



Medical tent installed by UNICEF at the District Hospital, Humla district in Nepal's remote far-west for the treatment of patients with COVID-19. ©2021/Rajan Rawat

Nepal

Humanitarian Situation Report No. 1

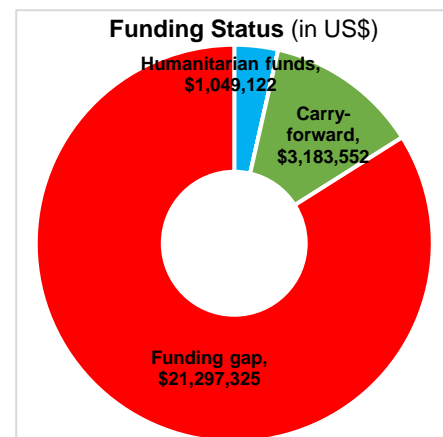
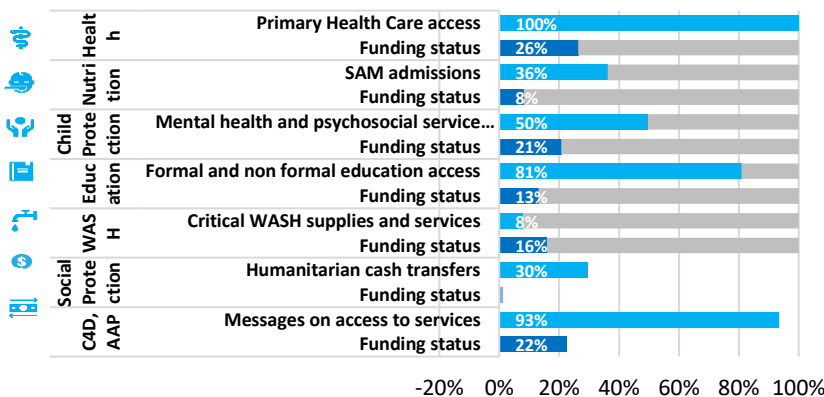
Reporting Period: 1 January -31 May 2021

Highlights

- Since April, Nepal has been experiencing an alarming COVID-19 surge, with a steep rise in cases from 162 cases/day at the beginning of April up to 9,300 cases/day (319 cases per 1,000,000 people) in May; case positivity rate as high as 47 per cent; and 4,000 deaths. On a similar COVID-19 trajectory as India, Nepal's previously weak health system has been overwhelmed, there is insufficient oxygen treatment capacity and hospitals and care staff are stretched to the limit.
- Thousands of returning migrants are entering Nepal from neighbouring India through multiple border entry points along the porous border. UNICEF is supporting border authorities at points of entry (PoE) in intensive efforts to ensure rapid testing, isolation or quarantine and to organize on-ward movement to various parts of the country, through provision of essential supplies and transportation of confirmed COVID-19 returnees to isolation centres and hospitals.
- UNICEF provided critical health equipment including 750 oxygen concentrators, 1,100 pulse oximeters, 20 BiPAP machines, 11,259 home isolation kits, 2 million surgical gloves, 2,000 body bags, and other supplies. Gaps remain for personal protective equipment (PPE), lab/test supplies, oxygen and infection, prevention, control (IPC) supplies
- Nepal's COVID-19 vaccination campaign which started in January 2021 had made good initial progress, with 2.1 million people, nearly 7% of the eligible population, vaccinated with at least the 1st dose of COVID-19 vaccine. COVAX/UNICEF delivered 348,000 doses of AstraZeneca vaccine, 3 million syringes, 5,000 safety boxes and supported overall communication efforts to raise demand and awareness. Due to global vaccine scarcity and the related halting of the expected additional vaccine deliveries, vaccination efforts have been constrained and Nepal is in urgent need of additional vaccine doses to complete vaccination of high-risk groups and beyond, especially during the current surge.
- The most vulnerable groups including children, their families, migrant returnees and child- and female-headed households bear the brunt of the COVID-19 impact highlighting the critical need for humanitarian response and crisis recovery efforts at all levels. UNICEF supports the continuation of essential services such as health, WASH, nutrition, protection, education and family livelihoods.
- As per the COVID-19 emergency response plan, UNICEF Nepal urgently needs an additional US\$ 21,297,325 to ensure a response for families and children in Nepal during the current crisis. If this funding is not secured UNICEF's ability to provide lifesaving assistance will be severely limited.

Situation in Numbers

- 328,893** Confirmed COVID-19 positive cases in Nepal
- 50,851** Children under the age of 19 years tested COVID-19 positive
- 1,400,000** people in need of humanitarian assistance
- 568,000** Children in need



