



Nepal COVID-19: Cluster Update #22



11 September 2020

COVID-19 situation

Deaths	Positive Cases	Recovered Cases	Tested for COVID-19	Persons in isolation	Persons in quarantine
317	14,448	35,700	810,485	14,448	5,806

Source: <https://covid19.mohp.gov.np/#/> (as of 11 September, 11.20 am)

Overview

Prohibitory orders have been eased or lifted in the majority of districts. On 9 September the three District Administration Office (DAO) of Kathmandu Valley decided to relax their prohibitory orders allowing certain business activities, including shops, hotels and restaurants, to resume within designated hours and conditions (i.e. hotels and restaurants can only provide home delivery and takeaway services). Vehicular movement, including public transportation, will also be permitted on a daily rotating odd-even number plate basis. The DAOs decided to change the modality of prohibitory orders, in view of growing public criticism against blanket restrictions that have generated economic hardship and joblessness. Sections of the business community had warned authorities that they would defy the prohibitory orders, should these restrictions continue further.

The COVID-19 Crisis Management Centre (CCMC) decided to establish the Integrated Data Center for the management of collective information on COVID-19, in coordination with concerned stakeholders. District COVID-19 Crisis Management Centres (DCCMCs) will updated information on polymerase chain reaction (PCR) tests, number of people in quarantine sites, home quarantine, active cases, people in intensive care units (ICUs) and ventilators on a daily basis through the CCMC website. The CCMC has also designated the Ministry of Health and Population (MoHP) as responsible for the management of COVID-19 dead bodies in Kathmandu Valley and the provincial Ministries of Social Development (MoSD) as responsible outside Kathmandu Valley. Nepali Army personnel will be on stand-by for dead body management.

Due to unemployment and lack of livelihood options, seasonal migrants have begun returning to India, particularly in Sudurpaschim Province. Reportedly, employers in India are calling them back to work. In the past two weeks hundreds of people have been recorded as leaving for India.

Monsoon rainfall continues to impact several parts of Nepal, leading to an increased number of fatalities and damages, mainly due to landslide. The latest incident on 2 September, in Dhorpatan, Baglung (Gandaki Province) killed at least 16 people, 22 people have gone missing and 93 houses, two schools, one health post, four micro-hydro projects, a bridge and a suspension bridge were washed away or fully damaged, and large number of livestock were also lost. As of 9 September, 292 deaths have occurred (155 male, 121 female and 16 unknown), 90 people remain missing and 341 palikas have been affected by monsoon induced landslide and flooding.



Health Cluster

As of this week, 28,938 people have tested positive by reverse transcription polymerase chain reaction (RT-PCR) for COVID-19 and 91 deaths have been reported. All 77 districts are affected by COVID-19, but six districts (Taplegunj, Mustang, Manang, Mugu, Dolpa and Humla) have no active cases. Testing capacity has increased to 47 sites.

Decisions and guidelines:

- MoHP decided to use Remdesivir and plasma therapy for COVID-19 treatment with approval from Nepal Health Research Council (NHRC)
- MoHP approved the guideline for serological testing created by National Public Health Laboratory (NPHL)
- MoHP reduced the RT-PCR test price to NRS 4,400 (all inclusive)
- MoHP included Bir Hospital in the list of COVID-19 hospitals; all non-COVID-19 health services from Bir Hospital are to be conducted by the National Trauma Centre

As of 9 September 2020

Total PCR sites: 47 (reporting sites)
Total PCR tests: 799,341 (average of 11,558 per day in past week)
Total PCR positive cases: 49,219
Total active cases: 15,025 (30.5% of total cases)
Total closed cases: 34,194 (69.5% of total cases)
Total discharged: 33,882 (99.1% of closed cases)
Total deaths: 312 (0.9% of closed cases)
Total isolation beds: 17,738
Total quarantine beds: 96,031
Total people in quarantine: 5,480

MoHP decided to hold the regular high-level virtual coordination meeting with all provincial MoSD ministers alternate Wednesdays to improve the COVID-19 response and hold weekly coordination meeting with media on Fridays. MoHP has decided to use hotels as isolation facilities. The Department of Health Services and MoSD will identify hotels within Kathmandu Valley and the provinces, respectively. Department of Health Services (DoHS) will prepare hotel isolation guidelines.

Use of Gene Xpert for COVID-19 diagnosis has been facilitated. Nine sites have been identified to use this technology. Nepal is setting an example of rational use of Gene Xpert in its COVID-19 response.

Health partners are providing the following support to NPHL:

- Completion of the validation of My Lab PCR kit and SD Biosensor Extraction Kit.
- As part of the technical assistance to the National Quality Assurance Program (NQAP), samples from six laboratories were received and checked by NPHL this week. All with satisfactory results.
- Organizing a virtual meeting on 'Contamination identification and troubleshooting in a molecular laboratory'.
- Submission of the 'Interim report on COVID-19 laboratory quality assessment in Nepal' to NPHL by WHO laboratory team.

