

Summary Report of the FIPMO organized Webinar on the impact of Covid-19 in Nepal

12 September 2021

Background and Introduction

In line with its objective 'to share the experience and expertise of its members for the benefit of Nepal and its people', Former International Professionals of Multilateral Organizations (FIPMO) organized a webinar to analyse the impact of COVID-19 in Nepal and the way forward in some of the areas within the expertise of its members.

Over thirty FIPMO members and guests attended the webinar, in which WHO Representative in Nepal provided an opening remark.

Dr. Suresh Sharma, formerly from WFP, and FIPMO chair, welcomed the participants and the guest speakers. He gave a brief introduction of FIPMO highlighting its main objective of providing advice on the areas of expertise of its members to the government, international organizations and civil society on a pro-bono basis with its collective strength of 80 former international professional staff of multilateral organizations such as UN, WB, and ADB. In addition, he mentioned that FIPMO is supporting some economic enabling activities for the underserved communities, especially women.

Dr. Sharma introduced Mr. Himalaya Shumsher Rana, Patron of FIPMO; Dr. Rajesh Sambhajirao Pandav, WFP Representative; Dr. Badri Raj Pande to talk about Public Health; Dr. Ramesh Sharma, together with Dr. Purushottam Mudbhary and Mr. Binod Sijapati to talk about Agriculture, Economy and livelihood; Mr. Bijaya Rajbhandari to talk about Education; Ms. Chandni Joshi to talk about Gender Equality and Social Inclusion (GESI), and Dr. Surendra Bahadur Panday to talk about Operations and logistics.

Mr. Himalaya Shumsher Rana, the first Nepali UNDP Representative, and the patron of FIPMO, gave the opening remark highlighting that COVID 19, in general, affected humanity globally. He also pointed out the main issue of Nepal in its inability to establish an effective tracking system, which led to the easy spread of the virus in rural Nepal once it was detected in early 2020 by few people returning from China and other countries. Due to this shortcoming, while the situation in Kathmandu was apparent, the knowledge of the situation in the rest of the country was patchy at best. This led to the rapid spread of the virus among the rural communities. He further noted that Nepal needed to assess the pro and cons of lockdowns to control virus spread vis-à-vis economic hardship to the poorest. The poor depend on the normal functioning of the market system, and perhaps the "need to live with the virus" approach may have saved livelihood of millions.

WHO's message: Dr. Rajesh Sambhajirao Pandav

WHO representative to Nepal, Dr. Rajesh Sambhajirao Pandav thanked FIPMO for bringing all minds together. He noted that FIPMO members can never be former as being an international officer of a multilateral organization is not merely a career but a way of thinking. Given that from among the vast range of options FIPMO members have, they chose to organise this meeting of minds shows that FIPMO members are present and very relevant.

The Constitution of the World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This is now a universally accepted definition of health. At the root of all health issues is the issue of equity. According to Dr. Pandav, the COVID-19 pandemic has exposed again that we live in an unequal world. The most significant impact of Covid-19 was that it had worsened inequality and poverty. It had disproportionately impacted those already vulnerable such as the poor, lower-paid members of the workforce, elderly, persons with disabilities, migrant labourers, refugees and homeless. COVID-19 has laid bare the inequities that influence health and has underlined the urgency of addressing health inequities.

Dr. Pandav further said that COVID19 started as a public health emergency but had become a societal crisis. It had illustrated how health has social ramifications, and social welfare had consequences for public health. It had again highlighted the importance of a social approach to health that mandates intersectoral/multisectoral action to improve health by addressing social, economic, environmental, and political aspects that shape health. Health equity can only be attained by addressing the structural roots of inequity. Therefore, health policies must be implemented in conjunction with policies that directly address health's social determinants, including an inequitable distribution of resources.

He stressed the strength of the multilateral organization in working together, giving the example of SDG. The strength of FIPMO includes the expertise, experience in different including sectors, including food, agriculture, trade, refugees, migrant labourer, which were represented in the webinar. FIPMO's members' experiences in facilitation, negotiation, and cross-collaboration are noteworthy, reaching out and creating a coalition. Dealing effectively with COVID 19 and healing the society of its aftermath requires intersectoral collaborations, especially in Nepal. The talents of FIPMO's members should be utilized to harness the power of the vast network with the wealth of meaningful contacts that the members have. To build back better from COVID 19 Nepal needs to muster all these networks nationally and internationally and challenge them into intersectoral collaborations.

