



NEPAL: COVID-19 Pandemic

Office of the UN Resident Coordinator Situation Report No. 44

As of 30 July 2021

This report is produced by Office of the Resident Coordinator in collaboration with partners. It covers the period from 17-30 July 2021. The next report will be issued on or around 12 August 2021.

HIGHLIGHTS

- Relaxing of prohibitory orders and decreasing adherence to public health and social measures observed across the country, particularly outside Kathmandu Valley, in contributing to concerns of a new spike in infections.
- Fear of disease transmission and movement restrictions remain major challenges for patients to access non-COVID-19 health services.
- Daily food and other essential needs of vulnerable families affected by secondary impacts of COVID-19 are largely unmet. Dry spell across western Nepal is compounding food hardships, with winter crop production expected to drop by 40-80%.
- Construction of semi-permanent health desks is completed at two points of entry and ongoing at three additional points of entry (PoEs).
- Eight young children have died in Sarlahi district due to lack of proper drainage systems after falling in road depressions and drainage holes.



Health worker prepared Johnson & Johnson vaccine to administer; UNICEF Nepal

30,390
Active cases

9,807
Total deaths

19.3%
Case positivity

1,903
Displaced HHs
(monsoon)

3,409
Affected HHs
(monsoon)

SITUATION OVERVIEW

As restrictions are eased across the country COVID-19 cases are on the rise again. A telephone-based knowledge, attitude and practice survey conducted in mid-June found that nearly 50% of the population does not perceive themselves or their families to be at risk from COVID-19. The same proportion cited lack of adherence to public health and social measures in crowded public places as the main reason for transmission within their community. Despite this, only 60% reported washing hands with soap and water, 50% reported wearing a mask outside the home and 40% reported maintaining social distance of two metres in public places. Province Two ranked the lowest in terms of self-reported adherence to PHSM practices.

In addition to low adherence to PHSM, rumours have created challenges to COVID-19 containment and vaccination objectives. A rumour that installation of corona guard ensures safety from COVID-19 published in major national dailies posed a risk to COVID-19 safety. Similarly, shortly after the arrival of Johnson and Johnson vaccines in Nepal news reports that the vaccine carries a risk of blood clots proliferated quickly on news and social media. Immediate response through graphic, audio-visual content and media engagement via the Crisis Media Hub dispelled the rumours, disseminated facts to a broad audience and increased acceptance of the vaccine.

Monsoon rains have been light over the reporting period, but to date monsoon related incidence have impacted 47 districts across the country. Displaced families are sheltering in various public buildings, increasing COVID-19 transmission risks and also posing challenges to meeting their basic needs. Flooding and landslide have caused damage to public and private infrastructures, including private houses. Road blockage, damages to the bridges along the road due to the flooding and landslide has posed logistics challenges in reaching out to the affected population.

PRIORITY NEEDS

Health

- Registration, health screening and testing with Antigen RDT for all entrants at all points of entry (PoEs).
- Enhanced public health and social measures that ensure universal application.
- Mobilizing contact tracing and case investigation teams with optimal utilisation of Antigen testing kits.
- Critical care training including management of pediatric/neonatal ICU.

Reproductive Health

- Skilled human resources, mainly obstetricians, gynecologists and nurses/midwives, to provide quality services.
- Strengthen sexual and reproductive health services for women and girls at PoEs and quarantine centers.
- Strengthen procurement and supply chain management of provinces and municipalities to ensure regular availability of lifesaving MNH commodities at service delivery sites.
- Vaccination against COVID-19 for pregnant and lactating women across the country.

WASH

- Continuous need to reinforce hygiene related RCCE for general public and service providers.
- With changes in provincial ministries and officials, there is a need to reorganize, build rapport and provide orientation on WASH priorities at the provincial level both in the context of COVID-19 and monsoon.
- Development of targeted and user-friendly IEC materials for municipal health care waste management in various settings in line with national SOPs and COVID-19 interim guidelines, with due consideration of monsoon.

CCCM/Shelter

- Necessary IT equipment and provision of internet facility for paperless information management at all PoEs.
- Additional human resources to strengthen capacity of PoEs to screening, particularly with heavy migrant flow.

