



Nepal COVID-19: Cluster Update #19



07 August 2020

Overview

Confirmed COVID-19 cases reached 21,750 with 65 deaths and 15,389 recoveries on 6 August. 9,470 people are staying in quarantine centres and 6,296 in isolation centres. The COVID-19 Crisis Management Committee (CCMC) has urged businesses, industries and other sectors to abide by the public health and safety protocols issued by the Ministry of Health and Population (MoHP). The Committee has decided to mobilize the National Cadet Corps and National Scout volunteers for community engagement and awareness on public health and safety measures. Repatriation of Nepali migrant workers and those stranded in foreign countries continues, managed by the Nepali Army. As of 5 August, 42,016 people have been repatriated.

Forty positive cases of COVID-19 were identified among 10,812 samples collected from people entering Kathmandu from various entry points (Nagdhunga, Pharping and Sanga). Following these results, the Ministry of Home Affairs (MoHA) has restricted the entry of people to the Valley during the night from 30 July, urging all the District Administration Offices (DAOs) to restrict inter-district vehicle movement, except essential services. Additionally, following the upsurge in positive cases, 14 DAOs including Dhanusha, Parsa, Saptari, Sunsari, Banke and Morang have issued prohibitory orders (the duration for such orders varies from place to place), restricting social gatherings and movement of people. Following the GoN's decision to reopen Nepal for tourism after lifting the four-month lockdown, businesses such as hotels are undertaking necessary steps to resume operations. However, the recent surge in positive cases has created unease, and full resumption of services remains uncertain.

MoHA has directed all security forces and DAOs to enforce public health and safety standards, protocols and security standards of MoHP and MoHA respectively. Instructions have been given to take action against persons not wearing masks in public places as well as persons, institutions or groups not abiding by public health and safety standards. The District COVID-19 Crisis Management Center (DCCMC) across the country has been asked to enforce prohibitory measures, such as prohibiting social gatherings, parties and seminars due to the increased risk of COVID-19 transmission in such settings. Additionally, from 6 August onwards, odd-even system of vehicle movement has been re-introduced for private and public vehicle movement in the Kathmandu Valley and other districts with more than 200 active COVID-19 cases.

Heavy rainfall continues to trigger flooding, flash flooding and landslides across several parts of Nepal, leading to an increased number of fatalities and damage. Kailali district in Sudurpaschim Province was affected by flooding on 31 July. Initially, around 6,000 households were temporarily displaced. As water receded most have returned home. Around 250 people in Bhajani are staying in a temporary shelter. Currently, local governments are undertaking detailed assessments. Since the onset of monsoon (12 June) 187 people have died (mostly due to landslide) and 55 are missing (feared dead). Landslide and flood have impacted 256 palikas across the country. Landslide affected districts are: Bajhang, Doti and Darchula (Sudurpaschim Province), Jajarkot, Kalikot, Surkhet, and Salyan (Karnali Province), Palpa, Gulmi, Argakachi (Province Five), Parbat, Myagdi, Lamjung, Kaski, Gorkha and Baglung (Gandaki Province), Sindhupalchowk (Bagmati Province), and Sankhuwashaba (Province One).



Health Cluster

All 77 districts are affected by COVID-19; however, four districts (Bhojpur, Shankhuwasabha, Mustang, and Manang) currently have no active cases. Testing capacity has increased to 35 testing sites, with at least one PCR testing site in each province.

Recently, the Prime Minister organized a high-level consultation with political leaders, government officials and public health experts on 4 August to discuss future strategies for COVID-19 management. MoHP has approved public health standards for festivals. The National Testing Guidelines have been revised, increasing the reach of RT-PCR testing. MoHP has formed a central level coordination team for case management, referral, contact tracing, case investigation and emergency medical deployment team (EMDT) mobilization.

MoHP Surge Laboratory Experts Team have collected more than 10,000 samples from Chovar, Thankot and Sankhu (entry points for Kathmandu Valley). MoHP is analyzing test results to inform strategy development for the COVID-19 response.

