



# Nepal COVID-19: Cluster Update #25



25 October 2020

## COVID-19 situation

Deaths	Positive Cases	Recovered Cases	Tested for COVID-19	Persons in isolation	Persons in quarantine
842	155,233	108,334	1,380,862	46,057	3,322

Source: <https://covid19.mohp.gov.np/#/> (as of 25 October 2020 11:30pm)

## Overview

- The Ministry of Health and Population (MoHP) recently updated key guidelines to manage COVID-19 cases throughout the country including the continuation of laboratory services during the upcoming festivals. Details of these guidelines below.
- MoHP continues to actively encourage the population to adopt COVID-19 protective measures and take necessary precautions to minimize the risk of exposure and transmission
- An increase in movement and travel is expected due to the Nepali festival season.
- According to the MoHP sitrep, as of 20 October, Mustang is the only district with no active COVID-19 cases



## Health Cluster

As of this week, 139,129 cases have been identified as positive by RT-PCR test for COVID-19, and 765 deaths have been reported. The testing capacity has increased to 62 testing sites, of which 21 are private laboratories.

MoHP recently updated & endorsed the following guidelines:

- Validation Protocol for COVID-19 Diagnostic Items
- Guideline/standard for airlifting of COVID-19 patients, 2077
- COVID-19 Dead Body Management Guideline, 2020

The following decisions were made to manage COVID-19 cases throughout the country:

- All hospitals (public/private/medical colleges) have to allocate a minimum of 50% of their beds, ICU beds and other resources for COVID-19 patients.
- Upgrading of Manmohan Teaching Hospital, Dahachowk and National Ayurveda Research and Training Center, Kirtipur for symptomatic cases.

### ***As of 20 October 2020***

Total PCR sites: 62 (reporting sites)  
 Total PCR tests done: 1,314,779  
 Total PCR positive cases: 139,129  
 Total active cases: 41,755 (30%)  
 Total discharged: 96,609 (69.4%)  
 Total deaths: 765 (0.6%)  
 Total isolation beds: 20,178  
 Total quarantine beds: 84,129  
 Total people in quarantine: 4,220

- Patients with no symptoms of COVID-19 for three consecutive days can be discharged on the 10th day. However, they are to stay in home isolation for seven additional days after discharge.
- Continuation of laboratory services during festivals.
- Strengthening COVID-19 case management (HDU and ICU at COVID-19 designated hospitals, enabling isolation centres in Kathmandu Valley to manage mildly symptomatic cases).
- Financial resources for COVID-19 designated hospitals (reimbursement, additional bed, etc.).
- Extra care for elderly and chronic patients.
- Options for hotel isolation in close coordination with Department of Health Services (DoHS).

MoHP recommended to partners and line ministries to enhance isolation facilities at hub hospitals, apply public health measures, continue health care services and establish health desks at points of entry in order to help in breaking the diseases transmission chain. They have also allocated more resources to hospitals for the establishment and/or strengthening of the high dependency unit (HDU) and intensive care facilities.

In addition, WHO provided support to National Public Health Laboratory (NPHL) for validation of one newly established designated COVID-19 laboratory (Nepal Medical College, NMC, Kathmandu). The laboratory shared ten positive and ten negatives samples which were validated at NPHL, with support in validation, report preparation and dissemination from a WHO consultant. The consultant conducted onsite assessments of designated COVID-19 laboratories in Lumbini Province along with NPHL representatives.

WHO consultants and FMOs are providing technical support in receiving and tracking the zero-surveillance samples received at NPHL. As part of the weekly online technical training sessions for COVID-19 laboratories, a session was facilitated on the “Experience Sharing Pre-analytical issues in COVID-19 related samples.” Participants from different laboratories discussed their challenges and recommendations were provided to address these challenges.

Furthermore, WHO and Health Cluster partners are providing technical support to the Epidemiology and Diseases Control Division, Management Division, National Health Training Centre, National Health Education Information Communication Centre, and the Health Emergency Operation Centre for effective management of COVID-19 in the country.

Partners are supporting case investigation and contact tracing (CICT) activities. During the reporting period, they handed over 2000 sets of health kits, 130 oxygen concentrators (17 hospitals) and 65 pulse oximeters (10 hospitals), six PCR machines and six fully automated RNA extraction machines to MoHP to support the ongoing response.

