



Nepal COVID-19: Cluster Update #27



27 November 2020

COVID-19 situation

Deaths	Positive Cases	Recovered Cases	Tested for COVID-19	Persons in isolation	Persons in quarantine
1,412	16,793	209,435	1,700,000	16,793	680

Source: <https://covid19.mohp.gov.np/#/> (as of 26 November 2020)

Overview

In support of the Government of Nepal, the Ministry of Health and Population (MoHP), the COVID-19 Health Sector Rapid Action Plan 2020, the Humanitarian Country Team (HCT) has kickstarted the revision of the current COVID-19 Preparedness and Response Plan (CPRP). The revision is based on the planning figure of 148,000 cases, as identified by MoHP, from November 2020 to February 2021, with a worst-case scenario caseload of 300,000. Planning assumptions include 55% of newly infected cases to be asymptomatic and mildly symptomatic, requiring in-home isolation; 45% to be complex cases or affect vulnerable demographics, requiring treatment in government isolation centres and hospitals; and 2.5% requiring ICU and ventilator support.

Government organizations at federal, provincial and local levels, civil society organizations, women’s groups, media and international organizations are collaborating and taking part in the International Day for the Elimination of Violence Against Women on 25 November and the 16 days of activism campaign to end gender based violence. Various reports and field anecdotes suggest that the ongoing COVID-19 pandemic has increased violence against women and reduced support services available, due to social distancing practices and limited mobility. Women have been disproportionately affected by loss of livelihood of psychological stress. Meanwhile, the Prime Minister has called for the elimination of all types of violence against women, and urged every individual, family and society to cooperate and commit to ending gender-based violence.

Schools that have been closed since March 2020 are reopening in some places. For example, all 13 local governments in Dhading district have allowed schools to reopen with health and safety measures applied, citing deepening impact of prolonged school closures. This decision comes after the federal government granted authority to local governments to decide on school reopening. Similarly, in-person examination for grade 12 started from 24 November. Over 430,000 students are sitting for the exams. This will be the largest gathering of people in the education sector since lockdown began in March. Authorities claim that all necessary measures have been taken to ensure safe and secure conduct of the examinations.

On 24 November, the COVID-19 Crisis Management Center (CCMC) Direction Committee recommend the Ministry of Culture, Tourism and Civil Aviation to allow daily flights to more destinations, as needed. Likewise, the CCMC advised government offices and departments not to shut down all services and the offices if one or two persons in the office are infected with COVID-19, but instead explore alternatives to ensure uninterrupted service delivery.



As of this week, 226,026 people have tested positive for COVID-19 through reverse transcription polymerase chain reaction (RT-PCR). All 77 districts are affected by COVID-19. Testing capacity has increased to 77 testing sites, of which 33 are private laboratories. MoHP recently endorsed the following guidelines to support the ongoing response:

- Operational guidelines for COVID-19 facilitation group at community level;
- Guidelines for providing “Isolation kit” for COVID-19 infected person at home isolation.

As of 25 November 2020

Total PCR testing sites: **77**
Total PCR tests done: **1,690,509**
(average of 9,536 per day in past week)
Total PCR positive cases: **226,026**
Total active cases: **16,639** (7.4%)
Total discharged: **207,998** (92.0%)
Total deaths: **1,389** (0.6%)
Total isolation beds: **20,309**
Total quarantine beds: **72,561**
Total people in quarantine: **627**

Technical and financial support was provided to National Public Health Laboratory (NPHL) to conduct a sero-surveillance study. Sample reception at NPHL for the study is now complete. Testing of samples is now underway using the SARS-CoV-2 total antibody ELISA (Beijing Wantai Biological) kit supplied. Additional staff support (lab technologist, lab technician, data/admin assistant) to NPHL is provided by the cluster to for SARS-CoV-2 serological testing quality assurance and data analysis. NPHL is working on the validation of newly established designated COVID-19 laboratories. Kantipur Hospital Private Ltd and Siddhi Poly Path Lab were validated this week. Support has been provided for assessment of the temporary health desk at Tribhuvan International Airport (TIA) along with the screening point at the domestic terminal, as requested by Epidemiology and Disease Control Division (EDCD). Health Cluster is supporting the National Health Training Center (NHTC) for implementation of a three-day training program (4-6 November) aimed at creating a pool of trainers with a focus on infection prevention and control (IPC) & critical care management. A total of 16 professionals from Province One, Province Two, Bagmati, Lumbini and Sudurpaschim were trained. The same training will be held in Janakpur, Province Two from 10-12 November.

Health partners provided support for mobile based training of 2,239 health workers and 6,834 female community health volunteers, which was completed the first week of November. Support has also been provided for case investigation and contact tracing (CICT) as well as home isolation activities in Province Two, Bagmati (Kathmandu Valley), Lumbini, Karnali and Sudurpaschim.

