



# Nepal COVID-19: Cluster Update #29



24 December 2020

## COVID-19 situation

Deaths	Positive cases	Recovered cases	Tested for COVID-19	Persons in isolation	Persons in quarantine
1,803	7,515	246,661	1,890,740	7,515	409

Source: <https://covid19.mohip.gov.np/#/> (as of 23 December 2020)

## Overview

Movement of people, business and other social activities continue to increase. On 18 December district authorities in three districts of Kathmandu Valley (Kathmandu, Bhaktapur and Lalitpur) removed the odd-even plate daily alternation provision from vehicle movement. Of the total active cases, more than 40% are within the Kathmandu Valley<sup>1</sup>.

Recent political developments in Nepal have temporarily diverted the focus of society from the ongoing pandemic response. On 20 December, the President approved the Prime Minister's recommendation to dissolve the House of Representatives (HoR) and conduct fresh parliamentary elections in two rounds on 30 April and 10 May 2021. The recommendation had been approved in a Council of Ministers meeting, and presidential approval came amid widespread calls for the recommendation to be rejected. A nationwide demonstration was organized by opposing political parties. There are speculations that the ongoing pandemic response and recovery of the economy affected by COVID-19 could be impacted by these political developments.

Following the news of severe contagion of new strain of coronavirus in the United Kingdom (UK), the Civil Aviation Authority of Nepal (CAAN) has restricted entry of passengers originating from or transiting through the UK effective from 23:59 on 23 December until further notice<sup>2</sup>.

On 22 December, the National Disaster Risk Reduction and Management Authority (NDRRMA) convened a Cluster lead and co-lead meeting to discuss disaster preparedness and response in light of the winter season, with the participation of various line ministries, including . The revised COVID-19 Preparedness and Response Plan (CPRP) was presented in the meeting with the participation of various line ministries, including officials from Ministry of Home Affairs (MoHA), Ministry of Health and Population (MoHP) and COVID-19 Crisis Management Centre (CCMC) and the Humanitarian Country Team, led by the UN Resident Coordinator and including cluster co-leads, Nepal Red Cross Society and humanitarian partners. The revised CPRP will be endorsed by the Humanitarian Country Team (HCT).

<sup>1</sup> [https://www.who.int/docs/default-source/nepal-documents/novel-coronavirus/who-nepal-sitrep/-35\\_who\\_nepal\\_sitrep\\_covid-19.pdf?sfvrsn=238277b7\\_5](https://www.who.int/docs/default-source/nepal-documents/novel-coronavirus/who-nepal-sitrep/-35_who_nepal_sitrep_covid-19.pdf?sfvrsn=238277b7_5)

<sup>2</sup> <https://caanepal.gov.np/news-detail/post/travel-restriction-relaled-covid-19>



## Health Cluster

As of this week, a total of 255,979 cases have tested positive for COVID-19 by RT-PCR and 1,803 deaths have been reported. All 77 districts are affected by COVID-19. Testing capacity has increased to 80 sites, 35 of which are in private laboratories.

MoHP, through its central coordination system, is coordinating and managing the ongoing response with its divisions, centres, COVID-19 hospitals and laboratories, external development partners, health cluster partners and other supporting institutions for appropriate support, including COVID-19 commodities.

### As of 23 December 2020

Total PCR testing sites: 80  
Total PCR tests done: 1,890,740  
(average of 5,943/day in past week)  
Total PCR positive cases: 255,979  
Total active cases: 7,515 (2.9%)  
Total discharged: 246,661 (96.4%)  
Total deaths: 1,803 (0.7%)  
Total isolation beds: 19,480  
Total quarantine beds: 52,244  
Total people in quarantine: 409

WHO Nepal has been providing technical support to the National Public Health Laboratory (NPHL) in monitoring the quality standard of designated COVID-19 laboratories through the National Quality Assurance Program (NQAP). A total of 15 designated COVID-19 labs participated in the NQAP this week, with all receiving satisfactory results at  $\geq 90\%$  concordance. WHO is also providing support in organizing a weekly virtual meeting with all designated COVID-19 laboratories in the country. This week, WHO provided technical expertise on 'Molecular Epidemiology of SARS-COV-2' through the virtual session. Participants from different laboratories discussed their challenges and resource persons from WHO and NPHL provided recommendations to address the challenges.

