



Overview

The number of confirmed COVID-19 cases in Nepal has passed 10,000 with 26 deaths. Cases are increasing, with over 5,735 new cases identified in the past 15 days. Positive cases have been largely asymptomatic, with less than 1% of COVID-19 patients across all age groups displaying symptoms at the time of diagnosis. The Ministry of Health and Population (MoHP) has intensified contact tracing and case investigation for all new cases. The daily PCR testing rate has increased with an average of 5,000 tests a day.

The Government of Nepal (GoN) continues to repatriate Nepalis from abroad. Between 3-22 June, a total of 6,486 people have been repatriated from different countries. Similarly, arrivals of Nepali migrants from India continues through the 20 dedicated border crossings, though the volume of returnees is gradually declining. As of 23 June, 86,495 people are staying in quarantine centres, down more than 50% over the past two weeks.

On 19 June, the Ministry of Home Affairs issued the Lockdown Security Standards 2020, imposing further restrictions on the movement of people and vehicles between 10pm and 5am. The new security standards also restrict religious and cultural gatherings, including marriages and funerals, to 15 people or less. The district administrations in Kathmandu Valley have been directed to strictly enforce the 14-day home quarantine on people returning to Kathmandu from different parts of the country. The COVID-19 Crisis Management Centre (CCMC) has recommended sealing off of specific districts or municipalities in case of spikes in positive cases. MoHP has released Public Health Standards during the COVID-19 pandemic and lockdown which outline essential, basic and other public health standards to be followed while transitioning to the new normal amidst the pandemic. The standards emphasize physical distancing (at least two meters) in gatherings and workspaces, mandatory use of masks in public and handwashing with soap and use of hand sanitizers.

However, the enforcement of safety measures in public spaces has proved challenging since the GoN's 10 June decision to ease the lockdown, allowing certain businesses and private vehicles to operate. Meanwhile, street protests with crowds this month sparked fears of rapid transmission. There were protests in Kathmandu and other urban centres, demanding better COVID-19 response and financial accountability.

The CCMC has asked provincial governments to upgrade quarantine centres according to needs and ensure necessary monitoring and facilitation. Furthermore, the Ministry of Women, Children and Senior Citizens has been tasked with mobilizing NGOs to support returnees in different holding and quarantine centres, including in the Kathmandu Valley.



All districts of Nepal, with the exception of Rasuwa, are affected by COVID-19. Testing capacity has been ramped up to a total of 23 testing sites throughout the county, with at least one in each province. The latest addition is in Nepal Korea Friendship Hospital, Bhaktapur.

The following three guidelines were endorsed this week:

- Guidelines for private laboratories to perform COVID-19 molecular tests (PCR), 2077.
- Interim guidelines to operate nutrition rehabilitation home during COVID-19 pandemic, 2077.
- Interim guidelines for environmental cleaning and disinfection in the context of COVID-19.

As of 24 June 2020

Total districts affected: 76
 Total testing sites: 23 (Nepal Korea Friendship Hospital, Bhaktapur newly added)
 Total PCR tests: 193,194 (over 6,200/day in past week)
 Total PCR positive: 10,728 (3,551 in past week)
 Total active cases: 8,366
 Total discharged: 2,338
 Deaths: 24 (4 deaths in past week)
 Total isolation beds: 8,069
 Total people in isolation: 8,366 (confirmed cases)
 Total quarantine beds: 254,434
 Total people in quarantine: 78,639

As the number of cases continues to increase, the health cluster is conducting twice weekly meetings, one with the provincial team on Tuesdays to discuss and address issues and challenges faced at the provincial level and the other with all health partners on Thursdays to coordinate the alignment of support to the COVID-19 response with gaps identified by MoHP. All health partners continue to support the COVID-19 response in Nepal. The Government has expressed its appreciation of all support provided by the partners using the one door mechanism.

The resources mobilized by partners are linked to five of the eight pillars of the WHO COVID-19 Strategic Preparedness & Response Plan (Feb 2020) – specifically Pillars (3) Surveillance, Rapid Response Teams and Case Investigation; (5) National Laboratories; (6) Infection Prevention & Control (IPC); (7) Case Management; (1) Coordination, Planning, and Monitoring. Resources are also contributing to selected areas of MoHP’s Health Sector Emergency Response Plan COVID-19 Pandemic.

