



NEPAL: COVID-19 Pandemic

Office of the UN Resident Coordinator Situation Report No. 47

As of 20 September 2021

This report is produced by Office of the Resident Coordinator in collaboration with partners. It covers the period from 6 to 17 September 2021. The next report will be issued on or around 22 October 2021.

HIGHLIGHTS

- Seroprevalence study finds 68.6% of Nepali population has COVID-19 antibodies, remaining below the threshold of herd immunity as the festival season will begin in the coming weeks.
- Over 5 million people have now been fully vaccinated across Nepal. Procurement of vaccines and accelerating vaccination efforts remains a top priority.
- Renewed focus on addressing the socioeconomic and other secondary impacts of the pandemic, which are major drivers of need and deprivation, particularly among vulnerable groups.
- An action plan for school re-opening has been issued according to different phases of the new “smart lockdown” policy.



Vaccination drive in Kathmandu. Source: UNICEF Nepal

22,323

Active cases

11,048

Total deaths

13.5%

Case positivity

127

Deaths
(monsoon)

16,449

Affected HHs
(monsoon)

SITUATION OVERVIEW

Monsoon impacts have been lighter during this reporting period compared to the previous reporting period, as the season moves towards its end. Similarly, the number of active COVID-19 cases is consistently decreasing. At the province level, cases are down week-on-week in all provinces except Province Two. Case positivity has also declined to 13.5% nationally, but remains above 20% in Province One (21.6%), Gandaki (28.8%) and Karnali (35.9%).

A new smart lockdown policy introduced by the government uses a combination of indicators, including test positivity, week-on-week case number changes, weekly case incidence per 1 million people, hospitalization and death rate, to categorize the level of lockdown restrictions required in different districts. This newly introduced approach aims to ensure appropriate restrictions apply automatically to those places where the situation is deteriorating. Their ability to control transmission will be tested in the coming weeks.

The major festivals will begin across Nepal by early October. Seasonal migrant flow are expected to increase significantly as workers travel home to gather with their extended families at this time. Similarly, movement within the country is typically high during this period, and mass gatherings common. Though the nation wide seroprevalence study recently found that an estimated 68.6% of Nepalis have COVID-19 antibodies, that is not yet the threshold for herd immunity, and rapid transmission of the highly contagious Delta variant (the main variant in circulation in Nepal) remains a major risk if public health and social measures to control the spread, such as use of masks, social distancing and hand washing, are not closely followed.

PRIORITY NEEDS

Health

- Vaccines, including for children.
- Universal application of public health and social measures.
- Strengthened points of entry (PoEs) for effective registration, screening, quarantine, testing, isolation, and management of all returnees, including physical infrastructures for health desks and holding centres, WASH facilities, data management tools and equipment, screening and testing kits and IPC measures.
- Mobilizing contact tracing and case investigation team with optimal utilisation of Antigen testing kits.
- Hospital resources (adult and pediatric ICU beds, ventilators and consumables; oxygen plants and oxygen concentrators; high flow nasal canula; medicines; etc.).
- Skilled human resources at hospitals, isolation centers and PoEs.
- Real time information on COVID-19 case management (PoE, labs, isolation centres, hospitals etc.).

Reproductive Health

- Adequate stocks of life-saving commodities for MNH services in health institutions
- Skilled human resources (obstetrician, gynecologists, nurses) to provide quality reproductive maternal neonatal child adolescent health (RMNCAH), including emergency obstetric care, a priority at service delivery sites.
- Risk communications interventions around SRHR across the country targeting vulnerable women and girls to increase service-seeking behaviour and change attitudes/perceptions
- Revitalize advocacy on institutional delivery at the grass root and community level, mobilizing FCHVs to reach to every household and family on the importance of institutional delivery.
- Strengthen counseling on COVID-19 and SRH services at points of entry for incoming Nepalis.

WASH

- With situation normalizing, the need for hygiene risk communication and community engagement, particularly focusing on service providers and high-risk communities continues to be a key priority.
- Capacities of provincial and local governments on COVID-19 recovery as well as further preparedness to respond to changes in the current situation, particularly in light of festival season and population movement, is needed.
- Support to school reopening through clear guidance for schools and local governments on adherence to proper hygiene etiquette and facilities.
- Continued support to local governments and health care facilities on short and long term health care waste management and on WASH life-saving response needs related to monsoon hazards coupled with COVID-19.

Risk Communication and Community Engagement

- Sustained use of masks following the momentum created by the Nepal Mask Week campaign, especially outside Kathmandu Valley. Role modeling by local actors, including elected leaders and influencers, is key.
- Content and messaging on other emerging virus and issues including NIPAH, Scrub Typhus, routine immunization, reopening of schools and associated risks/safety measures, among others.