WHO has been supporting the government of Nepal for 60 years with its expertise and resources. However, the world needs more than WHO. Dealing with such a pandemic require broader coalition beyond the health experts' exclusive lounge to the entire population. Our message can be effective if our credibility is high and there is a need to unpack the meaning of multilateral organizations. Often WHO is confused for an NGO or a grant-making body, even among senior decision-makers in Nepal. He asked for FIPMO's support to communicate with policymakers what multilateral agencies are, how they are

governed and what value they bring to the member states. Until the line ministries of Nepal aren't seriously engaged in joint solutions searching and effective implementation of public health and safety measures beating the virus is not possible.

Dr. Pandav said that WHO had been supporting the Government of Nepal for sixty years with technical expertise and resources. However, the world and WHO have moved from thinking in terms of diseases to thinking of health. As a result, their direct audience has also shifted from the exclusive lounge of health experts to the country's entire population. Their messages can be effective if their credibility is high, and for that, we need to be able to unpack the meaning of a multilateral organisations. Unfortunately, I see that we are confused for an NGO or grant making body even among senior decision-makers in Nepal. Dr. Pandav sought support from FIPMO in communicating to policymakers and policy shapers in Nepal what multilateral agencies are, how they are governed and what value they bring to member states. He also urged FIPMO to convey that while Covid19 has a health aspect, it has equally critical societal dimensions. Until the line ministries in Nepal don't get deeply engaged in joint solution searching and effective implementation of Public Health and Safety Measures with the MoHP, we won't beat the virus. Finally, he advised the participants to follow public health and social measures so that they and their close ones remain healthy. Only when healthy, can they undertake all the noble work that FIPMO wishes to advance

Public Health – Dr. Badri Raj Pande, formerly of WHO

Dr. Badri Pande spoke on public health. He recalled that the first case of COVID was confirmed in Nepal in January 2020 on a medical student returning from China. It was followed by a second case on 17th of March on a woman who travelled from France. Initially, a sound strategy was developed for necessary measures to be taken, however over time poor implementation became a major issue. The COVID coordination committee did not include technical representation. The lockdowns caused serious consequences on other health issues, particularly in the cases where co-morbidity existed. The pandemic and lockdowns led to psycho-social and mental health issues to large number of people. In September 2020, the first seropositive survey found antibodies in 15% of population implying infection by the virus; the second survey in August 2021 reflected, an average of 68.6% of Nepali population were seropositive. In one province, it was even higher at 84%. During this period, only 5% of the population had been fully vaccinated and only a few confirmed cases of infection were reflected in the survey. Lack of adequate testing resulted in missing the vast number of cases in the community.

The rate of vaccination is picking up in recent weeks, as at 11th September 17.39% of the population are fully and 19.44% partially vaccinated. The current trend reflects the pace of vaccination is picking up well. Now there is a need to ensure that the vaccination centers do not become spreading centers.

Dr. Pande highlighted the need for stepping up the community surveillance, which should be accelerated under Female Community Health Volunteers (FCHVs) and other ward level health workers with the active engagement of communities. Additionally mass testing,

contract tracing, and isolation provisions need to be prioritised. Reporting of all the suspected cases must be made mandatory at all health facilities, as is the case with the standard practice of Polio surveillance. At personal level, strict adherence to 3Ws - wearing mask, wait for distancing, washing hand should be observed and, 3Cs - closed, crowded spaces and close contract - need to be avoided. COVID 19 will continue to be present, hence at personal level, one must follow strict measures to avoid risks. These measures will also help in preventing other health issues.

Emergence of different variant of the COVID 19 is of concern. As the virus is new, many things are unravelling - to which segment of the population it will affect, how infectious, its impact on morbidity and mortality, and the effectiveness of vaccination are not fully known with each new variant. The delta variant affected younger people (aged 18-35) and is infecting vaccinated people as well, while the older variant affected older people. It has been proven that vaccination can only prevent serious illness and complication among a significant proportion of vaccinated people. There is no substitute to sticking to public health protocol. Further early diagnosis and treatment save lives.

