



Nepal COVID-19: Cluster Update #20



14 August 2020

COVID-19 situation

Deaths	Positive Cases	Recovered Cases	Tested for COVID-19	Persons in isolation	Persons in quarantine
91	24,432	16,728	785,518	7,613	14,846

Source: <https://covid19.mohp.gov.np/#/> (as of 12 August)

Overview

On 10 August, the Government of Nepal (GoN) came up with new COVID-19 containment measures. As recommended by the COVID-19 Crisis Management Centre (CMCC), the Council of Ministers decided to defer the resumption of passenger flights and long-distance bus services for 15 days (previously scheduled for the 17 August). The Government has decided to allow local governments to enforce lockdowns depending on their determination of risk. Movement of people from districts with 200 or more active COVID-19 cases to other places has been restricted and the approval of district authorities will be mandatory for those who must travel outside their district. More than 14 districts across the country with increasing numbers of COVID-19 cases have issued prohibitory orders. In Kathmandu Valley, the rule is applicable for travel outside the three Valley districts of Kathmandu, Lalitpur and Bhaktapur. The GoN has decided to keep international borders closed until 16 September, while 10 border points will be open for the rescue of Nepali migrants (reduction from the previous 20 open border points). Restrictions on public gatherings and parties in hotels will continue. Odd-even number plate road access has been imposed on both private and public vehicles, and eateries will only be allowed to provide take-away service.

Citing increasing COVID-19 transmission, the Ministry of Home Affairs (MoHA) has appealed to all concerned parties to strictly implement the 'Public Health Guideline' issued by the Ministry of Health and Population (MoHP), MoHA's 'Security Guideline' and other relevant instructions and circulations issued by the Government. MoHA has directed all security agencies and District Administration Offices (DAOs) to contain, control and respond to COVID-19 infections. Nearly 395,000 people have been detained for not wearing masks in public. They were advised and several were fined by the agencies and DAOs. So far, nearly 7,600 vehicles and 19,400 passengers attempting to enter Kathmandu Valley without permission have been turned away at check points. Approximately 137,000 vehicles violating the odd-even number plate rule were taken aside and held while nearly 5,300 vehicles were penalized for disobeying odd-even number system.

On 7 August the DAOs of Kathmandu, Lalitpur and Bhaktapur decided to suspend all but essential services¹ from 9-24 August. On 10 August the Department of Immigration announced closure of visa services – except in case of emergency – until further notice.

¹ Services related to peace/security, petitions, urgent vehicle passes, and disaster response are deemed essential by DAOs

Monsoon rainfall continues to trigger flooding and landslides across the country. This week floods and landslides in Bajura, Sudurpaschim caused damages. One person died, and dozens of houses, roads, and two suspension bridges have been swept away. There has also been heavy rainfall and water inundation in Kailali, but water receded after few hours. Provincial and local governments are responding the needs of the population. There have been localized landslides in Gulmi, Palpa, Kaski, Nuwakot and Taplejung districts. According to the Department of Hydrology and Meteorology the monsoon will be active across the country this week, with rainfall likely to continue. Though the risk of floods is low, the risk of landslides remains high.



Health Cluster

As of this week, 24,432 cases have tested positive by RT-PCR for COVID-19 and 91 deaths have been reported. All 77 districts are affected by COVID-19, but six districts (Solukhumbu, Shankhuwasabha, Mustang, Manang, Dolpa and Humla) have no active cases. Testing capacity has increased to 38 testing sites, with at least one PCR testing site in each province.

MoHP endorsed the following two guidelines to support the ongoing COVID-19 response:

- a) Interim guidance for dental practices during COVID-19 global emergency in Nepal, 2020;
- b) Standards for the service delivery to senior citizens in the context of COVID-19, 2020.

The ministry welcomed support received from Chaudhary Foundation (eight ventilators handed over to MoHP) for the ongoing response. MoHP requests cluster partners to follow public health standards and the one door mechanism to provide response support for COVID-19 and monsoon.

