost wholly male lot, the proportion of females has steadily increased every passing month and now stands at a level of 30% on an average, across most age-groups.
- Lumbini province had no cases reported in the month of April. 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 Rupandehi, Banke and Dang. Together these 3 districts accounted for 61% of all cases in the province. Rupandehi alone reported 32% of the cases with 8155; followed by Banke with 15% of the total at 3985; and the district of Dang accounted for 14% with 3549 cases.
- Lumbini province has two ecozones in its landscape, 6 Terai and 6 hill districts. Since June, there is much increase in cases mainly in its Terai districts of Kapilbastu and Banke

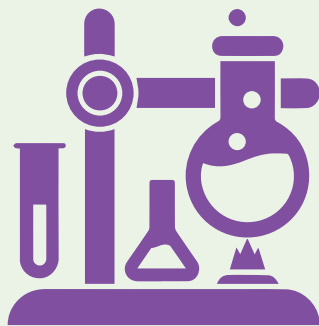
that spread over to include other districts of Rupandehi, Dang, Bardiya, Nawalparasi west and Palpa. The most affected districts have major land crossings with India and trans Nepal highways connecting its hilly districts.

- Lumbini province has 10 laboratories located in the districts of Rupandehi (4), Banke (3), Dang (1), Gulmi (1) and Palpa (1). Quite in consonance with the case load in these districts from higher to lower -Rupandehi to Banke to Dang. The test positivity rates calculated as overall rate of test positives by PCR from amongst the total samples tested were between a low of 13.6% and a high of 26.6% in the province. The rate was consistently over 20% from Week 41 till the recent weeks. The test positivity rates and adjusted test positivity rates indicate that the efficiency of testing strategy was better and predictive since September.
- The total number of deaths in the province is 190 with an overall case fatality of 0.7% and has huge differentials. Rupandehi had a fatality rate of 0.8% with 69 deaths of 8155 cases and Banke had 0.9% with 36 deaths of 3985 cases while Dang had 0.7% with 25 deaths of 3549 cases, closely followed by Kapilbastu at 0.7% with 14 deaths of 2033 cases, Bardiya had only 0.6% with 10 deaths of 1605 cases and Palpa had the least fatality rate of 0.2% with 4 deaths of 1829 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 COVID19 was established in Lumbini Province on 22nd April 2020. As of 4th Nov 2020, a total of 157,198 samples were tested across 8 different laboratories in Lumbini Province.

2.2 COVID-19 LABORATORIES

A total of eleven laboratories were established by either repurposing existing laboratories or building new facilities in makeshift facilities. Of this eleven, six are government run and five are from the private sector as given below.

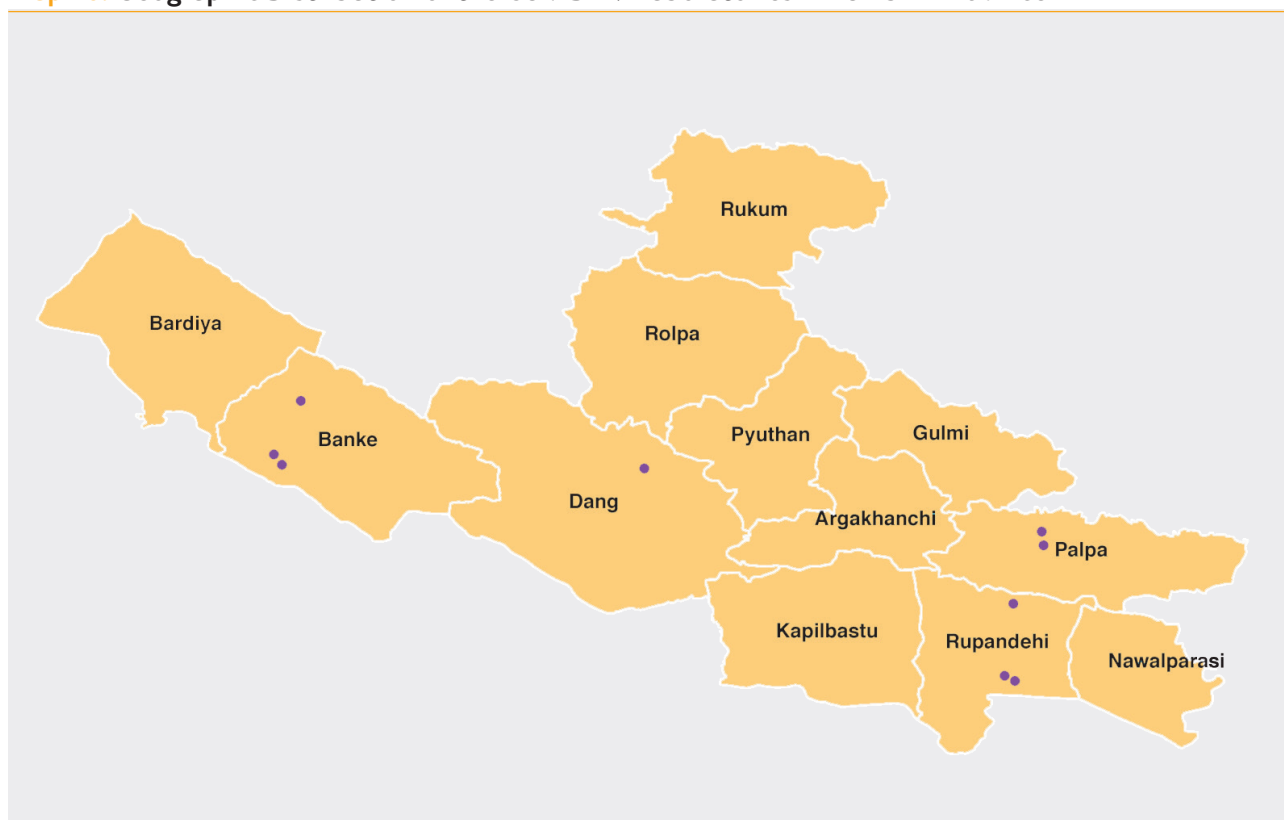
Table 2: Name, location and contact details of the COVID-19 laboratories in Lumbini Province

S.No.	Name of Laboratory	Address	Govt / Private
1	Bageshwari Diagnostic and Polyclinic Centre	Nepalgunj, Banke	Private
2	Bheri Hospital	Nepalgunj, Banke	Govt
3	Gulmi COVID-19 Laboratory	Gulmi	Govt
4	Lumbini Provincial Hospital	Butwal, Rupandehi	Govt
5	Lumbini Medical College and Teaching Hospital	Tansen, Palpa	Private
6	National Path Lab & Research Centre	Butwal, Rupandehi	Private
7	Nepalgunj Medical College	Kohalpur, Banke	Private
8	Palpa Hospital COVID-19 Testing Laboratory	Tansen, Palpa	Govt
9	Provincial Public Health Laboratory-5	Rupandehi	Govt
10	Rapti Academy of Health Sciences	Ghorahi, Dang	Govt
11	Universal College of Medical Sciences	Bhairahawa, Rupandehi	Private

2.3 TESTING CAPACITY OF THE LABORATORIES

Table 3: Testing capacity of COVID-19 laboratories in Lumbini Province

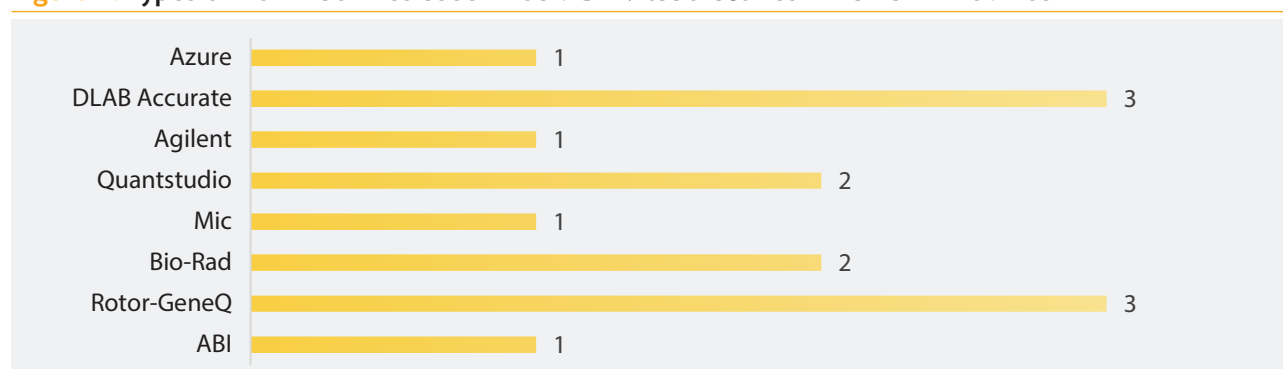
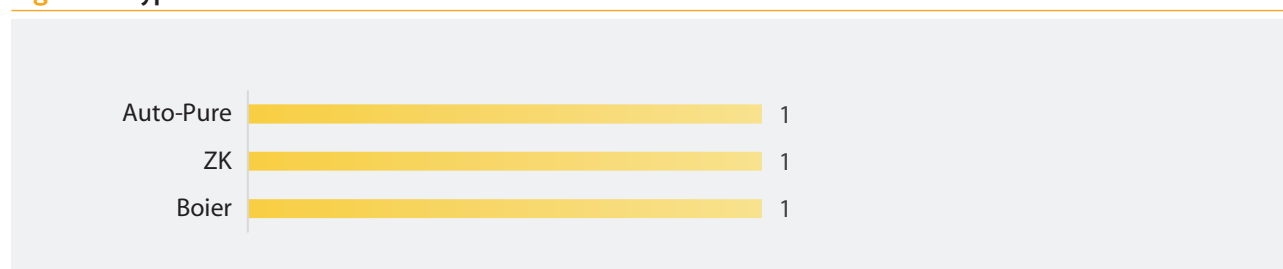
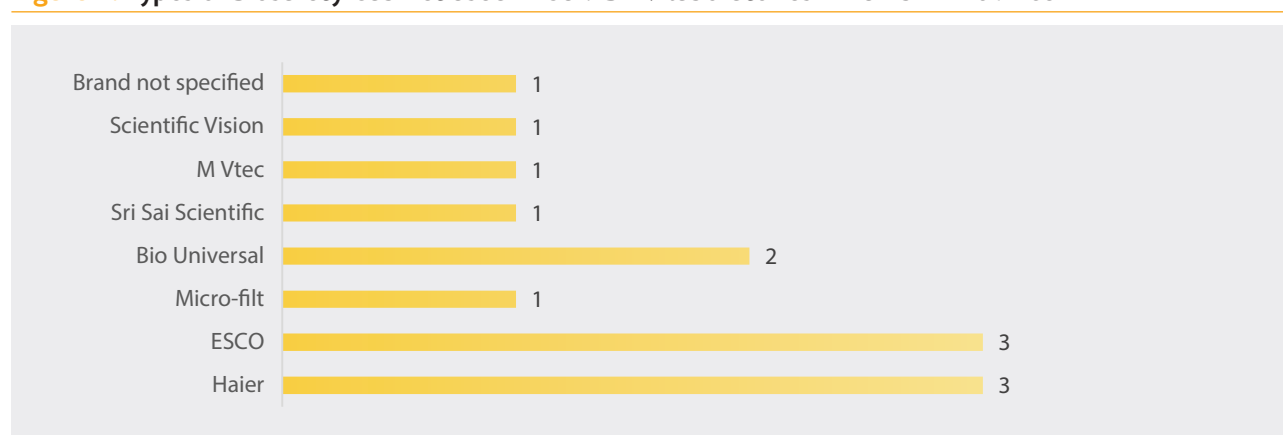
Name of Laboratory	Date of establishment (DD/MM/YYYY)	Estimated Testing Capacity/ day	Maximum PCR tests/ run
Bageshwari Diagnostic and Polyclinic Centre	08/07/2020 (24/03/2077)	600-700	96
Bheri Hospital	18/04/2020 (06/01/2077)	200	72
Gulmi COVID-19 Laboratory	23/09/2020 (07/06/2077)	200	96
Lumbini Medical College and Teaching Hospital	19/10/2020 (03/07/2077)	180	48
Lumbini Provincial Hospital	03/08/2020 (19/04/2077)	250	72
National Path Lab & Research Centre	08/07/2020 (24/03/2077)	1000	96
Nepalgunj Medical College	17/09/2020 (01/06/2077)	300-400	96
Palpa Hospital COVID-19 Testing Laboratory	07/10/2020 (21/06/2077)	96	96
Provincial Public Health Laboratory - 5	22/04/2020 (10/01/2077)	250	96
Rapti Academy of Health Sciences	26/05/2020 (13/02/2077)	180	96
Universal College of Medical Sciences	20/10/2020 (04/07/2077)	300	96

