



# NEPAL: COVID-19 Pandemic

Office of the UN Resident Coordinator Situation Report No. 45

As of 20 August 2021

This report is produced by Office of the Resident Coordinator in collaboration with partners. It covers the period from 30 July to 13 August 2021. The next report will be issued on or around 27 August 2021.

## HIGHLIGHTS

- With rising COVID-19 cases coupled with fewer partners engaged in the response, there is a potential for gap between needs and response to widen dramatically.
- Need to prioritize PPE in non-COVID-19 service delivery points for continuity of essential services.
- Over 45 water supply schemes are reportedly affected by floods and landslides countrywide, including Melamchi Water Supply Project, addressing water supply needs of Kathmandu Valley.
- Lack of adherence to public health and social measures by leaders at provincial and local levels has constrained promotion of practices among the general public.
- Road obstruction due to flooding and landslides has delayed COVID-19 and monsoon response in various parts of the country.
- Clusters are responding to localized flooding in affected municipalities in provinces One and Two.



Health worker carries J&J COVID-19 vaccines to a vaccination centre by foot. Source: UNICEF Nepal

**40,500**

Active cases

**10,429**

Total deaths

**22.5%**

Case positivity

**258**

Affected palikas  
(monsoon)

**1,933**

Displaced HHs  
(monsoon)

## SITUATION OVERVIEW

COVID-19 cases are on the rise again, with average daily new case counts over the past week approximately 2,500, and case positivity hovering around 20 percent. At the same time, a recent change in government has left leadership positions in the majority of ministries vacant, including the Ministry of Health and Population. At the operational level response activities continue and humanitarian partners are working on preparedness and planning for a new wave of infections as well as addressing the significant unmet needs arising from secondary impacts of the pandemic and its containment.

Monsoon rains are forecast to increase in intensity in the coming week, with many rivers already running close to warning levels, there is a risk of new flooding and landslide events, affecting more communities across the country. Over the last week localized flooding impacted several palikas in Province One and Province Two and cluster partners have been coordinating with local officials to provide assistance. At a time when livelihoods have already been severely challenged by recurrent lockdowns and various restrictions and coping mechanisms significantly depleted, resilience to natural hazards is predicted to be much lower than normal.

## PRIORITY NEEDS

### Health

- Enhanced public health and social measures that ensure universal application.
- Mobilization of contact tracing and case investigation teams optimal utilisation of antigen testing kits.

- Essential lifesaving commodities: vaccines; ICU beds, monitor and consumables; ventilators and consumables; pediatric ventilators and consumables; PCR test kits with reagents; antigen test kits; Liposomal Amphotericin B (with WHO PQ); Tocilizumab.
- Critical care training, including management of PICU/NICU.
- Registration, health screening and testing with Antigen RDT for all entrants at all points of entry (PoEs).

### Reproductive Health

- Risk communication interventions around sexual and reproductive health rights targeting vulnerable women and girls must continue and be upscaled to increase service-seeking behaviour and change attitudes/perceptions.
- Skilled human resources, mainly obstetrician and gynecologists and nurses to provide quality reproductive, maternal, neonatal, child and adolescent health (RMNCAH), including emergency obstetric care services.
- Delivery of health commodities from provincial level to local level and health facilities.
- Development of strategy to ensure services for pregnant/post-partum women are provided in a safe environment.

### WASH

- In light of changes in provincial ministries and officials, need to reorganize, build rapport and orient on priority needs.
- Continued hygiene risk communication and community engagement, particularly focusing on service providers and high-risk communities.
- Support to local government and health care facilities on health care waste management, both short and long term, and on WASH life-saving response needs due to monsoon floods and landslides coupled with COVID-19.
- Over 45 water supply schemes have been reported to be affected by recent floods and landslides across the country, including Melamchi Water Supply Project addressing water supply needs in Kathmandu Valley. Most of these systems need medium to major repairs, at intake and distribution system.

### CCCM/Shelter

- A separate, clean breast feeding/resting area for women, children, elderly and persons with disabilities at PoEs while they wait for antigen testing and results.
- Prioritization of technical orientation, training on build back safer and dissemination of safe construction practice messages to support emergency and recovery shelters in flood landslide, earthquake effected areas.

