



# NEPAL: COVID-19 Pandemic

Office of the UN Resident Coordinator Situation Report No. 41

As of 18 June 2021

This report is produced by Office of the Resident Coordinator in collaboration with partners. It covers the period from 12-18 June 2021. The next report will be issued on or around 25 June 2021.

## HIGHLIGHTS

- Monsoon, which began just one week ago, has already displaced around 600 families leading to sheltering in public buildings, posing significant COVID-19 transmission risks.
- Loss of income due to COVID-19 related lockdowns and lack of socio-economic assistance has further exacerbated mental health and psychosocial problems.
- Poor, Dalit and other marginalized families face difficulties in access medical treatment as they cannot afford hospital and medical expense.
- Three of a nationwide 22 nutrition rehabilitation homes have been converted to isolation facilities, depriving malnourished children of access to treatment.
- Frontline workers continue to be infected by COVID-19, leading to disruptions in essential humanitarian service delivery.



Photo credit: Creasion

**61,725**

Active cases

**8,597**

Total deaths

**27.5%**

Case positivity

**330**

Displaced HHs  
(monsoon)

**600**

Affected HHs  
(monsoon)

## SITUATION OVERVIEW

Despite beginning less than one week ago, the monsoon season has already inflicted significant damage in several parts of the country, particularly affecting the hill regions of Bagmati and Gandaki provinces. Following moderate rainfall on 15 June, a landslide near Melamchigyang blocked the Melamchi River, resulting in a landslide dam outburst flood (LDOF) within about an hour. Roughly 250 hectares of rich agricultural lands have been destroyed and affected settlements have been rendered uninhabitable, with over 500 houses submerged or completely damaged. The event deposited up to several meters of sediment in the valleys of the Melamchi and Indrawati rivers, effectively raising the riverbeds, meaning flood levels will be higher than expected, leading to flooding in unexpected areas and increasing the risk in floodplains.

Total monsoon impacts across the country, in the just first week of monsoon include: 600 displaced families sheltering in various public buildings, significantly increasing COVID-19 transmission risks, 15 deaths, 23 people missing and 600 affected families according to Ministry of Home Affairs and Initial Rapid Assessments.

Over the past week daily cases have declined to around 2,000 per day, and test positivity has come down to 27.5%, though this remains among the top five highest national rates worldwide. The coming weeks are likely to see the easing of some restrictions, making adherence to preventive behaviours essential to prevent another rapid spike in cases.

While direct suffering from COVID-19 is abating, the next wave of suffering is only building, with vulnerable households cut off from livelihood sources for the past month, no food stock or savings and coping capacities completely exhausted in the face of monsoon. Unlike last year these families have yet to receive emergency relief support in cash or in kind to enable them to meet their most basic daily needs. The gap in food security and socio-economic needs, which are closely linked to protection concerns, is becoming desperate.

## PRIORITY NEEDS

### Health

- Essential lifesaving commodities: vaccines; oxygen concentrators; 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.
- Registration, health screening and testing with Antigen RDT for all entrants at all points of entry (PoEs).
- 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

- Adequate skilled human resources for provision of quality services remains a priority need.
- Availability and access to emergency transportation services for pregnant women to ensure timely arrival at health institutions and remote consultation services to identify pregnancy danger signs to seek services.
- Address the sexual and reproductive health needs of women and girls in quarantine centers and points of entry.
- Last-mile delivery of recently arrived 1,575,504 oral contraceptives and 776,000 injectable contraceptives.

### WASH

- Monsoon preparedness including stockpiling based on cluster capacities and needs with due consideration of on-going COVID-19 situation and response interventions.
- Continued support to people in isolation, PoEs and health care facilities through agreed minimum WASH package, initiated since last week in coordination with municipal networks, provincial and local governments.
- 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

- Repair and restoration of helpdesks at PoEs that have been damaged by heavy rainfall.
- Management of helpdesk and referral of returnees to designated quarantine/isolation centres from health desks at ground crossing points.
- Proper management of isolation and quarantine centres to ensure that adequate infection prevention and control (IPC) measures are taken to prevent and limit transmission of the virus.

### Logistics

- Continue to provide transport and storage services to MoHP and provincial health directorates.
- Heavy rainfall has triggered flooding and landslides which have blocked access to roads and bridges.

### Risk Communication and Community Engagement

- Audiences are highly cynical that supplies are reaching people and relevant health facilities – imperative to show not only the arrival of supplies in country, but their destination.
- More accessible messaging with a focus on people with disabilities and overcoming message fatigue with new ways of retelling similar stories.
- Early warning and key lifesaving messages focusing landslides, floods and COVID-19.

### Protection

- Continued need for psycho-social interventions for the most vulnerable groups, including those in isolation (including at home). Loss of income due to the lockdown and lack of cash assistance has further exacerbated mental health and psychosocial problems.
- Children without parental care remain a top protection concern.
- With the onset of the monsoon, forced displacement, particularly in Karnali Province has increased protection risks such as gender-based violence (GBV) and psychosocial problems.

