



# Nepal COVID-19: Cluster Update #16



17 July 2020

## Overview

As of 15 July, 17,344 people have been infected by COVID-19 in Nepal. Among them, 39 have died, 11,249 have recovered, and 6,056 are currently in isolation. Additionally, 23,500 people are currently in quarantine. The surveillance report of Epidemiology and Disease Control Division (EDCD) shows a decline in the rolling 7-day average of cases from 2 July. This could indicate a real decrease in cases, partly attributable to declining numbers of returnees from abroad. However, the surveillance program must now work to rule out any and all other factors that could be contributing to this apparent decrease. Such factors may include fewer samples collected since 2 July, backlog of collected samples pending testing in labs, as well as decreased occupancy in quarantine and isolation centres, from which samples should be collected. As case numbers decline, surveillance must be more sensitive to detect any potential uptick in cases<sup>1</sup>.

The majority of COVID-19 tests performed to date have been on returning Nepali migrants. Tests were concentrated on returnees as part of the Government strategy to prioritize those most likely to have been exposed to the virus. New guidelines have been developed to test additional groups, such as health workers, police officials and bank employees – referred to as frontline workers – who have greater exposure to the public and thus higher chances of becoming infected. The Government is also considering random testing in the ten districts with the most identified cases to determine if any cases are going undetected. The Government is in the first phase of shifting to this new strategy.

The number of people in quarantine sites has decreased from 172,266 on 10 June to 24,716 on 15 July. With the increasing number of people in isolation centers, additional WASH support is required to avoid further transmission. Key challenges for the COVID-19 response include a lack of functioning outreach clinics due to fear of transmission and stigma against health workers, and stigma and discrimination against COVID-19 positive people and migrants returning from India and abroad. Meanwhile, repatriation of Nepalis from Gulf and other countries continues. According to the COVID-19 Crisis Management Center, around 27,532 people have been repatriated as of 13 July, with 1,062 in hotel quarantine, 3,119 in home quarantine and 3,023 in quarantine sites. There are reports of increases in the number of suicide cases compared to last year, indicating the need for psychosocial counseling and other support mechanisms.

Heavy monsoon rainfall has caused flooding and landslides across different parts of the country since 9 July. More than 100 people have died, 53 are missing (feared dead), 96 injured and property losses totaling NRS 39 million (327,451 USD) have been reported by the National Disaster Risk Reduction and Management Authority (NDRRMA)<sup>2</sup>. Major roads such as Siddhartha Highway, Lamjung-Manang section, Myagdi-Jomsom section, Sanphe-Martadi section, Kathmandu-Bhimfedi section (via Pharping) have been obstructed, with a number of bridges being swept away. This has severely limited access to these areas; in many cases helicopters are the only means to conduct

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<sup>1</sup> Further details are available at <http://edcd.gov.np/news/covid-19-situation-updates>, <https://covid19.mohp.gov.np/#/>, and <https://covid19.ndrrma.gov.np/>.

<sup>2</sup> <http://drrportal.gov.np/uploads/document/1660.pdf>

rescue and relief activities. Access restrictions have been a critical impediment to rescue operations with continued bad weather further hampering efforts. Local and provincial governments and District Disaster Management Committees were involved in search and rescue and are providing relief assistance. The Nepal Red Cross Society are distributing NFIs to displaced people in affected areas. According to MoHA, the districts of Sindhupalchowk, Gorkha, and Rasuwa, that were badly affected by the 2015 earthquake, are at higher risk of flooding and landslides. Floods and landslides have rendered 11,000 houses in 14 districts at risk with 707 houses requiring relocation.

On 11 July, the fourth meeting of the Disaster Risk Reduction and Management National Council (DRRMC), under the chairmanship of the Prime Minister, agreed on some measures related to search, rescue and relief operations in flood and landslide affected areas. In view of the loss of lives and property in recent landslides and floods, the Council decided to activate Disaster Management Committees at all levels to engage in preparedness and collaborative actions, along with mobilization of security personnel for search and rescue. These bodies have been urged to maintain COVID-19 safety measures while ensuring the safety of displaced people who may be exposed to other risks. As per the Council's decision, the Ministry of Finance is to manage funds, equivalent to those received by earthquake victims, to be distributed to the victims of landslide, flood and bank cutting caused by inundation. The Ministry of Urban Development will access settlements in landslide areas and transfer the affected people to safer places in coordination with local governments. Similarly, the Ministry of Energy and Water Resources and Irrigation will take necessary conservation steps of risk reduction if the proposed settlements are found inhabitable. Similarly, the Council directed stakeholders to manage prepositioning of necessary materials in the nearest safe places so that they would be readily available for search, rescue and relief operations, as needed. The Council also decided to provide free treatment to people injured due to landslide, flood and inundation.

