

Rapid Need Assessment: Cohesive Response to COVID-19 in Nepal

May 7th, 2020



Background

On 11 March 2020, the World Health Organisation (WHO) declared the COVID-19 Pandemic. To date¹ there have been 3,772,367 confirmed cases across the world, with 264,189 deaths globally. In response to the public health threat of COVID-19, countries across the world have implemented a range of social distancing measures, including full lockdowns of their societies, and as a result their economies. This has led to two concurrent global crises—a health crisis as well as an economic one—engulfing the world.²

The International Labour Organization (ILO) expects a devastating 6.7% loss in working hours globally in the second quarter of 2020, equivalent to 195 million full-time workers of which 125 million of which are in Asia and the Pacific³. Migrants, displaced people and informal workers are facing a stark trade-off between safeguarding their lives and livelihoods.

About this briefing paper

This briefing paper aims to provide an overview of the impacts of COVID-19 to date in Nepal from a 'micro' view based on a rapid assessment on the ground, and from a desk review of relevant international and national reports and publications; and make recommendations for cohesive and impactful response to the Government of Nepal, development partners including International NGOs to alleviate immediate suffering of most vulnerable communities. The Rapid Need Assessment was undertaken by World Vision International Nepal (WWIN) and its partners across 12 districts in Nepal in late April 2020.

¹ Data from 7th May - <https://coronavirus.jhu.edu/map.html>

² The social and economic impact of COVID-19 in the Asia-Pacific region - Position Note Prepared by UNDP Regional Bureau for Asia and the Pacific April 2020

³ COVID-19 causes devastating losses in working hours and employment. Press release. 7 April 2020. Available at https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_740893/lang-en/index.htm

Rapid Need Assessment

To inform a joint response and early recovery programming, World Vision International Nepal with ADRA and CBM Nepal conducted a qualitative interviews and quantitative survey from 22 to 27 April 2020, in twelve districts of three provinces: Karnali Province (Jumla, Surkhet), Province 5 (Kapilvastu, Rolpa, Banke and Pyuthan), and Province 2 (Bara, Sarlahi, Rautahat, Mahottari, Sirha and Dhanusa). The main objective of the assessment was to explore the impact of COVID-19 on the lives of people and communities, specifically:

- To assess the overall impact of COVID-19
- To assess the capacity of the affected population to meet its early recovery needs
- To identify the needs/gaps that require external intervention

Quantitative and qualitative information were collected from the respondent profiles: 618 heads of Households (HH) and 68 local government officials and 80 local traders (women-26.3%; men-73.7%), with almost two-fifths of HH income source was daily wage labourers and another third from agriculture; with more than a quarter Dalit groups; and one in five survey respondents affirmed that they have a family member with some form of disability in the HH.



Findings

Overall, the assessment findings show that the vulnerable people residing in the surveyed districts are encountering significant secondary impacts of COVID-19, evidenced by 89% HHs experienced over 2/3rd drop of their monthly average income (77% reduction) from NPR 14,455/month (USD 119⁴) before to NPR 3,324 (USD 27). Hence, 85% of the HHs acknowledge that they will not have sufficient food in the next few months. As coping mechanisms, 48.3% reported contemplating taking a loan and 28.4% would reduce their food consumption. Some 60% of these food insecure HHs also acknowledge they are struggling to feed their U2 and

⁴ Exchange rate (30 April 2020): Exchange rate 1 USD=121.13 NPR

U5 children. For HHs of daily wage earner, they reported the availability of food to purchase but 53.7% of them reported that the price of agricultural products like foods has increased significantly in the recent days.

To make situation worse, an average 29% of the HH are also susceptible to floods or landslides but in some flood prone districts, this figure is higher, such as 98% in Rautahat; 49% in Mahottari; and 38% in Banke and Surkhet.

