PROVINCIAL PROFILES

PROVINCE 2

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

Contents

1

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.

1.2 METHODOLOGY

Some additional information is also supplemented by the active CICT teams and call centres engaged in active follow up of cases and contacts over a period of time.

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

Parsa
54
3354

Bara
28
2070

Rautahat
16
2752

Sarlahi
16
2778

Mahottari
18
1990

Dhanusha
22
2913

Siraha
19
2169

Saptari
20
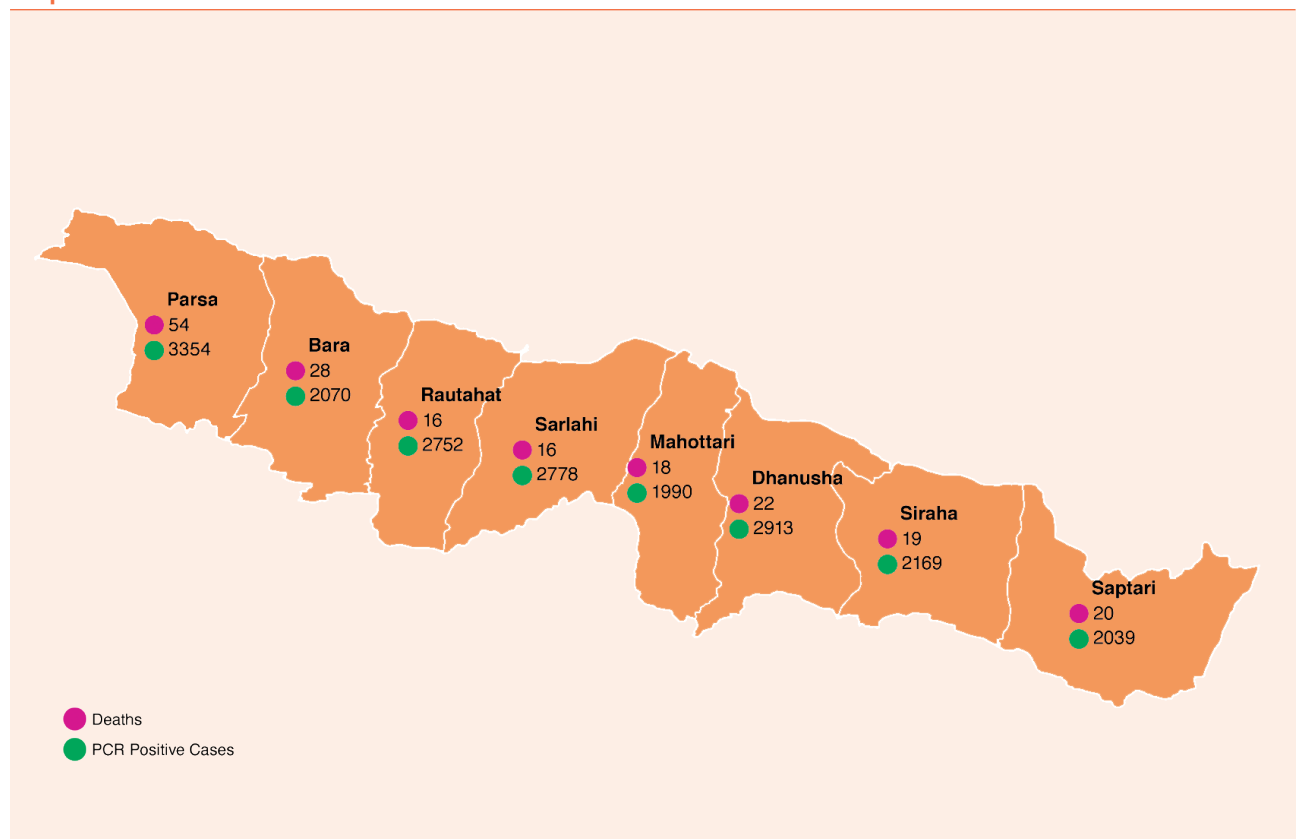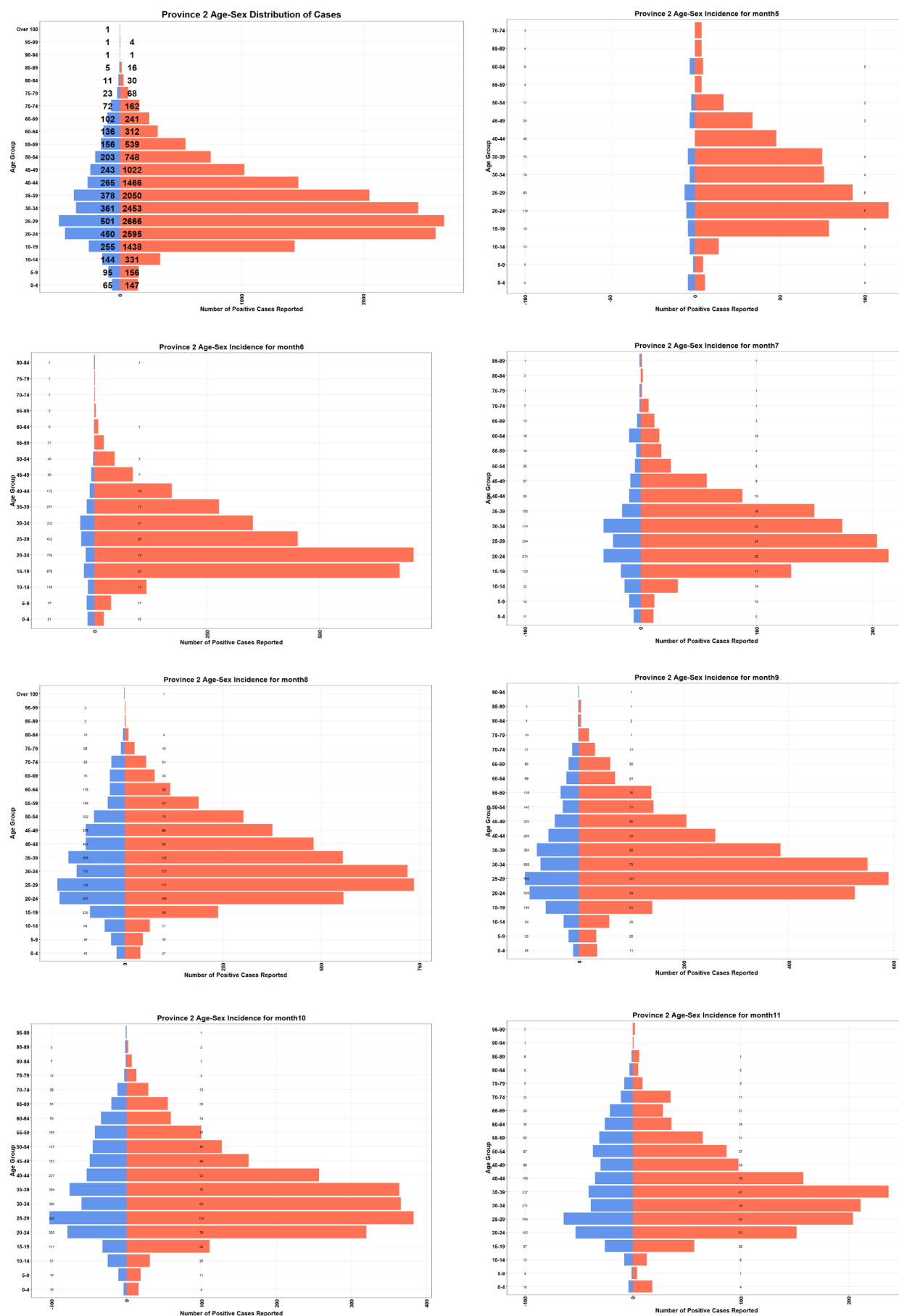2039

