



# Nepal COVID-19: Cluster Update #34



30 March 2021

## COVID-19 situation

Deaths	Positive cases	Recovered cases	Tested for COVID-19	Persons in isolation	Persons in quarantine
3,027	276,980	272,612	2,264,268	1,341	56

Source: <https://covid19.moHP.gov.np/#/> (as of 30 March 2021)

## Overview

Heavy air pollution, reaching hazardous levels across the country, is currently affecting Nepal. A circular by the federal government has instructed schools to close countrywide due to the air pollution, further disrupting the academic year. To offset the many disruptions, the Government has extended the current academic year by two months until 14 June 2021.

The Government has scheduled the second dose of vaccinations for priority one groups for 20-23 April 2021. Nepal has additionally received a donation of 800,000 Sinopharm vaccine doses from the Government of China on 29 March 2021.

The third round of mVAM household survey on the impact of COVID-19 on household food security and vulnerability has found that 16.8% of households have inadequate food consumption and 7.4% adopted negative coping strategies to address food shortages. In addition, 42.7% of children between 6-23 months were found not to meet the minimum recommended dietary diversity, while this represents a slight decline from April 2020, it remains a concern as the ability to screen and monitor the nutrition of children has also been disrupted by the COVID-19 pandemic. The Nutrition Cluster reports barriers to identifying and referring malnourished 6-59 months old children in the current context and is rolling out the pilot family MUAC approach to enhance the capacity of mothers and caretakers to fill the screening gap.

Daily life in Nepal is returning to normal with the opening of schools, markets and cinema halls. Adherence to public health and safety measures at all levels and by all groups is gradually decreasing across the country. However, increasing cases in neighbouring countries has increased the likelihood of an upsurge in cases in Nepal as well. With the Holi festival, poor practice of distancing and mask use could lead to a spike in cases across the country.



## Health Cluster

The Health Cluster is providing technical support to MoHP on epidemiological analysis, strengthening laboratories and laboratory networks, health sector coordination, information management, health logistics, risk communication and vaccinations. A session was conducted on the principles of “Genetic Sequencing Techniques” for 25 National Public Health Laboratory (NPHL) staff on 22 March, in which the challenges and applications of genetic sequencing of viruses was discussed. The Cluster also supported monitoring of the quality standards of designated COVID-19

laboratories in the country through the National Quality Assurance Program (NQAP). A total of 20 designated COVID-19 laboratories participated in the NQAP this month. Technical support has been provided to NPHL in the following areas: report preparation of SARS-CoV-2 real-time PCR assay proficiency panel of 63 designated COVID-19 laboratories in Nepal; validation of a 16 module GeneXpert (equipment) for SARS-CoV-2 diagnosis at NPHL; optimization of Taqpath manual nucleic acid extraction (procedure) at NPHL. Three samples were received for influenza surveillance by the National Influenza Centre (NIC) between 15–21 March 2021. The samples tested positive for influenza A/H3.

The National Health Emergency Operation Centre and Provincial Health Emergency Operation Centres (HEOCs) of Province One, Province Two, Bagmati and Lumbini, established and operationalized for health emergencies and disaster management in Nepal have been formally handed over to the Government of Nepal, MoHP as of 25 March. During the virtual handover ceremony, which included secretaries, health directorate division chiefs, directors and media personnel, a report on HEOCs and a provincial COVID-19 profile were released.

The Cluster supported MoHP/HEOC for the establishment of telemedicine centres at hospitals in all seven provinces and to establish a central telemedicine centre at Tribhuvan University Teaching Hospital (TUTH). Tele-medicine equipment was installed at TUTH and Patan Hospital. Partners also supported a two-day Emergency Medical Deployment Team (EMDT) orientation and training for all seven provinces. The first round of training was held on 4-5 March, with a total of 84 participants from Bagmati, Gandaki, Karnali and Sudurpaschim provinces. The second round was held on 18-19 March with 75 participants from Province One, Province Two, Gandaki, Karnali and Sudurpaschim.

