



Nepal COVID-19: Cluster Update #21



28 August 2020

COVID-19 situation

Deaths	Positive Cases	Recovered Cases	Tested for COVID-19	Persons in isolation	Persons in quarantine
183	35,529	20,073	647,881	15,273	9,488

Source: <https://covid19.mohp.gov.np/#/> (as of 28 August)

Overview

On 17 August, the cabinet decided to authorize Chief District Officers (CDO) to enforce ‘prohibitory orders’ in their respective districts based on analysis and recommendations from District COVID-19 Crisis Management Centers (DCCMC). From 19 August onwards ‘prohibitory orders’ have been issued across 34 districts, and some local levels in 16 other districts.

CDOs who have enforced these ‘prohibitory orders’ have invoked the Section (2) of the Infectious Disease Act (1964) and Section 6 (3) of the Local Administration Act (1971)¹. The initial four-month lockdown (March-July) was enforced under the Infectious Disease Act. As with the lockdown, prohibitory orders include restrictions on all kinds of non-essential businesses and vehicular movements, education institutions, recreation centers, gatherings of people, sporting events and cultural and religious gatherings. On 26 August, the CDOs of the three Kathmandu Valley municipalities decided to extend the ‘prohibitory orders’ to 2 September. Government and non-government offices as well as financial institutions in direct contact with people in districts with more than 200 active COVID-19 cases, including Kathmandu Valley, shall arrange the delivery of services electronically and asked to operate at half capacity and office heads will be responsible for managing the duties of staff working from home. Institutions that are unable to provide services through online, virtual and electronic mediums will remain on hold until further notice. Meetings, seminars, and gatherings will be restricted except for emergencies. The concerned departments and authorities will monitor the implementation of restrictive measures and penalize those found breaching them.

International flights, scheduled to resume from 1 September, will only be allowed to carry Nepali passengers, representatives of diplomatic missions, United Nations and development partners and comply with the necessary precautions. Daily arrivals have been capped at 500 individuals. Regular flights to countries where polymerase chain reaction (PCR) tests are easily accessible will be allowed, with international airlines permitted to operate only one flight a day to Nepal. All the passengers must bring a certificate of a negative COVID-19 test issued within the 72 hours prior to boarding, along with the barcode or print copy of the COVID-19 Crisis Management Centre (CCMC)’s online form, and remain in hotel quarantine for at least seven days. Additionally, returnee migrants must stay in the designated quarantine facilities in Kathmandu Valley, managed by the DCCMC in coordination with the local governments of Kathmandu, Bhaktapur and Lalitpur districts.

¹ Section 6 (3) allows the administrations to enforce measures to restrict assemblies of more than five individuals or prevent anybody from undertaking a business

Monsoon rainfall continues to impact several parts of Nepal, leading to an increased number of fatalities and damage -- mainly due to landslide. In Achham district, seven people were killed and 10 went missing in debris flow or flash flood on 18 August. As of 25 August, 253 people have died (137 male, 110 female and 6 unknown) and 77 remain missing. Around 335 palikas (local levels) have been impacted by flooding and landslides.



Health Cluster

The Ministry of Health and Population (MoHP) endorsed the following two guidelines to support the ongoing COVID-19 response:

- Standards for the service delivery to senior citizens in the context of COVID-19;
- Management of health workers and other staff directly involved in the treatment of COVID-19 patients.

MoHP has authorised PCR laboratory services at medical colleges and academies under the condition of allocating one third of the beds to COVID-19 case management. Private hospitals have been requested to allocate 20% of their beds to COVID-19 case management in order to be authorised to conduct the PCR laboratory services authorisation. MoHP authorized the use of Remdesivir and plasma therapy in

COVID-19 treatment with approval on a case-by-case basis from Nepal Health Research Council (NHRC) and informed consent from patients. MoHP has also decided to reimburse to private health facilities NRS 3,500 (USD 29.54) per case per day for mild cases, NRS 7,000 (USD 59.08) per case per day for moderate cases and NRS 15,000 (USD 126.60) per case per day for severe case management.