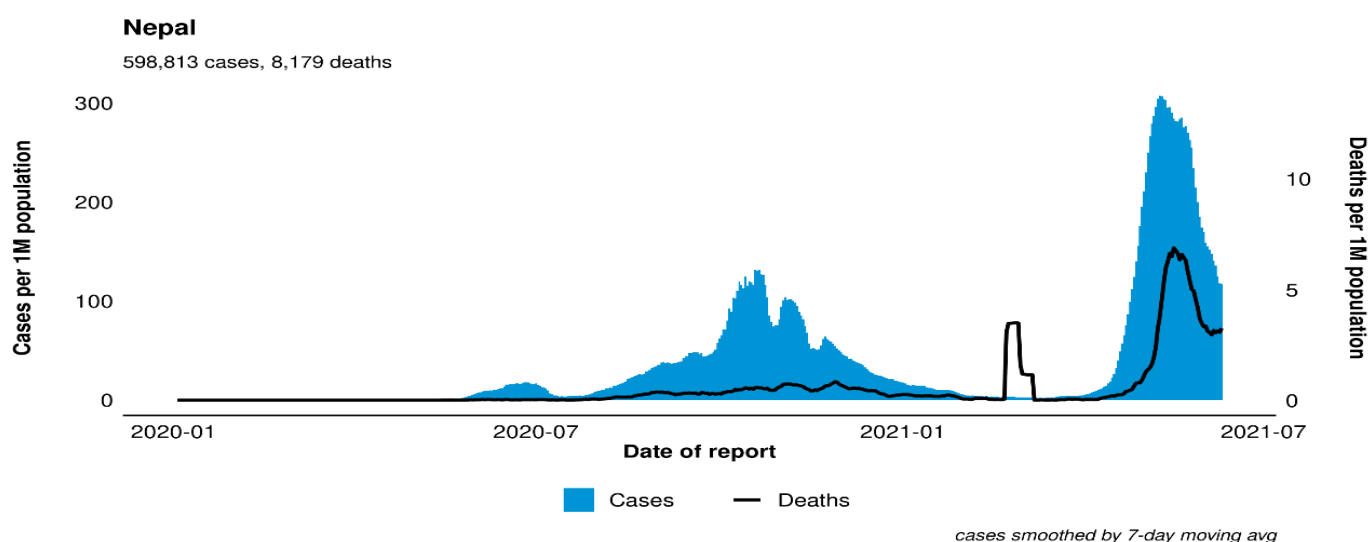
Funding Overview and Partnerships

Based on the UNICEF Nepal Humanitarian Action for Children (HAC) Appeal, UNICEF requires US\$25.5 million to meet the needs of children, women and their families in Nepal affected by the COVID-19 pandemic and to respond to the monsoon flooding season. To date, UNICEF has received US\$4,232,674 including US\$1,049,122 in 2021, in addition to US\$ 3,183,552 received in late 2020. UNICEF also repurposed and reprogrammed its devolvement funds and took a loan from headquarter to ensure fund flows for the response. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received to date.

As the alarming current COVID-19 wave in Nepal is following the India trajectory with a rapid rise in cases already overburdening the previously weak health system, UNICEF Nepal will require urgent additional contributions to close the current funding gap of US\$ 21,297,325. Without the needed funding, at least 568,000 children and their families and around 1.4 million people will not access the humanitarian support they need in Nepal. A further revision of the requirements is being prepared to tackle the exceptionally large surge in COVID-19 cases.

Situation Overview & Humanitarian Needs

The reported number of cases began to increase rapidly in mid-April, rising from 150 cases per day in early April to 9,300 cases per day on 7 May. As of 31 May, 561,302 confirmed cases have been reported with 7,386 deaths, a 67 per cent increase in total cases and 122 per cent in total deaths in just one month. The positivity rate during the first wave was 12 per cent, while this year frequently exceeded 40 per cent, with parts of western Nepal even recording 80-90 per cent, the highest rates in the world. Amongst children, since the start of the pandemic, 50,851 children below 19 years (30,153 boys and 20,698 girls) have been infected, of which 21,915 were infected in past one month only. The number of cases requiring hospitalization and intensive care surged simultaneously, overwhelming a weak health care system, with shortages of oxygen, ventilators, essential medicines compounding frustration of a depleted health work capacity. The reported new cases and deaths show a decline over past two weeks, though the cases per capita and deaths per capita in Nepal continue to remain higher than most of other countries in the region. WHO indicates that the reported numbers are likely an underestimate as infections have spiked up in remote areas of Nepal, where health facilities are more rudimentary, and as access to testing reduced. Some people are unwilling to test for the fear of stigmatization or isolation requirement that hamper their livelihoods.



Source: WHO COVID explorer, accessed 10 June 2021. <https://worldhealthorg.shinyapps.io/covid/>

A large influx of Nepali migrant workers has been returning to Nepal from India after the second wave struck. An additional challenge of managing the points of entries (land borders with India) arose, given insufficient personal protective equipment (PPE), testing capacity and basic provisions for border workers and migrants waiting for admission and processing.

Since the COVID-19 vaccination campaign commenced in January 2021, 2.1 million people are vaccinated with at least one dose of COVID19 vaccine (either AstraZeneca or Sinopharm), reaching nearly seven per cent of the eligible population in Nepal. Among them, 687,000 eligible people have received a second dose. Additional planned vaccination efforts have been constrained due to global vaccine shortages.