The Cluster is supporting the Health Care Waste Management (HCWM) Technical Working Group to prepare a three year intervention action plan at the national level. There are 10 outputs in the workplan of which safe management of COVID-19 vaccination waste is one. Partners also provided one supply chain consultant to MoHP, Management Division to support procurement services, cold chain consultants and consultants from technical support units.

In terms of vaccination, the Cluster is supporting microplanning for COVID-19 vaccination in all seven provinces, the development of COVID-19 vaccination guidelines to Family Welfare Division, the timely supply of vaccines, including standby vehicles for emergency supply of vaccines, in all vaccination sites across all provinces and monitoring of vaccination sites, including status of cold chain supplies, health care waste management and verification of data, jointly with government counterparts.

Health partners provided support in delivering 348,000 doses of COVISHIELD vaccine, 350,000 syringes and 5,000 safety boxes from COVAX facility. They also delivered one million auto disable (AD) syringes to government, with two million in the pipeline to be delivered in mid-April and an order placed for five million. In addition, partners supplied 150 oxygen concentrators, 100 pulse oximeters and 1,000 oxygen monitors to Management Division of Department of Health Services, as well as the distribution of 492 health kits in Sudurpachhim and 300 health kits in Karnali through Provincial Health Directorate.

## **Reproductive Health Sub-Cluster**

RH Sub-Cluster partners conducted mapping of the human resources for RMNCAH services, which shows an average of 35.5% human resources need across six provinces, with significant disparities. The highest human resource gap is in Province Two, with 63%. The assessment is limited by its targeted of district level health facilities. It is therefore likely that disparities are higher at the peripheral level. Human resource gaps remain a consistent challenge in the sector.

The Sub-Cluster's maternal death task team carried out an analysis of maternal deaths from the beginning of lockdown until February 2021. While 181 maternal deaths were notified during this period, only 128 were reported. Analysis of reported maternal deaths points to three delays: delays in seeking care; delays in reaching health facilities and delays in receiving appropriate care. There have been efforts to address the three delays, including strengthening referrals for obstetrics emergencies and building the capacities of service providers to operate effectively in the COVID-19 context. However, these remain insufficient due to the weak maternal perinatal death surveillance and response system and capacity.

Further, a review of stocks and pipeline status for family planning and maternal health commodities sound low stock of depo-provera injectable contraceptive and injection oxytocin whereas implants, IUDs, and condoms were in excess stock. Key recommendations from the pipeline meeting held on 16 March included: (i) immediate planning and procurement for the low stock commodities, (ii) postponing the shipments of overstock commodities such as implant, condom, IUD and, (iii) tracking the expiry date of overstock commodities, including redistribution.

During the reporting period, RH Sub-Cluster partners have continued to hand over PPE and Inter-Agency Reproductive Health Kits (IARH kits) including rape kits, to MoHP and respective hospitals for the continuation of emergency sexual and reproductive health services.

With the possibility of a second COVID-19 wave, there is a need for careful consideration to address the on-going challenges for the continuation of life-saving RMNCAH services, which continue to be underfunded.

## **Mental health and psychosocial support**

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

Protection Cluster members have reached 528 people (177 males and 351 females) over the reporting period with one-on-one psychosocial first aid and counselling services. The main issues reported are concerns over health, excessive stress and sleep disturbances due to loss of income. Some adolescents shared that even though they have started going to school, they are worried about being infected by COVID-19 which has resulted in lack of concentration in studies. Among the total supported, 60 persons were referred to various services (11 for psychiatric consultations, 19 for legal services, 14 for health services, 9 for security services and 7 for other services).

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

Through the deployment of community-based psychosocial workers (CPSWs), Protection Cluster members reached 5,988 participants (2,681 males and 3,307 females) over the reporting period through awareness raising interventions on psychosocial wellbeing in all seven provinces. Of those reached, 63% were children under 18 years. Similarly, 528 participants (177 males and 351 females) were reached through group orientation sessions on stress management and various psychosocial issues (virtual and face-to-face) across the country. Those reached include humanitarian actors, community members including children and parents.