Health partners are also monitoring the continuity of essential health services (EHS), including routine immunization and maternal new-born health services. EHS are functioning at most static and outreach sites. During the reporting period, eleven new health facilities in Lumbini were assessed, in which 1,071 beneficiaries utilized maternal and child health services. To date, a total of 414 health facilities across all provinces (183 in Province Two; 14 in Bagmati; 36 in Gandaki; 99 in Lumbini; and 82 across Karnali and Sudurpaschim) have been assessed for their EHS functionality. A total of 154,748 women and children utilized EHS, including 24,906 women who were reached with antenatal care (ANC) services; 14,157 women delivered in health facilities; and 115,685 children were immunized (49% boys, 51% girls).

Health partners donated seven ventilators, 100,000 pairs of gloves, 20,000 pairs of surgical gloves, 50,000 syringes (5 ml), and 1,200 health kits to Health Office Kathmandu. They also donated 12 sets of health kits to Child Correction Home, Doti; and 150 oxygen concentrators; 100 pulse oximeters;

50,000 Ag-RDT kits; 20 BiPap machines; 1,000 fingertip oxygen monitors; 50 high-flow nasal oxygen delivery devices to Ministry of Health and Population to support the ongoing COVID-19 response.

Challenges

Mild and severe cases are increasing in COVID-19 hospitals, which may cause a significant gap in oxygen supplementation for moderate cases as well intensive care unit (ICU) beds and ventilators for severe and critical cases in COVID-19 designated hospitals. Human resource capacity in district hospitals to operate ventilators and ICU case management is a critical challenge which is of the utmost importance to respond to severe COVID-19 cases.

Reproductive Health

The first COVID-19 Pandemic on Functionality and Utilization of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Services impact assessment has been finalized. Findings highlighted critical gaps and disparities in availability and access to services, based on which an action plan was prepared consistent with the recommendations. In addition, RH sub-cluster has finalized the guidelines on outreach service provision in consideration of the COVID 19 context (with pending approval of MoHP). This is expected to broaden the reach of critical RH services to vulnerable women and girls living in remote and hard to reach locations.

Emerging data, as reported by MoHP between 1-25 November, shows that women are increasingly contracting COVID-19, with up to 34% of new cases among women. Maternal death reviews also highlight the increasing risk of maternal deaths during the COVID-19 pandemic. A dramatic increase in home delivery is reported by many provinces, owing to the lack of transportation, difficult geographical terrain, and weak referral system. This brings with it a high risk of maternal death and morbidities, especially obstetric fistula. In consideration of the maternal death review recommendations, postpartum hemorrhage (PPH) management training to service providers has been initiated.

To further strengthen RH sub-cluster support, coordination, and create an enabling environment, the RH sub-cluster recommends the following priority actions:

- MoHP to provide guidance and support to address the critical human resource gaps in order to ensure the continuation of RMNCAH services;
- MoHP to provide guidance and consider one-stop crisis. management centre (OCMC) service as emergency, and support continued service provision; and
- Coordination to be strengthened with provincial and local governments, for the timely supply of essential maternal and newborn health/family planning (MNH/FP) commodities, including personal protective equipment (PPEs) to non-COVID-19 sites

Mental health and psychosocial support

Psychological first aid and counselling:

With one-on-one psychosocial first aid and counselling services, Protection Cluster members have reached a total of 16,668 persons (6,277 males, 10,339 females and 52 other gender) including 409 over the reporting period. The main issues reported are concerns over health, excessive worry and stress due to the prolonged emergency and uncertainty, including loss of jobs. A total of 5,038 persons were referred to the different services: 985 health services, 780 legal services, 513 for psychiatric consultations, 1,476 security services, and 1,284 other services. There were 4,536 follow-ups for additional support. Partners have been supporting the organization of online mental health and wellbeing sessions targeting children, adolescents and parents/caregivers. To date, trained

mental health workers conducted 1,291 sessions and reached a total of 26,475 people (7,888 girls; 7,452 boys and 11,135 parents/caregivers).

Awareness-raising and communication on psychosocial wellbeing and mental health:

Through the deployment of community-based psychosocial workers (CPSWs), Protection Cluster members reached a total of 48,804 persons (19,502 male, 29,296 females and six other gender), including 2,817 over the reporting period, through awareness raising interventions on psychosocial wellbeing in all seven provinces. Of the total reached, 24% are children below 18 years. A total of 28,459 persons (15,548 males, 12,685 females and 226 other gender), including 355 over the reporting period, were reached through group orientation sessions on stress management and various psychosocial issues (virtual and face-to-face) in all seven provinces. This includes humanitarian actors, community members and persons in quarantine sites and isolation facilities.

Care for caregivers:

In partnership with the National Health Training Centre, an online training manual on mental health has been developed and rolled out through NGO partners. The purpose of this training is to help health frontline workers cope with COVID 19-related stress. A total of 108 health workers working in isolation centres and COVID-19 designated hospitals have benefitted from this training. On the occasion of World Children Day a dedicated television programme on mental health problems among children was produced and aired through national television channels reaching more than 500,000 people.



Protection Cluster

Child protection

A total of 11,847 unaccompanied, separated or other vulnerable children (6,189 boys and 5,658 girls), including 283 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 681 children (including 17 new cases) were referred to different services, such as health, security, justice, etc. A total of 3,101 frontline workers, including case workers (1,751 males, 1,350 females, 443 of which were new participants), were trained to identify and respond to unaccompanied, separated or other vulnerable children.