The Ministry of Home Affairs (MoHA) called a cluster lead/co-lead meeting on 12 July in which cluster leads provided updates on readiness and ongoing response. Humanitarian partners and the Humanitarian Country Team (HCT) were requested to support, as needed, in the affected areas. Similarly, the HCT meeting held on 13 July focused on the ongoing COVID-19 response and monsoon related hazards.

The nationwide COVID-19 lockdown starting 24 March continues in Nepal but has been eased from 15 June with some services allowed to operate. The Government decided to extend the lockdown to 22 July, with flights suspended until 21 July. As per the 6 July MoFA directive, district administrations have ordered local police to fine those without masks in public places. On 9 July the Government decided to allow short-route bus services to resume, with the maintenance of safety precautions.



## Health Cluster

Testing capacity has increased to 27 testing sites this week, with at least two PCR testing sites available in each province. The Epidemiology and Diseases Control Division (EDCD) conducted training of trainers (ToT) on Case Investigation and Contact Tracing Team (CICT) to 70 health care service providers in Karnali and 52 health care workers in Sudurpaschim.

Different laboratories have been approved for paid PCR testing services in the provinces, similar to the provision made for Bir Hospital, Patan Hospital and TUTH, with the charge for a test not exceeding 25% of total cost of a comprehensive test (NRS 5500) and recording and reporting as per the guidelines. The approved laboratories for this service are as follows:

### Public Laboratories

Province One: Koshi Hospital

Province Two: Narayani Hospital

Bagmati: Bir Hospital, Patan Hospital and TUTH

Gandaki: Pokhara Academy of Health Sciences

Province Five: Lumbini Provincial Hospital

Karnali: Provincial Public Health Laboratory, Surkhet

Sudurpaschim: Provincial Public Health Laboratory, Dhangadi

### Private Laboratories

1. Star Hospital, Sanepa, Lalitpur

2. KMC, Duwakot

3. Central Diagnostic Laboratory, Kamalpokhari

4. Sooriya Health Care, Lazimpat

5. National Path Lab, Butwal

6. Bageswari Diagnostic, Kohalpur, Nepalgunj

### *As of 15 July 2020*

Total PCR testing sites: 27 (public laboratories)

Total PCR tests: 298,829 (32,272 in past week)

Total PCR positive: 17,177 (754 in past week)

Total active cases: 6,113 (in isolation)

Total discharged: 11,025 (3,273 in past week)

Total deaths: 39 (4 additional deaths in past week)

Total quarantine beds: 215,583

People in quarantine: 24,527

Total isolation beds: 8,826

The National Health Research Council (NHRC) presented the recommendations and declaration of the Sixth National Summit of Health and Population Scientists in Nepal to the Health Cluster. The Summit declaration specifically mentioned need to promote health research related to the COVID-19 pandemic, as per national guidelines for strengthening evidence generation on COVID-19. NHRC is working with national and international research teams on some research projects related to COVID-19. Health cluster partners continue to provide support in the areas of surveillance, rapid response teams and case investigation; laboratories and testing; infection prevention and control; points of entry; risk communication and community engagement; technical support and coordination, planning & monitoring and service continuity.

Critical personal protective equipment has been provided for 5,550 health workers in designated COVID-19 hospitals and isolation facilities. During the reporting period, around 29,500 surgical masks, 600 N95 masks, 21,290 disposable gloves, 2,914 hand sanitizers and 49 infrared thermometers were provided to provincial and local authorities in Provinces Two, Five and Karnali.

