



NEPAL: COVID-19 Pandemic

Office of the UN Resident Coordinator Situation Report No. 38

As of 28 May 2021

This report is produced by Office of the Resident Coordinator in collaboration with partners. It covers the period from 22-28 May 2021. The next report will be issued on or around 4 June 2021.

HIGHLIGHTS

- Acute need for oxygen refill and supply systems.
- Antigen testing supplies have arrived in country and will support testing capacity, but continued supply of testing kits remains a top need
- Unconditional cash transfers as temporary income needed to enable vulnerable families to meet basic needs.
- Lack of strict regulation or enforcement around medical waste management may heighten infection risks.
- People displaced by natural hazards are at heightened risk of transmission. These types of risks are expected to increase over the coming months of the monsoon season.



Source: © UNICEF/UN0466118/ Volunteers helping in screening, registration and providing crucial information to returnees at Gauriphanta point of entry from India to Nepal in SudurPashim

116,476

Active cases

53,611

New cases
(reporting period)

38.2%

Case positivity

542,256

Total cases

6,951

Total deaths

SITUATION OVERVIEW

A slight decline of 6.3% in week-on-week cases is observed; however, a 6% increase in week-on-week deaths is also seen. A reduction in transmission is credited largely to lockdown measures across the country and concerns remain that when lockdowns are lifted, if the widespread non-adherence to public health and social measures, such as mask wearing and social distancing, resume, infections will spike once again. Therefore, there is a considerable focus on how to enhance risk communication and community engagement to affect behaviour change.

While lockdowns seem to be controlling the spread of COVID-19 for the time being, they are expected to be having devastating impacts on the lives of socially and economically vulnerable Nepali families. 80% of calls to the Child Helpline in the past week were related to requests for emergency relief and socio-economic assistance. Amid growing socio-economic stresses child labour emerges as one of the top five reported coping strategies documented by community actors through protection monitoring.

The number of returnees entering Nepal has decreased compared to the flow in recent weeks, with the exception of Lumbini Province. However, key gaps in staffing and infrastructure at points of entry (PoEs) remain a significant challenge in safely managing the flow of migrants.

PRIORITY NEEDS

Health

- Essential lifesaving commodities, including oxygen supplies (60,000 cylinders, 2,000 concentrators, 10 tanks, 7 plans and 1,000 high flow nasal canula), testing supplies (RT-PCR and Antigen RDT) and PPE.
- 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).
- Strong need for institutional isolation facilities to address patient loads.
- 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

- Ensuring continuity of life-saving reproductive maternal neonatal child and adolescents health (RMNCAH) services remain a priority in the second wave of the COVID-19 pandemic.
- Strengthening referrals for quality emergency obstetric care for pregnant women remains a top concern.

WASH

- Provision of standard WASH packages to affected people in isolation.
- Assessment of WASH situation in newly established isolation centres and provision of technical guidance for local governments to ensure minimum WASH facilities in isolation and holding centres.
- Provision of WASH and infection prevention and control services & supplies in health care and isolation settings.

CCCM/Shelter

- Current staffing levels at PoEs insufficient to manage the flow of migrants.
- Urgent need to upgrade health desks and ensure ambulance services to transport positive cases to isolation.
- 160 households displaced by last year's landslides in Shankhuwasahha and 50 households displaced due to fire in Taplejung are still living in tents, and are at risk to COVID-19 infection.
- Similarly, 239 households displaced by the recent 5.3 magnitude earthquake in Gandaki are currently sheltered at community building or with relatives, increasing their risk of COVID-19 infection.
- 1,722 health & safety kits (mask, sanitizer, soap) needed for displaced people to prevent COVID-19 infection.

Logistics

- Provision of transport and storage services to Ministry of Health and Population and provincial health directorates. Need has increased due to new medical supplies, donated by development partners, arriving by air and road.
- Enhanced coordination between government and humanitarian community (including Logs Cluster) on cargo going through the Humanitarian Staging Area (HSA).

Risk Communication and Community Engagement

- Focus on sustainable public health safety measures: (e.g., prevention of mass gatherings, stay home, mandatory mask use, monitoring of social events) by public and political leaders, particularly in remote and rural areas.
- Shift in public communication campaign to generate trust in the government services and public health safety measures in collaboration with municipalities, security personnel and youths through modelling behaviours.
- Evidence generation to understand the information needs and barriers to behaviour adoption, service utilization and information access.

