



Nepal COVID-19: Cluster Update #18



31 July 2020

Overview

As of 29 July, Nepal has recorded 19,273 COVID-19 positive cases with 49 deaths and 14,021 recoveries. The national recovery rate is 72.8%. There are 14,471 people in quarantine sites and 5,203 in isolation. According to the Ministry of Health and Population (MoHP) 358,344 polymerase chain reaction (PCR) tests have been conducted so far. On 21 July, the Government of Nepal lifted the four-month long nationwide lockdown with a few exceptions. Places with the potential for high intensity transmission (schools, colleges, seminars, trainings, workshops, cinema halls, party palaces, dance bars, swimming pools, religious sites, etc.) will remain closed until the next government directive. Long route bus services, domestic and international commercial flights will resume from 17 August. The Ministry of Education, Science and Technology is in consultation with stakeholders on the procedures to resume educational institutions across the country. The 21 July cabinet meeting decided to allow the school administrations to open and begin student enrolment starting 17 August.

Heavy rainfall continues to trigger flooding and landslides across Nepal, leading to an increased number of fatalities and damages. Local and provincial governments are engaged in the response. Search and rescue works are predominantly being carried out by federal government agencies. As requested by the Ministry of Home Affairs (MoHA), humanitarian partners are assisting the affected population in support of federal, provincial, and local governments. Since the onset of monsoon (12 June onwards) 163 people have died -- mostly in landslides -- and 57 people have gone missing. Monsoon rainfall has impacted 266 municipalities across the country. Some 13,352 people are living in a temporary settlement in landslide and flood affected areas in Shankhuwasabha, Myagdi, Gulmi, Sindhupalchowk and Jajarkot districts. There are total of 65 makeshift camps in 11 landslides affected palikas and 31 wards. The Camp Coordination and Camp Management (CCCM) cluster is monitoring the situation closely and the Displacement Tracking Matrix has been activated to track displacement and humanitarian needs.

The Department of Hydrology and Metrology (DHM) has forecast heavy rainfall this week in Province Five, Karnali and Sudurpaschim. Following DHM's forecast, the National Disaster Risk Reduction and Management Authority (NDRRMA) issued a press note urging local populations to take precautionary measures and district authorities to keep search and rescue teams on standby. On 29 July, several parts of Kailali and Kanchanpur districts in Sudurpaschim Province were inundated due to heavy rainfall, forcing nearly 5,600 families to temporarily leave their houses. Assessment of the full extent of damage from the Kailali-Kanchanpur flooding was ongoing as of 30 July.

The federal government recently revised the Disaster Relief and Assistance Standards (7th Amendment) 2020. The provisions include NRS 200,000 (USD 1,678.95) cash paid out to the surviving family members of a person killed in a disaster incident, and additional NRS 100,000 (USD 839.47) will be provided it per each additional family member killed. In case of the death of the whole family no payouts will be disbursed. Moreover, NRS 15,000 (USD 125.92) per five-member family will be provided if their house, rental house, residence, agricultural farm, property or shop is destroyed. If a household consists of more than five members, NRS 20,000 (USD 167.89) will be

provided. The relief payment is to be provided promptly, on the spot, as far as possible. In case of complete damage to the house, NRS 100,000 (USD 839.47) will be provided upon the decision of the disaster management committee. For the reconstruction of damaged houses, the procedures will be same as the post-earthquake reconstruction. Notably, the revision has also incorporated provisions for vulnerable populations, such as pregnant and lactating women, children, senior citizens and people with disabilities, giving them priority during search and rescue and relief distribution.

Key humanitarian concerns relate to the compounding impact of responding to monsoon-related needs alongside COVID-19. Coping capacities are already stretched, particularly in the most vulnerable communities. Shortages of nutritional supplies and some non-food items (water, sanitation and hygiene and shelter-related supplies) have been reported as humanitarian partners have needed to use these stocks for the pandemic response.



