



Nepal COVID-19: Cluster Update #24



09 October 2020

COVID-19 situation

Deaths	Positive Cases	Recovered Cases	Tested for COVID-19	Persons in isolation	Persons in quarantine
590	26,684	71,343	11,31,958	26,684	4,460

Source: <https://covid19.mohp.gov.np/#/> (as of 09 October, 11.06 AM)

Overview

The Ministry of Health and Population (MoHP) on 4 October urged the general public to stay where they are to celebrate the upcoming Dashain and Tihar festivals (these are the main Nepali festivals where people traditional travel to visit their families). The ministry issued this call in view of the possible rapid spread of COVID-19 due to increased movement of people during the festivals. The recent spike in COVID-19 cases has raised concerns as the festival season approaches. A new daily case record was set on 7 October, with 3,439 positive cases. In Bagmati Province, and Kathmandu Valley in particular, authorities are ramping up case investigation and contact tracing, follow up of cases in home isolation and quarantining contacts as top priorities.

The Ministry of Physical Infrastructure and Transport has issued Public Transport Operations Guidelines, 2077, and urged people to use public transport services only for undertaking essential work when other means of transportation are not possible. They have also stated that those with vulnerable health conditions should not use public transport.

The withdrawal of monsoon has begun in Sudurpaschim, Karnali, and Province Five from 1 October. A low-pressure area in the Bay of Bengal had some impact in the eastern part of Nepal. Meanwhile, on 6 October, the eighth meeting of National Disaster Risk Reduction and Management Executive Committee was held, chaired by the Home Minister¹. A decision was made to collect sectoral data on damages and losses due to flood, landslide, and thunderbolt during the monsoon as an outcome of the meeting. All ministries and related stakeholders have been asked to submit detailed monsoon response reports within 15 days. The meeting also discussed on a draft grant procedure for reconstruction and rehabilitation of private houses affected by the disaster. Among other issues, the meeting also decided to organize programs for one week to mark International Day for Disaster Risk Reduction, which falls on 13 October. Civil society organizations have also planned different program across the country to mark the day.

¹ <http://drrportal.gov.np/uploads/document/1692.pdf>



All 77 districts are affected by COVID-19; however, three districts (Solukhumbu, Mustang, and Manang) have no active cases, while seven districts (Morang, Sunsari, Kathmandu, Lalitpur, Bhaktapur, Chitawan and Rupandehi) have more than 500 active cases. Testing capacity has increased to 57 testing sites, 17 of which are private laboratories.

MoHP recently updated the “National Testing Guidelines for COVID-19”, incorporating criteria for antigen-based testing and a flow chart for diagnoses to support ongoing response. The MoHP have recommended partners and line-ministries to help in breaking the diseases transmission chain through not organizing seminars, trainings, workshops, mass gatherings, processions, religious programs, etc. They have also allocated additional resources to hospitals for the establishment and/or strengthening of high dependency units and intensive care facilities.

As of 7 October 2020

Total PCR sites: **57** (reporting sites)
Total PCR tests done: **11,13,485**
Total PCR positive cases: **94,253**
Total active cases: **25,007** (26.5%)
Total discharged: **68,668** (72.9%)
Total deaths: **578** (0.6%)
Total isolation beds: **17,392**
Total quarantine beds: **84,934**
Total people in quarantine: **4,164**

Support has been extended to National Public Health Laboratory (NPHL) for the development of a National SARS-CoV-2 reverse transcription polymerase chain reaction (RT-PCR) proficiency testing (PT) program at NPHL, Teku. Panels with both positive and negative samples were sent to 20 designated COVID-19 testing laboratories in the first round and 30 laboratories in the second round. The results of the proficiency test in the first round were satisfactory. WHO facilitated the validation of one newly established designated COVID-19 laboratory (Anandaban Hospital, Lalitpur). Technical support to MoHP continues on infection prevention and control (IPC), laboratories, epidemiology, COVID-19 commodities and information management.

Health partners have been continuously supporting case investigation and contact tracing (CICT) activities in Chandragiri Municipality, a highly COVID-19-affected municipality in the Kathmandu Valley. During the reporting period, over 150 sets of health kits were handed over to Chandragiri Municipality and District Health Office, Kalikot to support home isolation.