Health partners are providing the following support to Epidemiology and Diseases Control Division (EDCD):

- Web portal (mewellnepal.org.np) was developed and launched to support the mental health of health care providers.
- Guidance documents developed.
- Infection prevention and control (IPC) pocketbook was updated and is pending approval.
- Pocketbook on COVID-19 case management is to be finalized next week.

Health partners handed over 287 health kits (150 sets to Chandragiri Municipality, Kathmandu and 137 sets to Taulihawa and Krishnagar municipalities, Kapilbastu) to support home isolation; 50 sets of newborn incentive kits to Simikot Rural Municipality, Humla; 39,000 coveralls to designated hospitals in all seven provinces; 2,000 protective goggles; 1,095 IR thermometer; 842 blankets, 1,194 bed nets and seven medical tents to support designated COVID-19 facilities.

Health partners also assessed the continuity of essential health services (EHS) in 14 new health facilities (8 in Myagdi, 4 Rolpa, 1 Kapilbastu and 1 Banke) where 1,536 people could utilise maternal and child health services. To date, a total of 393 health facilities across all provinces (183 in Province Two; 14 in Bagmati; 45 in Gandaki; 68 in Province Five and 82 across Karnali and Sudurpaschim) were assessed for their EHS functionality. Major findings include: a total of 149,9780 women and children utilised EHS, including 23,8674 women who accessed ante-natal care (ANC) services; 13,753 women delivered babies in health facilities and 112,358 children were immunized (49% boys, 51% girls).

Health partners are supporting the organization of mental health wellbeing sessions. In coordination with schools, these wellbeing sessions are targeting school children and adolescents through online sessions. To date, trained mental health workers have conducted 580 sessions, reaching a total of 11,813 people (6,197 girls, 3, 228 boys and 5,616 parents/caregivers). Mental Health Sub-cluster is closely working with Epidemiology and Diseases Control Division (EDCD) and Family Welfare Division (FWD) at the federal level and Provincial Health Directorate offices as well as COVID-19 and non-COVID-19 hospitals to ensure the provision of mental health and psychosocial services.

National Health Training Centre (NHTC) is being supported to run mobile based COVID-19 trainings. A total of 4,015 female community health volunteers (FCHVs) completed the mobile-based interactive voice recording (IVR) training on COVID-19. In a similar training on COVID-19 for health workers, a total of 1,947 have completed all seven modules.

With technical support from partners, the Sudurpaschim provincial government has finalized and endorsed "Isolation Management Guideline 2077", with the objective of ensuring effective response, treatment and management of COVID-19 cases in the province.

Reproductive Health

Reproductive Health (RH) Sub-cluster partners are supporting the roll-out of the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) interim guidelines targeted at program managers and health service providers, for the continuity of essential lifesaving RMNCAH services while ensuring adequate COVID-19 prevention and protection. As of August, more than 7,800 health service providers have been oriented from 492 health posts, 38 primary health care centres/primary hospitals and 25 secondary and tertiary hospitals across all seven provinces. Total of 85 maternal deaths have been reported in the last six months, nearly three maternal deaths per week. However, significant gaps in data related to maternal deaths and their causes remain. Analysis of the 73 reported deaths indicate nine had COVID-19 like symptoms, and two tested positive through RDT and PCR. 30% of the deaths were caused by post-partum haemorrhage, and more than half occurred within 48 hours of delivery. Addressing three delays: delay in seeking care, delay in referrals for obstetric emergencies, and delay in managing complications at health facilities remain critical.

Maternal risks have increased with the decreasing number of institutional deliveries and reductions in service utilization (ANC, PNC, and other services) due to lockdown. The inability to access time sensitive RMNCAH services (safe abortion, family planning) by both clients and service providers due to prohibitory orders and localized lockdowns are being reported by RH partners. This requires

improved risk communication, promotion of helplines and teleconsultation services, including inter-ministerial coordination to allow women and girls to access the life-saving essential services that are often time-sensitive. Moreover, with more than 500 health service providers infected, and more than 200 in Province Two alone, there is a critical human resource gap for the continuation of RMNCAH services in many parts of Nepal. RH Sub-cluster is working to identify critical human resource gaps and possible interim measures. Stocks of maternal health medicines at service delivery points has improved compared to last month, owing to supplies being made available by partners and the initiation of local emergency procurement. No stock-outs have been reported for family planning commodities at service delivery points or at the district level.

Challenges

There is continuous shortage of protective equipment for health workers, disrupting essential and basic health services. COVID-19 transmission to health workers is increasing daily, particularly in Province Two, Province Five, Karnali and Sudurpaschim. Several reports have been received from municipalities of shortages of depo-provera, birth control pills, misoprostol, mugsful and oxytocin, which will negatively impact RMNCAH service delivery.



