



Nepal COVID-19 : Cluster Update #23



25 September 2020

COVID-19 situation

Deaths	Positive Cases	Recovered Cases	Tested for COVID-19	Persons in isolation	Persons in quarantine
453	69,301	50,411	955,923	18,437	6,565

Source: <https://covid19.mohp.gov.np/#/> (as of 24 September)

Overview

Prohibitory orders have been eased in most districts, including those in Kathmandu Valley, starting 9 September, with the continuation of certain restrictions. Vehicular movement, including public transportation, has been permitted on the basis of odd-even plate daily alternation. Schools, public gatherings, meetings, seminars and social gatherings are still restricted. Domestic passenger airlines resumed services from 21 September after a six-month halt. Long-distance public transportation services have also resumed.

Monsoon rainfall and landslides continue to impact several parts of Nepal, increasing fatalities and damages. According to the Ministry of Home Affairs (MoHA) 322 people have died (168 male, 132 female and 22 unknown), 100 are still missing, 259 injured and more than 1859 households have been affected since 12 June. Monsoon rainfall has been heavy since 21 September, and the Department of Hydrology and Meteorology (DHM) have forecast it to continue until 26 September, raising an alert for river basins in eastern and central Nepal. Additionally, the National Disaster Risk Reduction and Management Authority (NDRRMA)¹ has issued a press note urging the population in provinces One, Two, Bagmati, Gandaki and Five to exercise caution, and requested local, district and provincial authorities to remain on standby for potential landslide and flood response. Continuous rainfall from 23-24 September has trigger 13 landslides across the country, killing twelve (seven male and five female), injuring eight and leaving six missing, and 26 families affected².

In the past two weeks, there were incidents of landslides in different districts Baglung, Kaski, Jhapa Sindhupalchok, Gulmi, Palpa and Syngya. On 13 September, 11 people died, 20 went missing and over 70 families were displaced in landslides caused by heavy rains in Sindhupalchowk. Local authorities and humanitarian partners have provided relief items to affected people. This year, at least 63 people have been killed, with 30 still missing and more than 1,514 (approx. 302 families) temporarily displaced in Sindhupalchowk district alone. Researchers believe that cracks created by the earthquakes in 2015 have been reactivated by this season's rainfall. Studies suggest that the hill terrains destabilized by the 2015 earthquake and the haphazard use of road construction equipment have exacerbated the problem.

¹ https://twitter.com/NDRRMA_Nepal/status/1307973445213327361

² NDRRMA SitRep 95 and <http://drportal.gov.np/>

Meanwhile on 22 September, the Government of Nepal (GoN)³ decided to declare Sindhupalchowk and Baglung districts as a 'disaster threatening areas'⁴ until 16 October. The National Disaster Risk Reduction and Management Authority (NDRRMA) will be leading post-landslide reconstruction work.



Regular health cluster coordination meetings for COVID-19 and monsoon response are ongoing at the federal and provincial levels to facilitate coherent response interventions at all levels. All 77 districts are affected by COVID-19; however, a few districts currently have no active cases (Solukhumbu, Rasuwa, Mustang, Mugu, Dolpa and Humla). Testing capacity has increased to 50 testing sites, including 15 private laboratories.

Decisions and guidelines:

- Interim guidelines on nutrition for people with COVID-19, 2077.
- Guidelines for monitoring health status of people with COVID-19 at home and hotel isolation, 2077.
- MoHP decided to reduce the RT-PCR tests price to NPR 2,000 (all inclusive).
- MoHP has prioritized testing health care workers, frontline workers and contact tracing teams.
- Orientation provided to all isolation centres and COVID-19 hospitals for proper record-keeping and reporting of COVID-19 cases daily in HMIS. MoHP provides reimbursement based exclusively on HMIS reporting.

As of 23 September 2020

Total PCR sites: **50** (reporting sites)
Total PCR tests: **944,474** (average 10,314 per day in past week)
Total PCR positive cases: **67,804**
Total active cases: **17,414** (25.7%)
Total discharged: **49,954** (73.7%)
Total deaths: **436** (0.6%)
Total isolation beds: **18,159**
Total quarantine beds: **90,682**
Total people in quarantine: **7,104**

Technical inputs have been provided to develop an intensive care unit (ICU) readiness checklist to complement provincial level II COVID-19 hospitals' action plans following rapid assessment findings, as well as a Revised Clinical Management pocketbook to reflect the latest recommendations in accordance with updated WHO interim guidance.

