

1st Quarterly report

1. CARE Office: CARE Nepal	2. Date: 10 October 2021
3. CO/Member/ Affiliate contact name: Madhav shrestha	
4. CO/ Member/ Affiliate contact position: Governance and Accountability Specialist	
5. Crisis Type : COVID-19 response	
6. Name and CI ERF project number: AT178	
7. Amount approved (USDs): 167,523.93	
8. Final expenditure (USDs):	

1. Background

As of 7 October 2021, the record of COVID-19 cases has reached 800282 in Nepal. Of this total 773140 have recovered with recovery rate of 96.6% while 11200 has lost their lives to this virus. Daily positive cases that reached more than 9,000 towards mid of May 2021 has now decreased to 667 (as of 7 October 2021), while the active COVID-19 case count currently is 1.99%. The maximum number of infected people i.e. 1 14,728 are in home isolation. Nepal has already faced two deadly waves of COVID-19 infections and deaths, which was among the highest in Asia and the world. The government of Nepal has started the vaccination campaign across the country which has shown some positive result. Ministry of Health and Population revealed that people have developed antibody up to 90 per cent as per a sample test conducted with the 13,161 persons from various parts of the country. The sample survey was conducted among people who took the COVID-19 vaccines from July 5 to August 14 2021. And till date 36.8% of people have been vaccinated with first dose and 29.8% are fully vaccinated. Even if it manages to secure vaccines, due to the insufficient cold chain management system, lack of capacity of human resources and misconceptions related to vaccine, the vaccination progress is not very exciting. . Though hub hospitals and local health facilities are operational in the project area, those are functioning with limited capacity such as minimum number of health personnel, isolation beds and essential medical supplies and equipment. With poor health infrastructure, lack of essential number of health worker with required skill on clinical management, the local population are facing difficult to access better clinical and hospital care facilities in the areas. Thus to support government's move of vaccinating its people, case management and better hospital care services, CARE Nepal in funding support from CARE Austria has been implementing vaccination support project at two municipalities of Kailali districts with an objective to ensure that poor and vulnerable communities in the western southern plains have access to improved COVID-19 prevention measures and COVID-19 vaccine. The focus of the program is on cold chain management, capacity building of health workers to be an effective service provider and logistical support to ensure health facility readiness. Thus the first quarter of the project maily concentrated around establishing the conducive environment to facilitate vaccination, case management and hospital care services like capacity building of health workers, local government, supply of essentials materials and awareness rasing on COVID-19 safety measures and vaccination misconceptions. The detail of the progress on its first quarter is highlighted below.

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2. Beneficiary

TABLE 1.1		Beneficiary Tracking Table									
Direct Beneficiaries:	Infants and Young (0-59 months)		Children (5-10 Years)		Adolescent (10-19Years)		Adults (20-59 Years)		Elderly (60 and above)		
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
Total activities beneficiary	0	0	0	0	0	0	45	120			
Vaccinated people	0	0	0	0	0	0	8421	7798	2105	1950	
Total							8460	7909	2105	1950	

Beneficiaries count explanation:
 The beneficiary reported are the number of participants of different trainings, orientation, workshops and the number of people vaccinated at Tikapur and Bhajani municipalities during the project reporting period with the materials supported to the vaccination sites. In addition to this through one way communication through radio program the population of both Palika i.e. 127929 has been benefitted.

3. Progress of project Implementation

TABLE 2.1	Output/Activity Table
Objective 1: Strengthen healthcare infrastructure capacity to interrupt COVID-19 transmission through infection prevention measures and vaccination campaigns in remote, underserved districts and communities.	
Outcome: The government has improved systems in place to ensure the preservation of the cold chain through to vaccination sites in remote districts and communities (1a)	
Activity	Progress
Provide equipment, including refrigerator, deep refrigerator, ice-lined refrigerator, cold box, ice packs and vaccine carriers to the full vaccine supply chain, from provincial cold rooms to vaccination sites	Health facility assessment was conducted during the initial phase of project to identify the current situation and gap in the areas of essential services including COVID-19 and vaccination. Based on the finding equipment support has been planned. Thus the vendor selection and procurement process has moved forward through Kathmandu CARE office. It is planned to distribute the equipment in October 2021 to match with the vaccination program of local government.
Train health personnel and support staff on supply chain management and database management at	One day training to vaccinator of COVID-19 was provided at Tikapur and Bhajani Municipality in coordination with health unit of municipality. The