As of 5 August 2020

Total PCR sites: **35** (7 more laboratories started reporting this week)

Total PCR tests: **358,344** (54,609 in past week)

Total PCR positive: **19,273** (an increase of 2,117 in past week)

Total active cases: **6,174** (28.9%)

Total discharged: **15,156 (70.8%)**

Total deaths: **60** (0.3%)

Total quarantine beds: **187,120**

People in quarantine: **9,925**

Total isolation beds: **9,507**

Health sector partners continue to support MoHP in the COVID-19 response, particularly in case investigation, case management, contact tracing, enhancing laboratory capacity, infection prevention and control and technical support for the development of public health standards for festivals. Mental health sub-cluster, in partnership with Epidemiology and Diseases Control Division (EDCD), is coordinating with provincial health directorate offices to provide mental health and psychosocial services and has developed a national mental health strategy and action plan for Nepal. In coordination with COVID-19 hospitals and provincial health directorate offices, Reproductive Health sub-cluster is continuously providing their services to Family Welfare Division of the Department of Health Services.

MoHP requests cluster partners to follow public health standards and one door mechanism to provide response support for COVID-19 and monsoon.

Assessment of the continuity of essential health service (EHS) is ongoing. To date, a total of 142,081 women and children were reached with EHS, including 22,039 women with anti-natal care (ANC) services, 13,102 women with institutional deliveries and 106,940 children with vaccines (49% boys, 51% girls). Basic health services are being delivered from all health facilities. As part of EHS, continuation of immunization is critical. In order not to disrupt the immunization session plan, vaccine supplies were provided to the government of 90,000 vials fractional doses of the inactivated poliovirus vaccine (fIPV), 140,600 vials PCV, 52,020 vials penta, 36,380 vials MR, and 951,000 units of 0.1 ml AD syringes. These supplies will cover vaccine and commodity needs for next four months, targeting 207,000 children. Critical PPE was provided to 6,156 health workers in designated COVID-19 hospitals and isolation facilities. Medical supplies and equipment including 184,700 surgical masks, 2,900 N95 masks, 69,700 surgical gloves, 8,070 bottles of hand sanitizer, 2,000 protective coveralls, 2,000 protective goggles and 1,072 IR thermometers were supported. Flood affected people in Bhajani, Kailali were supported with health supplies, including 200 LLIN bed nets, 2,000 sachets of ORS and five sets of new-born incentive kits (nyano jhola).

Challenges

Shortages of viral transport media (VTM) and polymerase chain reaction (PCR) test kits remain a concern in Dailekh and West Rukum of Karnali Province, as well as in Province Two. Psychosocial counselling for COVID-19 positive cases, their families and health workers in Karnali and Sudurpaschim provinces is needed. High numbers of suicides have been reported among those infected with COVID-19. COVID-19 transmission in Province Two is increasing, especially in Birgunj, Saptari and Dhanusha districts, and there are insufficient ventilators in intensive care units (ICUs).



Protection Cluster

Psychosocial support:

Psychosocial support continued 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 11,357 persons (4,287 males, 7,053 females and 17 other gender), including 395 new cases, with psychological first aid and counselling services. Concerns over health and increasing feelings of fear, anxiety and stress from various causes, including exposure to violence, are the main issues reported. Among the total supported, 3,244 persons were referred to various services (527 for health services, 569 for legal services, 338 for psychiatric consultations, 795 for security services and 1015 for other services). A total of 54,732 persons (2,039 new participants), including humanitarian actors, community members and those in quarantine centres (25,918 males, 28, 649 females, 165 other gender) were reached through group orientations (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 3,424 GBV survivors (384 new cases) including 445 adolescent girls (10 new cases) received multi-sectoral support through peripheral health facilities, safe houses/shelters, one stop crisis management centers (OCMCs), legal and psychosocial counselors and police in all provinces. A total of 6,718 vulnerable females in quarantine and isolation centres have received dignity, kishori, and hygiene kits in all provinces except Gandaki. Dignity, kishori and hygiene kits are comprised of essential items that women and girls may need in crisis. 1,108 (730 females, 378 males) service providers and stakeholders have been trained on providing survivor sensitive GBV prevention and response services. Furthermore, 16,989 people (12,403 females, 4,586 males) of which 2,298 are adolescent girls, 787 adolescent boys, 334 elderly and 79 persons living with disabilities were sensitized on GBV prevention and response interventions in all provinces. 11,249,261 persons (4,577,102 females, 6,260,480 males) were reached through messaging on harmful practices including GBV, domestic violence, care burdens and early/forced marriage.