“I am not able to buy my medicine for my asthma because I cannot go out and receive my allowances from the local government.”
– Disabled Male (23), Birendranagar, Surkhet

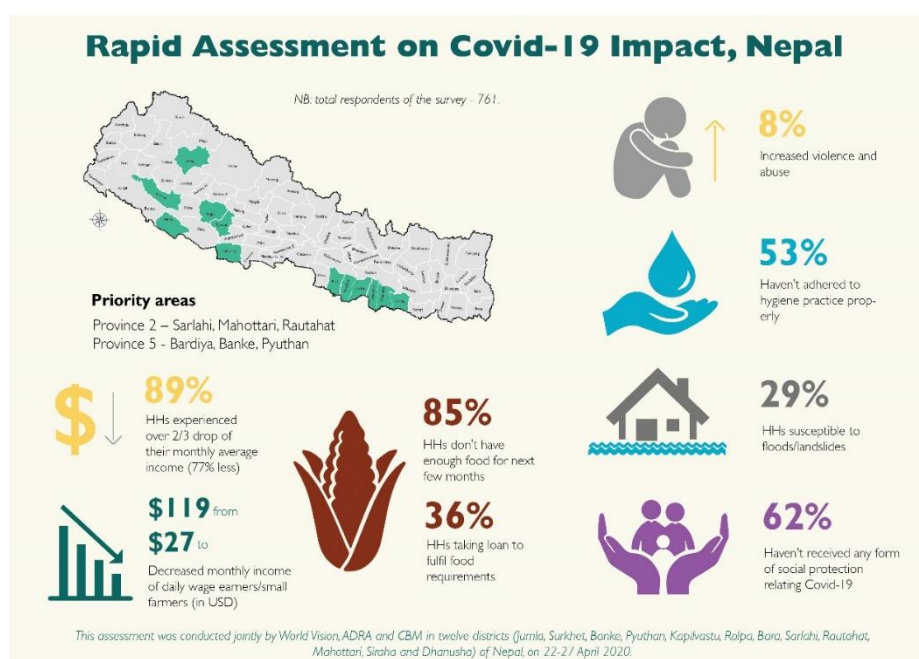
With regards to preventable behaviours to protect from COVID-19, there are still about 53% of respondents who do not adhere to proper hygiene practices, meaning efforts to promote risks communication will need to be continued to some of the most vulnerable population, and concurrently, the provision of some personal hygiene materials like soap, face masks, and hand sanitizers are required to ‘translate’ the information into practice. In addition, more accessible (local language & visually optimised) messaging around social distancing is also recommended.

With regards to protection, there have been reports from HH respondents of increased violence (average 7.8%) but in some districts it is more significant (22.4% in Banke and 16.7% in Bara), and this statement is supported by 36.4% local government representatives indicating there had been a surge in violence and abuse in their community (albeit moderated by reduced availability of alcohol due to the lockdown).

Some 89.2% local government representatives stated that they have allocated resources to respond to COVID-19. However, around one-fifth (17.9%) stated that the resources allocated are not sufficient at all to meet existing needs, and 64.3% stated that resources are inadequate to meet needs.

In regard to provision of social protection supports, 61.6% of respondents stated that they have not received any form of support related to COVID-19 package from their local government. Receipt of social protection funding (e.g. disability allowance or for the elderly) is also a challenge due to mobility restrictions.

The following info graphic highlights the key findings.



National Context

The Rapid Assessment findings are helpful to get a 'micro' view of the impact of COVID-19 on the most vulnerable population in Nepal. It also helps to get a glimpse of potential effectiveness of the relevant (macro) policies or responses' implementation on the ground. Given COVID-19 is a global pandemic, many of the challenges faced in Nepal are not unique in comparison with other countries. Overall, with regards to the number of confirmed cases, so far, Nepal has been spared some of the enormous health impacts which have been seen in many other countries. The total number of confirmed cases stands at 99⁵, and there have been no confirmed deaths. 14,509 people have been tested for COVID-19 and 21,523 people are currently in quarantine.⁶

In part, this is the result of a pro-active response on behalf of the government of Nepal. Nepal imposed a nationwide lockdown on March 24 which will last until May 18. It has suspended all ground and air travel, except for movement of essential goods and services and has closed most of businesses and industries to prevent the spread of COVID-19. The borders with China and India have been closed⁷.

In addition, significant effort has been made to provide comprehensive communications and advice on COVID-19, through door to door visits, radio broadcasting, and other mass media awareness campaigns. As a result, community awareness is high. A recent report⁸ found that 96% of representatives stated that their communities were aware of COVID-19, understood its impact and what preventative measures to take⁹.