Support has been provided to the National Health Training Centre (NHTC) to run mobile phone based COVID-19 training to female community health workers (FCHV). Of 2,176 FCHV enrolled, 675 have completed the mobile phone-based interactive voice recording (IVR) training on COVID-19. Similar training on COVID-19 is being provided for health workers, with 137 having completed all modules among the 794 total who started the training.

### Mental Health Sub-Cluster

Mental health sub-cluster provided clinical mental health services to 520 additional clients in the last two weeks and launched a webinar on suicide prevention. Mental health sub-cluster also developed the COVID-19 MHPSS Intervention Framework (a short term MHPSS response plan). Funding support for implementation is required both from the Government as well as partners.



## 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). 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, 2,793 persons were referred to various services (299 for psychiatric consultations, 459 for health services, 471 for legal services, 646 for security services and 918 for other services). Moreover, a total of 47,533 persons (1,618 new participants), including humanitarian actors, community members and those in quarantine sites (21,858 males, 25,568 females, 107 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.

### Child Protection

A total of 4,736 unaccompanied, separated or other vulnerable children (485 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, 145 (7 new cases) were referred to different services such as health, security, justice. A total of 1,419 frontline workers, including case workers, (817 males, 602 females) [106 this week] were virtually trained to identify and respond to unaccompanied, separated or other vulnerable children. Messages on online safety reached a total of 13.5 million young people and parents (454,000 this week).

### GBV

A total of 2,458 GBV survivors (136 new cases), including 379 adolescent girls (19 new cases) and 39 elderly persons (1 new case) 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. 4,226 females (391 girls in quarantine centres) have received dignity, kishori and hygiene kits in Provinces One, Two, Bagmati, Five, Karnali and Sudurpaschim. Dignity, kishori and hygiene kits are comprised of essential items that women and girls may need in crisis. 985 (666 females, 319 males) service providers and stakeholders have been trained on providing survivor sensitive gender based violence (GBV) prevention and response services. Three OCMCs (one additional in Sindhuli) of Bagmati Province and Province Five were supported with post-rape treatment kits. Each hospital with an OCMC was provided one kit to manage the immediate consequences of GBV related cases, as well as an orientation on the optimum use as lifesaving drugs and equipment for women and girls.

### POEs/migrants

In total, 72 (21 new recipients) vulnerable women were supported with the immediate cash assistance (NPR 13,500 each) to meet basic necessities and support travel costs to home districts. Prior to the cash distribution, screening interviews of women returnees were undertaken to identify needs, risks, make necessary referrals and provide protection services as required. In total, 533 (74

new cases) vulnerable people (230 females, 303 males which includes 60 girls, 94 boys, 17 persons with disabilities and 10 elderly persons) were supported with transportation services to reach their respective municipalities.

### Persons of concern/refugees

A 24/7 hotline service (tel. 9801069700) has been operational since the beginning of lockdown to respond to critical protection needs. It also serves as a tele-counselling service. A total of 423 calls (23 this week) have been received through the hotline. Furthermore, a total of 3,619 (258 new persons of concern) received protection services, including psychosocial and GBV related services.

### Challenges

Protection related stocks (dignity, kishori kits) have been absorbed by the COVID-19 response. The current context makes it challenging to replenish stocks. This is further compounded by market unavailability, making it a challenge to respond to both monsoon related hazards and the COVID-19 pandemic. Screening interviews and consultations with vulnerable women migrants residing at shelters indicate that urgent mental health and psychosocial support, as well as longer term social and economic rehabilitation services, are required. Negative media reports stating that women returnees who are pregnant or with young children are the result of sexual abuse further stigmatizes these women. In addition, they fear returning to their home districts, afraid of being accused of being infected with COVID-19, or otherwise stigmatized for unplanned return and unsuccessful migration.