- The Provincial Health Directorate along with partners facilitated an orientation to 110 health staff from all eight districts aiming to achieve effective use of IMU Nepal Apps- COVID-19 Management Information System for proper documentation and contact tracing.
- The interactive voice recording (IVR) based training for health workers and female community health volunteers (FCHVs) on COVID-19 was completed in September, in collaboration with the National Health Training Centre.
- A total of 6,834 FCHVs and 2,239 health staff completed the full training modules and post-tests.

- Partners conducted online mental health wellbeing sessions targeting children, adolescents and parents/caregivers. Currently, trained mental health workers have conducted 1,161 sessions and reached a total of 24,185 people (7,159 girls, 6,731 boys and 10,295 parents/caregivers).
- In partnership with NHTC, an online training manual on mental health has also been developed and rolled out through CWIN. The purpose of this training is to cope with the stress caused by the COVID-19 pandemic. So far, a total of 50 health workers working in isolation centres and COVID-19 designated hospitals have benefited from counselling services.
- Online training facilitated from Kathmandu for radio journalists on mental health and reporting of suicide/mental health issues. Altogether 333 journalists have been trained.
- Partners are monitoring the continuity of essential health services (EHS). It was reported that the basic and essential services, including routine immunization and maternal and new-born health services are running in all districts.
- During the reporting period, seven new health facilities in Gandaki and Lumbini were assessed, finding that 739 beneficiaries utilised maternal and child health services.
- To date, a total of 395 health facilities across all provinces (183 in Province Two; 14 in Bagmati; 36 in Gandaki; 80 in Lumbini; and 82 across Karnali and Sudurpaschim) were assessed for their EHS functionality.
- A total of 152,692 women and children utilised EHS, including 24,482 women who accessed antenatal care (ANC) services; 14,053 women who delivered in health facilities; and 114,157 children who were immunized (49% boys, 51% girls).

### Reproductive Health

A recent COVID-19 impact assessment supported by UNFPA with the leadership of MoHP, FWD (with focus on functionality and utilization of Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) services by clients in public sector health facilities) indicate 80% of dedicated COVID-19 hospitals have received the interim RMNCAH guidelines in the context of COVID-19 developed by the Family Welfare Division (FWD), MoHP. However, only 27.8% of overall health facilities have received the guidelines. The guidelines are instrumental in guiding provision and escalation of RMNCAH services during COVID-19 and require urgent roll out across all health facilities.

While the above referenced assessment indicate most health facilities had moderate to high availability of PPE, PPE remains inadequate at the level of health posts and other periphery facilities, in which just over 50% report availability of masks and gloves. Sanitizers and disinfectants are in limited supply at PHCCs, HPs, and UHCs. Coverage is even lower when the full spectrum of five recommended types of PPE is considered. Roughly 80% of COVID-19 hospitals and other hospitals reported adequate availability of IPC. Similarly, 75% of PHCCs, HPs, and UHCs indicated the availability of IPC activities, with the most common IPC activity being hand washing with soap and water. It is also reported that only 26% of health providers received training on IPC and use of PPE.

Most health facilities reported availability of ante-natal care (ANC), post-natal care (PNC), institutional deliveries, caesarean section (CS) services during the five-month lockdown, with less than 30% reporting either disruption, halting or non-functionality. However, the majority of hospitals and other health facilities are not adequately prepared with supplies, equipment, human resources, and technical capabilities to respond effectively to the rapid rise in COVID-19 cases. Preparedness and response capacity during the festival season (Dashain and Tihar) remains a major concern, considering the festivities may provide space for the rapid spread of COVID-19 if prevention and controls are not enforced.

Similarly, access barriers and sub-optimal utilization of sexual and reproductive health, particularly institutional delivery and caesarean section services, persist especially in rural and remote locations where transportation and distance to health facilities present major challenges.