Protection

- Addressing drivers of protection risks, particularly the socio-economic impact of lockdown is a top priority. 80% of calls to the Child Helpline (1098) were related to requests to access emergency relief packages/socio-economic assistance. Amid growing socio-economic stresses child labour emerges as one of the top five reported coping strategies documented by community actors through protection monitoring.
- Ongoing psycho-social needs related to stress and anxiety induced by lockdown, including for people in isolation, home isolation and those bereaved by the pandemic.
- Outreach services (home visits, social work) needed for women and girls at risk of GBV as prohibitory orders hamper access to frontline services, including police services and one stop crisis management centers (OCMCs).

Food Security

- Assess the current food security, nutrition and livelihoods situation on the ground in order to inform appropriate responses to mitigate the impacts of COVID-19 in the most affected households/districts.

Nutrition

- Supplementary foods for pregnant and lactating women, mainly in isolation centres, 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

- Access to self-learning materials for the most disadvantaged children.
- Advocacy to ensure prioritization of vaccination for all teachers to ensure the learning continuity.

Gender in Humanitarian Action

- Cash support is critical to ensure vulnerable households are able to meet immediate needs, including rent.
- Access to safe long and short-term shelter options for returnee migrant women unable to return to their families.
- Isolation and quarantine centres must ensure provision for special needs of different groups, such as LGBTIQ+, lactating mothers and pregnant women.
- Provision of care support for children whose guardians are in hospital or isolation centres.
- Information on safety precautions for different vulnerable groups must be customized, translated in local languages and disseminated through local communication channels.

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.
- 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.

WASH

- Provided WASH supplies in five PoEs serving more than 22,200 returnees as well as WASH facilities in 16 isolation centres reaching 6,290 people.
- Repair of public hand washing stations and dust bins
- Provided WASH and IPC facilities to over 30K people in 26 COVID-19 hospitals and community health care centres.
- WASH facilities such as hand washing stations, and WASH supplies such as masks sanitisers, gloves provided to eight government institutions serving more than 1,860 people including staffs and service seekers.

CCCM/Shelter

- Support to local governments in the establishment of quarantine/isolation centres.
- Orientation for frontline workers at points of entry organized in Kathmandu on 25 May, aimed at ensuring officials at international borders are familiar with the basics of COVID-19, including symptom screening and risk reduction measures, recording and reporting and effective management of identified positive or suspected cases.

Logistics

- Dispatched 1,255 filled oxygen cylinders from refilling plants in Nepalgunj, Bhairahawa and Chitwan to Seti Zonal hospital and Mahakali Zonal hospital in Sudurpaschim province.
- Received four strategic airlifts of medical supplies (21-23 May) donated by USA, Switzerland, Spain and Singapore to the Government of Nepal for storage at the HSA, total 695 cubic metres of supplies.
- Transported 150 cylinders with 30,000 litres liquid oxygen, donated by Chinese Government, from the Chinese border to the HSA in Kathmandu on 23 May and dispatched to three hospitals in Kathmandu same day.
- Upon request from Ministry of Home Affairs (MoHA), 50 tents and 200 tarpaulins were delivered the same day to the households affected by the M5.3 earthquake of 19 May in Lamjung district of Gandaki province.
- Between 15-23 May, 172 MT of critical medical supplies were transported to the provinces by the Cluster.

Risk Communication and Community Engagement

- Dissemination of COVID-19 prevention, treatment, and mental health messages through dedicated radio and television programmes, radio public service announcements in regional languages, online, print and social media.
- Social media posts focused on COVID-19 preventive information and shedding light on the surge of cases.
- Leading TV satellite company, DishHome, currently broadcasting video materials to promote positive behaviour and support mental health across seven channels, through 160 spots daily.
- Nepal Scouts volunteers, Armed Police Force personnel, Nepal Police and Nepal Red Cross Society members engaged with people in communities and at points of entry providing messages on staying home, keeping

distance, care in home isolation, mask use, hand washing and testing through face-to-face interactions, megaphone announcements and awareness 'on wheels' (localized campaigns).

- 13,694 questions and grievances related to vaccine availability and distribution, COVID-19 testing and treatment, oxygen and ambulance service and new variants of COVID-19 were addressed through hotlines, MoHP press brief and other media platforms.

Protection

- In Sudurpaschim, at the local government's request, remote psycho-social support was organized in Kailali and Kanchanpur for 800 persons currently in-home isolation.
- Ongoing volunteer mobilization at 10 PoEs for counselling, referral and transportation support to returnees.
- Complementing protection messaging, a booth was set up with a QR code to provide protection related risk informed communication to returnees at PoEs as well as at major supermarket outlets in border areas.
- Technical assistance to local governments on vulnerability assessments continues. Supports Cash +Care assistance to vulnerable children/families (on palika funds).