Logistics

- Continued transport and storage services for Ministry of Health and Population and provincial health directorates.
- Floods have triggered landslides which continue to cause roadblocks and access constraints.

Risk Communication and Community Engagement

- As risk perception and fear of disease declines, decreasing adherence to public health safety measures (PHSM) practices is observed across the country, particularly outside Kathmandu Valley. Engagement from all levels is required for strict enforcement of PHSM measures in all public places.

Protection

- Continued support for identification of children without parental care and provision of appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency support and relief.
- Continued support to vulnerable children to enroll them in school and discourage absentees/dropouts to prevent child labor, child marriage and other protection risks.
- Ensure availability of lifesaving gender-based services (i.e. clinical management of rape, psychosocial support) in hospital-based one-stop crisis management centers (OCMCs) during lockdowns and overall COVID-19 response.
- Ensure that infection prevention and control (IPC) protocols are in place for continuity of protection services.

Food Security

- Continue to monitor the food security and nutrition closely in order to inform potential response.

Nutrition

- Orientation of health care providers at local levels to implement simplified approach for the treatment of severe and moderate acute malnutrition at the health facilities.
- 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).

Education

- Ensure enrolment of children from the most deprived and marginalized communities in new academic session.
- Government has prioritised teachers for COVID-19 vaccination in all provinces, with vaccination beginning 13 July. Systematic monitoring and follow-up is required.
- Access to self-learning materials and learning continuity, particularly for the most disadvantaged children, without access to devices or internet.

Early Recovery

- Short term emergency employment for daily wage earners who lost their jobs due to the COVID-19 pandemic.
- Emergency employment for informal workers primarily associated with transport, tourism and hospitality sector.
- Skills development, inputs and marketing support for microentrepreneurs.
- Agriculture inputs (seeds, fertilizers, equipment) for poor and most vulnerable farmers.
- Livelihood support for communities displaced due to floods and landslides across the country.

Gender in Humanitarian Action

- Gender and disabled friendly isolation and quarantine centers.
- Check up and treatment camps for pregnant women and new mothers.
- Medicines and hospital beds available at subsidized costs for people from poor and excluded groups.
- Vaccination for people from vulnerable and excluded groups.
- Free meals for poor patients admitted in hospital.

OPERATIONAL RESPONSE**Health**

- The second round of the seroprevalence survey is ongoing throughout the country.
- Communication with COVID-19 hospitals, provincial health directorates and Department of Health Services to understand priority needs.
- Working closely with partners to identify opportunities for support, including capacity building in clinical care, health care waste management including waste from vaccination campaign, dissemination of IEC materials, development of health bulletins, support to the implementation of public health social measures (PHSM), and identification of commodity support for health systems strengthening, including vaccine delivery.

Reproductive Health

- Action plans developed from the recommendations of the RMNCAH services rapid assessment of services.
- Provided inter-agency reproductive health (IARH) kits to three tertiary level hospitals and three OCMCs to deliver essential reproductive health services and health response to gender-based violence to an estimated 480 people.
- 350 clean delivery kits distributed to pregnant women in Kaski, Sindhuli, Saptari and Morang districts.
- As part of monsoon response, 50 tarpaulins, 50 dignity kits and 50 kishori kits distributed in Hanumannagar Kankalini Municipality and Agnisair Krishnasawaran Rural Municipality in Saptari district
- Visit to 101 facilities to provide technical assistance and training for the continuation of quality SRH services.

WASH

- Provided WASH and IPC services to 7,084 health care workers, staff and patients in 21 health care facilities (HCF); 3,720 people including staff members and service seekers in seven government institution; and over 1,350 returnees in one PoE; provided soaps and masks to 173 people in communities.
- 26,898 people in communities benefited from demonstration of proper hand washing steps.
- 18 people oriented on repair and maintenance of water supply facilities.
- 37 sanitation workers and 25 paramedics in HCF setting were oriented on-site on IPC WASH.

CCCM/Shelter

- Two orientation programs are being planned for the PoE officials of Belahiya, Rupandehi and Krishnanagar, Kapilbastu from 5-10 August in coordination with Epidemiology and Disease Control Division.
- Construction of semi-permanent health desks completed at two PoEs: Kakarbhitta and Jamunaha.
- Construction of semi-permanent health desks at Gauriphata Gaddachauki and Gaur, PoEs is ongoing.