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

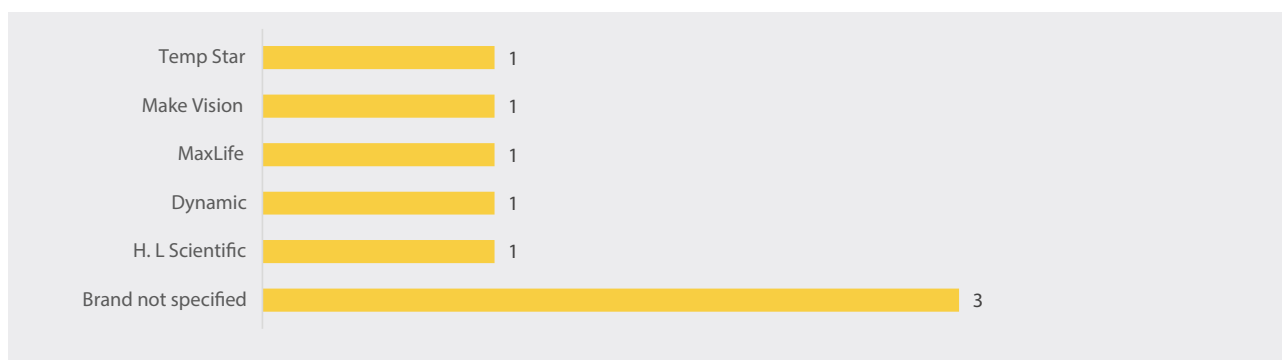
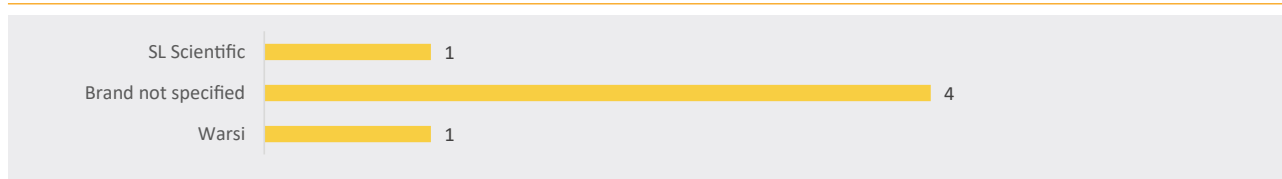
2.4 EQUIPMENT AVAILABILITY

Table 4: Distribution of Equipment available in COVID-19 laboratories in Lumbini 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
Bageshwari Diagnostic and Polyclinic Centre	ABI	1	-	-	Haier	1	-	1
Bheri Hospital	RotorGeneQ (72)	1	-	-	ESCO	1	-	1
Gulmi COVID-19 Laboratory	Bio-Rad	1	-	-	ESCO	1	-	1
Lumbini Provincial Hospital	RotorGeneQ (72)	1	Boier	1	Micro-filt	1	-	1
Lumbini Medical and Teaching Hospital	Mic	1	-	-	Bio Universal	1	-	-
Nepalgunj Medical College	Quantstudio	1	ZK	1	Haier	1	1	2
National Path Lab & Research Centre	Bio-Rad	1	Auto-Pure32A-1	1	Haier Sri Sai Scientific	2	1	2
Palpa Hospital COVID-19 Testing Laboratory	Quantstudio	1	-	1	Bio Universal Universal bio, MVtec	2	1	2
Provincial Public Health Laboratory-5	Agilent (96), Dlab (96), Rotor-GeneQ (72)	3	-	-	ESCO	1	-	1
Rapti Academy of Health Sciences	DLAB Accurate (96)	2	-	-	Scientific Vision	1	-	1
Universal College of Medical Sciences	Azure	1	-	-	Brand not specified	1	-	1

Figure 2: Types of PCR Machines used in COVID-19 laboratories in Lumbini Province**Figure 3: Types of Automated RNA Extraction Machines used in COVID-19 laboratories in Lumbini Province****Figure 4: Types of Biosafety Cabinet used in COVID-19 laboratories in Lumbini Province****Table 5: Types and Capacity of Autoclave Machines in COVID-19 laboratories in Lumbini Province**

Name of Laboratory	Number of Autoclave machine	Capacity (litres)	Company (Brand)
Bageshwari Diagnostic and Polyclinic Centre	1	20 l	Indian brand (Brand not specified)
Bheri Hospital	1	100 l	Warsi
Gulmi COVID-19 Laboratory	2	1=>100 l 2=80 l	Brand not specified
Lumbini Medical and Teaching Hospital	1	90 l	H.L Scientific
Lumbini Provincial Hospital	No separate autoclave	-	-
National Path Lab and Research Centre	2	1= 120 l 2= 120 l	Indian brand (Brand not specified)
Nepalgunj Medical College	2	Both 100 l	Indian brand (Brand not specified)
Palpa Hospital COVID-19 Testing Laboratory	2	1=<100 l 2=>100 l	1=Dynamic 2=SL Scientific
Provincial Public Health Laboratory-5	1	80 l	MaxLife
Rapti Academy of Health Sciences	2	1= 60 l 2= 60 l	Make Vision Scientific Co limited, Korean brand (Brand not specified)
Universal College of Medical Sciences	1	90 l	Temp Star

Figure 5: Types of Autoclave Machines with capacity <100 litre in COVID-19 laboratories in Lumbini Province**Figure 6: Types of Autoclave Machines with capacity ≥100 litre in COVID-19 laboratories in Lumbini Province**

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 Lumbini Province

Name of Laboratory	VTM in use	PCR test kits	RNA Extraction kits
Bageshwari Diagnostic and Polyclinic Centre	Nodford	Maccura	Maccura
Bheri Hospital	Red CPM	Sansure, GB	High Pure (Roche)
Gulmi COVID-19 Laboratory	As supplied	Unimedica	Genefine
Lumbini Provincial Hospital		Maccura	Geneaid/ Boier
Lumbini Medical College and Teaching Hospital	HXBL	Maccura	Genefine
National Path Lab and Research Centre	Ningbo Dasky	HighPure	Maccura
Nepalgunj Medical College	Runmei	Maccura	High Pure
Palpa Hospital COVID-19 Testing Laboratoy	Jun Nuo /Noble Biosciences	Unimedica	HiMedia
Provincial Public Health Laboratory-5	Sanli	Unimedica	Genefine
Rapti Academy of Health Sciences	Master	GB	GB
Universal College of Medical Sciences	Runmei	Maccura	HiMedia

