



# NEPAL: COVID-19 Pandemic

Office of the UN Resident Coordinator Situation Report No. 39

As of 4 June 2021

This report is produced by Office of the Resident Coordinator in collaboration with partners. It covers the period from 29 May to 4 June 2021. The next report will be issued on or around 11 June 2021.

## HIGHLIGHTS

- Meeting with provincial Chief Ministers highlighted significant gaps in essential human resources for medical response and huge challenges related to unemployment.
- Procurement of vaccines remains a critical gap and top priority.
- Service delivery is constrained by infection or fear of infection among essential staff who remain unvaccinated.
- Closure of schools with no or limited access to distance learning is reported to be contributing to child labor, child marriage and risky behavior among children.
- Isolation centres are regularly established without consideration of WASH requirements, thereby increasing infection risks.



Gauriphanta point of entry in Kailali, western Nepal, Source: UNICEF Nepal

**101,839**

Active cases

**34,680**

New cases  
(reporting period)

**38.2%**

Case positivity

**576,936**

Total cases

**7,630**

Total deaths

## SITUATION OVERVIEW

A meeting was held between Chief Ministers of several provinces and the Resident Coordinator, along with heads of WHO, UNICEF, UNDP, UNFPA and WFP, to learn more about the challenges provincial government are facing in the pandemic. Chief Ministers, while appreciating support extended to battle the pandemic to date made a strong request for continued partnership of the international community in helping them to address critical gaps in human resources to provide medical services. They also highlighted the huge gaps in providing employment to economically vulnerable households normally engaged in wage labour, who are currently unable to meet their family's basic needs.

While cases have been declining across most provinces of Nepal, cases continued to increase over the past week in Gandaki province. Declining case numbers are related to the strict lockdown. Slight easing of measures in the coming weeks will be a test for the country. The ability to manage COVID-19 out of lockdowns will depend on adherence to public health and social measures, which to date has proved challenging, not least due to a need to contextualize global guidance for remote, rural and poor households to enable their action.

Test positivity has declined to 34.9%, which remains among the highest globally. In the extremely remote Karnali province test positivity is highest, at 43.8%. Chief Ministers raised gaps in RT-PCR testing availability in hill and mountain regions of their provinces, leading to inability to identify COVID-19 infections among people in those communities. This is among the gaps that the new supply of antigen tests is aimed at filling.

## PRIORITY NEEDS

### Health

- Procurement and equitable implementation of vaccines, particularly among priority population groups (elderly, disabled, patients with comorbidities, etc.).
- Enhanced public health and social measures that ensure universal application.
- Registration, health screening and testing with Antigen RDT for all entrants at all points of entry (PoEs).
- Mobilizing contact tracing and case investigation team to break the chain of transmission.
- Critical need for human resources to operate tele-medicine for management of safe home-isolation and information management support for institutions managing public health interventions at all levels.

### Reproductive health

- Reports received of increased maternal death, perinatal deaths, and decreasing rates of institutional delivery.
- Reports of low stock or stock-outs of life-saving RH commodities/medicines, including Nefidipine and Mag. Sulfate in health facilities.

### WASH

- Collaboration with local governments to leverage their resources, coordinate for WASH in health care facilities and isolation centres and establish 4W reporting mechanism for government led interventions.
- Provision of standard WASH package and WASH isolation kits in institutional and home isolation settings.
- IEC materials for health care waste management in various settings.

### CCCM/Shelter

- Fast track service at all PoEs for returnee migrants/travelers with different physical and mental needs.
- 24/7 service provision for health screening, registration and maintenance of sex and age disaggregated data and Antigen RDT testing for all returnee migrants at PoEs.
- Upgrading of PoE infrastructure to ensure continued function during the monsoon season.
- Enhance capacity of PoE officials to enable them to better detect and respond to COVID-19.
- IEC materials on IPC measures and COVID-19 to be distributed at PoEs.