### Logistics

- Continue transport and storage services to Ministry of Health and Population and Provincial Health Directorates.
- Floods have triggered landslides that continue to cause road and access blocks.

### Risk Communication and Community Engagement

- Continuous reinforcement of public health safety measures required at vaccination sites, public and private offices, transport sectors and markets areas with the ease of lock down and opening of all sectors.
- Role modeling of behaviors at the public places (correct use of mask) by political and elected representatives, including government staff and officials to promote public health safety measures.
- Localized message dissemination related to the time, venue and date for priority groups for each type of vaccine.

### Protection

- Mental health and psychosocial problems, particularly among women, children, elderly and person with disability remain one of the top protection priorities. Need to continue addressing psychosocial problems through deployment of counselors, community based psychosocial workers and helplines.
- High number of cases relating to child marriage (23%), child labour (15%) and children without parental care (12%) reported through the Protection Monitoring and Incident Reporting System. Continued support to the identification of children at risk or survivors of violence, neglect and exploitation through vulnerability assessment, helplines and provision of appropriate protection services a piroirty.

### Food Security

- Continue to monitor the food security and nutrition situation closely in order to inform evidence-based response.

### Nutrition

- Orientation of health care providers (health workers and FCHVs) at local levels to implement simplified approach for the treatment of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) at health facilities.
- Supplementary food for pregnant and lactating women and 6-23 months old children in the 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 the children from the most deprived and marginalized communities in new academic session.

- Access to self-learning materials and learning continuity, particularly for the most disadvantaged children.
- Government has prioritised teachers for COVID-19 vaccination in all provinces; systematic monitoring and follow-up of teacher's vaccination is required.

### Gender in Humanitarian Action

- Prioritization of response to gender-based violence and rape cases.
- Need for separate toilets for non-covid patients in both public and private hospitals.
- Facilitate access to vaccines, particularly for poor and excluded groups.
- Women and children from Dalit and Muslim communities are not using masks regularly due to limited awareness and their low-income status. Awareness and counselling on proper use of masks and provision of such essential supplies at an affordable price is essential.
- Access to decent jobs/employment for young women and men as many lost their source of livelihood during the pandemic, in some cases leading to an increase in domestic violence.
- Need for leadership of women in disaster risk management and response work.

## OPERATIONAL RESPONSE

### Health

- Second round of seroprevalence survey is ongoing throughout the country.
- Working closely with partners to identify opportunities for support, including capacity building in clinical care, health care waste management including waste management from vaccination campaign, dissemination of IEC materials, development of health bulletins, support the implementation of public health social measures (PHSM), and identification of commodity support for health systems strengthening, including vaccine delivery.

### Reproductive Health

- Provided five sets of Inter Agency Reproductive Health (IARH) kits to Karnali Academy of Health Sciences and District Health Office to deliver essential reproductive health services including health response to gender-based violence in Jumla, Karnali, benefitting an estimated 465 clients.
- Provided essential hygiene and sanitation items (e.g., hand sanitizers, masks, soap sanitary pads etc.) for women and girls, particularly those in quarantine sites and/or hospitals in Province One, Bagmati, and Lumbini.
- Alternative approaches for SRH services such as tele-consultation for pregnant and post-partum women to ensure women and girls receive appropriate information and linkages to care services benefitted 31,427 women.
- 27 pregnant women provided emergency transportation services to reach health institutions in the last thirty days.

### WASH

#### COVID-19

- Provided WASH and IPC services to 9,440 health care workers, staff and patients in 24 health care facilities (HCF); 1,166 people in 12 Isolation centers, 464 people including staff members and service seekers in four government institutions and over 1,185 returnees in one PoE; provided hygiene kits and masks to 21,823 people in communities.
- 8,125 people in communities benefited through demonstration of proper hand washing steps, 172,000 people through radio PSA and 12,000 people through miking PSAs on handwashing.
- 128 health care workers (88 male, 40 female) were oriented on IPC WASH. Similarly, 26 people were provided training on repair and maintenance of water supply facilities.