As of 12 August 2020

Total PCR sites: **38** (reporting sites)

Total PCR tests done: **4,73,179**

Total PCR positive: **24,432**

Total active cases: **7,613** (31.1%)

Total deaths: **91** (0.4%)

Total quarantine beds: **1,76,777**

Total isolation beds: **11,998**

WHO is continuing to provide technical support to Epidemiology and Diseases Control Division (EDCD), National Public Health Laboratories (NPHL), Management Division, Curative Service Division (CSD), National Health Education, Information, Communication Centre (NHEICC), Health Emergency Operation Centre (HEOC) and Provincial Health Directorate Offices for the development of guidelines, protocols, SOPs, logistics estimations, sample transfers, enhanced surveillance, contact tracing and case investigation and case management for the ongoing COVID-19 response.

As of now, a total of 143,944 women and children have been reached with essential health services (EHS) including 22,535 women with anti-natal care (ANC) service, 13,192 women with institutional deliveries and 108,214 children with vaccines (49% boys, 51% girls). Twelve new health facilities were reached for EHS assessment this week, with findings indicating 1,863 beneficiaries have accessed maternal and child health services. To date, a total of 339 health facilities have been assessed for EHS functionality across all provinces (183 in Province Two; 14 in Bagmati; 10 in Gandaki; 50 in Province Five and 82 across Karnali and Sudurpaschim). Support has been provided to the organization of mental health and wellbeing sessions. In coordination with schools, these wellbeing sessions target school children and adolescents through online sessions. The development of session manuals for teachers, parents, school nurses and children themselves has been completed. A total of three trainings of trainers (ToTs) for psychiatrists and psychologists with 45 participants have been completed. These trained mental health practitioners have so far conducted 29 sessions reaching a total of 375 children. Support has been extended to the National Health Training Centre (NHTC) to run a mobile based COVID-19 training for community health

workers. A total of 2,176 female community health volunteers (FCHVs) have enrolled and 981 have 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 1,199 (of 2,370 who started the training) have completed all modules. During the reporting period around 118,000 RT-PCR kits and three magnetic stands were provided as support to the Department of Health Services. Additional, around 2,000 protective coveralls; 2,000 protective goggles; 1,072 IR thermometers; 842 blankets; 1,394 bed nets; and seven medical tents were handed over to designated COVID-19 facilities.

The Mental Health Sub-cluster is working closely with Epidemiology and Diseases Control Division, Provincial Health Directorate Offices and COVID-19 and Non-COVID-19 hospitals to ensure the provision of mental health and psychosocial services, including providing various trainings to support health personnel.

Reproductive Health

Reproductive Health Sub-cluster in partnership with Family Welfare Division (FWD) of Department of Health Services analysed 43 maternal deaths reported between 24 March and 14 June. It was found that 63% of deaths were from direct obstetric causes, and 28% from indirect causes; haemorrhage is the leading cause of death at 33%, followed by Postpartum haemorrhage (PPH) at 23% and Antepartum haemorrhage (APH) at 9%. Among five home deliveries two deaths were caused by PPH. A total of 54% of deaths occurred within 48 hours of delivery. In health facilities 28% of deaths occurred within four hours and 66% within 24 hours of arrival. Seven cases displayed COVID-19 like symptoms, among them one tested PCR positive, one RDT positive, two PCR negative and in three cases no test was completed. Based on these findings the following key recommendations have been prepared to improve RH services and reduce maternal deaths:

- Facility-based maternal death notification and review should be mandatory for all health facilities providing maternal health services;
- Institutional deliveries should be promoted through various communication channels in the current COVID-19 context;
- Virtual capacity building on prevention and management of PPH for health workers should be offered;
- Monitoring of medical stocks should ensure the availability of drugs and commodities for the management of PPH at all health facilities;
- Promotion of tele consultation/medicine service;
- Inadequate HRH should be addressed through interim measures.

The maternal health task team has worked on an action plan for short, medium and long term priorities based on the maternal death case analysis and related recommendations, that prioritizes, 1) enforcing mandatory maternal death notification and review, 2) strengthening referral and hospital-based quality of care, 3) capacity building of service providers in prevention and management of the top key causes of death, 4) promoting institutional delivery, and 5) timely supply of MNH medicines.