Health Cluster

All 77 districts are affected by COVID-19; however, seven districts (Khotang, Bhojpur, Shankhuwasabha, Dolakha, Rasuwa, Mustang, and Manang) have no active cases. The testing capacity has increased to 28 testing sites, with at least one PCR testing site in each province.

MoHP Surge Laboratory Experts Team began collecting samples from returnees in the Kathmandu Valley on 25 July from two entry points (Chovar and Thankot). On 26 July this was expanded to two additional entry points (Sanga, Bhaktapur). Priority is given to those returnees from districts with high case positive rates. The analysis of results will guide policy makers in reviewing the lockdown strategy. Health sector partners continue to support MoHP in the COVID-19 response, particularly on case investigation, case management, contact tracing, enhancing laboratory capacity and infection prevention and control.

As of 29 July 2020

Total PCR sites: **28 (Reporting)**

Total PCR tests done: **358,344** (30,730 in past week)

Total PCR positive: **19,273** (an increase of 1179 in past week)

Total active cases: **5,203** (26.9%)

Total discharged: **14,021 (72.8%)**

Total deaths: **49** (0.3%)

Total quarantine beds: **199,959**

People in quarantine: **14,471**

Total isolation beds: **9,288**

In coordination with COVID-19 hospitals and provincial health directorate offices, the Mental Health Sub-cluster broadcast a radio programme on mental health through 500 radio stations across the country. They have reached 5,442 beneficiaries through MHPSS programmes and reached 205 clients who required maternal mental health services (screening and management during ante natal care (ANC) or postpartum). 318 people received clinical mental health services. Mental health sub-clusters are activated in Provinces Five, Two, Sudurpaschim and Gandaki. MoHP re-iterated its request to Health Cluster partners on the application of “public health standards” in all response activities, commodities for COVID-19 and monsoon response, diseases surveillance, risk communication and community engagement, case investigation and contact tracing, communication of health-related response needs to provincial health emergency operation centers, rapid response and emergency medical deployment team mobilization, and support in essential service continuity.

To date, a total of 141,638 women and children were reached with essential health services (EHS), including 21,903 women with ANC, 12,943 women with institutional deliveries and 106,792 children with vaccines (49% boys, 51% girls). Basic health services are being delivered from all health

facilities. Technical and managerial support continues to provincial health directorates (PHD) in organizing orientations on COVID-19-related reproductive maternal neonatal and child health (RMNCH) guidelines for health managers. Ninety-one participants (45 new, including 19 from Bara and 26 from Bajhang and Doti districts) from provincial health directorates, Ministry of Social Development (MoSD), health officers, RMNCH focal persons, medical superintendents and nurses have attended. Rotavirus vaccine was officially launched from 16 July through fixed and outreach sessions across the country. All birth cohort children are targeted to be covered through the monthly session plan. Support has been provided to the National Health Training Centre (NHTC) to run mobile-based COVID-19 training for community health workers. A total of 2,176 female community health volunteers (FCHVs) enrolled and 913 have completed the mobile-based interactive voice recording (IVR) training on COVID-19. In a similar training on COVID-19 for health workers, a total of 537 of 2,370 who started the training have completed all modules.