The current lockdown starting in April 2021 has expanded to 75 districts out of 77 districts following increasing infection throughout the country. The airport has been closed for domestic and international flights. The impact on children, adolescents and persons with disability (PWD) is devastating on multiple fronts. As in other large-scale emergencies, the most vulnerable groups including children, their families, migrant returnees and child and female-headed households

in communities bear the brunt of the COVID-19 crisis highlighting the critical needs of immediate lifesaving response and recovery efforts at all levels. A rapid survey of the UNICEF Child & Family Tracker (CFT)¹ found 50 per cent of 2,891 respondents lost their jobs and almost none had received support from the government. Furthermore, with significant job and incomes losses, there have been a rise in food and nutrition insecurity, mental health cases, gender-based violence, child exploitation, learning discontinuation. Above average monsoon rainfall poses potential challenges of floods and landslides from June to August, which may lead to additional humanitarian impacts on the lives of women and children. Amid this crisis, Nepal is also experiencing political instability due to dissolution of House of Parliament and announcement of mid-term elections in November 2021.

Summary Analysis of Programme Response

Health

Needs

Due to the sharp increase in COVID-19 cases, Nepal's previously weak health system has been overwhelmed, there is insufficient oxygen treatment capacity and hospitals and care staff are stretched to the limit. Beyond the COVID-19 treatment crisis, regular health services have been disrupted. The Ministry of Health and Population (MoHP) has forecasted a need for 60,000 oxygen cylinders, 10,000 oxygen concentrators and 60,000 pulse oximeters and medicines to support the case management during a four-month response period. Based on 2020 lockdown estimates, a 30 per cent drop in coverage of antenatal care, 15 per cent drop in facility-based delivery and 20 per cent drop in both post-natal visits and immunization is anticipated. These drops may result in a 6.8 per cent increase in child mortality including 7.6 per cent increase in neonatal deaths and 6.7 per cent increase in stillbirths. In addition to needs for designated COVID-19 hospitals, 16,000 health service delivery points including immunization posts require additional PPE and infection prevention and control (IPC) capacity to sustain services. As most COVID-19 cases are in home isolation, active surveillance, case investigation and contact tracing (CICT) for isolation and quarantine, with increased testing is essential. The MOHP estimates at least two million RT PCR test kits and four million antigen test kits are needed. Around 100,000 people per month in home isolation need health kits to ensure case monitoring and IPC measures.

Response

Since the beginning of the current surge, UNICEF has been delivering 750 oxygen concentrators, 75 oxygen analyzers, 1,100 pulse oximeters, 7,200 nasal prongs for oxygen delivery, 20 BiPap machines, and 50 high flow nasal oxygen delivery devices, 2 million surgical gloves and 2,000 body bags. UNICEF also facilitated the procurement to deliver 155,000 antigen test kits. In addition, 11,259 home isolation kits were distributed to people in home isolation. UNICEF and WHO jointly supported event-based surveillance contact identification and follow up. UNICEF also supported the transport and refilling of 2,767 oxygen cylinders.

UNICEF has been supporting Nepal's COVID-19 vaccination campaign roll out, aligning with global and national priorities to fight the pandemic. UNICEF provided support to the Ministry of Health and Population in developing the COVID-19 vaccination guidelines and in the microplanning for immunisation activities in all seven provinces and all 77 districts. Technical support provided included embedding health officers and cold chain logisticians in technical support units (TSU) to support vaccination roll-out on the ground. UNICEF also supported the distribution of vaccines throughout the country including to remote locations as well as monitoring of the vaccination sites, ensuring the functioning of cold chain equipment, health care waste management and verification of data jointly with WHO. UNICEF delivered the first 348,000 doses of COVAX provided vaccines and provided three million syringes and 800,000 vaccination cards.

UNICEF continued to support access to critical regular health services for children: 18,763 children (9,288 boys, 9,475 girls) under 15 months were vaccinated against vaccine preventable diseases (BCG, Penta, Polio, Rota, PCV, IPV, MR), 23,264 women received first antenatal care (ANC), 12,152 women with 4th ANC and 11,408 women delivered safely in health facilities. In partnership with Child Workers in Nepal (CWIN), 51 people (27 girls, 18 boys and 6 adults) infected with COVID-19 received mental health support. In addition, group-based mental health sessions provided to 25 children (16 boys, 9 girls) living with HIV complementing outreach psychosocial services (see also Child Protection section).

Gaps and constraints

A combination of global critical supply scarcity, lockdown and related suspension of flights, is significantly challenging delivery of critical supplies as suppliers struggle to access materials. With global vaccine scarcity, exacerbated by the surge in India and the related halting of the expected delivery of additional vaccines procured by Government and allocated by the COVAX facility hampered the continuation of the COVID-19 vaccination campaign. With the surge in COVID-19 community transmission and rapid rise in cases overwhelming the health system, with many health staff infected and others pre-occupied with the COVID-19 treatment, continuity of essential regular health services is significantly disrupted.

¹ The CFT is a telephone survey undertaken by UNICEF in partnership with Sharecast to monitor the socio-economic impacts of COVID-19 on children and families in Nepal, with a sample size of 7,500 households having at least one child, covering 85 per cent of the municipalities

WASH

Needs

In the context of increased number of cases, the major needs are (i) maintaining continuity of WASH and IPC services including healthcare waste management in isolation centres and health care facilities, (ii) continuous provision of WASH services and supplies at points of entries, holding centres and transit areas, and (iii) additional preparedness and support for upcoming monsoon response iv) continued assistance to national and provincial government in cluster coordination and to bring more organization to support on COVID-19 response. UNICEF aims to reach 315,450 people out of 750,000 people in need with WASH services and supplies for the COVID-19 response.