#### Monsoon

- 1,575 flood and landslide affected people (334 HHs) were provided basic WASH supplies (hygiene kit and water storage vessels) in Darchula, Parsa, Pyuthan and Sindupalchowk districts.
- Provincial and federal teams working on addressing the immediate short term as well as medium term support to water supply schemes affected by recent flood and landslides.

### CCCM/Shelter

- Two orientation programs were held targeting PoE officials of Belahiya, Rupandehi and Krishnanagar, Kapilbastu, with the objective of raising awareness among frontline health workers and border officials on international health regulation (IHR) at PoEs and its capacities. It also familiarized officials with infection prevention and control (IPC) measures to be applied and adopted, risk communication, proper screening techniques and recording and reporting of collected information. In total, 82 participants (61 male; 21 female) attended the orientation sessions.
- Construction of semi-permanent health desks ongoing at 3 PoEs: Gauriphata, Gaddachauki, and Gaur.
- Distribution of 50 tarpaulins and dignity kits to affected 15 families in Melamchi and 45 tarpaulins in Manang.
- Data verification and transitional shelter support, including CGI sheets, shelter tool kits and necessary fixing items provided in earthquake affected areas of Lamjung (40 HHs in Dordi Rural Municipality, 70 HHs in Marsyangdi Rural Municipality and 90 HHs in Besi Sahar Municipality).
- Construction of 50 toilets in earthquake affected areas in Dordi Rural Municipality, Lamjung.

## Logistics

- More than 50 dispatches of medical items were made in trucks, mini trucks, vans and cars to hospitals from HSA.
- Medical equipment and PPE received and stored at HSA.
- Two trucks of shelter items of MoHA were dispatched to Sindupalchow, Melamchi for flood response from HSA.
- Transported 82 MT (172 CBM) of medical and shelter cargo from HSA and provincial HQs for flood and COVID-19 responses.

## Risk Communication and Community Engagement

- Altogether feedback from 21,200 community members collected through 1132, 1113, 1115 hotlines, radio and television programmes, social media and community volunteers and responded to through mass and social media.
- Public health safety measures and vaccination campaign related contents disseminated through various channels (MoHP viber group, radio, television, print and online media, social media and community volunteers) reaching more than two million people across the country.

## Protection

- 547 people (327 males, 220 females) received psychosocial first aid and one-on-one counselling services, including those affected by flood/landslide in Melamchi in Sindupalchowk district of Bagmati Province.
- 651 people (238 males, 413 females) reached through awareness raising activities on psychosocial wellbeing.
- 77 community psychosocial workers from flood and landslide affected areas in Province Two and Lumbini trained on psychosocial first aid.
- Protection helplines and emergency intervention services reached 153 children (61 boys, 92 girls), of which 31 cases (12 boys, 19 girls) were referred to different services.
- 20 volunteers were trained on the Protection Monitoring and Incident Reporting System.
- 215 women and girls (including 8 girls and 1 elderly) received lifesaving supplies including dignity and kishori kits.
- 1,870 people (753 males, 1117 females) were sensitized on GBV prevention and response.
- Three orientation sessions were provided at the PoEs in Lumbini to sensitize health workers and border officials (82 people: 61 males, 21 females) on international health regulations (IHR), infection prevention and control (IPC) measures including risk communication and proper screening techniques.
- 153 calls from persons of concern (refugees) received through the 24/7 hotline service and protection needs were addressed accordingly. 1,006 protection services (psychosocial support, GBV response) provided to refugees.

## Food Security

- Along with relaxation of prohibitory orders and permission provided for construction/infrastructure work and reopening of businesses, employment generating programmes such as food assistance for assets (FFA) and enterprise revival support, are being prioritised as food security response options. Wage employment generating programmes are necessary to the vulnerable families dependent on daily wage income in the informal sector.