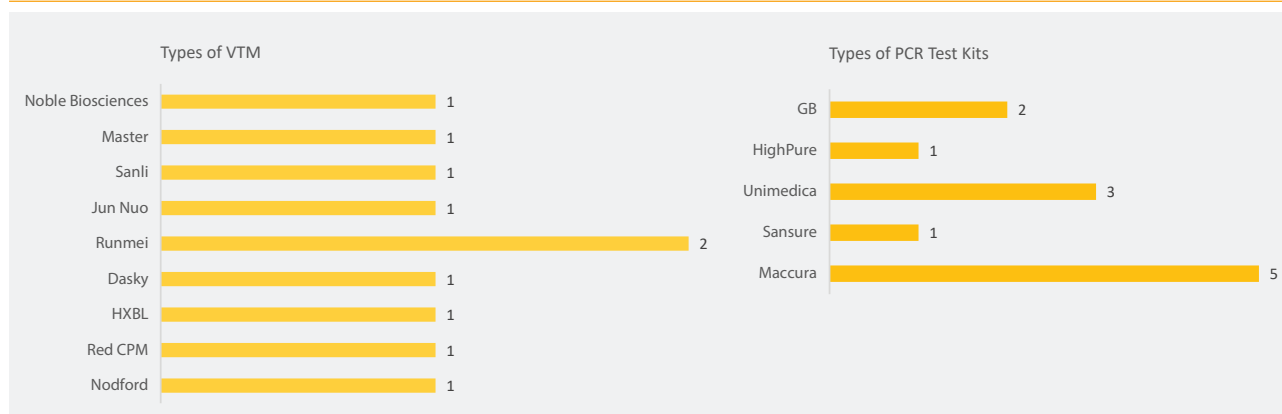
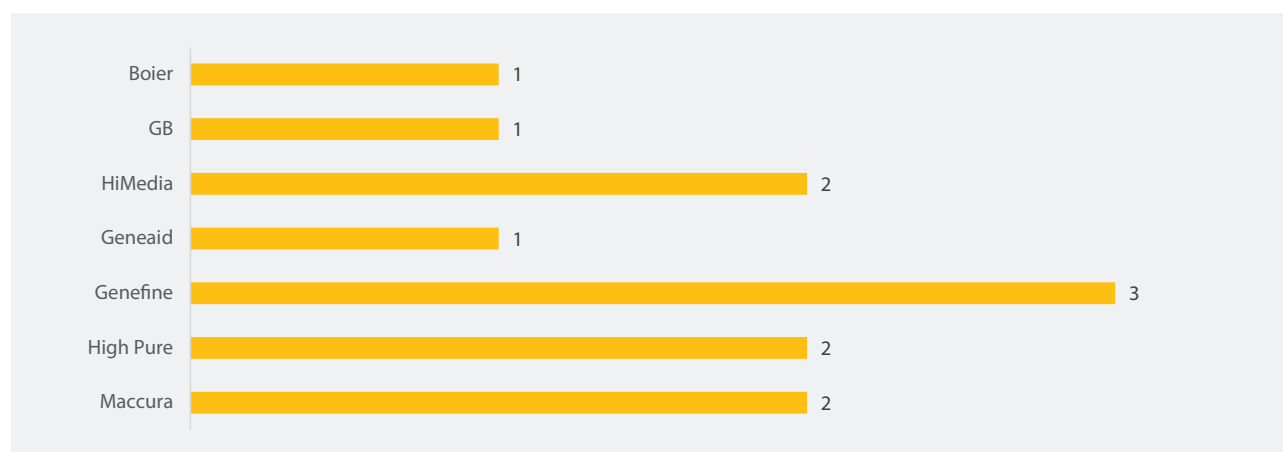
Figure 7: Types of VTM and PCR Test kits used in COVID-19 laboratories in Lumbini Province

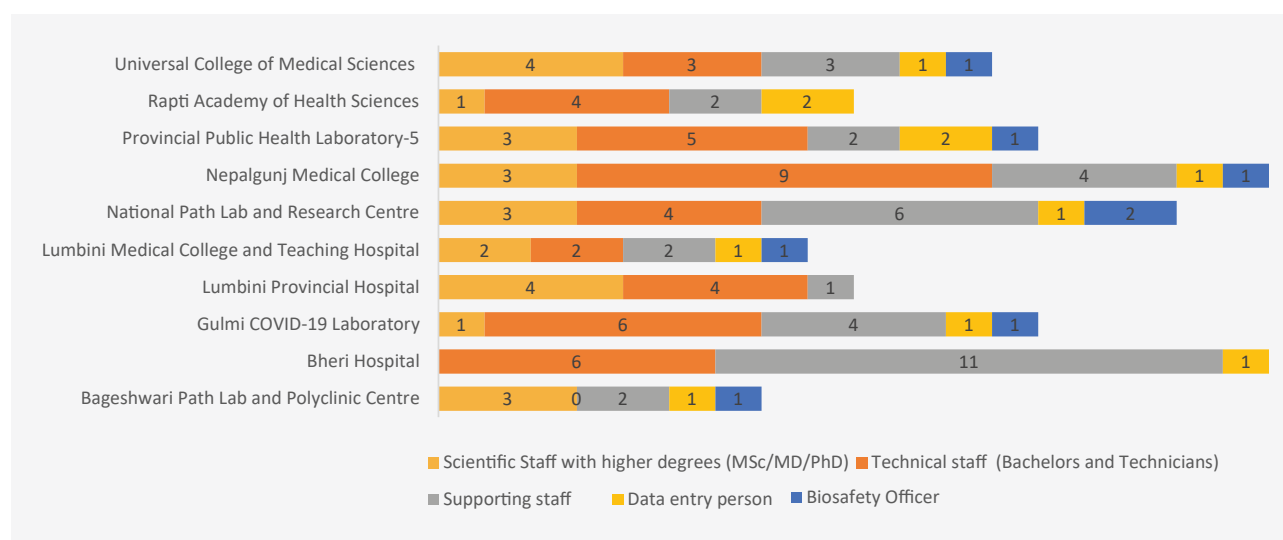
Figure 8: Types of RNA Extraction Kits used in COVID-19 laboratories in Lumbini Province

2.6 HUMAN RESOURCES

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

Name of Laboratory	Number of scientific staff with higher degrees (MSc/MD/PhD)	Number of technical staff	Number of support staff	Number of bio-safety officer	Number of data entry staff
Bageshwari Path Lab and Polyclinic Centre	3	-	2	1	1
Bheri Hospital	-	6	11	1	1 (from routine lab staff)
Gulmi COVID-19 Laboratory	1	6	4	1	1
Lumbini Provincial Hospital	4	4	1	-	-
Lumbini Medical College and Teaching Hospital	2	2	2	1	1
National Path Lab and Research Centre	3	4	6	1	2
Nepalgunj Medical College	3	9	4	1	1
Provincial Public Health Laboratory-5	3	5	2	2	1
Rapti Academy of Health Sciences	1	4	2	2	-
Universal College of Medical Sciences	4	3	3	1	1

In Lumbini Provincial Hospital, there is no separate Data entry person, the technical lab staff perform data entry of COVID-19

Figure 9: Distribution of Human Resources in COVID-19 laboratories in Lumbini Province

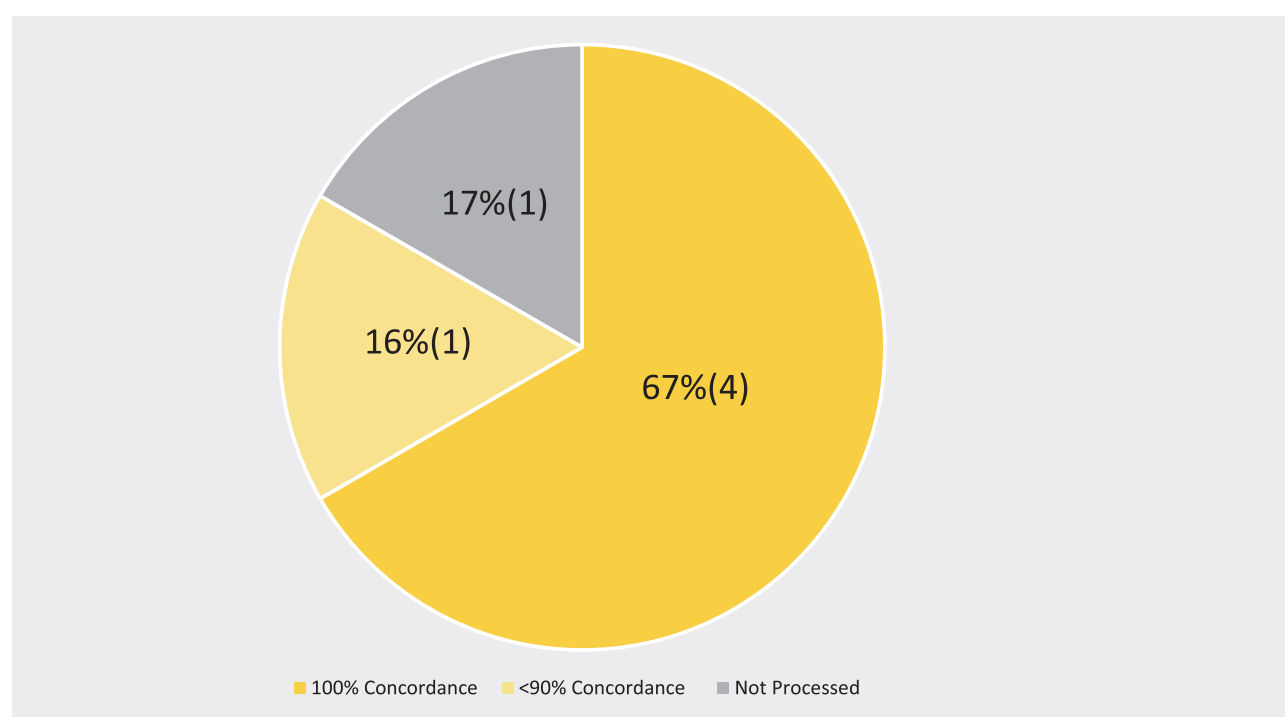
2.7 LABORATORY QUALITY INDICATORS

Table 8: Laboratory Quality Indicators of COVID-19 laboratories in Lumbini 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)	
Bageshwari Diagnostic and Polyclinic Centre	NE	VC	90	NP	100
Bheri Hospital	100	NP	NP	NP	100
Gulmi COVID-19 Laboratory	NE	NE	NE	NE	NE
Lumbini Medical College and Teaching Hospital	NE	NE	NE	NE	NE
Lumbini Provincial Hospital	NE	NE	VC	NP	100
Nepalgunj Medical College	NE	NE	NE	NE	NE
National Path Lab and Research Centre	NE	VC	100	100	100
Palpa Hospital COVID-19 Testing Laboratory		-	-	-	-
Provincial Public Health Laboratory-5	90	100	90	90	<90
Rapti Academy of Health Sciences	100	NP	NP	NP	Not Processed
Universal College of Medical Sciences	NE	NE	NE	NE	NE

Note: NE: Not Established, NP: Not Participated, VC: Validation Completed

Figure 10: Performance of SARS-CoV-2 real time RT-PCR Proficiency test panel in functional laboratories in Lumbini 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.