Food Security

- Provision of conditional cash assistance to 10,500 most vulnerable households in six districts through food assistance for assets programmes, which complements the Prime Minister Employment Programme.
- Food assistance through in-kind and food voucher modality to 1,446 households.
- A technical team has been established under the cluster to consolidate food security assessments, standardize results and ensure timely dissemination of findings that members can use for response planning.

Nutrition

- Ongoing admission and treatment of 219 children aged 6-59 months with severe acute malnutrition (SAM) in outpatient therapeutic centers (OTC) and nutrition rehabilitation homes (NRH).
- Continued supplementary feeding programme for 6-23 months children and pregnant and lactating women in select districts of Karnali, Province One and Province Two.
- Continued dissemination of nutrition and COVID-19 related messages throughout the country via FM radio services.

Education

- Nationwide distance learning radio program reached 120,205 children.
- Provided home-based learning support to 3,775 children in Karnali, Sudurpaschim and Province Two.

Gender in Humanitarian Action

- Women for Human Rights (WHR), a single women's group, is organizing lunch packs for frontline workers, including cleaners, dead body managers, nurses and health professionals in government hospitals.
- The Feminist Dalit Organization (FEDO) is raising awareness about services provided by government and other stakeholders through radio programmes as well as providing psychosocial counselling, and an advocacy campaign for continuous oxygen supply in hospitals and isolation centers.
- A new 40 bed quarantine centre, designed to provide medical support to people with disabilities, pregnant and lactating women and LGBTIQ+ patients has been opened in Tiltottama Municipality.

KEY GAPS AND CHALLENGES

Health

- Procurement of essential commodities challenged by a lack of national suppliers and a resulting requirement to import (Antigen testing and specialized equipment for treatment such as oxygen concentrators, etc.).
- 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.
- Lack of adherence to public health and social measures at local levels, which are essential to break the chain of transmission.

Reproductive Health

- Insufficient HR for emergency obstetric and newborn care, lack of transportation and shortages of essential maternal and newborn health medicines continue to create bottlenecks at the service delivery points.
- Low levels of national stocks of family planning commodities reported, with new shipments expected in June.
- Last mile distribution and transportation of health commodities is a challenge.

WASH

- Implementation slowed due to lockdown, supply unavailability, and infection among cluster member staff.
- Sanitation, cleaning and waste management workers in communities and health care facilities are contracting

COVID-19, leading to disruptions in essential cleaning and disinfection works.

- Isolation centres continue to be established without sufficient of WASH requirements, increasing infection risk.
- Management of medical waste from home isolation and institutional centres continues to be a huge issue as there are no strict regulations or enforcement. With rising need to manage dead bodies, there are challenges related to pollution of surface and ground water, increasing the risk of additional hazards.

CCCM/Shelter

- Limited resource availability among cluster members, compared to first wave response, remains one of the biggest challenges hampering engagement of cluster members in the establishment of isolation/quarantine/holding centres at local levels.

Logistics

- Shortages of medical items and oxygen equipment remains a challenge in the provinces.

Risk Communication and Community Engagement

- Limited financial resources to maximize evidence based and contextual messages across the country.
- Information overload (infobesity) of COVID-19 messages hampering uptake. Messages must shift from the more generic to targeted, need based and contextual. Focus and invest on testing of messaging with the people in need.
- With the recent political changes, there is a possibility of mass protests, which would exacerbate COVID-19 risks.

Protection

- More analysis needed to understand the impact of deaths on care for vulnerable persons in the pandemic context.
- Decreased response capacity due to lack of mobility of community-based actors and fear of infection.
- Localised, ad-hoc approaches to cash-transfers or socio-economic assistance hamper consistent approach to protection risk mitigation.

Food Security

- Lack of resources to provide unconditional cash-transfers as temporary income to vulnerable families to allow them to meet their essential food and non-food needs (as markets are functioning) to prevent negative coping mechanisms, a vicious cycle of intense poverty, hunger and malnutrition.

Nutrition

- Insufficient availability of PPE for FCHVs to run community-based health and nutrition programmes, including screening children for wasting.
- Health staff fully engaged with COVID-19 response and care, limiting capacity to deliver essential nutrition services.

Education

- The lack of clear guidance on dates for end of current academic year has raised uncertainty among schools on the beginning of the next level of education for children using alternative means.
- Constraints on printing, transportation and distribution of self-learning materials are hindering the education of disadvantaged children without access to devices or internet.
- Fear and anxiety related to increase in infection and mortality among teachers in many municipalities create further setbacks to education.

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