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). Through these approaches, cluster members have reached a total of 13,267 persons (5,022 males, 8,221 females and 24 other gender), including 684 new cases, with psychosocial first aid and counselling services. Concerns over health, excessive worry and stress due to the prolonged emergency and uncertainty, including loss of jobs, are the main issues reported. In addition, parents have continued to share that, due to the closure of schools, children are spending most of their time on electronic gadgets, interacting less with family members and demonstrating aggressive behaviour. Among the total supported, 3,777 persons were referred to various services (677 for health services, 641 for legal services, 386 for psychiatric consultations, 994 for security services and 1,079 for other services) and 3,637 received follow-ups to provide additional support and to ensure mental well-being. A total of 60,508 persons (2,246 new participants), including humanitarian actors, community members and those in quarantine sites (28,156 males, 32,172 females, 180 other gender) were reached through group orientation sessions (virtual and face-to-face) and awareness-raising activities on stress management and psychosocial well-being in all seven provinces.

Gender-based violence (GBV)

A total of 4,648 GBV survivors (525 new cases) 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. A total 7,106 females (including 507 adolescents and 20 persons with disabilities) in quarantine centres and isolation have received dignity, kishori, and hygiene kits in provinces One, Two, Bagmati, Five, Karnali and Sudurpaschim. 1,718 service providers and stakeholders (1,202 females, 516 males) have been trained on providing survivor sensitive GBV prevention and response services. Furthermore, 24,517 persons (17,726 females, 6,791 males), of which 2,984 were adolescent girls and 1,112 were adolescent boys, were sensitized on GBV prevention and response interventions across all provinces. 11,339,782 persons were reached through messaging on harmful practices including GBV, domestic violence, care burden and early/forced marriage.

Child protection

A total of 9,084 unaccompanied, separated or other vulnerable children (4,784 boys, 4,300 girls), including 381 new cases, were supported with appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency support and relief. Among which a total of 607 children were referred to different services such as health, security and justice. A total of 2,343 frontline workers (1,316 males, 1,027 females), including 734 new participants, were virtually trained to identify and respond to unaccompanied, separated or other vulnerable children. A toolkit for police on investigation of cybercrime against children and young people has been developed. Likewise, a toolkit for lawyers and psycho-social workers on online protection of children and young people has been developed. Six virtual workshops on online protection of children and young people have been conducted with internet service providers, teachers, children and young people, Nepal Telecom and government representatives. Altogether over 300 individuals have participated in these workshops.

A total of 435 children (nine girls) who were detained at eight child correction homes across the country have been handed over to their guardians following court orders. The children released were held in pre-trial detention or serving correction orders of less than one year. 684 children remain in detention in eight correction homes. Monitoring of their situation and coordination of releases is ongoing.

Migrants/points of entry

In total, 5,500 sets of non-food item (NFI) kits (mosquito net, mask, sanitizers) were distributed in Morang, Jhapa, Illam, Morang, Udayapur, Sanskhuwasabha and Sunsari districts targeting 22 quarantine centres, 13 isolation centres and three holding centres.

Persons of concern - refugees

A total of 637 calls (56 new calls) have been received through 24/7 hotline services and protection needs were addressed accordingly. Furthermore, a total of 5,239 protection services (psychosocial support, GBV) were provided to persons of concern. In total, 860 vulnerable people (377 females, 483 males, including 104 girls, 143 boys, 37 persons with disabilities and 14 elderly persons) were supported with transportation services to reach their respective municipalities from holding centres, points of entry, isolation facilities and quarantine centres. The National Day Against Human Trafficking was marked on 5 September with week-long social media advocacy and awareness raising activities on human trafficking and safe migration. The COVID-19 pandemic has caused job losses both in Nepal and destination countries, heightening the risk of human trafficking among migrants and within their communities.

Challenges

The prolonged lockdowns and prohibitory orders have exacerbated mental health and psychosocial conditions among people, including children. The uncertain situation caused by the pandemic has increased the fear and anxiety of people who have lost their jobs or are on the verge of losing their livelihoods. While psychological first aid, counselling and mental health service provision continues, addressing underlying socio-economic vulnerabilities feeding into psychological fragility is urgently needed. Due to prohibitory orders in different districts, frontline workers continue to face challenges in reaching out to communities, as well as survivors, regarding essential GBV services offered through OCMCs. Protection monitoring and alert mechanisms rely on community-based mechanisms which are severely affected by prohibitory orders.



Food Security Cluster

In response to the pandemic, cluster members have distributed food assistance, in coordination with respective local governments, to 550,754 people (51% male, 49% female), including ongoing assistance for 100,790, in 326 palikas of 54 districts. This includes take-home ration distribution that aims to support both nutrition and home-based education of 156,410 students and their family members at 1,434 schools (approximately 133,000 households) in 58 palikas of seven districts in Karnali and Sudurpachim provinces. Both provinces are relatively food insecure and more vulnerable in the COVID-19 crisis. The first round of take-home ration distribution was completed by the end of August, and the second round is planned for early to mid-October, once donor permission is granted.