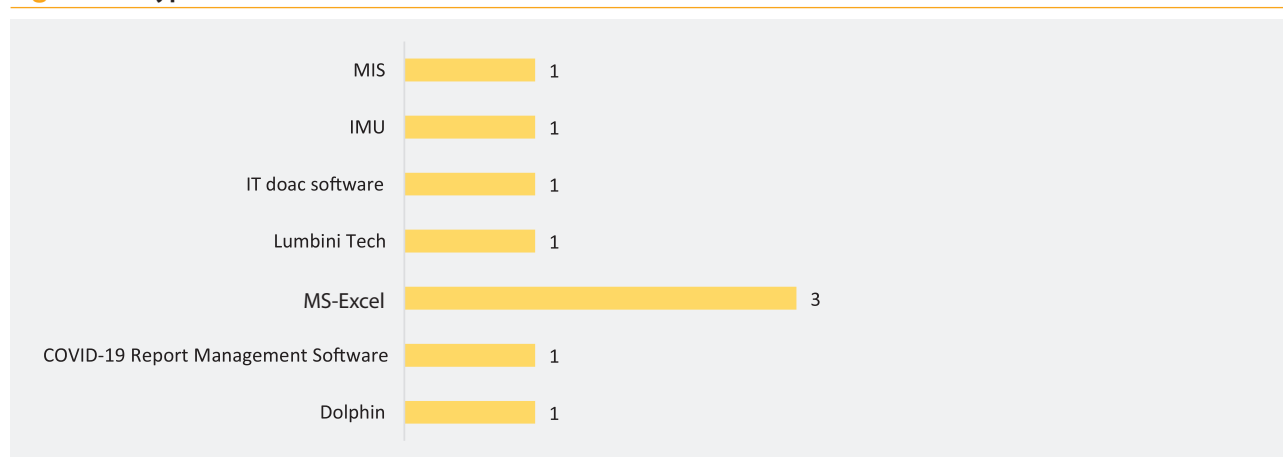
Biosecurity

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: Distribution of Laboratory Information Management of COVID-19 laboratories in Lumbini Province

Name of Laboratory	Availability of computer for data entry (Number)	Type of Database
Bageshwori Diagnostic and Polyclinic Centre	2	IMU, MS-Excel
Bheri Hospital	2	COVID-19 Report Management Software
Gulmi COVID-19 Testing Laboratory	2	Dolphin
Lumbini Medical College and Teaching Hospital	2	IMU
Lumbini Provincial Hospital	1	Lumbini Tech
National Path Lab and Research Centre	2	IT doac software
Nepalgunj Medical College	2	Peace Nepal
Palpa Hospital COVID-19 Testing Laboratory	1	MS-Excel
Provincial Public Health Laboratory-5	3	Dolphin
Rapti Academy of Health Sciences	3	MS-Excel, MIS
Universal College of Medical Sciences	6	Google Sheet

Figure 11: Types of Database software in COVID-19 laboratories in Lumbini Province

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

2.10 OBSERVATIONS

- 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/district resulting in inequity of access to testing across districts.
- Facilities are well designed for molecular diagnostics of COVID-19
- Local leadership and ownership are there but it is limited to COVID-19 response only
- No clear plan for sustaining the laboratory and 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 used in the province. Equipment calibration and maintenance plan is missing in all most all laboratories.
- All laboratory work is manual except in Lumbini Provincial Hospital lab has an automated RNA extractor (32 samples/1 hour). Lumbini provincial public health laboratory also received an automatic RNA extraction machine recently but not yet used).
- While all laboratories have at least one trained / partially trained staff, majority of the staff did not possess any experience in molecular diagnostics which includes lab supervisors.
- All round confusion regarding the latest testing criteria. Significant reduction in daily testing observed across the province. Only symptomatic samples are tested now. No testing support for contact tracing.
- Two laboratories (Lumbini Provincial laboratory and Rapti Academy of Health Sciences) have started charging NPR 2000 for test on request.
- There is commendable commitment of laboratory staff. They are doing extra hours of work to reduce turnaround time.
- There is very poor documentation. Though they follow manufacturers instruction for RNA extraction and real time SARS-CoV-2 PCR, no SOPs available for any laboratory process despite access to national laboratory guidelines from NPHL with templates. They cite the lack of manpower for poor documentation.
- Laboratory information management

system is not adequate. 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 system. 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 these laboratories / facilities will have a natural death once COVID-19 testing policy is changed or once 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 it the subjective interpretation of individual laboratories.
- There is a need for hands on training. Though WHO is supporting NPHL for online weekly training of COVID-19 laboratories, the attendance is poor. The staff of hub laboratories could be trained at NPHL to provide hands on training to other laboratories.
- Encourage laboratory networking by creating a structure of hub and spoke model with NPHL as apex laboratory and Provincial Public Health laboratory / Medical college or another well-functioning laboratory in the province as hub laboratory. 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 Influenza – 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 / 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 / diagnostic services for common epidemic prone / endemic diseases such as Dengue, Leptospirosis, Scrub Typhus and AMR surveillance.



3

INFECTION PREVENTION AND CONTROL AND CLINICAL MANAGEMENT

INFECTION PREVENTION AND CONTROL AND CLINICAL MANAGEMENT

3.1 BACKGROUND

Lumbini Province is one of the seven provinces established by the new constitution of Nepal which was adopted on 20 September 2015. It borders Gandaki Province and Karnali Province to the north, Sudurpashchim Province to the west, and Uttar Pradesh of India to the south.

Lumbini Province is divided into 12 districts, which is further divided into 4 sub-metropolitan cities, 32 municipalities and 73 rural municipalities.

3.2 HEALTH BACKGROUND

According to the National Demographic Health Survey (NDHS) 2016, the Province's Neonatal Mortality (per 1000 live births) stands at 30 and Infant mortality rate (per 1000 live births) stands at 42, both of which are higher than the national average of 21 and 32 respectively.

3.3 HEALTH FACILITIES BY TYPE

According to the Annual report of Department of Health Services (DoHS) 2018/19, Lumbini Province has 17 public hospitals, 30 Primary Health Care Centres (PHCCs), 570 Health posts and 156 Non- public facilities.

Map 11: Health facilities by type

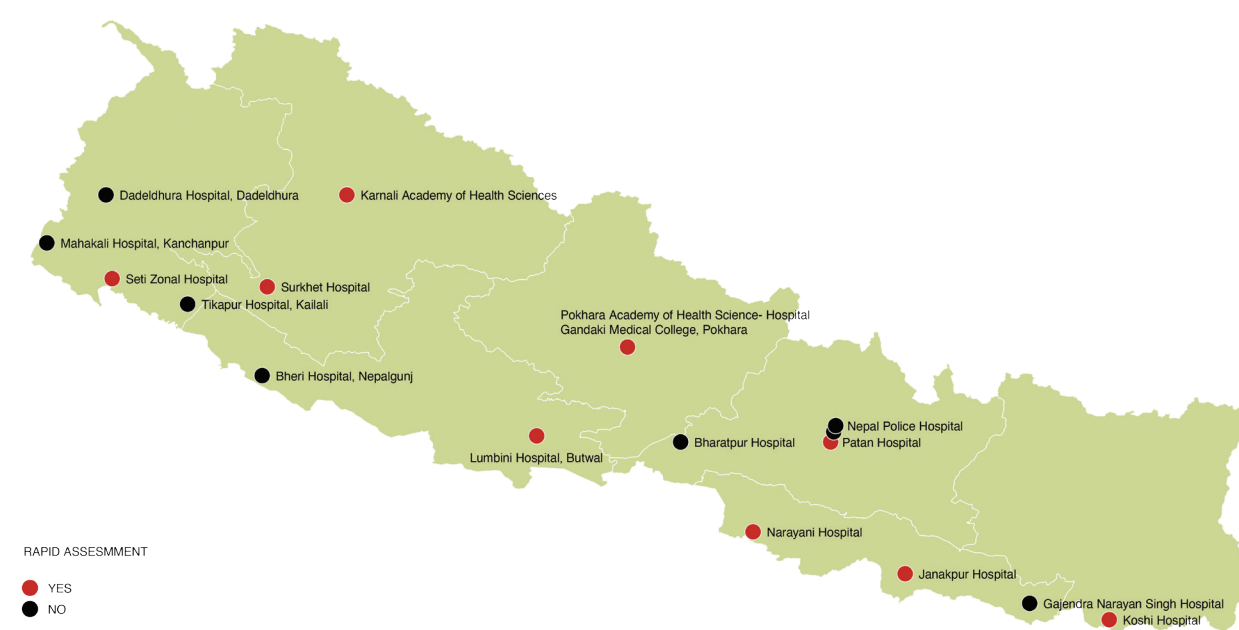


3.4 FINDINGS OF A RAPID ASSESSMENT (RA) FOR COVID-19 READINESS 2020

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 Lumbini Province, Lumbini Provincial hospital was the designated hospital 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 Lumbini Provincial hospital includes the following:

Table 10: Key Findings from RA- Lumbini Provincial Hospital

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
06	0	7	Oxygen Cylinder	12	10	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; 14/16 present	Yes	No	Yes

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 Lumbini Province providing various health services in 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
Lumbini Provincial Hospital/ Dhago Karkhana	Butwal	X	X	X
Bhim Hospital	Rupandehi	X	✓	✓
Bheri Hospital	Banke	✓	✓	✓
Beljundi Hospital	Dang	-	✓	✓
Nepalgunj medical college, Kohalpur	Banke	✓	✓	✓
Universal College of Health Sciences, Bhairahawa	Rupandehi	✓	✓	✓
United Mission Hospital Tansen	Palpa	✓	✓	✓

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

S No.	Hub Hospitals	COVID-19 Designated Hospitals (Yes/No)	Formation of EMDT
1	Bheri Hospital	Yes	Yes
2	Lumbini Hospital	Yes	No
3	Rapti Academy of Health Sciences	Yes	No
4	Rapti Provincial Hospital	Yes	Yes

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

Table 13: Bed capacity and Human resources in Lumbini Provincial Hospital/Dhagokarkhana