The socio-economic impact

As a result of the lockdown, the nation is under a shelter in place. This has had a wide-spread impact on people's ability to go out to work. Daily wage earners, in particular have been severely affected (*the rapid assessment findings clearly illustrate the severity of the impact*). As their livelihood has come under pressure, the Nepal government announced an initial relief package for the ultra-poor and relevant guidelines have also been endorsed.¹⁰ On 27th April a second stimulus relief package was announced targeting the public and also businesses hit by the coronavirus pandemic, including e.g. opportunities for unemployed to be deployed in public works and subsidised loan facilities for businesses facing liquidity problems, and a 25% subsidy on transportation cost to farmers.¹¹

According to the Central Bureau of Statistics (2020), Nepal's economic growth is expected to fall, bringing it down from targeted 8.5% to 2.27% this fiscal year¹². This is the lowest it has been in the past four years. There is also a projected 20% decline of remittances¹³, which account for around one-third of Nepal's GDP. It is also worrisome that millions of migrant workers have lost their job and returning home, may further jeopardize their family lives and livelihood.

In addition, over 80% of the working population is engaged in informal sectors like construction sites, agriculture, labour intensive factories, and other menial jobs, which are not protected by the social security scheme of the country¹⁴. As the output of the private sector is severely paralysed following the lockdown measures, the impact

⁵ Data from 7th May - <https://coronavirus.jhu.edu/map.html>

⁶ <https://covid19.mohp.gov.np/#/> (as of May 7, 2020)

⁷ Nepal COVID-19 – ADRA SitRep #3, 24 April

⁸ Housing Recovery and Reconstruction Platform, April, 2020

⁹ COVID-19 Rapid Municipal Assessment Report, April 1-14, 2020, HRRP

¹⁰ Nepal COVID-19 – ADRA SitRep #3, 24 April

¹¹ Covid 19 Nepal Response, DCA, SitRep V, 4th May

¹² <https://tkpo.st/35BDULI> - quoting Central Bureau of Statistics (2020)

¹³ Central Bureau of Statistics (2020)

¹⁴ Women and Men in the Informal Economy: A statistics picture, ILO (2018)

on the most vulnerable groups is anticipated to be severe¹⁵. Other areas where the impact is being felt in Nepal are:

Food Security

Globally, the World Food Programme (WFP) has warned that a total of 265 million people could be pushed to the brink of starvation by the end of 2020¹⁶ due to the spread of COVID-19. While food security in Nepal has improved in recent years, the WFP is also concerned that a widespread increase in food insecurity is likely to occur over the coming months. The Demographic and Health Survey 2016 showed that 4.6 million people in Nepal are food-insecure, with 20% of households mildly food insecure, 22% moderately food-insecure, and 10% severely food insecure.¹⁷

The WFP in a survey of food security in Nepal has said that although there is sufficient stock to last until the monsoon, it predicts significant reductions in the harvest of wheat and other winter crops, in part due to the impact of lockdown is having on agricultural work taking place.¹⁸ The closure of borders will also have an effect on the level of food being able to be imported into the country. Combined with significantly reduced income levels, this will worsen the food security situation in the country.

Social Protection

Nepal introduced an old-age pension for senior citizens 20 years ago as social security scheme. This was an important beginning to establishing social protection schemes, and there has been growth in the number of schemes to provide relief to the poor and marginalized. Today, an estimated 2.16 million people benefit from these schemes in Nepal¹⁹.

The social security schemes include for example support for the elderly, those with disabilities, a child grant and an endangered ethnicities allowance. However, in comparison to other countries, the extent and reach of social protection schemes in Nepal is still relatively limited. A number of policies and provisions are in place across several sectors, but they are not comprehensive enough to provide a cohesive framework²⁰. In addition, as such a significant percentage of the workforce is engaged in the non-formal sector, they are not eligible for many of the existing schemes.

As a result, there is little existing social protection infrastructure to build on in times of crisis – for instance by rolling out benefits further to those now finding themselves requiring support (such as daily wage labourers) or increasing the level of support to those on existing benefits. Compounding the issues is the fact that the current COVID-19 lockdown means that beneficiaries are faced with mobility restrictions, which are impeding their ability to claim their benefits. This puts already vulnerable people, such as the elderly or disabled, at increased risk.