WHO Nepal has procured 100,000 rapid antigen test kits (made by SD Biosensor, South Korea), to be handed over to MoHP, upon their request to support ongoing COVID-19 surveillance activities in the community. WHO Nepal received SARS-COV-2 proficiency testing (PT) materials from the Royal College of Pathologists of Australia Program (RCPAQAP) and supported NPHL in testing the materials and dispatching them to 24 participating laboratories. Technical support has also been provided for the validation of favorgen extraction kits and VIVA antigen diagnostic kits, as well as reviving the virus isolation facilities and preparation of quality manual as part of the quality improvement activities of the National Influenza Centre (NIC).

Health partners have provided the following COVID-19 commodities to MoHP: antigen kits (150,000); bipap machine (1); 500ml compound sodium lactate solution (14,000); defibrillator (1); dextrose 5% (24,000); disposable oxygen tubing (140); heating blocks (10); implant sets (5 year effectiveness) (72,500); levofloxacin injections 500mg (4,000); magnesium sulfate concentrate 100 ml (5); metronidazole 500 mg/100 ml infusion (10,000); misoprostol 200 mcg tablets (499,995); paracetamol injection 1 gram (6,000); PCR tubes 0.5 ml (1,500); primers (COVID-19) (65); handheld pulse oxymeters (50); real time RT-PCR kits for SARS CoV-2 (8,544); sodium chloride solutions 0.9% 100 ml (2,500); sodium chloride solution 0.9% 500 ml (24,000), vancomycin 500 mg injection (1,200).

Health partners have also been monitoring the continuity of essential health services (EHS) since the outset of the pandemic. It was reported that the basic and essential services, including routine immunization and maternal newborn health services, are functioning at most static and outreach sites. During the reporting period a total of 154,748 women and children utilized EHS, including 24,906 women who were reached with antenatal care (ANC) services, 14,157 women who delivered in health facilities and 115,685 children who were immunized (49% boys, 51% girls). All essential health services in Karnali and Sudurpaschim provinces in 1,400 health facilities (100%) are functional to date.

Health partners have trained a total of 2,239 health workers and 6,834 female community health volunteers on case management and continuity of essential health services across the country through mobile application based virtual training. Partners have also supported the Ministry of Social Development, Karnali in organising the first round of critical care training (ICU management and infection prevention and control) for district level medical doctors and nurses on 22 December. The objective of the training is to enhance the capacity of staff to operate ventilators and ICU case management in the context of COVID-19.

### Challenges

Human resource capacity in district hospitals to operate ventilators and ICU case management is a challenge and is a critical need to respond to, and manage, severe COVID-19 cases.

### Reproductive Health

The impact of COVID-19 on sexual and reproductive health and rights (SRHR) remains profound, even as the development of the COVID-19 vaccine has generated some optimism in the country. The cumulative COVID-19 positive cases among women over the past two weeks remains high, even as daily reported cases continue to decline over the same period according to MoHP situation reports. The adverse consequences of COVID-19 add pressure to a health system that is already fragile and underfinanced, making it more challenging for women and girls, especially the most marginalized and vulnerable in remote and hard to reach locations, to access reproductive, maternal, newborn, child and adolescent health (RMNCAH) services.

To address the access gap, MoHP has developed RMNCAH outreach guidelines to promote services and commodity distribution from healthcare settings to the community and expand access to hard reach locations and most marginalized and vulnerable populations. The endorsement and implementation of the guidelines must now be expedited.

Dedicated efforts of RH partners have sustained response interventions; however, critical gaps and bottlenecks exist, including the need to strengthen the supply chain to enhance repositioning and last mile distribution of RH/FP commodities. In addition, there are critical needs to ensure sanctioned positions are filled to improve human resources for RMNCAH, improve coordination between various tiers of national systems for local procurement of MNH commodities and regular information exchange at all levels in order to improve efficiency in execution of the country response plan. These undertakings require government commitment, collective effort and adequate financing.

Highlights of progress with high priority response interventions among RH sub-cluster and partners include:

- Support to the continuation of RMNCAH supply, including technical assistance, prepositioning, and distribution of reproductive health (RH) and family planning (FP) commodities.
  - 275 additional sets of Inter-Agency Reproductive Health (IARH) Kits for humanitarian settings are in the Pipeline for prepositioning and distribution to health facilities across the provinces in December 2020. MoHP is leading the finalization and implementation of the distribution plan for commodities.
  - Technical assistance to Management Division/MoHP in managing and strengthening the supply chain for RH/FP commodities, including the roll-out of the electronic logistic management information system (eLMIS) in the districts.