### Food Security

- Immediate food assistance for vulnerable families dependent on daily wage income in informal sectors who have lost their income due to lockdowns and are struggling to meet their basic day to day food needs is the top priority. These families have no food stock or savings and have yet to receive any relief support.
- The lack of basic income/immediate food relief support to those vulnerable families will lead to negative coping mechanism, hunger, malnutrition, and vicious cycle of poverty.
- Floods: Continuous rainfall since last week has triggered flash floods leaving hundreds displaced and without homes or food in some places in Sinpalchowk, Manang and Kaski. WFP's immediate priority is to assess the loss and provide immediate food assistance to affected populations.

**Nutrition**

- Supplementary foods 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).
- 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**

- 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 items (food, sanitary items) for poor household, people living with disabilities (PWD), senior citizens.
- Medicine support to PWDs and those with critical illness.
- Access to toll free numbers specific to GBV and GBV desks in all palikas and radio PSAs in local language.
- Access to social and disability security allowance (PWDs, single women and senior citizens) on a monthly basis, as opposed to quarterly, in order to be able to meet their daily needs.
- Establishment of mobile health clinics to reach marginalized and excluded groups.

**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 and commodities.

**Reproductive Health**

- Distributed inter-agency reproductive health kits to five hospitals, two primary health care centers, and three one-stop crisis management centers (OCMCs) to continue essential RH services and clinical management of rape.
- Messages on SRH and GBV aired by 80 FM stations across the country and also TV in three provinces.
- Completed the data collection of nation-wide rapid assessment of reproductive, maternal, newborn, child and adolescent health (RMNCAH) services.

**WASH**

- Provided WASH and IPC services to 22 health care facilities serving 2,673 health care workers, staff and patients; 18 isolation centers reaching 2,233 people; 20 government institutions serving over 520 people including staff members and service seekers; five PoEs serving over 25,000 returnees and 820 people in home isolation.
- Supported four orphanages (53 children) with hygiene kits, mask, sanitizers, soap and hand washing stations.
- Distributed masks and sanitizers to 6,055 people in communities.
- Demonstration of proper hand washing steps in communities reaching approximately 4,700 people.

**CCCM/Shelter**

- A two-day orientation session was conducted at Gaur PoE in Province Two focused on awareness of frontline health workers and border officials on international health regulations (IHR) at PoEs, infection prevention and control (IPC) measures to be applied and adopted, risk communication, proper screening techniques and recording and reporting of collected information. 18 participants (16 male, 2 female) attended the orientation from health sector, security forces, customs office, Nepal Red Cross Society and Gaur Municipality.

**Logistics**

- Between 7-14 June, transported 105 MT of medical cargo.
- 3,690 re-filled oxygen cylinders dispatched to Seti, Mahakali and Baitadi hospitals.
- Over 1,000 oxygen cylinders dispatched to districts hospitals in Pokhara, Dailkeh and Rukum.
- Received 15 MT (2 trucks) of medical items (PPE) at HSA donated by the Government of Bangladesh.
- Over 130 dispatches of medical items made to hospitals in Kathmandu Valley and other districts from HAS.
- Dispatched various medical items and equipment from provincial headquarters (Dhangadhi, Surkhet, Nepalgunj, Pokhara, Kathmandu, Janakpur, and Biratnagar) to districts hospitals.
- Medical items (ventilators, thermometers, oxygen concentrators, PPE, reagents, test kits, isolation tents) donated by various donors and locally purchased by MoHP received and stored at HSA.

- Dispatched 4 MT (1 truck) to Sindupalchok district (50 tents, 100 tarpaulins and 50 sleeping bags) for MoHA for monsoon preparedness.

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

- Conducted mental health sessions with private sector reaching over 400 employees with a focus on parenting tips as most parents are concerned about their children's mental health, their own mental health and balancing work and personal life, frontline workers are worried about infecting their families.
- Addressed 11,400 questions and concerns related to testing facilities, vaccine availability, priority groups for vaccination, COVID-19 treatment availability and cost responded through radio, television and MoHP press brief. Continued reinforcement of stay home, distancing and mask wearing through door-to-door visits, mass and social media and telephone counselling. Launched 'Mask Khai' campaign with over 420 Interact members (Interact is the youth arm of the Rotary Club for children 12 to 18 years old).

### **Protection**

- Reached 681 people (291 males, 390 females) through psychosocial first aid and one-on-one counselling services and 2,706 participants (981 males, 1,725 females) through group orientation and psycho-education on psychosocial wellbeing across the country.
- Provided three emergency reproductive health kits, including medicines and supplies, for clinical management of rape to one stop crisis management centres (OCMCs) in Bardiya and Rautahat districts. Provided 50 dignity/kishori kits to OCMCs/ safe houses (Rautahat district) and PPE items (10,000 surgical masks, 16 units sanitizer) to frontline workers in one shelter home.
- Support for transportation to 75 vulnerable migrants (57 males, 18 females including 13 children, 4 people with disabilities and one elderly person) at points of entry (POE) in Sudurpaschim. Similar support provided to pregnant women, survivors of GBV and those at risk to access services in 23 districts.
- Provided three orientation sessions at PoEs in Province One to sensitize the health workers and border officials (134 people: 94 males, 40 females) on international health regulations (IHR), infection prevention and control (IPC) measures including risk communication and proper screening techniques.