Response

UNICEF continued to address immediate WASH and Infection Prevention and Control (IPC) needs in health care facilities, while starting to roll-out more systematic WASH and IPC support including healthcare waste management required in most health care facilities particularly in relation to COVID-19 context as well as other infectious diseases.

To address particularly increased WASH needs in the COVID-19 context, UNICEF reached over 56,550 people including 29,771 returnees with at least one or more WASH services and supplies (hygiene kits, soap, sanitisers) including risk communication messages. About 52,450 people (47,650 in May) benefitted from the installation of contactless hand washing stations in various settings in communities, 45 health care facilities, 19 isolation centres, 37 schools and 13 POEs. Furthermore, 5,470 people (2,840 in May) benefitted from the provision of sanitation facilities including construction/repair of 14 toilets at POE. In addition, 2,396 (75 in May) frontline workers were trained on COVID-19 WASH/IPC, and 104 frontline workers on healthcare waste management. During the current COVID-19 wave, UNICEF is supporting local governments to manage WASH and Infection Prevention and Control needs during the population influx at different Points of Entry including assessment and provision of WASH facilities and supplies.



A service seeker at the Janakpur Provincial Hospital in Dhanusha District in Nepal's south washing her hands at the prefabricated handwashing station designed and installed by UNICEF. ©UNICEF Nepal/2020

Gaps and constraints

With the current surge in COVID-19 cases, frequent change in government counterparts, COVID-19 infection amongst implementing partners and only a limited number of WASH partners engaged in the WASH response, there is increased demand for UNICEF as WASH cluster lead and 'provider of last resort' in terms of response and preparedness in Points of Entry (PoE), health facilities, isolation centres and communities. UNICEF is advocating with Development Partners, International and National Non-Government Organizations, who are members of the cluster/sector for continued engagement and support during the second wave. The current estimated total required budget for COVID-19 response including upcoming monsoon is US\$ 5.8 million while the funding gap is US\$ 5.5 million.

Nutrition

Needs

COVID-19 has significantly impacted the delivery of nutrition services to children under five years and pregnant and lactating women. The number of children receiving treatment for severe wasting is lower than normal and fewer caregivers are attending health posts with their children for growth monitoring. Therefore, the most important needs are (i) support to local governments to expand outpatient therapeutic centres to health posts and via female community health volunteers (FCHV) for the management of 10,000 severe acute malnutrition (SAM) cases, and (ii) provision of personal protective equipment for 52,000 FCHVs so they can continue to provide community-based health and nutrition programmes, including screening and detection of wasted children, supporting pregnant women with maternal nutrition counselling and supporting women to maintain breastfeeding and counselling of caregivers about complementary feeding and healthy diets for children.

Response

UNICEF assists the Ministry of Health and Population (MoHP) technically and financially to minimize disruptions to essential nutrition services such as management and treatment services for children who are severely wasted. UNICEF provided technical assistance to MoHP for preparing the “simplified approach for the treatment of Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) of children,” endorsed by the nutrition cluster. By end May 2021, 1,215 children aged 6-59 months with SAM and complications have been treated in 22 nutrition rehabilitation homes and 2,405 children 6-59 months have been treated for severe wasting without complications in 620 outpatient therapeutic centres (OTCs) located across the country. UNICEF supported a national vitamin A and deworming campaign reaching 85 per cent of the 2.7 million children aged 6-59 months for vitamin A supplementation and 2.3 million children aged 12-59 months for deworming. UNICEF also supports the continuity of infant and young child feeding information dissemination and counselling services via telephone, radio, TV and other social media communication channels. As the nutrition cluster co-lead, UNICEF supported the government at federal level and all seven provinces for nutrition in emergency preparedness, including prepositioning of nutrition commodities (ready to use therapeutic food, micro-nutrient powder, vitamin A capsules etc) and response for COVID-19 and upcoming monsoon. The nutrition cluster developed and disseminated a joint advocacy statement on Infant and Young Child Feeding in Emergencies that articulates the prohibition of donation and distribution of infant formula via health facilities and directly to communities. The statement provides guidance for municipal governments on how to protect, promote and support breastfeeding in the context of COVID-19.



A female community health volunteer from Lalitpur District administers a vitamin A capsule to a young child brought in by her caregiver as part of the National Vitamin A Distribution Programme on 19 April. ©UNICEF Nepal/2021/BDware

Gaps and constraints

As current lockdowns across the country impede the mobility of female community health volunteers, this is significantly affecting the delivery of nutrition services. As health staff are fully engaged with COVID-19 response and care, limiting their capacity to deliver essential nutrition services. Three out of 22 nutrition rehabilitation homes have been converted into isolation centres, due to which malnourished children are deprived of nutrition rehabilitation and care.