Partners are providing support to enhancing real-time surveillance for COVID-19 through EWARS. A new daily reporting module was developed and almost 50% of the 118 sentinel sites have started sending data. Enhanced case investigation and contact tracing for COVID-19 has been introduced through a customized WHO standard tool using Go.Data. Additionally, support is being provided to RT-PCR testing, PPEs and health care waste management in 13 hub hospitals.

Field teams comprised of Epidemiology and Disease Control Division (EDCD) and WHO are supporting provinces and local governments in conducting case investigation and contact tracing. WHO is providing ongoing daily support to EDCD in the epidemiological analysis of COVID-19 cases, contacts and data management and entry in Go.Data. Technical support is being provided to the National Health Education, Information and Communication Centre (NHEICC) to develop

guidance on food safety and use of masks in the COVID-19 context. The Cluster is continuing to provide support to the Epidemiology and Disease Control Division and National Health Education, Information and Communication Centre to capture frequently asked questions (FAQ) through the COVID-19 call centre and address queries on contact tracing, quarantine and isolation. Support for laboratory investigation and data management is also being provided to the National Public Health Laboratory.

The National Health Training Centre finalised a training module on COVID-19 for Female Community Health Volunteers (FCHV). The four-day training is delivered through mobile phone interactive voice recording (IVR). The first round of training started on 15 June for 560 FCHVs, rolled out by Viamo, a consulting firm specializing in use of IVR. Around 4,267 health workers working in designated COVID-19 hospitals and isolation facilities have been reached with critical PPE. Support is being provided to federal and provincial governments to ensure that vaccines and commodities are in place to continue the ongoing national measles rubella campaign without disruption.

Challenges

Delivery of essential health service (EHS) is severely compromised as human resources in the districts are diverted to provide support in laboratory, isolation and quarantine sites. Moreover, the inadequate supply of protective equipment (mask, gloves and hand sanitizer) is increasing the risk and fear of COVID-19 transmission among frontline health workers.

Reproductive Health:

The roll-out of the interim guidelines on reproductive maternal, neonatal, and child health (RMNCH) has started, and 50 facilitators have been oriented at the federal level. Provincial and local level orientations are on-going. As part of the continuation of SRH services, visiting service providers (VSPs) are providing outreach SRH services with a focus on ensuring women's risks of unintended pregnancy are reduced and their access to a range of contraceptive methods, including long-acting methods are expanded. VSPs have been providing services to returning migrants, including those in quarantine centres, in 11 districts.

The Reproductive Health (RH) sub-cluster recognizes the current gaps in RMNCH services and aims to upscale HR capacity, services, and commodities at service delivery points (SDPs) as well as strengthen referrals. The sub-cluster has also developed minimum RH standards for quarantine sites, which have been presented to the Health cluster for integration into the quarantine guidelines amendment. Further, 11 sets of different Inter-agency Emergency Reproductive Health (IERH) kits have been handed over to Seti and Lumbini provincial hospitals, and Kapilvastu and Udaypur district hospitals, including two sets of post-rape treatment kits to OCMCs in Butwal and Kapilbastu.

This week 863 people benefitted from counselling (625), referral (154), and information (154) services provided through helplines. A concept note on the assessment of the impact of COVID-19 on functionality and utilization of RMNCAH services in Nepal has also approved by the Department of Health Services (DoHS); the assessment will commence after receiving the ethics clearance.



Psychosocial support

Psychosocial support continued to be provided through remote counselling, online platforms, one-on-one counselling, group orientation sessions and deployment of community-based psychosocial community workers (CPSWs). Through these approaches, cluster members reached a total of 7,272 persons (2,669 males, 4,598 females and 5 other gender) with one-on-one psychosocial support including psychological first aid and counselling services. Questions about relief assistance, concerns over health and increasing feelings of fear, anxiety and stress from various causes, including exposure to violence, are the main issues raised by callers. Among the total supported, 2,140 were referred for various services (247 for psychiatric consultations, 325 for health services, 336 for legal services, 431 for security services and 801 for other services). Moreover, a total of 37,470 persons, including humanitarian actors, community members and those in quarantine sites (16,556 males, 20,832 females and 82 other gender) were supported 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 2,991 unaccompanied, separated or other vulnerable children (1,104 boys and 1,304 girls) were supported with appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency support and relief. Among them, 96 children were referred to different services such as health, security, justice. So far, a total of 11.5 million young people and parents have been reached through messages on online safety.