Support has been provided to the National Health Training Centre (NHTC) for a three-day Critical Care Training for Health Care Workers at provincial level by the National Health Training Centre and Ministry of Health and Population (MoHP).

During the reporting period, Health Cluster partners supported:

- National Public Health Laboratory (NPHL) in conducting a virtual meeting called 'Re-orientation on the Interim Guidelines for SARS-CoV-2 PCR laboratories in National Public Health Laboratory Network Nepal' at NPHL;
- Monthly 'National Quality Assessment Program (NQAP)' of all designated COVID-19 testing laboratories;
- Validation of newly established COVID-19 designated laboratories in the country;
- Submission of the 'Interim report on COVID-19 laboratory quality assessment in Nepal' to NPHL by WHO laboratory team;

³ <https://mocit.gov.np/categorydetail/20770606a>

⁴ Disaster Risk Reduction and Management Act, 2074 (2017), Chapter 11, Article 32, GoN could declare a disaster threatening area, by notification in the Nepal Gazette, with specifying administrative area and period, if deemed necessary due to occurrence of severe natural disaster in any part of the country.

- Preparation of proficiency testing panels for designated COVID-19 testing laboratories;
- Onsite monitoring and assessment of baseline quality and biosafety indicators of COVID-19 testing laboratories.

Health sector partners distributed 4,490 health kits and 1,000 bed nets and key medical supplies and equipment, including: 85,000 protective coveralls, 2,000 protective goggles and 1,095 IR thermometers. In addition, UNICEF also provided 842 blankets, 2,394 bed nets and seven medical tents to support designated COVID-19 isolation facilities. Partners have been monitoring the continuity of essential health services (EHS) since the outset of the pandemic. It is reported that basic and essential services, including immunization, have been functioning continuously in all districts of Karnali Province.

During the reporting period, 12 new health facilities from Gandaki and Province Five were assessed, finding 1,387 beneficiaries were able to utilise maternal and child health services. To date, a total of 391 health facilities across all provinces⁵ have been assessed for their EHS functionality, finding that a total of 151,3650 women and children utilised EHS, including 24,198 women accessing ante-natal care (ANC) services, 13,927 deliveries in health facilities and 113,240 children immunized (49% boys, 51% girls).

Reproductive Health

The Safe Motherhood and Reproductive Health Rights regulations were endorsed by the Council of Ministers on 14 September. This is a key milestone in ensuring women's sexual and reproductive health rights in Nepal, particularly important in the current crisis context. Translating these regulations into action will be critical in the coming days. Continuity of essential reproductive, maternal, newborn, child and adolescent health (RMNCAH) services remain affected by the absence of critical human resources in health facilities, inadequate protective equipment in non-COVID-19 sites, and an absence of outreach services.

The RH sub-cluster is drafting standard operating procedures for outreach services, and information on critical HR gaps is being collected from provincial governments. Further, based on recommendations from the maternal death review, the RH Sub-cluster is working on an orientation package for the management of post-partum haemorrhage (PPH) for doctors and nurses, including orientation on the use of misoprostol for PPH management. PPH is the topmost cause of maternal death in Nepal.

Moreover, RH Sub-cluster partners are initiating teleconsultation services, coordinating transportation/ambulance services at the local level and supporting the provision of human resources as interim measures. The MoHP, in coordination with the Ministry of Women Children and Senior Citizen (MoWCSC), has updated the guidelines on airlifting for pregnancy-related emergency cases. The MoHP is also launching an integrated ambulance service that prioritizes pregnant women and elderly.

Slight improvement in the stock of MNH/FP commodities is observed, with the stock-out of FP commodities in district stores at 3% in early September compared to 6% in June. However, the stock-out of maternal health-related commodities remains high, at an average of 32% in early September compared to 44% in June. Last week, a total of 1,071 calls were received through the helpline service for RMNCAH, 190 seeking information, 783 for counselling services, and 98 for referral services.