Child Protection

Needs

The socio-economic impact of ongoing lockdown is exacerbating vulnerabilities and exposes children to protection risks. Community respondents flag increased recourse to part-time child labour as one of the top five coping mechanisms. School closures limit social interactions and grow stressors feeding demand of unmet psycho-social services. Reports of rising anxiety, sleeplessness and maladaptive behaviours among children are of concern, including reports of increasing substance abuse by adolescents. The disruption of community-based alert and intervention networks shift help-seeking behaviours from community-based actors and law enforcement agencies to local elected members and officials, who are less aware of follow-up and referral processes. Monitoring the situation of children impacted by the infection, isolation or death of caregivers is critical to prevent an increase in children without adequate care and ensuing unnecessary institutionalisation/inadequate care arrangements. A study to assess prevalence of mental health and associated psychosocial factors among 670 children in eight child correction homes was conducted by the national Child Justice Coordination Committee with UNICEF Nepal assistance. The study indicated that 49.8 percent of children presented emotional and behavioural problems and 17.9 percent had reported suicidal ideation.

Response

Emphasizing early identification and risk mitigation interventions, UNICEF has been supporting Child Helpline services in seven locations covering 49 of 75 districts in Nepal. During 2021, helpline service has served 1,730 children including 278 children (139 boys, 139 girls) in May. In addition, 15,423 persons (4,849 in May) were reached with gender-based violence prevention or response services.

UNICEF's support to the Protection Monitoring and Incident (PMI) reporting system has been extended to two additional provinces (Province 2 and Lumbini), now covering 37 districts. The PMI collected 2,270 key informant interviews and 571 incident reports since January and shaped local response including efforts to meet the needs of children without adequate care (61% of cases

reported). In order to support the early identification of children without parental care including those bereaved by COVID-19, UNICEF in coordination with the National Child Rights Council is mobilizing an additional 300 community volunteers to identify children at risk of family separation and violence. UNICEF extends technical support to local government for vulnerability assessments to increase access to relief assistance for children at risk of exploitation and their caregivers. Assistance is being coordinated locally for 15,000 households with vulnerable children (18 per cent with disability-related vulnerabilities) mainly in Karnali and Sudurpaschim provinces.

UNICEF and partners scaled up deployment of community-based psychosocial workers within underserved communities reaching 29,297 people (7,639 in May) including 1,067 people in home isolation. UNICEF's support for mental health service provision continues alongside advocacy for non-custodial measures for children in conflict with the law. UNICEF, as a co-lead of the protection cluster, continues to coordinate protection responses at the federal and provincial level, ensures the PMI scale up and ensures real time monitoring of protection needs. The Ministry of Women, Children and Senior Citizens has designated two focal persons to address the specific needs of children who have lost their parents in the pandemic context.

Gaps and constraints

The lockdown orders have restricted the mobility of protection service providers limiting access to services (gender-based violence, psychosocial support and care arrangement for children without parental care etc). Community-based actors are reluctant to mobilize in the context of heightened community transmission. More efforts are needed to strengthen and expand the reach of online and remote services.

Education

Needs

School closures in the wake of the current wave of COVID-19 have brought substantial loss in learning amongst almost all 8.1 million students (49 per cent girls) from Early Childhood Education to Grade 12 and puts each individual child's and Nepal's future economic and social development at risk. Despite the introduction of alternative modes of education, the UNICEF Child & Family Tracker survey found only around 30 per cent of children have been able to continue lessons through alternative means such as radio, TV and the internet, and that the most effective ways to continuing education have been small group teaching (called 'tole shiksha') and printed self-learning materials. However, due to community transmission and teachers not being prioritized for vaccination, the continuation of small group teaching is compromised. Provision of self-learning materials for the most disadvantaged children and prioritization of teacher vaccination are key needs for continuation of learning. Additionally, it is important to provide psychosocial support to students and teachers to address their well-being and encourage teaching and learning. Finally, for monsoon preparedness, awareness raising messages need to be disseminated to school communities to ensure they safeguard vulnerable schools.

Response

To ensure learning continuity of the most disadvantaged children without access to online and media education during school closure, UNICEF distributed self-learning packs to 35,977 pre-school and primary level children (53% girls) during 2021. UNICEF further supported a learning continuity campaign in 30 municipalities by developing the education response plan to ensure the learning continuity of children. As a follow up, 652 elected leaders and municipal staff members were oriented in alternative education frameworks in 20 municipalities. Similarly, 678 learning support groups of parents have been formed and 1,615 parents (629 female)



A young girl in Dhanusha District plays with the contents of a learning package provided by UNICEF to support learning continuity during COVID-19. ©UNICEF Nepal/2020

from these groups received parenting education through virtual trainings. UNICEF provided a 2-hour psychosocial support orientation package aligned to the Child Protection psychosocial messages to 3,278 teachers (1194 female), school management committee members and local level education officers to help overcome their anxiety so that they can provide small group teaching in communities and other alternative means of education. UNICEF developed eight Information, Education and

Communication products covering school safety protocols and alternative education. UNICEF and education cluster members distributed these materials to at least 188 municipalities, reaching 880,000 students (49 per cent girls) including 2,488 girls in 122 community learning centres. A parenting education radio programme 'Sikdai Sikaundai' has been re-broadcasted nationally since January through 85 radio stations.