Orientation on the interim guideline on reproductive, maternal, neonatal, child and adolescent health (RMNCAH) is on-going in all 77 districts and feedback is being collected from partners on its effectiveness, to inform follow-ups. Provincial directorates have been participating in RH Sub-cluster meetings. Challenges at the provincial level include shortages of critical human resources for RMNCAH services, including skilled birth attendants, supplies and logistics experts, and inadequate rapid response capacity in some districts. In addition, MNCH commodities continue to be in short supply in the majority of district stores (81.5% for oxytocin, 77.63% for magnesium sulphate, 50% for chlorhexidine, 25% for gentamycin, and 32.89% for zinc). The stock situation for family commodities is relatively better, with fewer than 2% of districts reporting stock-outs of condoms (1.32%), birth control pills (1.32%) and IUDs (1.2%). However, implant and depo are in short supply

in 3.95%, and 2.63% of districts respectively. In the context of human resources gaps and increasing COVID-19 infections among frontline health workers, it is critical to ensure sufficient protection for all frontline workers, including the provision of full PPE for RMNCAH services and required psychosocial counselling. Moreover, the RH Sub-cluster also prioritizes the need for promoting helpline services and scaling up telemedicine and remote consultation services in light of the country's increasing COVID-19 caseload.

Challenges

Increases in Covid-19 cases are seen across the country, and particularly in Province 2. This puts additional pressure on an already strained health system. Landslides in some areas of the country further hamper access to health services and other essential services.



Protection Cluster

Psychosocial support

Psychosocial support continued to be provided through remote counselling, online platforms, one-on-one counselling, group orientation sessions and deployment of community-based psychosocial community workers (CPSWs). Through these approaches, cluster members reached a total of 11,685 persons (4,378 males, 7,290 females and 17 other gender), including 328 new cases, with psychosocial 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. In addition, parents have shared 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, 3,432 persons were referred to various services (566 for health services, 615 for legal services, 348 for psychiatric consultations, 867 for security services and 1,036 for other services). A total of 56,509 persons (1,777 new participants), including humanitarian actors, community members and those in quarantine sites (26,493 males, 29,836 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 3,750 GBV survivors (326 new cases) including 455 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 counsellors and police in provinces One, Two, Bagmati, Five, Karnali and Sudurpaschim. A total of 6,721 females in quarantine centres have received dignity, kishori, and hygiene kits in provinces One, Two, Bagmati, Five, Karnali and Sudurpaschim. 1,156 service providers and stakeholders (750 females, 406 males) were trained on providing survivor sensitive GBV prevention and response services. Furthermore, 17,974 persons (13,071 females, 4,903 males) of which 2,356 were adolescent girls, 842 were adolescent boys, 343 elderly and 81 persons living with disabilities, were sensitized on GBV prevention and response interventions across all provinces. 11,273,421 persons (4,583,535 females, 6,268,207 males) were reached through messaging on harmful practices including GBV, domestic violence, care burden and early/forced marriage.

Child protection

A total of 8,348 unaccompanied, separated or other vulnerable children (4,392 boys, 3,956 girls), with 227 new cases during the reporting week, 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 605 children (16 new cases) were referred to different services such as health, security, justice, etc. A total of 1,609 frontline workers, such as case workers (942 males, 667 females), including 49 new participants, were virtually trained to identify and respond to unaccompanied, separated or other vulnerable children.

Migrants/points of entry

In total, 118 (108 female, 10 male) vulnerable migrants, including 29 new recipients, were supported with immediate cash assistance (NRS 13,500 each) to meet basic necessities and support travel costs to home districts. Prior to cash distribution, screening interviews of 147 (126 female, 21 male) vulnerable migrants returnees from India and elsewhere were undertaken to identify needs and risks, make necessary referrals and provide protection services, as required. In coordination with the District Administration Offices of Sunsari and Morang districts, 700 sets of NFI kits (mosquito nets, masks, sanitizers) were provided for newly established isolation centres in Rangeli Municipality and Biratnagar Metropolitan City with the aim to accommodate migrant returnees and community people infected with COVID-19.

Persons of concern - refugees

In Damak and Pathari psychosocial support services were provided to 68 refugees and members of the host community. 50 beds, 250 viral transport medium (VTM) test kits and 250 rapid diagnostic test (RDT) kits were provided to quarantine centres in Damak and Pathari of Sanschare Municipality.

