



# Nepal COVID-19: Cluster Update #33



9 March 2021

## COVID-19 situation

Deaths	Positive cases	Recovered cases	Tested for COVID-19	Persons in isolation	Persons in quarantine
3,012	274,869	270,987	2,199,950	870	56

Source: <https://covid19.mohp.gov.np/#/> (as of 9 March 2021)

## Overview

Nepal's COVID-19 vaccination campaign commenced on 27 January, and the first phase, conducted in two rounds, has now been concluded. The second round of the campaign began on 7 March, targeting people over 55 and with co-morbidities. As of 9 March, a total of 1,116,554 people have received at least one dose of a COVID-19 vaccine.

Some vaccine hesitancy has been observed among the population, citing concerns over its safety, efficacy and side effects. Half of the 4,257 questions received through various hotlines over the past two weeks have been related to COVID-19 vaccines, vaccine eligibility, vaccine trials, vaccine safety and efficacy, COVID-19 general information and dos and don'ts for recently vaccinated people.

Over the past two weeks, seven vulnerable Nepali migrants (all male) stranded abroad were provided with support to return to Nepal in coordination with the Ministry of Labour, Employment and Social Security, and Nepal Embassy in Malaysia and Kingdom of Saudi Arabia.

Ministry of Health and Population organised two rounds of national review of nutrition rehabilitation homes (NRH) between 25-27 January and 10-12 February 2021. The workshop identified key issues and made several recommendations on programme improvement, primarily centring on improving integration of NRHs services and information at local and district levels, as well as with hospitals to enhance coordination and treatment.

Adherence to public health and safety measures is gradually decreasing within schools, offices and even public places. Major political parties and civil society group mass rallies and protest programmes continue to undermine adherence to public health and safety measures.



## Health Cluster

As of this week, 271,431 cases tested positive by RT-PCR for COVID-19 and 2,031 deaths have been reported. All 77 districts are affected by COVID-19. Testing capacity has increased to 82 testing sites of which 35 are private laboratories.

Health Cluster has been providing technical support to the National Public Health Laboratory (NPHL) in monitoring quality standards of designated COVID-19 laboratories in the country through the National Quality Assurance Program (NQAP). A total of five designated COVID-19 labs participated in the NQAP this week. One of the participating laboratories had results with concordance  $\leq 80\%$ ,

and provided with recommendations for quality improvement. The other four participating laboratories were satisfactory with a result of  $\geq 90\%$  concordance. The Cluster also facilitated the validation of designated COVID-19 laboratories. Laboratories share 10 positives and 10 negative samples which are then validated at NPHL. A virtual meeting with key focal persons of the National Influenza Surveillance Network (NISN) was organized by NPHL with support from the Cluster on 19 February. The meeting dealt with restructuring the influenza surveillance network along with expansion of influenza surveillance sites at provincial level laboratories. The meeting also sought to integrate COVID-19 testing into the influenza surveillance system. The virtual session was attended by Epidemiology and Disease Control Division director, key focal person from Patan Academy of Health Sciences (PAHS) and Walter Reed/AFRIMS Research Unit Nepal (WARUN) along with expertise from the Cluster. Partners also supported the Health Emergency Operation Centre (HEOC) on a joint review of the oxygen status in health facilities at provincial level. An assessment of oxygen status and critical care equipment is scheduled to begin from 24 February targeting 16 hospitals with ICU facilities in provinces One and Two. This is a continuation of the assessment conducted at major hospitals at Kathmandu Valley in December 2020.

Health Cluster provided support to MoHP for the establishment of telemedicine services. Required equipment has been established in tertiary care hospitals across the country: B.P. Koirala Institute of Health Sciences, Sunsari district, Province One; Narayani Hospital, Parsa district, Province Two; Tribhuvan University Teaching Hospital (TUTH), Maharajgunj, Bagmati Province; Patan Academy of Health Sciences, Lalitpur district, Bagmati Province; Pokhara Academy of Health Sciences, Kaski district, Gandaki Province; Karnali Academy of Health Sciences, Jumla district, Karnali Province; Bheri Hospital, Banke district, Lumbini Province and Seti Provincial Hospital, Kailali district, Sudurpaschim Province.