As of 26 August 2020

Total PCR sites: 44 (reporting sites)
Total PCR tests done: 635,252
Total PCR positive cases: 34,418
Total active cases: 14,739 (42.8%)
Total discharged: 19,504 (56.7%)
Total deaths: 175 (0.5%)
Total isolation beds: 19,897
Total quarantine beds: 146,810
Total people in quarantine: 9,832

WHO, in close coordination with MoHP, developed the 'Point of Entry – Health Desk Prototype' for proper screening, registration, triaging and transfer of returnees. The prototype provides details of logistics and manpower needed to run health desks at designated PoEs as well as procedures to be followed, including tablet based online forms. The number of health desks can be adjusted according to the flow of returnees. The prototype type also details procedures to be followed for standardization across all PoEs. Health Cluster partners are requested to support the operationalization of these PoEs using the health desk prototype. Technical support continues to Epidemiology and Diseases Control Division (EDCD), National Public Health Laboratories (NPHL), Management Division, Curative Service Division (CSD), National Health Education, Information, Communication Centre (NHEICC), Health Emergency Operation Centre (HEOC) and Provincial Health Directorate Offices for the development of guidelines, protocols, SOPs, logistics estimation, sample transfer, enhanced surveillance, contact tracing and case investigation and case management for the ongoing COVID-19 response.

Mental Health Sub-Cluster continues to work with Epidemiology and Diseases Control Division (EDCD) and Family Welfare Division (FWD) at the federal level, as well as provincial health directorate offices and both COVID-19 and non-COVID-19 hospitals to ensure the provision of mental health and psychosocial services, including training to support health personnel.

Advocacy with provincial authorities on the uninterrupted delivery of essential health services (EHS) in the context of prohibitory orders imposed by the local authorities is ongoing. Fourteen new health

facilities (ten in Tanahun, four in Kapilbastu) were assessed this week, finding that 2,047 patients have used maternal and child health services from these facilities. To date, a total of 379 health facilities across all provinces (183 in Province Two; 14 in Bagmati; 38 in Gandaki; 62 in Province Five and 82 in both Karnali and Sudurpaschim) have been assessed on EHS functionality.

During the reporting period, 125 sets of health kits were provided to Budhanilkantha Municipality to support home isolation. In addition, 5,000 sets of health kits were provided in Nepalgunj, 500 sets in Bhairahawa; 3,000 sets in Janakpur and 11,500 in Kathmandu for emergency response.

A total of 821 health workers (543 in Province Two and 13 in Sudurpaschim, this week), including from Provincial Health Directorates (PHD), Ministry of Social Development (MoSD), health officers/districts, medical superintendents and nurses have attended orientations on Reproductive Maternal Neonatal and Child Health (RMNCH) Interim Guidelines. Support has been extended in the organization of mental health and wellbeing sessions in coordination with schools, targeting school children and adolescents. To date, mental health workers who were trained through a training of trainers (ToT) have conducted 170 sessions (72 with children and 98 with parents and teachers) reaching a total of 1,365 children (683 girls and 682 boys) and 2,066 parents.

Reproductive Health

A second round of the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) assessment was completed in July 2020. This round will compare service availability and utilization with the assessment done in the early stages of the lockdown in April 2020. While all health facilities (HFs) reported availability of services and increase in clients for selected RMNCAH services, some services have declined since the April assessment, namely institutional deliveries, C-sections and safe abortion services. Availability of health service providers has also declined over the period (April-July), doctor (87%-65%), and obstetrician and gynaecologist (33%-22%). The reasons for this are not clear; however, the increase in COVID-19 infection among health providers is a possible explanation. Supply of protective equipment and infection prevention and control (IPC) items has increased compared to the first round; however, the inadequate supply of personal protective equipment (PPE) for non-COVID-19 services remains a prevalent issue (40%). In addition, the poor stock situation of maternal and neonatal health (MNH) commodities persist. Public stigma or discrimination as reported by service providers related to COVID-19 has increased from 22% to 32%. The provision of PPE for non-COVID-19 services, psychosocial support for frontline health workers, transportation support for pregnant women, expanded helpline services (especially expert advice), and measures to address human resources shortages must be prioritized. A total of 12,225 calls were received via helplines between May and mid-August, 9,037 callers for counselling services, 1,854 for referrals, and 1,334 for information.