Deaths
PCR Positive Cases

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
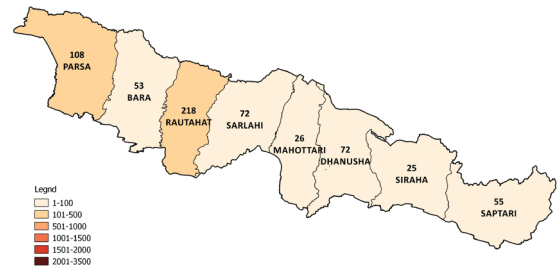
Map 4: Cumulative Case Incidence by Month – June 2020
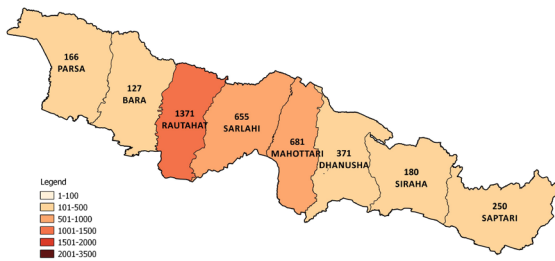
Map 5: Cumulative Case Incidence by Month – July 2020
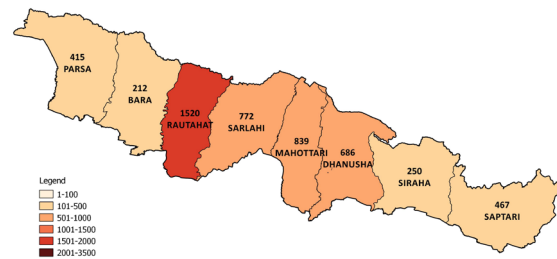
Map 6: Cumulative Case Incidence by Month – August 2020
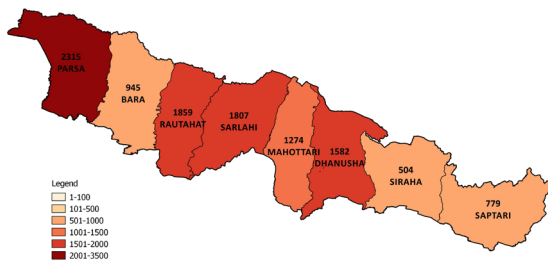
Map 7: Cumulative Case Incidence by Month – September 2020
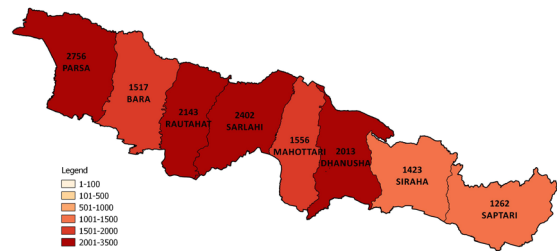
Map 8: Cumulative Case Incidence by Month – October 2020
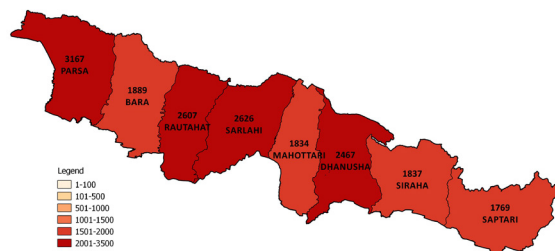
Map 9: Cumulative Case Incidence by Month – November 2020
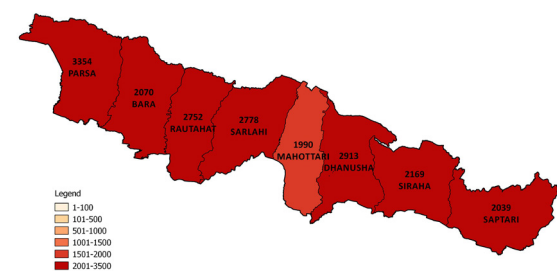
Figure 2: **Weekly Test Positivity Rate – (12 weeks)**
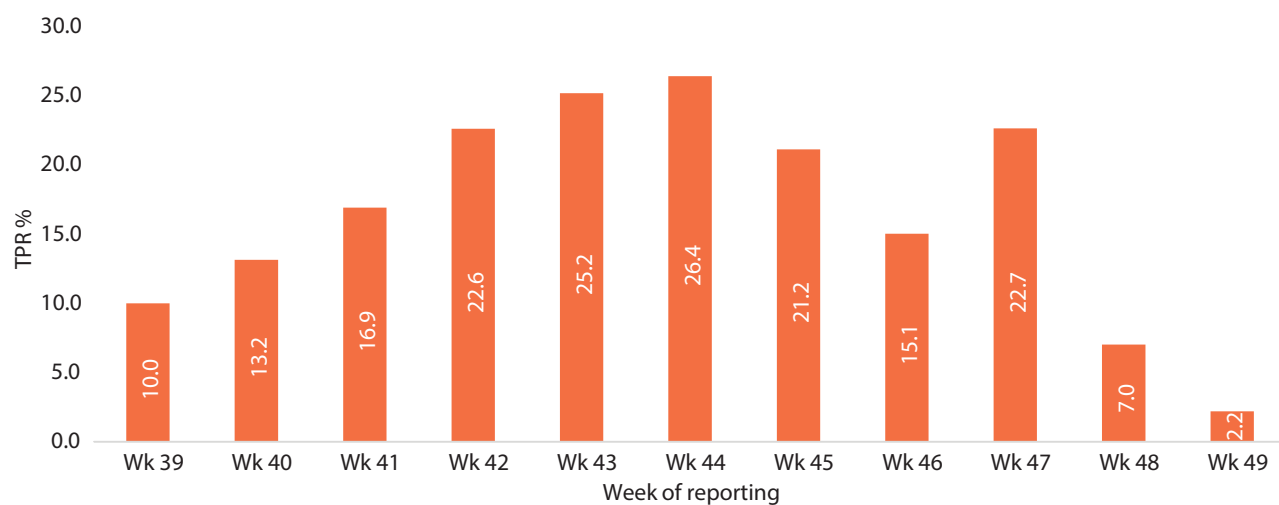
Figure 3: **District Deaths Weekly (12 weeks)**
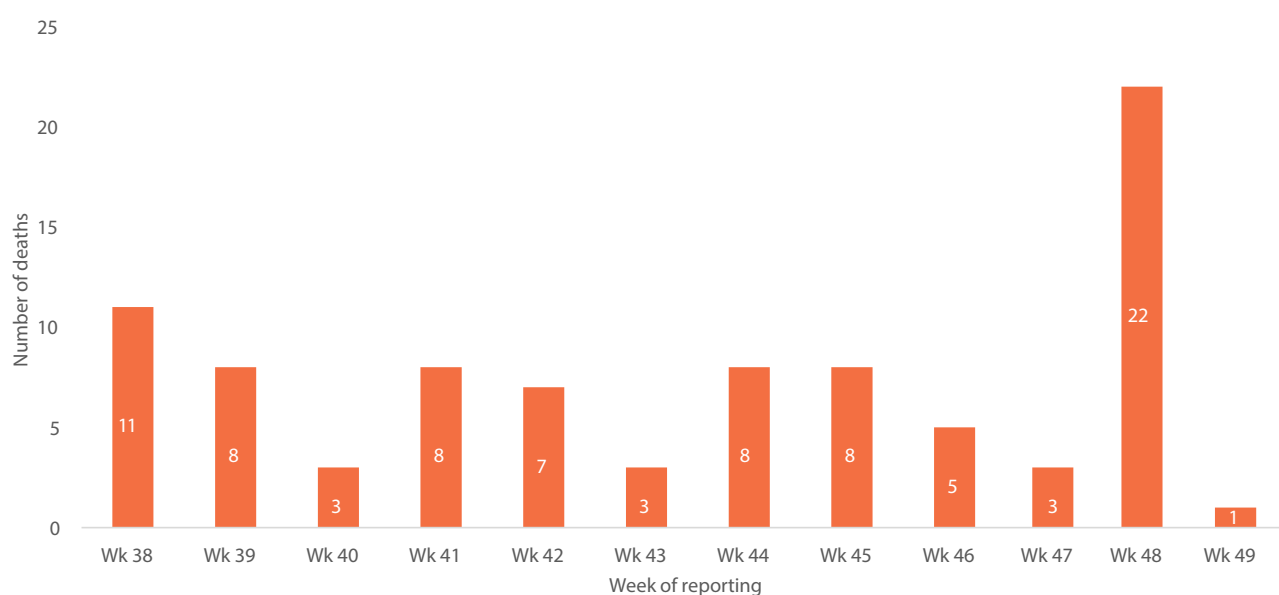
1.7 SUMMARY

In Province 2, Covid-19 cases started being detected early in April. In the month of April, the province had a total of 12 cases spread across four districts and the number of cases jumped to 617 the next month. Since May, all the districts had been consistently reporting cases and the monthly total reached 3172 in June. There had been sharp ups and downs in the cases detected in the province. There was a slow spread with 1360 cases in the month of July. August witnessed substantive increase in cases and a monthly high of 5904 cases. The monthly cases started to drop from September with 4007 cases and in October, it dropped to 3124. November had only 1869 odd cases.

- Province 2 now has an incidence of 328 per lakh population and the range of district level incidence varied between the lows of 32 per lakh in Siraha, Mahottari and Saptari, to the highs of 45 per lakh in Sarlahi, Rautahat and Dhanusha; and 55 per lakh in Parsa districts. Amongst the districts, the increase

in incidence is not always consistent. The incidence of cases in all 8 districts had been constantly rising until August but it gradually fell after September.

- The age-sex pattern of the case incidence has changed much since the early days. The sex pattern of the cases in this province is overwhelmingly male, that is slowly changing as with every passing month the proportion of female in each age group is slowly increasing. Since June, almost all the age-groups started getting affected and females were represented in some of those age groups. It is only from August that there is a homogeneous pattern affecting all age groups representing both sexes. Gradually the proportion of females increased in all the age-groups though little slower than the males.

- The province started reporting cases since the month of April. By May, when all districts started reporting cases, the spread was through the length and breadth of the province. All the districts are border districts and connect to India on the South through major corridors like Raxaul where container transport arrives. Parsa, Rautahat, Sarlahi and Dhanusha were the most affected districts accounting for 59% of the cases. Parsa alone had 17% of the cases at 3354. The other 4 districts of Bara, Mahottari, Siraha and Saptari had around 10% of the burden each.

- Six of the 8 districts have major road connectivity with Indian side. Parsa is connected to West Champaran; Dhanusha and Saptari to Madhubani;

Rautahat, Mahottari and Sarlahi to Sitamarhi. Also, the major national highway connects all the districts from East to West. Thus, from international as well as domestic passenger movement the province gets its high burden of cases in Parsa, Rautahat, Dhanusha and Sarlahi. It also happens to be the most densely populated province of Nepal.

- Province 2 has 6 laboratories located in the districts of Parsa (2), Saptari (1), Dhanusha(1), Mahottari(1) and Rautahat (1), from where most of the cases are reported. The test positivity rates calculated as overall rate of test positives by PCR from amongst the total samples tested had an upswing in the province during the month of October. The test positivity rates jumped from 10.0% in week 39 to cross 20% in the week 42 (October 12-19). The rate increased to a high of 26.4% in week 44 and gradually dropped to 15.1% by Week 46. Between July and November, test positivity rate and adjusted test positivity rates indicate that the efficiency of testing strategy were never consistent and predictive. The inconsistency had been particularly large during the very recent weeks.

- The total number of deaths in the province is 193 with an overall case fatality of 0.96%. There is substantive difference in the fatality rates across the districts. In Parsa, where the maximum cases are, had 54 deaths out of 3354 cases with a fatality rate of 1.61%; Bara had 28 deaths and 2070 cases with a fatality rate of 1.35%, whereas with only 16 deaths out of 2778 cases, Sarlahi had a fatality rate of 0.6%.

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.
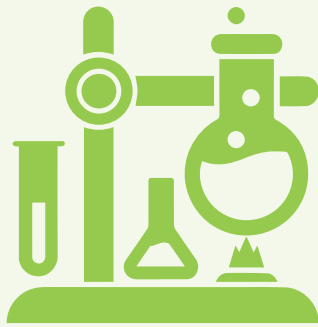
LABORATORY CAPACITY

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 were established in Province 2 on 3rd April 2020. As of 4th Nov 2020, a total of 85,225 samples were tested in 6 different laboratories in Province 2.

2.2 COVID-19 LABORATORIES

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

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

S.No.	Name of Laboratory	Address	Govt / Private
1	Bardibas COVID-19 Laboratory	Mahottari	Govt
2	Gaur Hospital PCR Laboratory	Rautahat	Govt
3	Gajendra Narayan Singh Hospital	Rajbiraj, Saptari	Govt
4	National Medical College and Teaching Hospital	Birgunj, Parsa	Private
5	Narayani Hospital	Birgunj, Parsa	Govt
6	Provincial Public Health Laboratory-2 (PPHL-2)	Janakpur, Dhanusha	Govt

Map 10: Geographic Distribution of the COVID-19 Laboratories in Province 2

2.3 TESTING CAPACITY OF THE LABORATORIES

Table 3: Testing capacity, daily testing and turnaround time in COVID-19 laboratories in Province 2

S. No.	Name of Laboratory	Date of Establishment (DD/MM/YYYY)	Estimated Testing Capacity/Day	Maximum PCR tests/run
1	Bardibas COVID-19 Laboratory	27/08/2020 (11/05/2077)	25	96
2	Gaur Hospital PCR Laboratory	18/09/2020 (02/06/2077)	100	36 and 72
3	Gajendra Narayan Singh Hospital	12/06/2020 (30/02/2077)	300	96
4	National Medical College and Teaching Hospital	02/10/2020 (16/06/2077)	32	96
5	Narayani Hospital	05/05/2020 (23/01/2077)	300	72
6	PPHL-2	03/04/2020 (21/12/2076)	500	96

2.4 EQUIPMENT AVAILABILITY

Table 4: Distribution of Equipment available in COVID-19 laboratories in Province 2

Name of Laboratory	PCR Machine		RNA automated extraction machine		Biosafety Cabinet		Freezer (Qty)	
	Brand (Capacity)	Qty	Brand (capacity)	Qty	Brand	Qty	-80ºC	-20ºC
Bardibas COVID-19 Laboratory	Azure	1	-	1	Micro-filt	2	1	1
Gajendra Narayan Singh Hospital	DLAB Accurate 96 RT-PCR	1	-	-	Biobase	1	1	1
Gaur Hospital PCR Laboratory	Rotor-GeneQ	2	-	-	Biobase Type II	1	1	1
National Medical College and Teaching Hospital	Thermo Fisher Scientific Quantstudio 5	1	Zhongke Biomed Technol (ZK-01 Type), 32 well	1	Micro-filt (Level 2)	1	1	1
Narayani Hospital	Rotor-GeneQ	3	Zhongke Biomed	1	Biobase Microtech	2	1	1
PPHL-2	DLAB Accurate 96 RT-PCR	1	-		Biobase	1	3	-