For monsoon response, cluster partners provided food assistance to 3,348 households (16,740 people) affected by floods and landslides (including completed and ongoing assistance) in 18 palikas in Province Two, Gandaki, Karnali, and Sudurpaschim to date. Distribution of unconditional cash for flood and landslide affected families in Kailali and Kalikot districts is ongoing. Conditional cash assistance to support the recovery of landslide affected families in Jajarkot is under preparation.

Due to the imposition of prohibitory orders in most COVID-19 affected locations, markets activities continue to be limited and partially functioning. In Province One, Province Two, Bagmati and Province Five, food supply is reportedly irregular due to the strict containment measures imposed, making farmers unable to bring their products to market. In general, the price of staple food (cereals) is reported to have slightly increased. The price of vegetables has remained high across the country. The price of chicken, however, has decreased by 10–30% over the past weeks due to a misperception that chicken may carry the virus. Paddy, maize and millet crops are reportedly growing well, although farmers have experienced scarcity of fertilizers across the country. According to preliminary projection sprovided by agricultural officials, apple production could decline by some 50% in Jumla, Mugu, Kalikot, Humla and Dolpa districts due to heavy rains and hailstorms during the post flowering stage.

Challenges/gaps

Some 1.9 million households were identified by local governments as vulnerable to the secondary impacts of COVID-19. During the monsoon season, seasonal food shortages are quite common in many parts of Nepal. In addition to daily wage workers in the informal sector, over 500,000 seasonal migrant workers have returned from India who are from highly food insecure and poor communities and are in urgent need of immediate employment and income to support their livelihoods. A study conducted by Nepal Rastra Bank estimated job losses of 1.2 to 2 million across sectors, which may increase risks of food insecurity in the coming months. Food assistance, including conditional assistance, is a pressing need, as highlighted through a number of consultations with agricultural sector stakeholders including landless, smallholder and commercial farmers recently conducted as part of the UN Socio-Economic Recovery Framework development process.



WASH Cluster

To date, 56 WASH Cluster members, including their implementing partners, provided WASH support to a total of 193 health care facilities (54 hospitals, 139 health posts, primary health care centres, urban health clinics and community health units), 343 quarantine centres, 29 isolation centres, and a number of communities covering 510 municipalities in 77 districts across all seven provinces.

WASH support at points of entry and holding centres

The WASH Cluster reached a total of 88,844 returnees with WASH supplies and services in 20 designated points of entry (PoEs). This was achieved through provision of supplies and installation and repair of WASH facilities. Similar support was provided in holding centres, including bottles of drinking water, buckets, masks, mobile plastic toilets, soap, hygiene kits, sanitary napkins and handwashing stations, benefitting approximately 18,900 returnees.

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

Critical WASH support has benefitted 96,947 people in quarantine centres and 3,595 people in isolation centres, details of which are reflected in the table below (weekly figures are reported in parenthesis). In addition, 100 water tanks of 100-1,000 litres capacity, five water filters of 40 litres capacity and 18 colloidal silver filters were provided in quarantine centres.

WASH Supplies	Health care facilities	Quarantine centres	Isolation centres
Bars of soap	37,415 (403)	96,557 (16,051)	3,462 (924)
Hand sanitizer	15,236 (1053)	33,040 (13,552)	651 (25)
Hygiene kits	7,283 (6270)	7,288 (439)	1,098 (28)
Buckets/mugs	2,343 (18)	9,502 (18)	558
Water purification tabs	790,640	32,462	20,150
Gloves	73,857 (26,668)	12,911 (8,542)	418 (400)
Masks	107,240 (19,562)	82,110 (20,700)	2,626 (220)
Bleaching powder	1400 kgs (482)	445 kgs	79 kgs
Chlorine	200 Ltrs	5,190 Ltrs	25 Ltrs
Installation of hand washing stations	354 (62)	438	21 (3)
Toilet construction	15 (3)	145 (2)	14
Toilet repair	37	21	26
Handwashing basin repair	30		
Bottled water		3,933	5,300 (1,800)
Menstrual pads	5,370 (10)	14,552	700 (10)
Disinfectant solution	35 Ltrs	280 Ltrs	25 Ltrs

WASH in communities

Cluster members provided critical hygiene supplies to 51,400 families, which included buckets and water purification tablets to 14,600 families, masks to 7,561 families and hygiene kits to 8,392 families, as well as 82,932 soap bars. A total of 1,273 handwashing stations have been installed at the community level, benefitting 190,950 people.