Logistics

- Provided logistics support for the transshipment of COVID-19 vaccine arrived from China in three lots at HSA.
- More than 50 dispatches of medical items were made in trucks, mini trucks, vans and cars to hospitals in Kathmandu Valley and other districts from HSA.
- Installed a mobile storage unit (MSU) in Janakpur (Province 2) to expand storage capacity for COVID-19 supplies, and an isolation tent in Hetauda (Province 3).
- Dispatched approx. 40 MT (143 cbm) medical supplies, including oxygen cylinders, of the Government from Kathmandu to the provincial capitals and district headquarters.
- Stored approx. 66 MT (325 cbm) medical supplies of the Government at the HSAs in Kathmandu and Dhangadi.

Risk Communication and Community Engagement

- Emergency helpline numbers promoted through stands at 18 outlets in largest supermarket chain.

- 36 graphics and videos produced by Crisis Media Hub and disseminated through RCCE channels, Nepal Television and Radio Nepal.
- Social media content focused primarily on monsoon messaging and vaccination advice gathered an aggregate reach of over 35.8 million, 72.9 million impressions and 10.8 million engagements.
- Rumour tracking and response through fact-based content across multiple communication channels.
- 22,200 questions and concerns related to COVID-19 vaccination, testing services, risk of COVID-19 among newborns answered through hotlines, MoHP media brief, radio and television programmes.

Protection

- 37 people oriented on understanding suicide, identification of risks and protective factors, sensitive communication and support to those who have suicidal thoughts.
- 2,328 people (977 male, 1,351 female) received psychosocial first aid and counselling services in Province Two.
- 2,490 people (751 male, 1,739 female) reached through awareness raising activities on psychosocial wellbeing.
- Protection helplines and emergency intervention services including appropriate care arrangements and emergency assistance reached 976 children (506 boys, 470 girls).
- 3,396 people (1,486 male, 1,910 female) received lifesaving supplies including dignity/‘*kishori*’ (adolescent girl) kits.
- 729 (362 male, 367 female) service providers, including frontline responders, trained on GBV prevention and response, and 3,557 people (1,412 male, 2,142 female, 3 non-binary) sensitized on(GBV prevention and response.
- 98 vulnerable Nepali migrants (92 male, 6 female) stranded in different labour destination countries supported with return tickets, hotel quarantine facility upon arrival and transportation allowance to reach their home districts.
- 112 calls from persons of concern (refugees) received through the 24/7 hotline service and protection needs were addressed accordingly. 622 protection services (psychosocial support, GBV response) provided to refugees.

Food Security

- 97% of take-home ration distributions completed; landslides in Bajura have caused delays in final district.
- According to the second [market update](#), markets functioned well across most of Nepal in June, with slight improvements in supply and transportation of goods compared to May.

Nutrition

- Treatment of children under five years with severe acute malnutrition (SAM) ongoing in more than 750 outpatient therapeutic centres (OTCs) and 22 nutrition rehabilitation homes (NRHs).
- 8,360 children aged 6-23 months received micro-nutrient powder for the prevention and control of micro-nutrient deficiency disorders and their caretakers received the counselling on infant and young child feeding and care.
- Completed orientation on “Simplified approach for the treatment of severe and moderate acute malnutrition” for more than 200 provincial health and nutrition stakeholders of all seven provinces.
- 12,217 households in “golden 1000 days” received nutritious relief package from local governments.

Education

- 8,953 children have been reached through the distribution of printed self-learning materials.
- 277 pre-primary schools and teachers were supported to conduct telephone-based teaching at home through caregivers, reaching 3,422 caregivers and children in Province Two, Karnali, Lumbini and Sudurpaschim.
- To ensure continuity of learning through alternate education "Learning from Radio" program is ongoing in Solukhumbu district, targeting children in grades 1-8 through 83 sessions of radio program via two FM stations.