Child protection:

A total of 8,121 unaccompanied, separated or other vulnerable children (4,277 boys, 3,844 girls) (274 new cases) were supported with appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency support and relief. Among them, a total of 589 children (6 new cases) were referred to different services such as health, security, justice, etc. Messages on online safety reached to a total of 14.9 million young people and parents (162,000 this week).

Migrants/points of entry:

In total, 97 (89 females and 8 males) vulnerable migrants were supported with immediate cash assistance (NPR 13,500 each) to cover basic necessities and support travel costs to home districts. Prior to cash distribution, screening interviews of 126 (107 females and 19 males) returnees from India and elsewhere were undertaken to identify needs and risks, make necessary referrals and provide protection services as required. In total, 800 (65 new cases) vulnerable people (357 females, 443 males which includes 100 girls, 137 boys, 36 persons with disabilities and 13 elderly persons) were supported with transportation services to reach their respective municipalities from quarantine centres, holding centres and points of entry.

Challenges

Due to the increasing number of frontline workers, including health and police personnel, being infected by COVID-19, there is a risks of protection response being delayed.



Food Security Cluster

In response to the pandemic, cluster members have distributed food assistance, in coordination with respective local governments, to approx.. 420,000 people (including ongoing assistance) in over 173 palikas of 49 districts. This includes ongoing 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. As of 3 August, about 93% of the targeted children and families have received this food assistance.

For monsoon response, cluster partners have provided food assistance for 974 households (some 4,870 people) affected by the floods and landslides in Gandaki and Karnali provinces. In Barekot Municipality of Jajarkot District, food assistance, including high energy biscuits, dry rations and fortified nutritious food, for 774 severely affected households are ongoing, while the local governments cover the needs of 428 moderately affected households. A 72- hour assessment report has been prepared for the flood in Kailali, and field verification of the food security, accessibility, market functionality and essential needs in the most affected municipalities is ongoing in close coordination with District Disaster Management Committee (DDMC) Kailali. Some 700 hectares of paddy, maize and vegetable crops are reportedly inundated and damaged, as well as livestock (goats and poultry), which may have longer-term impact on the livelihoods of severely affected people. Several Food Security cluster members and private sector organizations have provided ready to eat food and dry rations to affected people to date, and 3W for flood/landslide responses are being updated to capture ongoing and planned food and cash assistances.

Markets remain open and functional across the country. In general, the price of staple food (cereals) is reported to be stable. However, the price of vegetables in several provinces has increased by 10-25%, and drastically increased in Province One by 60% and Province Two by more than 200% as production has decreased due to continuous rainfall, causing a shortage of vegetables in the market. Similarly, the price of meat and eggs remains high due to low production and supply in the market. Paddy plantation for the monsoon season has been progressing well across the country. Generally, 90-100% has reportedly been completed. Despite inadequate supply of fertilizers in several provinces, the plant has been growing well to date. As the monsoon rain has intensified in recent days, newly planted paddies in the Terai, particularly nearing the Indian border, are submerged. There will be losses of planted paddy and decaying of planted seedlings if the rain and submergence continue.

Challenges/gaps

Some 1.9 million households were identified by local governments as vulnerable to the secondary effects of COVID-19. Now, with the easing of lockdown and resumption of development work, construction, manufacturing and other service sector industries, people are gradually gaining employment in the informal sector. However, 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. June-July-August are traditionally agricultural lean seasons, leading to increased risks of food insecurity. Food assistance, including conditional assistance, is a pressing need during this period, as highlighted through a number of consultations with agricultural sector stakeholders including landless, smallholder and commercial farmers which were recently conducted as part of the ongoing of UN Socio-Economic Recovery Framework development process.