## Food Security Cluster

Food Security Cluster (FSC) meeting took place on 13 July at the Ministry of Agriculture and Livestock Development (MoALD). Key decisions and action points include:

- 1) Endorsement of the 2077 Monsoon Emergency Response Workplan, submitted by MoALD to MoHA/ NDRRMA, consistent with FSC-EPR. The workplan will be shared by MoALD and partners will have an opportunity to provide inputs – in case crucial preparedness and response activities are missing;
- 2) Remote-sensing technology based 72-hour assessment will be adopted by the Cluster for rapid emergency food security and vulnerability assessment. A working procedure of the assessment, including roles and responsibilities of MoALD, provincial and local governments and cluster partners will be prepared and submit to MoALD;
- 3) MoALD will request all seven provincial Ministry of Cooperatives, Land Management and Agriculture/provincial food security clusters to nominate a focal point for federal-provincial information sharing, cooperation and collaboration in emergency preparedness and response. Humanitarian partners will facilitate the process of establishing provincial level clusters and provide technical support to prepare provincial contingency plans and strengthen the cluster system;
- 4) FSC partners must coordinate with respective local governments for monsoon related disaster management and relief, and regularly share information of activities with MoALD and provincial governments. Government has sufficient stock to provide displaced families with food for five days, and FSC partners are requested to provide information on which partners can provide additional food assistance, by area and potential family coverage. For this, MoALD will share a reporting format which will be used for regular reporting;
- 5) MoALD will seek clear guidance on Government's position on use of unconditional cash assistance for monsoon emergency response from MoHA.



The 3W format has been circulated to Food Security Cluster partners to capture both COVID-19 and monsoon response activities. For COVID-19, cluster members have distributed food assistance to approximately 241,000 people in 112 palikas of 44 districts across the country in coordination with respective local governments. This has included multi-sector joint food and non-food assistance for returnees from India in transit/holding centres in Sudurpaschim and Karnali provinces.

Take home ration distribution is ongoing to support both nutrition and home-based education of 156,410 students and their family members (approximately 133,000 households) at 1,434 schools in 58 Palikas of seven districts in Karnali and Sudurpachim provinces, both of which are relatively food insecure and more vulnerable according to the published report on the Impact of COVID-19 on Households Livelihoods, Food Security and Vulnerability in Nepal. As of now, some 55% of targeted children and families have received this food assistance.

Markets are open and functional across the country. In general, the price of food commodities is reported to be stable compared to last week; however, the price of vegetables in Province Two has increased over 50% as production has decreased due to continuous rainfall, causing a shortage of vegetables in the market. Additionally, the prices of chicken 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 50 – 80% reportedly completed; however, inadequate supply of fertilizers in the market have been reported in several provinces.

Locust swarms have been observed in various areas across the country. There is no official report of significant damage to crops and vegetables, with the exception of minimal impact at local level as per Ministry of Land Management, Agriculture and Cooperative (MoLMAC) of various provinces.



## WASH Cluster

To date, 50 WASH Cluster members and implementing partners provided WASH support to a total of 189 health care facilities (including 50 hospitals and 139 health posts, primary health care centres, urban health clinics and community health units), 252 quarantine centres, 18 isolation centres, and communities covering 467 municipalities in 72 districts across all seven provinces.

### WASH support at points of entry and holding centres

WASH Cluster reached 78,972 returnees with bottled water in 20 designated points of entry (PoEs) and their holding centres. In addition, four female toilets, four male toilets, two toilets for kitchen staff providing food assistance, four drinking water stations, and two garbage pits in transit points were constructed in Karnali province. Seven handwashing stations (one in transit point and six in PoEs) were constructed. Similarly, one male and one female toilet and one water station in two PoEs were repaired. Cluster members continue to support the provision of WASH supplies in PoEs and holding centres, including soap, buckets, sanitizer, hygiene kits, masks, bleaching powder, drinking water and buckets.

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

Cluster members continued to provide WASH supplies to health care facilities (HCFs), including soap, hand sanitizer, hygiene kits, buckets and mugs, water purification tablets, gloves, masks, bleaching powder and other cleaning and disinfection items. So far 237 handwashing stations have been installed and five toilets constructed in health care facilities.

An estimated 34,734 people have benefitted from critical WASH supplies in quarantine centres, and 1,861 people benefitted from WASH supplies and services in isolation centres. These critical supplies

include soap, hand sanitizer, gloves, masks, buckets, bottles of water, bleaching powder, hygiene kits, menstrual hygiene pads and bottles of water. In addition, hand washing stations were installed in 38 quarantine centres and one isolation centre during the reporting week, 89 new toilets were constructed in quarantine centres and four in isolation centres, while 15 toilets were repaired in quarantine centres. Further, 58 water tanks with 100-1000 litre capacity and four water filters with 40 litre capacity were provided in quarantine centres.