Health partners continue monitoring the continuity of essential health services (EHS). It is reported that basic and essential services, including routine immunization and maternal and newborn health services have been functioning continuously in all districts. During the reporting period, eight new health facilities in Gandaki and Province Five were assessed, finding that 393 beneficiaries utilised maternal and child health services. To date, a total of 399 health facilities across all provinces (183 in Province Two; 14 in Bagmati; 43 in Gandaki; 77 in Province Five; and 82 across Karnali and Sudurpaschim provinces) were assessed for EHS functionality. Findings are that a total of 151,953 women and children utilised EHS, including 24,358 women for ante-natal care (ANC) services; 13,962 women for deliveries in health facilities; and 113,633 children for immunization (49% boys and 51% girls).

Reproductive Health

More than 100 maternal deaths have been reported in the last seven months. There is a gap in the investigation and notification of maternal death in the absence of a robust Maternal and Perinatal Death Surveillance and Response (MPDSR) system and capacity in all districts. Therefore,

strengthening the MPDSR at the community level is critical to identify and address the challenges surrounding the issue of maternal death. Maternal death at home delivery is quite significant in Province 5 and Karnali Province. Due to the difficult terrain, it is challenging to seek health care and reach facilities. Furthermore, the increasing number of COVID-19 infections amongst frontline health workers has heavily impacted on the continuation of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) services. Staff at provincial offices have expressed concerns about insufficient HR resources and lack of a back-up system to support their work. As reported, one of the reasons for low Maternal and Neonatal Health (MNH) is the lack of qualified personnel and family planning (FP) services available in these facilities. Also, there is a decrease in the uptake of the long-acting contraceptive methods and shortages of family planning commodities. This requires better coordination and communication in the federal and provincial logistics and supply units. Timely procurement and distribution are key in this process. In the last two weeks more than 2000 calls were received in the helpline service (from 65% males and 35% females) for Information (302), Counselling (1625) Referrals (220) on various RMNCAH issues.

Mental health and psychosocial support

Mental Health (MH) sub-cluster partners provided services on: mental health and psychosocial support, MH for pregnant and post-partum mothers and community psychosocial workers. Health partners supported the organization of online mental health wellbeing sessions targeting children and adolescents. To date, trained mental health workers have conducted 1,051 sessions, reaching a total of 21,754 people (6,273 girls, 6,040 boys and 9,441 parents/caregivers). Interactive voice response (IVR) based training of health workers and female community health volunteers (FCHVs) on COVID-19 in collaboration with National Health Training Centre was completed by the end of September. A total of 5,688 FCHVs and 1,947 health staff completed the full training module and required post-tests. In addition, over 300 journalists have been trained on mental health sessions and reporting of suicide/mental health issues.

Psychological first aid and counselling:

Protection cluster members continued to provide psychosocial support through remote counselling, online platforms, one-on-one counselling, group orientation sessions and deployment of community-based psychosocial community workers (CPSWs). During the reporting period 1,210 new cases were reached with psychosocial first aid and counselling services through Concerns over health, excessive worry and stress due to the prolonged emergency and uncertainty, including loss of jobs, remain major issues.

Monsoon response:

Psychosocial support is being provided to landslide affected families and children in Jugal Rural Municipality of Sindhupalchowk District in Bagmati Province. Two child friendly spaces were established in coordination with local government and 21 children were provided with psychosocial support during the reporting period.

Awareness-raising and communication on mental health:

Protection cluster members reached 42,082 persons (16,507 male, 25,569 females and six other gender) through awareness-raising activities on stress management and psychosocial well-being across all seven provinces. A total of 305 community radio programme producers have been trained virtually on mental health and psychosocial wellbeing as well as standards for reporting on mental health issues and suicide. Thirty-seven trained radio programme producers developed and aired programmes on the importance of discussing mental health issues at the family level.