Challenges

Due to prohibitory orders in many COVID-19 hit districts, limited mobility, flooding and landslides, it has been challenging for frontline workers (such as for community based psychosocial workers/counsellors, GBV and child protection frontline service providers) to provide timely services to victims/survivors. In addition, frontline workers are being stigmatized due to fear that they may infect people in the community with COVID-19. Migrant returnees are facing psychosocial distress due to loss of jobs, employment uncertainty, discriminatory behaviour and stigmatization.



Food Security Cluster

In response to the pandemic, cluster members have distributed food assistance, in coordination with respective local governments, to approximately 427,067 people (including ongoing assistance) in over 212 palikas of 54 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 6 August, about 94% of the targeted children and families have received this food assistance.

For monsoon response, cluster partners have provided food assistance for 996 households (some 4,980 people) affected by floods and landslides in four districts of Gandaki, Karnali, and Sudurpaschim provinces to date. In Barekot Municipality of Jajarkot District distribution of food assistance, including high energy biscuits, dry rations, and fortified nutritious food, for 774 severely affected households is ongoing, while the local governments cover the needs of 428 moderately affected households. In addition, a cluster partner plans to provide cash assistance for 500 households (some 2,500 people) affected by landslides in Kalikot District. 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 and relevant local governments.

Markets remain open and functional across the country. However, most markets in provinces One and Two are partially functioning, with irregular supply, due to COVID-19 containment measures under the prevailing circumstances. In general, the price of staple food (cereals) is reported to be stable or slightly increased. However, the price of vegetables in several provinces has increased by 10-40%, and drastically increased in Province One by 60% and Province Two by more than 200% due to low production and the newly imposed restrictions. Similarly, the price of meat and eggs remains high due to low production and supply in the market.

Paddy plantation for the monsoon season is nearly complete across the country. Despite inadequate supply of fertilizers and monsoon induced floods/landslides in several provinces, crops have been growing well to date. Several locations of 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 490 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). 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 critical support has benefitted 47,063 people in quarantine centres and 2,897 people in insolation centres, details of which are reflected in the table below (weekly figures are reported in parenthesis). In addition, 93 water tanks of 100-1,000 litres capacity and five water filters of 40 litres capacity were provided in quarantine centres.

WASH Supplies	Health care facilities	Quarantine centres	Isolation centres
Bars of soap	37,012 (315)	64,996 (20)	2,523
Hand sanitizer	14,183 (110)	8,112	460
Hygiene kits	1,013	5,765 (1,789)	1,070
Buckets/mugs	2,325 (21)	9,186 (3)	557 (4)
Water purification tabs	790,640	32,462	20,150
Gloves	47,189 (279)	4,169	17
Masks	87,678 (1,075)	40,010	1,950
Bleaching powder	918 kgs	445 kgs	79 kgs
Chlorine	200 Ltrs	5,185 Ltrs	25 Ltrs
Installation of hand washing stations	271 (17)	424 (89)	18
Toilet construction	5	141 (26)	14
Toilet repair	33 (2)	21	26 (19)
Handwashing basin repair	20		
Bottled water		3,776	3,500
Menstrual pads	5,360 (480)	5,177	205

WASH in communities

Cluster members provided critical hygiene supplies to 50,770 families, which included buckets/water purification tablets to 14,600 families, masks to 7,561 families and hygiene kits to 6,688 families as well as 81,765 soap bars. A total of 1,169 handwashing stations have been installed at the community level.

Training, orientation and knowledge management

Twenty-four 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. Seventy-six WASH practitioners benefited from a webinar on WASH during COVID-19. As part of supporting communities affected by flooding in Sudurpaschim Province, 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.

As part of the WASH Cluster's initiative on sharing innovations and best practices from cluster members, this week UN Habitat shared the experience of frontline workers using mobile phones to stay in constant touch with communities and engage them on COVID-19 awareness and hygiene practices. Similarly, Province Five cluster members shared their best practices on promoting water quality through public-private partnerships and the utilization of water quality mobile vans in testing water quality in COVID-19 hospitals, providing COVID-19 prevention messages in local languages and community engagement through children and religious leaders.