In addition, the most recent RH cluster performance monitoring report shows various capacity building activities reached as many as 2,975 health facilities. These included training in the management of postpartum hemorrhage (PPH), orientation on Interim RMNCAH guidelines and demand generation for reproductive health (RH) and family planning (FP) services. Teleconsultation and helplines enabled access to essential RMNCAH services. Teleconsultations have reached

7,817, including 5,744 pregnant women, 1,882 recently delivered women, and 191 complicated RH cases; the four established helplines have reached 5,004 people.

## **Mental health and psychosocial support**

### **Psychological first aid and counselling**

With one-on-one psychosocial first aid and counselling services, Protection Cluster members have reached a total of 18,068 persons (6,833 males, 11,183 females and 52 other gender), including 727 over the reporting period. The main issues reported are concerns over health, excessive worry and stress due to the prolonged emergency and uncertainty, including loss of jobs. A total of 5,341 persons were referred to different services: 1,098 health services, 841 legal services, 543 for psychiatric consultations, 1,544 security services, and 1,315 other services. There were 5,236 who received follow-ups for additional support to ensure mental wellbeing.

### **Awareness-raising and communication on psychosocial wellbeing and mental health**

Through the deployment of community-based psychosocial workers (CPSWs), Protection Cluster members reached a total of 52,624 persons (21,287 male, 31,331 females and six other gender), including 1,617 over the reporting period, through awareness raising interventions on psychosocial wellbeing in all seven provinces. Of the total reached, 22% are children below 18 years. Furthermore, 11,000 volunteers from 53 local municipalities were mobilized to share and discuss messages related to mental wellbeing through door-to-door visits and small group meetings. A total of 30,208 persons (16,454 males, 13,528 females and 226 other gender), including 487 new participants over the reporting period, were reached through group orientation sessions on stress management and various psychosocial issues (virtual and face-to-face) in all seven provinces. Those reached include humanitarian actors, community members and persons in quarantine sites and isolation facilities. In addition, Protection Cluster trained 25 counsellors on psychological first aid and psychosocial support, linking with discrimination and gender-based violence, as well as on responding to people with suicidal ideations.

### **Mental health support to children, parents and caregivers**

In partnership with CWIN, UNICEF has been supporting the organization of online mental health wellbeing sessions targeting children, adolescents and parents/caregivers. To date, trained mental health workers conducted 1,663 sessions and reached a total of 33,301 people (10,196 girls; 9,576 boys and 13,529 parents/caregivers).

### **Care for caregivers**

In partnership with the National Health Training Centre, an online training manual on mental health has been developed and rolled out through civil society organizations. The purpose of this training is to help frontline health workers cope with COVID 19-related stress. A total of 350 health workers working in isolation centres and COVID-19 designated hospitals benefitted from this training. In partnership with Nursing and Social Security Division, in the light of potential school reopening, UNICEF has started providing mental health awareness and support to students' sessions through school nurses since last week. The first batch of 13 nurses from Province Two were trained during the reporting period.

### **Challenges**

The motivation level of psychosocial counsellors and CPSWs to provide services is low due to the fear of being infected with COVID-19. Protection Cluster has initiated interventions to support such frontline workers.



### Child protection

A total of 12,578 unaccompanied, separated or other vulnerable children (6,568 boys and 6,010 girls) (including 159 new cases in the last two weeks) were supported with appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency support and relief. Among these, a total of 710 children (includes 16 new cases) were referred to different services, including health, security, justice, etc. A total of 3,247 frontline workers, such as case workers (1,774 males, 1,473 females), including 146 in the reporting period, were trained or oriented to identify and respond to unaccompanied, separated or other vulnerable children.

### Gender-based violence (GBV)

5,708 GBV survivors (5,388 females and 320 males), including 305 new recipients over the reporting period, received multi-sectoral support through peripheral health facilities, safe houses/shelters, one stop crisis management centres (OCMCs), legal and psychosocial counsellors and police from Province One, Province Two, Bagmati, Lumbini, Karnali and Sudurpaschim. 12,758 women, including 2,294 new recipients during the reporting period, have received lifesaving supplies, such as dignity, kishori, and hygiene kits in provinces One, Two, Bagmati, Lumbini, Karnali and Sudurpaschim. 4,333 (2,448 females and 1,885 males) including 1,948 new recipients (all females) service providers and stakeholders have been trained on providing survivor sensitive GBV prevention and response services. Furthermore, 61,284 persons (32,756 females, 28,515 males) including 5,409 new cases recipients were sensitized on GBV prevention and response interventions across all provinces.