S.N.	Categories	COVID-19 Designate	Non-COVID-19 Designated	Total
Bed capacity				
	Bed capacity IPD	50	250	300
	Bed capacity HDU		0	-
	Bed capacity ICU	16	16	32
Human Resources				
	Total number of MD (Consultants)		8	8
	Number of anesthesiologists/intensivists		-	-
	Total nurses		41	41
	Total nurses trained in Critical Care		1	1

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

EMDT Establishment		
Name of the hospital	Number of Team members	Team Composition
Bheri Hospital	11	<ul style="list-style-type: none"> • 1 Consultant • 1 Medical Officer • 5 Staff Nurse • 1 ANM • 3 Attendants
Lumbini Hospital	-	
Rapti Academy of Health Sciences	10	<ul style="list-style-type: none"> • 2 MDGP • 1 Medical Officer • 1 Account Officer • 1 Section Officer • 1 Nursing Incharge • 1 Store keeper • 1 Emergency staff • 1 Medical Recorder
Rapti Provincial Hospital	-	

Table 15: Training of healthcare workers and support staff

Essential Critical care Training for Nurses and Doctors - Lumbini Province				
Institute	Date	Module I (IPC) 1 day	Module II (CCT) 2 days	Total trained
Bheri Hospital	24 - 26 Nov 2020	16	16	32
	27 - 29 Nov 2020	16	16	

Note: IPC and ECCT training Supported by SSBH

Table 16: Clinical Management COVID-19

Current number of COVID-19 cases in Lumbini Province							
Province 3: COVID -19 Cases (Source: MoHP 30 November 2020)							
Date	Active	ICU	Recovered	Death	Total cases	Recovered & Death	CFR
30 November 2020	1962	72	23600	201	25763	23801	0.78

The following information is for the then level II hospital, Lumbini Provincial Hospital/Dhagokarkhana:

Table 17: Treatment Modalities available

Remdesivir	Hydrocortisone	Convalescent Plasma	Clinical trials	Secondary infections	Others
Yes	-	Yes	-	-	-

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.)	-
Assistive devices available and functional (wheelchair, crutches, etc.)	-
Nurses and paramedics trained in basic disabilities inclusion and rehabilitation	-
Facility linked to tele/virtual help-desk for disabled people and virtual expert pool – Rehab nurse, physiotherapist, psychologist, speech therapist	-

3.8 CAPACITY TO PROVIDE OXYGEN IN LUMBINI PROVINCE

Information gathered from 7 hospitals

- Lumbini Provincial Hospital (Dhagokarkhana)
- Bheri Hospital
- Nepalgunj Medical College
- United Mission Hospital
- Bhim Hospital
- Beljundi Hospital
- Universal College of Medical Sciences

Table 19: Capacity to provide oxygen by bed

Type of beds across 7 Hospitals	Number of beds
Total COVID-19 designated beds	489
COVID-19 beds capable of delivering low flow O ₂ (5L/min)	Unknown
COVID-19 beds capable of delivering high flow O ₂ not on ICU or HDU (10L/min)	Unknown
Number of HDU beds (10L/min)	18
Number of ICU beds for Covid-19 (10L/min)	58
Number of ventilators for COVID-19 patients	27

Table 20: Oxygen Availability

Oxygen supply	Number
Oxygen Plant	3
Oxygen plant output expressed as number of cylinders per day	206
Number of oxygen cylinders available	787
Number of oxygen concentrators	10
Minimum number of large cylinders available	993
(plant output added to cylinders available)	3
Number of hospitals with piped oxygen at least for some beds	>2000

OXYGEN SUPPLY AND DEMAND

- Demand based on ICU/HDU capacity plus total COVID-19 designated beds delivering 1.5 cylinders on average (some by concentrator- broken down at hospital level availability).
- 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 requirements for all beds	886 cylinders
Number of cylinders available	993 cylinders
Gap (-)/Excess (+)	+107 cylinders

4



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

4.1 DEMOGRAPHIC INFORMATION OF LUMBINI PROVINCE¹

4.1.1 Ratio

The ratio of women in Province 5 is more than that of men. There are 52% female and 48% males.

4.1.2. Religion

Religion in Lumbini Province encompasses mainly four groups and beliefs. Its major religion is Hinduism which accounts for 89% followed by Islam (7%), Buddhism (3%) and Christianity (1%).

4.1.3. Caste

Tharu is the largest caste in Province 5 having 15% of the total population followed by Magar (15%), Chhetri (14%), Brahman Hill (12%), Muslim (7%), Dalit (10%), Yadav (4%) and others (23%).

4.1.4. Language Spoken

51% of the population speak the Nepali language making it the main spoken language in Province 5. The second most spoken language is Tharu (13%) followed by Bhojपुरi (11%), Avadhi (5%), Urdu (5%), Magar (5%) Maithili (1%) and Newar (1%).

4.1.5. Literacy Rate

The literacy rate in Province 5 is 66% which means that 34% of the population still cannot read or write.

4.1.6. Education Level²

There are various education levels in Province 5. They are: Primary Level (43%),

Lower Secondary Level (21%), Secondary Level (11%), SLC (8%), Intermediate Level (5%), Beginner (5%), Non-formal (4%), Post Graduate and Above (1%).

4.2 INFILTRATION OF MASS MEDIA COMMUNICATION

4.2.1. Community Radio

There are a total of 63 radio stations in Province 5, such as Radio Lumbini, Radio Tulsipur, Bheri F.M., etc. Detailed information of the radio stations are mentioned in Annex 1.

4.2.2. Source of communication (Access to Radio, TV, Internet and telephone)³

In Lumbini province, 49.2% of the population have access to radio and followed by 30.4% have access to TV and only 1.3% have access to the internet. Similarly, 4.4% of the population have access to landline telephone while 65.8% have access to mobile phone.

4.2.3. Popular Newspaper Channels

There are a total of 66 newspaper channels in Lumbini Province with national, provincial and local outreach. As per the classification, some of the top ranking newspapers are Gorachya Dainik, Dainik Nepaljung and Mechikali Sandesh Dainik. Full details of the newspaper available in Lumbini Province are mentioned in Annex 2.

4.2.4. Cell Phone Providers

There are three major cell phone providers

Major religion is Hinduism which accounts for 89% followed by Islam (7%), Buddhism (3%) and Christianity (1%).

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/>

in Lumbini Province. They are Nepal Doorsanchar Company Limited (NTC), Ncell Axiata Limited (NCELL) and Smart Cell. The coverage of Smart Cell providers is only in 5 districts.

4.3 PROVINCIAL LEVEL SPOKESPERSON

- Name of spokesperson: Roshan Lal Chaudhary
- Designation: Senior Public Health Administrator
- Contact number: 9849131851
- Email ID: roshanlalchaudhary@gmail.com
- Language spoken: Nepali

4.4 SPOKESPERSON FOR COVID-19 DESIGNATED HOSPITALS

There are four hospitals in Province 5 that are designated for COVID-19. The details of the hospitals are:

Bhim Hospital

- Name of spokesperson: Dr. Sumeet Prajapati
- Designation: Medical Doctor
- Contact number: 9843270221
- Email ID: bhimhospital.gov@gmail.com

Dhago Karkhana Hospital

- Name of spokesperson: Dr Sudharsan Thapa
- Designation: Medical Doctor
- Contact number: 9851059878
- Email ID: izhospital@gmail.com

Corona Hospital, Beljundi, Dang

- Name of spokesperson: Dr Sarbej Sharma
- Designation: Medical Doctor
- Contact number: 9849266334
- Email ID: coronahospitalbeljundi2020@gmail.com

Bheri Hospital

- Name of spokesperson: Dr Prakash Thapa
- Designation: Medical Doctor
- Contact number: 9849361872
- Email ID: prakashtapa253@gmail.com

4.5 COMMUNITY ENGAGEMENT

4.5.1. Provincial or District Call Centre

The provincial call centre in Lumbini Province was established on July 21, 2020 with help line number 1187. The governing body of these call centres are the Ministry of Social Development, Lumbini Province. The centres are supported by Strengthening Systems for Better Health (SSBH). The call center is functional from 7 AM-7 PM with IVR system in place from 7PM-7AM.

4.5.2. Social Service Operation Organization

The major social service operation organizations involved in supporting the government with disseminating messages about COVID-19 in Lumbini Province 5 include:

- Rotaract
- Rotary Club of Butwal
- Rotary club of Lumbini
- Lions and Leo Club
- Jaycees and Ladies Jaycees
- Inner wheel club
- Nepal Red-cross society and Junior Red-cross.

4.5.3. Major Business Groups (Industrial)

There are three main business groups operating in Lumbini Province. They are:

- Federation of Nepalese Chamber of Commerce and Industry
- Nepal Chamber of Commerce
- Different local FM stations

4.5.4. Rumour & Misinformation Monitoring Mechanism

There are potential rumours and misinformation being circulated regarding COVID-19. In order to address rumours six districts of Lumbini Province have developed COVID-19 preparedness and response Program in partnership with UNICEF and Nepal Red Cross Society. The six districts are Kapilvastu, Rupandehi, Banke, Dang, Bardiya and Nawalparasi. Under this program, at the community level, the Unite Action Team is trained to support the community to minimize the stigma and discrimination practices at the local level. This Unit Action Team has played a crucial role as supporter of the community especially for COVID positive cases. It also informs the local body if any new person/family

members enter in the village. Similarly, they are promoting hand washing and proper mask use at the community level.

4.5.5 Media Monitoring

There is no media monitoring at the provincial level. Nevertheless, the local FM Radio station has been airing messages on COVID-19 to minimize the misinformation at the local level.

4.6 PRESS BRIEFINGS

COVID 19 Media briefing in Lumbini Province started on 3 June, 2020. It is conducted daily at 5 pm. As per the situation, it addresses rumours and misinformation. It sends messages regarding the helpline in the province and emphasizes preventive measures for COVID-19. Occasionally, it also covers discussion with experts. This has aired on the MoSD Facebook page.

4.7 REPORTING

Provincial situation report in Lumbini Province is prepared and shared daily by the Health Directorate. The report is shared to all the provincial stakeholders and partners with the support from WHO WHE field team. The report is also uploaded in the Health directorate website of Lumbini Province (www.hd.p5.gov).