The assessment report and RH cluster partners recommend urgent action to make RMNCAH interim guidelines available at all health facilities. Equivalent efforts are required to develop prerequisite capabilities among health facilities and frontline healthcare workers to effectively implement the guidelines. Improving supplies of a full range of PPE and provision of orientation to service providers on the use of PPE and IPC to minimize fear of transmission of COVID-19 among health providers and avoid unnecessary referrals or denial of women seeking institutional deliveries is a critical concern. As is ensuring sufficient stock availability of FP commodities and ensuring the release of motivational incentives to frontline health workers during the COVID-19 pandemic.

### **Psychological first aid and counselling:**

- Psychosocial support provided through remote counselling, online platforms, one-on-one counselling, group orientation sessions and deployment of community-based psychosocial community workers (CPSWs).
- Protection cluster members have reached a total of 15,756 persons (5,931 males, 9,778 females and 47 other gender), including 659 new cases with one-on-one psychosocial first aid and counselling services. The main issues reported are: concerns over health, excessive worry and stress due to the prolonged crisis and uncertainty including loss of jobs.
- A total of 4,424 persons were referred to the following services:
  - 817 health services
  - 748 legal services
  - 458 for psychiatric consultations
  - 1,218 security services
  - 1,183 other services
  - 4,536 follow-up

### **Awareness-raising and communication on mental health:**

- Through the deployment of community-based psychosocial workers (CPSWs), the working group reached a total of 45,319 persons (17,983 male, 27,330 females and 6 other gender) including 3,237 new participants.
- Delivered awareness-raising activities on psychosocial well-being and provided information on help lines and available services in seven provinces. Out of 45,319 persons reached, 23% are children below 18 years.
- A total of 27,534 (15,175 males, 12,133 females and 226 other gender) including 331 new persons were reached through group orientation sessions on stress management and psychosocial well-being (virtual and face-to-face) in seven provinces.
- A webinar was jointly organized by the protection cluster (psychosocial working group) and mental health sub-cluster on the World Mental Health Day on 10 October 2020. This initiative brought together various stakeholders including the government, CSOs partners, women's organizations to advocate for increasing and prioritizing holistic mental health and psychosocial support programmes in Nepal. The major issues highlighted are: for the government to allocate adequate budget on mental health and community outreach programmes; the importance of inter-ministerial coordination and linkages between specialized and non- specialized services

as well as the strategic use of social services; and the need to scale up existing sector-specific programmes. Socio-economic drivers of mental health and psychosocial support were widely discussed recognizing the importance of violence prevention programmes.

- The Minister from the MOWCSW committed to addressing the human resource gaps and announced the endorsement of an Integrated Action Plan on Psychosocial Counselling for Prevention of Mental Health Problem and Suicide, 2077 developed as per the directive of the Women and Social Committee of the Federal Parliament.



### **Child protection**

A total of 11,528 unaccompanied, separated or other vulnerable children (6,043 boys and 5,485 girls) including 406 new cases received assistance through family reintegration and placement in interim/transit care. Out of this number, 661 children (includes 20 new cases) were referred to health, security and justice among other services.

Also, 2,658 (1,474 males and 1,184 females) including 89 new frontline and case workers were virtually trained. They learned to identify and respond to unaccompanied, separated or other vulnerable children.

### **Gender-based violence (GBV)**

- Additionally, 5,210 GBV survivors, including 99 new cases received multi-sectoral support through peripheral health facilities, safe houses/shelters, one stop crisis management centres (OCMCs), legal and psycho-social counsellors and police in provinces One, Two, Bagmati, Lumbini, Karnali and Sudurpaschim.
- Also 10,376 women and 502 new recipients in quarantine centres and isolation have received dignity, kishori, and hygiene kits in provinces One, Two, Bagmati, Five, Karnali and Sudurpaschim.
- 2,155 (1,426 females and 729 males) including 198 new cases (116 females, 82 males) service providers and stakeholders have been trained on providing survivor sensitive GBV prevention and response services.
- Furthermore, 53,189 persons (27,103 females and 26,086 males) including 1,150 new cases (724 females, 646 males), of which 4,730 adolescent girls and 2,597 adolescent boys (60 new adolescent girls, 45 new adolescent boys) were sensitized on GBV prevention and response interventions across all provinces.