Challenges

Delivery of essential health services is likely to face constraints due to prohibitory orders imposed in many districts and municipalities, leading to a decrease in service utilization. Similarly, the continuous shortage of protective equipment for health workers is resulting in disruptions to essential and basic health services. COVID-19 infections among health workers are increasing daily in provinces Two, Five, Karnali and Sudurpaschim. Health workers are demanding hazard incentives. Provincial and local level case investigation and contact tracing (CICT) has not fully complied with CICT standard operating procedure (SOP) guidelines. While these activities are being conducted, there is no participation from provincial health directorates, health office chiefs or municipality health coordinators.



Protection Cluster

Psychosocial support

Psychosocial support continued 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 have reached a total of 12,583 persons (4,692 males, 7,869 females and 22 other gender), including 241 new cases, with psychosocial first aid and counselling services. Concerns over health and increasing feelings of fear, anxiety and stress from various causes, including exposure to violence, loss of jobs and employment uncertainty are the main issues reported. In addition, parents have shared that due to the closure of schools, children are spending most of their time on electronic gadgets, interacting less with family members and demonstrating aggressive behaviour. Among the total supported, 3,601 persons were referred to various services (600 for health services, 623 for legal services, 363 for psychiatric consultations, 949 for security services and 1,066 for other services). A total of 58,262 persons (609 new participants), including humanitarian actors, community members and those in quarantine sites (27,174 males, 30,908 females, 180 other gender) were reached through group orientation sessions (virtual and face-to-face) and awareness-raising activities on stress management and psychosocial well-being across all seven provinces.

Gender-based violence (GBV)

A total of 4,123 gender-based violence (GBV) survivors (4 new cases) received multi-sectoral support through peripheral health facilities, safe houses/shelters, one stop crisis management centers (OCMCs), legal and psycho-social counselors and police in provinces One, Two, Bagmati, Five, Karnali and Sudurpaschim. A total 6,945 females (including 424 adolescents and 20 persons with disabilities) in quarantine centers and isolation have received dignity, kishori, and hygiene kits in provinces One, Two, Bagmati, Five, Karnali and Sudurpaschim. 1,226 service providers and stakeholders (768 females, 458 males) have been trained on providing survivor sensitive GBV prevention and response services. Furthermore, 19,528 persons (14,142 females, 5,386 males), of which 2,538 were adolescent girls and 949 were adolescent boys, were sensitized/oriented on GBV prevention and response interventions in all provinces. 11,287,608 persons (4,590,215 females, 6,275,714 males) were reached through messaging on harmful practices, such as GBV, domestic violence, care burden and early/forced marriage.

Child protection

A total of 8,703 unaccompanied, separated or other vulnerable children (4,568 boys, 4,135 girls), including 195 new cases, were supported with appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency support and relief. Among these, a total of 607 children were referred to different services such as health, security and justice, among others. A total of 427 children (9 girls) who were deprived of liberty in eight child correction homes across the country have been handed over to their guardians following court orders. The children released were held in pre-trial detention or serving correction orders of less than one year.

Migrants/points of entry

In total, 4,000 sets of non- food item (NFI) kits (mosquito net, mask, sanitizer) were distributed in coordination with provincial and local governments in Morang, Jhapa, Illam and Sunsari districts, targeting the 16 quarantine centers, eight isolation centers and three holding centers. The objective of the NFI kits is to support migrant returnees and community people infected with COVID-19, targeting facilities closest to the India-Nepal border. 'Returnee Migrants Focused Rapid Assessment on Impacts of COVID-19 and Preparedness and Response Plans of Local Governments Nepal' was undertaken in 753 municipalities of all seven provinces. Initial findings suggest that nearly 72,000

individuals from 209 municipalities had requested assistance for repatriation due to loss of jobs or unpaid leave (79%), creating the potential for mass unemployment with the huge number of returnee migrants. 23% of municipalities have no plans for reintegration of returnee migrants, whereas the rest had draft plans. The overwhelming majority of municipalities (90%) believed that the biggest post-COVID-19 problem would be economic crisis due to many returning migrants. Some of the challenges faced by migrants include limited counselling services for returnees staying in holding and quarantine centers, delays in delivery of PCR results of returnees staying in quarantine centers and unemployment. In total, 824 vulnerable people (366 females, 458 males which includes 102 girls, 140 boys, 37 persons with disabilities and 13 elderly persons) were supported with transportation services to reach their respective municipalities from holding centers, points of entry, isolation facilities and quarantine centers.