Training, orientation and knowledge management

Twenty-four people (14 males, 10 females) were oriented on disinfection and environmental cleaning procedures. Orientation on COVID-19 was provided to 335 frontline health workers (138 males, 197 females), 99 NGO staff (83 males, 16 females) and 24 academic and municipal staff (13 males, 11 females). Similarly, 78 service providers (13 private tank operators, 16 sanitation workers, 23 solid waste collectors, and 26 faecal sludge operators) and 30 cooperative staff were oriented on COVID-19. Seventy-six WASH practitioners benefited from a webinar on WASH during COVID-19, and a further 70 were oriented on making disinfection solution using bleaching powder. Over 25 frontline workers were oriented on tube-well disinfection using chlorine solution as part of the post-flood response and recovery support for safe water in Sudurpaschim Province.

Monsoon response

Five Cluster members and their local partners provided WASH response in twelve districts that were severely affected by water-induced disasters. In Sudurpaschim Province, 2,224 flood affected families and 100 persons with disabilities in Kailali district, and 2,871 families from landslide affected areas in eleven districts were reached with WASH supplies and services. The following table shows the support provided in each district of the various provinces.

Province	Districts	Families reached	WASH Support
Bagmati	Dhading	18	Hygiene kits
Bagmati	Sindhuli	70	Communal toilets
Bagmati	Sindupalchowk	347	Hygiene kits, buckets and communal toilets
Gandaki	Lamjung	265	Hygiene kits, water chlorination and soap
Gandaki	Myagdi	323	Hygiene kits, buckets and water purification tablets
Gandaki	Syangja	30	Hygiene kits
Gandaki	Tanahu	61	Hygiene kits
Province Five	Palpa	192	Hygiene kits and dignity kits
Karnali	Jajarkot	745	Buckets, hygiene kits and water purification tablets
Karnali	Kalikot	800	Hygiene kits, buckets and water purification tablets
Sudurpaschim	Bajura	20	Buckets
Sudurpaschim	Kailali	2,224, and 100 people with disabilities	Hygiene kits, buckets, water purification tabs and communal toilets
	Total reached	5,095, and 100 people with disabilities	

Challenges

The fluctuating population in quarantine and isolation centres, and weak record keeping is hampering planning and assistance for these centres. Challenges remain in disinfection and provision of essential services and supplies for 5,000 schools used as quarantine and isolation centres. Cluster members are planning to provide assistance to about 500 schools, leaving a gap of about 4,500 schools. School disinfection and repair of WASH facilities used or damaged during the quarantine phase requires a huge undertaking. With the increased number of people in home isolation and limited to no monitoring of daily hygiene behaviours, transmission to family members and surrounding community is likely. To address this, WASH cluster is currently working on minimum guidance on WASH to support home isolation.



Nutrition Cluster

4,114 children with severe acute malnutrition (SAM) were treated using ready to use therapeutic food (RUTF) through 615 outpatient therapeutic centres (OTCs) and 18 nutrition rehabilitation homes (NRH). 1,064 cases were admitted to outpatient treatment programmes in the past week. 778,868 pregnant and lactating women received telephone counselling. Among them, a total of 36,775

pregnant and lactating women were reached in the past last week. A total of 127,052 children aged 6-23 months in need of supercereal in the most flood prone and food insecure areas of Karnali Province and Province Two received supercereal (1,542 in the past week). 75,707 pregnant and lactating women in five districts of Karnali Province and four districts of Province Two received supercereal (919 in the past week). The nutrition cluster endorsed Interim Nutrition Guideline for COVID-19 infected people and forwarded it to MoHP for approval. Similarly, the nutrition cluster endorsed and recommended the Standardized Monitoring and Assessment in Relief and Transition (SMART) Survey Methodology 2020 to the nutrition section of FWD/DoHS to initiate the MoHP approval process.

Challenges

Prohibitory orders imposed in many districts affect the utilization of essential health and nutrition services. Health workers and female community health volunteers cannot resume nutrition services and community-based nutrition activities due to inadequate protection (masks, gloves and sanitizer). Blanket supplementary feeding programme (BSFP) for 115,000 children age 6-59 months and 85,000 pregnant and lactating women (pregnant women: 32,000, lactating women: 51,000) require supercereal for the prevention of acute malnutrition. Resource gaps of about US\$ 1.3 million exist for supplementary feeding for the prevention of acute malnutrition of 6-59 months children, pregnant and lactating women. It is difficult to screen, identify and refer children aged 6-59 months who are severely wasted for treatment at OTCs due to continued lockdown and mobility restrictions.



Shelter/CCCM Cluster

Camp Coordination and Camp Management (CCCM) Cluster has been supporting the distribution of NFIs (mainly masks, sanitizers and mosquito nets). So far, 5,670 pieces of each item have been distributed to 22 quarantine centres, three holding centres, 13 isolation centres and three shelter homes (providing refuge to vulnerable returnee migrants) across seven districts and 22 municipalities in Province One and Bagmati Province. Displacement Tracking Matrix (DTM) Round One: Site Assessment report has been produced. DTM monitors the status and location of displaced populations and was rolled out in the five landslides and flood affected districts of Shankhuwasabha, Sindhupalchowk, Myagdi, Gulmi and Jajarkot. The first round of the site assessment was carried out between 6-22 August. It is estimated that 5,467 individuals are displaced and living in 29 active sites across five districts and nine palikas. The report highlights that CCCM, WASH, shelter and NFIs, food security and information and communications are top needs in the assessed 29 sites. The report has been disseminated among humanitarian actors, federal government, provincial governments and local governments.