Reproductive Health

The Reproductive Health Sub-cluster, in close coordination with Family Welfare Division (FWD), is coordinating with provincial health directorate offices for the continuation of RH services throughout the country. Orientations on the interim guideline on reproductive maternal neonatal child and adolescent health (RMNCAH) is on-going in the districts. Local level orientations are affected due to the fiscal year planning process. Increasing shortages of human resources for essential RMNCAH services are being reported by all provinces. In this context, the RH Sub-cluster is working to take stock of immediate HR need and is working on interim measures. Analysis of 43 maternal deaths reported during the lockdown period found that 12% occurred at home, 2% on the way to an institution, and 12% on the way from one facility to another. These findings suggest that greater attention is needed to address delays in seeking care and strengthen referrals. Findings also show that 7% of women who died were under 20 years of age, which reflects the need for increased awareness regarding the legal age of marriage and risks of early pregnancy. Moreover, among the deaths seven women had COVID-19 like symptoms but PCR tests were not completed in three cases. In the current situation it is recommended that all patients with respiratory symptoms be tested for COVID-19. Another recommendation includes strengthening the maternal and perinatal death surveillance and response (MPDSR) system, strengthening referrals and quality of care, and strengthening the availability of life-saving medicines and blood products. In addition, the stock-out of maternal neonatal health (MNH) and family planning (FP) supplies continues to be reported as significant in some provinces. While some provinces have begun emergency procurement of required supplies, challenges remain in transportation, availability of supplies, and real-time database for addressing needs. The second round of the rapid assessment on the functionality and readiness of RMNCAH services is being carried out, the findings of which will be available by the second week of August. Since the lockdown, more than 8,600 helpline callers have benefitted from information, counseling, and referral services.

Challenges

Monsoon rains and possible flooding may affect outreach services and limit delivery of essential health services. Maintenance of physical distancing has been reported to be difficult in expanded programme on immunization (EPI) outreach sessions. Few mothers wore masks and demonstrated limited concern about handwashing and hygiene practices. Essential medicines such as misoprostol, chlorhexidine (CHX) and zinc are not adequately stocked in birthing centres of Pyuthan district, where an EHS assessment was conducted during the reporting period.



Protection Cluster

Psychosocial support:

Psychosocial support continues to be provided through remote counselling, online platforms, one-on-one counselling, group orientation sessions and deployment of community-based psychosocial community workers (CPSWs). Through these approaches, cluster members reached a total of 10,962 persons (4,132 males, 6,813 females and 17 other gender), 776 new cases, with one-on-one psychosocial support, including psychological first aid and counselling services. Concerns over health and increasing feelings of fear, anxiety and stress from various causes, including exposure to violence, are the main issues. Among the total supported, 3,150 persons were referred to various services (333 for psychiatric consultations, 514 for health services, 557 for legal services, 764 for security services and 982 for other services). A total of 52,693 persons (1,742 new participants), including humanitarian actors, community members and those in quarantine sites (24,790 males, 27,766 females, 137 other gender) were reached through group orientation sessions (virtual and face-to-face) and awareness-raising activities on stress management and psychosocial well-being in all seven provinces.

Gender-based violence (GBV):

A total of 3,040 gender-based violence (GBV) survivors (479 new cases) including 435 adolescent girls (26 new cases) and 41 elderly people received multi-sectoral support through peripheral health facilities, safe houses/shelters, one stop crisis management centres (OCMCs), legal and psychosocial counsellors and police in all provinces. A total of 6,714 females (389 new recipients) in quarantine centres have received dignity, kishori, and hygiene kits across all provinces except Gandaki. Dignity, kishori and hygiene kits are comprised of essential items that women and girls may need in crisis. 1,055 service providers and stakeholders (713 females, 342 males) have been trained on providing survivor sensitive GBV prevention and response services. Furthermore, 15,962 people (11,660 females, 4,302 males), of which 2,193 were adolescent girls and 762 were adolescent boys, were sensitized on GBV prevention and response interventions across all seven provinces. 2,640,869 persons (1,072,764 females, 1,156,426 males) were reached through messaging on harmful practices including GBV, domestic violence, care burden and early/forced marriage. The Clinical Protocol on GBV has been revised and endorsed by MoHP. The aim of the protocol is to guide health service providers on the provision of the best possible care to GBV survivors, identification of GBV survivors, case management and appropriate referrals.

Child protection:

A total of 7,847 unaccompanied, separated or other vulnerable children (4,117 boys, 3,730 girls), 1,956 new cases, were supported with appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency support and relief. Among these children a total of 583 (407 new cases) were referred to different services such as health, security, justice, etc. A total of 1,560 front-line workers, including case workers, (910 males, 650 females), 141 new participants, were virtually trained to identify and respond to unaccompanied, separated or other vulnerable children. Messages on online safety reached to a total of 14.7 million young people and parents (506,000 this week).

