



# NEPAL: COVID-19 Pandemic

Office of the UN Resident Coordinator Situation Report No. 43  
As of 16 July 2021

This report is produced by Office of the Resident Coordinator in collaboration with partners. It covers the period from 26 June-16 July 2021. The next report will be issued on or around 30 July 2021.

## HIGHLIGHTS

- With the increased public movement, opening of markets and resumption of the domestic and international flights there is a need to ramp up messaging regarding adherence to the COVID-19 public health protocols.
- Need for the reinforcement of the public health safety behaviors at public places, markets and offices.
- The monsoon rainfall continues to have a localized impact in some areas. Monsoon trough is likely to shift close to Terai region. According to the Department of Hydrology and Meteorology Fresh spell of heavy rainfall is likely over Surdurpaschim, Lumbini and Karnali from 16 July.



Semi-permanent health desk under construction at Gaddachauki, PoE, SudurPaschim  
Photo Credit: Suban Thapa / IOM

COVID-19  
**26,639**  
Active cases

COVID-19  
**9,463**  
Total deaths

COVID-19  
**19.2%**  
Case positivity

**1,779**  
Displaced HHs  
(monsoon)

**3,150**  
Affected HHs  
(monsoon)

## SITUATION OVERVIEW

Monsoon rainfall continues to have a localized impact. Local, provincial, and federal governments are engaged in the response. Search and rescue works are predominantly being carried out by federal government agencies. Total monsoon impacts across the country include: 783 displaced families sheltering in various public buildings, significantly increasing COVID-19 transmission risks, 58 deaths, 34 people missing and 3,150 affected families according to Ministry of Home Affairs and Initial Rapid Assessments. Damages to the roads and trails particularly in the remote location of Darchula, Manang and northern Gorkha has posed challenges in transportation of relief materials.

## PRIORITY NEEDS

### Health

- 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, as requested by MoHP on 7 June.
- Enhanced public health and social measures that ensure universal application.

- Mobilizing contact tracing and case investigation team to break the chain of transmission with optimal utilisation of Antigen testing kits.
- Registration, health screening and testing with Antigen RDT for all entrants at all points of entry (PoEs).

### Reproductive Health

- Skilled human resources to cater the quality Reproductive Maternal Neonatal Child Adolescent Health (RMNCAH) services remains to be a top need at the service delivery sites of provinces and districts
- Need to strengthen emergency obstetric care services including the human resources and quality of care services and referrals.
- Reinforce and address the Sexual and Reproductive Health needs of women and girls in quarantine centers and points of entry (PoE)
- Procurement, distribution and transportation of MNH commodities from province medical warehouse to the service delivery sites of districts and municipalities

### WASH

- Provincial and municipal level monsoon preparedness including stockpiling based on cluster capacities and needs with due consideration of ongoing COVID-19 situation and response interventions and contribution to Provincial level inter-cluster Monsoon Preparedness Plan
- Development of targeted and user-friendly IEC materials for 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 paper-less information management at all POEs.
- Addition human resources to capacitate the POEs in terms of screening against flow
- IEC materials on IPC measures and COVID-19 to be distributed at PoEs
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- Transportation networks in disaster affected remote areas to response are highly in needs for eg. like response in Manag as relief support materials are stocked at Lamjung basi sahar but not reachable in Manag.
- Maximum affected regions are still lacking of providing NFI sets and other shelter responses.
- Lack of trained Human resources to conduct necessary detail assessment to get the exact requirement of population after flood and landslide.
- Technical orientation for technical staffs for damage assessment /data collection before starting shelter assessment at community.
- Needs of prioritized emergency and transitional shelter support to systematized the response.

### Logistics

- Continue to provide transport and storage services to the Ministry of Health and Population and Provincial Health Directorates.
- Floods: The floods have triggered landslides continue to cause road and access blocks

### Risk Communication and Community Engagement

- Continuous reinforcement of the public health safety behaviours at offices, public places and strategic locations under the leadership of municipalities and rural municipalities.
- Ensuring public health safety measures practice by all during relief distribution

### Protection

- Support the early identification of households most vulnerable to resort to negative coping mechanisms including through use of community networks to assess household situations. Ensure social protection and relief assistance extends to those not already enrolled and meeting additional vulnerability criteria (loss of income, previous exposure to exclusion, abuse, combined flood/pandemic impact, burden of care)
- Support frontline protection workers, including case workers, psycho-social counsellors, helpline staff access to protective equipment.
- Continued support to vulnerable children to re-enrol in school and prevent child labour, marriage and other

protection risks

- Preliminary findings from a rapid survey on the functionality of gender-based violence (GBV) services indicate that service providers are not able to continue services in their full capacity due to the restrictions, fear of COVID-19 transmission in absence of enough protective supplies and vaccine.