## Nutrition

- 1,369 children aged 6-59 months with SAM admitted in 768 outpatient therapeutic centers and 22 nutrition rehabilitation homes.
- 1,486 "Golden One Thousand Days" families received nutritious relief packages from local governments.
- 25,053 relief packages were distributed in isolation centers by local governments.
- 2,550 children aged 6-59 months received supplementary vitamin A capsules in Province One and Bagmati. Similarly, 1,916 children aged 12-59 months received deworming tablets in the same provinces.
- 66,473 pregnant and postnatal women received iron and folic acid tablets.
- Completed orientation on "Simplified Approach" for the treatment of SAM and MAM to provincial health and nutrition stakeholders as well as chief and nutrition focal points of district health offices of all seven provinces.
- 203,946 pregnant & lactating women reached with infant and young child feeding messages through mobile messaging and 34,100 pregnant and lactating women counselled by telephone.

## Education

- 205 teachers (94 female) of Karnali, Sudurpaschim and Gandaki provinces received virtual training on psychosocial counselling and support to create a positive learning environment and support home-based learning by promoting psychosocial well-being of teachers and students.
- 2,103 students (381 female) from vulnerable and disadvantaged communities of Province Two benefitted from teaching and learning support by forming small groups in the community.
- Tracking of teachers' vaccination status is ongoing in collaboration with Confederation of Nepalese Teachers (CNT) and cluster members to identify gaps and encourage the teachers to get vaccinated.
- Continued support to local government to localize learning facilitation guideline to ensure learning continuity through alternate modalities.

**Gender in Humanitarian Action**

- Organizations like Shakti Samuha have been conducting awareness programmes on domestic violence. Such efforts should be scaled.

**KEY GAPS AND CHALLENGES****Health**

- Procurement of essential commodities, specifically vaccines and oxygen management (installation of oxygen plants, cylinders, refilling liquid oxygen).
- 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.
- COVID-19 response in flood affected area where the application of PHSM is poorly followed.

**Reproductive Health**

- Few skilled health workers (nurses/midwives, obstetrician and gynecologists) at health institutions.
- Need to prioritize PPE for continuity of essential services, including RMNCAH services.
- Unavailability of real-time stock information (LMIS data) from service delivery sites to enable timely decision making on the distribution and transportation of commodities to avoid stock-outs at service delivery sites.

**WASH**

- Road obstruction due to landslides has delayed COVID-19 and monsoon response in some parts of the country.
- With rising cases of COVID-19 and possible third wave, and fewer agencies working on the current response, the gap may widen if the situation worsens.

**CCCM/Shelter**

- Inadequate human resources appointed for screening, recording and reporting at PoE health desks.
- Challenges in referral of the positive cases identified through antigen testing.
- Surveillance at informal ground crossing points.
- Access by road and bridge to Helambu Rural Municipality and Manang has been cut off, though needs remain high.

**Risk Communication and Community Engagement**

- Lack of adherence of public health safety measures by political leaders and government staff at provincial and local levels has constrained promotion of practices among general public.
- Limited presence of partners and resources to engage with communities on achieving behavioral outcomes.

**Protection**

- Protection service providers continue to face challenges in operating services such as temporary shelters for gender-based violence survivors due to reduced resources.
- Helambu Rural Municipality has shifted its priority from psychosocial support, forcing some service providers to discontinue much needed psychosocial services.

**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.
- Lack of sufficient resources to meet the supplementary food needs for 6-23 months children, pregnant and lactating women in the most affected areas.
- Lack of systematic community-based screening of under 5 children to identify SAM and MAM due to COVID-19.

**Education**

- Difficulty mobilizing teachers for implementation of alternate education and school reopening in all parts of the country due to high COVID-19 infection rates.
- Announcement to re-close educational institutions by local governments, including postponement of grade-12 exams by the federal government.
- Virtual training for teachers challenging as many teachers lack supportive devices and internet connectivity.
- Lack of resources to respond to education needs by cluster members.

**Gender in Humanitarian Action**

- Delay in formation of new government has led to disruption in many decisions related to legal and relief services.
- Civil society organizations in Kailali report an increase in cases of GBV, including rape
- People, especially elderly, are facing difficulty in accessing vaccines due to long queues.