Persons of concern - refugees

A total of 581 calls (49 new) have been received through a 24/7 hotline service, and protection needs were addressed accordingly. Furthermore, a total of 4,849 protection services (psychosocial support, GBV) were provided to persons of concern.

Challenges

Due to the issuance of prohibitory orders in different districts, protection actors continue to face challenges in reaching out to communities as well as survivors with different protection services, including essential GBV services offered through OCMCs. This is further exacerbated as service providers are reported to be infected with COVID-19.



Food Security Cluster

In response to the pandemic, Cluster members have distributed food assistance, in coordination with respective local governments, to approximately 504,600 people (51% male, 49% female, including ongoing assistance for 100,675) in over 214 palikas of 54 districts. This includes take-home ration distribution that aims to support both nutrition and home-based education of 156,410 students and their family members from 1,434 schools (approximately 133,000 households) in 58 palikas of seven districts in Karnali and Sudurpachim provinces. Both provinces are relatively food insecure and more vulnerable. As of 25 August, over 98% of the targeted children/families had received this assistance.

For monsoon response, Cluster partners have provided food assistance to 1,770 households (some 8,850 people) affected by floods and landslides in five districts of Gandaki, Karnali, and Sudurpaschim provinces to date. In Berekot Municipality of Jajarkot district, distribution of food assistance, including high energy biscuits, dry rations, and fortified nutritious food for 774 severely affected households is ongoing, while the local government is covering the needs of 428 moderately affected households. In addition, Cluster partners plan to provide cash assistance to 500 households (some 2,500 people) affected by landslides in Kalikot district and more than 1,800 households (over 9,000 people) with cash assistance in flood affected areas of Kailali district, in close coordination with District Disaster Management Committees (DDMC) and relevant local governments.

Due to the imposition of prohibitory orders in the most COVID-19 affected districts/areas, market activities have been limited and are only partially functioning. In provinces One, Two and Bagmati, food supply is irregular due to the strict containment measures imposed under the prevailing circumstances. In general, the price of staple food (cereals) is reported to have slightly increased. However, the price of vegetables across the country has increased by 20-45%, and drastically increased in provinces One and Two by more than 50%. Similarly, the price of meat and eggs

remains high due to low production and supply in the market. District Food Management Committees in Bajura and Mugu have requested the Food Management and Trading Company to replenish food supply due to the low stock caused by monsoon induced landslides.

Paddy plantation for the monsoon season is completed across the country. Despite inadequate supply of fertilizer and monsoon induced floods/landslides in several provinces, the plant has been growing well to date. According to preliminary estimates provided by agricultural officials, apple production could decline by about 50% in Jumla, Mugu, Humla and Dolpa districts due to heavy rains and hailstorms during the post flowering stage.

Challenges/gaps

Some 1.9 million households were identified by local governments as vulnerable to the secondary impacts of COVID-19. Seasonal food shortages are quite common during monsoon 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-generation activities to support their livelihoods. June-July-August are traditionally agricultural lean seasons, leading to increased risks of food insecurity. Food assistance, including conditional assistance, is a pressing need during this period, as highlighted through a number of consultations with agricultural sector stakeholders including landless, smallholder and commercial farmers which were recently conducted as part of the ongoing of the UN Socio-Economic Recovery Framework development process.



WASH Cluster

To date, 52 WASH Cluster members, including their implementing partners, have provided WASH support to a total of 193 health care facilities (54 hospitals, 139 health posts, primary health care centres, urban health clinics and community health units), 343 quarantine centres, 24 isolation centres, and a number of communities covering 490 municipalities across all 77 districts and seven provinces.