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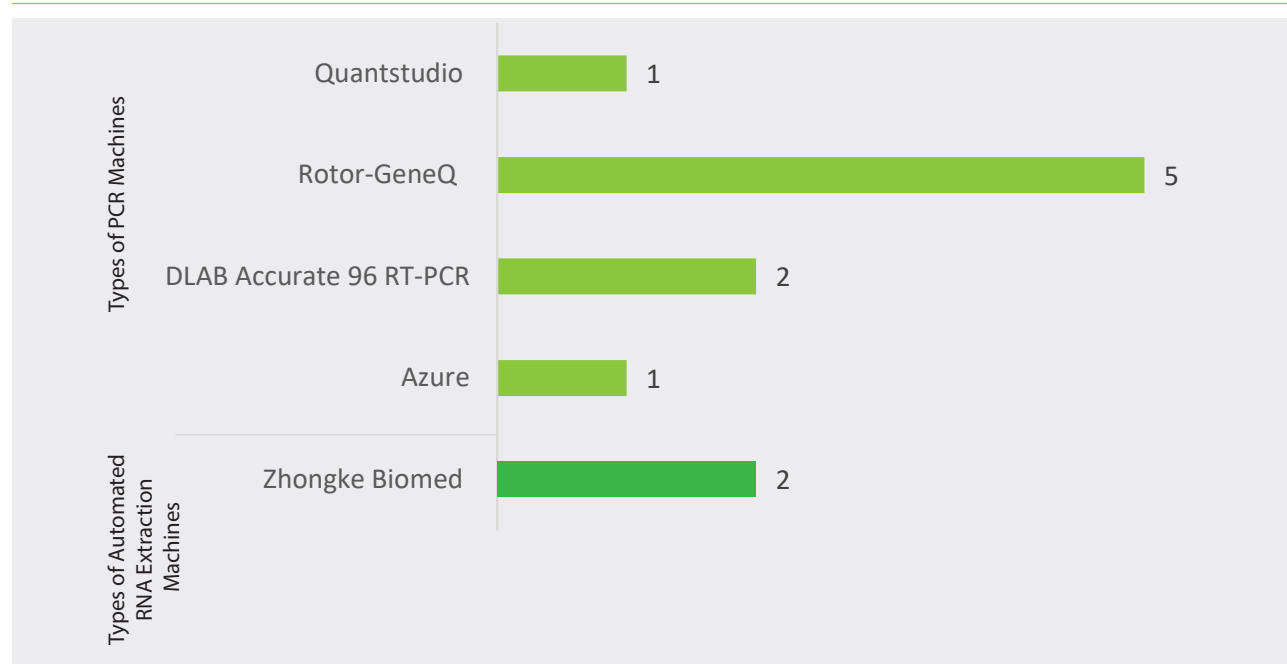
Figure 3: Types of Biosafety Cabinet used in COVID-19 laboratories in Province 2
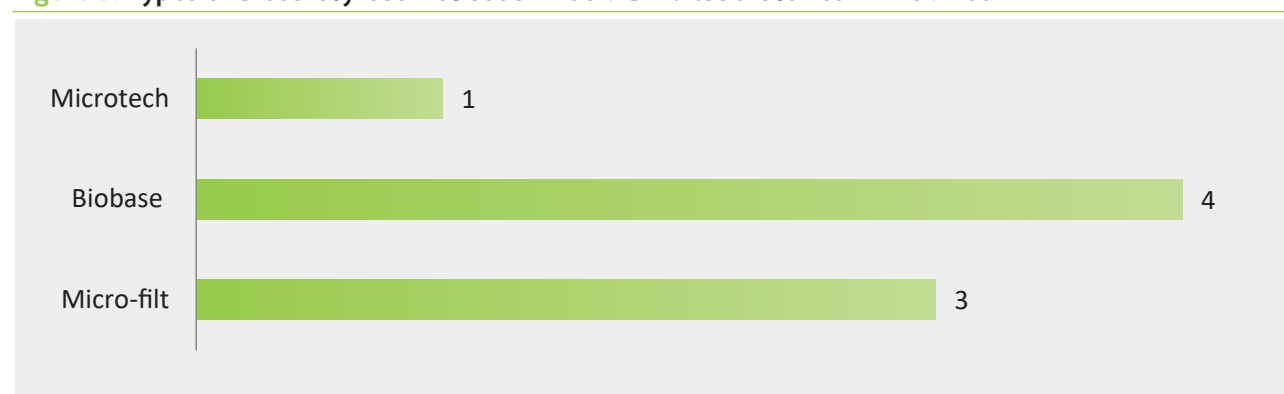
Table 5: Types and Capacity of Autoclave Machines in COVID-19 laboratories in Province 2

Name of Laboratory	Number of Autoclave machine	Capacity (litres)	Company (Brand)
Bardibas COVID-19 Laboratory	1	90 l	Indo Exim Vertical
Gajendra Narayan Singh Hospital	1	50 l	Panasonic
Gaur Hospital PCR Laboratory	1	50 l	Zhejiang Huawei
Narayani Hospital	3	1= Medium(<100 l) 2=Large (>100 l) 3=Large(>100 l)	All Diafoss
National Medical College and Teaching Hospital	2	Both 80 l	Steam Sterilizer
PPHL-2	2	1=120 l 2=70 l	1= Tomy 2= Panasonic

Figure 4: Types and Capacity of Autoclave Machines used in COVID-19 laboratories in Province 2
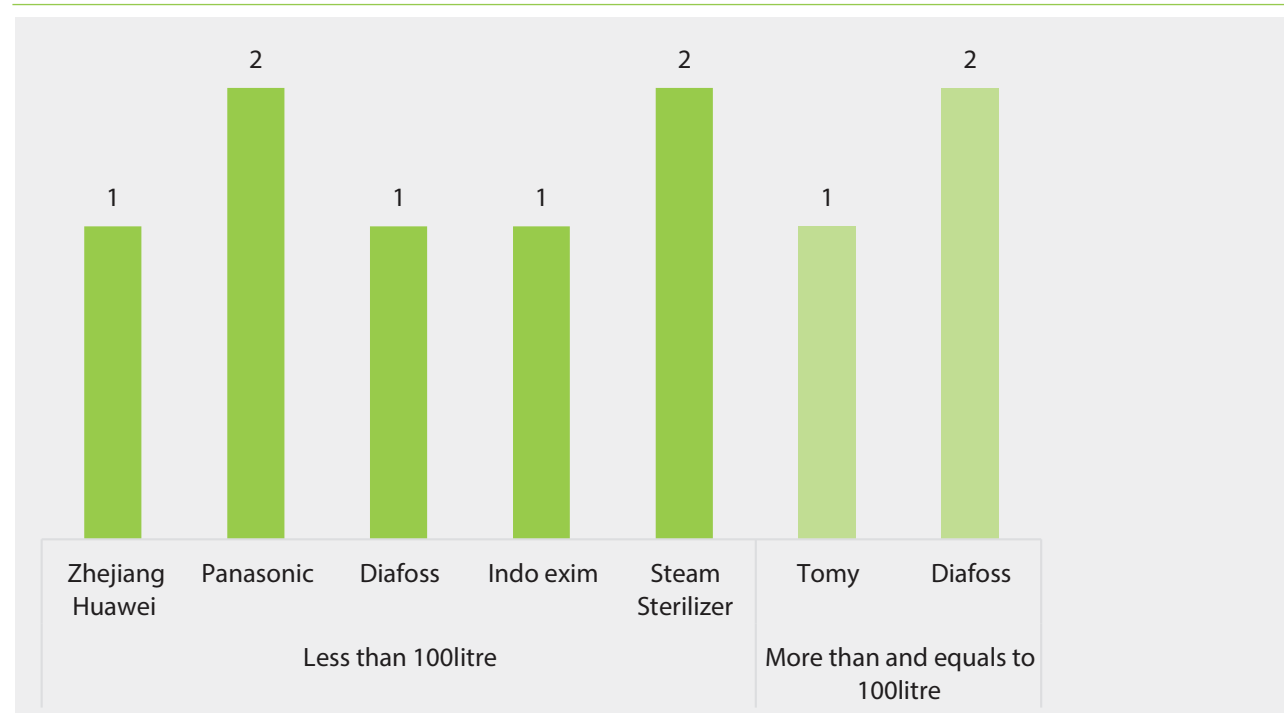
2.5 CONSUMABLES/ LABORATORY REAGENTS

Table 6: Brands of Viral Transport Media (VTM), PCR Test kits and RNA extraction kits used in COVID- 19 laboratories in Province 2

Name of Lab/Institution	VTM in use	PCR test kits	RNA Extraction kits
Bardibas COVID-19 Laboratory	As supplied by Palika	Unimedica/ Maccura	Roche High pure/ Spinx
Gajendra Narayan Singh Hospital	SD Biosenser Noble bio	Roche Light cycle	Roche High pure viral RNA
Gaur Hospital PCR Laboratory	As supplied by Palika	SD bisensor	Fabrogene
National Medical College and Teaching Hospital	Dasky	Maccura	Zhonkge Biomed
Narayani Hospital	Everest	GB	Roche High pure viral RNA
PPHL-2	Noble bio	SD Biosensor	XABT

Figure 5: Types of VTM used in COVID 19 laboratories in Province 2
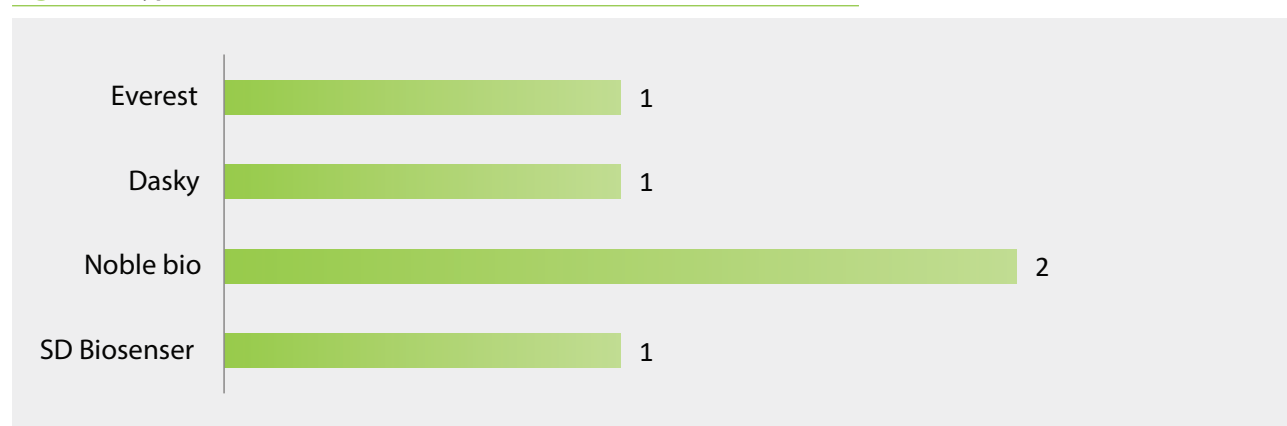
Figure 6: Types of PCR Test Kits used in COVID-19 laboratories in Province 2
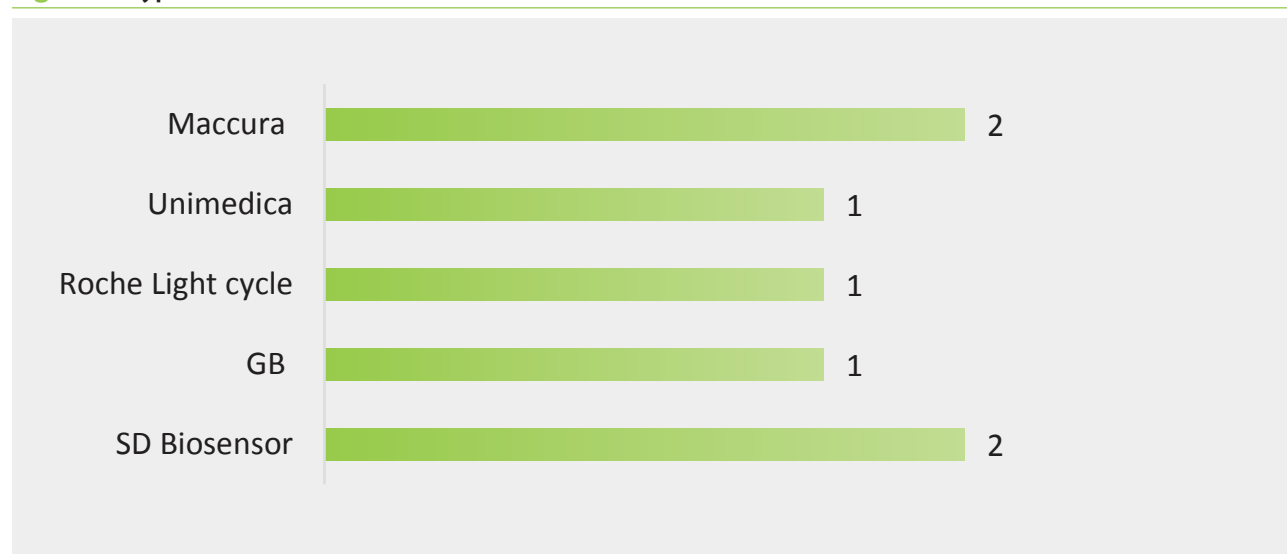
In Bardibas COVID-19 Laboratory and Gaur Hospital PCR Laboratory, they use VTM as supplied by their respective Palikas.