### Logistics

- Continued transport and storage services for the Ministry of Health and Population and Provincial Health Directorates, as provided by the National Logistics Cluster.

### Risk Communication and Community Engagement

- As per the new draft strategic guidance by National Health Education Information Communication Center, focus on decentralized approach to RCCE and strengthening of community engagement.
- With the start of farming season, need for contextualized and practical messages on home isolation for people with COVID-19 symptoms and to address fear if tested positive.
- Collaboration with local government, district administration, influencers and stakeholders at all levels for sustaining the public health safety measures practices with the gradual relaxing of prohibitory orders.

### Protection

- The socio-economic impact of the ongoing prohibitory orders continues to exacerbate vulnerabilities. Closure of schools with no or limited access to online/distance learning is reported to be contributing to child labor, child marriage and risky / maladaptive behaviors including substance abuse, especially among adolescent boys.
- Continued need for psycho-social interventions for most vulnerable groups, particularly those in isolation.
- Continued disruption of protection services including GBV prevention/response through One-stop crisis Management Centres (OCMC), safe houses and shelters, police, legal assistance, etc.
- The looming monsoon season may compound existing vulnerabilities. Protection Monitoring respondents in Karnali and Sudurpaschim have highlighted the impact of early rains as an issue of concern for vulnerable households. It is therefore important to ensure early identification of vulnerable households and access to protective assets/disaster information.

### Food Security

- Continued advocacy on non-health needs, considering the life-saving immediate needs of vulnerable families during the period of prohibitory orders/lockdown.

**Nutrition**

- Supplementary foods for pregnant and lactating women, and 6-23 months old children in most affected areas.
- Engagement at local level to expand outpatient management of severe and moderate acute malnutrition to health posts and via female community health volunteers (FCHV).
- Protective equipment for FCHVs to run community-based health and nutrition programmes, including screening children for wasting.

**Education**

- Access to self-learning materials for the most disadvantaged children who do not have access to devices or internet.
- Vaccination of all teachers to ensure learning continuity.

**Gender in Humanitarian Action**

- Free access to COVID-19 testing for poor and vulnerable communities.
- Food and mental health support for individuals running small-scale businesses, construction, and factory workers.
- Support to ensure provision of essential medicines for people with disabilities and critical illness.
- Need for information about government provision for vaccination, medical/health support, and relief (food and non-food items) raised by marginalized communities.

**OPERATIONAL RESPONSE****Health**

- Working closely with partners to identify opportunities for support, including capacity building in clinical care, dissemination of IEC materials, development of health bulletins, translating MoHP Incident Command System decisions to actions, development and support to implementation of public health social measures (PHSM) materials, and identification of commodity support for health systems strengthening, including vaccine delivery.
- Communication with COVID-19 hospitals and Provincial Health Directorate offices to understand needs and gaps in human resources, risk communication, commodities, and IPC/case management.

**Reproductive Health**

- To reinforce the criticality of RMNCAH service continuity, Family Welfare Division (FWD)/MoHP sent a letter to all provinces requesting they ensure service provision throughout the lockdown.
- Cluster members appealed for funding as reflected in the Covid Preparedness Response Plan (CPRP).
- RMNCAH rapid assessment tools have been finalized and assessment will commence from 4 June.

**WASH**

- Provided WASH and IPC facilities in 28 health care facilities serving 2,401 health care workers and staff; 23 isolation centres reaching 5,190 people; 38 government institutions serving more than 2,981 people including staff members and service seekers; one point of entry serving more than 12,216 returnees and 850 people in holding area.
- RCCE messages related to WASH reached more than 234,244 people
- IPC-WASH orientation to 20 WASH practitioners.

**CCCM/Shelter**

- Trainings for PoE officials are being rolled out in Province One, which this week reached 19 participants from health, security and animal quarantine roles working in the PoE at Pashupatinagar, Ilam.
- Provision of NFIs including PPE to the local governments for distribution at isolation centres.
- Establishment of isolation center at the Pashupatinagar Primary Health Care Center, roughly 1km from the PoE.