Hospital facilities and access should be ramped up. The pandemic has underscored the need to have a resilient health system with good infrastructure, improve quality of service and develop a strong public health system at large. The holding centers at the border and other sites should ensure that basic amenities are available so that people do not suffer or refuse to stay to prevent the spread of virus. The challenge has provided opportunities to streamline health system towards achievement of the sustainable development goals.

Dr. Pande re-iterated the need for intersectoral collaboration highlighted by Dr. Pandav, including that of civil societies and media. Government strategy should ensure public private partnership with regulation of private sector so as not to cause hardship either to business or to public. Nationwide update of data duly connected to the central data system is essential for effective monitoring. Each ward should be mandated to provide dashboard for public view with pertinent information to engage the general public.

In response to questions, Dr. Pande noted that the vaccines applied in Nepal - Verocell, Covishield, and J&J are as per WHO approval and should be accepted everywhere. Delta variant has slightly different symptoms. Post-vaccinated persons get symptoms, much more like a cold such as headache, runny nose, sneezing, sore throat, and loss of smell. If such symptoms appear, there is a need to be careful and isolate ourselves even if vaccinated. Dr. Pande noted that at least about 10% of the vaccinated people can get the infection (breakthrough infection), but the severity and need for hospitalization are rare. Regarding the booster dose, in western countries, the third dose of vaccine is being administered to the elderly and people with co-morbidity. Responding to a question on whether with the 19% vaccination and 68% seropositive population helped reached herd immunity, he said that due to the unpredictable mutation of the virus, nothing is certain. Herd immunity can be reached in two ways - mass vaccination and natural infection. Further immunity achieved through vaccination is much better quality wise. Thus seropositive people not yet vaccinated still need to be vaccinated. Herd immunity may be achieved with about 90% vaccinated in full doses.

Economy, agriculture and livelihood – Dr. Ramesh Sharma, formerly of FAO

Dr. Ramesh Sharma spoke on the impact on agriculture, economy and livelihood on behalf of a team consisting of himself, Dr. Purushottam Mudbhary, formerly of FAO and Mr. Binod Sijapati, formerly of UNHCR. Dr. Sharma divided his presentation in three parts – a) review of assessments of the impact, b)) government response measures, and c)) issues and the way forward.

Review of the assessments of the impact

The national accounts data showed that GDP shrunk by 2.1% in FY 2019/20, the first year of the Covid-19 lockdown, with value added in both industry and services shrinking by 4%. However, the agriculture sector witnessed a growth of 2.2%. For FY 2020/21, the GDP growth was estimated to be 4% as well in the main subsectors. But this merely reflected the “base effect”, that is percentage changes were significant because the base (FY 2019/20) was low. Instead, when growth is assessed relative to pre-Covid year (FY 2018/19), the picture emerges as stagnation or slightly negative growth of both the industry and services subsectors. At the same time, the GDP would grow by 1.8%, primarily due to agriculture. So, overall, the negative impact essentially continued through to FY2020/21 as well. Fiscal 2021/22 is expected to be much better.

In the meantime, several studies and surveys have been undertaken since the beginning of the lockdown early in 2020. Some studies were focused on industry/business and others on livelihood, jobs, food security, etc. Dr. Sharma highlighted two representative studies.

First, Nepal Rastra Bank’s report based on an April 2021 survey of industry/business found significant improvements overall – with 81% of the industry fully operating now (only 4% last year), 15% partially operating (35% last year), and only 4% still closed (61% then). Survey also found improvements in other areas (capacity utilization, employment, and salary payments). There were some differences by business size. Ninety percent of large enterprises have fully resumed their operations, whereas only 74% of the cottage and medium enterprises have resumed their operations. Business/industry also revealed their major concerns - depressed market demand, difficulty accessing refinancing, as well as concessional loans.