Education

Globally, as of March 28, 2020, the COVID-19 pandemic is causing more than 1.6 billion children and youth to be out of school. This is close to 80% of the world's enrolled students²¹. In Nepal, around seven million students from 36,000 schools and around half a million from the university level have been deprived of education due to the lockdown.²²

¹⁵ Gill, P. (2020) Coronavirus Severs Nepal's Economic Lifeline. The Diplomat. [Online].

¹⁶ <https://www.wfp.org/news/wfp-chief-warns-hunger-pandemic-covid-19-spreads-statement-un-security-council>

¹⁷ USAID Food Assistance Fact Sheet, September 2019

¹⁸ Nepali Times, April 19, 2020

¹⁹ UNDP Development Advocate Nepal, Year 2 Issue 1, 2014

²⁰ Ibid.

²¹ <https://blogs.worldbank.org/education/educational-challenges-and-opportunities-covid-19-pandemic>

²² <https://kathmandupost.com/national/2020/04/16/education-ministry-plans-online-instruction-as-lockdown-halts-teaching-learning-activities>

Where shutdowns have been implemented previously, evidence has shown that schoolchildren, and especially girls, who are out of school for extended periods of time are much less likely to return when classrooms reopen. The closure of schools also prevents access to school-based nutrition programmes, driving malnutrition rates upwards²³.

Protection of women, children and people with disabilities

The current lockdown is particularly impacting the most vulnerable. For example, rape and cases of domestic violence have increased. According to Nepal Police, in the last 40 days (until May 1st), at least 158 girls and women have reported rape cases, 272 people have committed suicide, and 182 other cases of domestic violence including child abuse reported.²⁴

A recent²⁵ needs assessment showed that of those people with disabilities that were sampled, 49% responded that they did not have any stocks of masks and soaps. Almost 40% mentioned the needs for specific sanitary/hygiene materials (sanitary pads, catheter, adult diapers for people who are suffering from spinal cord injury). Half the respondents said they needed caregivers to support them in their daily activities, but over a third mentioned that services usually provided by caregivers had to stop because of the lockdown.

Recommendations

Considering consistency of some national reviews on COVID-19 impact in Nepal with the Rapid Need Assessment finding; and recognising the impact of COVID-19 to all citizens; this briefing paper recommends a number of actions to ensure improved outcomes in cohesive response to the COVID-19 crisis, in particular to the most vulnerable members of the communities.

1) Cash transfer programme to support those most at-risk, with a focus on food security and nutrition:

There is a significant body of research which indicates that cash-transfer programming is an effective solution for meeting the immediate needs and improving food security and nutrition, whilst supporting dignity and empowerment of beneficiaries. It is an 'empowerment currency'.

For instance, a large-scale review undertaken by the Overseas Development Institute (ODI) found a solid evidence base linking cash transfers to reductions in monetary poverty, with an increase in both total and food expenditure, and a reduction in overall poverty measures. For health and nutrition there was evidence of positive impacts of cash transfers across all three indicator areas – use of health services, dietary diversity and anthropometric measures.²⁶

Indeed, uptake of cash transfer programmes is increasing across the world. A recent World Bank report showed that as of May 1, 2020, a total of 159 countries have planned, introduced or adapted 752 social protection measures in response to COVID-19. Social assistance transfers are the most widely used class of interventions (60% of global responses). Cash transfers also make up a significant proportion (32.4%) of total COVID-related social protection programmes²⁷.

²³ <https://www.unicef.org/nepal/press-releases/dont-let-children-be-hidden-victims-covid-19-pandemic>

²⁴ Covid 19 Nepal Response, DCA, SitRep V, 4th May

²⁵ Handicap International in Nepal

²⁶ Cash transfers: what does the evidence say? – ODI report 2016, Bastagli, F. et al.

²⁷ Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures, "Living paper" version 7 (World Bank - May 1, 2020) - Gentilini, U. et al.

World Vision has significant experience in implementing cash and voucher transfer programmes (CVP) and has made a commitment to be a leader in CVP, aiming by 2020 to deliver 50% of its humanitarian assistance through a multi-sectoral and multi-purpose cash-first approach²⁸. In Nepal, the Cash Coordination Group, where World Vision is a member, has recommended NPR 90 per person per day *transfer value* to cover the essential needs (food and non-food items) based on the latest estimated Minimum Expenditures Basket (MEB).