### Migrants/points of entry

A survey on the “Status of Nepali Migrant Workers in Relation to COVID-19” was conducted and findings launched on 18 December on the occasion of International Migrants Day. The survey focused on Nepali migrant workers in destination countries, returnees and migrants who received final approval but are waiting for lockdown to be lifted to migrate upon the confirmation of their respective employers. The objective was to assess their conditions, especially in relation to their vulnerabilities, return intentions, labour rights and social protection mechanism, changes in social perception, priority work sector upon return, reintegration plans and sector of work engaged in. A total of 3,000 migrant workers and aspiring migrant workers were interviewed for the study.

### Challenges

Coordination within the GBV referral pathway continues to pose a challenge, particularly in the areas of reintegration of survivors with intellectual disabilities, provision of psychosocial counselling and shelter. Limited financial and human resources are impeding service delivery to GBV survivors and integration of livelihood services (particularly in Rolpa).



## Food Security Cluster

In response to the COVID-19 pandemic, Cluster members have distributed food/cash/voucher assistance as well as agricultural tools, in coordination with respective local governments, to 770,369 people (51% male and 49% female, including ongoing assistance for 24,555) in 234 palikas of 54 districts. Among these, 87% received in-kind food assistance, 10% cash/voucher assistance and 3% agricultural tools respectively. WFP and its partners have commenced the COVID-19 response livelihoods and economic recovery project, providing both unconditional cash and immediate employment opportunities through cash for assets activities to support some 13,000 households in 19 selected palikas of five districts (Rautahat, Sarlahi, Dailekh, Kalikot, and Bajura) across three highly vulnerable provinces (Province Two, Karnali and Sudurpaschim).

In general, markets are functioning well and supply of food/non-food items is regular across the country. The price of vegetables is gradually decreasing to normal levels with the arrival of new products in markets.

Paddy harvest is complete across the country. Paddy production is estimated to have increased between 6–15% compared to last year. Wheat sowing is completed in Province Two, Bagmati, Gandaki and Sudurpaschim, in the hill districts of Karnali and in 90% of areas in Lumbini, while wheat and barley sowing is completed in 70-95% of the mountain districts of Karnali. Germination of crops is generally good due to good soil moisture in the crop-sown areas; however, farmers in Province Two are concerned about the shortage of fertilizer<sup>3</sup>.

### Challenges

Ministry of Agriculture and Livestock Development and WFP have jointly produced and shared the results of the second round of the mVAM household survey on the impact of COVID-19 on household food security and vulnerability in Nepal on 17 October. The report finds that food security has slightly improved as compared to the results of the first mVAM household survey in April; however, COVID-19 continues to negatively impact the livelihoods of Nepalese households.



## WASH Cluster

To date, 76 WASH Cluster members and implementing partners provided support to 213 health care facilities/hospitals including 13 federal hospitals, 61 COVID-19 hospitals in 53 districts as well as 139 health posts, primary health care centres, urban health clinics, and community health units. WASH interventions reached 391 quarantine and 30 isolation centres, as well as communities covering 546 municipalities in 77 districts across all seven provinces. In addition, WASH supplies were provided to 296,687 returnees in 20 designated points of entry (PoEs) and 37,781 returnees in holding centres. WASH Cluster has recently initiated a joint meeting of WASH, Health and Education Cluster lead and co-lead to support a more integrated and coordinated response to the COVID-19 pandemic. A joint meeting is being convened at least once a month, and when required, for critical discussions on joint response.

### WASH support to IPC in health care facilities, quarantine and isolation centres

WASH Cluster continued providing critical WASH support to healthcare facilities, quarantine and isolation centres benefitting 70,050 people in health care facility, 105,182 people in quarantine centres and 3,980 people in isolation centres. Cluster members supported the installation of 281 new

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<sup>3</sup> DoADs, AKC, MoLMACs

toilets, repair of 120 toilets, installation of 892 handwashing stations and repair of 50 handwashing basins in health care facilities, quarantine centres and isolation centres. In addition, 159 water tanks of 100-1,000 litres capacity and 75 water filters were provided to quarantine centres.

### **WASH in communities**

Overall, 191,250 people have benefited from the installation of 1,275 handwashing stations at the community level. Cluster members provided critical hygiene supplies to 52,497 families, which included buckets and water purification tablets to 21,799 families, masks to 7,648 families and hygiene kits to 18,996 families, as well as 85,012 soap bars. Cluster members reached 5.1 million people through various risk communications programmes related to hygienic behaviour using various media, including television, radio, megaphone announcements, etc.