### WASH in Communities

Cluster members provided critical hygiene supplies to 47,477 families. Supply includes buckets/water purification tablets to 14,400 families, masks to 7,131 families, hygiene kits to 6,654 families and 75,310 soap bars. 651 handwashing stations have been installed at community level.

### Challenges

Over the past week landslides and floods across the country have resulted in casualties and displacement in communities. WASH Cluster members engaged in the COVID-19 response are now additionally required to respond to floods and landslides, including in some areas already suffering from limited capacities and resources. With some quarantine and isolation centres already affected by floods and inundation, WASH responsibilities have increased, particularly with respect to potential waterborne disease outbreaks and the need for hygiene promotion. Simultaneously, with the easing lockdown, there is an increasing need to intensify community engagement to minimize risks of COVID-19 transmission. However, deployment of community mobilizers has been a challenge, due to the fear of exposure to COVID-19. People required to quarantine are increasingly being permitted to home-quarantine, meaning WASH behaviours and services need to be assured at the community level. This constitutes a huge task for the sector in this context. With Nepal's fiscal year closing this week, the focus of the government has been on the year-end closure and thus less on support to both COVID-19 and the monsoon responses.



## Nutrition Cluster

The Ministry of Health and Population (MoHP) concluded the vitamin A supplementation campaign targeting 2.7 million children 6-59 months of age in all 77 districts. The vitamin A distribution was carried out on 6 and 7 July 2020 (report yet to be received through the Health Management Information System (HMIS)). Children received deworming tablets along with Vitamin A in all 77 districts. 201 new admissions of children with severe acute malnutrition (SAM) to outpatient therapeutic care centres (OTCs) brings the total children age 6-59 months with SAM to 2,745 over the past seven months. In the past week, 139,158 households were reached with messages about nutrition via radio broadcasts, bringing the total to 878,968. 168,526 pregnant and lactating women (PLW) received infant and young child feeding (IYCF) messages via mobile SMS during the past week, bringing the total to 552,852. In the past week, through local government Multisector Nutrition Plan (MSNP) programmes, relief packages of locally available food were distributed to 18,746 Golden1000Days households. This brings the overall total to 74,748 Golden1000Days households.

### Challenges

There is an unmet need for Blanket Supplementary Food Programme support for 93,790 beneficiaries (PLW and children 6-23 months 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 \$1,370,553.00. There exists a current supply gap of therapeutic food for 8,000 children with SAM (8,000 cartons of RUTF). Female community health volunteers (FCHVs) face constraints to resuming community-based nutrition activities due to inadequate protection: masks, gloves and sanitizer.



## Shelter/CCCM Cluster

Provincial level focal agencies for Shelter Cluster have been formalized, with introductory meetings held on 13 July. Focal agencies will work closely with HCT focal agencies, provincial government and cluster member organizations in shelter related activities, including information collection, shelter gap analysis and coordination among shelter members. Cluster lead and co-lead provided an update from Shelter Cluster as a meeting called by MoHA on 12 July.

The Camp Coordination and Camp Management (CCCM) Cluster conducted a brief orientation for enumerators who will be rolling out the Displacement Tracking Matrix (DTM) questionnaire in five landslide affected areas of Shankhuwasabha, Jajarkot, Myagdi, Sindhupalchowk and Gulmi districts. The baseline assessment has started, and enumerators are reaching out to ward presidents or local levels for detailed information regarding sites being used to provide refuge to displaced households. Once the details of locations are mapped, DTM will be rolled out in all sites to gather information on the needs, vulnerabilities and demographics of affected populations. CCCM cluster also had a meeting with the Foreign Employment Board (FEB) to facilitate the process of providing transport allowance to the vulnerable irregular migrants to support their return to home districts from holding centres. A 15 July letter from FEB committed to reaching around 3,000 vulnerable migrants with transport allowances.



## Early Recovery Cluster

The Early Recovery Cluster (ER), under the leadership of MoFAGA, will focus on monsoon related ER priorities, in addition to the COVID-19 response. The ER cluster in Karnali Province has been activated under the leadership of Karnali's Ministry of Industry, Tourism, Forest and Environment (MoITFE). Other provinces are yet to formally activate ER clusters. A meeting is planned next week to coordinate provincial ER cluster coordination.