### **Food Security**

- Cluster members have been providing unconditional in-kind/vouchers and conditional cash assistance to around 11,000 COVID-19 affected food insecure and vulnerable households (est. 55,000 people) across 43 palikas of 21 districts in all seven provinces.
- According to MoFAGA records, some Local Governments have distributed food relief to 9,635 HHs during the lockdowns, mainly in Province One, Bagmati, Lumbini and Karnali.

### **Nutrition**

- Infant and Young Child Feeding Counselling for care takers of children under two in PoEs in Sudurpaschim.
- Ongoing distribution of supplementary food in five districts of Karnali as well as Solukhumbu district of Province One targeting 6-23 months children and pregnant and lactating women.

### **Education**

- Continued twice weekly nationwide radio program 'Jiwan Rakchya' program related to psychosocial and mental health, including two episodes targeted to children.
- Completed resource mapping for monsoon preparedness and response.
- Ongoing home-based learning support for 5,253 children in Province Two, Lumbini, Sudurpaschim and Karnali.

### **Gender in Humanitarian Action**

- Ward/palikas are making announcements about the vaccination campaign schedule by miking as well as through local FM stations in Doti and Kailali districts.

## **KEY GAPS AND CHALLENGES**

### **Health**

- Procurement of essential commodities, specifically vaccines. There continue to be challenges resulting from a lack of national suppliers and a 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**

- Insufficient funding to address the RMNCAH service needs.

- Coordination between different tiers of government on procurement and supply chain management for essential life-saving commodities and overall functioning of health system.

### WASH

- Constraints in delivering WASH supplies to targeted institutions and communities due to ongoing prohibitory orders, though WASH supplies are handed over to government institutions (DDMC, DCMC and municipalities).
- Safe disposal of health care waste a challenge, especially in communities, increasing water body pollution risk.
- Demand for vaccination among WASH frontline workers, as they continue to be infected by COVID-19, leading to disruptions in essential cleaning and disinfection works.
- Lack of dedicated human resources in provinces for information management.
- Isolation centers continuously established without consideration of WASH requirements, increasing infection risk.

### CCCM/Shelter

- Lack of cross border coordination and communication among stakeholders.
- Inflow of returnees through informal ground crossing points.

### Risk Communication and Community Engagement

- A digital hangout with two children from each of the seven provinces elicited key issues: children not being prioritized for vaccination; worries about the future/education/exams; not being able to access online education; need for information/messages to be more child friendly.

### Protection

- Loss of income has further increased stress and anxiety among people. Linkage between socio-economic support programmes and psychosocial services needs to be strengthened.
- Continuity of services for vulnerable groups, including for GBV survivors and those at risk, to access protection services remains a challenge. OCMCs are receiving fewer GBV survivors than normal.
- Local governments facing difficulties in setting up local funds for children, NCRC is providing support.

### Food Security

- The daily food and other essential needs of the vulnerable families affected by containment measures and secondary impacts of COVID-19 are largely unmet. The 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

- Health staff fully engaged with COVID-19 response and care, limiting capacity to deliver nutrition services.
- Insufficient resources to meet the supplementary food needs of those targeted in the most affected areas.
- Three nutrition rehabilitation homes (NRH), among 22 nationwide, in Koshi Hospital, Hetauda Hospital and Sunakothi NRH have been converted into isolation centres over the past month, depriving malnourished children of rehabilitation and care.

### Education

- Lack of resources among cluster members to respond to education needs.
- Constraints on printing, transportation and distribution of self-learning materials is hindering the education of disadvantaged children without access to devices or internet.
- Fear and anxiety related to increases in infection and mortality among teachers in many municipalities creates further setbacks to education.

### Gender in Humanitarian Action

- Dalit and other marginalized households in many parts of Nepal are facing food shortages.
- The first and second waves of COVID 19 have increased stress and anxiety among many Dalit families as they are not able to access daily wage work and have lost their source of livelihood.
- Poor, Dalit and marginalized families are facing difficulties in receiving proper medical treatment, medicines, hospital beds, oxygen, ICU beds, isolation, ventilators, as they cannot afford hospital and medical expenses.
- CSOs and CBOs and have been unable to engage in local planning processes in the current context, limiting participatory planning. In several areas, development work is delayed with priority shifting to the health response.
- Reportedly, people from excluded group residing in remote areas have not received the first dose of vaccine, even if eligible, due to difficulty in reaching vaccination sites.

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