### **Training, orientation and knowledge management**

Nearly 1,900 frontline workers, stakeholder, WASH partners at various levels have been trained/oriented on subjects related to WASH and infection prevention and control in relation to COVID-19.

### **Challenges**

Due to changes in government leads and focal persons at the provincial level, additional rapport building efforts are required, including orientation on cluster coordination mechanism and WASH priorities at provincial and local levels. Most Cluster members are closing their COVID-19 responses at the end of 2020. While COVID-19 cases continue to rise, with possibilities of second wave following the full opening of businesses, challenges remain in ensuring continued response and preparedness for a second wave. With winter and cold waves starting in the southern belt of Nepal, health care facilities, isolation centres and schools are ill prepared to address WASH requirements in relation to COVID-19. Cold weather tends to lead people to compromise hygiene etiquette, bringing greater risk of transmissions. Home isolation continues to pose a challenge due to lack of appropriate mechanisms for daily monitoring of asymptomatic cases or people with mild symptoms. This is a serious concern that must be addressed through multi sectoral collaboration, led by health sector and local government with contribution from WASH. With haphazard school reopening all over the country and without any proper plans for hygiene facilities such as hand washing, disinfection and cleaning facilities and routines, some schools that had re-opened have closed due to COVID-19 cases among students and teachers. This is a risk that other schools which have recently reopened without considering hygiene etiquette and facilities in the context of COVID-19 may face.



### **Nutrition Cluster**

6,364 children under five were treated for severe wasting using ready to use therapeutic food (RUTF) through 620 outpatient therapeutic centres (OTCs) and 18 nutrition rehabilitation homes (NRH). 295 cases were admitted to outpatient treatment programmes in the past two weeks. A total of 988,307 pregnant and lactating women received telephone counselling on maternal, infant and young child feeding (IYCF) and care (16,803 in the past two weeks). 187 FM radio stations are broadcasting nutrition and COVID-19 messages reaching more than 3,599,791 households. In the past two weeks 16,503 households were reached with nutrition messages. In addition, IYCF and COVID-19 messages reached more than 2,310,575 households through SMS (76,373 in the past two weeks). The National Vitamin A campaign was conducted on 26-27 November (11 and 12 Mangsir 2077) across all 753 local levels of 77 districts targeting 2.7 million 6-59 months children for Vitamin A supplementation and 2.3 million 12-59 months children for deworming.

## Challenges

The blanket supplementary feeding programme (BSFP) to cover more than 115,000 children age 6-59 months and more than 85,000 pregnant and lactating women (pregnant women: 32,000, lactating women: 51,000) for the prevention of acute malnutrition faces a resource gap of US \$1.025 million. It is difficult to screen, identify and refer children aged 6-59 months who are severely wasted for treatment due to a lack of protective materials (such as masks, gloves and sanitizers) for female community health volunteers as well as fear of COVID-19 preventing visits to health facilities.



### Education Cluster

To support learning continuity the Centre for Education and Human Resource Development (CEHRD) has developed an online portal with learning resources for teachers and students. A mobile version of the online portal called 'eClass Nepal' has also been developed. Based on the data collected between December 1-16 from 247 municipalities, a total of 5,742 schools have reopened, representing 72% of total schools in the respective municipalities. Education Cluster members have disinfected 614 schools in Province Two, Bagmati, Gandaki, Lumbini, Karnali and Sudurpaschim, of which 481 schools were used as quarantine centres. Similarly WASH facilities have been installed/repared in 131 schools in Province Two, Bagmati, Lumbini, Karnali and Sudurpaschim. A total of 210,546 children have been reached through the distribution of printed self-learning materials (146,332 by Cluster members, 64,214 by government) in 178 municipalities and 36 districts across all provinces. Education Cluster members are also supporting the capacity building of teachers and education stakeholders through the provision of trainings on alternative learning modalities, COVID-19 related safety, school reopening and digital skills. A total of 2,331 teacher and education stakeholders have been reached with such capacity building activities across all provinces. Education Cluster members are raising awareness on psychosocial support and providing trainings to teachers and other education actors to address stress experienced by children and parents. 1,134 teachers and education actors have been trained on psychosocial support in Province Two, Bagmati, Gandaki, Karnali, Sudurpaschim.

## Challenges

The cleaning and disinfection of schools used as quarantine/isolation/holding centres is ongoing. However, a resource gap exists for the maintenance and repair of the physical infrastructures that have been damaged in the use of schools as quarantine/isolation/holding centres. It has been observed that the use of masks and physical distancing has not been consistently followed in many schools. Real-time information on school reopening and closures is a challenge, with some provincial governments relying on newspaper reports.