Mental health service provision

Online mental health and wellbeing sessions focused on children, adolescents and parents/caregivers were organized. To date, trained mental health workers have conducted 1,051 sessions reaching a total of 21,754 people (6,273 girls, 6,040 boys and 9,441 parents/caregivers).

Capacity-building and technical orientation to service providers

To address the stress on children and parents due to the pandemic and school closures, Education Cluster members are raising awareness on psychosocial support and providing training for teachers and other education actors.

Challenges and concerns

The growing number of COVID-19 cases across many districts and municipalities have increased frustration, irritation and mental health issues among the general public, especially youths, which have been expressing dissatisfaction towards the government's response through social media.



Protection Cluster

Child protection

During the reporting period 1,455 unaccompanied, separated or other vulnerable children were supported with appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency support and relief; among which 15 children were referred to different services including health, security, justice. A total of 91 frontline workers, including case workers, were virtually trained during the reporting period to identify and respond to the needs of unaccompanied, separated or other vulnerable children.

Gender-based violence (GBV)

During the reporting period 323 GBV survivors received multi-sectoral support through peripheral health facilities, safe houses/shelters, one stop crisis management centres (OCMCs), legal and psycho-social counsellors and police in provinces One, Two, Bagmati, Five, Karnali and Sudurpaschim.

Migrants/points of entry

In coordination with Missions in Cyprus and Nepal and support from the Government of Cyprus and Nepal, 63 stranded Nepali Migrants (59 males and 4 females) were supported to voluntarily return to Nepal on 19 September through IOM's charter flight. Due to the COVID-19 pandemic and flight restrictions, the stranded student migrants were unable to pay their fees and rent. Their voluntary return support included a reintegration cash grant (EUR 300 per migrant) upon departure from Cyprus and airport assistance on arrival to assist them through immigration, in coordination with the COVID-19 Crisis Management Centre and other government authorities.

Challenges

The economic impact of COVID-19 continues to impact vulnerability to GBV and other protection risks. Economic strain and its impact on access to services are factors contributing to emotional and psychological distress and protection threats facing women, adolescent girls, persons with disabilities, elderly persons and other vulnerable groups. This is particularly true for victims of intimate partner violence. The current context continues to feed family drivers of child neglect, abuse and exploitation. 3.5% of families surveyed by the child and family tracker report being separated from a child. Meanwhile, socio-economic strains and increased exposure to violence continue to adversely affect child protection gains and weaken protection from neglect, abuse and violence.



The second round of take-home ration distribution (total of 1,326 Mt of mixed food commodities) started in October. The ration consists of fortified rice, lentils, oil and salt, and aims to support both nutrition and home-based education of 155,319 students (53% girls and 47% boys) and their family members from 1,432 schools (approximately 133,500 households) in 56 palikas of seven districts in Karnali and Sudurpachim provinces. Both provinces are relatively food insecure and more vulnerable in the COVID-19 crisis context.

Markets are fully operational and back to normal as supply of food and non-food commodities from major markets to district markets has improved as transportation services resumed. The price of staple food (cereals) is reported to have slightly increased. However, the prices of vegetables and fruits remain high across the country, while the price of chicken meat has decreased.

Paddy, maize and millet crops are reportedly growing well, although farmers have experienced scarcity of fertilizer across the country. According to preliminary projections provided by agricultural officials, apple production could decline by 50–70% this year in Jumla, Kalikot, Mugu and Dolpa districts due to heavy rains and hailstorms during the post flowering stage.



To date, 70 WASH cluster members, including their implementing partners, provided WASH support to 13 federal hospitals and 61 COVID-19 hospitals in 53 districts as well as 139 health posts, primary health care centres, urban health clinics and community health units, 343 quarantine centres, 29 isolation centres, and a number of communities covering 540 municipalities in 77 districts across all seven provinces. In addition, the WASH Cluster reached a total of 177,050 returnees with WASH supplies and services in 20 designated points of entry (PoEs) benefiting approximately 37,781 returnees in holding centres, details of which are reflected in the table below (figures within parenthesis mean a reach in the last two weeks):

WASH support at points of entry and holding centres

WASH Supplies	Point of entry	Holding centre
Bars of soap	21,753 (9,792)	10,180
Hand sanitizer	40	5
Hygiene kits	1,078 (751)	751
Buckets/mugs	129 (121)	84
Masks	22,528 (8,030)	11,030
Bleaching powder	100 Kg	
Bottled water	177,050 (20,265)	37,781
Installation of hand washing stations	27 (5)	6
Toilet construction	1	7
Toilet repair	2	
Menstrual pads		200

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

WASH cluster continued providing critical WASH support to health care facilities, quarantine and isolation centres benefitting 97,060 people in quarantine centres and 3,700 people in isolation centres, details of which are reflected in table below.

