



Nepal COVID-19 Cluster Update #12



20 June 2020

Overview

The COVID lockdown is still in effect in Nepal but with substantial changes in the modality. On June 10 the Government decided to ease the lockdown in some low-risk areas, including the Kathmandu valley. Under this changed modality, a variety of services and businesses, manufacturing industries, private automobiles (based on odd-even plate numbers) can operate, while maintaining safety measures. Kathmandu's streets have started seeing crowds of people as banks, government offices and shops setting essential commodities are back in business. Restaurants can operate for take-aways and food delivery. The lockdown measures will be based on the risk assessment of the respective district administration offices (DAO). The first phase of relaxation is expected to span 21 days. The lockdown will be further eased in the second and third phases –each phase spanning 15 days– depending on the impact assessment. However, no decision has been taken regarding the resumption of public transportation including taxis and long-distance bus services. Educational institutions, recreation spots and commercial airlines will remain closed.

The Repatriation of Nepali nationals is ongoing (from countries including Malaysia, UAE, Myanmar, Japan, Australia, Kuwait, Afghanistan, Bangladesh, Hong Kong, and Oman). Around 2,270 people were repatriated from 5-18 June. Before sending off them to the quarantine centres in their respective provinces, records are kept, and health screening is carried out at the holding centres.

There is a gradual decline in number of people returning from India, but returns are continuing through the 20 dedicated border crossings. The number of people staying in quarantine centres is decreasing in Province Five, Sudurpaschim and Karnali while the pressure is increasing in the community-based isolation centres with the increasing number of positive cases.

The monsoon began in Nepal from 12 June. Usually, the monsoon season in Nepal begins during the second week of June and lasts until the third week of September. Monsoon season is very important for agricultural production which is linked with the country's overall economic growth. However, this season is the most hazardous in terms of flooding and landslides. There has already been a landslide in Parbat over the course of the reporting period in which eight people were killed and two houses washed away. The Humanitarian Country Team has been supporting the Government of Nepal in monsoon preparedness and response. This year's monsoon is expected to be normal according to the South Asian Climate Outlook Forum (long-range forecast). But this does not factor in isolated cloud bursts and the intensity of the rainfall – both of which can have humanitarian impact.



Health Cluster

As the cases of COVID-19 in Nepal continues to rise, the health cluster is increasing its coordination meetings at Federal and Provincial level. The Ministry of Health and Population has expanded the lab capacity, adding one more RT-PCT at the Provincial TB Center Laboratory in Pokhara. Currently there are 22 laboratories for RT PCR testing.

The Following two guidelines were endorsed this week.

- Public Health Standards during COVID-19 pandemic and lockdown, 2077
- Dead body management guidelines (third revision)

Partners continue to provide support to the MOHP for the ongoing COVID-19 response. The Embassy of Israel in Nepal provided medicines and medical products for prevention, treatment, and management of COVID-19 from; Nick Simons Institute provided 14 Universal Anesthesia Machines with ventilators; Good Neighbors International, Nepal provided PCR Test Kits and Surgical Masks worth USD 158,000; KOREAN International Cooperation Agency provided 50,000 RT-PCR (complete sets) test kits and IPAS Nepal has provided PPE support for COVID-19 response worth USD 87,500.

As of 17 June 2020

Total districts affected: 73
Total sites: 22 (Provincial TB Center Laboratory, Pokhara newly added)
Total PCR tests done: 149772 (more than 5500 per day in past week)
Total PCR positive: 7177 (Increase of 2813 in past week)
Total active cases: 5990
Total discharged: 1167
Deaths: 20 (5 deaths in past week)
Total isolation beds: 6,689
Total people in isolation: 5,990 (confirmed cases)
Total quarantine beds: 256,789
Total people in quarantine: 125,798

The online course on COVID-19 contact tracing developed by Coursera course was adapted to Nepali language. It can be accessed using the Coursera portal link: <https://www.coursera.org/learn/covid-19-contact-tracing?edocomorp=covid-19-contact-tracing#about>

The infographics and videos on 'The New Normal', the new guidance on usage of medical and cloth masks, and infographics and videos on Dengue prevention and control in a COVID-19 scenario were contextualized to Nepal and shared widely.