### Logistics Cluster

The national Logistics Cluster provided one MSU to Provincial Health Directorate, Bagmati Province to augment their storage capacity for COVID-19 supplies. Between 18-22 December, three trucks were dispatched with a total of 6 MT (14 cbm) of medical supplies of MoHP and Save the Children from Kathmandu to Makwanpur, Jajarkot and Dolakha districts. To date, the Cluster has transported 1,131 MT (5,442 cbm) medical supplies and NFIs for COVID-19 and monsoon responses.



## Risk Communication and Community Engagement

### Reach

Radio programmes titled “Banchin Amaa”, “Koshish –Corona ka laagi Sichkya ra Sandesh”, “Milijuli Nepali”, “Sahaj” and television programmes called “Corona Care” and “Swastha Jeevan” continued to reach more than 15 million people. The radio and television programmes discuss issue related to school reopening, do’s and don’ts of home isolation, offices, shops and other places, care of COVID-19 positive children, how COVID-19 is transmitted and proper use of masks. More than nine million people are continuously reached with messages on two-meters distancing, mask use and sanitising through short public service announcements via radio, television and social media platforms. RCCE messages have been revised and updated to address the changing political and social context.

### Community engagement

More than 28,003 volunteers (64% male, 36%female) including 178 boys and 154 girls were involved in COVID-19 community engagement actions disseminating messages on COVID-19 prevention and control through community-based platforms reaching about 2,063,000 people (39% female) across the country. Proper use of masks and maintaining two-meters distancing, avoiding crowded areas and messages on school safety were disseminated through door-to-door visits, group discussions and megaphone announcements.

### Feedback mechanisms

A total of 273,717 questions and concerns were answered through hotlines and television programmes (during the reporting period: 7,542 through hotline services). Most calls and questions were related to available PCR testing services and testing requirements, home isolation protocols and treatment services. 732 community support groups from 53 urban and rural municipalities have addressed COVID-19 related concerns, misconceptions, issues and questions of 183,675 people (49% female) through door-to-door visits and community discussions.

### Challenges

A decrease in the number of positive cases, low risk perceptions, opening of all services and schools and the recently changed political context have contributed to a reversal of people’s behaviour in obeying public health and safety measures.



## Inter-Agency Gender in Humanitarian Action

The Gender in Humanitarian Action (GiHA) Task Team meeting on “making women’s leadership and decision-making a priority in the rollout of the COVID-19 vaccine” highlighted that the backbone of an inclusive rollout and uptake of the vaccine is sex and age disaggregated data. With timely, accurate and disaggregated data, coupled with a gender analysis, actions can be taken to ensure that no one is left behind. Gender related barriers to immunization include unequal social norms, lack of autonomous decision-making and control over financial means, limited freedom of movement and experience and risk of gender-based violence. To ensure that everyone has access to information and services, investment must be made in removing existing gender related barriers. Communities, including women’s organizations, have a critical role to play in building trust and ensuring active engagement of women in the vaccine roll out process and the dissemination of accurate information about the vaccine and its benefits. Key recommendations from panellists during the meeting included: promote meaningful representation of women and excluded groups in the high-level task force and COVID-19 vaccination roll-out committee; ensure provision of vaccine for

nurses/front line workers, elderly people, excluded groups and people with high morbidity from the general population; facilitate representation of nurses in decision making and policy making during delivery of the COVID-19 vaccines; ensure equitable allocation of vaccines; engage journalists proactively in the dissemination of accurate information and ensure proactive engagement of the government with women's groups. The Ministry of Health and Population (MoHP) highlighted that the government is committed to prioritizing health workers and elderly people. In addition, MoHP is committed to promoting women's representation in the COVID-19 response, including in managerial positions during the roll out of the vaccine.

Sex workers continue to face challenges in meeting their daily basic needs and are struggling to pay rent and school fees of their children. The online learning of their children has been interrupted due to inability to afford mobile recharge and data cards. Recently returned migrant women workers have started to remigrate due to limited employment opportunities in the country. Many migrant domestic women workers are still facing challenges to submit all legal documents required by the relevant authorities. A recent survey conducted by the Blue Diamond Society (BDS) revealed that LGBT communities are facing mental stress due to the COVID-19 crisis. They are deprived of COVID-19 test, treatment and relevant health services due to the financial crunch. This has also led to an increasing number of suicides among the LGBT community.

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