WASH Supplies	Health care facilities	Quarantine centres	Isolation centres
Bars of soap	40,479 (24)	96,579	3,472
Hand sanitizer	16,297 (5)	33,040	651
Hygiene kits	7,309 (26)	7297 (9)	1,197 (95)
Buckets/mugs	2,364	9,502	585
Water purification tabs	790,640	32,462	20,150
Gloves	73,922 (10)	12,911	418
Masks	113,290	82,110	2,626
Bleaching powder	1415 kgs (15)	445 kgs	79 kgs
Chlorine	200 Ltrs	5,190 Ltrs	25 Ltrs
Installation of hand washing stations	367 (13)	462 (20)	21
Toilet construction	15	160 (1)	19 (4)
Toilet repair	41	21	30
Handwashing basin repair	30		2
Toilet cleaning liquid (bottle)	208	31	2,165
Menstrual pads	5,370	14,552	700
Waste Collection Bins	5,516	435	303

WASH in communities

Cluster members provided critical hygiene supplies to 51,400 families, including buckets and water purification tablets to 18,142 families, masks to 7,561 families and hygiene kits to 13,430 families, as well as 82,932 soap bars. Overall, 191,250 people benefited from the installation of 1,275 handwashing stations at the community level.

Training, orientation and knowledge management

Over 1,200 frontline workers, stakeholder and WASH partners at various levels were trained on subjects related to WASH and infection and control in relation to COVID-19. The table below provides the details of these.

Training/orientation/webinar	Beneficiaries		
	Female	Male	Total
Disinfection and environment cleaning procedure	11	44	55
Frontline health workers	207	147	354
NGO staff	40	144	184
Academia			24
Municipal staff	11	13	24
Service Provider (tank operator, sanitation worker, solid waste collector, faecal sludge operator)			78
Webinar- WASH and COVID 19			270
Making disinfection solution			70
Tube well disinfection -frontline workers			25
TOT on total Sanitation, school WASH and precautionary measures	32	92	124
Total	301	440	1208

Monsoon response

Five cluster members and their local partners provided WASH response in twelve districts severely affected by water-induced disasters, reaching over 5,700 people, including 100 people with disabilities, details of which are reflected in the table below:

Province	Districts	Families reached	WASH Support
Bagmati	Dhading	18	Hygiene kits
Bagmati	Sindhuli	70	Communal toilets
Bagmati	Sindupalchowk	567	Hygiene kits, buckets and communal toilets
Gandaki	Lamjung	265	Hygiene kits, water chlorination and soap
Gandaki	Myagdi	323	Hygiene kits, buckets and water purification tablets
Gandaki	Syangja	30	Hygiene kits
Gandaki	Tanahu	61	Hygiene kits
Province Five	Palpa	192	Hygiene kits and dignity kits
Karnali	Jajarkot	845	Buckets, hygiene kits and water purification tablets
Karnali	Kalikot	1,050	Hygiene kits, buckets and water purification tablets
Sudurpaschim	Bajura	140	Buckets, hygiene kits and water purification tablets
Sudurpaschim	Kailali	2,224, and 100 people with disabilities	Hygiene kits, buckets, water purification tabs and communal toilets
	Total reached	5,785 and 100 people with disabilities	

Challenges

With Dashain and Tihar festivals approaching, there is anticipation of a mass influx of people from India and other countries, which could create a similar situation to that experienced during the initial post-lockdown border reopening at points of entry across the country. Thus, further WASH related preparedness is required at points of entry and related holding, quarantine and isolation centres. Needs are anticipated to be higher in the coming weeks due to the increase in positive cases in both India and Nepal. Challenges remain in disinfecting the maximum number of schools that were used as quarantine/isolation centres. While in some provinces/districts schools have reopened, there are concerns over following proper disinfection protocols. Home isolation continues to be an option for COVID-19 positive patients; however, challenges remain in monitoring and ensuring proper hygiene practices by patients and family members. Healthcare and IPC supply wastes, e.g., used PPE, gloves and masks, continues to pose a critical environmental problem which may contribute to virus transmission as well as environmental pollution. This could be the case with waste related to home isolation as well.