WASH Cluster

To date, 51 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, 20 isolation centres, and a number of communities covering 488 municipalities in 77 districts across all seven provinces.

WASH support at points of entry and holding centres

The WASH Cluster reached 88,844 returnees with WASH supplies and services in 20 designated points of entry (PoEs) and their holding centres. 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 about 17,000 returnees.

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

Cluster members continued to provide WASH supplies to health care facilities, quarantine and isolation centres. This support is reflected in the table below (reporting week figures in parenthesis). This critical WASH support has benefitted approximately 45,264 people in quarantine centres and 2,896 people in isolation centres.

	Health care facilities	Quarantine centres	Isolation centres
Bars of soap	36,697 (10)	64,976	2,523
Hand sanitizer	14,073	8,112	460
Hygiene kits	1,013	3,976 (888)	1,070
Buckets/mugs	2,304	9,183	553
Water purification tabs	789,640	32,462	20,150
Gloves	46,910	4,169	17
Masks	86,603	40,010	1,950
Bleaching powder	918 kgs	445 kgs	79 kgs
Chlorine	200 Ltr	5,185 Ltr	25 Ltr
Installation of hand washing stations	266 (6)	315 (19)	18
Toilet construction	5	125 (7)	14
Toilet repair	31	21	7

Handwashing basin repair	20		
Bottled water		3,776	3,500
Menstrual pads	4,880	5,177	205

In addition to the above, 86 water tanks of 100-1,000 ltrs capacity and five water filters of 40 ltrs capacity were provided in quarantine centres.

WASH in communities

Cluster members provided critical hygiene supplies to 49,969 families, which included buckets/water purification tablets to 14,600 families, masks to 7,441 families and hygiene kits to 6,654 families as well as 80,178 soap bars. A total of 1,169 handwashing stations have been installed at the community level.

Training, orientation and knowledge management

24 people (14 male, 10 female) were oriented on disinfection and environment cleaning procedures in Dhading district. 285 front-line health workers (113 male, 172 female), 13 NGO staff (8 male, 5 female) and 24 academic and municipal staff (13 male, 11 female) were oriented on COVID-19. 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. 76 WASH practitioners benefited from a webinar on WASH during COVID-19.

Over 70 WASH, health and education practitioners were oriented on disinfection using chlorine solution. A special session of the WASH Cluster meeting was dedicated to sharing of issues related to menstrual hygiene during COVID-19 and initiatives of various agencies. Two technical sessions were conducted to familiarize cluster members with school reopening guidelines, including WASH and disinfection and health care waste management that are critical in the context of COVID-19.

Monsoon Response

WASH response reached seven districts severely affected by water-induced disaster. Nine cluster members and their local partners have been involved in the response. Altogether, 2,705 affected families were reached by WASH services in seven districts. In Jajarkot, 745 families benefitted from hygiene kits and 200 families were provided with water storage and purifiers. Likewise, 1,000 families benefitted from hygiene kits, water storage and water purifiers in Kailali. Additionally, 10 public toilets were constructed and 1,000 buckets and mugs and 50,000 aqua tabs were provided in these affected areas. Two hundred families were provided with hygiene kits, water storage and water purifiers in Kalikot. In Lamjung, 125 families were provided hygiene kits, soap and chlorine solutions. Similarly, hygiene kits, chlorine, water purification tabs, buckets and mugs were provided to 275 families in Myagdi. 299 families in Sindhupalchok and 61 families of Tanahu were provided with hygiene kits.