Migrants/points of entry:

Vulnerable returnee women migrants residing in NGO shelter homes in Kathmandu were supported with immediate cash assistance (NRS 13,500 each) to cover basic necessities and support travel costs to home districts. This support targets the most vulnerable women. Prior to cash distribution, screening interviews of 100 women returnees were undertaken to identify needs and risks, make

necessary referrals and provide protection services as required. In total, 735 (161 new cases) vulnerable people (325 females, 410 males which includes 93 girls, 2,128 boys, 27 persons with disabilities and 13 elderly persons) were supported with transportation services to reach their respective municipalities from quarantine centres, holding centres and points of entry.

Persons of concern- refugees:

Protective items were provided to the one stop crisis management centre in Paropakar Maternity Hospital in Kathmandu. The items included 100 sets of PPEs, 1,000 sets of surgical masks, N95 masks, examination masks, surgical gloves, examination gloves, surgical caps, 50 thermal guns and 200 dignity kits.

Challenges

The Government of Nepal (GoN) endorsed and published a Guideline for Repatriation of Stranded Nepali Migrant Workers affected due to the COVID-19 pandemic. As per the guideline, the GoN's repatriation support only addresses concerns of migrant workers who have migrated through formal channels who have obtained labour permits and are documented. Unfortunately, this does not cover the most vulnerable female domestic workers who migrated through irregular channels and are undocumented in the country of destination and/or country of origin.



Food Security Cluster

In response to the COVID-19 pandemic, cluster members have distributed food assistance to a total of 421,162 people (including ongoing assistance) in some 136 palikas of 46 districts across the country, in coordination with respective local governments. This includes ongoing take-home ration distribution that aims to support both nutrition and home-based education of 156,410 students and their family members (approximately 133,000 households) from 1,434 schools in 58 palikas of seven districts in Karnali and Sudurpachim provinces. Both of these provinces are relatively food insecure and more vulnerable according to the Ministry of Agriculture and Livestock Development (MoALD) report on the Impact of COVID-19 on Households Livelihoods, Food Security and Vulnerability in Nepal. As of 27 July, approximately 85% of the target children and families have received this food assistance. For monsoon response, cluster partners have provided food assistance for about 200 households (some 1,000 people) affected by the floods/landslide in Gandaki Province. As per the request of Barekot Municipality in Jajarkot District, food assistance has been extended for severely affected households, while the local government covers the needs of moderately affected households for a period of one month.

Markets continue to be open and functional across the country. In general, the price of staple food (cereals) is reported to be stable. However, the price of vegetables in several provinces has increased by 15-20 %, and drastically increased in Province One by 50% and Province Two by more than 200% due to decreases in production caused continuous rainfall, leading to shortages of vegetables in the market. In addition, the price of meat and eggs remains high due to low production and supply in the market. Paddy plantation for the monsoon season has been progressing well across the country, with 90-100% reportedly completed. Despite inadequate supply of fertilizers in several provinces, the plant has been growing well to date. As the monsoon rain has intensified in the past few days, newly planted paddies in the Terai, particularly the area nearest the Indian border, are submerged. There will be losses of planted paddy due to the decay of planted seedlings if the rain and submergence continues.

Challenges/gaps

Some 1.9 million households were identified by local governments as vulnerable to the secondary impacts of COVID-19. Now, with the lifting of lockdown and the resumption of development work, construction, manufacturing and other service sector industries, people are gradually regaining employment in the informal sector. However, seasonal food shortages are quite common in many parts of Nepal. In addition to daily wage workers in the informal sector, over 500,000 seasonal migrant workers have returned from India who are from highly food insecure and poor communities and are in urgent need of immediate employment and income to support their livelihoods. June, July and August are traditionally the agricultural lean season, leading to increased risks of food insecurity. Hence, food assistance is a pressing need during this period. This need has been highlighted through a number of consultations with agriculture sector stakeholders including landless, smallholder and commercial farmers that were recently conducted in light of the ongoing development of the UN Socio-Economic Recovery Framework in the country.