Nutrition Cluster

339 cases were admitted to outpatient treatment programmes in the past two weeks. In the past two weeks 36,347 pregnant and lactating women received telephone counselling. A total of 143,514 children aged 6-23 months in need in the most flood prone and food insecure areas of Karnali Province and Province Two received supercereal (2,627 in the last week). The distribution of 65 MT of supercereal has begun in Chepang communities of Bagmati, as well as flood and landslide affected communities in Gandaki, Province Five and Sudurpaschim. Recently, the government began distribution of supercereal in Solukhumbu district, targeting 2,958 children age 6-23 months. Nutrition and COVID-19 messages are being broadcast by 203 FM radio stations, reaching more

than 2,388,920 households. In the past two weeks 83,410 HHs were reached with nutrition messages. In Saptari district, Nutrition Cluster partners provided supplementary food to 35 children 6-59 months with moderate acute malnutrition. Nutrition cluster partner provided nutritious food items in relief packages to 188 households affected by monsoon flood and landslides in Rupendehi and Arghakhanchi districts. MoHP initiated the development of a national treatment protocol for nutrition rehabilitation homes (NRH). So far, a consultant has been identified and a first draft prepared and discussed among resource persons, facilitator groups and technical groups. Nutrition Cluster has decided to conduct a national Vitamin A campaign on 26 and 27 November (11, 12 Mangshir 2077) targeting 2,718,459 children age 6-59 months. Bi-weekly Nutrition Cluster meetings are ongoing at the federal level, jointly with provincial nutrition clusters and technical working groups.

Challenges

Supercereal is required for the blanket supplementary feeding programme (BSFP) targetting 115,000 children age 6-59 months and 85,000 pregnant and lactating women (pregnant women: 32,000, lactating women: 51,000) for the prevention of acute malnutrition. A resource gap of about USD 1.3 million exist for this programme. Continued lockdown and mobility restrictions makes it difficult to screen, identify and refer children aged 6-59 months who are severely wasted for treatment at OTCs. Nutrition Cluster has endorsed a concept paper on family MUAC approach and recommended MoHP's approval.



Shelter/CCCM Cluster

The Displacement Tracking Matrix (DTM) has been supporting the CCCM Cluster in monitoring the status and locations of populations in temporary displacement sites, gathering information on humanitarian needs and gaps facing persons displaced by landslides. DTM round two was conducted in the three landslides affected districts of Sindhupalchowk, Shankhuwasabha and Myagdi between 17-23 September. In round two DTM assessed 12 active sites hosting more than 2,000 individuals (480 households) spread across three districts, or six municipalities. In Jajarkot, six active sites in Barekot, identified during DTM round one, have been excluded from round two as the displaced communities could not be reached through the remote assessment modality due to telecommunications system disturbances in the district. All five sites in Gulmi assessed during DTM round one had closed. The team also identified four new, active sites in Sindhupalchowk and Shankhuwasabha during the round two assessment. Since DTM round one, the number of communities displaced by landslides has dropped by almost 61%. This could mean that households have returned to repair or rebuild their houses with the monsoon season coming to an end. The assessment indicated CCCM, education, protection, health and information and communications are the top needs in assessed sites. The detailed report will be published and shared by 9 October.