### **Capacity building**

Through the Protection Cluster, a total of 20 service providers (6 males and 14 females) from Karnali Province were trained on psychosocial support (21 hours training over 7 days) with a focus on case management and referrals. The participants were community psychosocial workers recruited by local government units and civil society organizations.

In partnership with the National Health Training Centre, an online training manual on mental health was 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 117 health workers working in Isolation centres and COVID-19 designated hospitals benefitted from these training sessions during this reporting period.



## Protection Cluster

### Child protection

During the reporting period, 423 unaccompanied, separated or otherwise vulnerable children (191 boys, 232 girls) were supported with appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency support and relief, of which 36 children (8 boys, 28 girls) were referred to different services such as health, security and justice. In addition, 609 CSO service providers and local government officials (453 males, 156 females) received training on the identification, care and assistance to children at risk of violence, neglect and abuse, including family separation.

### Gender-based violence (GBV)

During the reporting period, 226 (218 female, 8 male, including 33 girls, 1 PWD and 6 elderly) survivors received multi-sectoral support through peripheral health facilities, safe houses/shelters, one stop crisis management centres (OCMCs), legal and psychosocial counsellors and police. Seven women have received lifesaving supplies, such as dignity, kishori, and hygiene kits in Province One, Province Two, Bagmati, Lumbini, Karnali and Sudurpaschim. 53 service providers and stakeholders (38 females and 15 males) have been trained on providing survivor sensitive GBV prevention and response services. Furthermore, 9,030 people (6,675 females and 2,355 males) were sensitized on GBV prevention and response interventions across all provinces. Community psycho-social workers (CPSWs), adolescent facilitators are mobilized to disseminate messages on response mechanism for GBV. The CPSWs also continue to support strengthening response mechanism at community level including to monitor and refer GBV cases to OCMC.

### Migrants/points of entry

During the reporting period, 24 male vulnerable Nepali migrants were supported with return assistance in coordination with the Ministry of Labour, Employment and Social Security, and Nepal Embassy in Malaysia. The support assistance included return tickets from Malaysia. The returnee migrants were also provided with shelter support upon their arrival, including reintegration counselling service and referral to appropriate services based on their needs.

### Persons of concern - refugees

Fifty-four calls were received through 24/7 hotline services during the reporting period and protection needs were addressed accordingly. Furthermore, a total of 95 protection services (psychosocial support, GBV) were provided to persons of concern.

### Challenges

The decrease in programming capacity of protection actors continues to be noted, with a reduction in coverage across all thematic areas. The Cluster continues to monitor the situation to anticipate any service disruptions and identify partners with capacity to be mobilized in case of emergency. Mental health awareness continues to be an issue of concern, particularly in remote areas. Service demand is therefore constrained by fear of stigma. The psycho-social working group is coordinating with other sectors to enhance mental health awareness and support safe help-seeking behaviours.



## Food Security Cluster

The third round of take-home rations (total of 1,131 Mt of mixed food commodities) has been distributed between 25 February and 25 March. The ration consists of fortified rice, lentils and oil and

aims to support both nutrition and education of 164,729 students (52% girls; 48% boys) and their family members at 1,429 public schools in 57 palikas of seven districts in Karnali and Sudurpachim provinces. Both provinces are relatively food insecure and more vulnerable in the COVID-19 crisis based on the economic vulnerability index and results of mVAM surveys. In addition, Food Security Cluster partners have provided both unconditional cash and in-kind food assistance as well as immediate employment opportunities through cash for assets activities as part of the ongoing COVID-19 response livelihoods and economic recovery project. During the reporting period, the Cluster assisted a total of 52,371 people (48% women; 52% men) in 16 selected palikas of seven districts across four highly vulnerable provinces (Province Two, Lumbini, Karnali and Sudurpaschim).