There also seems to be growing acceptance at some local governments in Nepal on cash-transfer schemes. The Rapid Need Assessment showed that around three in four Palikas (73.6%) were positive about potential cash support from local NGOs. 59% of local representatives were in favour of conditional cash support programmes (e.g. cash for work), and 41% in favour of unconditional cash support programmes. There would need to be coordination with the ward office to ensure those most at risk received the benefits.

Although unconditional cash transfers have been adopted as a social protection mechanism for the old age allowance, single women's allowance and Dalit minority group, it needs to be acknowledged that cash-transfer programming is not yet a widely accepted modality in Nepal. A recent Policy Brief from the Association of International NGOs (AIN) and the NGO Federation of Nepal requested the Government of Nepal to provide clarification and guidance around the use of cash transfer programming, to allow I/NGOs to implement such schemes to address the immediate needs in communities. Around 10 Development Partners and INGOs have shown their interest and in the process of acquiring approval for the roll-out for Cash and Voucher Assistance²⁹.

In fact, as there is now elected local government in place across the country, and as internet and banking accessibility has been significantly expanded, the government could more readily consider cash-transfer solutions to support response and recovery stimulus to the most vulnerable communities.

Given the current focus is on responding to the COVID-19 crisis, developing a full policy framework in such a short period of time could be a challenge. One option could be for the government to allow pilot schemes of cash-transfer programming to take place in the interim, and in partnership with local government. This partnership could focus on support for beneficiary selection, taking into account inter-sectionality of vulnerability factors (e.g. pregnant and lactating women, people with disabilities, children and daily labourers). Another focus could be around the practical implementation of schemes, for instance provision of one-door services in localities.

More piloting or implementation-at-scale would provide the opportunity to build an evidence base for this type of programming in Nepal and build joint capability around implementation. Robust evaluation of these schemes would be paramount, so learnings can be captured, and the findings can help shape the eventual policy framework. Different modalities of cash and voucher programming could be tested, for instance unconditional multi-purpose cash grants, in-kind multi-purpose value vouchers, as well as conditional cash-grant schemes.

Their respective effectiveness could be evaluated, as well as the extent to which the different modalities are able to mitigate some of the potential risks of cash-transfer programmes such as social conflict, issues around beneficiary selection, access limitations, or misuse of cash.

²⁸ Cash Preparedness Learning Lab Asia-Pacific Region – World Vision 2019

²⁹ Cash Coordination Group. Meeting Minute, 5th May, 2020.

2) WASH interventions & communications

Clearly, access to WASH and hygiene kits (soaps, face masks, hand sanitizer) is essential during a pandemic to reduce the risk of infection and transmission. However, the rapid need assessment showed that less than half (47.1%) of households are fully adhering to sanitation protocols.

The Key Informant Interviews highlighted that vulnerable groups especially do not have adequate access to WASH and hygiene kits. This is even more of an issue for those with disabilities, who may need hygiene and sanitation equipment for their everyday needs as well.

Improving access to such materials and resources for COVID-19 infection prevention and control as well as other related health and hygiene problems (including those due to be faced during the monsoon period), should be a priority.

In addition, although general awareness around COVID-19 is high³⁰, the rapid need assessment highlighted that there is a requirement for greater accessible messaging – e.g. visual, sign-language and local language – to further increase access to information and enable communities to be fully aware of the risks, as well as ways to protect themselves through social distancing and appropriate personal hygiene behaviour.

3) Protection of the most vulnerable

Taking together the results from the Rapid Needs Assessment, media reports and reports from other organisations³¹, it is clear that women, children and persons with disabilities are at increased risk of violence and abuse during this period. They are also disproportionately affected with multiple vulnerabilities, which increases their day to day challenges around managing household, food and nutrition.

Other vulnerable groups that also require supports are female headed HH, daily wage workers, land-less farmers and family of migrant workers, all experiencing significant loss of earning as well and often also from the most marginalised and or minority groups.

Efforts shall be made to ensure these most vulnerable groups get equitable access to response assistance and to government protection services and social protection programmes. Practical initiatives could include implementing referral services (e.g. vulnerability referral points) to ensure protection needs are reported and acted upon. This would include appropriate training of staff or volunteers.

There is also a need for messaging around violence and abuse against women, children and those with disabilities, and how to report issues. This needs to go hand in hand with provision of psychosocial support to victims and their families. Local government is a key partner in this, so training and support around social protection targeting and monitoring is essential.