The Diplomatic Correspondents' Club of Kathmandu organized an online interaction on global health diplomacy and multilateral diplomacy amid COVID-19. This was covered by Ratopati, Nepali Live, Janata Samachar and Nagarik Khabar.

Partners have been working to reach more than 3,550 health workers working in designated COVID hospitals and isolation facilities with critical personal protective equipment, medical supplies and equipment including masks, gloves, hand sanitizer, and thermometers. Cluster agencies have also supported Provincial Governments to transport vaccines and commodities for the ongoing National Measles Rubella Campaign. The campaign has been completed in 16 districts of Karnali and Sudurpaschim Provinces targeting 409,136 children aged between 0-59 months (49% boys and 51% girls). The campaign continues in the remaining two districts of Karnali (Dolpa and Humla) and one district of Sudurpaschim Province (Kanchanpur).

Mental health sub-cluster:

A radio programme on mental health 'Jiwan Rakchhya' has been broadcast through 300 radio stations. Counselling and Psychological support have been provided to 1,150 persons, 72 quarantine sites were visited, and Psychological First Aid reached 3,337 people in isolation and quarantine. 8,877 communities and 130 homeless people were reached with education/counselling/psychological first aid and 44 service providers were trained in psychological first aid. 229 community leaders/NGO staff and 15 nurses from the regional hospital in Pokhara were provided with stress management sessions.

Reproductive Health:

The roll-out of the orientation on the interim guideline on Reproductive Maternal, Neonatal, and Child Health (RMNCH) has started. The guidelines aim to provide health service providers and programme

managers with information on how to provide continuity of RH services, while also ensuring infection prevention, and how to adapt alternative modalities such as helpline and teleconsultation to ensure access to RH services. The first orientation included 30 trainers/facilitators from various RH partners. Further, the small task team has collected information from the respective hospitals on the causes of maternal death. The death review will be analysed to identify the existing gaps in the three delays model and provide recommendations to address the identified issues.

A lack of maternal health commodities continues to be reported at various levels including the service delivery points. This is for several reasons including local procurement being affected by the lockdown, lack of stock availability with suppliers (miso), and transportation issues. The RH cluster is working to undertake close monitoring of the lifesaving MNH commodities in collaboration with the supply/logistics cluster to address the issue.



Protection Cluster

Psychosocial support:

Psycho-social support is provided through different modalities: remote counselling, online platforms and one-on-one counselling and deployment of community-based psycho-social community workers (CPSWs). Through these approaches, cluster members reached a total of 6,652 persons (2,418 males, 4,229 females and five third gender) with psychosocial support including psychological first aid and counselling services. Questions about relief assistance and concerns over health and increasing feelings of fear, anxiety and stress are the main issues raised by callers. In coordination with the local governments, community psychosocial workers (CPSWs) and community outreach workers were mobilized to raise awareness on COVID-19 and psychosocial well-being in communities. CPSWs reached a total of 24,843 persons (9,777 males and 15,066 females) through awareness raising interventions across all seven provinces. Likewise, a total of 3,970 people (3,430 males and 540 females) in quarantine facilities in Province 1,2,5,6 and 7 were reached with awareness raising interventions on stress management and psychological first aid.

Child Protection:

Child Protection members supported the Women, Children and Senior Citizens Service Directorate - Nepal Police with protection gears (23,000 masks, 40,000 pairs of gloves, 500 pairs of glasses, 500 liters hand sanitizer, 190 liters hand wash and 100 infrared thermometers) with the aim to support service continuity and adaptation including the use of community outreach approaches to enhance case identification and mitigate the impact of the lockdown on help-seeking behaviours.

Child protection actors supported a total of 2,963 unaccompanied, separated or other vulnerable children (1,091 boys and 1,274 girls) with care arrangements (family reintegration support, placement in interim/transit care centres) and/or emergency support transportation services, immediate relief materials. Out of the total, 63 (12 boys and 51 girls) were referred for additional services, including health, security and justice.