Challenges

With recent lockdowns announced in selected municipalities and increasing COVID-19 cases, there is an additional challenge to reach out to vulnerable communities and a risk of infection among WASH frontline workers. Similar risks are faced by WASH workforce members such as plumbers, masons and technicians who sometimes decline to provide services due to fear of transmission. While some inhabitants remain in various quarantine centres, some of these centres are being closed. The local and provincial level data on the number of running quarantine centres does not match, posing more challenges to reaching quarantine centres where WASH support is required. The increased quantity of PPE waste from running and closed quarantine centres is creating additional concerns over handling and management of this waste, which could pose a transmission risk to waste handlers, as well as communities. With continuous rainfall and incidents of landslides, transportation of WASH supplies has been difficult in the western part of the country where roads have been blocked for days, making it difficult to provide timely response.



Nutrition Cluster

Eighty-five percent of children aged 6-59 months (2,206,560 children; 1,125,346 male, 1,081,214 female) received vitamin A supplementation in all 77 districts as of 4 August. A total of 505,930 (36,654 in the reporting period) pregnant and lactating women have received telephone counselling. To date, a total of 2,857 (33 in the reporting period) severely wasted children have been admitted to the IMAM programme for treatment with therapeutic food. A total of 103,047 (18,757 in the reporting period) children 6-59 months living in flood prone and food insecure areas of Karnali Province (Jumla, Humla, Dolpa, Kalikot and Mugu) have received supercereal. Likewise, 61,239 (11,180 in the reporting period) pregnant and lactating women received supercereal in these same districts to prevent malnutrition. In the past week, 660 Golden1000Days households received relief packages through local governments' multisector nutrition plan (MSNP) programme, bringing the overall total to 84,478 Golden1000Days households.

Challenges

Health workers are more focused on COVID-19 response than continuation of essential nutrition services. Female community health volunteers (FCHVs) are constrained from resuming community-based nutrition activities due to inadequate protection equipment. The Blanket Supplementary Food Programme report an unmet need for 93,790 beneficiaries (PLW and children 6-23 months of age) in 22 priority Terai districts that are food insecure, flood prone and worse affected by COVID-19, requiring 867.29 MT of supercereal, valued at USD 1,370,553.



Shelter/CCCM Cluster

The multi-purpose community centre in Bhimeshwor, Dolakha, constructed with financial support from the Royal Thai Government, has been officially handed over to the local government. The centre will be used as an evacuation centre to provide refuge to disaster displaced populations in nearby municipalities. The centre will temporarily be used as a quarantine centre to contain the COVID-19 outbreak in the municipality. The draft report, atlas and GIS maps of open spaces identified in Bhimeshwor Municipality were presented to the local authorities, humanitarian agencies and relevant stakeholders. These open spaces have been identified and mapped with the aim to strengthen emergency preparedness and to provide an initial response planning framework for local governments and partner agencies. This provides a starting point from which to deliver life-saving assistance to those in immediate need of support, including displaced populations. Upon incorporation of the final round of comments, the reports will be published and disseminated widely. Comments provided by different clusters have been incorporated in the DTM (Displacement Tracking Matrix) site assessment questionnaire. DTM has been activated and the team will now begin assessing individual sites to regularly and systematically capture, process and disseminate information that will provide a better understanding of the movement and evolving needs of displaced populations in the five landslides and flood affected hilly districts of Jajarkot, Myagdi, Gulmi, Sindhupalchowk and Shankhuwasabha. NFIs distribution at holding and quarantine centres is being conducted in Province One given the rise in active COVID-19 cases.



Early Recovery Cluster

Early Recovery cluster member agencies are moving ahead with the implementation of early recovery activities in close coordination with respective local governments across the country. 17 member agencies have reported ongoing implementation of their livelihood promotion and employment generation projects. These initiatives are expected to benefit more than 315,000 people directly. Additionally, more than 15,000,00 (1.5 million) people are expected to benefit from livelihood and employment generation opportunities provided through immediate recovery support. In total, target beneficiaries will span 241 palikas. Targeted project implementation localities span 26 palikas from three districts in Province One, 76 palikas from five districts in Province Two, 30 palikas from seven districts in Bagmati Province, nine palikas from two districts in Gandaki Province, 44 palikas from five districts in Province Five, 11 palikas from three districts in Karnali Province and 45 palikas from five districts in Sudurpaschim Province. These interventions are expected to be operational for three months to one year. Mapping of ER cluster member agencies is underway in Karnali and Gandaki provinces.



