



Nepal COVID-19: Cluster Update #32



5 February 2021

COVID-19 situation

Deaths	Positive cases	Recovered cases	Tested for COVID-19	Persons in isolation	Persons in quarantine
2,033	271,602	267,292	2,085,573	2,277	92

Source: <https://covid19.mohip.gov.np/#/> (as of 5 February 2021)

Overview

Political rallies and mass meetings are taking place across the country despite COVID-19 risk. There is growing tendency among agitating political groups to ignore COVID-19 safety protocols, such as mask-wearing and physical distancing. This reduced compliance with safety protocols is speculated to be in part attributed to the increased mass gatherings and rallies, in which leaders do not model COVID-19 safety behaviours, as well as a decline in reported COVID-19 cases and fatalities.

Prachanda-Madhav Nepal faction of the Nepal Communist Party (NCP), the main opposition Nepali Congress (NC) and other political groups have been organizing protest rallies against the dissolution of the House of Representatives (HoR), characterizing it “unconstitutional and undemocratic”. Furthermore, the appointment on 3 February of 32 office-bearers in 11 constitutional bodies by President Bidhya Bhandari, based on a controversial recommendation of the Constitutional Council (CC), which came after the expiry of a 45-day legal timeline for conducting parliamentary hearings on the nominations, has led to more protests.

On 4 February, the NCP (Prachanda-Nepal) organized a nationwide general strike (bandh) against the appointments, bringing normal life to a halt. Transportation and businesses in Kathmandu and other major towns remained mostly closed due to the bandh, which was marked by incidents of vandalism, clashes between police and agitators and arrest of about 200 bandh enforcers. Similarly, the KP Oli-led ruling faction of the NCP has also organized a series of mass meetings in a show of strength and to consolidate political position. The party organized a major political gathering in Kathmandu on 5 February, bringing in thousands of people from different parts of the country.

Uptake of COVID-19 vaccine (COVISHIELD) to date is below 50% of the target population. The Risk Communication and Community Engagement inter-agency working group reports that concerns based on misperceptions and rumours are the major contributing factors to vaccine hesitancy among the target populations.

Winter crops are currently growing well; however, there is risk of dry spell in mountain districts of Karnali and Sudurpaschim provinces where there has not been precipitation since early January. The situation of rain-fed areas, particularly in the north-eastern belts of Bajura district, should be monitored in the coming weeks as the winter crop production could sharply decrease if the dry spell is prolonged. Conversely, the weather has improved in Terai districts since 31 January, thus there is no report of significant crop losses or damage.



To date, 271,602 cases of COVID-19 have been identified through RT-PCR testing and 2,033 deaths have been reported. All 77 districts are affected by COVID-19. Testing capacity has increased to 82 testing sites, of which 35 are private laboratories.

The Health Cluster provided technical support to National Public Health Laboratory (NPHL) for the validation of a newly established designated COVID-19 laboratory in Gaur Hospital. Technical support has also been provided in the following activities: COVID-19qPCR 4plex kit validation which was found to have 100% sensitivity and specificity result; GeneXpert validation at NPHL which was found to have 100% sensitivity and specificity result; and screening for COVID-19 UK variant among positive samples from Gandaki Province. The Cluster supported NPHL in the communication, shipment, and processing of the samples. Cluster members are also supporting NPHL and Nepal Academy of Science and Technology (NAST) for SARS-CoV-2 genetic sequencing using Sanger's method (result awaited).

As of 5 February 2021

Total PCR testing sites: 82
Total PCR tests done: 2,085,573
(average of 3,518/day in past week)
Total PCR positive cases: 271,602
Total active cases: 2,277 (0.8%)
Total discharged: 267,292 (98.4%)
Total deaths: 2,033 (0.8%)
Total isolation beds: 13,772
Total quarantine beds: 22,137
Total people in quarantine: 92

During the reporting period, support was also provide to translating into local languages COVID-19 messages on vaccines, online global consultation on contact tracing for COVID-19, COVID-19 clinical management living guidance 25 January 2021; interim recommendations for the use of Moderna mRNA-1273 vaccine against COVID-19; and Evidence Brief 29 January. In addition, the Cluster also produced various videos, including: COVID-19 - Children & COVID-19; COVID-19 - I am vaccinated, what next?. Health partners supported NHEICC for the development of three TV PSAs on COVID-19 which were broadcast on NTV; two radio advert/PSAs aired on Image FM; five radio jingles aired in Bardiya; and PSAs disseminated through miking in Chaurideurali, Bardiya and Siraha.