⁵ 183 in Province Two; 14 in Bagmati; 41 in Gandaki; 71 in Province Five; and 82 in both Karnali and Sudurpaschim

Mental Health and Psychosocial Support

Mental Health Sub-cluster members visited the Prime Minister to discuss priority mental health issues and concerns, particularly in the context of the ongoing COVID-19 pandemic. As instructed by the Prime Minister, public messages on mental health will be explicitly prioritized in the ministry's daily press briefings and budget will be dedicated to COVID-19 mental health and psychosocial interventions. Two suicide prevention helplines were launched on 10 September – International Suicide Prevention Day. A short code (1166) is being operated by Mental Hospital, Lagankhel and a toll-free number (1660-01-21600) is operated by Tribhuvan University Teaching Hospital. A website (<http://mewellnepal.org.np>) has also been established to support health care providers with mental health and wellbeing. MH partners supported on-line mental health and wellbeing sessions targeting children and adolescents.

In collaboration with Kanti Children's Hospital, the 11th batch of mental health and wellbeing counselling sessions was organized in Province Two. A total of 240 frontline health workers (107 male and 133 female) assigned in the isolation/quarantine centres received counselling support. Thirty radio journalists were trained on reporting standards for mental health issues and suicide related incidents. A mental health survey was conducted using the U-Report platform and received 343 responses. A total of 42% of respondents feel that they are stressed because of COVID-19, and 74% have a fear of getting 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.

Challenges

All health offices in Province Two and Surkhet, Rukum-West and Mugu districts of Karnali Province reported that there is a shortage of Bacillus Calmette–Guérin (BCG) syringes, due to medical supplies being stuck at the Chinese border. This is likely to disrupt routine immunization sessions. Continuous prohibitory orders in many districts and municipalities have increased frustration, irritation and mental health issues among the general public.



Gender-based violence (GBV)

A total of 4,788 GBV survivors (140 new cases) received multi-sectoral support through 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. 7,173 females (including 512 adolescents and 20 persons with disabilities) in quarantine centres and isolation have received dignity, kishori, and hygiene kits in Provinces One, Province Two, Bagmati, Province Five, Karnali and Sudurpaschim. 1,786 service providers and stakeholders (1,222 females, 564 males) have been trained on providing survivor sensitive gender-based violence (GBV) prevention and response services. Furthermore, 26,411 persons (19,017 females, 7394 males), of which 3,279 were adolescent girls and 1,279 were adolescent boys, were sensitized on GBV prevention and response interventions across all provinces. A total of 11,363,289 persons were reached with messaging on harmful practices, including GBV, domestic violence, care burden and early/forced marriage. A dialogue series on gender-based violence is being initiated. The first dialogue, on 22 September, is focused on advancing good governance

and accountability by bringing together diverse stakeholders, including government, civil society organizations (CSOs), private sector, academia and youth to advocate for prevention response and ending gender-based violence in Nepal.

Child protection

A total of 9,667 unaccompanied, separated or other vulnerable children (5,114 boys, 4 553 girls), including 583 new cases in the reporting period, were supported with appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency support and relief. Among them, 626 children [19 new cases] were referred to different services such as health, security, justice and others.

In addition, 2,478 frontline workers (1,398 males, 1,080 females), including 135 new participants, were virtually trained to identify and respond to the needs of unaccompanied, separated or other vulnerable children.

Migrants/points of entry

In total, 5,880 sets of non-food item (NFI) kits (mosquito net, mask, sanitizers) were distributed in coordination with the provincial health and emergency operation centres (PHEOC), provincial WASH clusters and Ministry of Internal Affairs and Law (MoI) in Morang, Dhankuta, Jhapa, Illam, Morang, Udayapur, Sanskhuwasabha and Sunsari districts, targeting 24 quarantine centres, 20 isolation centres and three holding centres close to the India-Nepal border. The objective of these distributions is to support migrant returnees and community people infected with COVID-19. 935 vulnerable people (414 females, 521 males which includes 111 girls, 154 boys, 37 persons with disabilities and 14 elderly persons), of which 73 are new recipients, were supported with transportation services to reach their respective municipalities from holding centres, points of entry, isolation facilities and quarantine centres.

Challenges

Arrival quotas (maximum 800) for international air arrivals have increased vulnerabilities of migrant workers in destination countries. The Government of Nepal is planning to add additional regular commercial flights but delays in decision making could exacerbate the vulnerabilities of the migrant workers, particularly women. Furthermore, media reports show that Nepali migrants begun returning to India and abroad for work. In this context, reintegrating migrant returnees into the national labour market and creating work opportunities that match the skills and interests of returnees remains a significant challenge.



Food Security Cluster

In response to the pandemic, cluster members have distributed food assistance, in coordination with respective local governments, to approximately 550,754 people (51% male, 49% female, including ongoing assistance to 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 from 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 context of the COVID-19 crisis. This 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 approval is received.