GBV:

The GBV sub-cluster has provided essential life-saving support to a total of 1,846 GBV survivors (336 new cases) including 305 adolescent girls (37 new cases) and 32 older persons (1 new case). Survivors received multi-sectoral support through peripheral health facilities, safe houses/shelters, one stop crisis management centres (OCMCs), legal and psychosocial counsellors and police in Provinces One, Two, Bagmati, 5, Karnali and Sudurpashchim. A total of 2,967 females (302 girls, 17 women with disabilities and 73 older persons) in quarantine centres have received dignity, kishori and hygiene kits in Provinces 1, 2, Bagmati, 5 and Sudurpashchim. 629 service providers and stakeholders (419 females, 210 males) have been trained on providing survivor sensitive GBV prevention and response services. A further 8,060 persons (5,966 females, 2,094 males, including 1,243 adolescent girls and 479 adolescent boys) were sensitized/oriented on GBV prevention and response interventions across all provinces. 183,588 persons (81,051 females, 79,367 males — including 4,763 girls, 5,294 boys), older persons (208) and persons living with disabilities (80) were reached through messaging on harmful practices including GBV, domestic violence, care burden and early/forced marriage.

Migrants/PoEs:

Protective equipment (25,000 surgical masks, 275 litres of hand sanitizer) have been delivered to Biratnagar municipality to support front line service continuity with a focus on the points of entry, quarantine centres, isolation facilities and holding points.

Persons of concern- refugees:

A total of 83 refugees received medical services, including maternal health services through a support ambulance in Kathmandu. In Damak, psychosocial support was provided to 34 refugees and host community members from Beldangi and Sanischare settlements through hotlines.

Challenges

Limited protective equipment continues to pose a challenge for frontline workers in women/children safe houses and health clinics. There has been increased pressure on safe shelters in Kathmandu to provide emergency accommodation and assistance to Gulf returnees. The Ministry of Women, Children and Senior Citizens (MOWCSC) has reached out to seven shelters and safe houses to organize reception. The situation of women who have returned from Gulf countries are unable, or afraid, to return to their home districts and therefore in need of extended support is a source of concern. The absence of an overall returnee reintegration strategy is also a concern. Preliminary assessments suggest possible challenges linked to legal documentation and citizenship for returnees and their children. In a context of increased GBV/domestic violence, cases of women moving to the homes of relatives are emerging, raising concerns over overstretched livelihoods, mental health, family violence and over-crowding in already constrained living arrangements.



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 with provincial governments, UN agencies and volunteer organizations, cooked food and water is being served to over 35,000 returnees from India in transit/holding centres in Sudurpaschim and Karnali provinces. As the government stopped its unconditional immediate food relief support to daily wage workers in the informal sector and vulnerable people for the period of lockdown, some local governments have provided conditional food assistance for those identified as jobless through public works schemes.

More than 1.9 million households (HHs) were identified by local governments as vulnerable to the secondary effect of COVID-19. Now, with relaxation of the lockdown and resumption of development work, construction, manufacturing and other service sector industries, employment in the informal sector is gradually increasing. However, seasonal food shortages are common in many parts of Nepal. In addition to daily wage workers in the informal sector, around 500,000 seasonal migrant workers from highly food insecure and poor communities have returned from India and are in urgent need of immediate employment and income to support their livelihoods. June, July and August are typically agricultural lean months, leading to increased risks of food insecurity. Hence, conditional food assistance in the form of cash for work is a pressing need during this period.

The 2019-2020 school year ended in March and schools all across the country have remained closed even after the beginning of the new academic year in mid-April due to the ongoing COVID-19 crises. Although the schools remain closed as of now, people's mobility has improved due to the relaxation of lockdown since mid-June. The food security cluster is planning to provide take home ration distributions in lieu of on-site school meals from July in close coordination with the Ministry of Education, Science and Technology using some 1,469 MT of food (rice, lentil and veg oil) in stock. This one-time take home ration will support both nutrition and home-based education of 173,114 students and their family members (approximately 150,000 households) in 66 municipalities of nine

school meals programme districts in Karnali and Sudurpachim provinces, both of which are relatively food insecure and more vulnerable according to a MoALD and WFP report: Impact of COVID-19 on Households Livelihoods, Food Security and Vulnerability in Nepal.