Figure 7: Types of RNA Extraction Kits used in COVID 19 laboratories in Province 2
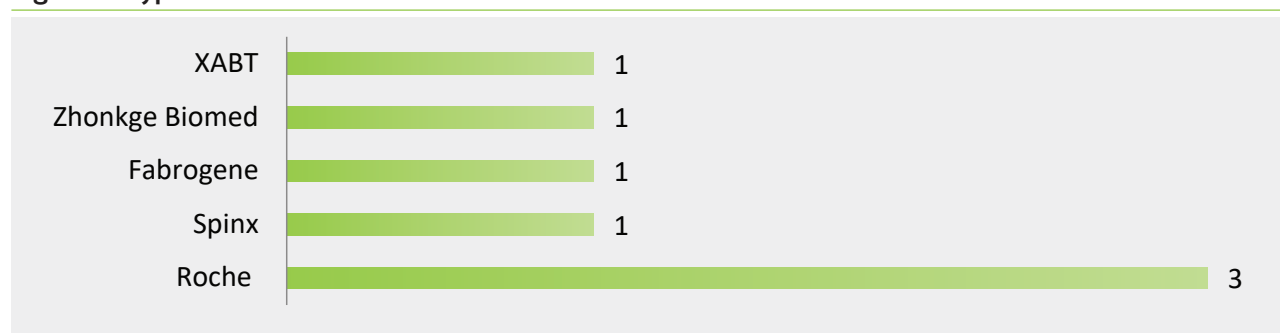
2.6 HUMAN RESOURCES

Table 7: Distribution of Human Resources in COVID-19 laboratories in Province 2

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
Bardibas COVID-19 Laboratory	2	4	1	1	-
Gajendra Narayan Singh Hospital	2	6	2	1	-
Gaur Hospital PCR Laboratory	2	4	3	1	-
National Medical College and Teaching Hospital	5	5	1	1	2
Narayani Hospital	2	4	2	2	Yes from the routine
PPHL-2	5	9	5	4	-

Figure 8: Distribution of Human Resources in COVID-19 laboratories in Province 2
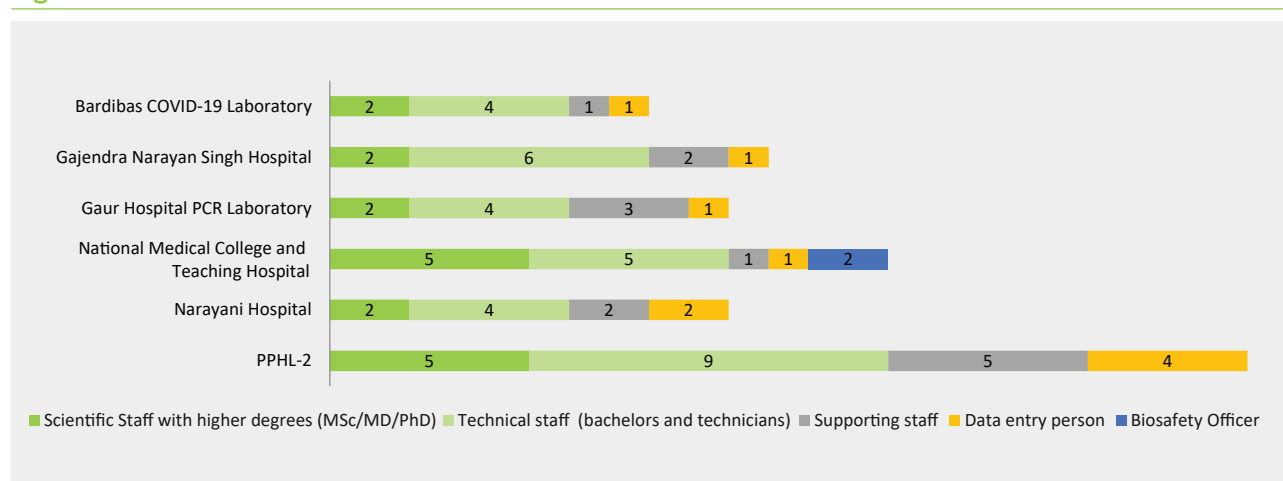
In Narayan Hospital, the regular lab staff works as a Biosafety Officer.

2.7 LABORATORY QUALITY INDICATORS

Table 8: Laboratory Quality Indicators of COVID-19 laboratories in Province 2

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)	
Bardibas COVID-19 Laboratory	NE	NE	Validation in process	Validation in process	Below 90
Gajendra Narayan Singh Hospital	100	100	NP	NP	100
Gaur Hospital PCR Laboratory	NE	NE	NE	NE	NE
National Medical College and Teaching Hospital	NE	NE	NE	NE	NE
Narayani Hospital	90	90	90	100	100
PPHL-2	100	100	NP	NP	100

NE: Not Established, NP: Not Participated

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

25%
(1)

75%
(3)

■ 100% Concordance   ■ <90% Concordance
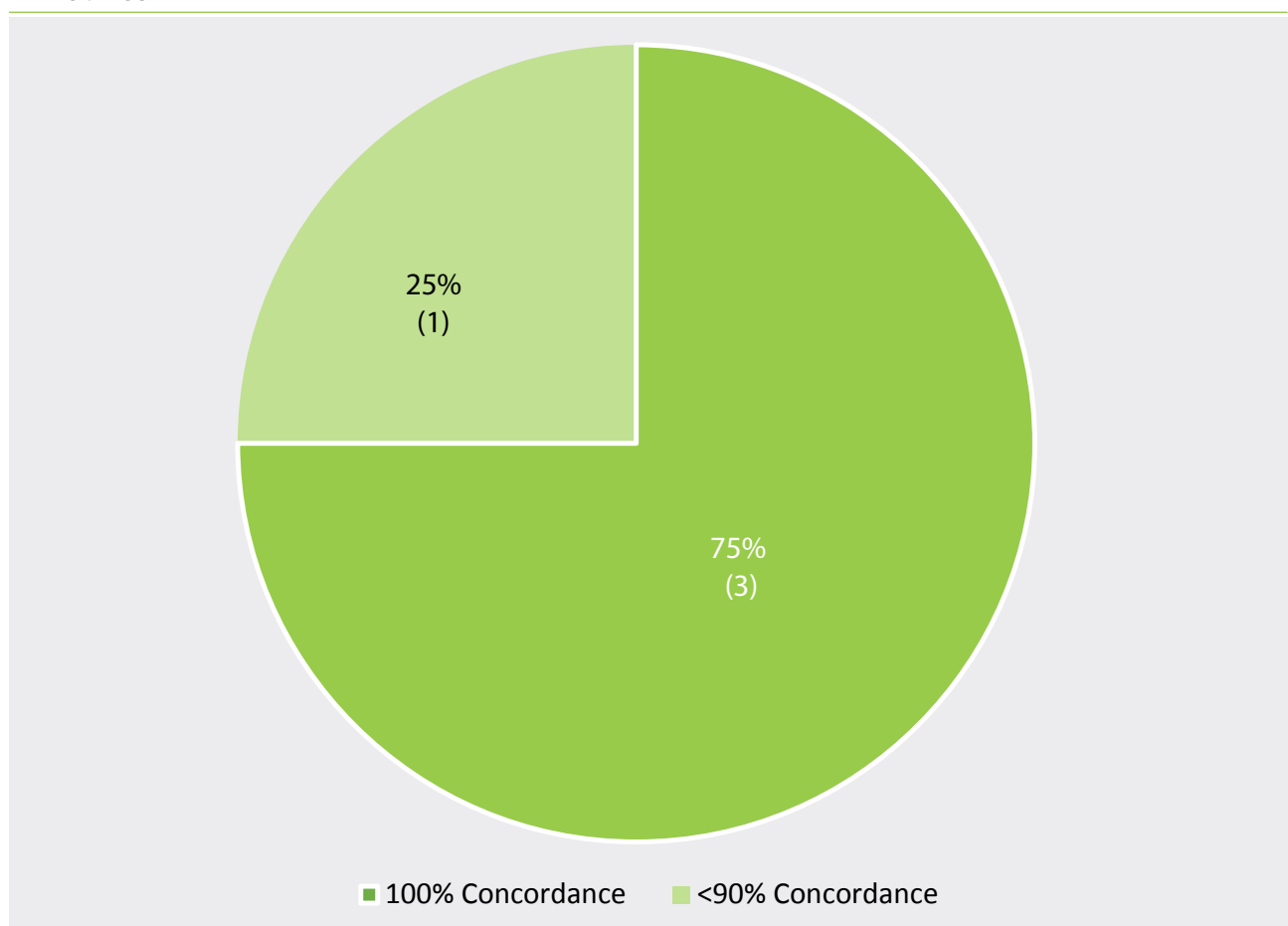
2.8 LABORATORY BIOSAFETY AND BIOSECURITY PRACTICES

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 Province 2

Name of Laboratory	Availability of computer for data entry (Number)	Type of database
Bardibas COVID-19 Laboratory	1	MS-Excel
Gajendra Narayan Singh Hospital	1	IMU Nepal
Gaur Hospital PCR Laboratory	1	MS-Excel
National Medical College and Teaching Hospital	2	Sukra
Narayani Hospital	Yes	MIS, MS-Excel
PPHL-2	3	Dolphin

Figure 10: Types of Database Software used in COVID-19 laboratories in Province 2
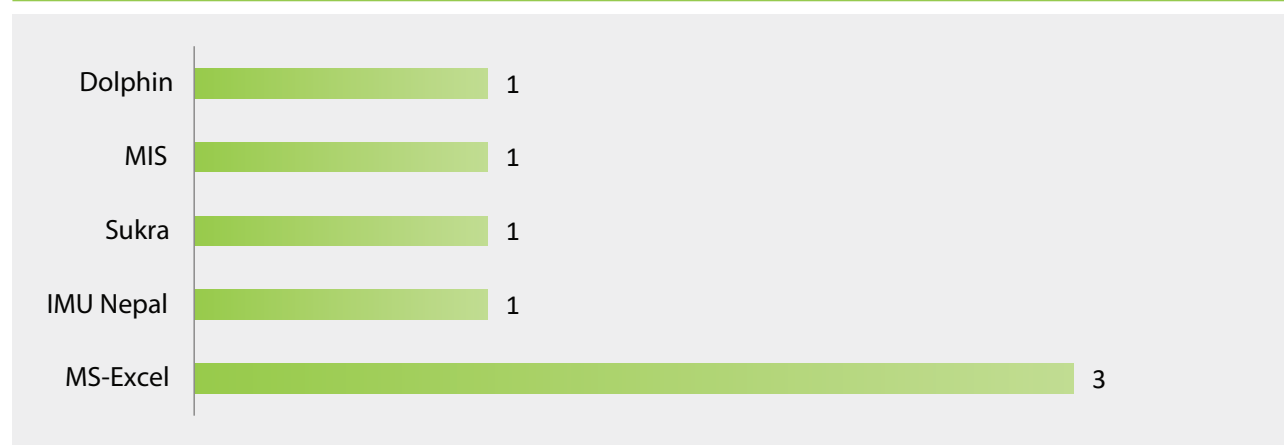
MIS: Management Information System, IMU: Information Management Unit

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

2.10 OBSERVATIONS

- 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 are 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 used in the province. Equipment calibration and maintenance plan is 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 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 reporting a result as positive or negative only. Therefore, 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 work load 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 it the 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.

- Encourage laboratory networking by creating a hub and spoke structure. NPHL supporting a Provincial Public Health laboratory or Medical colleges 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 and AMR surveillance.