4.8 OTHER ACTIVITIES

Different partners have been actively involved in the RCCE activities in Lumbini Province. Some of the activities are listed below.

- A brief overview of Community engagement activities. At all levels, facilitation was done by Suahara II) Project.
 - At each of the 12 districts, a training of trainers (TOT) style meeting titled "Orientation on Community Engagement in COVID-19" was held in presence of health coordinators from all municipalities, including staff of health offices and other relevant stakeholders. Most of the events were attended by

all health coordinators, and included a question and answer session. The session was followed by discussion on COVID related topics/issues that attendees brought up during the session. Each orientation programme was held as a 1-day event at corresponding district headquarters.

- The meeting was followed by municipality level orientation with the same theme. It was conducted by Health coordinators in presence of staff from the health office, Female Community Health Volunteers (FCHVs), Community Nutrition Volunteers (CNVs) and facilitated by Suaahara II field staff.
- Similarly, in areas where it was possible, the orientation was also held in some communities with the help of FCHVs and CNVs.
- Strengthening System for Better Health (SSBH):
 - PSA and Jingles have been airing from 10 radio stations in Lumbini province.
 - Seminars/webinars were conducted to help health workers manage the psychosocial impacts of COVID-19 both personally and for their clients.
 - Technical and financial support was provided for the MoSD COVID-19 Helpline Service. Information is provided by live operators and through interactive voice response (IVR).

4.9 CHALLENGES

There are many challenges in Lumbini Province regarding information related to any Risk Communication & Community Engagement. This includes:

- Due to a diverse community in Province 5, there is a language barrier.
- There are no measures to monitor the effectiveness of the media mobilization.
- Due to availability of services and changes on policies of COVID-19 treatments, there is a frequent change of information.

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.

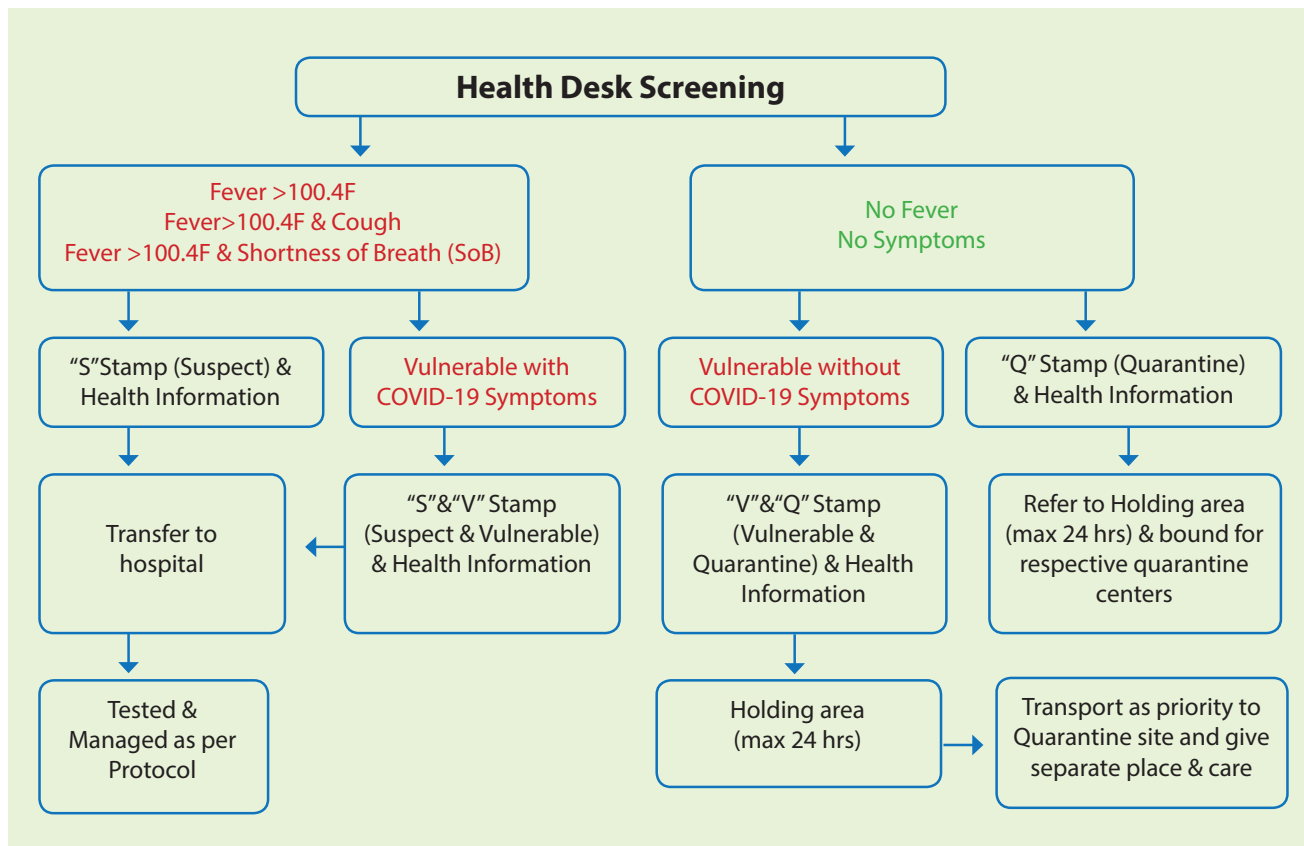
Establishment of health desks at Points of Entry

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.

LUMBINI PROVINCE

Lumbini Province comprises of 12 districts namely Nawalparasi, Rupandehi, Kapilbastu, Palpa, Arghakhanchi, Dang, Pyuthan, Gulmi, Banke, Bardiya, Rolpa, Rukum, 4 sub- metropolitan cities, 32 urban municipalities and 73 rural municipalities. It has 670 public health facilities including 4 hub hospitals, 18 hospitals, 2 regional medical stores, 31 primary health care centers, 570 health posts, 27 urban health centers, 15 community health units and 9 other health facilities.

5.1 HUMAN RESOURCES AVAILABILITY AT PHEOC

The workforce at Lumbini Province includes one Field Medical Officer (FMO), two COVID Surveillance Assistant (CSA) and one Information Management Assistant (IMA) and one Driver. There are six workstations. Internet facilities and power backup facility through generator is available.

Separate meeting room is present but storage facility and archival room facility is not available.

5.2 REPURPOSING OF INSTITUTIONS FOR COVID-19 TREATMENT

Amidst the COVID-19 pandemic, 44 institutions of Lumbini Province, that include 8 training centers and 36 health facilities, are presumed to be converted to COVID-19 wards, for isolation and treatment of cases.

Number of training centers developed	8
Number of potential health facilities	36
Number of Institutions that can be converted to COVID-19 wards	44

The name of health facilities, their level, year of construction and bed capacity that are 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	FY of Construction	No. of Beds	After repurposing (no of bed)	Categorised level
Arghakhanchi District				
Balkot PHCC / PH	PHCC -2068/069	12	29	Primary Hospital B 3
Thada PHCC / PH	PHCC -2063/064	12	29	Primary Hospital B 3
Banke District				
Bageswari PHCC / PH	PHCC -2064/065	5		Primary Hospital B 3
Laxmanpur PHCC / PH	PHCC -2067/068	12	29	Primary Hospital B 3
Bardiya District				
Magaragadi PHCC / PH	BEOC- 2064/065, PHCC wo BEOC- 2067/068	12	29	Primary Hospital A 2
Dang District				
Shreegaun PHCC / PH	PHCC- 2061/062, BEOC 2062/063			Primary Hospital B 3
Syuja PHCC / PH	BC -2063/064, PHCC- 2068/069	12	29	Primary Hospital B 3
Gulmi District				
Dhurkot PHCC / PH	2067/068	12	29	Primary Hospital B 3

Health Facility Name	FY of Construction	No. of Beds	After repurposing (no of bed)	Categorised level
Shringa PHCC / PH	2070/071	15	38	Primary Hospital B 3
Kapilvastu District				
Pipara Hospital		15	38	Primary Hospital A 1
Haranampur PHCC / PH	PHCC -2064/065	12	29	Primary Hospital B 2
Nawalparasi District				
Palhi PHCC / PH	PHCC -2070/071, BC 2063/064			Primary Hospital B 3
Palpa District				
Rampur Hospital		50		Primary Hospital A 3
Pyuthan District				
Bhingree PHCC / PH	PHCC -2063/064			Primary Hospital B 3
Khalanga PHCC / PH	PHCC -2061/062, BEOC -2066/067			Primary Hospital B 3
Rolpa District				
Holeri PHCC / PH				Primary Hospital B 3
Sulichaur PHCC / PH	PHCC -2064/065	12	29	Primary Hospital B 3
Rukum Purba District				
Kol PHCC / PH	PHCC -2064/065	12	29	Primary Hospital B 3
Rupandehi District				
Dhakadhai PHCC / PH	BEOC 2062/063, 2065 Check			Primary Hospital B 3
Motipur PHCC / PH	Birthing Center in PHC 2065/066, PHCC without BC -2067/068	12	29	Primary Hospital A 3
Total Beds		202	357	

5.3 eLMIS REPORTING STATUS

Regarding eLMIS reporting status of Lumbini Province, only 1 hospital has been providing weekly eLMIS update. As high as 65% of the health facilities have not been providing weekly eLMIS update. eLMIS reporting status of COVID-19 designated hospitals/labs in this province is summarized in the table below:

Lumbini Province eLMIS update data	
No. of COVID-19 designated labs/hospitals updating eLMIS weekly	1
No. of COVID-19 designated labs/hospitals not updating eLMIS weekly	4
No. of COVID-19 designated labs/hospitals without eLMIS access	1

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	Lumbini Hospital	09-Nov-2020	09-Nov-2020
2	Nepalgunj Medical College	18-Aug-2020	No transaction made
3	Provincial Public Health Laboratory	Real time	Real time
4	Rapti Academy of Health Sciences	28-Apr-2020	27-Apr-2020
5	Rapti Provincial Hospital	19-Jul-2020	09-Oct-2020
6	GP Koirala National Center for Respiratory Diseases, Tanahu	No eLMIS access	

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

EDCD has allocated budget to establish permanent Health Desk in the following sites as mentioned in the table below.