Cluster members provided 17,000 surgical masks to Management Division, DoHS, as well as 250 litres of sodium hypochlorite, 100 PPE sets, 100 goggle sets and 100 hand sanitizers. In addition, 25 blood gas analysers were provided to MoHP.

Support was provided to the federal and four provincial governments in preparation and implementation of COVID-19 vaccination campaigns, including orientation, microplanning, transportation of vaccine, monitoring and maintenance of cold chain, and monitoring of vaccination camps. Cluster members also provided hands-on simulation-based training on intensive care of asphyxiated newborns, sick babies, PPH and eclampsia patient management to the medical doctors and nursing staff of Narayani, Janakpur and Gajendra Narayan Singh Hospitals. A total of 29 health workers participated in this training. In addition, support was provided for expanded programme on immunization (EPI) microplanning in Province Two for effective management of the regular EPI programme and ICT equipment was installed in National Health Training Centre (NHTC) to conduct online training for health workers in the COVID-19 context.

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Challenges

Hesitancy to take the Covishield vaccine among health care providers and cleaning staff is presenting a challenge to the rollout of the vaccine campaign. In addition, poor adherence to social distancing guidelines at vaccination sites is of concern.

Reproductive health

Following receipt of 275 sets of inter-agency reproductive health (IARH) kits for humanitarian settings, a distribution plan has been finalized to ensure equitable distribution of the kits across the country. In addition, Provincial Health Department focal points, including 38 service providers and managers, were oriented on administration of the IARH kits.

Four helplines and teleconsultation services set up by RH sub cluster partners continue to play a critical role in the response and have enabled 6,428 men and women to remotely access information, counselling and referral services on reproductive maternal, neonatal and child health. A promotional advert has been developed to increase awareness about the helpline services and dissemination is ongoing through multiple medial channels across the country.

RH sub-cluster partners continue to support the orientation of health workers on postpartum haemorrhage (PPH) management which is the leading cause of maternal death in the country. Health service providers from 11 hospitals in Province Two were oriented on PPH during the reporting period.

Persistent challenges include inadequate resources, RH commodities and medicines, supply chain and logistic inefficiencies, weak health system and competing public health priorities. Therefore, RH sub-cluster stresses the necessity of prioritizing resources allocation and support for continuation for RMNCAH services.

Mental health and psychosocial support

Psychological first aid and counselling

Protection Cluster members have reached 157 people (58 males and 99 females) over the reporting period with one-on-one psychosocial first aid and counselling services. The main issues reported are concerns over health, excessive worry and stress due to the prolonged emergency and uncertainty, including loss of jobs. Among the total supported, 13 persons were referred to various services (three for psychiatric consultations, four for legal services and six for health services).

Awareness-raising and communication on psychosocial wellbeing and mental health

Through the deployment of community-based psychosocial workers (CPSWs), Protection Cluster members reached 324 participants (123 male, 201 female) over the reporting period through awareness raising interventions on psychosocial wellbeing in Province Two and Lumbini. Out of 324 people reached, 66% were children under 18 years. Similarly, 769 participants (230 male, 539 female) were reached through group orientation sessions on stress management and various psychosocial issues (virtual and face-to-face) across the country. Those reached include humanitarian actors, community members including parents and children.

Capacity building

A total of 22 service providers (4 male, 18 female) working to combat trafficking in the border areas of Lumbini were trained on case management and referrals, with a focus on psychosocial support.

Mental health support to children, parents and caregivers

Cluster members have been supporting the organization of online mental health and wellbeing sessions targeting children, adolescents and parents/caregivers. In this reporting period, trained

mental health workers conducted 43 sessions for 107 girls, 105 boys and 842 parents and caregivers.