### **Migrants/points of entry**

- In coordination with the Ministry of Labour, Employment and Social Security (MoLESS) and the COVID-19 Crisis Management Centre (CCMC), air ticket assistance was provided to 200 of the most vulnerable women migrants excluded from funding from the Nepal Government's Repatriation Guideline 2077.
- Close coordination with MoLESS, Ministry of Foreign Affairs (MoFA) and Nepal Embassies in destination countries is underway.
- The repatriation process for the first batch of vulnerable women migrants from the Gulf Cooperation Council (GCC) corridor is ongoing.

- IOM published a newsletter on Migration and COVID-19: Challenges for Nepal in Managing the Mass Exodus of Labour Migrants Returning from India. The newsletter highlighted the COVID-19 and migration situation on the ground, impacts on health, socio-economic, protection and national response to COVID-19 (<https://covid-19chronicles.cseas.kyoto-u.ac.jp/post-063-html/>).

## Challenges

- Challenges include limited access to health services in particular related to COVID-19, an increased financial burden on those seeking testing and care, as well as psychological distress.
- Furthermore, the consumption of alcohol and movement restrictions may compound existing household/ community-level protection risks. The closure of governmental services over the festive season might further limit help-seeking behaviours.

## Food Security Cluster

In response to the pandemic, cluster members have distributed food assistance, in coordination with respective local governments, to approx. 601,569 people (51% male and 49 % female, including ongoing assistance for 95,230) in 214 palikas of 54 districts. The second round of take-home ration distribution (total of 1,326 MT of food) has nearly completed as of 21 October. The ration consists of fortified rice, lentils, oil and salt and aims to support both nutrition and home-based education of 155,319 students (53% girls; 47% boys) and their family members at 1,432 schools (approximately 133,500 households) in 56 palikas of seven districts in Karnali and Sudurpachim provinces. Both provinces are relatively food insecure and more vulnerable in the COVID-19 crisis.

For monsoon response, cluster partners have provided food assistance for 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 to date. Conditional cash assistance for recovery of some 1,235 landslide affected households in Jajarkot is currently under preparation.

The Ministry of Agriculture and Livestock Development and WFP have jointly produced and shared the results of the second round of the mVAM household survey on the impact of COVID-19 on household food security and vulnerability in Nepal on 17 October. The report finds that food security has improved when compared to the results of the first mVAM household survey conducted in April. However, COVID-19 continues to negatively impact the livelihoods of Nepalese households. Some key points of the report include:

- The food security situation in August improved slightly compared to April; however, food insecurity remains higher than it was four years ago. Overall, 20.2% of households had inadequate food consumption, 11.8% adopted at least one negative coping strategy to address food shortages, and 6.7% of households reported that the food they had in stock was insufficient to meet their needs.
- The COVID-19 crisis has continued to negatively impact livelihoods of Nepalese households, with 11 percent of households reporting job loss and 31.2 percent a reduction in income. Despite only a marginal increase in reported income loss, more households experienced severe (11.1%) and moderate (16.5%) income loss in August than April (severe 3.7%; moderate 9.3%).
- Loss of income was found to be more common for certain types of livelihoods, namely daily wage labourers, migrant workers and small business and trades.

- Job loss and income reduction caused by the COVID-19 crisis affected household food security: inadequate food consumption and food insufficiency were more common among households that reported job loss and income reduction, compared to households that did not experience job loss and income reduction.
- Households with low education levels, with a disabled household member, and female-headed households, daily wage labourers and migrant workers were found to be more food insecure.

Markets are fully operational as supply of food and non-food commodities from major markets to district markets has normalized and transportation services have resumed. The price of staple food (cereals) is reported to have increased by 10–20%. However, the prices of vegetables and fruits remains high across the country, while the price of chicken meat has decreased by 10–20%. The Food Management and Trading Company (FMTC) has opened Fair Price Shops (FPS) in Jumla and Mugu districts targeting food insecure areas during the festival time. These shops will remain operational in Jumla from 14 October to 20 November and Mugu from 18 to 22 October respectively.

Summer crops such as paddy, maize and millet are reportedly growing well, although farmers have experienced a scarcity of fertilizers across the country. The production is expected to be normal or slightly better than last year due to favourable weather condition this year.