GBV:

A total of 1,510 GBV survivors (135 new cases from week 24) including 268 adolescent girls (20 new cases from week 24) and 31 elderly (2 new cases from week 24) 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 1, 2, 3, 5, 6 and 7.

Cluster partners provided dignity, kishori, and hygiene kits to 2,543 females (282 girls, 17 women with disability and 40 elderly people) in quarantine centres in Province 1, 2, 3, 5 and 7. 564 (366F, 198M) service providers and stakeholders have been trained on providing survivor sensitive GBV prevention and response services. Furthermore, 5,971 (4,583F, 1,318M) persons--of which 1,120

were adolescent girls and 359 were adolescent boys--were sensitized/oriented on GBV prevention and response interventions in all provinces.

Cluster members reached 173,857 persons (75,795F, 74622M)—including adolescents (4,260 girls, 4,794 boys), older persons (208) and persons living with disabilities (80) through messaging on harmful practices including GBV, domestic violence care burden and early/forced marriage.

GBV sub cluster member organizations are supporting safe houses for GBV survivors in Kathmandu (2 beds), Dhanusha (6 beds), Morang (4 beds), Udayapur (8 beds), Dang (6 beds) and Kailali (2 beds). The safe house is providing services to the survivors of gender-based violence maintaining necessary standards and precautions to prevent COVID-19 transmission.

Migrants/Points of Entry:

In total, 89 vulnerable migrants (women, children, senior citizens, people with disabilities, stranded people with no money) were supported for transportation at three points of entry (Nepalgunj, Banke -25, Babai, Surkhet -24 and Gaurifanta, Kailali-40) to reach their respective municipality.

Observation site visits were conducted in 9 holding centres managed by the Crisis Management Committee (CCMC) in Kathmandu, Lalitpur and Bhaktapur districts with the objective to observe the centres' procedures in receiving returnee migrants from the International TIA airport, access and WASH facilities at the holding centres. The findings from the visit will be shared with the stakeholders.

Persons of concern- Refugees:

A total of 66 refugees received medical service including maternal health services through UNHCR support ambulance in Kathmandu. The ambulance service is on standby to provide service to the needy host community. The ambulance service is promoted on an ongoing basis to relevant local authorities in Bhudanilkanta to ensure refugees, vulnerable members of the host community and GBV survivors are aware of the service.

Challenges/concerns:

Limited protective equipment continues to be a challenge for frontline workers in safe houses and health clinics, even though support has been provided by GBV sub cluster members.

There are limited resources to address the growing needs around quarantine sites (QS) and holding centres (HC) due to the growing number of returnees over land and air (Gulf returnees). This places even more pressure on already strained resources and human capacity within Qs and HCs and makes it difficult for GBV actors to monitor and prevent the GBV risks faced by women and children.



Food Security Cluster

Food security cluster partners have distributed food assistance to 39,709 families (estimated 200,000 people) in various districts in coordination with respective local governments. In collaboration of provincial government, UN agencies and volunteer organizations, cooked food and water is being served for returnees from India in the transit/holding centres in Sudur-Paschim and Karnali province. A total of 29,000 returnees have been fed.

As the government stopped unconditional immediate food relief support to the daily wage workers in the informal sector and vulnerable people for the period of lock-down, some local governments have provided wage employment for those identified as jobless through public works schemes, as conditional food assistance.

More than 1.9 million households (HHs) were identified by local governments as vulnerable HHs impacted by the secondary effect of COVID-19. Now, with relaxation of the lockdown and resumption of development work, construction, manufacturing and other service sector industries, people are gradually getting employment in the informal sector. However, seasonal food shortages are quite common in many parts of Nepal. In addition to daily wage workers in informal sector, around 500,000 seasonal migrant workers have returned from India who are from highly food insecure and poor

communities, hence, are in urgent need of immediate employment and income to support their livelihoods. June-July-August are traditionally agricultural lean seasons, leading to increased risks of food insecurity. Hence, conditional food assistance in the form of cash for work is the pressing need during this period.