S No.	Health Desk	District
1	Belhaiya Health Desk	Rupandehi
2	Jamunaha Health Desk	Banke
3	KrishnaNagar Health Desk	Kapilvastu

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 and other EDPs.

Audio-Visual Communication including public service announcements on FM stations, 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, BNMT, CARE, FAIRMED, FHI 360, HI, IOM, Plan International, Tdh Foundation Switzerland, VSO, WATERAID Nepal, World Vision International, UNICEF, UNFPA, WHO, Ncell/NTC, 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 COVID19 to lab staff from COVID-19 diagnostic sites.

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

Partners: FAIRMED, FHI 360, GIZ, 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 WASH facilities, making PPE items and noncontact thermometers available for screening at the POEs.

Participatory mobility mapping along the border area includes volunteers and public health professionals mobilized to understand the flow of people and identify vulnerability. Partners plan to produce a map which can be used for targeted response.

Partners: IOM, Nepal Redcross Society, Plan International, UNICEF, USAID, World Vision International, WHO

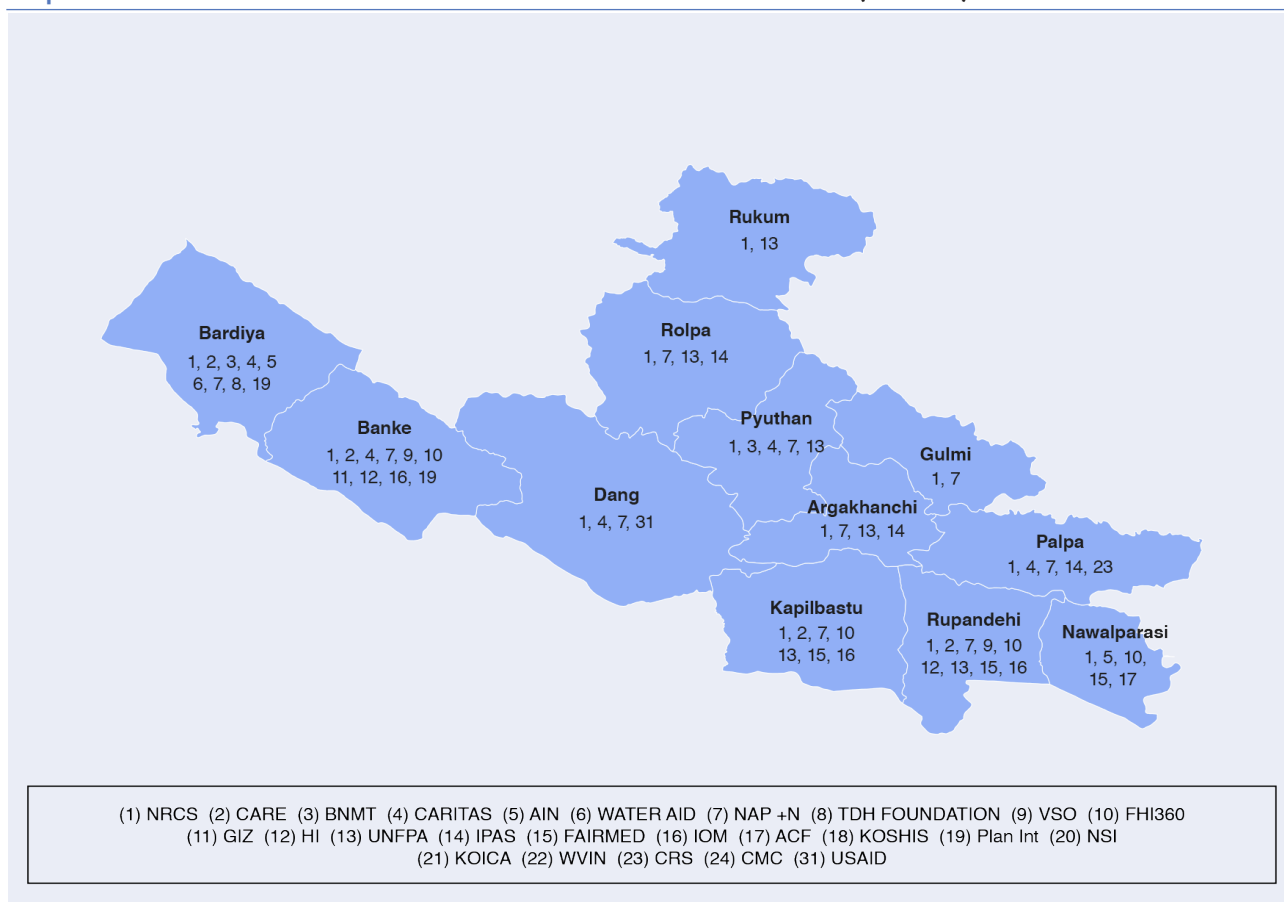
INFECTION PREVENTION AND CONTROL

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 on PPE use/IPC and sample collection, packaging, and transport for COVID-19 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, GIZ, HI, NAP+N, IFRC/Nepal Redcross Society, Plan International, Tdh Foundation Switzerland, UNICEF, USAID, WATERAID Nepal, World Vision International, WHO, GIZ, CMDN, UNFPA, Oxfam, DFID, WB, GAVI

Map 13: Provincial UN Focal Point – United Nations Children’s Fund (UNICEF)

CASE MANAGEMENT

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

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

EPIDEMIOLOGY CASE INVESTIGATION AND CONTACT TRACING (CICT)

Assessment of Quarantine sites via real time data collection using KOBO. Partner support in Lumbini 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).

Participatory and Population mobility mapping in Lumbini along selected POEs and border areas. Volunteers and public health professionals are mobilized to understand the flow of people and identify vulnerability. This PMM intervention is a part of Health Border Mobility Mapping which will identify mobility patterns, vulnerable hotspots and at-risk communities. IOM plans to produce a map which can be used for targeted response.

Partners: BNMT, FAIRMED, GIZ, IOM, UNICEF, USAID, IOM, 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 washing stations and other key structures at health facilities.

Partners: AIN, BNMT, FHI 360, GIZ, HI, IPAS, Nepal Redcross Society, 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: Nepal Redcross Society, Tdh Foundation Switzerland

CONTINUITY OF ESSENTIAL MEDICAL SERVICES

Human resource support for HIV programming for COVID19 and,

Financial support providing essential medical items for spinal cord injury.

Partners: FAIRMED, HI, 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 standards for Healthcare facilities.

Construction of handwashing stations placed in strategic positions throughout Lumbini 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, GIZ, HI, Tdh Foundation Switzerland, The Global Fund/ Save The Children, UNICEF, USAID, DFID, UNFPA, WHO, DFAT, IFRC/NRCS, CG, EU

PROVINCEWIDE SUPPORT

Partners: IOM, WHO, GIZ, GF/SCI, USAID

NATIONWIDE SUPPORT

Partners: ADB, ADRA Nepal, Chaudhary Group, CMDN, DFAT, DFID, EU, FHI 360, Gates Foundation, GAVI, GIZ, ILO, IOM, Ncell, Nick Simons 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 Lumbini Province

S.N	Station Name	Freauency	Watt	District	Contact Person	Number
1	Radio Lumbini	96.8 MHz	2000	Rupandehi	Indira Aryal	9847127381
2	Radio Mukti	95.5 MHz	100	Rupandehi	Sabitra Aryal	9857030622
3	Radio Chhimeki	107.2 MHz	50	Rupandehi	Dipendra Chaudhary	9847013456 /9847045876
4	Rupandehi FM	102MHz	1000	Rupandehi	Dr. R basyal	9847055088
5	Radio Devdaha	106.6 MHz	100	Rupandehi	Yam Rana	9847058486
6	Radio Samabesi	105 MHz	100	Rupandehi	Gobinnda Bdr. Pun Magar	9847034468
7	Radio Jagaran	93.6 MHz	500	Rupandehi	Shivaji Gayak	9847120840
8	Radio Arghakhanchi	105.8 MHz	100	Arghakhachi	Shyam Ghimire	9847043558
9	Radio Suryodaya	94MhHz	500	Arghakhachi	Hriday Kumar Bhusal	9857063460
10	Radio Deurali	101 MHz	500	Arghakhachi	Prem khatri	9857027480
11	Radio Sky	88.4 MHz	100	Gulmi	Uttam Panthi	9847529913
12	Radio Pushpaanjali	97.4 MHz	100	Gulmi	Kaurab Khatri	9857061635
13	Radio Buddha Aawaj	89.6 MHz	500	Kapilbastu	Bhesh Raj Pandey	9747040184
14	Radio Kapilvastu	104.2 MHz	100	Kapilbastu	Tulsi Ram Yadav	9847052779
15	Radio Samanata	105.4 MHz	100	Kapilbastu	Raju Kharel	9847276667
16	Radio Voice	102.4 MHz	500	Kapilbastu	Saroj Kumar Paudel	9857050965
17	Radio Pariwarta		100	Kapilbastu	Bijay Jeswal	9847062426
18	Radio Mayadevi	106.1 MHz	100	Kapilbastu	Sasindra Sapakota	9802620616
19	Radio Banganga	90.6 MHz	500	Kapilbastu	Binod Ghimire	9857050673
20	Madanpokhara	106.9 MHz	500	Palpa	Gunakar Aryal	9847052842
21	Radio Muktinath	90.8MHz	500	Palpa	Ashok Kumar Shahi	9847028644
22	Radio Rampur	103.6 MHz	100	Palpa	Kushal Aryal	9847334872
23	Radio Swargadwari	102.8 MHz	500	Dang	Dadhiram Subedi	9857830001
24	Radio Tulsipur	100.2MHz	1000	Dang	Arjun	9851160166
25	Madhyapaschim	91.4 MHz	1000	Dang	Madhav Prasad Sharma	9857830461
26	Pathshala (Saryu ganga)	104 MHz	100	Dang	Bam Dev Devkota	9847898392
27	Radio Highway	103.5 MHz	100	Dang	K P Ghimire	9857840660
28	Hamro Pahunch	89MHz	500	Dang	Shukraraj Bhandari	9857821771
29	Radio Prakriti	93.4 MHz	500	Dang	Ghanshyam Panday	9851002110
30	Radio Naya Yug	107.3 MHz	100	Dang	Jay Prakash Poudel	9847859464
31	Ganatatra Rapti	95.1 MHz	100	Dang	Sushila K.C	9844963950
32	Radio Deukhuri	105.8 MHz	100	Dang	Yadav Yogi	9857832412
33	Radio Jharana	88 MHz	100	Dang	Suresh Suman Dangi	9847835336
34	Radio Sajha Aawaz	88.3 MHz	250	Dang	Kiran Bikram Shah	9847834976
35	Radio Hapure	89.4 MHz	100	Dang	Kamal Subedi	9851134296
36	Radio Sanjibani	91.0 Mhz	100	Dang	Sharad Regmi	9857820713
37	Radio Mandabi	97.0 MHz	250	Pyuthan	Bhuwan Sunar	9847820820
38	Radio Pyuthan	92.0 MHz	250	Pyuthan	Bijaya singh Bharati	9841750260
39	Radio Lisne Awaj	103.6 MHz	500	Pyuthan	Mahabir Rana	9857833800
40	Radio Gaumukhi	106.7 MHz	100	Pyuthan	Govinda Buda	9844937106
41	Radio Kripalu	99 MHz	250	Pyuthan	Punam Bharati	9841750260