Secondly, WFP recently published the results of its fourth survey (done in the July 2021) of food security and livelihood based on a sample of 6,000 families. Key findings were - the severity of food insecurity (consumption level, dietary diversity) remains high relative to the pre-Covid period but indicators have improved since the first survey. But disruptions to livelihood (jobs and income losses) have worsened. Moreover, there was some cumulative impact, with the capacity to bear further risks and shocks weakening further. Regional disparities continued to widen. The survey also showed that only about 3% of the families reported receiving Covid-19 assistance, largely supplies such as masks, as very few families (less than 1%) reported having received food and cash assistance.

Government response measures

Most of the key responses were announced in budget speeches and monetary policies. These can be grouped into two categories - recovery/growth measures and social protection

measures. The former included policies that inject liquidity in the system via monetary policy such as re-financing facilities and concessional loans, funds for a start-up business, and loan/interest waivers to business/industry. The latter included schemes that provide jobs, food, financial reliefs, subsidies, special schemes for migrant workers, etc. Nepal's list of responses was, on the whole, similar to those found in many other countries. There were some differences in social protection measures because it is challenging to implement such measures if a government was not doing that already before a crisis (e.g., in Nepal's case, subsidized food distribution and conditional/unconditional cash transfer schemes). There is a consensus that multiple measures are needed to reach diverse economic sectors and the population groups at risk.

Issues and the way forward

One aspect that needs the attention of policy makers is the adequacy, balance, and effectiveness of the response package as a whole. This is yet to be reviewed for Nepal but one recent study by BRAC in Bangladesh, points to a potential weaknesses in such a package. It found that the response package was heavily biased towards growth-orientation measures (nearly 80% of total package) versus only 20% for social protection, thus inadequate to cater to the massive disruptions to livelihoods in rural areas. The study also found that the package was regressive - large enterprises had a share of 66% of the package and 77% of utilization (effective use after considering delivery), small scale with an allocation of 27% but only 17% utilized while agriculture had an allocation of 6% as well as utilized. Such an analysis would be highly pertinent for Nepal as well in order to develop corrective measures if found unbalanced and ineffective.

Another issue was the poor track record of our social protection measures and the urgency to improve them. Nepal did not have comprehensive food subsidy or income support schemes before the Covid crisis and could not have launched them in a short time after the crisis. Moreover, almost all of our social protection measures have a poor track record. For example, the 2077/78 report of the Auditor General, based on a detailed performance review, judged the overall performance of the largest scheme, the Prime Minister Employment Programme, to be below 10%. Besides failing to provide the 100-days of guaranteed work to the needy, the study found that the scheme also failed on undertaking productive work/capital formation and skill development component and youth self-employment programme. Likewise, there is little information on the effectiveness of another flagship scheme - subsidized loan/fund for start-up businesses. Based on media reports, the scheme is yet to be operational and effective. The effectiveness of various subsidy schemes in agriculture and other sectors has been questioned many times during the last 4-5 years, on high levels of leakages and misuses. It is unlikely that the delivery has improved during the Covid crisis. Likewise, little is known about the effectiveness of a new scheme aimed to help returnee migrant workers, the scheme to provide (on loan, lease) farms/barren lands for farming. So, overall, it seems that there are serious issues with various flagship social protection measures. The problem is not a lack of diagnostic of the issues but our collective inability to correct them.

The third issue was the significant role and capacity of local governments to deliver social protection measures. Local governments are increasingly being assigned this role, such as implementing the PM Employment Programme, food, provision, and other assistance

managing *Employment Service Centre* (to register returnees/locals, help them with projects, access funds, and loans), etc. Indeed, these governments should be best placed to identify businesses and people needing help in their localities. The challenge is strengthening the institutional capacity of these bodies in areas such as i) building an essential database to identify disadvantaged groups, ii) identifying viable projects, iii) facilitating funds/loans, and iv) monitoring and evaluating programmes in a transparent manner with a view to making them more effective. Many local bodies already involve local experts in a range of local activities. This can be further institutionalized to facilitate the involvement of interested “knowledge” organizations, including FIPMO with its large pool of experts in diverse areas.