To date, 51 WASH cluster members, including their implementing partners, provided WASH support to a total of 193 health care facilities (54 hospitals and 139 health posts, primary health care centres, urban health clinics and community health units), 343 quarantine centres, 20 isolation centres, and a number of communities covering 485 municipalities in 77 districts across all seven provinces.

WASH support at points of entry and holding centres:

The WASH Cluster reached 81,293 returnees with WASH supplies and services in 20 designated points of entry (PoEs) and their holding centres. This was achieved through provision of supplies and installation and repair of WASH facilities. These included supplies of bottled drinking water, construction of 10 toilets for females (4), males (4), kitchen staff (2), and installation of drinking water stations (4), and garbage pits (2) in transit points in Karnali province. Similarly, seven handwashing stations (one in a transit point and six in PoEs) were also constructed. One male and one female toilet and one water station in two PoEs were repaired. WASH supplies, including soap, buckets, sanitizers, hygiene kits, masks and bleaching powders were provided to PoEs. Similar support was provided in holding centres, including drinking water, buckets, masks, mobile plastic toilets, soap, menstrual pads and handwashing stations, which benefitted about 10,000 returnees.

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

Cluster members continued to provide WASH supplies to health care facilities, quarantine and isolation centres. This support is reflected in the table below (report week figures in parenthesis). This critical WASH support has benefitted approximately 44,376 people in quarantine centres and 2,896 people in isolation centres.

	Health care facilities	Quarantine centres	Isolation centres
Bars of soap	36,687 (638)	64,976 (638)	2,523 (1,300)
Hand sanitizer	14,073 (181)	8,112	460 (195)
Hygiene kits	1,013 (24)	3,088 (127)	1,070 (186)
Buckets/mugs	2,304 (45)	9,183 (24)	553 (25)
Water purification tab.	789,640		
Gloves	46,910 (102)	4,169	
Masks	86,603 (23,905)	40,010 (12,388)	1,950 (1,825)
Bleaching powder	918 kgs	445 kgs	79 kgs

Installation of hand washing stations	260	316 (66)	18
Toilet construction	5	118	14
Toilet repair	31	21	59
Handwashing basin repair	20		
Bottled water		3,741	3,500
Menstrual pads		5,177	

In addition to the above, 81 water tanks of 100-1,000 ltrs capacity and four water filters of 40 ltrs capacity were provided in quarantine centres.

WASH in communities:

Cluster members provided critical hygiene supplies to 49,906 families. These included, buckets/water purification tablets to 14,600 families, masks to 7,441 families and hygiene kits to 6,654 families as well as 80,052 soap bars. A total of 1,169 handwashing stations have been installed at the community level.

Training, orientation and knowledge management

24 people (14 male and 10 female) were oriented on disinfection and environment cleaning procedures in Dhading district. 150 front-line health workers (123 male and 27 female), 13 NGO staff (8 male and 5 female) and 24 academic and municipal staff (13 male and 11 female) were oriented by WASH partners members on COVID-19. Similarly, 78 service providers (13 private tank operators, 16 sanitation workers, 23 solid waste collectors, and 26 faecal sludge operators) were oriented by WASH partners on COVID-19. 76 WASH practitioners benefited from a webinar on WASH during COVID-19. A special session of the WASH Cluster meeting was dedicated to the sharing of best practices and innovations among WASH Cluster members as part of a knowledge sharing series on WASH and COVID-19. This week, the Karnali WASH Cluster shared their COVID-19 response best practices.

