



NEPAL: COVID-19 Pandemic

Office of the UN Resident Coordinator Situation Report No. 40

As of 11 June 2021

This report is produced by Office of the Resident Coordinator in collaboration with partners. It covers the period from 5-11 June 2021. The next report will be issued on or around 18 June 2021.

HIGHLIGHTS

- Onset of monsoon from 11-13 June expected to exacerbate needs of vulnerable families and further challenge response efforts.
- Infrastructure upgrades from points of entry (PoEs) and many isolation facilities desperately needed to ensure continued function throughout the monsoon season.
- Procurement of vaccines remains a critical gap and top priority.
- Vulnerable families dependent on daily wages in the informal sector have lost their income due to lockdowns, have no food stock or saving and are struggling to meet most basic needs.
- Service provision reliant on remote modalities limits access to people without communication devices or internet.



Health desk at Kakarbhitta PoE in Jhapa, eastern Nepal, Source: IOM Nepal

77,585

Active cases

21,561

New cases
(reporting period)

30.8%

Case positivity

601,687

Total cases

8,238

Total deaths

SITUATION OVERVIEW

The Meteorological Forecasting Division of the Department of Hydrology and Meteorology has advised that monsoon has begun in Province One, Province Two and Bagmati on 11 June. Within the coming two days monsoon will advance into the rest of the country, bringing with it chances of heavy rainfall in one or two isolated places in eastern and central Nepal in the coming days. Overall monsoon is forecast to be above average this year, which is expected to severely exacerbate existing challenges facing the vulnerable families whose coping capacity has been completely exhausted, many of whom are reported to be taking on loans to meet their basic needs.

The monsoon is also expected create particularly acute challenges for points of entry (PoEs) and many isolation facilities which are in desperate need of upgraded infrastructure to continue functioning throughout the monsoon.

Both recorded cases and deaths have declined, by 35 and 38% respectively over the past week, with cases falling most significantly in Lumbini province (51%). Test positivity has declined again over the past week to 30.8%; however, positivity remains very high has had slightly increased in Karnali at 44.6%. Karnali is the most geographically remote and challenging province to access, with one of the poorest and most food insecure populations in the country.

The Ministry of Home Affairs has issued a circular to districts instructing them to review the ongoing prohibitory orders and, without any negative impact to the public health measures prepare for resuming economic activities. In addition, with the onset of monsoon paddy planting season has begun, which will see people across Nepal coming out of their homes to work in agricultural fields. The ability to contain the COVID-19 outbreak in the face of easing movement restrictions on the peak agricultural season will be an important test in the coming weeks.

PRIORITY NEEDS

Health

- Essential lifesaving commodities requested by MoHP: vaccines, oxygen concentrators, ICU beds, ventilators and consumables, PCR test kits with reagents, antigen test kits, Liposomal Amphotericin B, Tocilizumab.
- Enhanced public health and social measures that ensure universal application.
- 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

- Transportation services for pregnant women to reach health institutions for emergency obstetric care services.
- Support for remote antenatal and postnatal care services.
- Sufficient stocks of family planning and life-saving reproductive health commodities, compromised by delayed shipments.
- Increase in maternal deaths and perinatal deaths and a decrease in institutional delivery as per recent reports received in Family Welfare Division (FWD).

WASH

- Provision of standard WASH package in institutional and home isolation settings.
- Support for provincial governments to reach people and institutions with WASH services to fulfil existing gaps.
- IEC materials for health care waste management in various settings.

CCCM/Shelter

- Fast track services at all PoEs for returnee migrants/travelers with different physical and mental needs.
- 24/7 service provision for health screening, registration, recording 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 functionality during the monsoon season.
- Enhanced 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

- Continue to provide transport and storage services to MoHP and Provincial Health Directorates.

Risk Communication and Community Engagement

- Collaboration with municipalities, district administrations, influencers, and stakeholders at all levels for sustaining the practice of public health and safety measures, especially mask use and distancing in markets and offices.
- Contextualised, relevant and appropriate messages related to monsoon preparedness and COVID-19.

Protection

- Continued lockdown, movement restrictions, school closures, limited access to health services and socio-economic impact of the pandemic is resulting in high demand for psycho-social and socio-economic interventions.
- GBV and increasing care burden highlighted by community respondents as main issues facing women and girls.
- Increasing concern over protection of children and family separation with strong correlations between socio-economic challenges, mental health and parenting practices.
- Continued support to accessing PPE and vaccination for protection service providers.

Food Security

- Immediate food assistance for vulnerable families dependent on daily wages in the informal sector who are currently struggling for basic day to day food security is the priority need, as they have lost their income opportunities due to lockdowns/prohibitory orders and have no food stock or saving.
- Lack of basic income/immediate food relief support to these vulnerable families will lead to negative coping mechanism, hunger, malnutrition, and a vicious cycle of poverty.