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<p>district and local levels</p>	<p>training was provided to inform them with the Cold chain management system, minimum requirement of Vaccine site, minor side effect of Vaccination, AEFI (Adverse Event following immunization) and rumours of vaccination. Demonstration and practical sessions were also included to provide capacitate the vaccinators for dealing with the problem that encounters at vaccination sites. Similarly ensuring hygiene and sanitation around the vaccination site was also discussed during the training. In total 33 participants were trained on COVID -19 vaccination programme of local palika. Thus by the end of this training the participants committed to ensure hand washing practice by all beneficiary at vaccination site. Thus materials for handwashing was also provided to the respective vaccination site.</p>
<p>Organize coordination and consultation meetings between three tiers of government and other stakeholders, such as UNICEF and the World Health Organization (WHO) to improve the supply chain management specific to the target area</p>	<p>In order to kick off the project implementation, an inception workshop was organized at municipal and provincial level of Kailali with the participation of 31 stakeholders. The program was organized with an objective to share the objective, activity and budget of the COVID-19 Prevention, Response and Vaccination Campaign Support Project and collect feedback for coordinative effort. The municipal (Palika)level meeting was organized in presence of Mayors while the provincial level was organized in presence of spokesperson of social development ministry of Sudurpaschim province, Director of provincial health directorate, head of district health office and provincial logistic management office. In additon to them, the municipal stakeholders, representative of Nepal Red cross society and health units focal persons were made participated at municipapal level start –up cordination meeting. A participatory method was applied to share the intervention and collect feedback. Thus by the end of the program the participants were able to know about Covid -19 vaccine programme and role and responsibility of coordination committee formed at Palikalevel. Similarly they provided feedback on three areas 1) Support equipment for clod chain management, Support in CICT and implement the program in coordination with localmunicipalities. Also expansion of vaccination site was discussed to access vaccine by all. Asa result of this 5 vaccination site has been extended at Bhajani municipality</p>
<p>Outcome: Frontline health workers and outreach health facility in rural primary health clinics have improved capacity to conduct COVID-19 vaccine delivery rollout (1b)</p>	
<p>Activity</p>	<p>Progress</p>

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<p>Train frontline health workers (FLHWs), outreach health facility worker, female community health volunteers (FCHVs), and members of the Health Facility Management Committee (HFOMC) on national vaccination guidelines, microplanning of vaccinations, beneficiary registration, and vaccination tracking and monitoring</p>	<p>One day Municipal level immunization coordination committee training was organized at Bhajani and Tikapur Municipalities in participation of Mayor, Vice Mayor, ward chairpersons, health staffs, health professionals, Disaster risk reduction (DRR)focal person, school managemet committee member ane media person. In total 51 participants attended the training of which 10 were female and 41 were male. The content of the training included COVID-19 situtation, its sign and symptom, beneficiaries of COVID-19 vaccination program, minor side effect of Vaccination, AEFI (Adverse Event following immunization), rumours of vaccination, frequently ask question about Covid vaccine program. By the end of the training the participants were able to map out the roles and responsibilities of Palika level and ward level immunization coordination committee structure and their role and responsibility. And also discussed about the volunteer mobilization support during the vaccination campaign.</p>
<p>1.5 Provide funding and materials needed at vaccination sites (PPE for vaccinators, volunteers and other support staff; WASH facility maintenance; etc.)</p>	<p>Inorder to support the vaccination campaign, project supported different material as Vaccination site management that includes Mask, Sanitizer, Facesheid, Gloves, Hand washing corner adn Bucket. These materials has been distributed to minimize the transmission risk and ensure follow of safety measures at vaccination points. The material was handed to Palika for further distribution at vaccination site. Thus with this intervention a total of 20274 people from Tikapur and Bhajani has been vaccinated safely.</p>
<p>Outcome: Local health systems have improved capacity on COVID-19 clinical case management, Community Investigation Contact Tracing (CICT) through roll out of related guidelines and equipment support. (1 c)</p>	
<p>Activity</p>	<p>Progress</p>
<p>Support local government to mobilize CICT team</p>	<p>One day event was organized for Case investigation and contact tracing (CICT) to sensitize them on their roles and responsibilities. In total 9 health representatives i.e. Health coordinator, ANM, AHW, Lab Technician, Health Asistant, Public health Inspector attended the training. The training was facilitated by the health coordinators of Tikapur and Bhajani Municipality. Practical session on information management unit (IMU) software was also conducted during the training. IMU software is basically collects data about the no of people in contact tracing and support information management for COVID-19. Thus by the end of this training all participants were familiar with their role and responsibility and revised</p>

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	CICT IMU module. As a result of this till date a total of 10 contact tracing cases has been recorded by these trained personnel. Since the number of cases and contact tracing is decreasing in recent period the reported case is only 10.
Objective 2: Improve community understanding of COVID-19 prevention and build vaccine confidence	
Outcome: Target communities have improved knowledge of COVID-19 and increased vaccine acceptance (2a, 2b)	
Activity	Progress
Train and support FCHVs, community leaders and religious leaders to raise community awareness about access to vaccination sites and vaccine-related misconceptions	A total of 41 community leaders and religious leaders were trained on COVID-19, its misconception and their role on raising awareness for covid-19 vaccine. The training was organized in coordination with the municipality. An interactive method was used in the sessions and the participants were encouraged to express their experiences and put their views throughout the training. Especially lectures, discussion, experience sharing and feedback collection was applied through out the sessions. As a result of this training the religious leader and community leaders committed to support in awareness raising about covid-19 and covid-19 vaccination.
Conduct communication campaigns through broadcast radio messages and voice messages through Interactive Voice Response (IVR) system on the importance of vaccination	Awareness message about COVID-19 safety measures is being aired in the form of radio jingle through two FM stations i.e. Tikapur samudayik FM of Tikapur & shivashakti FM of Bhajani. The jingle is aired in two language "Nepali " and local language "tharu". Thus through this intervention a total of 127929 people have access to COVID-19 safety information. Apart from this project also supported in mask campaign of government by providing Mask to local government for further distribution to public.