Early this week, MoALD and WFP published a report on the Impact of COVID-19 on Households Livelihoods, Food Security and Vulnerability in Nepal. A nation-wide phone-based survey was conducted to assess the current food security status and impact of COVID-19 on food security and wider vulnerability. 4,416 households were interviewed from 14 to 24 April 2020 (after 1 month of lockdown), covering all seven Provinces and producing a nationally representative sample. Some key highlights include: 23% of households had inadequate food consumption which is higher by 8% than the Annual Household Survey-(2016/17); this indicates that COVID-19 has increased food insecurity by 8% nationally. 46% of children between 6-23 months of age lack Minimum Dietary Diversity. The highest prevalence of children whose diet did not meet the minimum diversity standard was in Karnali with 53.8%, followed by Province 2 with 53.5% and Sudurpaschim with 51.2%. 3 in 10 households lost some income; 1 in 10 lost jobs due to COVID-19, 3 in 4 households had food stocks; 42% of these had 1-month worth of food stock, 55% of households' sources food through market purchase; these households need income to acquire food. Access to food and vulnerability to shocks has deteriorated for certain types of livelihoods - mainly daily wage labourers; and households that are female-headed and illiterate. Fall armyworm has reportedly affected maize crops in many parts of the country and there are reports of shortage of fertilizers in some places as the Agriculture Inputs Company Limited has less stock of urea and DAP fertilizers required for the paddy, as this is the paddy transplanted season.



WASH Cluster

To date, 46 WASH cluster members, including their implementing partners, provided WASH support to a total of 137 Health Care Facilities (including 49 hospitals, 36 quarantine centres, nine isolation centres), and several communities covering 438 municipalities in 70 districts across all seven provinces.

The WASH Cluster has reached 64,184 returnees with bottled water in 20 designated point of entries 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 also constructed/installed in Karnali province. Similarly, one male and one female toilet and one water station in two POEs were repaired. Supplies were also provided to holding centres including soap, buckets, sanitizer, hygiene kits and bleaching powder.

Minimum WASH supplies and cleaning/disinfection materials were provided to 186 Health Care Facilities (HCF) which included 49 Central, Academia, Provincial, Zonal, and District level Hospitals and 137 Health Posts, Primary Health Centres, Urban Health Clinics, and Community Health Units. In addition, similar supplies were also provided to 36 quarantine centres and nine isolation centres. The Cluster members continues to ensure WASH facilities in the HCFs. So far 881 handwashing stations have been installed in HCFs and communities.

Cluster members continued to provide WASH supplies to health care facilities and quarantine centres. Cluster members provided critical hygiene supplies to 31,247 families. The supply includes, buckets/water purification tablets to 14,400 families, masks to 3,361 families and hygiene kit to 6,654 families as well as 56,315 soap bars.

Challenges/concerns:

There is significant need for WASH support in the 7,350 Quarantine Centres (QCs). The WASH Cluster is currently working with the Crisis Management Committee and provincial teams to prioritize

QCs in each of the district for WASH interventions considering the current usage of QCs and influx of people. As the influx of returnees continues from both land and air, the continuous availability of WASH services at POE and its holding centres will be a huge task for at least two months.

The number of isolation facilities has increased exponentially at district hospitals and PHCs and community centres with bare minimum facilities. There is need for a scaled-up WASH response and more resources are required.

With most of the interventions being carried out by local governments, there is need to support them in implementing government guidance.

There is a similar challenge for WASH and IPC support in the Health Care Facilities, where there are a limited number of WASH partners/agencies providing support while the number of patients and HCFs is continuously increasing.

The shortage of supplies caused by restrictions on international flights/transportation continues as most of the WASH supplies and related raw materials are being imported.



Nutrition Cluster

1,190 children age 6-59 months with Severe Acute Malnutrition have been treated in the last 3.5 months at 539 Outpatient Therapeutic Care (OTC) (out of total 557) and 15 nutritional rehabilitation home (NRH) (out of 21). In addition, 5,619 children 6-59 months have been screened for acute malnutrition, 28,019 children aged 12-59 months received deworming medication and 14,853 children 6-59 months received vitamin A supplement.