The Ministry of Agriculture and Livestock Development (MoALD) and WFP have released the third round of mVAM household survey report on the impact of COVID-19 on household food security and vulnerability in Nepal as of 26 March 2021. Key findings include:

- Food insecurity across the country has decreased compared to estimates taken in April and August 2020, however, remains higher than four years ago. The mVAM survey found that 16.8% of households had inadequate food consumption, 7.4% adopted negative livelihood coping strategies to address food shortages and 2.7% reported that the food they had in stock was insufficient to meet their needs.
- The proportion of children between 6-23 months of age that did not meet minimum recommended dietary diversity remained stable since December 2020 (42.7%) and August (43.1%), but declined slightly compared to April 2020 (45.9%).
- The COVID-19 crisis has affected the livelihoods of Nepalese households, with 5% reporting a loss of livelihood and 21% a reduction in income.
- More than 75% of respondents reported to have food stocks, of which nearly 50% had more than one-month worth of stocks. About 62% of households acquire food through market purchase.
- Loss of income source was found to be more common for certain types of livelihoods, namely daily wage laborers, those in the tourism sector, households receiving remittances and large and medium businesses and trade, as well as households with a disabled person.
- Food insecurity was more prevalent among households that experienced income reduction and job loss and certain livelihood types. Similarly, households with low education levels, a chronically ill member, female-headed households, and households living in rural areas were found to be more food insecure.

During the reporting period, the general food security situation has remained stable across the country, and the outlook is positive for the coming month, anticipating the peak of winter crop harvest (wheat and barley), which has started in lower hills and Terai areas. Production is expected at normal levels in most areas, however, is expected to decrease in rain-fed areas. For instance, Saipal Palika in Bajhang district estimates a decrease in production by 20-30% compared to last year due to insufficient precipitation (Source: AKC, DADOs, MoLMACs).

Markets across the country are functioning well with regular supplies. Prices of coarse rice have remained stable compared to last month and the same period last year. Prices of leafy vegetable have begun to increase gradually in some provinces. The price of cooking oil has increased by up to 53% in Province One, 40-50% in Province Two and 20-30 % in the mountain districts of Karnali.



**WASH Cluster**

Provincial WASH Coordination Committees in all provinces, except Province Two, have completed their review of the 2020 WASH response to COVID-19, including a way forward for 2021 preparedness. On the completion of all provincial reviews, the cluster will conduct a national review for WASH Cluster.

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

During the reporting period, WASH cluster provided critical WASH support to 18 people in one isolation centre and 65 people, including frontline health workers, in three primary health care centres. The Cluster supported the renovation of one handwashing station and provided 400 pairs of gloves and 300 surgical masks in health care facilities. Likewise, 15 handwashing stations were installed, and 10 toilets were renovated in schools. 500 surgical masks, 76 liquid handwash bottles, 30 hygiene kits and 55 sanitizers were provided to five schools.

### **WASH in communities**

Cluster member provided winterization kits to 65 households (including hot water bag, kettle/thermos) targeted to senior citizens, pregnant/lactating women, single women, children, men and women with disability in Dadeldhura district. During the reporting period, 101 people in three disability rehabilitation houses were supported with 1,700 masks, 38 sanitizers, and 38 handwash bottles. Similarly, 166 people in three elderly citizen houses in Kaski district received 1,000 masks, 33 sanitizers, and 32 liquid handwash bottles. Further, Cluster members reached 34,763 people through various risk communications programmes related to hygienic behaviour using various media such as television, radio and megaphone announcements.

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

609 people participated in focus group discussions on WASH COVID-19 response and gender norms and 16,424 people were reached with promotion of good hygiene behaviour on handwashing and COVID-19 prevention.

### **Challenges**

Maintaining WASH facilities that were established during the pandemic such as contactless handwashing stations in various institutions and public places remains a challenge, even though these have been handed over to local governments. While the general population has resumed normal daily life, challenges remain in continuity of basic hygiene behaviour by all to avoid further risk of infection, which has been increasing recently in the country.