Challenges:

With community transmission seen to be increasing post-lockdown, the major challenge lies in generating wider awareness among communities and households on continuing preventive behaviours, including those related to monsoon and risks of waterborne disease outbreak. To address this challenge, a technical working group is currently working on an IEC package to address both COVID-19 and monsoon risks. There continues to be a challenge in managing WASH supplies and services, as most WASH cluster members have exhausted their supplies in the COVID-19 response. Provinces and municipalities are requesting WASH response and prepositioning of supplies for the forecasted rainfall in the coming week. With the easing of lockdown, mobility of WASH frontline workers has increased, however deployment of community WASH workers in COVID-19-vulnerable areas continues to pose a challenge due to fear of exposure to COVID-19, as more people are coming out of their houses and adherence to hygiene behaviours in public is low.



As of 27 July, a total of 1,623,219 children aged 6-59 months are reported to have received vitamin A capsules. Of those, 201,586 are 6-11-months and 1,412,633 are 12-59-months. Full coverage data will be available at the end of July. In the past seven months, 2,915 children age 6-59 months with severe acute malnutrition were admitted in outpatient therapeutic care centres and nutrition

rehabilitation homes for therapeutic treatment and care (91 new admissions in the last week). A total of 1,193 Golden1000Days households received relief packages last week through local government Multisector Nutrition Plan (MSNP) programmes, which brings the total to 85,671 Golden1000Days households.

Challenges

There exists a current supply gap of therapeutic food for 8,000 children with SAM (8,000 cartons RUTF). Health workers are more focused on COVID-19 response than continuation of essential nutrition services. Female community health volunteers (FCHVs) are constrained from resuming community-based nutrition activities because they do not have adequate protection: masks, gloves and sanitizer. There is an unmet need for the blanket supplementary food programme for 93,790 beneficiaries (PLW and children 6-23months of age) in 22 priority Terai districts that are food insecure, flood prone and worst affected by COVID-19, requiring 867.29 MT of super cereal, valued at \$1,370,553.



Shelter/CCCM Cluster

The CCCM Cluster has rolled out the Displacement Tracking Matrix (DTM), releasing the report of the baseline assessment, carried out in Shankhuwasabha, Myagdi, Gulmi, Sidhupalchowk and Jajarkot, this week. The assessment was conducted to identify and verify locations where displaced people are residing in temporary settlements and identify mobility, sex and age breakdown, vulnerabilities, access to services, needs and requirements for camp management. The assessment found that in five districts there are 65 temporary settlements spread across 11 urban and rural municipalities and 31 wards. There are a total of 13,352 displaced individuals living either with host communities, in open spaces, in 13 community centres including schools and three other locations. The team is now preparing to conduct site assessments in each of the identified sites. The DTM questionnaire has been re-shared with all cluster co-leads for their input. Upon incorporation of their feedback, the team will begin reaching out to displaced populations in the five affected districts.



Education Cluster

The Government has issued a decision to start admissions and examinations from 17 August. While no decision has been made on the date to resume classes, teachers have been asked to report to schools by 30 July. The Ministry of Education, Science and Technology (MoEST) has submitted school reopening guidelines to the COVID-19 Crisis Management Centre (CCMC) for approval. The parenting education radio programme, supported by Education Cluster members, is ongoing nationwide in Nepali, Bhojpuri and Maithili languages through 85 radio channels and digital media, reaching 1.45 million. To promote listenership, 1,346 listener groups have been formed in nine districts with around 11,000 members. The programme provides information on parenting education and tips on ensuring early learning for children. To reach children through alternative means during school closure, the Centre for Human Resource and Education Development (CEHRD) and Education Cluster members are continuing classes through TV and radio. Video classes on TV for grades 1-10 through five TV channels and radio classes for grades 6-10 through more than 225 radio stations are ongoing nationwide (schedules here). The radio programmes include grade-wise curricular lessons and recreational activities like storytelling, creative writing and speech competitions. Radio learning programmes have reached 780,000 children nationwide. Video classes for grades 1-10 are also available on the National Centre for Educational Development (NCED) YouTube channel (link