- On 29 September 2020, under the leadership of the Government and the National Hygiene and Sanitation Steering Committee, WASH Cluster initiated a month long national hand washing campaign. This initiative is scheduled to run until 30 October and includes various national and local level activities.
- As of today, 71 WASH cluster members and implementing partners provided support to 13 federal hospitals and 61 COVID-19 hospitals in 53 districts. Also, assisted 139 health posts, primary health care centres, urban health clinics and community health units.
- WASH interventions supported 346 quarantine and 29 isolation centres, as well as communities covering 540 municipalities in 77 districts across all seven provinces.
- In addition, WASH supplies were provided to 177,050 returnees in 20 designated points of entry (PoEs).
- Approximately 37,781 returnees in holding centres received WASH supplies (numbers in parenthesis refers to the last two weeks).

### WASH support at points of entry and holding centres

WASH Supplies	Point of entry	Holding centre
Bars of soap	21,753	10,180
Hand sanitizer	40	5
Hygiene kits	1,078	751
Buckets/mugs	154 (25)	84
Masks	22,528	11,030
Bleaching powder	100 Kg	0
Bottled water	177,050	37,781
Installation of hand washing stations	27	6

Toilet construction	1	7
Toilet repair	2	0
Menstrual pads	0	200

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

- WASH cluster provides critical support to health care facilities, quarantine and isolation centres. These initiatives are benefiting 97,970 people in quarantine centres and 3,717 in isolation centres.
- In addition, 113 water tanks of 100-1,000 litres capacity, 73 water filters were provided to quarantine centres as per this table (numbers in parenthesis refers to the last two weeks).

WASH Supplies	Health care facilities	Quarantine centres	Isolation centres
Bars of soap	41,009 (530)	96,579	3,472
Hand sanitizer	17,310 (1,013)	33,040	651
Hygiene kits	7,669 (360)	7,752 (455)	1,215 (18)
Buckets/mugs	2,370 (6)	9,502	585
Water purification tabs	790,640	32,462	20,150
Gloves	77,442 (3,520)	12,911	418
Masks	113,290	82,110	2,626
Bleaching powder	1,415 kgs (15)	445 kgs	79 kgs
Chlorine	200 Ltrs	5,190 Ltrs	25 Ltrs
Installation of hand washing stations	374 (7)	466 (4)	23 (2)
Toilet construction	15	162 (2)	19
Toilet repair	41	21	30
Handwashing basin repair	30	0	2
Toilet cleaning liquid (bottle)	208	31	2,165
Menstrual pads	5,415 (45)	14,552	700
Waste Collection Bins	5,516	435	303

### WASH in communities

- Overall, 191,250 people benefited from the installation of 1,275 hand washing stations at the community level.
- Cluster members provided critical hygiene supplies to 51,690 families. Including buckets and water purification tablets to 18,249 families, masks to 7,561 families and hygiene kits to 17,895 families and soap bars to 82,932 families.

### Training, orientation and knowledge management

- Over 1,300 frontline health workers, stakeholders and partners received training/orientation on WASH and infection control related to COVID-19.

Training/orientation/webinar	Beneficiaries		
	Female	Male	Total
Disinfection and environment cleaning procedure	11	44	55
Frontline health workers	207	147	354
NGO staff	40	144	184
Academia			24
Municipal staff	11	13	24
Service Provider (tank operator, sanitation worker, solid waste collector, faecal sludge operator)			78

Training/orientation/webinar	Beneficiaries		
	Female	Male	Total
Webinar- WASH and COVID 19			385
Making disinfection solution			70
Tube well disinfection -frontline workers			25
TOT on total Sanitation, school WASH and precautionary measures	32	92	124
<b>Total</b>	<b>301</b>	<b>440</b>	<b>1,323</b>

### Monsoon response

Six cluster members and local partners provided WASH response to 12 districts severely affected by water-induced disasters. Reaching over 5,918 families including 100 people with disabilities.