The Shelter Cluster provincial meeting in Province One was held on 7 August with Cluster members working in all 14 districts of Province One and officials from the Ministry of Physical Infrastructure Development (MoPID) and MoIAL. Members have agreed to hold monthly meetings in Province One.

The long-term prospects for displaced communities remain a challenge, with displaced populations continuing to live in temporary sites. The National Disaster Risk Reduction and Management Authority (NDRRMA) is looking into possible relocation; however, no plans have been made public.



Early Recovery Cluster

Early Recovery (ER) Cluster has been focusing on providing short-term assistance to restore livelihoods and promote emergency employment opportunities, directly benefiting those populations worst impacted by COVID-19. To date, some 76 early recovery activities have been planned or are being implemented by 20 member agencies that have actively engaged under leadership of Ministry of Federal Affairs and General Administration (MoFAGA). Among these, 13 activities have been completed, 25 are ongoing, and the remainder are in the planning stage. A mapping of ER interventions to date show that activities across 240 palikas¹ have directly benefited over 55,000 households (275,000 people) and are projected to reach a total of 250,000 households across the country with short-term livelihood and employment opportunities.

Implemented activities cover 141 palikas from 37 districts across all seven provinces. Among the beneficiaries, 12,250 people have received cash vouchers while 29,450 beneficiaries have received various on-farm and off-farm inputs to strengthen their livelihoods. Similarly, more than 5,100 people have received direct cash for work support. 345 beneficiaries received vocational trainings.

Ongoing livelihood recovery activities include:

- Support provided to municipalities in Nuwakot & Kathmandu for sustainable waste management and recycling systems;
- Agricultural inputs (seeds and tools) to over 2,000 farmers;
- Short-term jobs benefitting over 2,000 vulnerable people;
- Over 1,600 most vulnerable households provided with livelihood enhancement support in three municipalities of Sindhupalchowk and Dolakha;
- Support to vulnerable women to start cloth mask enterprise to stop the virus & promote green enterprises;
- Production of 40,000 cloth masks for returnee migrants, creating short-term jobs for 150 marginalized women;
- Cash for work in community infrastructure, such as local road and irrigation canal construction and maintenance;
- Technical and seed money support for mushroom farming, fish farming and cash crops production;
- Livestock support such as poultry, goat keeping;
- Interest and saving subsidy for women cooperative members;
- Skills based and vocational training, such as food processing.

Recovery activities in some cases are co-funded by local governments, with a view to reaching more COVID-19 impacted people.

¹ Province One: 16 palikas in Morang, Sunsari and Udayapur. Province Two: 22 palikas in Rautahat, Sarlahi, Mahottari, Siraha and Saptari. Bagmati: 23 palikas in Chitwan, Sindhuli, Kavre, Lalitpur, Bhaktapur, Kathmandu, Dhading and Dolakha districts. Gandaki: six palikas in Lamjung and Kaski. Province Five, 17 palikas of Bardiya, Banke, Dang, Kapilvastu, Rupandehi, Nawalparasi West and Rolpa. Karnali: 16 palikas in Surkhet, Jajarkot, Dailekh, Kalikot and Jumla districts. Sudurpaschim: 41 palikas in Kanchanpur, Kailali, Doti, Achham, Baitadi, Bajhang and Bajura districts.

Challenges

Activities are being conducted under difficult circumstances due to the persisting risk of contagion and logistical challenges of implementation under lockdown and movement restrictions. A particular challenge has been in organizing skills development training activities, often delivered in group settings, given the risk of COVID-19 transmission. This has hampered the organization of many training activities and alternate modalities are being explored. Additionally, given the huge impact of COVID-19 on livelihoods and employment, financial resources available remain limited. This necessitates greater attention to the beneficiary selection and targeting process.



Education Cluster

A recent Cabinet decision has further postponed the school admission date to 17 September (01 Aswin), from its previous 31 August (15 Bhadra). The Ministry of Education, Science and Technology (MoEST) has announced the revision of the guideline on student learning facilitation through alternative mode 2077. MoEST is also working on a condensed syllabus for the current academic session and has clarified that the classes conducted by alternative modes will be counted for the current session. All government teachers have been provided COVID-19 insurance from 30 August (14 Bhadra). Education Cluster members have disinfected 72 schools in Province Five and Karnali.

A total of 85,000 children (including 73 children with disabilities) have been reached through the distribution of printed self-learning materials (54,000 by cluster members, 31,000 by government) in 86 municipalities of 25 districts across all provinces.