Gaps and constraints

Lack of resources such as printed self-learning materials, TV programmes, radio programmes, or online lessons that would enable children to continue to learn at home during school closures. Similarly, the lack of a system to measure or monitor children's academic progress while at home has made it impossible to assess the relative effectiveness of the resources produced to enable them to continue learning. Fear and anxiety related to increased infection and mortality among teachers in many municipalities have created further setbacks to education, including the demand by teachers to be vaccinated before they agree to return to work in schools.

Social Protection – Addressing livelihood loss and strengthening coping mechanisms for vulnerable families

Needs

The attention on children who have been disproportionately affected by the increased poverty with child poverty increasing from 1.3 million to estimated 4-6 million (UNICEF CFT October 2020), remained sparse. Lockdowns and the related household job and income loss have further exacerbated the hardship experienced by many families since the beginning of the pandemic. According to the UNICEF Child & Family Tracker (CFT) household rapid survey on job/income loss carried out in May, 50 per cent of families recently lost their jobs further exacerbating family vulnerabilities documented in previous CFT surveys which found that 40 per cent of households had been pushed into poverty since the start of the pandemic with children disproportionately affected. Four priority needs identified in the CFT survey include financial support (32%), employment (21%), children's education (18%) and food (18%). Despite these significant livelihood losses, none of the respondents had received any support in cash or kind through public social protection schemes.

Response

UNICEF provided modest emergency cash transfers to strengthen the coping mechanisms of 5,938 vulnerable families/households with children (approximately 32,659 persons) who have lost their livelihood and face increased hardship due to the impact of the pandemic. Every household with one child or person with a disability received NPR 2,000 (US\$ 17) and household with more than one child/person with a disability received a fixed amount of NPR 4,000 (US\$ 35). A total of NPR 20,498,000 (approximately US\$ 180,000) was disbursed to these households.

UNICEF jointly with the World Bank developed an inter-agency advocacy initiative on the COVID cash response based on data from the CFT survey calling on the government to respond to the families' needs through existing social protection system, as well as enabling UN and civil society to deliver unconditional cash to affected families.

Gaps and constraints

During the latest lockdown period, there is a critical need for immediate family livelihood support to enable struggling households to cover costs of daily livelihood, health, nutrition and education needs and to prevent negative coping mechanisms such as increased child labour and child marriage. Implementation of emergency cash programming has been severely constrained by lack of funding.

Risk Communication and Community Engagement (RCCE)

Needs

Implementation of a strong, community-led COVID-19 strategy to sustainably ensure adherence to public health and social measures (PHSM) to curb current and future transmission is essential. While knowledge of COVID-19 and PHSM is high, following previous surges, adherence quickly dropped when the number of cases subsided, as risk perception waned and households had to make a livelihood. Maximum engagement of leaders at all levels and community-based influencers, including political leaders, female community health volunteers, security personnel, youth volunteers and other influencers for role modelling behaviours is a critical element for success. A strong surveillance and RCCE monitoring mechanism are needed to target areas for further attention.

Response

UNICEF supported the production and dissemination of 15 episodes of Corona Capsule radio programme and Corona Care television programme regularly reaching more than 14 million people (43 per cent female and 57 per cent male) with messages on COVID-19 vaccine, preventive behaviours, treatment and testing. At the community level, UNICEF with local partners has reached more than 282,000 people and an additional 46,337 returning migrants (29% female; 12% children below 18) with awareness raising messages during door-to-door visits, interpersonal counselling and megaphone announcements. Over 5,600 volunteers (46% female) have been mobilized through the Nepal Red Cross, Scouts, and others to support this effort. Furthermore,

UNICEF engaged private sector partners while launching the campaign “Mask Khai” (Where is your mask?). Private sector partners through their own social media networks and in-store, reach as much as 6,000 customers/day. A satellite TV company broadcasts public service announcements on mask use through seven channels reaching 1,500,000 customers across Nepal.

UNICEF organised ‘social listening’ to update and adapt COVID-19 message content to match public questions, misperceptions and address feedback collected over 8,200 (1,200 in May) community concerns, questions and grievances, through offline and online platforms associated with the radio and television programme, websites, viber network and press briefings. A new tool, “Talk Walker” systematically collects feedback from online social media platforms to further contribute to this effort.

UNICEF is supporting the public communication efforts of the MoHP through a crisis media hub. The Hub monitors media reports and helps MOHP officials ensure timely and accurate communication regarding COVID-19 cases as well as the vaccination campaign. Content is shared with chief ministers, senior leaders at both federal and local levels, influencers and newspaper chief editors.

UNICEF’s own social media content on COVID-19 prevention, vaccination, and response efforts on the ground gathered 230.4 million impressions, with an aggregate reach of 98.6 million users and 19.6 million audience engagements.

Gaps and constraints

The challenge for timely and effective dissemination of the messages are frequent changes in the context and simultaneous updating skills and knowledge of community volunteers and mobilisers. Investment in generating quantitative and qualitative data for real time assessment of community context, capacities, perceptions, and practices of preventive and health seeking behaviours, information and service need, mental health, and coping mechanism is needed. Limited availability of vaccines leaves community engagement stakeholders at risk of infection.