### **Nutrition Cluster**

During the reporting period 549 children under five with severe acute malnutrition were treated using ready to use therapeutic food (RUTF). A total of 25,258 pregnant and lactating women received telephone counselling on maternal, infant and young child feeding (IYCF) and care. In addition, 90,140 households were reached with nutrition messages and 56,664 households were reached with IYCF messages through SMS and 253,094 households were reached with COVID-19 and nutrition messages through 175 FM stations across the country. Finally, 106,080 households were reached with telephone counselling on IYCF and maternal nutrition.

The remote assessment of infant and young child feeding behaviours of families in the COVID-19 context has been completed and the report is being prepared. The Breast Milk Substitute (BMS) Act-1992 is being revised and is with the Nepal Law Commission (NLC) for feedback. Once feedback is received, MoHP will recommend the cabinet to propose the Act for parliamentary approval. Similarly,

Breast Milk Substitutes (Regulation and Control) Act No.34 of 2012 is being revised. Once the BMS Act is approved by parliament, the regulation will be endorsed by cabinet.

The Cluster has been providing technical and coordination support to MoHP for the revision of the Comprehensive Nutrition Interventions (CNSI) training package for health workers and female community health volunteers (FCHVs). In addition, a flip chart for training of FCHVs at community mothers' group meetings, which includes nutrition in emergency preparedness and response, is being prepared. The revised version of the CNSI manual and flip chart will be ready within the next 1.5 months.

## Challenges

Due to COVID-19, community based active MUAC screening has been disrupted, creating a barrier to identifying 6-59 months children with severe acute malnutrition (SAM) and refer them to outpatient therapeutic centres (OTC) for treatment. The Cluster will be supporting the family MUAC approach of the government as pilot programme by enhancing the capacity of mothers and caretakers of under five children to address screening issues. Due to a lack of sufficient personal protective equipment for female community health volunteers (FCHVs), community-based nutrition activities are seriously disrupted.



## Education Cluster

The Government has extended the current academic year by two months until 14 Jun 2021. A four day master training of trainers (MTToT) on safe operation of schools, focusing WASH interventions and public health measures, has been provided to 91 education stakeholders in Province Two, Lumbini, Karnali and Sudurpaschim. Stakeholders include personnel from Education Training Centre (ETC), Education Development Directorate (EDD), Ministry of Social Development (MoSD), education officers and health officers from municipality offices, teachers and other development partners. In addition, more than 1,500 teachers from 15 municipalities in Province Two, Lumbini, Karnali and Sudurpaschim have been provided training on psychosocial support. The training aims to provide knowledge and skills to identify psychosocial issues of children and the role of teachers and schools to address those issues.

More than 300 local level stakeholders including teachers, parents, school management committee were oriented on parenting education in six municipalities in Province Two, Lumbini, Karnali, and Sudurpaschim. Subject covered included the importance of the role of parents in continuity of learning and development of children during school closure in crisis, and formation of parents groups. Seventy school management committee members from 55 districts across all provinces have been oriented on the learning continuity campaign. The campaign focuses on safe operation of schools and alternative learning in cases of school closures. 290 children with disabilities from resource classes were provided with hygiene kits in 21 municipalities in Province one, Province Two, Bagmati, Gandaki, Lumbini and Karnali. Handwashing stations have been installed in seven schools from three municipalities in Sudurpaschim.

## Challenges

Though teachers have been prioritized for vaccination, they have not yet been vaccinated. This has raised concerns over the safety and security of the school community in light of an increase in new cases in the country and school reopening with inadequate adherence to safety measures.



## Logistics Cluster

During the reporting period, eight trucks were dispatched with approximately 25 MT (91 cbm) medical supplies of Provincial Health Logistics Management Center, Province One, Save the Children and Ministry of Home Affairs to the provinces. The national Logistics Cluster successfully conducted a half-day orientation in all seven provinces, for Cluster users on how to access Logistics Cluster products and services. The national Logistics Cluster meeting was held on 5 March, with 26 participants from 14 organizations. A key outcome of the meeting was the decision to suspend Logistics Cluster common services for all users from the end of February, except for Ministry of Health and Population and provincial health directorates. The decision was made based on feedback from the Logistics Cluster Services Questionnaire and decreased demand.