INFECTION PREVENTION AND CONTROL AND CLINICAL MANAGEMENT

3 INFECTION PREVENTION AND CONTROL AND CLINICAL MANAGEMENT

3.1 BACKGROUND

Province 2 is a province in the southeastern region of Nepal that was formed after the adoption of the Constitution of Nepal. It is Nepal's second most populous province and smallest province by area. It borders Province1 to the east, Bagmati Province to the north, and India to the south.

Province 2 is divided into 8 districts, which is further subdivided into one metropolitan city, 3 sub-metropolitan cities, 73 municipalities and 59 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 43, 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, Province 2 has 13 public hospitals, 32 Primary Health Care Centres (PHCCs), 745 Health posts and 203 Non- public facilities.

Map 11: Health facilities by type
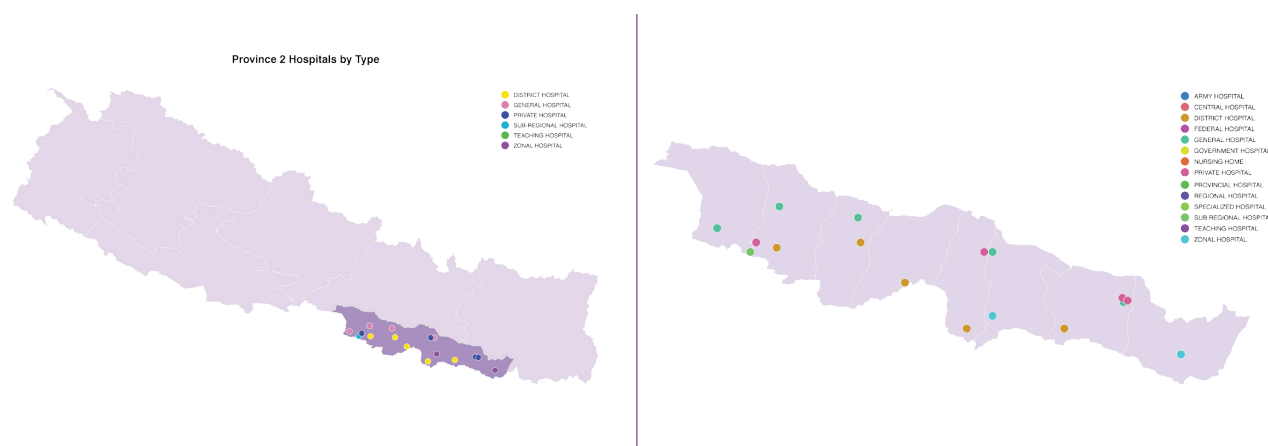
3.4 FINDINGS OF A RAPID ASSESSMENT (RA) FOR COVID-19 READINESS 2020

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 Province 2, Janakpur and Nayarani Hospitals were designated as the provincial facilities for the management of COVID-19 cases. However, the COVID-19 cases from Narayani hospital were shifted to private hospital. So, only Janakpur provincial hospital took part in the rapid assessment.

Map 12: Level 2 Hospital in Nepal
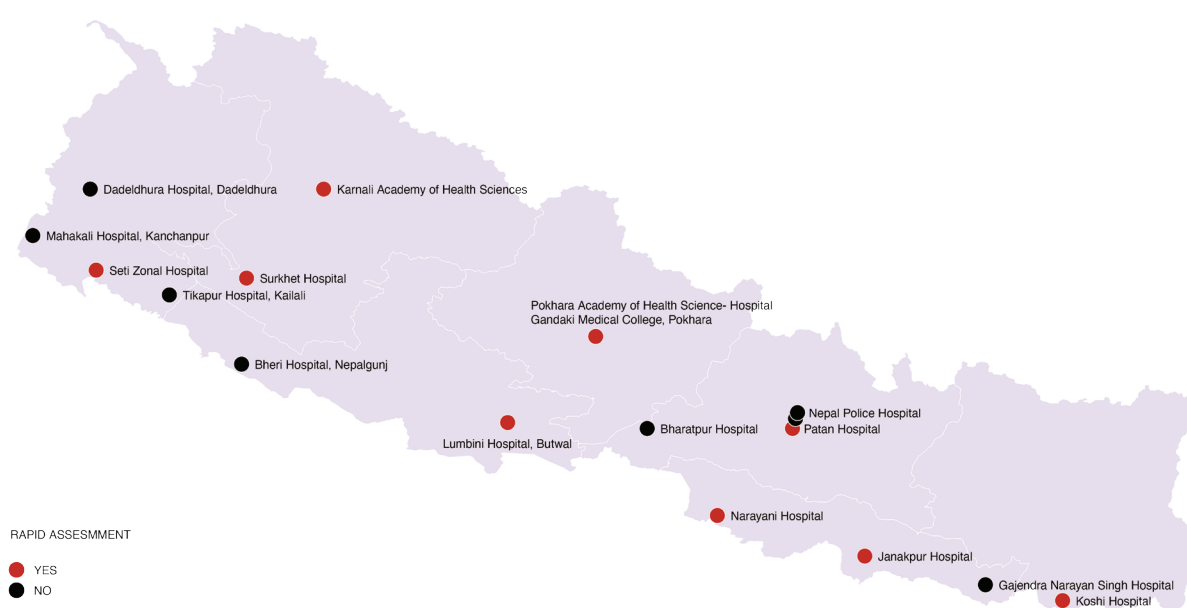
The key findings of the rapid assessment as recorded during self-assessment of Janakpur Provincial hospital includes the following:

Table 10: Key Findings from RA- Janakpur 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
10	0	2	Oxygen Cylinder	-	-	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
No, only 2/16 present	yes	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 Province 2 providing various health services in context of COVID-19.

Table 11: Services Provided by various government hospitals and Medical college

Name of Facility	District	Non COVID-19 services		
		Outpatient	MNCH	Surgery
Provincial Hospital Janakpur	Janakpur	✔	✔	✔
Gajendra Narayan Singh Hospital	Saptari	✔	✔	✔
National Medical Hospital	Birgung	✔	x	x

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

S No.	Hub Hospitals	COVID-19 Designated Hospitals (Yes/No)	Formation of EMDT
1	Provincial Hospital Janakpur	Yes	No
2	Gajendra Narayan Singh Hospital	Yes	Yes
3	Narayani Hospital	Yes	No

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

Table 13: Bed capacity and Human resources in Provincial Hospital Janakpur

S.N.	Categories	COVID-19 Designate	Non-COVID-19 Designated	Total
Bed capacity				
	Bed capacity IPD	152	325	477
	Bed capacity HDU		2	2
	Bed capacity ICU	8	10	18
Human Resources				
	Total number of MD (Consultants)		25	25
	Number of anesthesiologists/intensivists		1	1
	Total nurses		108	108
	Total nurses Trained in Critical Care		6	108

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
Provincial Hospital Janakpur	N/A	—
Gajendra Narayan Singh Hospital	5	▪ 3 Doctors ▪ 2 AHWs
Narayani Hospital	N/A	—

Table 15: Training of healthcare workers and support staff

Essential Critical care Training for Nurses and Doctors- Province 2				
Institute	Date	Module I (IPC) 1 day	Module II (CCT) 2 days	Total trained
Janakpur Provincial Hospital	10-12 November 2020	33	16	33
Narayani Hospital	24-26 November 2020	30	16	30

Note:

Total 33 staff participated in IPC training, of them 16 continued in CCT training at Janakpur provincial hospital. In training conducted at Narayani Hospital, a total of 30 staff participated in IPC training, of them 16 continued in CCT training. The participants in Module I are Doctors, nurses and paramedics and in Module II are Doctors and Nurses.

Table 16: Clinical Management COVID-19

Current number of COVID-19 cases in Province 2							
Province 2: COVID -19 Cases (Source: MoHP 30 November 2020)							
Date	Active	ICU	Recovered	Death	Total cases	Recovered & Death	CFR
30 Nov 2020	365	4	19497	196	20058	19693	0.977

The following information is for the then level II hospital, Janakpur Provincial Hospital

Table 17: Treatment Modalities available

Remdesivir	Hydrocortisone	Convalescent Plasma	Clinical trials	Secondary infections	Others
Yes	Yes	No	Yes	Yes	-

3.7 DISABILITY INCLUSION, REHAB & POST COVID-19 CARE

Table 19: Availability of services for disability inclusion

Accessible facilities (low level beds, transfer board, wheelchair accessible toilet with commode, drinking water within reach, etc.)	Yes
Assistive devices available and functional (wheelchair, crutches, etc.)	Yes
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 PROVINCE 2

Information gathered from 5 hospitals

- Gajendra Naryan Hospital, Rajbiraj
- National Medical College, Birgunj
- Provinical Hospital Janakpur
- Narayani Hospital, Birgunj
- Janaki Medical College, Janakpur

Table 20: **Capacity to provide oxygen by bed**

Type of beds across 5 Hospitals	Number of beds
Total COVID-19 designated beds	577
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)	28
No. of ICU beds for Covid-19 (10L/min)	28
No. of ventilators for COVID-19 patients	14

Table 21: **Oxygen Availability**

Oxygen supply	Number
Oxygen Plant	0
Oxygen plant under construction	0
Oxygen plant output expressed as number of cylinders per day	0
Number of oxygen cylinders available*	>117
Number of oxygen concentrators	21
"Minimum number of large cylinders available (plant output added to cylinders available)"	>117
Number of hospitals with piped oxygen at least for some beds**	2

* information on cylinders numbers missing from 2 hospitals

** data missing from 2 hospitals

OXYGEN SUPPLY AND DEMAND

- Demand based on ICU/HDU capacity plus total COVID-19 designated beds delivering 1.5l 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 requirement per day for all beds	992 cylinders
Number of cylinders available	>117 cylinders
Gap (-)/Excess (+)	-875 cylinders

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

4 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

4.1 DEMOGRAPHIC INFORMATION OF PROVINCE 2[1]

4.1.1. Ratio
The ratio of men and women in Province 2 is equal. 50% of the population is male and the other 50% is female.

4.1.2. Religion
Religion in Province 2 encompasses three major groups and beliefs. The major religion is Hinduism which accounts for 85% followed by Islam (12%) and Buddhism (3%).

> **Religion in Province 2 encompasses three major groups and beliefs. The major religion is Hinduism which accounts for 85% followed by Islam (12%) and Buddhism (3%).**

4.1.3. Caste
Yadav is the largest caste in Province 2 having 15% of the total population followed by Musalman (12%), Tharu (5%), Teli (5%), Koiri/Kushwaha (5%), Chamar/Harijan/Ram (4%), Dhanuk (3%), Musahar (3%), Kurmi (3%) and others (45%).

4.1.4. Language Spoken
45% of the population speak the Maithili language making it the main spoken language in Province 2. The second most spoken language is Bhojpuri (19%) followed by Bajjika (15%), Nepali (7%), Urdu (6%), Tharu (4%), Tamang (2%), Magar (1%), Magahi (1%) and others (2%).

4.1.5. Literacy Rate
The literacy rate in Province 2 is 49% which means that 51% of the population is unable to read or write.

4.1.6. Education Level[2]
There are various education levels in Province 2. They are Primary Level (45%), Lower Secondary Level (20%), Secondary Level (11%), SLC (9%), Intermediate Level (6%), Beginner (3%), Non-formal (2%), Graduate (3%), Post-graduate (1%) and above and not stated (1%).

4.2 INFILTRATION OF MASS MEDIA COMMUNICATION

4.2.1. Community Radio
There are a total of 45 radio stations in Province 2. Some of the radio stations are Narayani FM, Radio Sarlahi and Radio Janakpur. 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)[3]
In province two, 36.6% have access to radio and followed by 33.0% have access to TV and only 0.5% have access to the internet. Similarly, 2.5% have access to landline telephone while 55.5% have access to mobile phone.