Education Cluster

The government has decided to stop using schools as COVID-19 quarantine and isolation centres. Schools which have been used as quarantine or isolation centres will be vacated, disinfected and prepared for reopening as schools by local governments. The Education cluster is supporting MoE in developing a guideline on cleaning and disinfection of schools in coordination with the WASH and Health clusters to ensure safety measures are in place prior, during and after the reopening of schools. More than one million children have been reached through a radio learning programme, supported by Education cluster members. The radio programme includes grade-wise curricular lessons and recreational activities like storytelling, creative writing and speech competitions. 41,268 printed self-learning materials (551 this week) have been distributed. To facilitate activities in the self-learning materials, 117 episodes of a radio program based on the materials for grades 1-3 have been produced and are being aired through Radio Roshi, covering 15 districts in Province One, Bagmati and Gandaki. A parenting education radio programme reached two million people nationwide and provided information on parenting education and tips on ensuring early learning of children. The programme airs through 85 radio channels and digital media in Nepali and local languages (Bhojpuri and Maithili). 1,346 listener groups have been formed in nine districts with around 11,000 members and promoted listenership. The Center for Human Resource and Education Development (CEHRD) and Education cluster members have produced 1,284 video lessons for grades 1-10 and 333 audio lessons for grades 6-10. The video and audio lessons are being aired through five TV channels and more than 225 radio stations nationwide.

Challenges

The mobilization of teachers for children's continuity of learning remains a challenge. Many teachers have left their work areas, especially in mountain and hill districts. Teachers were mobilized to facilitate learning at home in some municipalities in Province Two, but their activities have been paused due to the increased numbers of COVID-19 cases. With the increased caseload the government has instructed that children under the age of 12 to remain home, which has posed a challenge to the school reopening discussion and caused uncertainty about the reopening of schools.



Logistics Cluster

The Logistics cluster meeting was held on 31 July with 28 participants from 18 organizations. The cluster shared repatriation flight information of one flight, Turkish Airlines on 6 August, during the reporting period. Cluster members transported one truck, 6 MT (25 cbm) medical supplies of CCMC from Kathmandu to Province Two (Janakpur) on 30 July; two trucks, 12 MT (50 cbm) medical supplies of Provincial Health Directorate, Province Two from Janakpur to Sarlahi district (Malangwa) and Rautahat district (Gaur) on 31 July; one truck, 7 MT (30 cbm) medical supplies of CCMC from Kathmandu to Jumla on 3 August. Cluster members transported six trucks, 37 MT (180 cbm) medical supplies of CCMC from Kathmandu to Province Two (Janakpur) on 4 August; two trucks, 5.6 MT (41 cbm) medical supplies of Save the Children from Kathmandu to Mahottari district (Bardibas) and Kavre district (Bhakundebsi) on 5 August; three trucks, 12 MT (85 cbm) medical supplies of CCMC from Kathmandu to Gandaki Province (Pokhara) and Province Five (Butwal and Nepalgunj) on 5 August. Two service requests for Mugu remain on hold due to blockages of the Jumla-Mugu road section. To date the cluster has transported 346 MT (2,365 cbm) medical supplies and NFIs for COVID-19 and monsoon preparedness.

Gaps

Difficulty to procure PPE locally due to a new Government requirement for local vendors to have a government issued quality assurance (QA) certificate to sell the PPE. The lack of international availability of PPE and COVID-19 supplies also remains a challenge.



Risk Communication & Community Engagement

Reach

More than 14 million people across the country were reached through radio programmes titled “Koshish – Corona ka laagi Sichkya ra Sandesh”, “Pawankali Sanga Corona ka Kura”, “Jeevan Rakshya”, “Sahaj” and “Corona Capsule” and television programme “Corona Care” with information on challenges faced by communities in the areas of livelihood and income generation due to COVID-19; SMS (sanitise, use of mask and two-meter distance); disinfection of schools, including office premises; mental health and monsoon preparedness. More than 12 million people were reached with one-minute radio public service announcements (PSAs) on SMS along with flood-focused messages related to water purification and diarrhea prevention. More than 15 million people were reached through social media channels with various information on sanitising, use of masks, physical distancing and anti-stigma messages. SMS messages are reinforced through daily MoHP press briefings, live telecast on seven national television channels, social media, the “Hamro Swastha” app and 26 radio stations across the country.