A total of 376 health workers working in isolation centres and COVID-19 designated hospitals were trained on mental health during the reporting period. The purpose of this training was to help frontline health workers cope with COVID 19-related stress.

In partnership with Nursing and Social Security Division, in the light of potential school reopening, cluster members have started providing mental health awareness and support to students' sessions through school nurses. A total of 40 school nurses of Bagmati Province were trained during the reporting period. Likewise, 50 youths attended sessions aimed at linking those in need of services.



Protection Cluster

Child protection

During the reporting period, 37 unaccompanied, separated or otherwise vulnerable children (14 boys, 23 girls) were supported with appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency support and relief. In addition, 565 CSO service providers and local officials (360 males, 205 females) received training on the identification, care and assistance to children at risk of violence, neglect and abuse, including family separation.

Gender-based violence (GBV)

During the reporting period, 278 people (271 female, 7 male) received multi-sectoral support through peripheral health facilities, safe houses/shelters, one stop crisis management centres (OCMCs), legal and psychosocial counsellors and police across all provinces. Eleven service providers and stakeholders (6 female, 5 male) were trained on providing survivor sensitive GBV prevention and response services. Furthermore, 5,307 people (2,849 female, 2,458 male) were sensitized on GBV prevention and response interventions across all provinces.

Migrants/points of entry

Twelve male vulnerable Nepali migrants were supported with return assistance in coordination with the Ministry of Labour, Employment and Social Security, and Nepal Embassy in Malaysia. The support assistance included return tickets from Malaysia. The returnee migrants will be further supported with reintegration counselling service and referred to appropriate services based on need.

Challenges

A decrease in funding for protection response remains a concern which has impacted response capacity and reporting. The Cluster is updating response capacities across sectors to identify critical gaps.



Food Security Cluster

The general food security situation has remained stable across the country. Winter crops (wheat and barley) are growing well. However, mountain districts of Karnali and Sudurpaschim provinces have not received precipitation since 3 January, putting as at risk of dry spell if there is no precipitation over the coming two weeks. The situation in rain-fed areas, particularly in the north-eastern belts of

Bajura district, should be monitored in the coming weeks as the winter crop production could sharply decrease if the dry spell is prolonged (Source: AKCs, DADO, DoAD). The weather has improved in Terai districts since 31 January, thus there is no report of significant crop losses or damage. Markets across the country are functioning smoothly with regular supply. Prices of coarse/medium rice (a widely consumed cereal) have remained normal, or below normal levels, in most provinces except for Gandaki, where the price of Sona Mansuli rice have increased by 5-10%. Vegetable prices have come down to normal levels in almost all provinces, except for the prices of tomatoes and red potatoes in Gandaki, where they are 35-45% above normal levels, and the prices of onion, garlic and carrots in Lumbini which are up by 60-80%. The Province Two government has been able to improve the needs identification and supply process of fertilizers with the involvement of local governments and cooperatives/agricultural firms at ward level (Source: AKCs, MoLMAC, Agriculture Input Company, palikas, and farmers).



WASH Cluster

Provincial WASH Coordination Committees are undertaking a review of the 2020 WASH response to COVID-19, aiming to finalise a plan for the first six months of 2021. The review is concluded in Lumbini and Karnali provinces with engagement of provincial government and provincial cluster members, while remaining provinces are currently conducting reviews at municipality and district levels prior to organizing provincial level review meetings.

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

During the reporting period, WASH cluster provided critical WASH support to 32 people in one isolation centre as well as 97 people, including frontline health workers, in five primary health care centres. Three handwashing stations were installed in health care facilities while two handwashing stations were installed in government service institutions. In addition, five water purification apparatus were provided to health care facilities during the reporting period.

WASH in communities

Cluster members provided winterization kits to 835 households (which include hot water bag, kettle/thermos) targeted to senior citizens, pregnant/lactating mothers, single women, disabled children/men/women in five districts. Further, cluster members reached 19,066 people through various risk communication programmes related to hygienic behaviour via television, radio, megaphone announcements, among others.

Training, orientation and knowledge management

429 WASH volunteers and people at household level were trained/oriented on subjects related to WASH and infection prevention and control. Similarly, 671 people participated in focus group discussions on WASH COVID-19 response and gender norms.