Province	Districts	Families reached	WASH Support
<b>Bagmati</b>	Dhading	18	Hygiene kits
<b>Bagmati</b>	Sindhuli	70	Communal toilets
<b>Bagmati</b>	Sindupalchowk	567	Hygiene kits, buckets and communal toilets
<b>Gandaki</b>	Lamjung	265	Hygiene kits, water chlorination and soap
<b>Gandaki</b>	Myagdi	323	Hygiene kits, buckets and water purification tablets
<b>Gandaki</b>	Syangja	30	Hygiene kits
<b>Gandaki</b>	Tanahu	61	Hygiene kits
<b>Lumbini</b>	Palpa	192	Hygiene kits and dignity kits
<b>Lumbini</b>	Rupandehi	133	Hygiene kits, bucket, bleaching powder
<b>Karnali</b>	Jajarkot	845	Buckets, hygiene kits and water purification tablets
<b>Karnali</b>	Kalikot	1,050	Hygiene kits, buckets and water purification tablets
<b>Sudurpaschim</b>	Bajura	140	Buckets, hygiene kits and water purification tablets
<b>Sudurpaschim</b>	Kailali	2,224, and 100 people with disabilities	Hygiene kits, buckets, water purification tabs and communal toilets
	Total reached	5,785 and 100 people with disabilities	

### Challenges

- Due to the celebration of Dashain, Tihar and Chhat festivals there is anticipation of a mass influx of people from abroad. This may create a similar situation as experienced a few months ago at points of entry.
- Home isolation continues to be an option for COVID-19 positive patients. However, it is challenging to monitor and ensure that patients and family members follow strict COVID-19 safety prevention guidelines.
- Additionally, healthcare and IPC supply waste, e.g. used PPEs, gloves and masks remain a critical environmental issue. This may contribute to the transmission of cases as well as to environmental pollution. Also, this could be the case with waste coming from home isolations.



## Nutrition Cluster

- The Nutrition Cluster reported 5,143 children (under five severely wasted) treated using ready to use therapeutic food (RUTF) through 620 outpatient therapeutic centres (OTCs) and 18 nutrition rehabilitation homes (NRH). In the past two weeks, 435 cases were admitted to outpatient treatment programmes.
- Telephone counselling support provided to 854,470 pregnant and lactating women (20,218 in the past two weeks).
- A total of 168,653 children aged 6-23 months in need of Super Cereal in the most flood prone and food insecure areas of Karnali, Province Two and One received Super Cereal (21,491 in the last week).
- Similarly, 264,123 pregnant and lactating women in five districts of Karnali and four districts of Province Two received Super Cereal (32,122 received in past two weeks).
- As reported, 203 FM radio stations are broadcasting nutrition and COVID-19 messages reaching more than 2,467,420 households. In the past two weeks 80,810 HHs were reached with nutrition related messages.
- Nutrition cluster partners assisted in the development of nutrition BCC materials (22,981 fliers and 103 flex) with messages on maternal nutrition and treatment of acute malnutrition in all the districts of Sudurpaschim province.
- Partners provided nutritious food items in relief packages to 188 households affected by monsoon flood and landslides in Rupendehi and Arghakhanchi districts.
- The national treatment protocol for Nutrition Rehabilitation Homes (NRH) is being developed by MoHP. It will be finalized in 2020.
- The Ministry of Health and Population organized a seven days Provincial level TOT in Province One for the implementation of the Comprehensive Nutrition Specific Interventions (CNSI). In this training, 22 trainers (6 female) participated and gained skills in order to facilitate CNSI training at district and local levels.

## Challenges

- 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.
- Blanket supplementary feeding programme (BSFP) to cover more than 115,000 children age 6-59 months. More than 85,000 pregnant and lactating women (pregnant women: 32,000, lactating women: 51,000) require Super Cereal for the prevention of acute malnutrition.
- It is difficult to screen, identify and refer children aged 6-59 months who are severely wasted for treatment at OTCs due to fear of COVID-19. The cluster has endorsed a concept paper on the Family MUAC approach and recommended to MoHP for approval.



## Early Recovery Cluster

Early Recovery Cluster (ERC) activities focused on providing short-term assistance to restore livelihoods, promote emergency employment opportunities and directly benefit segments of the

population worst impacted by the COVID-19 are progressing. As of the reporting date, 87 'early recovery' interventions have been planned and/or are being implemented by 20 member agencies across the country. Among these, 21 interventions are complete and 44 are ongoing. There are 22 interventions at implementation planning stage, will be kicking off somewhere in November 2020. ER intervention mapping carried out at the national level indicate that these interventions have directly benefited over 83,100 households and more than 415,500 people to date. ER initiatives are projected to reach a total of 252,000 beneficiary households across the country. Reaching a population of more than 1.26 million with short-term livelihood and employment opportunities.