4. Challenges & learning

- With the ongoing vaccination program of government the trainings and orientation should be planned according to the vaccination schedule of the local government so that they could apply their skill while executing the vaccination.
- Limited number of health workers at local health facilities to meet the need of expanded vaccination center, then therefore, the project need to mobilize increase number of trained volunteer mobilization there.
- Mobilization of Femal Community Health Volunteers (FCHV) has been instrumental to identify new cases, conducting contract tracing, case management services and help vulnerable population to reach out vaccination services.

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5. Conclusion

CARE Nepal and its implementing partner has implemented the activities planned under first quarter at Tikapur and Bhajani Municipality of Kailali. A close coordination with local government, health units and provincial health units has been fruitful to get their support while planning and timely implementation of project activities, organizing different capacity building interventions and reach to left population for vaccination. Likewise support provided through assessment help to meet the gap and contribute in fast and fair vaccination. Also strategy to mobilization of religious leaders and community leader for vaccination awareness supported to increase the trust of people for vaccine and it will continue till the entire project period.

Annex: Photos of different events



Fig: Project inception meeting at Tikapur



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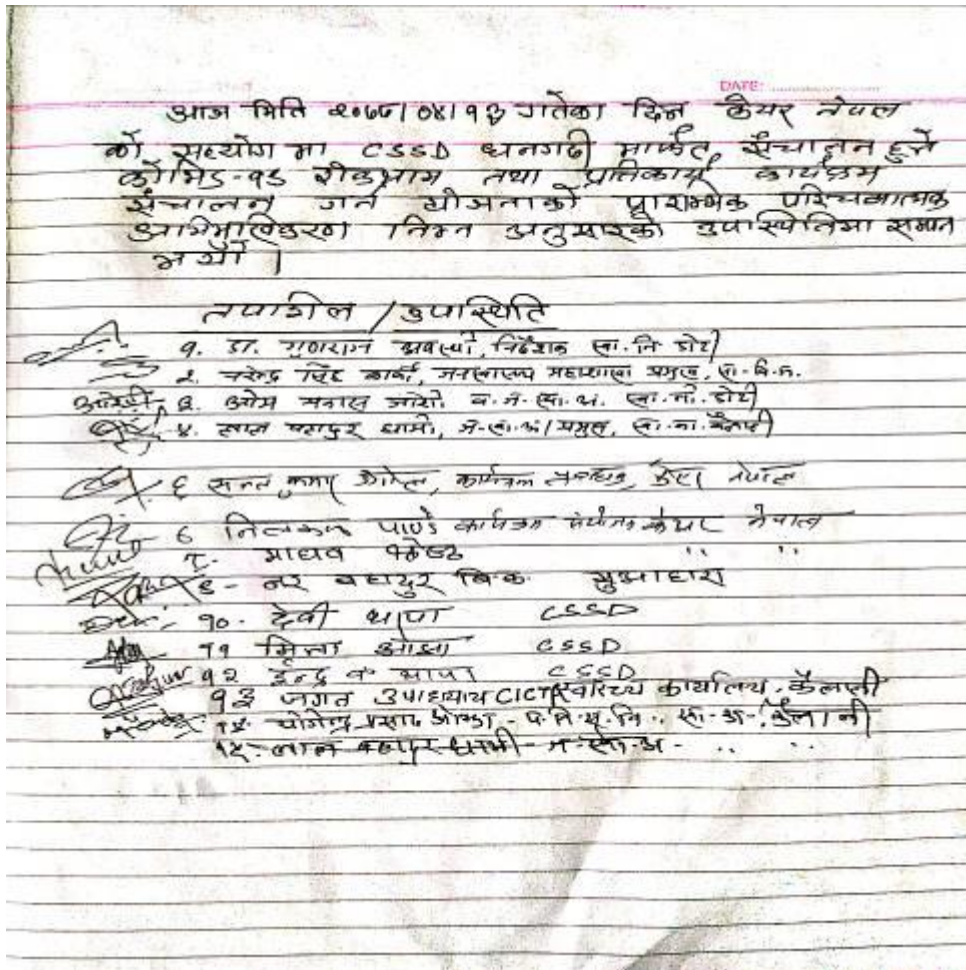


Fig3: Minute of inception meeting



Fig4: One day Municipal level immunization coordination committee training

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Fig4: Training on CICT to the health personnels



Fig4: Material handover to Tikapur for vaccine site management