The central medical store of Pathlaiya, along with provincial medical stores, has dispatched approximately 1,000 cartons of ready-to-use therapeutic food (RUTF) to different districts nationwide.

The 17 Multi-Sector Nutrition Plan (MSNP) coordinators and 308 MSNP volunteers are supporting all 30 districts (308 local government) for nutrition response that includes monitoring and reporting on essential nutrition service provision and utilization.

An additional 2,000 cartons RUTF, 250 cartons F75, 300 cartons F100 and 5,000 packs mid upper arm circumference (MUAC) tapes for the treatment of children under-five years of age with Severe Acute Malnutrition, have been procured and are prepositioned at Government warehouses ready for release upon request of the district health offices. MSNP coordinators and volunteers have been mobilized to support monitoring of distribution of the local government's relief package; to date 49,348 of Golden1000Days HHs received relief packages from local government.

On risk communication and nutrition specific messaging, a total of 1,437,458 households (HH) have been reached with radio messages on nutrition through 168 FM radio services; 315,986 HHs have been reached with SMS with infant and young child feeding (IYCF) messages; 485,973 pregnant and lactating women have been reached with IYCF messages through telephone counselling.

29,937 HHs with children under-five years or pregnant and lactating women received supercereal (fortified flour).

Challenges/concerns:

The screening of children continues to be a challenge in the COVID-19 context, making it difficult to identify children in need of treatment.

Nutrition Cluster has identified a need to prevent acute malnutrition by implementing blanket supplementary feeding to 6-59 months children, pregnant and lactating women in those districts with multiple vulnerabilities; pre-existing high level of wasting, flood prone and COVID-19 affected.

There exists a current supply gap of therapeutic food for 8,000 children with Severe Acute Malnutrition (8,000 cartons RUTF).



Shelter Cluster

Cluster members are providing shelter and relief items including mattresses, bed sheets, pillows and towels, mosquito nets and tents) to quarantine centres. A regular visit has been conducted to the holding stations in different districts – Kathmandu, Lalitpur and Bhaktapur. One of the challenges being reported in the holding stations includes lack of money for the returnee migrants to return to their home districts from the holding centres. A quarantine management checklist has been drafted by the Technical Working Group of the Shelter cluster to be used by Municipalities, and has been sent to DUDBC and MoUD for preliminary inputs



Education Cluster

The Centre for Education and Human Resource Development (CEHRD) started virtual classes through national radio and TV stations (schedule link radio, TV) targeting estimated 3.2 million children from grades 1 to 10 nationwide. CEHRD has developed an online learning portal to facilitate learning at home for pre-primary to grade 10 children. The online learning portal has more than 18,000 users.

Radio school programmes, supported by Education Cluster, reached more than 110,000 children in Provinces Two, Five, Bagmati, Karnali and Sudurpaschim.

Education Cluster members distributed 22,045 self-learning materials for pre-primary to grade 3 in Provinces One, Two, Bagmati and Gandaki. Self-learning materials for grade 4-8 is on the process of finalization.

An estimated 5.3 million people, including people with disabilities have been reached through education related awareness messages.

2,887 out of 4,125 community schools in Gandaki Province received the textbooks for students.

Two radio programmes on education targeting parents - 'Ramaundai Sikdai' and 'Sikdai Sikaudai' are being broadcast from 85 radio stations nationwide.

The Ministry of Education, Science and Technology (MoEST) released "Distance Learning Guidelines for school children". This includes guidance on continuing the teaching and learning through alternative means – Radio, TV, Internet, self-learning materials and roles of different stakeholders. MoEST has drafted the school reopening framework.

4,315 schools have been used as quarantine sites across the country. The Education Cluster has formed a working group to plan the response in quarantine schools.

Challenges/concerns:

Schools continue to be used as quarantine shelter, risking schools remaining closed beyond the official reopening date to complete quarantine periods and allow disinfection. There is a lack of disaggregated data of children who need education support in the quarantine sites.

Currently there is no defined mechanism to monitor the effectiveness of alternative learning programmes through TV, radio and internet.