Province	Total LGs	ER Programme LGs	ER Programme Districts
Province I	137	23	6
Province II	136	35	7
Bagmati	119	42	13
Gandaki	85	18	6
Lumbini	109	20	9
Karnali	79	21	7
Sudurpaschim	88	47	8
<b>Grand Total</b>	<b>753</b>	<b>206</b>	<b>56</b>

Ongoing and planned ER activities fall under 206 local governments/municipalities from all seven provinces across the country, covering all climatic zones.

ER activities conducted and geared towards livelihood recovery include initiatives such as on-farm and off-farm activities, skills & entrepreneurship development, support to micro-enterprise, community infrastructure, seed money support for small enterprises, cash for work, support through mobilization of cooperatives, cash vouchers and institutional support.

### Challenges

In the current COVID-19 context, initiatives are being conducted under difficult circumstances due to the persisting risk of contagion and the logistical challenges of implementation. In particular, the main challenge remains in organizing skills development training activities given the transmission risks. Previously, these training sessions were generally delivered in groups of participants and required various interactions with instructors. Alternate modalities for organizing training activities are being explored.

Additionally, given the significant impact of COVID-19 on livelihood and employment, as highlighted in the many impact assessment studies conducted by various government agencies and IGOs, the financial resources availability remains limited. This calls for further attention to the beneficiary selection process, as well as additional resource mobilization, including from government systems.



## Education Cluster

- The Cabinet approved the School Education Emergency Action Plan and Ministry of Education, Science and Technology (MoEST) is coordinating the implementation of the activities. In line with the plan, MoEST is distributing sim cards for 4 to 12 grade students. This will cover tentatively 3.4 million children. Children, teachers and parents will be connected through closed user groups for ensuring learning continuity.
- Education cluster members are supporting the learning continuity of children through various alternative modalities as recommended by the government guideline to reach children with and without access to media. As a result, 182,600 children have been reached through distribution of printed self-learning materials (118,600 by cluster members, 64,000 by government) in 143 municipalities and 30 districts across all provinces.
- As reported, 53,300 children have been reached through community and home-based learning activities mobilizing teachers, volunteers and parents in 62 municipalities and 30 districts in Province Two, Lumbini, Bagmati, Gandaki, Karnali and Sudurpaschim.
- Education cluster members are raising awareness on psychosocial support and providing trainings to teachers and other education actors to address the stress on children and parents due to the pandemic and school closure. Additionally, 834 teachers and education actors (648 males, 186 females) have been trained on psychosocial support in Province Two, Bagmati, Gandaki, Karnali, Sudurpaschim.
- Training provided to 1,628 teachers on alternative learning modalities, core skills and COVID-19 related safety in 20 districts across all provinces.
- Cluster members have disinfected 264 schools used as quarantine centres in Province Two, Lumbini, Gandaki, Karnali and Sudurpaschim. Also, installed/repared WASH facilities in 66 schools in Lumbini, Bagmati and Karnali. They repaired toilets, hand washing facilities and installed new hand washing stations.

### Challenges

- Schools in many palikas have started to reopen with the approval from local government. However, in some districts the District Administration Office directed to close the schools again.
- Limited resources available to support the repair and maintenance of facilities that have been damaged during the quarantine period.
- Some schools have adopted online learning, but connectivity issues and irregular electricity supply has made online learning challenging for teachers and students.
- There is a serious concern regarding the stress caused to children by online learning.



## Logistics Cluster

Ten Logistics Cluster members have confirmed their participation for interviews as part of a gaps and needs analysis exercise. The interviews are scheduled for 21 and 22 October. The next national Logistics Cluster meeting is scheduled for 6 November.