In response to a question, whether a shortage of inputs affected crop yield, Dr. Sharma said that commercial farming in Nepal was affected by lockdowns and supply disruptions as they rely on external inputs and markets. But this is a relatively small sector in agriculture and hence overall food production did not suffer a decrease. Monsoon had also been normal to better these past two years and production of paddy and fish increased. The agriculture growth for the last 2-3 years averaged 2-3%. Indeed, agriculture has been resilient everywhere even when other sectors got affected and contributed to absorbing people laid-off from other sectors. Even the price of food reflects that the agriculture sector might not have suffered much.

Education in Nepal – Mr. Bijaya Rajbhandari, former UNICEF Official

Mr. Bijaya Rajbhandari presented a brief snapshot of the impact of COVID 19 on primary and secondary education. He highlighted that due to the lockdown that lasted over a year, about 9 million children have been unable to attend school since the school's closure on 20 April 2020. Govt is planning to open from Aswin 1, 2078. Uncertainty remains, as some parents are resisting fearing the possibility of transmission. During the lockdown, the government tried to promote media, including TV and radio systems, to provide education to children where there is no access to the internet. This was not to be continued as access to such medial in Nepal is limited.

Additionally, most students did not find it very useful due to one-way communication. Twenty percent of the children who attend a private school in main cities faced better choices. In the rural area, even this was a challenge as Nepal internet coverage is only 51%. This reflects the issue of equity of internet access between rural and urban Nepal. In most instances, the children who could not afford the mobile data and mainly from the lower socioeconomic group are the ones who are left out.

The recent UNICEF survey reflected that about 90% of the children forgot what they learned is of grave concern. The quality of learning had been seriously affected due to the COVID pandemic. Loss of jobs of families due to the pandemic affected poorer children disproportionately, as they were asked to help support the family with whatever work they could find. Dropout of girls in Terai school was high. It is expected that they will not return even when the school re-opens.

The mental health of children is another dimension of COVID impact on children. They lost the routine; they lost the opportunity to do physical activities, socialize with their friends, and become unsettled. Fear of getting infected by themselves and family members caused additional mental stress. Physically challenged children were highly affected, especially children with autism. In India, for example, the children hotline recorded 50% more calls than usual.

Some other consequences of the pandemic on education included children accepted for higher education abroad could not travel to attend the colleges. The grading system of Grade 10 deteriorated due to the decentralization of the board exam. The proportion of those getting a GPA of 4 was much higher than in previous years. This was caused by the influences of the teachers and the local municipalities to show their school performance is better. This raises the question of whether decentralization of education at the local level is a way forward.

Some positive development caused by COVID are:

1. The teachers and students quickly getting used to the online system of teaching,
2. Many software developers for online education that were developed and made available in the market,
3. The government noted internet use got expanded at the national level.

These developments need to be sustained and accelerated for future preparedness. He also noted that the opening of the school and further risk of spread is of concern given as it will be difficult to control children. There is a need for robust surveillance in school. Pfizer vaccination, which has arrived in Nepal to be administered to the children, should be done in school itself. However, the doses are too small (1.5 lakh) to cover the needs of school children.

Gender Equality and Social Inclusion - by Chandni Joshi, formerly of UNIFEM

Dr. Joshi highlighted the plights of COVID-19 on women and minorities. Like every disaster, women and men have been affected differently by the threat and spread of COVID-19. COVID-19 is called the shadow pandemic in the UN. Several studies conducted by UNFPA, National Commission for Women, WOREC, Asia Foundation, and the Nepal Police – the findings have helped in understandings how women and excluded groups have been affected differently by the threat and spread of COVID-19 and how they are coping and what might be needed in the near future & long term to help them recover & be resilient. As the global economy is staggering and shrinking, women are more adversely affected than men are.

About 40% of global businesses that have shut down are in the informal sector. This hits women harder, as they are the last to be hired and the first to be fired. The existing inequality has widened dramatically after COVID-19. Loss of jobs and livelihood due to lockdowns leading to hunger and starvation are being witnessed. The restricted mobility has led to food crisis & cuts in earnings, fear, threats, and conflicts affecting their mental health.

Violence has increased, especially domestic violence, soared in this pandemic. In the first four months of the lockdown, 2218 cases of suicide were reported. More disturbing was the suicide of pregnant women & mothers with children jumping from cliffs (Darchula's case study) due to the stress. In addition, women's household responsibilities rose sharply as the family members were all at home during the lockdown period. The unpaid care and household work have tripled their work burden as all are at home 24/7, resulting in diminished production and earnings remained depressed.