The ER cluster is coordinating the cluster members' planned ER workplans and budgets through the 4W tracker. Some proposed ER activities include:

- Ensure resilient livelihood and food security for most vulnerable communities;
- Livelihood recovery and enabling self-employment for daily wage workers;
- Cooperative recovery and enabling access to markets;
- Provision of temporary income or basic livelihood revival;
- Provision of short-term vocational and skills development training;
- Supporting employment to women in hospitality sector in the post-COVID-19 context;
- Engagement of feminist economists to support NPC and MoWCSC on feminist analysis of impact of COVID-19;
- Economic strengthening of adolescent girls and GBV survivors to regain micro business;
- Livelihood promotion for marginalized and deprived families through on-farming;
- Livelihood support to slum dwellers in Kathmandu Valley through grassroot cooperatives.





## Education Cluster

To ensure the continuity of learning at home while schools are closed, Education Cluster members are supporting home-based learning through mobilization of teachers, family members and social mobilizers. Teachers and social mobilizers are deployed to reach children at home and in small groups in communities to facilitate learning continuity. Home-based learning support programmes have reached a total of 21,000 children (5,000 children this week) in Provinces Two, Five, Karnali and Sudurpaschim.

Education Cluster members are supporting radio learning programmes nationwide. Radio learning programmes include both curricular and extra-curricular activities, life skills and creative learning. Radio learning programmes have reached 780,000 children nationwide.

Education Cluster members, including the Jugal rural municipality, distributed a total of 37,609 self-learning materials for pre-primary to grade 3 (2,488 self-learning materials this week). To facilitate the activities in self-learning materials, 60 episodes of a radio programme based on self-learning materials for grades 1-3 were produced and the airing of the programme has started in Kavre district. The Education Cluster has developed guidelines on education response in quarantine sites to ensure learning continuity of the children in quarantine. A total of 4,522 schools and education institutions have been used as quarantine sites and 67 schools as isolation centres across the country. However, the number of people in quarantine sites has been reported to be decreasing as many have returned home after completing the quarantine period and the number of returnees from India has decreased. The Ministry of Education, Science and Technology (MoEST) has issued an 'Alternative learning guideline' which provides a guide for learning continuity through alternative means for children who have and do not have access to media (radio, TV, internet). Local governments are implementing the programme on learning continuity based on the guideline. MoEST has also assigned officials at province level for monitoring the ongoing alternative learning programmes.

### Challenges

Mobilization of teachers is constrained as there is no specific provision by the government for adequate protective equipment and insurance coverage. Monitoring the effectiveness of alternative learning programmes through TV, radio and internet remains a challenge.



## Logistics Cluster

As a part of monsoon preparedness, an access constraint map as of 13 July was prepared and shared with national Logistics Cluster members, MoHA and UNRCO. The fifth WFP air passenger flight landed in TIA, Kathmandu on Wednesday, 15 July. The flight brought 109 kgs of medical supplies of UNHRD and 16 inbound passengers. 40 outbound passengers from humanitarian agencies boarded the return flight to Kuala Lumpur on the same day. The next passenger flight is scheduled for 29 July. The Nepal stockpile analysis conducted by Emergency Supply Pre-Positioning Strategy (ESUPS) by cluster and stock item was shared with national Logistics Cluster members, UNRCO and MoHA. One truck transported 30 cbm medical supplies of CCMC from their warehouse at the airport to Teaching hospital, Maharajgunj. Two transport requests received during the last reporting period remain on hold as the Jumla-Mugu road is not yet completely operational.

The Cluster is planning to transport medical equipment of CCMC to Province One (Dharan). The next national Logistics cluster meeting is planned for 17 July.

## Challenges

There are difficulties in procuring PPE due to the new guidelines published by the Government, which require local vendors to get a quality assurance (QA) certificate from the Government to sell PPE. There is a lack of international availability of PPE and COVID-19 supplies.