Logistics Cluster

The second WFP air passenger flight, for outbound passengers, landed in TIA, Kathmandu on Wednesday, 17th of June. The flight brought 3.3 MT medical supplies of WFP and UNICEF and 8 passengers from humanitarian agencies, boarded the flight to Kuala Lumpur. The Logs Cluster provided a standby pickup truck to the Health Service Directorate, Karnali Province for 1 month, for ad hoc dispatch of critical COVID-19 health supplies to district stores.

The suspension of International commercial and domestic flights has been extended till 5th of July. The DAO in Kathmandu, in accordance with the June 10 decision of the cabinet, issued a notice that general public who want to travel to Kathmandu are required to obtain an entry permit from local government and DAO.

Verbal approval for inbound passengers on WFP flights has been received from the Nepal Government. The next WFP flight is scheduled for Wednesday, 24th of June. The Cluster transported 13 trucks, 42.5 MT (425 cbm in total) of medical supplies of the Nepali Army between the 11th to 17th of June. The Cluster transported 3.5 MT (350 cbm) of medical supplies of the Health Service Directorate, Karnali Province to the districts in the Province during 11th to 17th of June. To date, the Cluster has transported approx. 113.2 MT (1132 cbm) of cargo of medical items.

Challenges:

There is a lack of international availability of PPE and COVID-19 supplies. There is a potential transport gap for medical supplies (family planning and MCH) from districts health stores to health facilities.



Early Recovery Cluster

The Early Recovery Cluster held its first plenary meeting on Tuesday at the MoFAGA premises. MoFAGA called for a prompt and concerted approach between government, development partners/actors and NGOs to ensure that relief and support measures are deployed to soften the socio-economic impact of the unfolding health emergency. The cluster will focus on supporting municipalities/palikas to put in place, administer, fund, and implement livelihood specific programs that can be immediately deployed for the next 6-9 months, i.e. the short term. Activities will be informed by local needs assessments conducted (or being conducted) by respective Local Governments (LG), for which MoFAGA has already issued guidance. ER Cluster meetings will be convened on a needs-basis under MoFAGA's leadership.



Risk Communication and Community Engagement

Reach:

RCCE working group partners have reached more than 12 million people with messages on: a) stay home, b) maintain distance of one meter, c) handwashing with soap and water, d) breastfeeding for under two children, e) COVID-19 symptoms and preventive measures, f) care and support for COVID-19 positive cases, g) mental wellbeing, and h) respect and care for returnees/migrants through the one minute multi-lingual public service announcements, dedicated radio programme "*Corona Capsule*", "*COVID Kura*" "*Hello Banchin Amaa*", "*Jeevan Rakshya*", "*Pawankali Sanga Corona Ka Kura*", television programme "*Corona Care*" and mega phone announcements.

Every week, more than 13 million people (43 percent female), are reached through social media channels with messages on COVID-19, prevention, parenting guidance, stigma and discrimination, and menstrual hygiene.

Working Group members reached around 1.5 million mobile phone subscribers with a) handwashing with soap and water or sanitizer use, b) at least 1 meter distance with another person, c) mask use and others through SMS and call back tone.

Working Group members disseminated welcome home messages through megaphone announcement at the point of entries -"Gauriphanta" and "Gaddachauki" in Sudurpaschim Province reaching more than 6,000 returnees with the COVID-19 preventive and protective messages.

A discussion programme on repatriation of Nepali migrants abroad and preparations was organized with the migrants and the Ministry of Labor and Social Security and respective ambassadors of Qatar, Saudi Arabia, Bahrain and Malaysia and aired through the major radio stations across the country.

Working Group members supported the development of radio jingles on stigma, fear and discrimination in six different languages and aired these from more than 200 FM radio stations, reaching populations across the country. The animated video on anti-stigmatization of migrants is being disseminated through social media.