WASH support at points of entry and holding centres

The WASH Cluster reached 88,844 returnees with WASH supplies and services in 20 designated points of entry (PoEs). This was achieved through provision of supplies and installation and repair of WASH facilities. Similar support was provided in holding centres, including bottles of drinking water, buckets, masks, mobile plastic toilets, soap, hygiene kits, sanitary napkins and handwashing stations benefitting about 17,000 returnees.

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

Cluster members continued to provide WASH supplies to 193 health care facilities, 343 quarantine centres and 24 isolation centres. This critical support has benefitted 67,194 people in quarantine centres and 3,525 people in insolation centres, details of which are reflected in the table below (weekly figures are reported in parenthesis). In addition, 100 water tanks of 100-1,000 litres capacity, five water filters of 40 litres capacity and 12 colloidal silver filters were provided in quarantine centres.

WASH Supplies	Health care facilities	Quarantine centres	Isolation centres
Bars of soap	37,012	80506 (15,510)	3447 (924)
Hand sanitizer	14,183	19488 (11,376)	626 (166)
Hygiene kits	1,013	6,765 (1,000)	1,070
Buckets/mugs	2,325	9484 (298)	558 (1)
Water purification tabs	790,640	32,462	20,150
Gloves	47,189	4,369 (200)	18 (1)
Masks	87,678	61,410 (21,400)	2406 (456)
Bleaching powder	918 kgs	445 kgs	79 kgs
Chlorine	200 Ltrs	5,185 Ltrs	25 Ltrs
Installation of hand washing stations	292 (11)	438 (13)	18
Toilet construction	5	143	14
Toilet repair	105 (72)	21	124 (98)
Handwashing basin repair	30		
Bottled water		3,933 (157)	3,500
Menstrual pads	5,360 (480)	14,552 (9,375)	690 (485)
Disinfectant solution	35 Ltrs	280 Ltrs	25 Ltrs

WASH in communities

Cluster members provided critical hygiene supplies to 51,202 families, which included buckets/water purification tablets to 14,600 families, masks to 7,561 families and hygiene kits to 6,714 families as well as 82,531 soap bars. A total of 1,269 handwashing stations have been installed at the community level.

Training, orientation and knowledge management

Twenty-four people (14 males, 10 females) were oriented on disinfection and environmental cleaning procedures in Dhading district. 285 front-line health workers (113 males, 172 females), 99 NGO staff (83 males, 16 females) and 24 academic and municipal staff (13 males, 11 females) were oriented on COVID-19. Similarly, 78 service providers (13 private tank operators, 16 sanitation workers, 23 solid waste collectors, and 26 faecal sludge operators) and 30 cooperative staff were oriented on COVID-19. Seventy-six WASH practitioners benefited from a webinar on WASH during COVID-19. Further, around 70 WASH practitioners were oriented on making disinfection solution with bleaching powder. Over 25 frontline workers were oriented on tube-well disinfection using chlorine solution as part of the post-flood response and recovery support for safe water in Sudurpaschim Province. As part of sharing best practices and innovations in WASH, this week the ongoing initiative on the promotion of menstrual hygiene management during COVID-19 in Lamjung district was highlighted. Local people of Marsyangdi Gaunpalika have initiated the production of reusable masks and sanitary pads for consumption at the local level.

Monsoon response

Five Cluster members and their eight local partners provided WASH response in 11 districts of five provinces severely affected by water-induced disasters. In Sudurpaschim Province 2,000 flood affected families and 100 persons with disabilities in Kailali were reached with hygiene kits, buckets, water purification tablets and communal toilets. Similarly, 2,697 families from landslide affected areas in ten districts of four provinces were reached with WASH supplies and services, including hygiene kits, water purification solutions, communal toilets and hygiene education. The following table shows the support provided in each district of the various provinces.