### Food Security

- Immediate food assistance to vulnerable families dependent on daily wage income in the informal sectors, struggling for their basic day to day food security is a top priority, as they have lost daily wage income opportunities due to lockdowns/prohibitory orders and have no food stocks or savings. Along with relaxation of prohibitory orders and permission provided for construction/infrastructure work and reopening of businesses/enterprises, employment generating programmes i.e. food assistance for assets, business/enterprise revival support, and unconditional cash assistance to the families having only vulnerable members who are also outside of social protection system are the prioritised food security response options.

### Nutrition

- Supplementary foods for pregnant and lactating women (in isolation centres also), 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).
- Orientation of health care providers (health workers and FCHVs) at local levels to implement simplified approach for the treatment of severe and moderate acute malnutrition at the health facilities.

### 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
- Capacity development of teachers on digital learning, psychosocial support and wellbeing

### Gender in Humanitarian Action

- Province 3 (Myagdi- as shared by Women Act) Food, shelter, and clothes for flood victims in affected Chepang communities of Magdi Municipality. 55 households are severely affected.
- Province 1, 3, 5 and 7 (as shared by Nepal Disabled Women Association and the Story Kitchen) Strict monitoring of situation of people living with disability who are confined at home is key.
- Province 2 and 7 (as shared by FEDO) Psychosocial counselling to vulnerable groups impacted by Covid-19 and monsoon.

## 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, development and support to the implementation of public health social measures (PHSM), and identification of commodity support for health systems strengthening, including vaccine delivery.
- Communication with COVID-19 hospitals and Provincial Health Directorate offices to understand priority needs.

### Reproductive Health

- Findings of nation-wide Rapid Assessment of RMNCAH services to identify the functionality of the service delivery, utilization, and gaps as an impact of the 2<sup>nd</sup> wave of Covid-19 was shared among the RH sub-cluster members
- Provided 1,506 sets of PPE and hygiene items (2,300 pcs of soaps and 3,38 ltrs of sanitizers) for health service providers in Province 2, Lumbini Province, and Karnali Province
- Provision of Emergency Reproductive Health (IARH) kits and orientation of its use for continuation of SRH services and clinical management rape in Rautahat, Mahottari in Province-2, Udaypur in Province-1 and Gandaki provincial hospital, Pokhara

- Pregnant women (25) from different districts benefitted with free ambulance services provisioned through Nepal Red Cross Society to access the emergency obstetric care
- Targeted messages on risk communication, availability of SRH services including danger signs disseminated through various media channels. The messages were aired by 80 FM stations across the country and also TV in Province 2, Lumbini Province, and Sudurpaschim Provinces
- Completed orientation to 555 health facilities staff on the RMNCAH interim guideline in 16 districts of 7 provinces

### **WASH**

- Provided WASH and IPC services to 29,956 health care workers, staff and patients in 80 health care facilities; 4,381 people in 17 isolation centres; 6,492 people including staff members and service seekers in 26 government institution serving; over 76,184 returnees in five PoEs and 5,962 people in holding area
- Provided soaps and masks to 20,000 people in communities; and mask, sanitiser, and soap to 54 senior citizens and 22 children with disability.
- About 8,171 people in communities benefitted through demonstration of proper hand washing steps and 250,000 people reached through radio PSA.

### **CCCM/Shelter**

- Three orientation sessions were conducted targeting the officials of Point of Entry (POEs)— Jamunaha, Nepalgunj of Lumbini Province; Gaurifanta, Kailali and Gaddachauki, Mahendranagar of Sudurpaschim Province. The main objectives of the orientation were to make the frontline health workers and border officials aware about International Health Regulation (IHR) at Point of Entry and its capacities, Infection Prevention and Control (IPC) measures to be applied & adopted, risk communication, proper screening techniques; and recording and reporting of collected information.
- Land for the construction of semi-permanent health desk has been allocated and construction has already begun in the POEs of Jamunaha, Nepalgunj of Lumbini Province; Gaurifanta, Kailali and Gaddachauki, Mahendranagar of Sudurpaschim Province and temporary health desks are functional.
- Distribution of Relief materials by different shelter support organization recorded 345 NFI sets, 2059 Tarpaulins, 122 family tents, 500 mattresses, 560 blankets, 50 sleeping bags, 200 plus mosquito nets to affected families.
- Volunteers were mobilized to obtain data of shelter damaged condition as 637 houses are fully damaged and 918 houses are partially damaged from which 3146 families are affected and 1779 families are displaced from regular shelter and settlements process and living temporarily.