here). Education cluster members distributed a total of 40,717 printed self-learning materials (277 self-learning materials this week). Additionally, to facilitate self-learning activities, 96 episodes of radio programmes based on self-learning materials for grades 1-3 have been produced and are being aired through Radio Roshi in Kavre district. Education Cluster members are continuing home and tole (settlement) teacher initiatives in which teachers visit children at home or in small groups while maintaining safety measures to ensure the continuity of learning during school closure. Teachers and social mobilizers are also reaching parents by phone to facilitate learning at home. Such home-based learning support programmes have reached a total of 23,400 children in Provinces Two, Five, Karnali and Sudurpaschim. The number of schools used as quarantine and isolation sites has decreased to 2,234 with the decrease in the number of returnees and completion of quarantine period for the majority of people staying in quarantine.

Challenges:

Schools which have been used as quarantine centres require disinfection before they can be reopened as schools. Local governments are expecting specific guidance on school disinfection, sanitization and safety measures to prepare schools for reopening. Due to limited access and poor internet connectivity, virtual coordination meetings and online classes for children are challenging, especially in Karnali and Sudurpaschim provinces.



Logistics Cluster

The national Logistics Cluster services for transport and storage have been extended until 31 October. The sixth WFP air passenger flight landed in TIA, Kathmandu on 29 July. The flight brought 214 kgs of cold chain medical supplies for UNICEF and 51 inbound passengers. Forty-seven outbound passengers from humanitarian agencies boarded the return flight to Kuala Lumpur the same day. The next passenger flight is scheduled for 12 August. The Cluster transported the following during the reporting period:

- Two trucks (30 cbm each) medical items of Province Two Provincial Health Directorate from provincial headquarters (Janakpur) to Bara (Kalaiya) and Parsa (Birgunj) on 25 July;
- One truck (30 cbm) medical supplies of CCMC from their airport warehouse in Kathmandu to Teku hospital on 27 July;
- One truck (30 cbm) shelter items of Care Nepal and Chhahari Nepal to Kaski (Pokhara) and Myagdi (Beni) on 27 July;
- One truck (30 cbm) medical items of Province Two Provincial Health Directorate from provincial headquarters (Janakpur) to Siraha (Siraha) on 29 July;
- Two trucks (30 cbm and 25 cbm) medical items of CCMC to Shurkhet on 29 July;
- Two trucks (25 cbm each) from Nepalgunj to Karnali (Jumla & Kalikot) and Sudurpaschim (Kailali and Kanchanpur).

The Cluster received 30 cbm educational items from World Education Inc for storage at the HSA in Kathmandu. Two service requests for Mugu remain on hold due to road blockage on the Jumla-Mugu road. To date the Cluster has transported approx. 1,894 cbm medical supplies and NFIs for COVID-19 and monsoon preparedness. The next Logistics Cluster meeting is scheduled for 31 July.

Gaps

Difficulty to procure PPE locally due to a new requirement for local vendors to get a quality assurance certificate from the government to sell the PPE. Lack of international availability of PPE and COVID-19 supplies.



Risk Communication and Community Engagement

Reach

More than 14 million people across the country were reached through radio the programmes “Koshish – Corona ka laagi Sichkya ra Sandesh”, “Pawankali Sanga Corona ka Kura”, “Jeevan Rakshya”, “Sahaj” and “Corona Capsule” and the television programme “Corona Care”. These programmes provide information on challenges faced by communities in the areas of livelihood and income generation due to COVID-19; safety measures with the lifting of lockdown; violence against children during the COVID-19 crisis; love, care and respect; and responses to misinformation reported by various mainstream media. More than 12 million people were reached with one-minute radio public service announcements (PSAs) on SMS (santise, mask use and social distancing) along with flood-focused messages related to water purification and diarrhea prevention, dengue prevention and snake bites. More than 17 million people were reached through social media channels with various information on sanitising, use of masks, physical distancing and anti-stigma.