Humanitarian Leadership, Coordination and Strategy

As a part of the UN Crisis Management Team (CMT), Humanitarian Country Team (HCT) and Inter Cluster Coordination (ICC), UNICEF Nepal continues to support the government of Nepal at federal, provincial and local level in the COVID-19 response. UNICEF is part of the Nepal Covid-19 Response Plan launched by the UN on 25 May 2021 calling for US\$ 83.7 million to mobilize an emergency response over the next three months to assist 750,000 of the most vulnerable people affected by the pandemic. The plan lays out critical areas of support required to complement the Government of Nepal’s response efforts.

UNICEF is co-leading the WASH, Education, Protection and Nutrition Clusters and the RCCE Task Group and is an active member of the Health Cluster and the Cash Coordination Group. UNICEF is part of the technical working group for technical guidance and support for (1) public health response to COVID-19, (2) continuity of essential services and (3) vaccination under the leadership of the MOHP. UNICEF actively contributed to health and health supply coordination both as current chair of the Development Partner Health coordination group and in coordination with the sub-group on Health Supply Chain Management, and as an active member of the Health Cluster. Key outputs of this coordination include an overview of the health supply/equipment needs and on-going tracking of health supplies/equipment received and coordination with the health cluster on distribution of these supplies to health care facilities at Provincial and Municipal levels.

In addition to COVID-19 preparedness and response, UNICEF Nepal is providing assistance to provincial government and municipalities for the flood preparedness and response aligning with government’s and UN’s Emergency Response Preparedness for the monsoon season.

Human Interest Stories and External Media

UNICEF Nepal Country Office human interest stories:

1. <https://www.unicef.org/nepal/stories/watching-out-each-other>
2. <https://www.unicef.org/nepal/stories/right-information-right-decisions>
3. <https://www.unicef.org/nepal/stories/return-unicef-support-points-entry>

External media:

1. <https://www.channelnewsasia.com/news/asia/covid-19-crisis-in-nepal-spurs-people-to-help-those-in-need-14827058>
2. <https://www.france24.com/en/live-news/20210513-nepal-reels-from-covid-crisis-situation-as-infections-soar>
3. <https://www.bbc.com/news/world-asia-57055209>
4. <https://www.reuters.com/world/asia-pacific/bring-back-your-empty-oxygen-tanks-help-conquer-covid-nepal-urges-everest-2021-05-10/>
5. <https://www.theguardian.com/world/2021/may/10/hopeless-situation-oxygen-shortage-fuels-nepal-covid-crisis>
6. <https://edition.cnn.com/2021/05/06/asia/nepal-covid-outbreak-intl-hnk-dst/index.html>
7. <https://www.nytimes.com/2021/05/13/world/asia/covid19-india-nepal-bangladesh-sri-lanka.html?referringSource=articleShare>
8. <https://www.bbc.com/nepali/news-56993428>
9. <https://edition.cnn.com/videos/world/2021/05/06/nepal-nepalguni-coronavirus-covid-19-coren-pkg-intl-hnk-vpx.cnn>

10. <https://www.abc.net.au/news/2021-05-08/nepal-coronavirus-cases-surge-after-india-second-wave/100125822>
11. <https://www.nouvelobs.com/monde/20210507.AFP8329/au-nepal-une-recrudescence-inquietante-des-cas-de-coronavirus.amp>
12. <https://amp.khaleejtimes.com/world/rest-of-asia/covid-19-record-jump-in-cases-signals-impending-crisis-in-nepal>
13. <https://amp.scmp.com/news/asia/south-asia/article/3132726/coronavirus-nepals-record-jump-cases-signals-impending-crisis>
14. <https://information.tv5monde.com/info/au-nepal-une-recrudescence-inquietante-des-cas-de-coronavirus-407715?amp>
15. <https://www.rtvsl.si/zdravje/novi-koronavirus/kot-da-smo-na-vojnem-obmocju-v-nepalu-kriza-pred-okuzbami-ni-varen-niti-mount-everest/579356>
16. <https://www.theguardian.com/global-development/2021/may/18/urgent-oxygen-needed-nepalis-mobilise-to-take-charge-in-covid-crisis>
17. <https://www.dhakatribune.com/world/south-asia/2021/05/07/record-jump-in-virus-cases-signals-impending-crisis-in-nepal>
18. <https://www.voanews.com/episode/nepal-struggling-2nd-covid-wave-migrants-rush-home-india-4684731>
19. <https://www.theguardian.com/world/2021/may/11/nepal-urges-everest-climbers-to-return-used-oxygen-canisters-amid-covid-crisis>
20. <https://www.dw.com/en/nepal-suffers-vaccine-shortage-amid-second-covid-wave/av-57732518>
21. <https://fb.watch/5QpSPaqKBe/>
22. <https://www.bbc.co.uk/sounds/play/p09jdh92>
23. <https://www.youtube.com/watch?v=KYuD7dEWc14>

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Annex A

Summary of Programme Results

Sector		Total needs	UNICEF and IPs Response		Cluster/Sector Response	
			2021 target	Total results	2021 target	Total results
Indicator	Disaggregation					
Health						
Number of children and women accessing primary health care in UNICEF-supported facilities		1,000,000	450,000	450,470		
Number of health care facility staff and community health workers trained on infection prevention and control			12,000	28		
Number of health care workers within health facilities and communities provided with personal protective equipment			12,000	00*		
Nutrition						
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment.			20,000	3,620	20,000	3,620
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling		135,000	135,000	102,015	135,000	102,015
Number of children aged 6 to 59 months receiving multiple micronutrient powders			115,000	96,468	115,000	96,468
Child Protection, GBVie, PSEA						
Number of children and caregivers accessing mental health and psychosocial support	Total persons		59,000	29,297	75,000	44,058
	Male			12,396 (including 5,919 Boys)		19,937
	Female			16,901 (including 7,781 girls)		24,121