4.2.3. Popular Newspaper Channels
There are a total of 190 newspaper channels in Province 2 with national, provincial and local outreach. As per the classification, some of the top ranking newspapers are Janakpur Trade Dainik, Pratik Dainik and Nawapragyan Traimashik. Full details of the newspaper available in Province 2 are mentioned in Annex 2.

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[1] https://nepalmap.org/profiles/province-1-province-no-1/https://nepalmap.org/profiles/province-2-province-no-2/
[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 Province 2. They are Nepal Doorsanchar Company Limited (NTC) and Ncell Axiata Limited (NCELL).

4.3 PROVINCIAL LEVEL SPOKESPERSON

- Name: Vijay Kumar Jha
- Designation: Deputy Health Director
- Contact number: 9854030161
- Email id: jha.vk2014@gmail.com
- Language Spoken: Nepali and Maithali

4.4 SPOKESPERSON FOR COVID-19 DESIGNATED HOSPITALS

There are three COVID- 19 designated hospitals in Province 2. The details of the hospital are:

Narayani Hospital (Birgunj)

- Name of the spokesperson: Dr. Uday Singh
- Contact number: 9852056858
- Email ID: narayanisubregionalhospital@gmail.com

Gajendra Narayan Singh Hospital

- Name of spokesperson: Dr. Ranjit Kumar Jha
- Designation: Medical Superintendent
- Contact number: 9841369119
- Email ID: sagarmatha_hospital@yahoo.com

Janakpur Provincial Hospital

- Name of spokesperson: Dr. Nagendra Kr Jha
- Designation: Medical Superintendent
- Contact number: 9844020181
- Email ID: hospitaljanakpurzonal@gmail.com

4.5 COMMUNITY ENGAGEMENT

4.5.1. Provincial or District Call Centre

The first provincial call centre in Province 2 was established on 24 March 2020 at Provincial MoSD. There were 3 shift staff receiving calls on a daily basis. The call center number is 041-590414. Calls can be received twenty four hours a day. However, the call centre closed in less than three months' time in the month of mid-June.

4.5.2. Social Service Operation Organization

There are no social service operation organizations in Province 2.

4.5.3. Major Business Groups (Industrial)

Information Not Available

4.5.4. Rumour & Misinformation Monitoring Mechanism

Information Not Available

4.5.5 Media Monitoring

There are no details provided regarding media monitoring in Province 2.

4.6 PRESS BRIEFINGS

There were regular press briefings held at Province 2 from MoSD from 3 April until 13 June 2020. The briefing is conducted on a daily basis. These press briefings also included information that addresses current rumours, misinformation and other concerns.

4.7 REPORTING

Apart from regular press briefings, situation reports are also shared at provincial and disctrict level of Province 2. Such reports are shared on a daily basis. The Information Unit from the Provincial Health Directorate

shares this information with support from LifeNepal Organization. These are available on the website of the Ministry of Social Development of Province 2.

4.8 OTHER ACTIVITIES

Information Not Available

4.9 CHALLENGES

There are many challenges in Province 2 regarding information related to Risk Communication & Community Engagement. The major challenges are:

- There is a need of functioning the call center to encounter rumours, misinformation and address concerns.
- There is a need for the daily press briefing at the Provincial level.
- There is a lack of media monitoring mechanism.

OPERATIONS SUPPORT AND LOGISTICS

5 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:

Health Desk Screening

- Fever >100.4F
  Fever>100.4F & Cough
  Fever >100.4F & Shortness of Breath (SoB)

- No Fever
  No Symptoms

"S"Stamp (Suspect) & Health Information

Vulnerable with COVID-19 Symptoms

Vulnerable without COVID-19 Symptoms

"Q" Stamp (Quarantine) & Health Information

Transfer to hospital

"S"&"V" Stamp (Suspect & Vulnerable) & Health Information

"V"&"Q" Stamp (Vulnerable & Quarantine) & Health Information

Refer to Holding area (max 24 hrs) & bound for respective quarantine centers

Tested & Managed as per Protocol

Holding area (max 24 hrs)

Transport as priority to Quarantine site and give separate place & care

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.

PROVINCE 2

Province 2 comprises of 8 districts namely Saptari, Siraha, Dhanusha, Mahottari, Sarlahi, Rautahat, Bara, Parsa, 1 Metropolitan city, 3 Sub-metropolitan city, 73 Urban Municipality and 59 Rural Municipality. It has 820 public health facilities including 3 hub hospitals, 13 hospitals, 1 Central Medical Store, 32 Primary Health Center, 745 Health Post, 17 Urban Health Center, 5 Community Health Unit and 8 other health facilities.

5.1 HUMAN RESOURCES AVAILABILITY AT PHEOC

The workforce at Province 2 consists of one Field Medical Officer (FMO), two COVID Surveillance Assistant (CSA), one Information Management Assistant (IMA) and one Driver. Province 2 has a single workstation and is equipped with internet facilities. However, the workstation has a no archival room, meeting room or any means for power backup. There are currently no government staff within the PHEOC. However, since the PHEOC is located within the premises of Ministry of Social Development, the government staff work closely with WHO staff.

5.2 REPURPOSING OF INSTITUTIONS FOR COVID-19 TREATMENT

Amidst the COVID-19 pandemic, 42 institutions of Province 2 that includes 10 training centers and 32 health facilities is considered on being converted to COVID-19 wards, for isolation and treatment of cases.

Number of training centers developed	10
Number of potential health facilities	32
Number of Institutions that can be converted to COVID-19 wards	42

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

Table 22: 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
Bara District				
Hardiya PHC	2066/067	12	29	Primary Hospital A 1
Nijgadh PHC	2068/069	12	29	Primary Hospital B 3
Dhanusa District				
Deuri Parbaha PHC	2064/065	12	29	Primary Hospital B 2
Dhanushadham PHC	2066/067	12	29	Primary Hospital B 3
Sabaila PHC	2067/068	12	29	Primary Hospital B 2
Mahottari District				
Gaushala PHC	2070/071, PHC 2055			Primary Hospital B 3
Pipara PHC	2067/068	12	29	Primary Hospital B 3
Parsa District				
Bagahi PHC	2064/65	12	29	Primary Hospital B 3
Bageshwori PHC	2065/66	12	29	Primary Hospital B 3
Bhikhampur PHC	2061/62	12	29	Primary Hospital B 2

Health Facility Name	Year of Construction	No. of Beds	After repurposing	Categorised level
Rautahat District				
Gangapipara PHC	2067/068	12	29	Primary Hospital B 3
Katahariya PHC	2061/062			Primary Hospital B 1
Rajpur Farhadawa PHC	2064/065	12	29	Primary Hospital B 3
Saptari District				
Babhangamakati Topa PHC	2064/065	12	29	Primary Hospital B 3
Kalyanpur PHC	2063/064			Primary Hospital B 3
Sarlahi District				
Achalgadh PHC	2064/065	12	29	Primary Hospital B 2
Haripur PHC	2067/068	12	29	Primary Hospital B 3
Lalbandi PHC	2066/067	12	29	Primary Hospital B 3
Siraha District				
Aurahi PHC	2067/068	12	29	Primary Hospital B 3
Bhagwanpur PHCC	2066/067	12	29	Primary Hospital B 3
Nabrajpur PHC	2064/065	12	29	Primary Hospital B 3
Total		**216**	**435**	

5.3 eLMIS REPORTING STATUS

Regarding eLMIS reporting status of Province 2, none of the COVID-19 labs/hospitals with access to eLMIS has updated it weekly.

eLMIS reporting status of COVID-19 designated hospitals/labs in this province is summarized in the table below:

Province 2 eLMIS update data	
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	2

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	Narayani Hospital	15-Oct-2020	15-Oct-2020
2	Janaki Medical college	24-Jul-2020	No transaction made
3	Gajendra Narayan Singh Memorial Hospital	20-Sep-2020	10-Sep-2020
4	Janakpur Hospital	No eLMIS access	
5	National Medical College Birgunj	No eLMIS access	
6	Province Public Health Laboratory	24-Nov-2020	02-Oct-2020

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

EDCD has allocated budget to establish health desk (from EDCD) and progress achieved so far in Province 2 is mentioned below:

SN	Health Desk	District
1	Birgunj Health Desk	Parsa
2	Madar Health Desk	Siraha
3	Gaur Health Desk	Rautahat

WHO Country office for Nepal in coordination with the EDCD has supported to build the Point of Entry at Birgunj , Madar and Gaur Health Desk. All the three Point of Entries have been completed and will be handed over to the local municipality.

PARTNER COORDINATION

6

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 station 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: AIN, BNMT, DFAT, FHI 360, HI, Plan International, UNFPA, VSO, WATERAID Nepal, UNICEF, WHO, Ncell/NTC, IOM, GF/SF, Water Aid, IFRC/NRCS, World Vision International, ILO, WB

NATIONAL LABORATORIES

Capacity building including Training of trainers (ToT) 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: FHI 360, 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 and make 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: Nepal Redcross Society, Plan International, UNICEF, USAID, World Vision International, WHO, IOM

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 COVID-19 to lab staff from diagnostic sites.

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

Partners: AIN, Caritas, DFAT, FHI 360, HI, NAP+N, IFRC/ Nepal Redcross Society, Plan International, UNICEF, USAID, WATERAID Nepal, WHO, GIZ, CMDN, Water Aid, UNFPA, DFID, Oxfam, GAVI, WB, UNFPA

Map 11: Provincial UN Focal Point – United Nations Population Fund (UNFPA)

Parsa
1, 7, 9, 10

Bara
1, 7, 16

Rautahat
1, 7, 13
20, 22

Sarlahi
1, 7, 9, 12
13, 14, 22, 25

Mahottari
1, 3, 7
22, 29

Dhanusha
1, 4, 7, 10
24, 25, 30

Siraha
1, 6, 9
14, 24

Saptari
1, 7, 24

(1) NRCS (2) CARE (3) BNMT (4) CARITAS (5) AIN (6) WATER AID (7) NAP +N (8) TDH FOUNDATION (9) VSO (10) FHI360
(11) GIZ (12) HI (13) UNFPA (14) IPAS (15) FAIRMED (16) IOM (17) ACF (18) KOSHIS (19) Plan Int (20) NSI
(21) KOICA (22) WVIN (23) CRS (24) CMC (25) DFAT (29) Save the Children (30) TPO Nepal
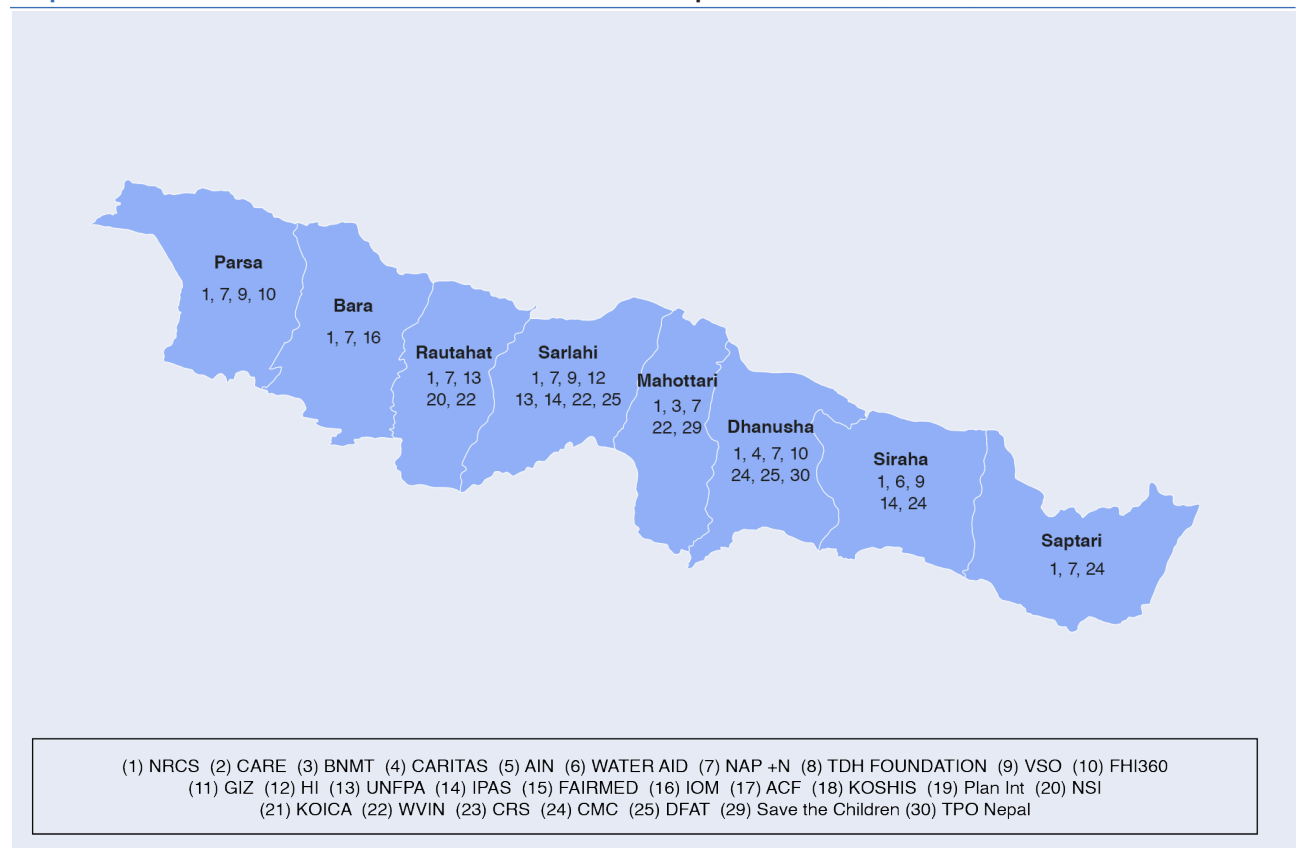
CASE MANAGEMENT