During the reporting period, two trucks were dispatched, including:

- On 18 October, one truck carrying 14.5 MT (28.2 CBM) medical items of the Provincial Health Logistics Management Center (PHLMC), Province One from Biratnagar to Jhapa, Illam, Pachthar and Taplegunj districts.
- On 19 October, one truck with 0.76 MT (2.5 CBM) medical items of UNICEF departed from Nepalgunj to Mugu district.
- As of today, approx. 931.8 MT (4,612.8 CBM) NFIs and medical supplies have been transported for COVID-19 and monsoon response.
- One transport request was received from the Health Service Directorate, Karnali Province to transport medical items from Procurement and Logistics Section in Nepalgunj to Mugu, Dailekh, Dolpa, Humla, Salyan, Rukum, Kalot, Surkhet and Jumla districts.



## Risk Communication and Community Engagement

### Reach

- Radio programmes titled "*Corona Capsule*", "*Hello Banchin Amaa*", "*Koshish – Corona ka laagi Sichkya ra Sandesh*", "*Milijuli Nepali*", "*Sahaj*" and television programmes called "*Corona Care*" and "*Swastha Jeevan*" reached more than 14 million people. The radio and television programme highlighted messages on following public health safety measures during travel, at work and marketplace, festival celebration guidance, gender-based violence, looking after elderly people, how to stay in isolation and quarantine.
- Public health safety measures and the festival celebration guidance messages disseminated through audio, visual, telecommunication channels and social media platforms targeting children, parents and caregivers reached more than 10 million people across the country.
- The Ministry of Health and Population "*Hand Hygiene For All*" campaign is reaching out more than one million people. This initiative emphasizes hand washing with soap and water through messages delivered on radio, television, social media, megaphone announcements and face to face interactions. Also, through engaging volunteers and delivering a daily media briefing.
- More than 13,000 people reached through sign language visual public service announcements on public health and COVID-19 protective measures.

### Community engagement

- More than 20,000 people (70% male and 30% female) were involved on COVID-19 community engagement activities related to prevention, control and social messaging. This was achieved through community-based platforms reaching 700,000 people across the country. Messages on proper use of mask and maintaining two-meters distancing were disseminated through door to door visits, megaphone announcements and community level interactions.
- In addition, 732 community support groups from 53 urban and rural municipalities addressed COVID-19 related questions from 40,069 people (41%female) through door to door visits and community discussions.
- The government decided to continue closing major temples across the country used by the general public. Also, issued notices on crowd control for ward representatives and administrative offices at the local level.

## Feedback mechanisms

- A total of 245,696 questions and concerns were answered through hotlines, radio and television programmes (11,695 through hotline services 1115 and 1133 this week). The majority of questions were related to the number of COVID-19 cases, deaths, prevention methods, and whether people had been diagnosed with COVID-19 cases in their surrounding areas.
- Information was also delivered through the MoHP's daily media briefings, radio and television programmes. MoHP responded on queries related to dead body management, festival celebrations, PCR test availability and treatment facilities at the government hospitals.

## Challenges

- Increasing numbers of cases in the cities, lack of strict reinforcement of the two-meters distancing and other public health safety measures in the Kathmandu Valley.
- Continuous reinforcement of messages to avoid unnecessary long-distance travel.



## Inter-Agency Gender in Humanitarian Action

During the Gender in Humanitarian Action Task Team (GiHA TT) meeting on inclusive governance (12 October), civil society organisations (CSOs) appreciated the leadership demonstrated by elected women representatives as frontline workers during the COVID-19 pandemic. Their outreach to the community was acknowledged. Women's leadership and participation in emergency preparedness and response remains marginal and the need to engage elected women representatives in planning and implementation of the socio-economic response and recovery was reiterated. The existing systemic discrimination and unequal power relations that often lead to questioning women's capacity, was highlighted.

Despite facing multiple constraints, women Deputy Mayors are at the forefront of the COVID-19 response. As a result of their active engagement, multiple Deputy Mayors in Bagmati have been testing positive for COVID-19. The overarching systemic constraints upholding patriarchy continue to restrict the creation of an enabling environment for inclusive governance.

The meeting also emphasised that the existing digital gap limits women elected representatives in accessing digital platforms to share experiences, gain new knowledge and provide updates from their respective areas. The need to increase capacities and access technology was therefore raised. Additionally, CSOs also requested family planning contraceptives to be included in relief packages to women.

**For further information, please contact the UN Resident Coordinator's Office:**

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