Nutrition

- Supplementary food for pregnant and lactating women (including in isolation), and 6-23 month old children.
- Engagement at local level to expand outpatient management of severe and moderate acute malnutrition at health posts and via female community health volunteers (FCHV).
- Orientation of health care providers (health workers and FCHVs) at local levels to implement simplified approach for the treatment of SAM and MAM at health facilities.

Education

- Access to self-learning materials for the most disadvantaged children without access to devices or internet.
- Advocacy to ensure prioritization of vaccination for all teachers to ensure learning continuity.

Gender in Humanitarian Action

- Relief packages for excluded households such as Dalit, persons with disabilities and LGBTIQ, including food and cash support. Reports of Dalit patients asking doctors for medicine to be taken on an empty stomach because they do not have food to eat.
- Access to information to address lack of awareness/misinformation related to COVID-19 infection.
- Fast-track services for GBV and mental health support.
- Access to free health services and PCR testing for vulnerable people.
- People living with disabilities are unable to access hospitals for therapy.
- Provision of social security allowance to PWDs, single women and senior citizens on time.

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 medical equipment.

Reproductive Health

- Short-term recruitment of selected medical staff by Sub-cluster partners, though significant gaps remain.
- Advocacy at provincial and local levels on resource allocation to strengthen transportation support
- Provision of 1,575,060 cycles of oral contraceptive pills to Management Division/MoHP. Customs clearance and transportation of 776,000 units of Depo vials and syringes.
- Assessment and coordination redistribute FP/RH commodities within districts, and provinces as required.
- Initiated nation-wide rapid assessment of RMNCAH services to identify the functionality of the service delivery, utilization and gaps as an impact of second wave of COVID-19.

WASH

- Provided WASH and infection prevention and control (IPC) facilities in 20 health care facilities serving 7,844 health care workers and staff; 32 isolation centres reaching 8,010 people; 23 government institutions serving 7,320 people including staff and service seekers; two PoEs serving 15,987 returnees and 1,449 people in holding areas.
- Reached approximately 297,000 people through RCCE messages related to WASH and IPC.
- IPC-WASH orientation to 51 WASH front line workers and coordinators (36 male, 15 female).

CCCM/Shelter

- Two-day orientation sessions held at three PoEs in Province One with 134 participants (94 male, 40 female) from health and non-health sectors on international health regulations (IHR) at PoEs, infection prevention and control measures to be applied and adopted, risk communication, proper screening techniques and recording and reporting of collected information.

Logistics

- Received 12 trucks (103 MT) of medical supplies donated by the Government of China at the HSA in Kathmandu.
- Oxygen cylinders dispatched to date:
 - 3,039 empty oxygen cylinders transported to refilling plants in Lumbini and Bagmati.
 - 3,341 filled oxygen cylinders transported from Lumbini and Bagmati to hospitals in Sudurpaschim.
 - 600 oxygen cylinders transported from HSA in Kathmandu to district hospitals in Gandaki and from Banke district (Nepalgunj) to Dailekh and Rukum districts.
- Between 31 May-06 June, received more than 1,000 CBM of medical supplies donated by France, United Arab Emirates, Japan, China, Tzu Chu Foundation, Belgium and UNICEF at the HSA in Kathmandu.
- Between 31 May-06 June, transported 185 MT (384 CBM) of medical supplies from HSA in Kathmandu to provincial capitals and from provincial capitals to district headquarters.

Risk Communication and Community Engagement

- Over 13,900 questions and concerns responded to through various media, primarily related to vaccine eligibility, second dose vaccination for elderly, PCR and antigen testing, home isolation and the number of positive cases.
- Volunteers from Nepal Scouts, Suaahara project, Nepal Red Cross Society and others continued reaching communities with messages on staying home, COVID-19 prevention and treatment in high density areas through telephone counselling, face to face interaction and megaphone announcements.
- Messages disseminated through radio programs, '*Ekaanta Baasmaa Rahadaa*' (staying in isolation), live call in "*Hello Bhanchin Aama*" (mother says hello), Corona Capsule, to support COVID-19 infected persons recovering in home isolation with timely and critical information about the dos and don'ts in self-isolation.
- To reinforce the mask promotion campaign, COVID-19 and mental health videos are being broadcast by a leading TV satellite company for free: 160 spots every day from seven different channels reaching 15,000,000 viewers across Nepal. 5,000 units of "Mask Khai" (where is your mask?) pins and postcards were produced and 2,000 have been handed over to Bagmati Province Police who are championing mask wearing.