For monsoon response, cluster partners have, to date, provided food assistance to 3,341 households (some 16,705 people) affected by floods and landslides (including completed and ongoing assistance) in 18 palikas of 10 districts in Province Two, Gandaki, Karnali, and Sudurpaschim. Conditional cash assistance for recovery of some 1,235 landslide affected households in Jajarkot is being prepared.

Since prohibitory orders have been lifted or eased in many locations, markets have become fully functional. However, supply of certain commodities remains limited. The price of onion, for example, has spiked due to an export ban in India. In Province Five, it is reported that farmers are unable to bring their products to markets due to ongoing lockdown and fear of COVID-19 infection. In general, the price of staple food (cereals) is reported to have slightly increased. The price of vegetables remains high across the country. The price of chicken, however, has decreased by roughly 10%, mainly due to the 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 projections provided by agricultural officials, apple production could decline by 50% in Jumla, Kalikot, and Dolpa and by 70% in Mugu 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 effects of COVID-19. In addition to daily wage workers in the informal sector, over 500,000 seasonal migrant workers who are 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.



To date, 65 WASH Cluster members, including their implementing partners, provided WASH support to 13 federal hospitals and 61 COVID-19 hospitals in 53 districts as well as 139 health posts, primary health care centres, urban health clinics and community health units, 343 quarantine centres, 29 isolation centres, and a number of communities covering 540 municipalities in 77 districts across all seven provinces. In addition, the WASH Cluster reached a total of 156,785 returnees with WASH supplies and services in 20 designated points of entry (PoEs) benefiting approximately 37,781 returnees in holding centres, details of which are reflected in the table below:

WASH support at points of entry and holding centres

WASH Supplies	Point of entry	Holding centre
Bars of soap	11,961	10,180
Hand sanitizer	40	5
Hygiene kits	327	751
Buckets/mugs	58	84
Masks	14,498	11,030
Bleaching powder	100 Kg	
Bottled water	156,785	37,781
Installation of hand washing stations	22	6
Toilet construction		3
Toilet repair	2	
Menstrual pads		200

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

Critical WASH support benefited 97,042 people in quarantine centres and 3,604 people in isolation centres, details of which are reflected in table below (also shows biweekly figures in parenthesis). In addition, 113 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	40,445 (3,030)	96,579 (22)	3,472 (10)
Hand sanitizer	16,292 (1,056)	33,040	651
Hygiene kits	7,283	7,288	1,102 (4)
Buckets/mugs	2,364 (21)	9,502	585 (10)
Water purification tabs	790,640	32,462	20,150
Gloves	73,912 (55)	12,911	418
Masks	113,290 (6,050)	82,110	2,626
Bleaching powder	1415 kgs (15)	445 kgs	79 kgs
Chlorine	200 Ltrs	5,190 Ltrs	25 Ltrs
Installation of hand washing stations	354	442 (4)	21
Toilet construction	15	159 (14)	15 (1)
Toilet repair	41 (4)	21	30 (4)
Handwashing basin repair	30		2
Bottled water		3,933	5,300
Menstrual pads	5,370	14,552	700
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 10,510 families, as well as 82,932 soap bars. Overall, 190,950 people benefit from the installation of 1,273 handwashing stations at the community level.

Training, orientation and knowledge management

Fifty-five people (44 males, 11 females) were oriented on disinfection and environmental cleaning procedures. Orientation on COVID-19 was provided to 354 frontline health workers (147 males, 207 females), 184 NGO staff (144 males, 40 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 severely affected by water-induced disasters, details of which are reflected in the table below.

Detail of district wise monsoon response

Province	Districts	Families reached	WASH Support
Bagmati	Dhading	18	Hygiene kits
Bagmati	Sindhuli	70	Communal toilets
Bagmati	Sindupalchowk	567	Hygiene kits, buckets and communal toilets
Gandaki	Lamjung	265	Hygiene kits, water chlorination and soap
Gandaki	Myagdi	323	Hygiene kits, buckets and water purification tablets
Gandaki	Syangja	30	Hygiene kits
Gandaki	Tanahu	61	Hygiene kits
Province Five	Palpa	192	Hygiene kits and dignity kits
Karnali	Jajarkot	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	5,315 and 100 people with disabilities	