## Risk Communication and Community Engagement

### Reach

Between 7-22 March 34.8 million people have been reached by social media messages, with 45.4 million impressions and 2.8 million engaged on content that focused on #Vaccinated posts featuring elderly people, posts thanking health workers, as well as support to cold-chain strengthening, and COVID-vaccine FAQs.

RCCE workstream members continued to reach more than 1.5 million people across the country with messages on COVID-19 vaccination and COVID-19 preventive behaviours through dedicated radio programmes " *Corona Capsule*" and " *Milijuli Nepali*" and television programmes " *Corona Care*", " *Swastha Jeevan*" and " *Janaswastha bahas*".

More than 20 million people received information on vaccination dates, places and times as well as priority groups. The messages were aired on 210 radio stations, 17 television channels, call back tones, SMS and outbound dialling services from telecommunication partners, social media and online news platforms. Radio messages were aired in Nepali as well as eight other local languages (Newari, Tamang, Gurung, Awadhi, Maithili, Bhojpuri, Tharu and Doteli).

### Community engagement

5,697 volunteers (42% female), including 482 children (247 boys and 235 girls) from 51 districts reached more than 500,000 people through door-to-door visits, community discussions and megaphone announcements. During the reporting period, 4,123 questions and concerns related to COVID-19 and vaccination were answered by the volunteers. 246 radio programme producers and mainstream media professionals were oriented on the COVID-19 vaccination campaign, which resulted in high media coverage about the campaign, minimising misinformation and rumours related to adverse effects following the immunization (AEFI).

Webinars conducted with 50 members of professional medical and health associations and 90 media entities (television, radio, online, and print media) from all seven provinces on the science behind the COVID-19 vaccine and the importance of risk communication and community engagement. Events such as these were led by the Ministry of Health and Population (MoHP) with technical support from working group members. A physically distanced interaction with the MoHP Minister, Secretary and Joint Secretaries and around 50 journalists from key entities ahead of the second phase of the vaccination campaign resulted in messages being embedded across all news outlets.

### Feedback mechanisms



A total of 8,437 questions and concerns were answered through hotlines (1115, 1133 and 1192). Most of the questions were related to COVID-19 vaccines, vaccine eligibility, and vaccine safety and efficacy. Two bulletins on rumours and facts were developed in collaboration with Ministry of Health and Population and widely disseminated by RCCE member organizations, radio stations and media houses.

## Challenges

A last-minute change in the COVID-19 vaccination age group from 55+ to 65+ created some confusion among the population. This also delayed the finalisation and dissemination of communication products.

Life in Nepal is returning to normal with the opening of schools, markets and cinema halls, with adherence to public health and safety measures at all levels and by all groups gradually decreasing across the country. This is primarily due to the widespread perception that COVID-19 does not pose a risk, especially among youths. However, increasing cases in neighbouring countries has increased the likelihood of an upsurge in cases in Nepal as well. With the Holi festival, poor practice of distancing and mask use could lead to a spike in cases across the country.



## Inter-Agency Gender in Humanitarian Action

In an interaction between the UN Resident Coordinator, women's networks and excluded groups, held on 25 March, the importance of meaningful representation and leadership of women and excluded groups was highlighted. In addition, the interaction also covered the importance of taking an intersectional lens in humanitarian response, inadequate availability of disaggregated data and the need for a bottom-up approach in programme design. Increasing GBV and harmful socio-cultural practices such as child marriage, acid attacks and sex selective abortion were also raised, as well as the discriminatory legal provisions relating to legal identity documentation for excluded women and LGBTIQ+ communities. The groups highlighted the shrinking space for public advocacy and limited availability of resources for movement and institutional building of women's organisations. The vulnerabilities of women and girls being trafficked (internally and abroad) during the COVID-19 pandemic was also raised as a key issue of concern.

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