Early Recovery Cluster

Activities under the Early Recovery Cluster (ERC) have been progressing during the reporting period. These activities are focused on providing short-term assistance to restore livelihoods and promote emergency employment opportunities, directly benefiting the populations worst impacted by COVID-19. As of the reporting date, some 84 'early recovery' activities have been planned and/or are under implementation by 20 member agencies across the country. Out of these, 21 activities have been completed, 42 are ongoing, and 21 are about to be kicked off. A mapping of ER interventions carried out at the national level shows that ER activities to date have directly benefited over 82,600 households (over 413,000 people). Planned ER initiatives are likely to reach a total of 250,000

beneficiary households across the country (a population of more than 1.25 million) with short-term livelihood and employment opportunities.



Education Cluster

Based on field reports from 167 palikas and media reports as of 28 September, about 1,600 schools have been reopened. However, some have been closed again following instructions from the District Administration Offices. The government has begun collecting data on learning through distance modes through the Integrated Education Management Information System (IEMIS). Education Cluster members are supporting the learning continuity of children through various alternative modalities, as recommended by government guidelines, to reach children with and without access to media. Distribution of printed self-learning materials and mobilization of teachers, volunteers and parents to support learning in communities and at home are ongoing to reach the children without access to media. A total of 49,700 children have been reached through community and home-based learning activities through the mobilization of teachers, volunteers and parents in 62 municipalities and 30 districts in provinces Two, Province Five, Bagmati, Gandaki, Karnali and Sudurpaschim. More than one million children have been reached through radio learning programmes supported by Education Cluster members. Radio programmes include grade-wise curricular lessons and recreational activities like storytelling, creative writing and speech competitions. Two Education Cluster members are providing training to teachers on alternative learning modalities, core skills and COVID-19 related safety. A total of 1,240 teachers (916 males and 324 females) were reached by such trainings in provinces Two, Five, Gandaki, Karnali, Sudurpaschim. Education Cluster members have disinfected 202 schools which were used as quarantine centres in provinces Five, Gandaki, Karnali and Sudurpaschim and installed/repaired WASH facilities, including toilets and handwashing facilities, in 66 schools in provinces Five, Bagmati and Karnali.

Challenges

Student learning facilitation guideline 2077' has taken effect from 17 September, which allows local governments to take decisions of school reopening, taking into consideration the local context. Some schools in areas with no or low COVID-19 cases started to reopen with the approval of local government. However, some have also closed again on the instruction of District Administration Offices. In some of cases, schools are opened without sufficient preparatory work. Resource constraints exist to fully support the repair and maintenance of facilities that were damaged during the quarantine period. There are also information gaps in IEMIS on children who do not have access to any of kind of alternative means for learning continuity.



Logistics Cluster

The National Logistics Cluster is planning to conduct a remote Gap and Needs Analysis to understand the relevance of continuing the national Logistics Cluster common services for the COVID-19 response, currently available until 31 October.

During the reporting period support was provided to dispatch 1 truck, 19.52 MT (22 CBM) shelter items of Welthungerhilfe from Kathmandu to Chitwan district on 1 October; 1 truck, 6.31 MT (23.54 CBM) shelter and medical items of MoHA, Save the Children and Care Nepal from Kathmandu to Argakhanchi, Banke and Surkhet districts; and 1 truck, 2.22 MT (8 CBM) medical items of Save the Children from Kathmandu to Mahottari district on 5 October. Additionally, two requests were received

for transport and storage service from Action Against Hunger (ACF) to store medical items at the HSA in Kathmandu, and COVID-19 Crisis Management Center (CCMC) to transport remaining medical items procured through G2G to health facilities in the provinces.



Risk Communication and Community Engagement

Reach

Radio programmes titled "Corona Capsule", "Hello Banchin Amaa", "Koshish – Corona ka laagi Sichkya ra Sandesh", "Milijuli Nepali", "Sahaj" and television programmes called "Corona Care" and "Swastha Jeevan" reached more than 14 million people across the country. The "Hand Hygiene for All" month-long campaign started on 29 September, promoting hand washing at all times through radio, television, social media and digital platforms. More than 17 million people have been reached with mask use, sanitise and two-meters distancing radio and television public service announcements in Nepali, Maithali, Bhojpuri and Awadhi. A total of 6,000 flyers (3,000 each on mask use and COVID-19) printed in braille have been provided to the blind youths' network for further distribution. In the reporting period, more than 15 million people were reached with information on COVID-19 that targeted children, parents and caregivers through various social media channels.