Protection

- Address socio-economic impacts of pandemic as a driver of protection risks - strengthen early identification of households/ individuals impacted to prevent use of negative coping strategies including child labour, child marriage, unsafe migration and provide appropriate services to individuals facing exclusions, discrimination, violence and exploitation. Continuity of vulnerability assessment, with important role of helplines.
- Continuity of GBV response services as cases remain under-addressed with only 18% of cases reported through the incident report system having received a full response (combination of low reports, limited multi-sectoral services, particularly for people with disabilities, children and adolescents compounded by active monsoon).
- Prevent drop out of children / adolescents from most marginalized backgrounds in the current academic year.

Nutrition

- Support to local governments to strengthen and expand outpatient therapeutic centres to the health posts and via female community health volunteers (FCHV) for the management of 20,000 severe acute malnutrition (SAM) cases.
- Provision of personal protective equipment for 52,000 FCHVs so they can continue to provide community-based health and nutrition programmes.
- Blanket supplementary feeding for 6-23 months children (85,000) and pregnant and lactating women (115,000).

Education

- Clear communication on mapping risk zones, in-line with smart lockdowns, for municipalities is critical for safe school reopening.
- Access to self-learning materials and learning continuity, particularly for disadvantaged children.

- Support for safe school protocol and complete vaccination for all teachers is crucial for school reopening.

OPERATIONAL RESPONSE

Health

- Vaccination campaign continued for priority groups as per availability of vaccines.
- Selected samples sent for gene sequencing to identify the strain in circulation
- Training of trainers on pediatric essential critical care.
- Information management training on data recording and reporting of vaccination, screening, testing, etc.
- Addition of hospital resources, including oxygen plants, concentrators and essential medicines.
- Second round of seroprevalence survey complete.

Reproductive Health

- A help desk, waiting area and counselling area with a full-time nurse has been established at Trinagar PoE and a help desk and waiting area in Gaddachowki PoE of Kanchanpur. 6,650 people crossing from India were counseled on reproductive health and IEC/BCC material were provided.
- 1,517 women benefitted from tele-consultation services
- A total of 27 districts are being supported for emergency ambulance services and 56 pregnant women were provided emergency transportation services to reach the health institutions.
- As part of monsoon response, an inter-agency reproductive health (IARH¹) kit was handed over to a health facility in Duhu Rural Municipality, Darchula to deliver essential reproductive health services, benefitting 45 clients.

WASH

- Provided WASH and IPC services to 8,424 health care workers, staff and patients in 20 health care facilities (HCF); 2,377 people in 11 isolation centres, 108 people in one government institution, and over 4,487 returnees in two PoEs; provided hygiene kits and masks to 2,070 people in communities.
- Renovation of handwashing stations, toilets and water supply in 36 school, serving 3,288 staff and students.
- 10,454 people in communities benefited through demonstration of proper hand washing steps.
- 128 school staff (125 male, 3 female), and 131 health care workers (120 male, 11 female) in HCFs and isolation centres oriented on IPC WASH.
- Nationwide, 583 people (106 HHs) were provided with basic WASH facilities in flood and landslide affected communities of Darchula, Kanchanpur, Kapilbastu, Myagdi, Nawalparasi West, Palpa and Rupandehi districts.
- Hygiene kits (169 sets) and buckets (35 sets) were provided to people affected by flood.

Logistics

- Dispatched 39 MT (134 cbm) medical supplies, including oxygen cylinders, of the government from Kathmandu to provincial capitals and district headquarters.
- Stored 112 MT (551cbm) medical supplies of the government at the HSA in Kathmandu.

Risk Communication and Community Engagement

- More than 30 multimedia content on routine immunization, NIPAH virus, mental health, Scrub Typhus, proper mask usage, staying safe during festivals, among others were produced by the Crisis Media Hub and disseminated via multiple channels including MoHP Viber, radio, television and social media of RCCE working group. Content reached a total of 9.4 million people and garnered 75.9 million impressions and 5.8 million engagements.

Protection

- 6,726 people (3,276 males and 3,450 females) received psychosocial first aid through one-on-one counselling services and helplines including those affected by floods/landslides. 2,800 people (1,027 males, 1,761 females and 12 other gender) were reached through awareness raising activities on psychosocial wellbeing across the country. 65 teachers (38 males and 27 females) trained on mandatory reporting of incidents related to violence against children including GBV, psychosocial support and referrals in Dhanusa and Kanchanpur districts. "Suicide prevention guideline for psychosocial counselors" with focus on identification of risk and protective factors, sensible communication with people having suicidal thoughts drafted and finalized.
- Protection helplines and emergency intervention services, including appropriate care arrangements and emergency assistance, reached 288 children (114 boys, 174 girls), among which 19 cases (10 boys, 9 girls) were referred to different services. 15 volunteers trained on Protection Monitoring and Incident Reporting System.
- 1,401 people (498 males and 903 females) sensitized on GBV prevention and response.