Fall armyworm (FAW) has affected some 15% of maize plantation areas in Province One, and 20 - 25% in Surkhet, Dailekh, Salyan, Rukum-west and Jajarkot districts of Karnali Province, according to agricultural officials. It is reported that the Ministry of Land Management, Agriculture and Co-operative of Province One is planning to provide relief support to farmers in FAW affected districts (Khotang, Bhojpur, Dhankuta, Terhathum, Udayapur, Sunsari, Morang and Jhapa) in the form of cash, seeds and fertilizers. Paddy plantation for the monsoon season is progressing well across the country due to adequate rainfall and availability of seeds; however, fertilizer in some areas of Bagmati Province and Province Five are reportedly insufficient. In Sudurpaschim – one of the most food insecure provinces – maize, upland paddy and spring paddy are growing well due to regular rainfall, and there are no major reports of pest or disease infestations to date.



WASH Cluster

To date, 47 WASH cluster members, including their implementing partners, have provided WASH support to 186 health care facilities (49 hospitals and 137 health posts, primary health care centres, urban health clinics and community health units), 96 quarantine centres, nine isolation centres, and a number of communities covering 440 municipalities in 70 districts across all seven provinces. WASH cluster reached 64,184 returnees with bottled water in 20 designated points of entry 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 a transit point and six in PoEs) were constructed.

Cluster members continued to provide WASH supplies to health care facilities. So far, 185 handwashing stations have been installed in health care facilities. Quarantine centres received 38,995 bars of soap, 5,939 sanitizers, 3,894 gloves, 22,139 masks, and 7,478 buckets. Furthermore, 113 hand washing facilities have been installed in quarantine and isolation centres. Cluster members provided critical hygiene supplies to 38,365 families, including buckets/water purification tablets to 14,400 families, masks to 6,551 families and hygiene kit to 6,654 families as well as 62,375 soap bars. A total of 627 handwashing stations have been installed at the community level.

Challenges

Though the flow of returnees from India has been declining, a significant number of people are still crossing the border from India. In addition, the Government has initiated the repatriation of Nepali citizens from other countries, creating additional pressure on the provision of WASH services in quarantine centres, especially in Kathmandu. The number of quarantine centres across the country has increased seven-fold since May, with a current total of 7,350. More than 50% of which have been established in schools, with the remainder in community centres and other institutions. There is an acute need for WASH services in these centres. With limited resources and organizations to work in quarantine centres, WASH cluster is now working with the central Crisis Management Committee as well as at local levels to prioritize WASH interventions in strategic quarantine centres.

With COVID-19 positive cases now exceeding 10,000, there is an urgent need for health and WASH services in isolation centres (ICs), as well as logistical requirements. Increasing numbers of people

are also being placed in home-quarantined and thus requiring critical WASH support. Monsoon has already started, and there is strong likelihood of floods, especially in areas bordering India, and consequent outbreak of waterborne diseases. Thus, there are significant requirements for preparedness to potential floods, combined with the continuing COVID-19 response.



Nutrition Cluster

2,658 children age 6-59 months with severe acute malnutrition (SAM) were treated by outpatient therapeutic care centres (OTCs) and nutrition rehabilitation homes (NRH) over the past four months. Approximately 2,000 cartons RUTF, 250 cartons F100 and 200 cartons F75 were provided to the Government as support for the treatment of SAM. The supply is held in the central medical store of MoHP at Pathlaiya and is ready to be distributed to provincial and district warehouses this week. Additionally, 5.6 million vitamin A capsules are in the central medical store of MoHP and ready to be distributed to provincial and district warehouses this week. MoHP is procuring approximately NPR 7.5 million (equivalent to US\$70,000) of super cereal. The 17 MSNP coordinators and 308 MSNP volunteers of the Multi-Sector Nutrition Plan (MSNP) are supporting 30 districts (308 local governments) to monitor and report on essential nutrition service provision and utilization. As of last week, 47,000 children age 6-23 months and 27,772 pregnant and lactating women have received super cereal across the five districts of Karnali Province.

Challenges

Screening of children continues to be a challenge in the COVID-19 context, making it difficult to identify children in need of treatment. There are unmet needs for masks (50,000) for female community health volunteers.



Shelter Cluster

An orientation was conducted for NGOs in Kathmandu who are supporting vulnerable returnee migrants in shelter homes. The orientation sessions included training on stigma against migrants, health workers and infected people. The sessions also focused on quarantine standards and COVID-19 preventive measures for frontline workers in shelter homes. Shelter cluster member organizations are working together with local authorities to distribute shelter items in quarantine centres. Likewise, cluster member organizations are supporting hand-washing stations in different holding centres. The Department of Urban Development and Building Construction has been engaged to increase beds in Manamohan Heart Centre and Ichangu and Kharipati training centres for quarantine and isolation purposes. The target is to reach a total of 1,700 beds in these areas.