## Risk Communication and Community Engagement

The Cluster provided continued support to the Ministry of Health and Population and National Education, Information and Communication Centre (NHEICC) in the implementation of COVID-19 RCCE activities reaching 14 million people across the country through radio stations, television channels and online platforms. Sanitation, mask use and two-meters distancing messages were disseminated through various communication channels (radio, television, online news and call back tunes) across the country. With continued advocacy, Prime Minister KP Sharma Oli mentioned: a) two-meters distancing, b) mask use, c) handwashing with soap and water as prevention mechanisms for COVID-19 during his address to the nation on 10 July.

Cluster members reached more than 18 million people through social media channels with various information on sanitising, use of masks, physical distancing and anti-stigma.

UNICEF, in partnership with Nepal Red Cross Society, has formed and mobilized 146 support groups in Sudurpaschim and Karnali provinces to reach communities with COVID-19 prevention messages, track rumours and misinformation, provide referrals to health and relief services and address fear and stigma at the community level. The Online Ward Level Monitoring System (ONA platform) has been developed and will be rolled out to collect real time reach, feedback and community engagement information.

This week, 5,300 people shared concerns and sought clarification on COVID-19 and its related issues. The majority of questions concerned COVID-19 prevention methods and available testing services. Questions mainly came from people in Sudurpaschim, Bagmati and Karnali provinces. Clarifications and concerns were addressed through daily press briefings, hotline services, radio, television and social media platforms.

The main topics of discussion during the week were the fact that COVID-19 can be transmitted through the air, the WHO acknowledgement of the news that COVID-19 was found in sewage, and issues related suicide. All three topics were clarified through the daily press briefings and the information was later covered by three mainstream media networks. A suicide prevention message discussed in a press brief was reinforced through a popular television programme, having a viewership of more than 1.9 million.

A press release was issued covering migrants' protection concerns and inclusion of migrants in the UN Socio-economic Recovery Framework based on a virtual consultation meeting with migrants – both returnee and currently abroad, including government, CSOs, research institutes, academia, development partners and UN.

## Challenges:

Fatigue among populations and the easing of lockdown has been a key concern for the further transmission of COVID-19 in high-density areas, especially the Kathmandu Valley. Role modelling of healthy behaviour is one way to encourage the general population to adopt such behaviour. Non-compliance with guidelines (especially two-meter distancing) by staff of government authorities and civil society organizations has been a challenge to reinforcing “SMS” (two-meters social distance, mask use and handwashing with soap and water or use of sanitiser) practices at a larger scale.



## Inter-Agency Gender in Humanitarian Action

Women’s groups raised the need to include cash support, shelter, food, clothes for women and children, sanitary pads, blankets, cooking utensils and safety measures to protect against gender-based violence for women, children and senior citizens.

Based on reports from the joint UN mission to Province Two, the needs of persons with disabilities, LGBTIQ and pregnant and lactating women in holding centres are not being met. Maintaining sex- and age-disaggregated data (SADD) in isolation facilities needs further attention. The needs and interest of persons from the LGBTIQ community are not recognised by service providers. Persons staying in quarantine and isolation centres are receiving limited information about gender-based violence (GBV) and sexual exploitation and abuse (SEA), and there is a lack of female guards, secure locks in rooms and toilets for women. Access to information on health status and possible release is not available to COVID-19 patients staying in isolation centres. The cost of transport from holding centres may make it difficult for women and excluded groups to travel to their respective home districts.

Civil society organisations managing community kitchens report that due to prevailing discriminatory practices against Dalit groups community members of other castes are not accepting food relief prepared by Dalit staff members. A civil society organisation (Saathi) reports that shelters for women victims/survivors of violence remained open (97%) during the lockdown. During the lockdown period, 35% of the cases were of domestic violence, 30% and 36% were of rape and sexual violence respectively. 54% of the shelters do not have the minimum quarantine and isolation facilities which are instrumental to ensure health and safety during the COVID-19 pandemic. Only 29% of shelters were found to be taking women who have serious mental health conditions.



## Cash Coordination Group (CCG)

Cash and voucher assistance (CVA) guideline development task team has submitted an initial draft guideline to the MoFAGA technical review team. The first technical review team meeting was held on 9 July at MoFAGA. The meeting was chaired by Joint Secretary Mr. Bishnu Data Gautam and facilitated by Under Secretary Mr. Rishi Raj Acharya. These technical review meetings will continue over the coming weeks.

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

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

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