Protection

- Continued deployment of community-based psycho-social services to reach under-served and vulnerable communities. Child protection actors provided five recreational kits to the National Ayurveda Research and Training Centre, Kritipur to promote psychosocial wellbeing targeting 40 hospitalised children.
- Provided protection items to 30 children infected by COVID-19 in three children correction homes in Bhaktapur, Biratnagar and Doti and 60,000 masks, 900 face shields, 50,000 gloves, 2,000 sanitizers to Nepal Police, Women and Children Directorate to support continuity of service.
- 61 children (34 girls) reached with emergency assistance to prevent and respond to abuse, violence and exploitation through the continued operation of protection helplines and emergency intervention services. Contact maintained with persons of concern – refugees for protection response and extension of GBV referral systems through Nepal Red Cross Society networks in 23 districts.
- Transportation support for 63 vulnerable migrants (50 males, 7 females, 5 children and 1 elderly person) at points of entry in Sudurpaschim.

Food Security

- Provision of in-kind/vouchers and conditional cash assistance to around 11,000 COVID-19 affected food insecure and vulnerable households (55,000 people) in 43 palikas of 21 districts across all seven provinces.
- Finalization of monsoon response plan for 2021 and submission to NDRRMA and UNRCO.

Nutrition

- Ongoing admission and treatment of 530 children aged 6-59 months with severe acute malnutrition in the outpatient therapeutic centres and nutrition rehabilitation homes.
- 5,844 children aged 6-23 months and 3,125 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

- Support to finalize 2021 contingency plan and resource mapping for monsoon preparedness and response.
- Ongoing facilitation of home schooling and development of psychosocial materials targeting children and parents.

Gender in Humanitarian Action

- Partners are supporting health equipment in a few municipalities of Doti district.
- Partners are providing relief and medicine support to people living with disabilities in Dhangadi, Kailali.
- Food packs are being provided to patient caretakers in Dhangadi.
- Sarlahi's District Administration Office has started a newsletter to keep people informed on the evolving situation.

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.
- 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.

Reproductive Health

- Average 36% gap in human resources for reproductive maternal neonatal child adolescent health (RMNCAH) service delivery, with the biggest gaps in Province Two (63%)
- Insufficient funding to address RMNCAH service needs
- Coordination between different tiers and units for procurement and supply chain management of essential lifesaving commodities.

WASH

- Province One, Gandaki and Lumbini continue to struggle in finding resources and partners for WASH response.
- WASH frontline workers, sanitation, cleaning and waste management workers in communities and health care facilities are increasingly being infected with COVID-19, leading to disruptions in essential cleaning and disinfection work. To prevent themselves, there is demand for vaccination for WASH frontline team from all provinces.
- Lack of dedicated human resources in province for information management.
- Isolation centres established without consideration of WASH requirements, increasing chances of infection.

CCCM/Shelter

- Lack of human resources to operate required PoE facilities 24/7.
- Lack of referral mechanisms for frontline workers and returnee migrant workers at PoEs and dedicated vehicles for transporting COVID-19 suspected cases.
- Data inconsistency remains a barrier hindering access of 2020 landslide affected population of Sindhupalchowk to cash grants for reconstruction of damaged houses.
- Inadequate PPE supplies for the PoE officials.

Logistics

- Lack of storage facilities for medical supplies at the Provincial Health Logistic Management Centre in Gandaki.

Risk Communication and Community Engagement

- Frequent changes in the context, lockdown and the limited presence of partners at community level has presented a challenge in reaching scale.

Protection

- Deployment of counsellors is hampered by community transmission. Remote modality of psycho-social service delivery limits access to people without communication device or internet.
- GBV 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), safe house, police and legal assistance.

Food Security

- Except sporadic food relief support to vulnerable families by few charity groups in some locations, the daily food and other essential needs of the vulnerable families affected by containment measures and secondary impact of COVID-19 are largely unmet.
- Lack of immediate food assistance from government and mobilization of resources by humanitarian community to roll out food assistance programmes to support the most vulnerable people has been a challenge.

Nutrition

- Lack of sufficient resources to meet the needs of supplementary food to 6-23 months children, pregnant and lactating women in the most affected areas.
- Two nutrition rehabilitation homes (of the total of 22) 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 and distribution of self-learning materials hinders the education of disadvantaged children.
- Fear and anxiety related to increases in infection and mortality among teachers in many municipalities creates further setbacks to education and hesitancy to resume duties in school setting.

Gender in Humanitarian Action

- Local government units have started construction work in Kailali and Doti; however, COVID-19 safety protocols are reportedly not being followed.
- Some municipalities have stopped managing isolation centres and sent all migrant workers to home isolation. As households of poor families separate spaces, home isolation is impractical.

- Reporting of GBV cases is a major challenge, with many cases forcefully settled within the community and criminal prosecutions not pursued. Judicial committees and other social safety nets are not working effectively.

For further information, please contact:

Prem Awasthi, Humanitarian Coordination Officer, prem.awasti@one.un.org, Tel: +977 9858021752