Education Cluster

Education cluster members distributed 7,065 self-learning materials for pre-primary to grade 3 classes this week, for a total of 29,110 distributed in Provinces One, Two, Bagmati, Gandaki, and Karnali. Self-learning materials for grades 4, 6 and 7 have been finalized, and materials for grades 5 and 8 are being finalized. Radio school programs have reached an additional 4,000 children this week, for a total of 114,000 children in Provinces Two, Five, Bagmati, Karnali and Sudurpaschim. An estimated 5.3 million people, including persons with disabilities, have been reached with awareness messages

about education. The Centre for Education and Human Resource Development (CEHRD) has started audio educational programs on Radio Nepal for grades 9 and 10 (schedule [HERE](#)) and virtual classes on TV stations nationwide for grades 1-10 (schedule [HERE](#)) targeting an estimated 3.2 million children. CEHRD has also developed an online learning portal to facilitate learning at home for children from pre-primary to grade 10 (link [HERE](#)). The online learning portal has more than 18,000 users.

Two radio programs on education targeting parents: ‘Ramaundai Sikdai’ and ‘Sikdai Sikaudai’ are being broadcast on 85 radio stations nationwide. The Ministry of Education, Science and Technology (MoEST) released “Distance Learning Guidelines for school children” (link [HERE](#)). These include guidance on continuing teaching and learning through alternative means – radio, TV, internet, self-learning materials and roles of different stakeholders. MoEST has drafted the school reopening framework. 4,509 schools have been used as quarantine sites. A working group on children in quarantine has been formed to plan the response in quarantine sites.

Challenges

Schools being used as quarantine sites, risking schools being required to remain closed beyond the official reopening date to complete quarantine periods and allow disinfection, is a major challenge. Additionally, a lack of disaggregated data of children who need education support in quarantine sites creates a blind spot. Currently there is no defined mechanism to monitor the effectiveness of alternative learning programmes through TV, radio and internet.



Logistics Cluster

The Logistics cluster meeting was held on Friday, 19 June, with 37 participants from 25 organizations. A logistics planning meeting was held at the Humanitarian Staging Area (HAS) on Monday, 22 June to discuss upstream supplies expected, downstream storage and transport capacity needed and to follow up on provincial storage assessment and alternate storage sites. MoHP will provide the Logistics cluster with quantities and locations for coordination and transportation of remaining medical items. The third air passenger flight landed at TIA, Kathmandu on Wednesday, 24 June. The flight brought 1.03 MT medical supplies and four inbound passengers. Similarly, seven outbound passengers from humanitarian agencies boarded the flight to Kuala Lumpur on the same day. The flights for July will be scheduled every second Wednesday as follows: 1, 15 and 29 July (Kuala Lumpur – Kathmandu – Kuala Lumpur). The WFP aviation schedule for all countries has been updated on humanitarianbooking.wfp.org. The cluster shared information on three passenger flights during the reporting period: Turkish Airlines flight from Kathmandu to the U.S. via Istanbul on Wednesday, 24 June; Qatar Airways flights from Kathmandu to Doha on Thursday, 25 June and Saturday, 27 June).

The cluster transported one truck, 1.6 MT (16 cbm) medical supplies of Health Service Directorate, Karnali Province to Kalikot and Jumla on 19 June, and one pickup truck, 266 kgs medical supplies of Health Service Directorate, Karnali Province to Kalikot on 20 June. There are plans to transport two trucks, 3.5 MT (70 cbm in total) medical supplies of MD, MoHP to Province One (Biratnagar) and Sudhuraschim Province (Dhangadi) on 25 June. To date the cluster has transported approximately 114.8 MT (1148 cbm) of medical cargo. Gaps have been identified and a procurement plan has been proposed by Management Division of Department of Health Services (DoHA). Lack of international availability of PPE and COVID-19 supplies poses a challenge. There is a potential transport gap of medical supplies (family planning and MCH) from districts health stores to health facilities.



Risk Communication and Community Engagement

Over the past week, RCCE cluster partners reached more than 13 million people with messages on: a) staying home, b) maintaining distance physical distance, c) handwashing with soap and water, d) breastfeeding for children under two, e) COVID-19 symptoms and preventive measures, f) care and support for COVID-19 positive cases, g) mental wellbeing, h) respect and care for returnees/migrants through the one minute multi-lingual public service announcements and dedicated radio programmes.