**Logistics**

- Received 6 trucks (78 MT) medical supplies donated by the Government of China at Kathmandu HSA on 31 May.
- Dispatched 2,350 oxygen cylinders from refilling plants in Lumbini and Bagmati provinces to hospitals in Sudurpaschim and 38 oxygen cylinders from Bagmati to Gandaki.
- To date, 2,531 empty cylinders have been transported to refilling plants in Lumbini and Bagmati provinces from hospitals in Sudurpaschim.
- Between 24-31 May, dispatched 278 MT (552 CBM) of medical supplies of MoHP from HSA in Kathmandu to Provincial HQs.
- Received 764 CBM medical supplies donated by USA, UK, China, Finland and Tzu Chi Foundation at the HSA in Kathmandu.

**Risk Communication and Community Engagement**

- Following the successful launch of "Mask Khai" badges and postcards with life-line messages/hotlines/QR codes, 2,000 pin badges and postcards disseminated to police following request from police in Bagmati.

- 14,000 questions and concerns related to vaccine availability, timeline for second dose of vaccination for population above 65 years, government plan for vaccinating remaining population, availability of oxygen, ICU and beds, home isolation and PCR testing were responded through dedicated radio and television programme, social media, press brief and hotlines.
- Volunteers from Nepal Scouts, SUHAARA community volunteers, community mobilisers, security personnel and Nepal Red Cross Society reached communities with stay home, mental health, COVID-19 preventive and treatment messages in high density areas and PoEs through face-to-face interaction and megaphone.

### Protection

- Psychological first aid and counselling reached 1,546 people (809 males and 737 females) and mental health awareness raising interventions reached 3,753 persons (1,614 males and 2,139 females).
- Provided emergency assistance, including family reintegration, interim care, and other emergency support to 414 children (198 boys, 216 girls) of which a total of 23 cases (8 boys, 15 girls) were referred to different services.
- GBV prevention and response service reached 245 survivors (20 male, 225 female; including 2 LGBTQI, 43 girls under 18, 1 elderly) and dignity kits were provided to 28 vulnerable women and girls.
- In Sudurpaschim province, 4,619 migrant returnees (534 females, 3,736 males and 349 children) were supported at PoEs with transportation to (home) isolation and holding centers.

### Food Security

- Mobile Vulnerability Analysis and Mapping (mVAM) preparatory phase has been finalized following final clearance from the Ministry of Agriculture and Livestock Development. Primary data collection will begin soon.
- Cluster partners are also conducting COVID-19 impact and need assessments in selected areas.
- FSC members are providing unconditional in-kind/vouchers and conditional cash assistance to 10,762 food insecure and vulnerable households and plan to extend assistance to an additional 7,910 households.
- As Nepal enters the monsoon season, the Government and the cluster system are working to update and agree a monsoon preparedness and response plan.

### Nutrition

- Ongoing admission and treatment of 656 children aged 6-59 months with severe acute malnutrition in outpatient therapeutic centers and nutrition rehabilitation homes.
- 9,391 children aged 6-23 months and 5,338 pregnant and lactating women were supported with Supercereal (supplementary food) in select districts of Karnali, Province One and Province Two.
- Continued dissemination of nutrition and COVID-19 messages throughout the country via FM radio services.

### Education

- Distributed printed self-learning materials to 129,039 children.
- Home based learning radio program has benefitted 133,403 children in Bagmati province.

### Gender in Humanitarian Action

- A rapid response team has been formed in Kailali district to support the need of COVID-19 infected people.
- Social Welfare Council in Kailali district has declared that district level organizations must set aside 20% of their program budget for COVID-19 response.