S.N	Station Name	Frequency	Watt	District	Contact Person	Number
42	Radio Mahila Aawaz	90 MHz	100	Pyuthan	Padam Subedi	9851082768
43	Bheri F.M	105.4 MHz	500	Banke	Mohammad Arif ansari	9848023997
44	Bheri Aawaj	95.6 MHz	250	Banke	Tara Khanal	9849518859
45	Radio Kohalpur	101.2 MHz	500	Banke	Chet kanta Bhattarai	9848043595
46	Radio Himal	92.8 MHz	500	Banke	Poshan Raj K.C	9851040771
47	Radio Pratibodh	102.4MHz	100	Banke	Gajadhar Sunar	9851084719
48	Radio Krishnasar	94.00 MHz	2000	Banke	Tula Adhikari	9858022240
49	Radio Rubaru	104.6 MHz	100	Banke	Mohamat Harun	9858020678
50	Nepalgunj Samudayik Radio			Banke		
51	Radio Rolpa	93.8 MHz	500	Rolpa	Ghanashyam Acharya	9847850930
52	Radio Jaljala	96.4 MHz	500	Rolpa	Mausam Roka	9748544391
53	Sunchhahari FM	101.5 MHz	100	Rolpa	Santosh Sarma	9748535257
54	Radio Malashree	100.5 MHz	500	Rolpa	Amrit Gharti	9851063997
55	Radio Gurbaba	106.4 MHz	100	Bardiya	Bharat Pokhrel	9851091069
56	Radio Babai	106 MHz	100	Bardiya	Yubraj Shrestha	9858020603
57	Radio Ramjyanu	89 MHz	100	Bardiya	Narayan B. Thapa	9848172665
58	Radio Sisne	92.8 MHz	100	Rukum (East)	Narayan Kumar shah	9758501581
59	Radio Sano Bheri	100.8 MHz	100	Rukum (East)	Govinda Roka	9851103112
60	Radio Sani Bheri	89.2 MHz	500	Rukum (East)	Dhurba BiKram Budathoki	97480520435
61	Radio Uttar Ganga	102 MHz	100	Rukum (East)	Bhim Bdr. Oli	9847869013
62	Radio Gemitribeni	94.3 MHz	500	Rukum (East)	Amar Raj Pun	9848215746
63	Unik FM	97.6 MHz	100	Rukum (East)	Tarak K.C	9851042671

Annex 2: Newspaper available in Lumbini Province

S.N	Name of the newspaper	District	Province	Type	Outreach	Grade
1	Buddha Darpand Dainik	Kapilvastu	Lumbini	Weekly	National	Ga
2	Saajha News Saptahik	Kapilvastu	Lumbini	Weekly	Province	Kha
3	Budhha Awaj Saptahik	Kapilvastu	Lumbini	Weekly	Province	Ka
4	Kabilvastu Darpand	Kapilvastu	Lumbini	Weekly	Province	Withheld
5	Kabilvastu Sandesh Saptahik	Kapilvastu	Lumbini	Weekly	Local	Ga
6	Lumbini Darpand Saptahik	Kapilvastu	Lumbini	Weekly	Province	Kha
7	Hamro Purusartha	Gulmi	Lumbini	Daily	National	Ka
8	Gorachya Dainik	Dang	Lumbini	Daily	National	Ka
9	Rapti Post Dainik	Dang	Lumbini	Daily	Province	Withheld
10	Gadatantra Dainik	Dang	Lumbini	Daily	Province	Ka
11	Naya Yugbodh Dainik	Dang	Lumbini	Weekly	National	Ka
12	Naulo Janauubhar Dainik	Dang	Lumbini	Weekly	Local	Ka
13	Saachi Kabar Patrika	Dang	Lumbini	Weekly	Local	Ka
14	Lauuwo Agrashan Saptahik	Dang	Lumbini	Weekly	Local	Ga
15	Suchana Patra Saptahik	Dang	Lumbini	Monthly	Local	Withheld
16	Atuut Maashik	Dang	Lumbini	2 month	Local	Withheld
17	Samarekha Dubaimashik	Dang	Lumbini	Literature	Province	Ka
18	Antaradhwaani Traimashik	Dang	Lumbini	Langauage	Province	Withheld
19	Lawa Dagar Traimashik	Dang	Lumbini	Weekly	Local	Ka
20	Parashi Patra Saptahik	Nawalparasi	Lumbini	Weekly	Province	Kha
21	Samarthya Saptahik	Nawalparasi	Lumbini	Weekly	Local	Ga
22	Namuna Sandesh Saptahik	Nawalparasi	Lumbini	Weekly	Local	Kha
23	Bijaya Khabar Saptahik	Nawalparasi	Lumbini	Weekly	Province	Kha
24	Janaarpan Saptahik	Nawalparasi	Lumbini	Daily	Local	Kha
25	Nawa Janchetana Dainik	Palpa	Lumbini	Bimonthly	Local	Kha
26	Karuwa Ardha Saptahik	Palpa	Lumbini	Weekly	Local	Kha
27	Gaule Deurali Saptahik	Palpa	Lumbini	Weekly	Local	Ka
28	Palpa Samacharpatra	Palpa	Lumbini	Weekly	Local	Ka
29	Nawasambhad Saptahik	Palpa	Lumbini	Weekly	Local	Ka
30	Palpa times Saptahik	Palpa	Lumbini	Weekly	Local	Ga
31	Parewa Pachhik	Palpa	Lumbini	Fortnightly	Local	Kha
32	Hamro Yekata Saptahik	Pyuthan	Lumbini	Weekly	Local	Ka
33	Mandabi Saptahik	Pyuthan	Lumbini	Weekly	Local	Kha
34	Arthik Pyuthan Mashik	Pyuthan	Lumbini	Monthly	Local	Kha
35	Rajapur Times Saptahik	Bardiya	Lumbini	Weekly	Local	Withheld
36	Churekunjha Saptahik	Bardiya	Lumbini	Weekly	Local	Ga
37	Kothiyaghat Saptahik	Bardiya	Lumbini	Weekly	Local	Kha
38	Babai Saptahik	Bardiya	Lumbini	Weekly	Local	Ga
39	Dainik Nepaljung	Banke	Lumbini	Daily	Province	Ka
40	Kalpristha Dainik	Banke	Lumbini	Daily	Province	Ka
41	Sadvav Dainik	Banke	Lumbini	Daily	Province	Withheld
42	Mission Today Dainik	Banke	Lumbini	Daily	Local	Kha
43	Madhepaschim Sandesh	Banke	Lumbini	Daily	Local	Withheld
44	Hamro Samachar Dainik	Banke	Lumbini	Daily	Local	Similar
45	Prabhat Ghosana Dainik	Banke	Lumbini	Daily	Local	Ga
46	Lokpriya Sandesh Dainik	Banke	Lumbini	Daily	Local	Kha

S.N	Name of the newspaper	District	Province	Type	Outreach	Grade
47	New Madesh Express Dainik	Banke	Lumbini	Daily	Local	Withheld
48	Newz Yethartha Saptahik	Banke	Lumbini	Weekly	Local	Ga
49	Good Newz Saptahik	Banke	Lumbini	Weekly	Local	Kha
50	Aajako Samana Saptahik	Banke	Lumbini	Weekly	Local	Kha
51	Samaj Jagaran Saptahik	Banke	Lumbini	Weekly	Local	Ga
52	Mahila Sanchar Saptahik	Banke	Lumbini	Weekly	Local	Kha
53	Janamaat Ardha Saptahik	Banke	Lumbini	Fortnightly	Local	Kha
54	Ashal Sasan Post Saptahik	Banke	Lumbini	Weekly	Local	Ga
55	Butwal Today Dainik	Rupandehi	Lumbini	Daily	National	Kha
56	Dainikpatra Dainik	Rupandehi	Lumbini	Daily	National	Kha
57	Dainik Lumbini	Rupandehi	Lumbini	Daily	National	Kha
58	Mechikali Sandesh Dainik	Rupandehi	Lumbini	Daily	National	Ka
59	Nawatilotama Dainik	Rupandehi	Lumbini	Daily	National	Kha
60	Gautam Buddha sandesh	Rupandehi	Lumbini	Daily	Province	Withheld
61	Lumbini Khabar Ardha	Rupandehi	Lumbini	Fortnightly	Local	Kha
62	Khashyouli Saptahik	Rupandehi	Lumbini	Weekly	Province	Ka
63	Jansangharsa Saptahik	Rupandehi	Lumbini	Weekly	National	Ka
64	Devdaha Saptahik	Rupandehi	Lumbini	Weekly	Province	Kha
65	Sawal Nepal Saptahik	Rupandehi	Lumbini	Weekly	Province	Kha
66	Hamro Goreto Mashik	Rupandehi	Lumbini	Monthly	Province	Kha



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