### **Logistics**

- Support for the transshipment of 800,000 COVID-19 vaccines (VeroCell) at the Humanitarian Staging Area (HSA).
- Dispatch of medical items to hospitals in Kathmandu valley and other districts from the HSA.
- Transport of more than 4,700 empty cylinders to a refilling plant at Nepalgunj, Bhairawaha, Chitwan and Kavre from Seti, Mahakali and Baitadi hospitals in Province 7.
- Dispatch of more than 4,500 filled oxygen cylinders from refilling plants to Seti, Mahakali, Dadelhdhura and Baitadi and Tikapur hospitals.
- Dispatch of more than 1,700 oxygen cylinders to other districts hospitals in Pokhara, Dailkeh, Rukum, Salyan and Jajarkot Sunsari and Sindhuli from Kathmandu and Nepalgunj.
- Dispatch of 18 mt of non-food items to Gorkha, Dhading, Sindupalchow, Taplejung and Panchthar for the Ministry of Home Affairs' monsoon preparedness and response.
- In total, transport of 32 mt of medical and shelter cargo from the HSA and provincial headquarters.

### **Risk Communication and Community Engagement**

- Digital hangouts with celebrities/social media influencers and teachers conducted focusing on collaboration around messaging and the e-interaction with teachers highlighted the challenges that teachers/schools are facing to ensure learning continuity of children given face-to-face is almost impossible for many and implementing online education is a big challenge.
- Key messages on Covid-19 safety and mental health shared through private sector partners' social media and outlets reaching around 1.2 million people and over 400 employees. Reached over 400 young people in person.
- New products addressing rumours, providing public information on monsoon and COVID-19 testing disseminated through RCCE and MoHP social media channels. Recent animation video highlighting importance of testing led to over 3 million views and shared on most popular TV and radio platforms (and reaching 18 private TV stations)

every hour.

### Protection

- 13 psychosocial counselors have been deployed to provide psychosocial services in landslide and flood affected areas of Melamchi and Helambu in Sindupalchowk district.
- 2,570 persons (1,494 males and 1,076 females) including flood affected persons received psychosocial first aid and one-on-one counselling services.
- Protection helplines and emergency intervention services reached 595 children (275 boys, 320 girls) with emergency assistance.
- Phone-based legal counselling continued and has proven an effective way of providing legal guidance to GBV survivors.
- 64 women and girls received dignity kits. 49,927 persons were reached with awareness raising on GBV prevention and response services including legal assistance services.
- Support to vulnerable migrants arriving at PoEs in Province 2, Lumbini and Sudurpaschim reached 649 persons (361 males, 179 females, 100 children, 8 elderly person and 1 person with disability).

### Food Security

- Cluster members have begun take-home ration (THR) distributions in six out of seven of its programme districts. As of 14 July, these had reached 133,141 children out of the planned 164,878 (81 percent).
- WFP is preparing to release the Nepal COVID-19 Market Update # 2, which found that overall, markets are functioning well across most of Nepal, with localized disruptions mainly in Karnali and Sudurpashim provinces, where traders reported scarcity of food and non-food items. While prices of food staples remained relatively stable, vegetable and fruit prices increased sharply, and marginal increase was recorded for prices of chicken meat, lentils, and oil.

### Nutrition

- 402 children aged 6-59 months with severe acute malnutrition (SAM) have been admitted and getting treatment in the outpatient therapeutic centres and nutrition rehabilitation homes.
- Ongoing Infant and Young Child Feeding Counselling for caregivers of children under two years in PoEs in Lumbini and Sudurpaschim provinces. SMS messages on Infant and Young Child Feeding and caring practices reached 254,923 caregivers.
- 7,017 children aged 6-23 months received multiple micro-nutrient powder for the prevention and control of micro-nutrient deficiency disorders.
- Completed orientation on “Simplified Approach for the treatment of severe and moderate acute malnutrition” to more than 170 provincial health and nutrition stakeholders, nutrition cluster members and chief and nutrition focal points of District health Offices (DHO) of Province one, province two, Gandaki province, Lumbini province, Karnali province and Sudurpaschim province.
- 170,070 households reached with 118 FM radio messages nationwide on nutrition and caring practices.
- 2,574 pregnant and lactating women received counselling services through home visit by frontline nutrition workers.