## KEY GAPS AND CHALLENGES

### Health

- Procurement of essential commodities, specifically vaccines. There continues to be challenges presented by a lack of national suppliers, resulting requirement to import (Antigen testing and specialized equipment for treatment such as oxygen concentrators, etc.).
- Lack of adherence to public health and social measures (PHSM) at local levels, which are essential to break the chain of transmission.
- Need to mobilise in country emergency medical deployment teams to support existing human resources and enable operation in a shift system to address facility-based care needs.

### Reproductive Health

- Challenges in strengthening referrals for quality emergency obstetric care for pregnant women remains a top concern.
- Insufficient human resources for emergency obstetric and newborn care, lack of transportation and shortages of essential maternal and neonatal health medicines are bottlenecks at service delivery points.
- Inadequate funding to respond to reproductive health needs.

**WASH**

- While WASH cluster members have reached 17 additional districts, covering 46 districts in total for WASH response, Province One, Gandaki and Lumbini continue to struggle in getting additional resources for WASH response.
- Sanitation, cleaning and waste management workers in communities and health care facilities continue to contract COVID-19, leading to disruptions in essential cleaning and disinfection works.
- Isolation centres continue to be established without consideration of WASH requirements, thereby increasing chances of infection.
- Management of medical waste from home isolation and institutional centres as well as management of dead bodies continue to be a huge issue increasing the risk of additional pollution related hazards.

**CCCM/Shelter**

- Lack of human resources for operating 24/7 health screening, registration, recording of data at PoEs.
- Lack of referral mechanisms for frontline workers and returnee migrant workers at PoEs and dedicated vehicles for transporting COVID-19 suspected cases.
- Inadequate Personal Protective Equipment (PPE) supplies for the PoE officials.

**Logistics**

- Province Two and Karnali report shortages in oxygen concentrators, ventilators, PPE and Antigen RDTs.

**Risk Communication and Community Engagement**

- Authentic and timely public information in user-friendly formats, and innovative way of messaging as well as capacity strengthening of government counterparts.
- Development of localized feedback loops to engage and listen to target audiences, and establish channels of course correction, and immediate response and feedback.
- Study to assess the effectiveness of media and outreach messaging leading to behavior transformation.

**Protection**

- Insufficient social workforce to support early identification of people at risk of exclusion and violence.
- Community-based actors are reluctant to operate in the context of heightened community transmission. More efforts are needed to strengthen and expand the reach of online/remote services.
- Protection service providers continue to face mobility constraints limiting the access of GBV survivors and those at risk to shelters, one stop crisis management centers (OCMCs) and legal assistance.
- People with disabilities are facing specific challenges in accessing services and information. Disability of a family member was correlated with heightened vulnerability for 18% of households.

**Food Security**

- Lack of resources among Cluster members (UN and INGOs) to provide immediate food assistance to vulnerable households.

**Nutrition**

- Health staff preoccupied with COVID-19 response, limiting capacity to deliver essential nutrition services.
- Lack of resources to meet the supplementary food needs of 6-23 months children, pregnant and lactating women in the most affected areas.
- Nutrition rehabilitation homes have been converted into isolation centres, depriving malnourished children of nutrition rehabilitation and care.

**Education**

- Lack of resources to respond to education needs by Cluster members.
- Constraints on printing, transportation and distribution of self-learning materials are hindering the education of most disadvantaged children.
- Fear and anxiety related to increase in infection and mortality among teachers in many municipalities create further setbacks to education.

**Gender in Humanitarian Action**

- Partners report that COVID-19 data from remote hill districts is not being fully recorded.
- Communities dependent on wage labor are finding it difficult to meet their food needs, due to increase in food prices in the far west.
- Persons with disabilities who use wheelchairs face challenges in accessing vaccination sites, budget should be allocated at the ward level for medical and logistic needs of PWD.
- Online vaccine registration is not accessible to all.

- Due to lockdown, local governments are not undertaking inclusive consultations to inform the next planning cycle.

**For further information, please contact:**

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