Challenges

With the increasing number of COVID-19 cases and significant segments of the population not adhering to public health measures, the pressure for ensuring minimum WASH facilities, particularly for handwashing facilities, in public places and institutions is increasing. Weak monitoring and reporting mechanisms in quarantine and isolation centres with fluctuating populations is hampering effective planning and subsequent assistance to these centres. Disinfection and provision of essential services and supplies to about 5,000 schools that were used as quarantine and isolation centres presents a huge challenge. The Cluster has increased its target to reach 1,000 schools with disinfection services, while around 500 schools are currently being supported by WASH and Education Cluster members, leaving a gap of roughly 3,500 schools. A huge undertaking is required to address this issue and repair WASH facilities that were used and possibly damaged during quarantine. Healthcare and IPC supply waste (e.g., used PPE, gloves and masks) have become a critical environmental issue, which may contribute to transmission of cases as well as to environmental pollution. This could be the case with waste generated by home isolations.



Nutrition Cluster

A total of 4,359 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). 152 cases were admitted to outpatient treatment programmes in the past week. 785,399 pregnant and lactating women received telephone counselling, including 43,306. A total of 142,138 children aged 6-23 months in the most flood-prone and food insecure areas of Karnali Province and Province Two received super cereal (791 in the past week).

Similarly, 84,839 pregnant and lactating women in five districts of Karnali Province and four districts of Province Two received super cereal (9,132 in the past week). Nutrition Cluster partners have initiated family MUAC approach in two districts (Nawalparasi East and Nawalparasi West) to screen children aged 6-59 months through mothers/caretakers. Nutrition Cluster partners have been supporting the capacity development of female community health volunteers (FCHVs) and mothers/caretakers of 6-59 months children. Altogether, 65 children age 6-59 months with SAM have been admitted for therapeutic treatment and care through the family MUAC approach in these two districts. Nutrition Cluster partners supported the transportation of 65 MT super cereal to provinces One, Bagmati, Gandaki, Five and Sudurpaschim. Nutrition Cluster partner distributed cash grants of NRS 15,000/household NPR to 1000 households affected by landslides (328 families in Raskot, 400 families in Narharinath and 272 families in Sannitriveni Palikas) in Kalikot district. Ongoing bi-weekly Nutrition Cluster meetings at the federal level are held jointly with provincial nutrition clusters and technical working groups. Nutrition clusters are active in all seven provinces and regular cluster meetings are held jointly with District Health Offices in some provinces.

Challenges

Prohibitory orders imposed in many districts affect the utilization of essential health and nutrition services. Health workers and FCHVs cannot resume nutrition services and community-based nutrition activities due to inadequate protection (masks, gloves and sanitizer). Super cereal is required for the blanket supplementary feeding programme (BSFP), targeting 115,000 children age 6-59 months and 85,000 pregnant and lactating women (pregnant women: 32,000, lactating women: 51,000) for the prevention of acute malnutrition. 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

The newly constructed multipurpose centre in Nilkantha, Dhading was officially handed over to Nilkantha Municipality on 10 September. The center will be used to provide temporary emergency shelter to future disaster displaced persons in the municipality, giving priority to vulnerable people such as pregnant women, children, people with special needs (both physical and psychosocial) and the elderly, among others. The center is now being used by the municipality as a quarantine centre where suspected cases of COVID-19 are being separated to prevent the spread of infection.

The Displacement Tracking Matrix (DTM) round two site assessment has started in the 29 sites being used by disaster displaced communities in the five selected districts of Shankhuwasabha, Sindhupalchowk, Gulmi, Myadgi and Jajarkot. The plan is to release the second round DTM report by the first week of October 2020.

As part of the 'Preparedness and Response to COVID-19 in Nepal' project, the CCCM Cluster has supported the distribution of more than 5,880 NFIs (masks, sanitizers and mosquito nets) in 24 quarantine centers, three holding centres and 20 isolation centres in 16 municipalities of Jhapa, Morang, Sunsari, Udayapur, Sankhuwasabha, Dhankuta and Ilam.

Cluster members are also supporting the formation of site management committees in the sites in Sindhupalchowk hosting populations displaced by landslides. These committees include representatives of local residents of the site and are involved in monitoring the gap in basic needs of site residents and coordinating with service providers, as well as government authorities to provide humanitarian assistance to residents.