Community Feedback:

Two rounds of telephone survey, U-report survey and Interactive Voice Recorder survey were conducted to understand the knowledge, perceptions, practices and trusted source of information of the communities and individuals. More than 5,000 respondents (51 percent male and 49 percent female) participated in the survey. The survey findings showed higher level of knowledge among the respondents regarding the COVID-19 symptoms and the prevention measures like washing hands with soap and water, wearing masks and avoiding crowds. The survey showed young people do not fear of getting COVID-19 compared to adults. Radio, television and social media were cited as the top three trusted sources of information on COVID-19.

Around 145,000 individuals and communities' concerns and questions were responded through hotline services, radio programme "Corona Capsule", television programme "Corona Care" and daily press briefing of the Ministry of Health and Populations. Most of the questions were related to the COVID-19 status/numbers in Nepal, testing facilities and symptoms of COVID-19.

Community Engagement:

The RCCE Working Group provided orientation to six municipalities and ward level representatives on how to form community level support groups that can reach out and support vulnerable families and individuals. Three wards of Dhangadi municipality formed ward level support groups. The ward level support groups will reach out to respective communities with needs-based risk communication messages and create an enabling environment for the returnees, COVID-19 cases and their families. Around 450,000 households were reached with COVID-19 preventive messages through telephone counselling.

A total of 113 nurses from COVID-19 hospital were trained on counselling skills, risk communication and stress management.

Challenges/concerns:

Since the Government of Nepal has decided to lift lockdown partially, a new approach on risk communication is required. People are moving to work; the vehicular movement has been increased and protests are taking place in the street without proper measures to protect people from the virus, while the number of people tested for COVID-19 is increasing in the country.

With the large influx people at points of entry and in quarantine centres, there is an evolving need for reaching out them with the risk communication and mental wellbeing messages using virtual platforms. Significant resources are required to address the needs of the POE and quarantine facilities. There has been a delay in finalising the mask use and home quarantine guidelines which has led to delays in reaching out to communities with the messages related to home quarantine and use of masks. There is a need to involve the municipality in establishing the community engagement platforms to disseminate information on COVID-19 and discuss community involvement to combat community level transmission and address stigma, rumours and misinformation.



Inter-Agency Gender in Humanitarian Action Working Group

Based on reports from the joint UN mission to Province 7 on June 12, the lack of drinking water, disaggregated data, poor WASH facilities, inconsistent employment of female guards, limited health services and no visible information about helplines, counselling or referral services in quarantine centres were highlighted as the key immediate concerns for women and excluded groups. It was

also noted that women, girls and young boys staying without family members in quarantine centres are at heightened risk of gender-based violence.

Based on a joint UN mission in Bagmati Province 3 on June 16, women in informal work (and living in rented rooms) report that relief packages are inadequate to cover basic needs. As a result of the ongoing pandemic, food insecurity and sustaining livelihoods is a key concern for this group. Insufficient mental health services for victims/survivors of violence was also raised. Returning migrant women in Bagmati Province are demanding PCR tests with a certification/proof of negative test results to respond to the stigmatization and ease the reintegration process in their respective communities. These women have also lost their source of income and are worried about how to find alternative livelihood options. The need to have information available for returning migrants on COVID-19 prevention and gender-based violence was also highlighted.

UN Women's Regional Office for Asia and the Pacific has rolled out a [Rapid Assessment Survey](#) in Nepal, Bangladesh, Cambodia, Maldives, Pakistan, the Philippines and Thailand to capture the gendered impacts of the COVID-19 pandemic in cooperation with private telecom agencies. The findings for Nepal (sample size: 8200) showed that the COVID-19 pandemic is disproportionately affecting women's mental and emotional health (66% women, 54% men). Results from the survey also underline that a small share of the population has acquired health insure benefits (13% female and 14% male). Additionally, women are more likely to face challenges in accessing medical supplies, hygiene products and food. While the informal workers are losing their jobs, the formal workers are seeing losses in paid work time. Income from paid jobs decreased 72% for men and 75% for women. Although the burden of unpaid domestic work and care has increased for everyone; a higher proportion of women experienced increases in the intensity of unpaid domestic and care work. Women and female single parents are particularly affected.



Inter-Agency Cash Coordination Group (CCG)

The newly drafted cash assistance guidelines have been formally shared to the Government for their review and recommendations.

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