Monsoon response

Four Cluster members and their eight local partners provided WASH response in ten districts of five provinces that were severely affected by water-induced disasters. In Sudurpaschim Province, 1,000 flood affected families of Kailali districts were reached with hygiene kits, buckets, water purification tabs and communal toilets. Similarly, 2,627 families from landslide affected areas in ten districts of four provinces were reached with WASH supplies and services, including hygiene kits, water purification solutions, communal toilets and hygiene education. 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
	Sindupalchowk	347	Hygiene kits, buckets and communal toilet
Gandaki	Lamjung	265	Hygiene kits, water chlorination and soap
	Myagdi	323	Hygiene kits, buckets and water purification tablets
	Syangja	30	Hygiene kits
	Tanahu	61	Hygiene kits
Province 5	Palpa	38	Hygiene kits
Karnali	Jajarkot	745	Buckets, hygiene kits and water purification tablets
	Kalikot	800	Hygiene kits, buckets and water purification tablets
Total reached		2,627	

Challenges

With the growing number of COVID-19 positive cases across the country, an increasing number of isolation centres are being developed; however, these developments include limited or no WASH facilities. This has created increasing concerns over people being unwilling to stay in isolation and quarantine centres, aside from other issues related to assistance, which pose further threats to communities. Arrangements for WASH facilities must be made before the centres are established. Some WASH frontline workers have tested positive for COVID-19, which has created huge concerns over the safety of WASH stakeholders providing critical WASH assistance to communities to contain COVID-19. Logistics and transportation continue to be a challenge in some parts of the country due to road blockages from landslides and floods. There is an ongoing challenge to find WASH workforce such as plumbers, masons and technicians, who often decline to provide their services during the lockdown due to fear of transmission. Thus, some required support for health care facilities and isolation centres has been difficult to provide. The local level and provincial data on the number of running quarantine centres still does not match, posing more challenges for reaching quarantine centres where WASH support is required. The increased quantity of PPE waste, like masks, gloves and waste from running and closed quarantine centres is creating additional concerns over handling and management of this waste, which could pose a risk of transmission to waste handlers as well as communities overall.



Nutrition Cluster

534,606 pregnant and lactating women in need received telephone counselling. Of those, a total of 28,676 pregnant and lactating women were reached in the last week. 2,893 children with severe acute malnutrition (SAM) were treated using ready to use therapeutic food. Thirty-six cases were admitted to outpatient treatment programmes in the past week. To date, a total of 120,990 children 6-59 months in need of Supercereal in the most flood prone areas and food insecure areas of Karnali Province (Jumla, Humla, Dolpa, Kalikot and Mugu) received Supercereal. In the past week an additional 17,943 children were reached. 71,964 pregnant and lactating women in five districts (Jumla, Humla, Dolpa, Kalikot and Mugu) of Karnali Province received Supercereal. An additional 10,725 pregnant and lactating women received Supercereal in the past week. 85% (2,256,043) of children aged 6-59 months received vitamin A supplementation in all 77 districts as of 10 August, of (1,150,582 male, 1,105,461 female).

Challenges

The lockdown and curfew imposed in some districts with high COVID-19 caseloads is affecting the utilization of essential health and nutrition services. There is a supply gap of therapeutic food for 8,000 children with SAM (8,000 cartons RUTF). Health workers and female community health volunteers are constrained from resuming nutrition services and community-based nutrition activities because they do not have adequate protection (masks, gloves and sanitizer) for continuation of essential nutrition services.



Shelter/CCCM Cluster

COVID-19 response activities continue and cluster member organizations are engaged in supporting quarantine centre as well as establishing hand-washing stations. Member organizations are providing relief services to families affected by landslides and floods. More than 2,000 families have already received relief items. Considering existing gaps in mosquito net and mattress stocks, IFRC has started a procurement process for 10,000 LLIN (long-lasting insecticide mosquito net) and 5,000 EVA mattresses. IFRC regional office has confirmed a charter flight from Kuala Lumpur to transport the 10,000 mosquito nets, scheduled to arrive the third week of August; however, all international flights are suspended, causing delays in transportation.