Orientation for caregivers/health workers of COVID-19 patients with disabilities on how to provide personal assistance during the treatment period.

Partners: HI, TPO Nepal, WHO, USAID, GIZ, 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 Province 2 also includes 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 mobility mapping in Province 2 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, 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 washing stations and other key structures at health facilities.

Partners: AIN, BNMT, DFAT, FHI 360, HI, IPAS, Nepal Redcross Society, Plan International, Save The Children, UNFPA, UNICEF, USAID, World Vision International, ADB, IOM, SDC

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, Nepal Redcross Society

CONTINUITY OF ESSENTIAL MEDICAL SERVICES

Human resource support for HIV programming for COVID-19 and,

Financial support providing essential medical items for spinal cord injury.

> **Partners:** HI, UNICEF, USAID, ADB, UNFPA, FAIRMED, 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 Province 2'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.

> **Partners:** DFAT, HI, The Global Fund/ Save The Children, UNICEF, USAID, GIZ, DFID, UNFPA, WHO, FAIRMED, 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 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 Province 2

S.N	Station Name	Freauency	Watt	District	Contact Person	Number
1	Narayani FM	103.8 MHz	500	Parsa	Govinda Devkota	9855020745
2	Radio Terai	107 MHz	100	Parsa	Sailesh Pd. Kushwaha	9845263354
3	Radio Bijaybasti	90.1	100	Parsa	Santosh Shrestha	9855028145
4	Radio Sanskriti	98.2 MHz	500	Rautahat	Dimple Jha	9801050357
5	Radio Jiwanjyoti	90 MHz	100	Rautahat	Sailendra Jha	9845057946
6	Radio Nunthar	102.6 MHz	100	Rautahat	Binita Khadka	9849142248
7	Radio Gunjan	105.3 MHz	100	Rautahat	Abdeswori Bhattarai	9855041680
8	Radio Rautahat	90.8 MHz	500	Rautahat	Rewanta Jha	9855040050
9	Radio Rajdevi	93.2 MHz	1000	Rautahat	Shambhu Shah	98455040072
10	Gunjan F.M	102.2 MHz	100	Rautahat	Ubaraj Bhattarai	9855067895
11	Madhesh Jana awaj	98.6 MHz	500	Rautahat	Pralhad Shah	9855042157
12	Radio Gujramai	93.8 MHz	500	Rautahat	Tribhuwan Shah	9851141376
13	Radio Simara	106 MHz	100	Bara	purosottam Poudel	053-521106
14	Radio Nagarik	90.8 MHz	100	Bara	Rupesh Kumar	9855024401
15	Radio Aakashbani	94.4	500	Bara		053-412244
16	Radio Madhesh	89.3 MHz	250	Sarlahi	Nimesh Karna	9851114073
17	Radio Sarlahi	105.6 MHz	100	Sarlahi	Chudamani Wagle	9844034951
18	Radio My FM	107.4 MHz	100	Sarlahi	Laxman Adhikari	9819882149
19	Radio Yekata	92.4 MHz	500	Sarlahi	Beni Bdr. Karki	9854037067
20	Radio Mukteswor	100.4 MHz	500	Sarlahi	Arjun Prd. Mainali	9841918476
21	Radio Swarnim	96.3 MHz	100	Sarlahi	ManojYadab	046-521195
22	Radio Janakpur	97.0 MHz	500	Dhanusha	Sital Sha	9854021266
23	Radio Swagatam	89 MHz	100	Dhanusha	Rajesh Kumar Mahato	9804833675
24	Janaki FM	106 MHz	500	Dhanusha	B.C. LAI	9844026975
25	Radio Madhesh	106.6 MHZ	100	Dhanusha	Nimesh Karna	9851114073
26	Radio Today	91 MHz	1000	Dhanusha	Suman Subedi	9851076280
27	Radio Appan Mithila	94.4MHz	500	Mahottari	Ram AadharKapar	9851012330
28	JaleshworNath FM	90.4 MHz	500	Mahottari	Nabin Chaudhari	9817848923
29	Radio Sungava	104.6MHz	500	Mahottari	Madhav Pokhrel	9741199177
30	Radio Darpan	88.4 MHz	250	Mahottari	Dhan Raj Lama	044-467984
31	Radio Rudraksha	98.8 MHz	500	Mahottari	Samarendra Sharma	9841330127
32	Radio Bardibas	94 MHz	250	Mahottari	Nikesh Khanal	9844221615
33	Radio Gaushala	93.6 MHz	250	Mahottari	Suresh Mahato	9844052895
34	Radio Mirchi	89.6 MHz	100	Mahottari	Gita Mishra	9851068053
35	Radio Chhinnamasta	101.4 MHz	250	Saptari	Roshan Shah	9818430284
36	Radio Bhorukawa	92.8 MHz	250	Saptari	Devram Yadav	9842834795
37	Appan FM	104.6 MHz	100	Saptari	Nabin Narasingh Nepali	9842822797

S.N	Station Name	Freauency	Watt	District	Contact Person	Number
38	Radio Sakhi	106.4 MHz	100	Saptari	Pramila Chaudhary	9849089195
39	Samad FM	102.6 MHz	100	Siraha	Jibachh Chaudhary	9841376703
40	Phoolwari Radio	105.4 MHz	100	Siraha	Gyanu Raut	9842824970
42	Radio Salhes	88.8 MHz	100	Siraha	Chandra Dev Kamati	9852830212
43	Samagra FM	107 MHz	250	Siraha	Sunil Kumar Shah	9852830976
44	Radio Saugat	88.1 MHz	100	Siraha	Jayaraj Bhatta	9741113856
45	Radio Aakashganga	107.6 MHz	100	Siraha	Jay Narayan Yadab	9852832825

S.N	Station Name	Freauency	Watt	District	Contact Person	Number

Annex 2: Newspaper available in Province 2

S.N	Name of the newspaper	District	Province	Type	Outreach	Grade
1	Janakpur trade Dainik	Dhanusha	2	Daily	National	Ka
2	Mithila Dotcom Dainik	Dhanusha	2	Daily	Local	Ga
3	Daily Express Dainik	Dhanusha	2	Daily	Local	Withheld
4	Bishwa jagaran Dainik	Dhanusha	2	Daily	Local	Kha
5	Shandhyakalin Aakanshya	Dhanusha	2	Daily	Local	Ga
6	Newspaper Dainik	Dhanusha	2	Daily	Local	Withheld
7	Janakpur Express Dainik	Dhanusha	2	Daily	Local	Ga
8	Dhamaka Janakpur Dainik	Dhanusha	2	Daily	Local	Withheld
9	Tarai Times Dainik	Dhanusha	2	Daily	Local	Ga
10	Tahalkadot Nepal Dainik	Dhanusha	2	Daily	Local	Similar
11	The third Eye Saptahik	Dhanusha	2	Weekly	Local	Similar
12	Dudhmati Saptahik	Dhanusha	2	Weekly	Local	Kha
13	Bideha Saptahik	Dhanusha	2	Weekly	Local	Ga
14	Naya Pailo Saptahik	Dhanusha	2	Weekly	Local	Ga
15	Janki Saptahik	Dhanusha	2	Weekly	Local	Ga
16	Sadaaye Aam Saptahik	Dhanusha	2	Weekly	Local	Kha
17	Dhanusha Saptahik	Dhanusha	2	Weekly	Local	Similar
18	Yuwa Janapriye Saptahik	Dhanusha	2	Weekly	Local	Gha
19	Sansani Khabar Saptahik	Dhanusha	2	Weekly	Local	Gha
20	Mithila Jagaran Saptahik	Dhanusha	2	Weekly	Local	Kha
21	Himjyoti Saptahik	Dhanusha	2	Weekly	Local	Gha
22	Rautahat Jagaran Saptahik	Dhanusha	2	Weekly	Local	Kha
23	NawaJanapriye Saptahik	Dhanusha	2	Weekly	Local	Ga
24	Mithilamanch Express	Dhanusha	2	Weekly	Local	Ga
25	peoples weekly Saptahik	Dhanusha	2	Weekly	Local	Ga
26	Janahit express Saptahik	Dhanusha	2	Weekly	Local	Ga
27	The Exclusive Saptahik	Dhanusha	2	Weekly	Local	Ga
28	Khojbin Saptahik	Dhanusha	2	Weekly	Local	Similar
29	Nepal Mel Saptahik	Dhanusha	2	Weekly	Local	Gha
30	Smiriti Times Saptahik	Dhanusha	2	Weekly	Local	Similar
31	Chandrajkanta Saptahik	Dhanusha	2	Weekly	Provincial	Ga
32	Nawa Bichar Saptahik	Dhanusha	2	Weekly	Provincial	Ga
33	Agni Saptahik	Dhanusha	2	Weekly	Local	Ga
34	Shirish Saptahik	Dhanusha	2	Weekly	Local	Ga
35	Bhagbakari Saptahik	Dhanusha	2	Weekly	Local	Ga
36	JanaSaugat Saptahik	Dhanusha	2	Weekly	Local	Ga
37	Jana-aakanshya Saptahik	Dhanusha	2	Weekly	Local	Gha
38	Purvadhaar Saptahik	Dhanusha	2	Weekly	Local	Kha
39	Janakpur Sambad Saptahik	Dhanusha	2	Weekly	Local	Gha
40	Gaamghar Saptahik	Dhanusha	2	Weekly	Local	Kha
41	Lokmat Saptahik	Dhanusha	2	Weekly	Local	Kha
42	Lokpukar Saptahik	Dhanusha	2	Weekly	Local	Ga
43	Himalya Times Saptahik	Dhanusha	2	Weekly	Provincial	Gha
44	Urdu Times Saptahik	Dhanusha	2	Weekly	Local	Kha