Where needed, advocacy should be undertaken to ensure adequate protection mechanisms and funding, both during the COVID-19 crisis, and during the upcoming monsoon period.

Adapting existing development programmes

Prior to COVID-19, significant resources have been delivered through development programmes of both International and Local NGOs in Nepal, to complement the Government of Nepal's own programmes. These include programmes on health, livelihoods and protection. Given the potential for a prolonged impact

³⁰COVID-19 Rapid Municipal Assessment Report, April 1-14, 2020, HRRP

³¹ Covid 19 Nepal Response, DCA, SitRep V, 4th May

of COVID-19 in Nepal, World Vision, like all Local/International NGOs and other development partners, is assessing the impact on its current programming and adapting programme plans for the next 6-12 months.

The Mother and Child Health Nutrition (MCHN) programmes, while continuing to provide essential nutrition support to under-weight U-2 children, will likely have a greater focus on efforts to strengthen the health system and support pandemic readiness response.

Livelihood programmes may be scaled-up with continued efforts to support small-holder farmers in addressing the impact of COVID-19 and meeting their immediate needs. Once mobility restrictions are eased or lifted, we will also look at ways to support increased food production.

The Quality and Inclusive Education Programme will prioritise developing adaptive virtual learning programmes, taking into account physical distancing and limited IT infrastructure in remote areas and within low-resourced schools and communities.

Protection Programmes are not currently able to mobilize face-to-face community-based Child Protection Committees to promote awareness on protection issues. Neither is it feasible to undertake collective community action as part of the ending child marriage campaign. However, more campaign and educational initiatives will be delivered via community radio, as was done as part of the current COVID-19 risk communications programme.

In terms of our Humanitarian and Disaster-Risk Reduction programmes, which support the most at risk communities, local government and partners are focusing on addressing 'double (or more) emergencies'. This includes continuing, and potentially scaling up, combined initiatives to address COVID-19 and monsoon preparedness.

The above scenarios will also factor in the anticipated reduction in resources available over the next 12 months. In addition, we will need to adapt staff safety and security procedures, as well as our internal business processes, to maintain our ability to serve the most vulnerable communities in Nepal.

Conclusion

The COVID-19 pandemic has resulted in worldwide health, economic and social impacts. Nepal has so far been spared the enormous health implications that have been faced elsewhere. This has been the result of a pro-active decision by the government of Nepal to implement a nationwide lock-down, and implement widespread communications and awareness campaigns around COVID-19.

Nonetheless, there is evidence of significant economic and social impacts across the country, and these are disproportionately affecting the most vulnerable. The desk review research and the rapid need assessment highlighted the immediate needs around income and food security. There are also requirements around provision of WASH and hygiene kits, as well as responding to protection issues and in ensuring the most vulnerable groups get equitable access to response assistance and to government protection services and social protection programmes.

This brief has proposed possible interventions, such as cash-transfer programme, and setting up social protection systems, which will help address some of these urgent needs. Consideration should also be given to adapting existing development programming so that ongoing support can be given to communities as we move from response to recovery support.

About World Vision International Nepal

World Vision is working in Nepal since 2001 and currently implementing child-focused development, humanitarian and advocacy programmes in 15 districts of 6 provinces across the country in partnership with over 30 Local Partner NGOs. World Vision has over 170 staff located across three field offices in Lalitpur, Biratnagar and Dhangadhi and delivers development programmes in the areas of education; health (MCHN); protection; and resilience focusing on agriculture and economic development, youth economic development and disaster risk management support the most vulnerable children and communities in Nepal.

Early COVID-19 response

To date, WVIN has handed over 1,000 high quality and WHO's standard-Personal Protective Equipment (PPEs) and 130 Infrared (IR) thermometers to the Government of Nepal on 22 April, to be conveyed to front line health staff in 13 districts of World Vision programme locations. It also runs risks communication programmes through over 300+ community radios in partnership with Association of Community Radio Broadcasters in Nepal (ACORAB). Through its local partners and field office, World Vision has provided food rations to 585 HHs; non-food items to quarantine centres in 7 districts; soaps to support hygiene practices to 3,963 HHs; and 1800 mask to 600 most vulnerable HHs (<https://bit.ly/2L9RRHd>). World Vision is now in final stage of designing its response and early recovery programmes to be funded by internal and external resources.