Engagement

A total of 150,832 people (108,927, or 72%, male; 4,805, or 3%, female and 37,100 children under 18) from provinces Two, Five, Karnali and Sudurpaschim were reached through discussion groups, door to door visits and virtual meetings with key messages on COVID-19 prevention, SMS and anti-stigmatization. The results from the first round of the Child & Family Tracker (CFT) survey have been published and disseminated among partners. The second round of the survey was completed in mid-July and analysis of the findings is being finalized. Particularly important that over 50% of surveyed households with children experienced livelihood and earning losses in May. At the same time, a large

proportion of surveyed households had limited access to essential food supplies, and children in 21% of households experienced changes in their diet.

Feedback mechanism

185,266 questions, concerns and clarifications have been addressed through hotline services. Most concerns and questions were on COVID-19 prevention methods and available testing services, and predominantly came from Sudurpaschim, Bagmati and Karnali provinces. Clarifications and concerns were addressed through daily press briefings, hotline services, radio, television and social media platforms.

Challenges

With the easing of lockdown restrictions and the rising number of cases, strict adherence to “SMS” guidelines (sanitise, use of masks and two-meter distance) has been weak, particularly in high-density areas like the Kathmandu Valley and other metropolitan cities. Maintenance of two-meter distance is least practiced compared to the use of masks and handwashing with soap and water.



Inter-Agency Gender in Humanitarian Action

Preliminary findings from a rapid assessment of the situation of rural women farmers in Rautahat and Sarlahi (undertaken by Equal Access International) show that women farmers are unaware of the various relief packages announced by provincial and federal governments. Women farmers are bearing the brunt of the economic fallout due to their inability to sell agricultural products as well as an increased care burden at home. Food support, easy access to loans and availability of seeds, chemicals, and fertilizers are the key immediate needs identified by rural women farmers.

Women farmers stated that family and community members, as well as public announcements by ward offices are their key source of information during COVID-19. This finding points to a need to better understand how rural women farmers access information during crisis situations before selecting the information dissemination channels. Source of information, language, format and women’s capacity to access the information are important aspects of this process.

A sudden enforcement of lockdown without prior notice or guidelines came as a shock to women farmers in Rautahat and Sarlahi. Hence, there were no prior coping strategies on harvesting of crops or stocking essential agricultural supplies. Although the government allowed flexibility in agriculture related work, the women faced challenges in arranging necessary human resources or machines to harvest their crops. The women farmers shared that the major impact of the lockdown was a delay in harvesting due to the lack of human resources and equipment. The respondents also expressed concern that the productivity of the upcoming harvest will be impacted. To sustain livelihood opportunities, women farmers had overlooked some or all of the COVID-19 preventive measures, despite being aware of them.

With male migrant workers returning home, women farmers appreciated the division of labour in agriculture. However, they expressed concern over the loss of livelihood and raised the urgent need to establish income generating activities for male family members beyond agriculture.

Women farmers were unsure of the necessary actions if a family member or neighbour shows symptoms of COVID-19. Women from female headed households are concerned with the accommodation in quarantine sites, as well as the actions taken by health and local government officials if they test positive for COVID-19.

The women farmers interviewed shared that community members found it difficult to purchase essential medicines during the lockdown. Even though the pharmacies are fully or partially open, some of the essential medicines were out of stock. The women farmers also shared that due to lack of transportation facilities, they could not go to the hospital for necessary treatments like health check-ups for pregnant women and children as they found it difficult to arrange vehicles or call an ambulance.

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/>

To be added or deleted from this SitRep mailing list, please email: drishtant.karki@one.un.org