¹ IARH kit contains: condom, clean delivery kit, rape treatment kit, oral and injectable contraception, treatment for sexually transmitted infections, clean delivery assistance, reusable equipment, clinical delivery assistance, drug and disposable equipment, intra-uterine device, management of complication of miscarriage, suture for tears and vaginal examination, vacuum extraction delivery, referral kit for reproductive health, and training supplies.

- 142 key stakeholders and GBV frontline service providers (69 males, 70 females, 3 non-binary including 3 person with disabilities) trained on GBV prevention and response.
- 172 calls from persons of concern (refugees) received through the 24/7 hotline service and protection needs addressed accordingly. 956 protection services (psychosocial support, GBV response) provided to refugees.

Nutrition

- 2,427 children aged 6-59 months with severe acute malnutrition (SAM) have been admitted in 863 outpatient therapeutic centres (OTCs) across the country.
- 23,152 caregivers of children under-5 were counselled on breastfeeding and complementary feeding, 8,907 children aged 6-23 months received multiple micro-nutrient powder and 16,934 pregnant women received a full course of iron and folic acid tablets.
- Supporting the continuity of infant and young child feeding information dissemination and counselling services via telephone, radio, TV and other social media communication channels.
- Supporting MoHP to conduct the Standardized Monitoring and Assessment in Relief and Transition (SMART) nutrition survey in Saptari district.

Education

- MoEST has issued an action plan for operating schools and other educational activities in different phases of the “smart lockdown” guideline issued by the federal government.
- 9,661 children were reached through the distribution of printed self-learning materials in Lumbini, Gandaki, Karnali and Sudurpaschim provinces.
- An online rapid survey found that 83% of teachers and school staff have received a first dose of Covid-19 vaccine by the middle of August, and 37% have received a second dose.
- Support to 2,525 children (2,432 girls and 235 children with disabilities) from marginalized communities to improve learning skills by creating an enabling environment to read and write at home and prepare them to enrol in school.
- 6,388 children reached through the distance learning radio program 'Radio Pathshala' in Province Two.

KEY GAPS AND CHALLENGES

Health

- Procurement of vaccines, especially for children.
- Non-adherence to public health and social measures (PHSM).
- Lack of appropriate infrastructures to sufficiently address WASH and IPC issues at PoEs.
- Lack of real time data collection, analysis and dissemination for rapid evidence-informed decision-making.
- Inadequate skilled human resources for critical care.
- Inability to mobilise in-country Emergency Medical Deployment Teams (EMDTs) for facility-based COVID-19 care.

Reproductive Health

- Understanding among local governments of the importance of life-saving RH/MNH commodities.
- Inadequate skilled health workers (nurses/midwives, obstetricians and gynecologists) at health institutions pose a risk to increased maternal morbidity and mortality, in addition to staff stress and burnout.
- Low RMNCAH service seeking behaviour, including an increase in home deliveries.

WASH

- Resource gap of USD 8 million is a major constraint, particularly to provision of school reopening support, ensuring hygiene and safety measures of workforces and keeping people safe in high density low-capacity areas.
- Reduced support from cluster members to continue COVID-19 recovery adds to the current needs and gaps.

Risk Communication and Community Engagement

- With the onset of festival season in Nepal resulting in mass and public and extended family gatherings, sustained mask usage by the general public, along with maintaining physical distancing will be a challenge moving forward.

Protection

- While government has announced reopening of schools, community actors highlight challenges in ensuring children and adolescent effectively return to school due to (i) fear of infection, (ii) increased pressure to contribute to households' socio-economic needs and (iii) long term disengagement from learning.
- Limited access to vaccines and protective supplies of service providers makes protection frontline workers reluctant to conduct field-based activities due to the fear of infection. This leads to gaps in referrals and service coordination.
- With depleting resources for GBV response, service providers are facing challenges to operate shelters, reintegrate survivors and provide livelihood options.

Nutrition

- Mobility constraints make it difficult to identify and refer for treatment children with severe and moderate acute malnutrition.
- Procurement and supply of Supercereal insufficient for blanket supplementary feeding programme targeting 6-23 months children and pregnant and lactating women.

Education

- Monitoring of school reopening and adherence to safety protocol is challenging due to the confusion around execution of official decisions and lack of real-time monitoring.
- Staff turnover and lack of dedicated technical expertise at local level hampers the monitoring of school status.
- Lack of resources to respond to education needs by cluster members.
- Road-blockade due to monsoon and difficult terrain of remote locations hampers the distribution of self-learning materials, hindering the education of disadvantaged children.