Health partners are providing support to government for the continuation of the COVID-19 response throughout the country. Support is provided through Health Emergency Operation Centre (HEOC), Health Coordination Division (HCD), Policy, Planning & Monitoring Division (PP&MD), Epidemiology and Diseases Control Division (EDCD), National Public Health Laboratory (NPHL), National Health Training Centre (NHTC), National Health Education Information Communication Centre (NHEICC), Family Welfare Division (FWD), Management Division (MD).

Nepal commenced the first phase of its COVID-19 vaccination campaign on 27 January. MoHP is now preparing for the second phase, to begin on 7 March. Cluster partners are providing support for the vaccination campaign in close coordination with external development partners. Support includes micro-planning, vaccine procurement financing, training/orientation, logistics, information technology, risk communication and community engagement and technical assistance.

## **Mental health and psychosocial support**

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

Protection Cluster members reached 432 people (152 males and 280 females) over the reporting period with one-on-one psychosocial first aid and counselling services. The main issues reported include concerns over health, excessive worry and stress due to the prolonged emergency and uncertainty, including loss of jobs. Among the total supported, 109 persons were referred to various services (15 for psychiatric consultations, 16 for legal services, 24 for health services, 26 for security services and 28 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 2,160 participants (479 males and 1,681 females) over the reporting period

through awareness raising interventions on psychosocial wellbeing across all seven provinces. Out of 2,160 people reached, 13% were children under 18 years. Similarly, 2,079 participants (812 males and 1,267 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 and community members, including parents and children.

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

Cluster members have been supporting the organization of online mental health wellbeing sessions targeting children, adolescents and parents/caregivers. In this reporting period, trained mental health workers conducted 21 session for 37 girls, 33 boys and 518 parents and caregivers. In addition, a total of 234 health workers working in isolation centres and COVID-19 designated hospitals were trained on mental health in the reporting period. The purpose of this training was to help frontline health workers cope with COVID 19-related stress. Likewise, 407 youths attended the mental health session that is aimed to link those needing services.



## **Protection Cluster**

### **Child protection**

During the reporting period, 175 unaccompanied, separated or otherwise vulnerable children (69 boys, 106 girls) were supported with appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency support and relief, out of which a total of 13 children (4 boys, 9 girls) were referred to different services such as health, security, justice, etc. In addition, 699 CSO service providers and local officials (463 males, 236 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, 165 people (154 females, 7 male and 4 other gender) received multi-sectoral support through peripheral health facilities, safe houses/shelters, one stop crisis management centres (OCMCs), legal and psychosocial counsellors and police across all provinces. 160 service providers and stakeholders (140 females, 20 males) were trained on providing survivor sensitive GBV prevention and response services. Furthermore, 4,975 people (3,603 females, 1,372 males) were sensitized on GBV prevention and response interventions across all provinces.

### **Migrants/points of entry**

Seven vulnerable Nepali migrants (all male) were supported with return assistance in coordination with the Ministry of Labour, Employment and Social Security, and Nepal Embassy in Malaysia and Kingdom of Saudi Arabia. The support assistance included return flights to Nepal. The returnee migrants will be further supported with reintegration counselling service and referred to appropriate services based on need.

### **Persons of concern - refugees**

53 calls were received through 24/7 hotline service during the reporting period and protection needs were addressed accordingly. Furthermore, a total of 343 protection services (psychosocial support, GBV) were provided to persons of concern.

## Challenges

The previously reported challenge around decrease in funding for the protection response remains a concern which has significantly impacted a reduction in capacity and reporting. The Cluster is updating response capacities across sectors to identify critical gaps and adjusting reporting indicators accordingly.



## Food Security Cluster

Food Security Cluster provided both in-kind and livelihood assistance to 114,618 people in 19 municipalities of 11 districts across four provinces between 3 – 23 February.

The general food security situation has remained stable across the country. Winter crops (wheat and barley) are growing well. There are no reported diseases or pest infestations across the provinces (Source: DADOs, DoAD, AKCs, MoLMAC, and farmers). However, farmers are expecting increased rainfall/snowfall, particularly in rain-fed crop areas (Source: DADOs, AKCs, DoAD). Farmers in Chitwan district have produced about 14,718 MT of mustard from 12,262 Ha. of land this year, representing more than a 20% increase over last year. This production increase of oilseed is attributed to the favourable weather, absence of pest/disease infestation and use of fertilizer in most areas (Source: AKC).