The United Nations Country Team in Nepal, together with over thirty national and international organizations, collectively launched the #SpreadLove campaign, calling for an end to stigma and discrimination amidst the ongoing COVID-19 crisis in the country. The campaign calls on everyone to spread messages of love and hope in support of those who are affected by the COVID-19 crisis.

Cluster members organized a webinar on 19 June to facilitate an exchange of COVID-19 experiences among UNICEF Italy youth volunteers and Nepal's #V4ACTION volunteers. Over 75 young people from all seven provinces of Nepal participated in the webinar, where four volunteers from UNICEF Italy and four from #V4ACTION shared their stories and experiences during COVID-19 lockdowns, including the ways in which they stayed productive and engaged in their communities. The youth highlighted the toll that the prolonged lockdown took on their social life, education and mental health. The youth also spoke out about the increase in domestic violence and stigma against marginalized groups such as people with disabilities and the LGBTIQ community. The volunteers from both countries spoke about the importance of looking after one another, not being selfish during this global pandemic and learning from older generations while at home. This week, workstream members reached more than 167,000 households with COVID-19 preventive and emergency nutrition messages through telephone counselling, videos and explainer interviews.

Twenty community support groups were formed with a total of 100 members (36 females and 64 males) in Sudurpaschim and Karnali provinces where there has been a large influx of returnees from India. Community support groups will disseminate preventive messages on COVID-19 addressing fears, misinformation and rumours related to COVID-19. A ward level support group will also support health facilities in identifying COVID-19 or other health related information.

The cluster members responded to 9,818 concerns and questions through radio and television programmes, daily MoHP press briefings and hotlines. To date, 154,818 individuals and communities' concerns and questions have been responded to. Most questions and concerns are related to the COVID-19 status and case numbers in Nepal, testing facilities and symptoms of COVID-19. The majority of concerns and questions were from Sudurpaschim and Bagmati provinces. Rumours and misinformation addressed during the reporting period included a) worshipping of "Corona Mai" can save a village from COVID-19, and b) homeopathy medicine for corona care and boosting immune system.

Messages such as "use of turmeric to boost immunity" and "corona is nothing for Nepali population" from the higher authorities has posed a challenge to combating rumours and misinformation. Reaching out to authorities for disseminating messages on preventive behaviours has been a challenge for RCCE cluster members. Knowledge and awareness developed through mass and social media needs to be translated into practices through increased investment in community level interventions and engagement from local representatives.



Inter-Agency Gender in Humanitarian Action Working Group

The Inter-Generational Feminist Group, Women Friendly Disaster Management Group and Women Humanitarian and Disaster Risk Reduction Platform submitted a Charter of Demands on the rights and protection of migrant workers to the Government of Nepal. The networks urged the Government to amend the Foreign Employment Act to adopt special arrangements for women's employment, health and social security. The Charter further suggest allowing women to register in the Foreign Employment Board (FEB), as this would help ensure returning migrant women's access to the services, insurance and compensation provided by FEB. Women's groups are also raising the need to acknowledge undocumented migrant workers with dignity as economic actors and contributors to the Nepali economy. Based on requests from the Government of Nepal, NGOs are accommodating women returning from Gulf countries in Bagmati Province. Several organisations running shelters are unable to receive the returning women migrants as they are awaiting approval from the District Administration Office. Based on the joint UN mission to Province One on 18 June, the quarantine facilities visited did not have female guards or women representatives in the management committees. Paid quarantine sites, home quarantine and state supported quarantine centres are available in Province One. Persons staying in quarantine sites seemed to be satisfied with food, water and sanitation facilities. There is, however, no visible information about hotlines, helplines, counselling services or referral services in the quarantine centres. Mental health and psychosocial support must be better monitored. Hygiene and dignity kits are not provided to women and girls in quarantine centres. Record keeping at centres is not capturing disaggregated data on persons staying in the centres. The provincial government requested support to sustain the economy and livelihoods.



Inter-Agency Cash Coordination Group (CCG)

The CCG meeting with Ministry of Federal Affairs and General Administration (MoFAGA) held on 24 June focused on the draft CVA guidelines in emergency for local governments. The CCG presented a brief overview of draft CVA guidelines and processes during the meeting and officially handed over to MoFAGA for further review. MoFAGA has expressed its commitment to take the review process forward with relevant ministries as soon as possible. In the same meeting, CCG co-chairs and members shared the operational guidelines and MEB and discussed multi-purpose cash assistance to the most vulnerable people. MoFAGA stated that the government has been working on developing guidance for cash for work and that inputs received during the meeting will be discussed further in the CfW guideline development process.

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/>

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