### Education

- 14,460 children have been reached through the distribution of printed self-learning materials in Sudurpaschim and Bagmati Province.
- 46,480 people reached through education related radio message on mental health issues, parental awareness, PSAs and alternate learning in Province-2. Altogether 169,216 people reached from cluster members nationwide in second wave
- Continued technical support to local government to develop or update education response plan to ensure learning continuity through alternate learning modalities

### Gender in Humanitarian Action

- FEDO distributed emergency food support to the Dalit community in Bajura and Kailali and also distributed emergency food and health hygiene kit to dalit women and children.
- FEDO, on behalf of the Women Friendly Disaster Management Group distributed 200 packets kits to women flood survivors especially excluded women and lactating mothers. 100 pieces of cotton baby suit set were



provided with the relief package in affected areas of Melamchi Municipality, in ward no 6, 10 and 11, of Sinchupalchok district targeting vulnerable children.

## KEY GAPS AND CHALLENGES

### Health

- Procurement of essential commodities, specifically vaccines. There continue to be challenges resulting from a lack of national suppliers.
- 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.
- Health Waste Management discussion needs to be accelerated with a solution searching approach and concrete outcomes.
- Partners are requested to ensure centralised giving that is in accordance with technical guidance and specifications provided by the MoHP and its entities to ensure compatibility with existing systems. Health Coordination Division of the MoHP is the single door for such collaboration.

### Reproductive Health

- Stigma among health service providers: 43% health facilities reported perception of facing stigma or discrimination related to COVID-19 from public
- Gaps in availability of MNH Commodities: 18% to 51% of HFs reported having insufficient quantity or stock-outs of MNH commodities in the health facilities
- Effect on client flow status of RMNCAH services: highly decreased client flow - 60% in OPD and 59% in ASRH; moderately decreased client flow 29% in CS, 36% in Safe Abortion, and 32% in ANC services
- Around 41% of health facilities lack trained health service providers for implants and IUDs
- PPE items: 40% to 68% of HFs reported having in-sufficient supply of PPE items

### WASH

- Concerns over vaccination to WASH frontline workers raised by cluster members to ensure safety of their team members to move in the high-risk areas, as many continue to get infected while providing WASH services.
- With limited agencies in Province 1,3 and 4, and with forecast of heavy rain and flood, the challenge lie on timely response if flood/landslide occurs in these areas. Out of the total budget requirement for the cluster (USD 10.2 Million), current available/commitment fund is only around USD 2 Million thus a gap of USD 8.2 million remains.
- The priority of federal, provincial and local government is in year-end closure, with insufficient attention to COVID 19, flood and landslide preparedness as well as responses.
- Challenges related to province level coordination mechanism with changes in roles of Provincial Ministries and provincial co-lead agencies

### CCCM/Shelter

- Inadequate human resources appointed for screening, recording and reporting at the health desk of POEs. Construction of the new structure is ongoing at the POEs, and are yet to come in operation.
- Unavailability of dedicated ambulance service at the health desks of POEs, hence timely referral of cases is difficult.
- Challenges of screening outbound Nepali migrants to India at POEs and the migrants are being asked for a PCR report at the Indian side.
- The composition of NFI sets has not constantly standardised as different as organization differed with.
- Different response modalities being applied in adjoining Palika's which is unknown to nearer palika's as inter Palika coordination is limited so as to finds variances in organization wise respond.

### Risk Communication and Community Engagement

- Easing of prohibitory order (opening of transportation sector, shops, markets).
- Declining PHSM practices (mask use and distancing) in semi-urban and rural areas
- Perception of less risk of COVID-19 as cases are decreasing
- Risks related to monsoon and maintaining PHSM practices, mainly when displaced population shares common shelter

### Protection

- People with disabilities faced specific challenges in accessing services and information. It was further compounded by reluctance of service providers to be mobilized due to fear of COVID 19 transmission. Mobility restrictions continue to hamper early identification and emergency response particularly for women and girls at risk of GBV, children, people with disabilities. Helplines and early identification mechanisms are therefore critical
- Loss of income due to the pandemic and lockdown further increased stress and anxiety among people.

### Food Security

- The daily food and other essential needs of the vulnerable families affected by secondary impact 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 for most winter crops is likely 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; the production is expected to drop by 40-80% (Source: ADO, AKCs, Palikas, Farmers).

### Nutrition

- Health staff fully engaged with COVID-19 response and care, limiting capacity to deliver essential nutrition services.
- 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.

### Education

- Mobilization of teachers for the enrolment of the children in new academic sessions and learning continuity due to fear of getting COVID-19 infected and not having received vaccination so far.
- Virtual training to the teachers become challenging as many teachers do not have supportive devices and internet connectivity. Lack of resources to respond to education needs by cluster members
- Constraints on printing, transportation and distribution of self-learning materials are hindering the education of disadvantaged children without access to devices or internet

### Gender in Humanitarian Action

- Lack of data/information on gender non-conforming /LGBTIQ+ persons in the Covid-19 data and vaccination drive.

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