Sector		Total needs	UNICEF and IPs Response		Cluster/Sector Response	
			2021 target	Total results	2021 target	Total results
Indicator	[Disaggregation]					
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions.	Total persons	82,500	42,000	15,423	82,500	37,284
	Male			3,598		
	Female			11,825		
Number of unaccompanied, separated and other vulnerable children accessing appropriate care arrangements and other child protection services	Total children	15,000	7,500	1,730	15,000	1,878
	Girls			1,017		1,101
	Boys			713		777
Education						
Number of children accessing formal or non-formal education, including early learning	Total children		200,000	161,646	552,000	167,273
	Girls		98,000	79,214	270,480	82,367
	Boys		102,000	82,432	281,520	84,906
	Children with disability		1,540	2,286	4,250	2,329
Number of children receiving individual learning materials			50,000	35,977	50,000	46,327
Number of schools implementing safe school protocols (infection prevention and control)			200	130	1,500	459
WASH						
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	Total	1,360,000	372,000	29,771	1,360,000	67,061
Number of people reached with handwashing behaviour change programmes		1,360,000	372,000	56,550	1,360,000	715,884
Number of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services		1,360,000	372,000	56,550	1,360,000	173,991
Social Protection and cash transfers						
Number of households reached with humanitarian cash transfers across sectors	HHS with children under 5 years or having		20,000	5,938		

			UNICEF and IPs		Cluster/Sector Response	
Sector		Total needs	2021 target	Total results	2021 target	Total results
Indicator	Disaggregation					
	person/child with disability					
	HH having person/child with disability			1,108		
Communication and community engagement						
Number of people reached with messages on access to services	Total	26 million	15 million	Approx. 14 million	20 million	16 Million
	Male	13.26 million	7.35 million	6,720,000	10.20 million	7,840,000
	Female	12.74 million	7.65 million	7,280,000	9.8 million	8,160,000
Number of people participating in engagement actions for social and behavioural change	People	NA	11,000	5,672	NA	9,047
Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms	Number	NA	111,000	8,200	NA	40,494

* Interventions are going on, result will be reported in next SitRep

Annex B

Funding Status

Sector	Requirements	Funds available (US \$)		Funding gap	
		Humanitarian resources received in 2021	Resources available from 2020 (Carry-over)	US \$	%
Health	5,300,000.00	485,747.08	914,673	3,899,580.18	74%
Nutrition	3,275,000.00	59,399.51	210,119	3,005,481.04	92%
Child Protection	2,700,000.00	105,014.06	454,079	2,140,906.81	79%
Education	2,965,000.00	-	389,695	2,575,304.79	87%
WASH	5,580,000.00	249,921.86	636,661	4,693,417.61	84%
Social Protection	2,600,000.00	-	28,959	2,571,041.00	99%
C4D, Community Engagement and AAP	3,110,000.00	149,040.00	549,366	2,411,593.82	78%
Total	25,530,000.00	1,049,122.51	3,183,552	21,297,325.25	83%

Security

The socioeconomic impact of COVID19 continues to be far reaching and multifaceted. The large numbers of daily wage and returned migrant workers are increasingly under extreme financial stress, with many having also depleted savings in the first lockdown of 2020. Despite many experiencing food insecurity, overall crime trends have reportedly decreased, though there has been a marked escalation in gender-based violence and domestic violence across the country, with victims often being trapped with their abusers in stressful circumstances. The recent dissolution of parliament has again thrown the country into political turmoil. However, probably due to concerns regarding COVID transmission, this political instability has not yet sparked demonstrations like those seen in late-2010 and early-2021, though analysts are predicting that the government's perceived failures in responding to the current COVID crisis may motivate increasing civil unrest in the medium term, particularly in the lead-up to the November 2021 elections. An RMR on Nepal is scheduled on 28 June.

Requests for Support

Health:

- Technical support and guidance on country response plan and preparation for COVID-19 case management for children
- Continued link to funding opportunity in COVID-19 primary response and secondary needs, including continuity of services.
- Realtime updates on COVAX allocation opportunities, including dose sharing / donation options. MOHP has indicated great flexibility and readiness to adapt to opportunities, including short-expiry options

WASH: Funding raising for overall WASH response, as well as technical assistance in the area of health care waste management are the two most important request for support from RO and HQ.

Nutrition: Fund raising to support implementation, monitoring and knowledge management of simplified approaches for the management of wasting.

Education: Technical support for monitoring and assessment of alternative learning

Social Policy: Fundraising to support donor resource mobilization especially for humanitarian COVID cash response through UNICEF.

RCCE: Funding raising for risk communication and community engagement and technical support for strengthening the community feedback mechanism and strategic guidance for engaging political leaders for behaviour modelling.