Due to the spike in COVID-19 infections in Province One, the cluster, in coordination with Provincial Health Emergency Operations Centre, District Administration Offices, Ministry of Internal Affairs and Law and local levels, distributed more than 2,500 sets of NFIs (2,500 pieces each of mosquito nets, masks and sanitizers) to be used in quarantine centres, holding stations and isolation centres (individual homes and hospitals) in the districts of Sunsari, Morang and Jhapa. The Displacement Tracking Matrix (DTM) has been activated in the districts of Shakhwasabha, Jajarkot, Sindhuplachowk, Mgagdi and Gulmi, where detailed site assessment and data collection is ongoing. DTM is designed to regularly capture and process various layers of information to provide better understanding of the evolving needs of displaced populations in the five districts affected by floods and landslides.



Education Cluster

42,515 printed self-learning materials (1,247 this week) were distributed in 56 municipalities of 17 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 and are being airing through Radio Roshi covering 15 districts in provinces One, Bagmati and Gandaki. 1,090,000 children have been reached through radio learning programmes supported by Education Cluster members. The radio programmes include grade-wise curricular lessons and recreational activities like storytelling, creative writing and speech competitions. A total of 171 teachers in provinces Two, Gandaki, Karnali, and Sudurpaschim were provided training on psychosocial support. The trained teachers will provide psychosocial support to children and help to manage their stress. Parenting education radio programmes reached two 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). 1,436 listener groups have been formed in nine districts with 11,483 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 to 10 and 342 audio lessons for grades 6 to 10. The video and audio lessons are being aired through five TV channels and more than 225 radio stations nationwide. With the government's decision to stop using schools as quarantine centres and the decrease in the number of returnees, the number of schools used as quarantine centres has

decreased to 1,596 (224 in Province One, 308 in Province Two, 230 in Bagmati Province, 387 in Gandaki Province, 120 in Province Five, and 327 in Sudurpaschim Province). No school has been used as a quarantine centre in Karnali Province. The government has decided to postpone school admission till 31 August, a delay from the previous schedule of 17 August.

Challenges

With an increased number of COVID-19 cases, the government has declared that children under the age of 12 should remain at home. The evolving situation has posed a challenge for advancing the school reopening discussion and caused uncertainty about the reopening of schools. There have been some reports in the media on students and teachers being infected with COVID-19; however, there is lack of systematic data on infected students and teachers.



Logistics Cluster

The cabinet meeting on 10 August has decided to maintain the suspension international and domestic flights and long-distance public transport until 31 August. The seventh WFP air passenger flight landed in TIA, Kathmandu on 12 August. The flight transported 265 kgs of medical items from KUL to KTM from UNICEF Malaysia and 36 inbound passengers; 34 outbound passengers from humanitarian agencies, boarded the return flight to Kuala Lumpur same day. The next WFP flight is scheduled on 26 August, and the service will continue bi-weekly on Wednesdays for the month of September (9th and 23rd), if commercial air service does not resume. Transport services provided during the reporting week include:

Date	Unit	Contents	Owner	Origin & destination
5 August	4 trucks	28MT (120 cbm) medical supplies in total	Provincial Health Directorate, Province Two	Janakpur to Siraha (Siraha), Bara (Kalaiya), Saptari (Bhardaha), Rautahat (Gaur)
6 August	1 truck	6MT (25cbm) medical supplies	Save the Children	Kathmandu to Karnali (Kalikot)
7 August	1 truck	7MT (30cbm) medical supplies	Provincial Health Directorate, Province Two	Janakpur to Parsa (Birgunj)
7 August	11 trucks	67.5MT (336 cbm) medical supplies in total	CCCM Cluster	Kathmandu to Sudurpaschim (Dhangadi), Province Five (Nepalgunj), Bagmati (Kavre)
9 August	5 trucks	33.5MT (151cbm) medical supplies	CCCM Cluster	Kathmandu to Gandaki (Pokhara and Baglung)
10 August	2 trucks	11MT (57cbm) medical supplies	CCCM Cluster	Kathmandu to Bagmati (Bharatpur), Karnali (Dailekh)
11 August	7 trucks	42.5MT (208cbm) medical supplies	CCCM Cluster	Kathmandu to Province One (Biratnagar), Bagmati (Ramechhap and Sindhuli), Province Five (Butwal)

To date the Cluster has transported a total of 546 MT (3296 CBM) of medical supplies and NFIs for COVID-19 and monsoon responses.