Early Recovery Cluster

The Early Recovery Cluster is focused on providing short-term assistance to restore livelihoods and promote emergency employment opportunities, directly benefiting the segments of population worst impacted by COVID-19. As of the reporting date, 80 early recovery activities have been planned and/or are under implementation by 20 member agencies across the country. Among these, 13 activities have been completed, 29 are ongoing, and the remainder are in the planning stage. A mapping of early recovery interventions shows that to date over 58,300 households (more than 291,000 people) have benefited. Early recovery initiatives may reach a total of 250,900 beneficiary households across the country (a population of more than 1.25 million) with short-term livelihood and employment opportunities.

Ongoing and planned early recovery activities fall under 156 local governments/municipalities covering all climatic zones from southern plains to northern Himalayas. Implemented activities and beneficiaries cover 156 local governments from 56 districts across all seven provinces.

Province	Total LGs	ER Programme LGs	ER Programme Districts
Province One	137	18	6
Province Two	136	26	7
Bagmati	119	24	13
Gandaki	85	9	6
Province Five	109	20	9
Karnali	79	16	7
Sudurpaschim	88	43	8
Grand Total	753	156	56

Early recovery activities being conducted and geared towards livelihood recovery include on-farm and off-farm activities, skills and entrepreneurship development, support to micro-enterprise, community infrastructures, seed money support, cash vouchers, assistance through cooperatives and institutions.

Challenges

Activities are being conducted under difficult circumstances due to the logistical challenges of implementation in the current context. In particular, the main challenge remains in organizing and developing training activities given the risk of COVID-19 transmission. This, in many cases, has hampered the organization of such training activities, for which alternate modalities are being explored. Additionally, given the huge impact of COVID-19 on livelihood and employment, as highlighted in the many impact assessment studies conducted by various government agencies and IGOs, financial resources availability remains limited. This calls for further attention in the beneficiary selection process.



Education Cluster

The Ministry of Education, Science and Technology (MoEST) has issued a new 'Student learning facilitation guideline' on 4 September, incorporating lessons learned from the implementation of the previously issued guideline on 31 May. The new guideline is effective from 17 September and instructs local governments and schools to identify students with access to radio, TV, computer, internet and students with no access to any means for distance learning and facilitate learning continuity accordingly. To ensure no loss of the academic year, Curriculum Development Center (CDC) has developed a framework for adjusted curriculum for this academic year. Education Cluster members have disinfected a total of 126 schools (96 schools used as quarantine centres and 30 others) in Province Five, Karnali and Sudurpaschim. A total of 124,100 children have been reached through the distribution of printed self-learning materials (73,600 by Cluster members, 50,500 by government) in 92 municipalities and 29 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.

Education Cluster members are facilitating learning continuity for children during school closures through programmes like 'home teacher' and 'tole teacher' mobilizing teachers and volunteers in the home and community as well as reaching children and parents over the phone. A total of 49,700 children have been reached by such programmes in 62 municipalities of 30 districts in Province Two, Province Five, Bagmati, Karnali and Sudurpaschim.

More than one million children have been reached through radio learning programmes supported by Education Cluster members. Parenting education programmes on radio and digital media reached 2.8 million people nationwide and provided information on parenting education and tips on ensuring early learning of children. The programme airs through 87 radio channels and digital media in Nepali and local languages (Bhojpuri and Maithili). A total of 1,436 listener groups have been formed in nine districts with 11,483 members and promoted listenership. In addition, 935 teachers and education actors (656 male, 279 female) have been trained on alternative education, psychosocial support and COVID-19 in provinces Two, Five, Bagmati, Gandaki, Karnali, and Sudurpaschim.

Challenges

About 5,000 schools have been used as quarantine or isolation centres across the nation. These need to be disinfected prior to the school reopening. There are resource constraints which prevent the fully support of repair and maintenance of facilities that have been damaged during the quarantine period. Access to learning continuation of the most disadvantaged children who do not have access to any kind of media remains a challenge. The physical reopening of schools and adhering to safe school protocols is a challenge, due to increased cases of COVID-19 in many areas.



Logistics Cluster

Surge capacity have been deployed to Province One and Province Two, from 15 September, to assist provincial and local governments and humanitarian agencies in logistics management. The 2017 customs clearance procedure for relief materials have now been published on the Logistics Capacity Assessment page of the Nepal Logistics Cluster website. The Cluster received 3.226 MT (25.21 cubic meters) medical items of WHO for storage at the Humanitarian Staging Area (HAS), Kathmandu on 22 September. It also dispatched two trucks during the reporting period:

- On 17 September one truck, 13.32 MT (28 cubic meters) food items of Management Division, MoHP from Bara (Pathlaiya) to Makwanpur (Bhimphedi, Rakshirang and Manhari).
- On 21 September one truck, 8 MT (24 CBM) food and medical items of Management Division, MoHP from Bara (Pathlaiya) to Rupandehi (Butwal).