Engagement

A total of 150,725 people – among whom 108,848 (72.2 per cent) were male and 4,777 (27.7 per cent) female – from Provinces Two, Five, Karnali and Sudurpaschim were reached through discussion groups, door to door visits and virtual meetings with key messages on prevention, love, care, respect and accessing health services. Around 10,277 children (roughly even numbers of boys and girls) were reached with messages about COVID-19 prevention, violence against children, love and care. A total of 300 of 1,800 waste workers (collectors) in the Kathmandu Valley were equipped with knowledge and skills on the proper use of PPE before and after collecting waste. Waste workers were also provided with locally produced PPE. Since 9 July over 2,700 people across the country have been disseminating bespoke stickers through the Viber platform that share messages related to anti-stigma, physical distancing, mental health and overall hygiene related to COVID-19. The total usage of the sticker pack is close to 17,000.

Feedback mechanism

This week, 5,580 people shared concerns and sought clarifications on COVID-19 and related issues. Most questions were on COVID-19 prevention methods and available testing services and mainly came from Sudurpaschim, Bagmati and Karnali provinces. The clarifications and concerns were addressed through daily press briefings, hotline services, radio, television and social media platforms. A total of 181,480 concerns and questions have been answered through hotlines (1130, 1115 and 1133), daily press briefings, radio and television programmes to date. Community support groups responded to concerns and questions about COVID-19 and other government services for a total of 21,146 people (61.2% male, 38.7% female). Media reporting on misinformation about community transmission was addressed through the daily MoHP press briefing. Similarly, the general public was informed about safety measures to be taken at offices, shops, in public vehicles and restaurants through the press briefing. Three key messages – mask use, sanitizing, and maintaining a two-meter distance – were reinforced every day through the health spokesperson.

Challenges

Non-compliant behaviour (especially proper use of mask and two-meter distancing) in public places and offices has remained a challenge in reinforcing “SMS” practices (two-meter distance, mask use and handwashing with soap and water or use of sanitizer) at a large scale. This month marks an important religious period that could lead to increased unintentional risky behaviour due to the observance of religious and cultural practices.



Inter-Agency Gender in Humanitarian Action

During the Gender in Humanitarian Action Task Team meeting (27 July) on monsoon response, women's rights organisations raised the concern that a lack of citizenship documents is preventing women from opening bank accounts, thereby impacting their access to much needed cash-based transfers to support food security. The Social Security Act (2018) allows for cash-based support to be transferred directly to social security accounts; however, there is limited knowledge among local governments and local bank branches on the disbursement of these funds. The lack of guidance and technical knowledge on operationalizing cash-based transfers is therefore posing a serious challenge as it is keeping women and excluded groups from receiving the necessary cash support to sustain themselves and their families during the ongoing emergencies. A combination of cash, in-kind support and reskilling for livelihood interventions is required to effectively and sustainably support these groups.

The lack of sex-, age-, disability- and diversity-disaggregated data was also raised as hampering effective response to the most vulnerable groups impacted by the ongoing emergencies (COVID-19 and monsoon flooding). Actively mainstreaming and monitoring gender equality and social inclusion across the humanitarian response is a joint responsibility shared by humanitarian clusters and their contributing members. Further, there is a lack of funding for grass roots organisations and those at the forefront of the response to effectively address the needs of women and excluded groups. Civil society organizations are raising the need to provide warm clothes, cash, shelter, food and clean water to affected communities in Myagdi and Jajarkot. Dedicated attention to Dalits, especially in geographically remote areas, is needed.



Cash Coordination Group (CCG)

A technical review team led by Ministry of Federal Affairs and General Administration (MoFAGA) has been reviewing the Cash and Voucher Assistance (CVA) guidelines focused on local governments. CCG is closely working with social protection actors to integrate cash programming in existing social protection systems. Cash SOPs developed for COVID-19 remain relevant to monsoon response, particularly MEB and transfer value. CCG also formed a task team to review the ToR of CCG in the evolving context.

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