Province	Districts	Families reached	WASH Support
Bagmati	Dhading	18	Hygiene kits
	Sindhuli	70	Communal toilets
	Sindupalchowk	347	Hygiene kits, buckets and communal toilets
Gandaki	Lamjung	265	Hygiene kits, water chlorination and soap
	Myagdi	323	Hygiene kits, buckets and water purification tablets
	Syangja	30	Hygiene kits
	Tanahu	61	Hygiene kits
Province 5	Palpa	38	Hygiene kits
Karnali	Jajarkot	745	Buckets, hygiene kits and water purification tablets
	Kalikot	800	Hygiene kits, buckets and water purification tablets
Sudrpaschim	Kailali	2000, including 100 people with disabilities	Hygiene kits, buckets, water purification tabs and communal toilets
	Total reached	4,697, including 100 people with disabilities	

Challenges

With the rise in positive cases, including among frontline workers, WASH interventions have been challenges over the past week by workforce movement limitations due to restrictions and an unwillingness to work in high-risk areas like hospitals, isolation and quarantine centres. While the federal government has been planning to establish isolation centres for over 10,000 people, these plans are being made without prior WASH facility assessment and planning, posing a major concern for providing basic services to isolated people. There is a growing need for comprehensive WASH and health packages in those areas where people lack proper hygiene services and are thus susceptible to the spread of COVID-19. Over 5,000 schools that were used as quarantine centres need to be disinfected and WASH facilities ensured intact before schools reopen. This major undertaking will require additional technical assistance and funding.



Nutrition Cluster

A total of 3,050 children with severe acute malnutrition (SAM) were treated with ready to use therapeutic food through 631 outpatient therapeutic centres (OTCs) and 18 nutrition rehabilitation homes (NRH). 75 cases were admitted to outpatient treatment programmes in the last week. 742,093 pregnant and lactating women in need received counselling through telephone. Among those, a total of 3,507 pregnant and lactating women were reached in the last week. A total of 125,510 children 6-23 months in the most flood prone and food insecure areas of Karnali Province and Province Two received supercereal. An additional 520 children were reached in the last week. 72,354 pregnant and lactating women in five districts of Karnali province and four districts of Province Two received supercereal. An additional 390 pregnant and lactating women received supercereal in the past week. 86% of children aged 6-59 months received Vitamin A supplementation in all 77 districts as of 17 August. Similarly, deworming has covered 84% of children 12-59 months.

Challenges

The lockdown and prohibitory orders imposed in many districts with high COVID-19 cases affects the utilization of essential health and nutrition services. Blanket Supplementary Feeding Program

(BSFP) started in Province Two has been halted due to movement restrictions. Health workers and female community health volunteers are constrained from resuming nutrition services and community-based nutrition activities due to inadequate protection (masks, gloves and sanitizer) for continuation of essential nutrition services. BSFP for 115,000 children age 6-59 months and 85,000 pregnant and lactating women (pregnant women: 32,000, lactating women: 51,000) require super-cereal for the prevention of acute malnutrition. Resource gaps of about US\$ 1.3 million exist for supplementary feeding for the prevention of acute malnutrition among 6-59 months children, pregnant and lactating women. There are constraints to screen, identify and refer children aged 6-59 months who are severely wasted for treatment at outpatient therapeutic centres (OTC).



Shelter/CCCM Cluster

Department of Urban Development and Building Construction (DUDBC) has received a request to supporting the establishment of a quarantine facility to accommodate an addition of 2,000 individuals in the Valley. The DUDBC is working on selecting the possible locations. DUDBC has previously supported the identification of potential locations to established quarantine and holding sites in the Valley with a total capacity to accommodate 1,900 individuals. The Cluster is providing ongoing support to quarantine sites, isolation and holding centres with NFIs (cloth masks, sanitizers and mosquito nets) in Province One. More than 4,000 individuals in eight isolation centres, three holding centres and 16 quarantine sites have been reached in 16 local levels of four districts bordering India: Morang, Illam, Sunsari and Jhapa. The three day 'Regional Asia Shelter Forum', initially planned for November 2020 in Nepal has been postponed to April 2021, considering the uncertainties and spike in COVID-19 cases in the country. The primary data collection for the round one of Displacement Tracking Matrix (DTM) has been completed. DTM has been activated in the five flood/landslide affected districts of Sindhupalchowk, Jajarkot, Myadgi, Shankhuwasabha and Gulmi, covering nine local levels. The DTM team assessed 29 active sites that are hosting more than 10 households, where 1,066 displaced families (5,400 individuals - 51% male, 49% female) have been living. Some concerns raised by displaced people include, but are not limited to, relocation of the affected families to safe locations in all nine local levels, request for the construction of temporary shelters using corrugated iron roofing sheets (CGIs) in Silichong Rural Municipality, and a geological survey to be conducted in the case of Dhaulagiri Rural Municipality. A detailed report is being drafted and will be shared with humanitarian actors, donors, government agencies and relevant stakeholders early next week.