On the other hand, women stand at the front line of the COVID-19 crisis as health care workers, caregivers, and community organizers combatting the pandemic. Despite women making up most front-line workers, there is a misappropriation and inadequate representation of women and excluded groups in National COVID-19 policy spaces, yet their resilience is noteworthy. They are lumped with only the vulnerable group as the recipient, but they should also be part of the caregiver's category. The crisis has highlighted the centrality of their contributions too. What this pandemic and its aftermath have highlighted are:

1. A massive awareness campaign of issues and rights of women is needed,
2. Precaution and vaccines are essential to control the spread,
3. Mapping of human vulnerabilities and capability with sex, age, and ethnicity disaggregated data is essential,
4. Local-level capacities strengthening is necessary,
5. GESI consideration and gender empowerment, and social inclusion in pandemic response are essential to mainstream gender post-recovery.

Logistics and Operational Management - Dr. Surendra Bahadur Panday, formerly of UNHCR

Dr. Panday presented his perspective from the point of different levels of society. At the household level, due to poor government planning, supplies of food and other essential daily use items, and medical supplies, including oximeter, mask, sanitizer, medicines, etc., for the needy was inadequate and home isolation was difficult. At a community level, most of the messages were scary and negative without being pragmatic. Uniform figures were missing due to poor and/or lack of tracking system, and community counselling was missing, which led to the hiding of cases by individuals/family members, causing an addition risk of the virus spread.

At the institutional level, while the policy was in place, unified measures/practices were missing. Initial advice did not include follow-up measures. In sum, policies were sound, implementation was problematic. Accuracy in disseminating information from the government was lacking, and inaccurate information from the political leaders caused confusion and re-iterated the scare messaging. There has been an improvement since the Ministry of Communication started to take the lead. Provision and management of quarantine at isolation/holding centers, mainly at border entry points, were not systematic. In addition, delays in procurement and supply issues did not match the requirements. Poor crowd management at the vaccination centers led it to be a venue for potential spread.

Shortly, vaccination for children would be another challenging area for the government to implement correctly if not managed initially.

Dr. Panday outlined his recommendations based on his personal experiences working with UNHCR in refugee settings and on the basis of observation and witnessing the ground realities. He emphasized that should there be a willingness from part of the government, FIPMO - Nepal would be available to extend its expert support on a pro-bono basis to advise the government for workable solutions:

1. Mobilize the neighbourhood and community volunteers with some training to support families for basic household supplies, including medical kits, contact tracing, communication, and counselling.
2. Unified right messaging through the Ministry of Communication to help in controlling the loose and inappropriate public information dissemination.
3. Improve facilities of quarantine centres for those arriving from abroad and construct such centres at all 30 locations as recommended initially by Nepal Army to MCC and make use of them strategically. Give responsibility to the Army and Armed Police Force for management of these centres depending on the sensitivity of the border points and allocating enough resources to Nepal Army and Armed Police Force to keep these facilities operational and make use of them strategically in the future as well.
4. Dedicate Covid hospitals to address the need to help lessen the problems of confusion and help to have better concentration and efficient utilization of available resources. Such hospitals should be in good numbers in every province.
5. Manage supplies of vaccination, allowing the private sector to procure and ease the provision of services with suitable regulation in place inclusive of putting every vaccination record in the data base centrally.
6. Manage children vaccination through school by school without leaving any chances of mismanagement.
7. Revisit the national Covid policy to adapt to the situation and appropriate interventions accordingly.

Conclusion

Dr. Sharma thanked the presenters and participants at the discussion. He expressed pleasure to have been able to bring the experts together to share their views on the impact of COVID 19 in Nepal, and what actions can be taken in the various fields. Rather than trying to summarize the vast knowledge shared in the webinar, Dr. Sharma said that the summary of the observations and recommendations will be shared with wider audience, as also suggested by a member. He concluded that FIPMO will explore on how to contribute to the issues identified issues and committed that FIPMO members are ready to support with its expertise when requested,