Challenges

With the reduction in reported COVID-19 cases, the general population are returning to normal life, which is creating challenges for the sustainability of community/public WASH facilities due to inadequate attention to operation and maintenance. Haphazard reopening of schools continues with minimal to no safety measures, which increases the exposures of children, teachers and communities to contracting COVID-19. Though WASH Cluster has jointly developed a video for school disinfection with Education Cluster, many schools are yet to access this and are looking for support from local governments to ensure hygienic practices in schools.



Nutrition Cluster

A total of 13,680 pregnant and lactating women received telephone counselling on maternal, infant and young child feeding (IYCF) and care during the reporting period. In addition, 346 children under five years with severe acute malnutrition were treated using ready to use therapeutic food (RUTF). Nutrition messages reached 260,044 households. IYCF and COVID-19 messages reached more than 7,512 households through SMS and an additional 169,725 households were reached with telephone counselling on IYCF and maternal nutrition. Nutrition Cluster has initiated a remote assessment on family level IYCF behaviours in the COVID-19 context. The assessment will be shared widely once finalized.

Ministry of Health and Population organized national nutrition review meeting (including nutrition in COVID-19 context) from 17-19 January. The workshop identified key issues and suggested a way forward for programme improvement. Key issues discussed include: lack of sufficient coordination and collaboration between three tiers of government for programme interventions, inadequate policy support to provinces and local levels as well as lack of sufficient capacity at local level to implement health and nutrition services in the current context. To address these issues, the following suggestions were made by participants:

- Strengthen coordination mechanism among three tiers of government; make a provision to recruit full time community health workers (CHW) and community health nurse (CHN) at ward level with clear TORs and hands-on trainings to ensure they are competent and motivated;
- Increase investment in nutrition specific and nutrition sensitive interventions through special measures and procedures;
- Prioritise to run regular, effective and quality practical nutrition sessions at family and community levels to engage families and communities as a whole;
- Ensure awareness among policy makers and political bodies of their roles in supporting nutrition.

Challenges

Persistent challenges are faced in screening, identifying and referring children aged 6-59 months who are severely wasted for treatment at outpatient therapeutic centres (OTC), due to lack of protective equipment (masks, gloves, sanitiser, etc) for female community health volunteers who are responsible to manage screening at community level. To address this issue, Nutrition Cluster has endorsed, and MoHP recently approved, the family MUAC approach. The approach will enable screening of the nutritional situation of 6-59 months children at household level by families and encourage families to bring children found to be malnourished to health facilities. A resource gaps persists in the provision of blanket supplementary feeding for the prevention of acute malnutrition of 6-59 months children, pregnant and lactating women.



Education Cluster

Consultation workshops on developing education response plans – to ensure learning continuity in case of school closures and strengthening learning when schools are open – have been conducted in 15 municipalities in Province Two, Lumbini, Karnali and Sudurpaschim. Resource materials on alternative learning frameworks and tele-teaching content developed for learning continuity campaign are also disseminated in those municipalities. A safe back to school campaign targeting children with disabilities has started in 10 districts across all provinces mobilizing 62 community

volunteers targeting 46 resource classes and special schools. The campaign aims to raise awareness and motivate parents and communities to send children with disabilities back to school, while ensuring public health and safety. Education Cluster members are developing a sign language mobile application for language skill development of children with hearing impairment. The application is expected to be ready by the end of February 2021 and will include sign language skills content and COVID-19 related messages.

A parenting education programme providing information and tips to facilitate parents to support their children in home based early learning is ongoing national-wide in three languages (Nepali, Bhojpuri and Maithili) through 87 radio channels and digital media. Episodes with experts on early childhood development and peace education, child participation, and child behaviour and proper care were aired between 21-18 January. A bursary fund has been established in eight schools in Naraharinath Rural Municipality, Kalikot to support vulnerable children in continuing their education in schools. The fund is between NPR 25,000 -75,000 per school and up to NPR 10,000 per child.

Challenges

Government has developed an 'adjusted curriculum' considering the remaining time in the academic calendar. However, in the absence of training on this 'adjusted curriculum' teachers are facing challenges. With the decreasing number of COVID-19 positive cases and low risk perceptions, there has been decline in adherence to public health safety measures in communities and schools.