To facilitate activities in the self-learning materials, 135 episodes of a radio programme based on the materials for grades 1 to 3 have been produced. More than one million children have been reached through radio learning programmes supported by Education Cluster members. Radio programmes include grade-wise curricular lessons and recreational activities like storytelling, creative writing and speech competitions. Parenting education programmes on radio and digital media have reached 2.8 million people nationwide and provided parenting education and tips to ensure early learning of children. The programme airs through 87 radio channels and digital media in Nepali and local languages (Bhojpuri and Maithili). 1,436 listener groups have been formed in nine districts with 11,483 members and promoted listenership. In addition, Cluster members are also reaching parents through phone and the mobilization of volunteers. A total of 575 teachers and education actors (415 males, 160 female) have been trained on alternative education, psychosocial support and COVID-19 in Province Two, Province Five, Bagmati, Gandaki, Karnali, and Sudurpaschim.

Challenges

More than 4,500 schools have been used as quarantine or isolation centres across the nation. With the decrease in the number of people in quarantine centres and the government decision to stop using schools as quarantine or isolation centres, the number of schools currently in use as quarantine/isolation centres has dropped to 1,233. All schools used as quarantine/isolation centres are required to be disinfected in order to safely reopen. Education Clusters members have planned to disinfect around 10% of them. Distribution of self-learning materials and mobilization of teachers and volunteers for home-based learning support have been affected by prohibitory orders in areas with high numbers of COVID-19 positive cases. The increase in COVID-19 cases has posed a challenge to advancing the school reopening discussion and caused uncertainty about the reopening of schools.



Logistics Cluster

A user satisfaction survey of national Logistics Cluster common services for COVID-19 response was launched on 3 September. The WFP air service to Kathmandu has been halted, with a final flight on 9 September, as international commercial flights have resumed from 1 September. The air service can be resumed if flight restrictions are re-imposed. The WFP flight on 9 September carried 2.5 MT of cargo for IFRC and WFP, 24 inbound passengers and 18 outbound passengers to Kuala Lumpur. The Logistics Cluster dispatched six trucks last week: two trucks on 2 September containing 10.5 MT (60 cubic metres) educational and medical items of Provincial Health Directorate, Karnali Province, World Education Inc and KIDRAC Nepal from Kathmandu to Mugu district (Gamgadi); one truck on 4 September carrying 2 MT (12 CBM) medical items of PHLMD, Province Five from Butwal to Gulmi district (Tamghas); one truck on 4 September carrying 900 kgs (5.6 CBM) medical items of UNICEF from Butwal to Dang district (Dang); one truck on 5 September carrying 700 kgs (6 CBM) of shelter items of MoHA from Kathmandu to Kaski district (Pokhara); one truck on 8 September carrying 5.5 MT (32 CBM) medical items of Save the Children to Mahottari district (Bardibas) and Udaypur district (Gaighat). A meeting was held 31 August to discuss and clarify customs clearance processes for COVID-19 related supplies, which concluded that some delays were experienced due to accidentally skipping a step in the regular process.



Risk Communication and Community Engagement

Reach

During the reporting period, RCCE Cluster reached over six million people with messages emphasizing the importance of 1) maintaining at least two meters distance with each other, 2) proper use of masks, 3) sanitising and 4) staying home through radio, television, megaphone announcements and social media platforms. Radio programmes titled “Koshish – Corona ka laagi Sichkya ra Sandesh”, “Pawankali Sanga Corona ka Kura”, “Hello Banchin Amaa”, “Milijuli Nepali”, “Jeevan Rakshya, Sahaj” and “Corona Capsule” and television programmes called “Corona Care” and “Swastha Jeevan” reached more than 14 million people across the country. Radio and television programmes discussed proper use of masks, continuation of vaccination of children, taking care of the elderly and pregnant women, nutrition for children under two and pregnant and lactating mothers during COVID-19, how to stay in home isolation, the experience of staying in isolation, testimonies of COVID-19 recovered persons and health workers, how to protect oneself from COVID-19 and the effects of prohibitory orders in lower income groups.

A total of 250,000 people were reached with messages on hand washing steps and procedures in 55 districts. A total of 2,100,623 individuals were reached with messages related to socio-economic information such as employment, nutrition and agriculture production, mental health and stigma and discrimination through explainer interviews via online platforms. Altogether 2,134,899 mobile subscribers received SMSs on staying home, COVID-19 prevention, breastfeeding, complementary feeding for children under two and gender-based violence. Messages on COVID-19 prevention, mental health and anti-stigma reached more than 28 million people during the reporting period through social media channels.

Community engagement

Using the U-Report platform, a mental health survey was conducted, with 343 responses. A total of 42% of respondents feel stressed because of the COVID-19 pandemic, and 74% are afraid of being

infected. Additional information on mental health counselling, including helpline numbers and resources pages have been shared with more than 10,000 U-Report Nepal members. Around 520,000 individuals from provinces One, Two, Five, Karnali and Sudurpaschim were reached with key messages on safety measures, stigma and discrimination against returnees and health workers and available COVID-19 services at the local level through support group volunteers, female community volunteers, group meetings, peer leaders, youth leaders, telephone counselling, door-to-door visits and virtual platforms.