S.N	Name of the newspaper	District	Province	Type	Outreach	Grade
45	Watan Mashik	Dhanusha	2	Monthly	Local	Kha
46	Adhyatma Jagaran Mashik	Dhanusha	2	Monthly	Local	Withheld
47	aagaj traimashik	Dhanusha	2	Every 3 month	Local	Kha
48	Aanjur Dawai Mashik	Dhanusha	2	Weekly	Local	Ka
49	Pratik Dainik	Parsa	2	Daily	National	Ka
50	Sharveshran Dainik	Parsa	2	Daily	Local	Ga
51	Janashristi Dainik	Parsa	2	Daily	Local	Kha
52	Pratifal Dainik	Parsa	2	Daily	Local	Ga
53	Ankush Dainik	Parsa	2	Daily	Local	Kha
54	Dainik Bhramastra	Parsa	2	Daily	Local	Ga
55	PradaFash Dainik	Parsa	2	Daily	Local	Withheld
56	Bhojpuri Times Dainik	Parsa	2	Daily	Local	Ka
57	Singha Dainik	Parsa	2	Daily	Local	Ga
58	Narayni Today Dainik	Parsa	2	Daily	Local	Ga
59	Sarba Rastriya Dainik	Parsa	2	Daily	Local	Similar
60	Birgunj Samacharpatra	Parsa	2	Daily	Local	Similar
61	Rastriya Sahara Dainik	Parsa	2	Daily	Local	Kha
62	Bijayapath Dainik	Parsa	2	Daily	Local	Gha
63	Janapratibimba Dainik	Parsa	2	Daily	Local	Ga
64	Sharada Saptahik	Parsa	2	Weekly	Local	Ga
65	Madhya Nepal Sandesh	Parsa	2	Weekly	Local	Withheld
66	Birgunj Collection Saptahik	Parsa	2	Weekly	Local	Ga
67	Trinetra Post Saptahik'	Parsa	2	Weekly	Local	Ga
68	Chintanshil Saptahik	Parsa	2	Weekly	Local	Kha
69	Sahachetana Saptahik	Parsa	2	Weekly	Local	Withheld
70	Fulpati Saptahik	Parsa	2	Weekly	Local	Similar
71	New Season Saptahik	Parsa	2	Weekly	Local	Kha
72	Jana Samikshya Saptahik	Parsa	2	Weekly	Local	Similar
73	Nawa Anmol Times Saptahik	Parsa	2	Weekly	Local	Kha
74	New Highway Saptahik	Parsa	2	Weekly	Local	Kha
75	Morcha Saptahik	Parsa	2	Weekly	Local	Ga
76	Simana Saptahik	Parsa	2	Weekly	Local	Similar
77	Sarbabyapak Saptahik	Parsa	2	Weekly	Local	Ga
78	Bhojpuri Aawaj Saptahik	Parsa	2	Weekly	Local	Gha
79	Bhel Saptahik	Parsa	2	Weekly	Local	Kha
80	Bihani Sandesh Saptahik	Parsa	2	Weekly	Local	Ga
81	The young guys Saptathik	Parsa	2	Weekly	Local	Withheld
82	Avichal Saptahik	Parsa	2	Weekly	Local	Kha
83	Sistachaar Saptahik	Parsa	2	Weekly	Local	Ga
84	Jana Bimorcha Saptahik	Parsa	2	Weekly	Local	Ga
85	Sarba Saktiman Saptahik	Parsa	2	Weekly	Local	Ga
86	Gahawa Saptahik	Parsa	2	Weekly	Local	Ga
87	Crime Control Saptahik	Parsa	2	Weekly	Local	Ga
88	Crime Check Saptahik	Parsa	2	Weekly	Local	Kha
89	Uthan Saptahik	Parsa	2	Weekly	Local	Gha

S.N	Name of the newspaper	District	Province	Type	Outreach	Grade
90	Dainik Jagaran Saptahik	Parsa	2	Weekly	Local	Ga
91	Aazad Saptahik	Parsa	2	Weekly	Local	Withheld
92	Aali Nazar Saptahik	Parsa	2	Weekly	Local	Kha
93	Desh Darshan Saptahik	Parsa	2	Weekly	Local	Kha
94	Dhristi charcha Saptahik	Parsa	2	Weekly	Local	Withheld
95	Ashakti Saptahik	Parsa	2	Weekly	Local	Gha
96	Jana Bishwas Express	Parsa	2	Weekly	Local	Ga
97	Sanskar Khabar Dainik	Bara	2	Daily	Local	Ga
98	Kripa Dainik	Bara	2	Daily	National	Withheld
99	Sajhedari Dainik	Bara	2	Daily	Local	Ka
100	Kalaiya Today Saptahik	Bara	2	Weekly	Local	Kha
101	Sabalambi Saptahik	Bara	2	Weekly	Local	Ga
102	Bara Darpan Saptahik	Bara	2	Weekly	Local	Kha
103	Kabya Saptahik	Bara	2	Weekly	Local	Withheld
104	Nijagadh Samachar Saptahik	Bara	2	Weekly	Local	Kha
105	Nawapragyapan Traimashik	Bara	2	Weekly	National	Ka
106	Rastriyamarga Saptahik	Bara	2	Weekly	Local	Withheld
107	The public Today Dainik	Mahottari	2	Daily	Local	Ga
108	Jaleshwor Today Dainik	Mahottari	2	Daily	Provincial	Withheld
109	Mahottari Saptahik	Mahottari	2	Weekly	Local	Gha
110	Maithali Sandesh Saptahik	Mahottari	2	Weekly	Local	Ga
111	Jaleshwor Saptahik	Mahottari	2	Weekly	Local	Ga
112	Panchdhara Saptahik	Mahottari	2	Weekly	Local	Gha
113	Gaushala Times Saptahik	Mahottari	2	Weekly	Local	Ga
114	Tathye Saptahik	Mahottari	2	Weekly	Local	Similar
115	Yogpukar Saptahik	Mahottari	2	Weekly	Provincial	Withheld
116	Terai Express Dainik	Rautahat	2	Daily	Local	Withheld
117	Highway News Dainik	Rautahat	2	Daily	Local	Similar
118	Krantidwar Dainik	Rautahat	2	Daily	Local	Ga
119	Rautahat Aawaj Saptahik	Rautahat	2	Weekly	Local	Gha
120	Pratirakshya Saptahik	Rautahat	2	Weekly	Local	Ga
121	Janata Khabar Saptahik	Rautahat	2	Weekly	Local	Ga
122	Rautahat Voice Saptahik	Rautahat	2	Weekly	Local	Ga
123	Krishna Dainik	Saptari	2	Daily	Provincial	Ka
124	Ajako Batabarana Dainik	Saptari	2	Daily	Local	Gha
125	News Today Dainik	Saptari	2	Daily	Provincial	Kha
126	ajako Janakpur Dainik	Saptari	2	Daily	Local	Gha
127	Green Madhesh Dainik	Saptari	2	Daily	Local	Ga
128	Taja Samachar Dainik	Saptari	2	Daily	Local	Withheld
129	Natkhat Dainik	Saptari	2	Daily	Local	Ga
130	Rajbiraj Today Dainik	Saptari	2	Daily	Local	Ga
131	Rajbiraj Dainik	Saptari	2	Daily	Local	Ka
132	shreejan Aakrosh Dainik	Saptari	2	Daily	Local	Gha
133	Kalyan Post Dainik	Saptari	2	Daily	Provincail	Ga
134	Purva Prabhat Dainik	Saptari	2	Daily	Provincial	Ka

S.N	Name of the newspaper	District	Province	Type	Outreach	Grade
135	Madeshnews Dainik	Saptari	2	Daily	Local	Withheld
136	Satyapan Saptahik	Saptari	2	Weekly	Provincial	Ga
137	Sagarmatha Aawaj Saptahik	Saptari	2	Weekly	Provincial	Kha
138	Mahdyedesh Saptahik	Saptari	2	Weekly	Provincial	Gha
139	Chhinamasta Saptahik	Saptari	2	Weekly	Local	Ga
140	Satya Samyantra Saptahik	Saptari	2	Weekly	Local	Kha
141	Bilochana Saptahik	Saptari	2	Weekly	Local	Ga
142	Saptari Jagarana Saptahik	Saptari	2	Weekly	Local	Kha
143	The Public Memo Saptahik	Saptari	2	Weekly	Local	Ga
144	Current Post Saptahik	Saptari	2	Weekly	Local	Ga
145	Kinchanroop Saptahik	Saptari	2	Weekly	Local	Withheld
146	Mission Madhesh Saptahik	Saptari	2	Weekly	Local	Ga
147	Lok Samikshya Saptahik	Saptari	2	Weekly	Local	Gha
148	Hankar Saptahik	Saptari	2	Weekly	Local	Similar
149	Madesh Times Saptahik	Saptari	2	Weekly	Local	Ga
150	Reports Aawaj Saptahik	Saptari	2	Weekly	Local	Similar
151	New Swarnim Sandhya	Saptari	2	Weekly	Local	Kha
152	Goreto Saptahik	Saptari	2	Weekly	Local	Ga
153	Terai Ujagar Saptahik	Saptari	2	Weekly	Local	Ga
154	Sanchardristi Saptahik	Saptari	2	Weekly	Local	Ga
155	Suchana Saptahik	Saptari	2	Weekly	Local	Ga
156	Janata times Saptahik	Saptari	2	Weekly	Local	Ga
157	Patanjalil Yog Saptahik	Saptari	2	Weekly	Local	Ga
158	Saptari Sandesh Saptahik	Saptari	2	Weekly	Local	Kha
159	Himkiran Saptahik	Saptari	2	Weekly	Local	Kha
160	Rajbiraj Sandesh Saptahik	Saptari	2	Weekly	Local	Withheld
161	Saptari Times	Saptari	2	Weekly	Local	Gha
162	Biruwa Saptahik	Saptari	2	Weekly	Local	Similar
163	Chhinnamasta Haalchaal	Saptari	2	Weekly	Local	Ga
164	Parighatana Saptahik	Saptari	2	Weekly	Local	Kha
165	Madesh Khabar Saptahik	Saptari	2	Weekly	Local	Kha
166	Navin Saptahik	Saptari	2	Weekly	Local	Ga
167	Nawa Janakranti Saptahik	Saptari	2	Weekly	Local	Ga
168	Naya Bisfote Saptahik	Saptari	2	Weekly	Local	Ga
169	Mithila Saptahik	Saptari	2	Weekly	Local	Kha
170	Suchana Digdarshan	Saptari	2	Weekly	Local	Similar
171	Shree Satyapan Saptahik	Saptari	2	Weekly	Local	Ga
172	Madesh Samachar Saptahik	Saptari	2	Weekly	Local	Kha
173	Madhesh Kranti Saptahik	Saptari	2	Weekly	Local	Ga
174	Shree Janata Saptahik	Saptari	2	Weekly	Local	Similar
175	Saptari Post Saptahik	Saptari	2	Weekly	Local	Similar
176	Nae Umid Mashik	Saptari	2	Monthly	Provincail	Kha
177	Shrot Saptahik	Sarlahi	2	Weekly	Provincail	Similar

S.N	Name of the newspaper	District	Province	Type	Outreach	Grade
178	Sarlahi Post Saptahik	Sarlahi	2	Weekly	Local	Ga
179	Golshimal Mashik	Sarlahi	2	Weekly	Local	Kha
180	Marganugami Dainik	Siraha	2	Daily	Local	Similar
181	Nawa Sangram Dainik	Siraha	2	Daily	Local	Kha
182	Apan Dainik	Siraha	2	Daily	Local	Gha
183	Batchita Saptahik	Siraha	2	Weekly	Local	Gha
184	Madhesh Special Saptahik	Siraha	2	Weekly	Local	Kha
185	Matribani Saptahik	Siraha	2	Weekly	Local	Kha
186	Ganadharana Saptahik	Siraha	2	Weekly	Local	Similar
187	Paigam Saptahik	Siraha	2	Weekly	Local	Ga
188	Tarai Abhiyan Saptahik	Siraha	2	Weekly	Local	Ga
189	Harsit Nepal Saptahik	Siraha	2	Weekly	Local	Kha
190	Dhamini Saptahik	Siraha	2	Weekly	Local	Gha

S.N	Name of the newspaper	District	Province	Type	Outreach	Grade