Markets across the country are functioning smoothly with regular supplies. Prices of coarse/medium rice (a widely consumed cereal) have remained at normal levels. Vegetable prices have remained normal in almost all provinces, except Province Two, where the price has increased by 10-20% as the production season draws to a close. The price of cooking oil has remained inflated by 30-38% in Province One, and 20-30% in Province Two, Bagmati and Karnali mountain districts.



## WASH Cluster

Provincial WASH Coordination Committees are undertaking reviews of their COVID-19 WASH response in 2020, aiming to finalise a plan for the first six months of 2021. The majority of WASH Cluster members concluded their COVID-19 response by the end of 2020. To access current Cluster capacity, WASH Cluster has initiated a mapping exercise for 2021 which includes available funding, target caseload of agencies, WASH human resources, prepositioning of critical WASH supplies, and targeted regions to update/revise the WASH preparedness and response plan for 2021.

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

During the reporting period, WASH Cluster provided critical WASH support to 30 people in one isolation centre as well as 136 people, including frontline health workers, in one COVID-19 hospital and three primary health care centres. The Cluster supported the installation of four handwashing stations and provided 2,100 pairs of gloves, 4,200 surgical masks and 22 peddle operated waste bins to health care facilities. Likewise, three handwashing stations were installed, 200 surgical masks and 45 containers of liquid handwash were provided to three orphanage houses.

## WASH in communities

Cluster members provided winterization kits to 300 households (including hot water bag, kettle/thermos), targeting senior citizens, pregnant/lactating women, single women and disabled children/men/women in five districts. During the reporting period, 2,045 households were provided 1,881 hygiene kits, 604 buckets and four 1,000 litre capacity water storage tanks to promote handwashing. Further, Cluster members reached 19,066 people through various risk communications programmes related to hygienic behaviour via television, radio, megaphone announcements, etc.

## Training, orientation and knowledge management

535 people participated in focus group discussions on the WASH COVID-19 response and gender norms. Further, 4,268 people were reached by MMH (Mom's Magic Hands) approach to promote good hygiene behaviour on handwashing and COVID-19 prevention.

## Challenges

While the general population has resumed normal life, challenge remains in maintaining basic hygiene behaviour by all to reduce the risk of further transmission, which remains a concern nationwide. This includes maintaining and sustaining the WASH facilities that were developed during the pandemic such as contactless handwashing stations and other WASH facilities installed in various intuitions and public places.



## Nutrition Cluster

During the reporting period 301 children under five years with severe acute malnutrition were treated using ready to use therapeutic food (RUTF) and 106,080 households received telephone counselling on maternal, infant and young child feeding (IYCF). In addition, 253,094 households were reached with nutrition messages and 58,455 pregnant and lactating women were reached with IYCF and COVID-19 messages through SMS. Nutrition Cluster has initiated a remote assessment of IYCF behaviours of families in the COVID-19 context. The results will be shared widely once finalized. Also during the reporting period, 15,380 children aged 6-23 months received Supercereal (supplementary food) in the past two weeks. Similarly, 10,716 pregnant and lactating women received Supercereal.

Ministry of Health and Population organised a national review of nutrition rehabilitation homes (NRH) from 25 to 27 January and 10 to 12 February 2021 in two rounds. The review workshop has identified key issues and suggested a way forward for programme improvement. Key issues highlighted include: lack of effective coordination among concerned hospitals and NRHs, insufficient budget available to run NRHs, lack of support from provincial Ministries of Social Development and Health Directorates and lack of coordination with district health offices and concerned stakeholders for community outreach. To address these issues, the following suggestions were made by participants:

- Coordinate with medical superintendents of concerned hospitals to ensure daily paediatrician visits to NRHs for medical examination of malnourished children.
- Advocate with Hospital Development Committees (HDC) and Provincial Health Directorates to allocate more funds for NRH operation.

- Coordinate with District Health Offices and local levels proximate to NRHs for community outreach to bring more children with severe acute malnutrition (SAM) to NRHs and identify the average length of stay of SAM children.
- Nutrition section of Family Welfare Division of DoHS/MoHP to organise comprehensive nutritional services interventions (CNSI) training for technical staff of NRH to enhance their knowledge and skills.
- NRH to include data on SAM treatment in the Integrated Health Management Information System (IHMIS) through concerned hospitals in order to visualise progress at all levels.