To date, the Cluster has transported approximately 750 MT (4,115 CBM) medical supplies and NFIs for COVID-19 and monsoon responses. Additional requests have been received for transportation services, including from MoHA to transport 375 and 250 tents to the HSAs in Nepalgunj and Dhangadi, respectively, from GIZ Nepal to transport medical items from Kathmandu to health facilities in nine districts (Jhapa, Kanchanpur, Dang, Rupandehi, Dhanusa, Saptari, Banke, Chitwan and Kailali), and from Save the Children to transport medical, shelter and health items from Kathmandu to Bardibas and Surkhet districts.



Risk Communication and Community Engagement

Reach

Radio programmes titled “Koshish – Corona ka laagi Sichkya ra Sandesh”, “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 mental health and psychosocial wellbeing, the new normal after lifting of prohibitory orders, and safety measures in public transportation, offices and public places. A total of 2,100,623 individuals were reached with socio-economic information such as on 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 years and gender-based violence.

Community engagement

Around 550,000 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.

The Cluster engaged with 100 volunteers from Nepal Scouts and public health students to reinforce two-meter distancing, mask use and sanitisation behaviours in the Kathmandu Valley. The volunteers reached more than 10,000,000 individuals through personal interaction and megaphone announcements.

Feedback mechanisms

Altogether, 219,00 questions and concerns were answered through hotlines, radio and television programmes (this week, 14,000 through hotline services). The questions related to the total number of COVID-19 cases, deaths, COVID-19 prevention methods, and whether people have COVID-19 cases in their surroundings. These questions were answered through the 1115 hotline. The 1133 hotline is dedicated to concerns from health workers and health facilities.

Concerns were also responded to through the MoHP's daily media briefings, radio and television programme. Child and Family Tracker continues gathering data from over 6,000 households across Nepal.

The latest results suggest that the income distribution continues to shift downward significantly. In August, the percentage of households without any earning increased by almost 11% since July.

Challenges

Adherence to public health and safety measures, especially two-metre distancing, has remained a challenge. Low risk perception among the youth population has been an issue for reinforcing mask use, handwashing and two-metre distancing practices. Social media discussions against mask use, movement restrictions and distancing public safety measures have been gaining attention.



Inter-Agency Gender in Humanitarian Action

The Gender in Humanitarian Action (GiHA) Task Team meeting on 15 September focused on the livelihoods and reintegration of returnee women migrant workers. Key concerns raised included social discrimination, psychosocial needs and economic deprivation (e.g. loss of earnings due to relocation and continued obligations to repay loans used for travelling abroad). Pregnant returnee migrant women have also faced stigma and hostility from their families. As a result, many returnee women migrant workers have opted to stay in women's shelters. Women's groups urged local governments to take the lead in mapping returnee migrant workers, standardizing modalities for reintegration, providing targeted support, and fostering income generation opportunities. Further, the groups emphasized the need to capitalize on the learned experiences and skills of migrant women workers returning to the country. Finally, the women's groups emphasized the responsibility of the media in presenting the experiences of women migrant workers with dignity and further advancing support for women's mobility and economic empowerment.

At the same time, women's groups (Maiti Nepal) working along the Indian border reported an influx of Nepalese women and migrant workers travelling back to India. Nepalese women who hold

Indian Adhar cards have been found returning to India in high numbers in search of economic and livelihood opportunities. The women's groups reported that they are responding to these needs by providing quarantine shelter, food supplies, and employment opportunities for vulnerable women (single women, women with disabilities, daily wage laborers, students, senior citizens) in Budhanilkantha, Balkhu, Jorpati and Samakoshi.

On 20 September, organizations, groups and individuals working on LGBTIQ+ rights in Nepal launched the "National Charter of Demands on Legal Recognition of Gender Identity". The Charter aims to foster solidarity against the regressive provisions of the Citizenship Bill. The Charter calls for the Government of Nepal to uphold the principles of equality and non-discrimination, foregrounding the needs of individuals with non-binary gender identity. The Charter highlights challenges faced by these individuals, including inequality, discrimination and lack of rights and legal documentation, violence, and stigma, in all spheres of their lives.

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