Logistics Cluster

Between 21 January and 3 February, four trucks were dispatched with approx. 15 MT (57 cbm) medical supplies of Provincial Health Directorate, Province One and Province Two to various district headquarters across those provinces. On 28 January, one truck with approx. 2 MT (12 cbm) medical supplies of GIZ Nepal was received for storage at the HSA, Kathmandu. The national Logistics Cluster is coordinating with MoHP to see if support can be provided to increase cold chain storage capacity in Province Two and Karnali for the COVID-19 vaccination campaign. The next Logistics Cluster meeting is scheduled for Friday, 5 February.



Risk Communication and Community Engagement

Reach

RCCE workstream members supported the government to organize the launch event of the COVID-19 vaccine in Nepal on 27 January in the presence of the Prime Minister of Nepal. The event held at the Prime Minister's residence was connected live to seven provincial hospitals and four COVID-19 hospitals in Kathmandu Valley. The event was live broadcast via national television and social media channels of the Ministry of Health and Population, UNICEF and others. Posts related to the vaccine had a cumulative reach of more than six million people on social media.

RCCE workstream members are continuously reaching more than 10 million people through radio programmes titled "*Banchin Amaa*", "*Corona Sandesh*" and "*Milijuli Nepali*" and television programmes called "*Corona Care*" and "*Swastha Jeevan*". During the reporting period, radio and television programmes discussed COVID-19 vaccine roll out, target populations for the first-round of vaccination and priority groups, vaccine safety and the need to practice public health and safety measures before and after vaccination. More than nine million people are continuously reached with

messages on public health safety (distancing, mask use and sanitise) through short public service announcements on radio and television.

Community engagement

More than 29,000 volunteers (36% female), including 200 boys and 180 girls, are engaged for COVID-19 community engagement activities, including disseminating messages on COVID-19 prevention and control through community-based platforms which reach people across the country with health and safety messages. These messages are disseminated through door-to-door visits, group discussions and megaphone announcements.

Feedback mechanisms

Twenty-two hotlines responders were oriented on answering COVID-19 vaccine related questions and concerns of callers. A total of 5,211 questions and concerns were answered through hotlines in the last two weeks. More than 50% of questions were related to COVID-19 vaccine and the remaining were related to PCR testing services, new variants, and COVID-19 cases in the country.

Challenges

Uptake of COVID-19 vaccine to date (completion of sixth day) is less than 50% of the target population. Reports of perceptions of the government undertaking a vaccine 'trial', fear of side effects and scepticism over vaccine safety and efficacy are the major concerns contributing to vaccine hesitancy among the target populations. Questions around why political leaders have not gotten vaccinated and stories of people facing adverse effects in India, including death, after receiving Covishield vaccination have fuelled this hesitancy. In addition, there are rumours that Nepal has acquired herd immunity and hence does not need a vaccine.

Life has nearly returned to normal, and adherence to public health and safety measures has gradually decreased across the country. Major political parties continue to hold mass rallies and gatherings, in which neither the majority of participants, nor leaders, follow proper safety measures. This may contribute to the spread of COVID-19.



Inter-Agency Gender in Humanitarian Action

Returnee women migrant workers continue to face significant challenges in reintegrating with their families and communities in the current context. Their inability to seek appropriate jobs in Nepal remains a key concern. Those wanting to re-migrate, have been unable to do so due to ongoing restrictions on air-travel. Organizations working for the rights of migrant workers have welcomed the parliamentary committee's proposal to the government to lift the ban on Nepali women from taking up domestic jobs in gulf countries, after more than three years.

Similarly, a women's group (Women Act) reported on the challenges faced by *Chepang* communities (*one of the indigenous communities in Nepal*) in Madi Municipality, who have no permanent homes and lack access to quality education, nutritious food, unstable jobs, poor health and hygiene and lack of information on basic services were noted as critical gaps. Due to COVID-19, almost the entire male population of this *Chepang* community who were previously engaged in daily-wage labour remain without work, resulting in families struggling to manage food.

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

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