Community engagement

15,154 people (70% male, 30% female) have been involved in COVID-19 community engagement activities relating to prevention, control and social messaging through community-based platforms reaching out to a total of 600,000 people across the country. 732 community support groups from 53 urban and rural municipalities addressed COVID-19 related concerns, confusion, issues and questions of 30,300 people (38% female) through door-to-door visits and community discussions.

Feedback mechanisms

A total of 14,935 questions and concerns were answered over the past two weeks through hotlines, radio and television programmes. The majority of the questions were related to number of COVID-19 cases, deaths, COVID-19 prevention methods, and whether people have COVID-19 cases in their surrounding areas. Concerns were also responded to through MoHP's daily media briefings, radio and television programmes. MoHP highlighted public health and safety measures for public places, the importance of hand hygiene, care of the elderly population, dos and don'ts during festival celebrations and urged all to practice public health and safety measures, avoid unnecessary travel, gatherings and visiting shops or relatives. The child and family tracker survey conducted with more than 6,500 households with at least one under 18 child indicated that a significant proportion of people across the country know the three effective public health and safety measures for protecting themselves against COVID-19. Almost 70% know that COVID-19 can be spread through contact with infected persons. Radio and television are the most trusted source of information in Nepal. Similarly, 92% of respondents are practicing handwashing with soap and water, 67% are wearing masks and only 53% are practicing two-meters distancing all or most of the time. Almost half of the respondents do not think themselves at risk of contracting COVID-19.

Challenges

With the increasing number of cases in cities, strict reinforcement of two-meter distancing and sanitisation in public places and public transportation are essential to contain COVID-19 in high population dense urban areas. The majority of people in mountain and hill areas are not practicing such safety measures. The population must be encouraged to celebrate festivals with a small number of family members and avoid long distance travel and a large in-person gathering.



Inter-Agency Gender in Humanitarian Action

GiHA members continue to highlight the need for cash, food and livelihood support. Women's groups supporting returnee women migrant workers with children in their shelters need food and non-food item support. Sex workers, especially those working in the streets, are reporting an increase in violence and sexual exploitation as clients are unable to pay for their services. The reduced income and loss of livelihood is impacting sex workers' ability to pay rent and meet their day-to-day basic needs. Cases of unwanted pregnancies are reported as clients are denying sex workers the use of necessary safety measures. When livelihoods are lost or reduced, sex workers are unable or struggling to pay for abortion services.

In the high-level meeting on the Twenty-Fifth Anniversary of the Fourth World Conference on Women (Beijing+25) during the UN General Assembly session held on 1 October, the President of Nepal in her remarks highlighted the urgency of providing timely medical care, equal access to vaccines and robust recovery plans that incorporate the economic and social needs of women and girls. The President expressed a commitment to eliminate discrimination and continued efforts towards achieving substantive equality for women and girls.



Cash Coordination Group (CCG)

This week, the Ministry of Federal Affairs and General Administration (MoFAGA) held a discussion on a cash transfer model for local governments. The federal government has shortened and revised the Cash Transfer Model Guideline. Additional annexes are needed for Minimum Expenditure Basket (MEB) / Transfer value and Financial Service Providers (FSP) assessments. Some agencies have provided cash-based support to 34 landslide affected households (HHs) in Baitadi, 494 floods affected HHs in Bhajani and Kailari Gaupalika of Kailali, and 300 HHs in Sindhupalchowk. Additionally, cash-based support has been provided to 1,308 flood affected households in Kailali. Additionally, unconditional cash support was provided to 2,112 household affected by flooding in Nawalparasi.

For further information, please contact the UN Resident Coordinator's Office:

Prem Awasthi, Field Coordinator, prem.awasthi@one.un.org, Tel: +977 (1) 552 3200 ext.1505, Cell +977 9858021752

For more information, please visit <http://un.org.np/>, <https://reliefweb.int/>

To be added or deleted from this SitRep mailing list, please email: drishtant.karki@one.un.org