Risk Communication and Community Engagement

Reach

More than 18 million people across Nepal and abroad were reached through 300 radio stations, 20 television stations, social media and one-minute public service announcements on COVID-19 safety measures with the following messages: stay home, practice mask use, maintain physical distance and wash hands with soap and water. 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 a television programme called “Corona Care” with information on the new normal and movement of people after easing of lockdown, festival celebrations with safety measures and stigma and discrimination against health workers. 32,034 people were reached through videos and explainer interviews.

Community Engagement

More than 170,000 individuals from provinces Two, Five, Karnali and Sudurpaschim were reached through support group volunteers, group meetings, door to door visits and virtual platforms with key messages on safety measures, stigma and discrimination against returnees and COVID-19 positive people. 75,820 households received interpersonal counselling on nutrition and COVID-19 including 7,792 households with pregnant women and 25,299 households with children below two years of age.

Feedback mechanism

Nepal Health Research Council conducted an observation survey among 4,502 individuals on 7 and 8 August in various public places (hotels, public transportation, public and private hospitals, banks, temples, vegetable markets and shopping malls) of Kathmandu Valley. In total, 72.2% of individuals were found to be wearing masks, of which 15.8% were cloth masks, and 72% (2,340 of total survey sample) were wearing masks properly. Roughly 28% of those wearing masks (910 people) were simply carrying their mask or had them pulled down around their chins. Around 31.3% of people were practicing two-meter physical distancing. Very few vegetable markets, shopping malls, banks and offices had marked places for physical distancing. Almost 60% of locations provided handwashing with soap and water or sanitizer. Most private and public hospitals have been marked for distancing, but only 20% were following the measures.

Altogether 6,950 questions and concerns regarding COVID-19 were answered through three hotline services, radio and television this week. To date, 192,216 questions and concerns have been answered through hotlines, radio and television programmes. Concerns and questions from radio, television, other media and hotlines were also addressed through daily media briefings.

Challenges

Knowledge on “SMS” measures are very high among populations across the country, but ensuring the implementation of these measures in practice has been challenging, especially in high-density areas. Therefore, there is a need to understand the attitudes and barriers for practicing the recommended public health measures, especially physical distancing, to improve behaviours amongst populations across the country.



Inter-Agency Gender in Humanitarian Action

During the Gender in Humanitarian Action Task Team meeting (10 August) on mental health, the urgent need to scale up mental health and psychosocial support to at risk populations was highlighted. Organisations working on psychosocial and mental health issues highlighted the increasing numbers of mental health related problems among vulnerable groups. Single women, pregnant women, female headed households and families from lower income households are more at risk and require additional attention. Discriminatory practices against returning women migrant workers and Muslim women have been exacerbated during the pandemic. As socio-economic recovery efforts are planned, the need to address longstanding root causes of gender-based discrimination and gender stereotypes is critical. Issues related to women's identity, bodily integrity, agency, choice, representation and labour need to be addressed to enable gender sensitive trauma informed care. Further, women's groups report that post-partum depression, stress and anxiety due to increasing care burdens and violence is on the rise.

Women's groups report that returning women migrant workers with children born out of wedlock or as a consequence of sexual abuse in their destination countries are in need of shelter and immediate relief. Due to stigma and discrimination against single women, bringing up children born outside marriage, returnee migrant women are subject to ostracization by their families and society. Pregnant returning women migrant workers are experiencing anxiety, alienation, depression and struggling with reintegration into communities. With the next phase of repatriation taking place, these challenges need attention to protect and respond to the needs of women and children returning to Nepal.

Women's groups report that Dalit wage workers and home-based workers living in urban areas are not able to pay rent and are being evicted from their houses/rented rooms. There are also reports of deteriorating health conditions (stress, hypertension, depression, heart disease, rheumatism and more) among people living in the slum areas and informal settlements in Bansighat, Chyasindole.

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