Early Recovery Cluster

Cluster member continue to implement the short-term recovery activities that were discussed and agreed with Ministry of Federal Affairs and General Administration (MoFAGA) as part of the last round of consultations. An ER cluster meeting will be scheduled in the weeks to come to update MoFAGA and development partners on this work. As the UN finalizes its longer-term socio-economic recovery framework (SERF) it is clear that some early recovery activities, such as employment and support to returning migrants, will be a feature of this longer-term framework.



Education Cluster

To ensure learning continuity and no loss of 'academic year', the Curriculum Development Centre, Ministry of Education, Science and Technology (MoEST) is developing a framework for ensuring learning through alternative learning modalities (TV, radio, online, distance learning) as part of the regular academic session this year. A total of 51,135 printed self-learning materials were distributed to 63 municipalities of 18 districts across all provinces. To facilitate activities in the self-learning materials, 135 episodes of a radio programme based on the materials for grades 1 to 3 have been produced. More than 1 million children have been reached through radio learning programmes supported by Education Cluster members. The radio programmes include grade-wise curricular lessons and recreational activities like storytelling, creative writing and speech competitions. Parenting education programmes on radio and digital media reached 2.5 million people nationwide and provided information on parenting education and tips for ensuring early learning of children. The programme airs through 87 radio channels and digital media in Nepali and local languages (Bhojpuri and Maithili). 1,436 listener groups have been formed in nine districts with 11,483 members and promoted listenership. The Centre for Human Resource and Education Development (CEHRD) and Education Cluster members have produced 1,284 video lessons for grades 1 to 10 and 373 audio lessons for grades 6 to 10. The video and audio lessons are being aired through six TV channels and more than 200 radio stations nationwide.

Challenges

Distribution of self-learning materials and mobilization of teachers and volunteers for home-based learning support have been affected by the prohibitory orders of governments in areas with high COVID-19 cases. With an increased number of cases, the evolving situation has posed a challenge to advancing the school reopening discussion and led to uncertainty about the reopening of schools.



Logistics Cluster

A decision to resume chartered and international commercial flights from 1 September was made by Cabinet on 21 August. However, only Nepali citizens and representatives of UN, diplomatic missions and development partners will be allowed to fly to Nepal; foreign tourists are restricted until further notice. The 8th WFP aviation flight landed at Tribhuvan International Airport (TIA), Kathmandu on 26 August with 1.7 MT of medical items for WHO and IFRC, 63 inbound passengers; 47 outbound passengers to Kuala Lumpur boarded the return flight. The Logistics Cluster is able to operate and transports emergency response cargo through 'prohibitory orders'. This week six cubic meter (CBM) medical supplies of COVID-19 Crisis Management Centre (CCMC) from Kathmandu were transported to Khotang in Province One. The logistics cluster transported 48 tents of WHO to Sindhupalchowk district for people affected by landslide in Jugal Nagarpalika on 14 August. To date, the national Logistics Cluster has transported 631 MT (3,671 CBM) COVID-19 and monsoon relief supplies. The next national Logistics Cluster meeting is scheduled for 28 August.

Challenges

Some of the humanitarian staff (INGOs staff) are facing difficulties in returning to Nepal due to lengthy government administrative procedures. Some agencies also face challenges in obtaining customs duty waivers for COVID-19 supplies from MoHP and customs department.