"SMS (sanitize, mask use and social distancing) behaviour reinforcement campaign" was launched in the Kathmandu Valley in collaboration with the Ministry of Health and Population, Nepal Scouts, Higher Institutions and Secondary School Association of Nepal (HISSAN), and humanitarian partners. Altogether 100 Nepal Scouts and public health students reached out to the general public with SMS (two-meters distance, mask use and sanitise) in crowded places. More than 10,000 people have been reached with the behaviour reinforcement messages and demonstrations.

Around 10,000 children across the country were reached with messages on COVID-19 prevention and gender roles during home stay through tele-school sessions. Tele-school is a weekly virtual learning session covering issues related to children's wellbeing, including the importance of wearing masks, sanitising and distancing. During the reporting period, around 96,000 households received telephone counselling on emergency nutrition. Altogether 1.2 million households received telephone counselling on COVID-19 messages, gender-based violence, infant and young child feeding, resuming agricultural work during lockdown, mental wellbeing, stigma and discrimination and the three key public health and safety measures: distancing, mask use and sanitising.

The latest Child and Family Tracker (CFT) results (July) suggest poverty has increased over the past months. Overall, 35% of respondents had no earnings, with a visible shift of income distribution downwards. While the need for food has slightly decreased among the population, new food insecure areas are emerging in Karnali, Gandaki and Bagmati. Children in 13% of households continue to struggle with food. In addition, over 10% of households reported that their children were unwell and nearly half faced difficulties in receiving treatment on time. An increasing number of households are reporting that their children are showing signs of anger, irritation and gloominess. In particular, children from the poorest households continue to have limited access to distance learning.

Feedback mechanisms

Altogether, 204,957 questions and concerns were answered through hotlines, radio and television programmes (15,521 through hotline services). Main questions posed through the 1115 hotline include the total number of COVID-19 cases, deaths, COVID-19 prevention methods, and whether people have COVID-19 cases in their surrounding areas. The 1113 hotline is dedicated to concerns from health workers and health facilities. Concerns were also responded to through daily media briefings, radio and television. Government home isolation policy and public misbehaviours against health workers and people staying in home isolation were emphasized through daily media briefings. The three effective "SMS" public health and safety measures were also reinforced daily through media briefings.

Challenges

Continuous prohibitory orders in many districts and municipalities have increased frustration, irritation and mental health issues among the general public. The general public, especially youths, have been expressing dissatisfaction towards government responses through social media. Rumours about turmeric and garlic for boosting immunity and curing COVID-19 remain prevalent on social media.



Inter-Agency Gender in Humanitarian Action

Women's groups report that women are unable to submit complaints of domestic violence to judicial committees and police as local governments are mainly engaged in the management of the COVID-19 pandemic. Unemployment and loss of livelihood is leading to food insecurity, malnutrition and poor health.

On 5 August, the Supreme Court issued a landmark directive order prioritising women's right. The order emphasises the representation of women in the planning, management and monitoring processes of the government's efforts on COVID-19. The Government of Nepal is directed to make suitable arrangement for people staying in quarantine centres, including nutritious food, safe drinking water and adequate toilets. Emphasis has been put on the needs of women, children, persons with disabilities and senior citizens. The directive also insisted the government provide health treatment as required for pregnant women, vaccines for children and reproductive health services whilst distributing relief during COVID-19, as well as adequate personal protective and essential equipment to frontline workers. Creating measures to ensure employment for women, including unemployed women migrants in Nepal or abroad, was highlighted. The ruling makes reference to the Gender in Humanitarian Action Task Team's deliberations and reiterates the use of the Gender Equality and Social Inclusion (GESI) checklist for monitoring quarantine sites developed by Ministry Women, Children and Senior Citizen, with the support of UN Women.

During the 27 August GiHA meeting on harmful practices, the need for monitoring and documentation of incidents, and research to understand menstrual practices post COVID-19 was emphasized. With the return of migrant workers, some women are being requested by family members to follow menstrual restrictions such as *chhaupad*². In Bajhang district (Sudurpaschim Province), chhau sheds³ have been abolished. Witchcraft accusations and persecution and acid attacks prevail. Data shows that child marriage has increased by 1% during COVID-19 due to families increased financial burden (Nepal Fertility Care Center). Women's groups highlighted the need to understand and differentiate how harmful practices affect women and girls based on their caste, ethnicities and geographical locations. Dalit women are facing multiple forms of harmful practices such as caste-based discrimination, child marriage and witchcraft.

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² Chhaupadi: A form of menstrual exile practiced in Nepal, is an ancient Hindu tradition where women and girls sleep in small huts or animal sheds during menstruation and immediately after childbirth.

³ Chhau sheds: the temporary shelter where menstruating women and girls traditionally reside.