Early Recovery

- 12,000 vulnerable, food insecure and unemployed families supported across Province 2, Karnali and Sudurpaschim with employment generating cash for assets (conditional cash transfer programme).
- Livelihood support provided to 8,600 people, primarily poor and marginalized farmers in 13 municipalities.
- 2,190 farmers in Nuwakot and Makawanpur supported through mobile markets to provide market access.
- Skills training for mask making, raw material support and market linkage for 350 women and excluded groups, seed fund support to women’s group business/MSMEs in Kavre and Kailali districts.
- Vocational training to select out-of-school adolescent girls and young women and follow-up support for income generation to participants of Education Joint Project to Help Vulnerable Women Cope with COVID-19 Impacts.

Gender in Humanitarian Action

- Local governments in Sarlahi district implementing public awareness campaign aimed at preventing violence against women and providing work opportunities under the Prime Minister’s Employment Project by hiring laborers to clean roads and dig wells.

KEY GAPS AND CHALLENGES

Health

- Procurement of essential commodities, specifically vaccines and those related to oxygen management.
- Lack of adherence to public health and social measures (PHSM) at local levels, essential to break 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.
- Continue COVID-19 response in flood affected area where the application of PHSM is poorly followed.

Reproductive Health

- Analysis of essential SRMNCAH services shows a gap in data on pregnant and lactating women with COVID-19.
- Low utilization of safe abortion services.
- Gap in assuring adequate supply of FP/MNH commodities for health institutions.
- Fear of disease transmission and restricted movement remains the major challenge for service providers and recipients.

WASH

- Year-end closure and start of new fiscal has slowed WASH intervention at municipal and provincial levels.
- Entering the heaviest monsoon period, the next month will be crucial in the context of flood/landslide and possible third wave of COVID-19; WASH Cluster must gear up for multiple level responses in various parts of the country.
- Need for vaccination of WASH frontline workers to ensure their safety in high-risk areas, as many continue to be infected while providing WASH services.
- Funding gap of USD 8 million across cluster members for COVID-19 response.

CCCM/Shelter

- Inadequate human resources appointed for screening, recording and reporting at the health desks of PoEs.

Risk Communication and Community Engagement

- Engagement with young people, administration and security personnel to reinforce COVID-19 safety measures to address increasing pandemic fatigue and stress related to the uncertainty of the disease.

Protection

- Continuity of multi-sectoral GBV services remains a challenge due to restriction on movement and limited access to vaccination among service providers.
- Challenge in reintegrating GBV survivors with their families due to stigmatization, and difficulty convicting perpetrators because the parents/guardians show no interest in taking cases to the formal justice system.
- With dwindling resources, protection actors face challenges in operating services for women and children who have experienced violence and abuse.

Food Security

- The daily food and other essential needs of the vulnerable families affected by secondary impacts of COVID-19 are largely unmet. The mobilization of resources by humanitarian community for food assistance programmes, including employment generating schemes to support the most vulnerable people, has been a challenge.
- The production of most winter crops is likely to be lower than normal, due to dry spell that affected western parts of Nepal. One of the main winter crops (barley) harvesting is completed in 90-95% of areas in Karnali mountain districts; production is expected to drop by 40-80% (Source: ADO, AKCs, palikas, farmers).

Nutrition

- Limited capacity of local governments to deliver essential nutrition services, identify children with severe and moderate acute malnutrition and admit for therapeutic care and treatment.
- Insufficient resources to meet the supplementary food needs of 6-23 months children, pregnant and lactating women in most affected areas.
- Systematic community-based screening of under 5 children to identify SAM/MAM is a challenge.

Education

- Lack of sufficient resources to respond to education needs by cluster members.
- Constraints on printing, transportation and distribution of self-learning materials hindering education of disadvantaged children.
- Virtual training challenging for teachers without access to supportive devices or internet.

Early Recovery

- Due to the measures taken to control second wave, tens of thousands lost their jobs and livelihoods. Ongoing livelihoods and economic recovery programmes are coming to an end shortly and funding is not currently available to continue the livelihoods recovery programmes for the vulnerable families.

- Early monsoon caused huge damage and displaced thousands that now require immediate livelihood support.

Gender in Humanitarian Action

- Poor and marginalized COVID-19 patients are facing difficulty in accessing health supplies and services.
- Local government do not have specific budgets to support health needs of sick poor and marginalized people.
- Eight young children have died in Sarlahi due to lack of drainage systems after falling in road depressions and drainage holes.