Risk Communication and Community Engagement

Reach

During the reporting period the RCCE Cluster reached more than 15 million people (49% female) with key messages on: 1) maintaining at least two-meters distance with each other, 2) proper use of masks, 3) sanitisation, 4) stigma and discrimination against health workers and COVID-19 positive people through radio, television, megaphone announcement and social media platforms. Radio programmes titled “Koshish – Corona ka laagi Sichkya ra Sandesh”, “Pawankali Sanga Corona ka Kura”, “Hello Banchin Amaa”, “Jeevan Rakshya, Sahaj” and “Corona Capsule” and a television programme called “Corona Care” aired across the country discussing issues of stigma and discrimination against health workers, gender based violence and safety measures during festive celebrations. A total of 2,087,599 individuals were reached with messages related to socio-economic issues such as employment, nutrition and agriculture production, mental health and stigma and discrimination through explainer interviews via online platforms. Altogether 2,134,899 mobile subscribers received SMS on staying home, COVID-19 prevention, breastfeeding, complementary feeding for children under two and gender-based violence. U-Report Nepal, a chatbot on Viber that provides young people with information related to COVID-19, such as protection measures, mental health issues and other relevant matters, has received more than 9,000 subscribers. Subscribers regularly receive the aforementioned messages on COVID-19. Messages on COVID-19, prevention, #spreadlove, etc. reached to more than 15 million people during the reporting period through social media channels.

Community engagement

Around 480,000 individuals from provinces One, Two, Five, Karnali and Sudurpaschim were reached with key messages on safety measures, stigma and discrimination against returnees and health workers and available COVID-19 services at the local level through various means, including support group volunteers, female community volunteers, group meetings, peer leaders, youth leaders, telephone counselling, door-to-door visits and virtual platforms. During the reporting period, 80,527 households received telephone counselling on emergency nutrition. Altogether 1,175,407 households received telephone counselling on COVID-19 messages, gender-based violence, infant and young child feeding, resuming agricultural work during lockdown, mental wellbeing, stigma and discrimination and three key public health and safety measures: distancing, mask use and sanitising. 286 private sector employees ranging from a local airline to a multinational company received mental health sessions from psychiatrists, supporting the mental well-being of staff and their families. Twelve religious media professionals (two females) from radio, television and print media were engaged to disseminate festival celebration guidelines issued by the Ministry of Health and Population and WHO. More than 100 Hindu priests from the Kathmandu Valley were reached with messages related to staying home, use of virtual platforms and safety measures to follow if visiting households for any religious ceremony.

Feedback mechanisms

Altogether, 204,957 questions and concerns were answered through hotlines, radio and television programmes (5,746 last week through three hotline services). Concerns were also responded to through daily media briefings. Government home isolation policy and public misbehaviour against health workers and people staying in home isolation were emphasized through daily media briefings. The three effective “SMS” public health and safety measures were also reinforced every day through the media briefings.

Challenges

Prohibitory orders in many parts of the country posed a challenge to reach out to communities with COVID-19 public health and safety measures and create an enabling environment for health workers and people staying in home isolation. Community engagement needs to be strengthened to translate knowledge into the practices of 1) proper use of masks 2) two-meters distancing and 3) love, care and respect for returnees.



Inter-Agency Gender in Humanitarian Action

Due to the prevalent perception that returning migrants are bringing COVID-19 from abroad, women returnee migrants are facing difficulties in finding places to rent, especially in Kathmandu, due to stigma and discrimination. Women's groups running shelters are in need of supplies (food and non-food items) to continue their support to returnee women migrants until they find places to stay.

Civil society groups working on mental health have highlighted that they are receiving referrals to provide residential support to abandoned women and girls. As they lack quarantine services and supplies, they are unable to accommodate these requests.

Due to discriminatory practices affecting access to resources and services, women's groups report that Dalit women are unable to maintain personal hygiene, increasing their risk of infection. Further awareness raising on preventive measures among Dalit women is required. Women's groups also report that daily wage laborers are not able to pay for medical support and supplies due to their lack of livelihoods.

The monsoon season is providing a major obstacle for organisations implementing activities for women, girls and excluded groups due to expensive transportation costs. Where relief is available, persons in need are hesitant to go to relief points due to heavy rainfall.

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