## Education Cluster

Education Cluster, in coordination with National Association of Rural Municipalities in Nepal, provided orientation to 140 stakeholders, including municipality chairs, education committee coordinators, and education section coordinators on alternative learning modules, including telephone-based teaching. Government, with technical support from Education Cluster members, has developed a training manual on strengthening capacity of education stakeholders on school operation focusing on WASH interventions and public health measures. Three orientation programmes have reached 65 individuals from Ministry of Education Science and Technology (MoEST), Centre for Education and Human Resource Development (CEHRD), Education Cluster partners, Municipal Association of Nepal (MuAN), National Association of Rural Municipality in Nepal (NARMIN), Community School Management Committee Federation of Nepal, and Confederation of Nepalese Teacher (CNT).

100 handwashing stations have been installed in 100 schools of 21 municipalities in Province Two, Karnali and Sudurpaschim in coordination with WASH Cluster, municipalities and schools.

A parenting education programme, providing information and tips to facilitate parents to support their children in home based early learning, is ongoing nation-wide in three languages: Nepali, Bhojpuri and Maithili through 87 radio channels and digital media. Episodes with experts on 'Quality time for proper care' and 'Child allowance' were aired in February 2021.

### Challenges

With the decreasing number of COVID-19 positive cases and low risk perceptions, there has been decline in adherence to public health safety measures in communities and schools.



## Logistics Cluster

During the reporting period, three trucks were dispatched with approximately 6.7 MT (29 cbm) of medical supplies of Provincial Health Logistics Management Center, Province Two, Save the Children and GIZ Nepal to the provinces. The national Logistics Cluster conducted half-day orientations in Bagmati and Lumbini provinces on 24 February, to train Logistics Cluster users in these provinces on accessing products and services. A questionnaire, to assess the need for national Logistics Cluster transport and storage services for COVID-19 after February, was shared among Cluster members on 18 February. The deadline to provide feedback on the questionnaire is 25 February.





## Risk Communication and Community Engagement

### Reach

RCCE workstream members continued to support MoHP in disseminating COVID-19 vaccine related information through radio, television, hotlines and social media reaching more than 5 million people. During the reporting period, radio and television programmes focussed on COVID-19 vaccine roll out, first-phase vaccination for priority groups, vaccine safety and the need for practising public health safety measures before and after vaccination.

### Community engagement

More than 29,873 volunteers (36% female), including 200 boys and 180 girls, were involved in COVID-19 community engagement actions disseminating messages on COVID-19 prevention and control through community-based platforms reaching people across the country with health safety messages. These messages were disseminated through door-to-door visits, group discussions and megaphone announcements.

### Feedback mechanisms

A total of 4,257 questions and concerns were answered through hotlines in the last two weeks. More than 50% of questions were related to COVID-19 vaccine, vaccine eligibility, vaccine trials, vaccine safety and efficacy, COVID-19 general information and dos and don'ts for COVID-19 positive and recently vaccinated people.

### Challenges

The Government has completed two rounds of vaccination of those in first phase priority. Frequent change in vaccination priority groups has generated criticism and grievances among media and the public. Vaccine hesitancy is observed among the population, citing concern over its safety, efficacy and side effects. Adherence to public health and safety measures is gradually decreasing within schools, offices and even public places. Major political parties and civil society group mass rallies and protest programmes continue to undermine the adherence to public health and safety measures.



## Inter-Agency Gender in Humanitarian Action

The Gender in Humanitarian Action Task Team (GiHA TT) meeting on 23 February focused on the future of migrant women. Key concerns raised in the meeting included gaps in the implementation of Foreign Employment Act 2064, lack of official documentation of workers in destination countries as well as in Nepal, lack of digital protection measures and social protection measures available to women workers, lack of coordination between local government bodies and the foreign employment board and the lack of adequate services for migrant workers (e.g medical treatment). Key recommendations included: removal of the ban on female domestic workers from Gulf countries, development of an operational plan for implementing the Foreign Employment Act, ensuring safe and legal channels for women to work outside of the country, establishment of gender responsive social economic reintegration packages, ensuring that laws on anti-human trafficking define labor exploitation, creation of viable employment opportunities in the country, introduction of orientation programmes on new skills and engaging in dialogue with diplomatic officials to strengthen social protection measures for undocumented women migrant workers.

**For further information, please contact the UN Resident Coordinator's Office:**

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