Gender-based violence (GBV)

5,338 GBV survivors, including 190 new cases (5,029 females, 309 males), received multi-sectoral support through peripheral health facilities, safe houses/shelters, One-stop Crisis Management Centres (OCMC), legal and psycho-social counsellors and police in Province One, Province Two, Bagmati, Lumbini, Karnali and Sudurpaschim. 10,424 women, including 14 new recipients, have received lifesaving supplies, such as dignity, kishori, and hygiene kits in provinces One, Two, Bagmati, Lumbini, Karnali and Sudurpaschim. 2,250 service providers and stakeholders (1,521 females and 729 males), including 95 new recipients (all females), have been trained on providing survivor sensitive GBV prevention and response services. Furthermore, 55,197 persons (28,684 females, 26,508 males and 5 others), including 2,008 new cases, were sensitized on gender-based violence (GBV) prevention and response interventions across all provinces. Of the total, 4,871 were adolescents, 179 persons with disabilities and 551 elderly persons. In collaboration with the Office of the Attorney General, radio public service announcements were aired through more than 100 local radio stations in six different local languages (Nepali, Tamang, Newari, Bhojpuri, Awadhi, Maithali) to create legal awareness on sexual violence (rape), particularly to prevent informal settlement of rape. The total population reached is more than one million.

Migrants/points of entry

In coordination with the Ministry of Labour, Employment and Social Security and Nepal Embassy in Qatar three vulnerable Nepali women stranded in Qatar were supported with return assistance. This included a flight from Qatar to Nepal. In addition, 360 (150 female, 210 male) returnee migrants in Province One were supported with socio-economic reintegration assistance, which included cash and entrepreneurship development training support.

Persons of concern- refugees

A total of 945 calls (including 53 new calls) from persons of concern were received through the 24/7 hotline service and protection needs were addressed accordingly. Protection services were provided to a total of 6,659 (258 new recipients) persons of concern.

Persons deprived of liberty

A total of 496 children (10 girls) who were deprived of liberty in eight child correction homes all over the country have been handed over to their guardians following a court order. Of the total caseload, 133 children were released after completion of their sentences. In coordination with Dipayal Silgadhi Municipality, Doti, 12 sets of health kits, 30 blankets and 30 hygiene kits, including psychosocial support, were provided to 29 children infected with COVID-19 in the correction home in Doti.

Challenges

The number of inmates in prisons and correction homes contracting COVID-19 is rising. The main challenges faced by such facilities are overcrowding, increase in the number of inmates due to increase in criminal activities/reporting, no dedicated hospital for inmates and limited protection gear.



Food Security Cluster

In response to the COVID-19 pandemic, cluster members have distributed food/cash/voucher assistance as well as agricultural tools, in coordination with respective local governments, to approximately 664,733 people (51% male and 49% female, including ongoing assistance for 93,755) in 214 palikas of 54 districts. Partners have started a COVID-19 response livelihoods and economic recovery project, providing both unconditional cash and immediate employment opportunities through cash for assets activities to support some 13,000 households in 19 selected palikas of five districts (Rautahat, Sarlahi, Dailekh, Kalikot, and Bajura) across three highly vulnerable provinces (Province Two, Karnali and Sudurpaschim).

In general, markets are functioning well and supply of food/non-food items are regular across the country. The price of vegetables is gradually decreasing with the arrival of new products in the markets, especially in Province Two. Food Management and Trading Company (FMTC) has 2,083 MT of food stocks in its Surkhet warehouse and has been transporting it to district level depots in Karnali.

The paddy harvest is complete, or near completion in most provinces. Despite the shortage of fertilizers across the country, paddy production is estimated at normal, or above normal levels. This is mainly attributed to the favourable weather conditions (timely, regular and sufficient monsoon rainfall), increase in paddy plantation areas, use of improved seeds as well as limited impact of pests and diseases this year. Other summer crop productions (maize and millet) are also reportedly normal to above normal across the country.

Challenges

Results of the second round of the mVAM household survey on the impact of COVID-19 on household food security and vulnerability in Nepal were shared on 17 October. The report finds that food security has slightly improved as compared to the results of the first mVAM household survey 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 as compared to April 2020; however food insecurity remains higher than 4 years ago.
- Overall, 20.2% of households have inadequate food consumption, 11.8% adopted at least one negative coping strategy to address food shortages, and 6.7% 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% of households reporting job loss and 31.2% 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 laborers, migrant workers and small business and trade.
- 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, female-headed households, daily wage labourers and migrant workers were found to be more food insecure.



WASH Cluster

As of 23 November, 71 WASH Cluster members and implementing partners provided support to 13 federal hospitals and 61 COVID-19 hospitals in 53 districts as well as 139 health posts, primary health care centres, urban health clinics, and community health units. WASH interventions reached 350 quarantine and 29 isolation centres, as well as communities across 540 municipalities in 77 districts and all seven provinces. In addition, WASH supplies were provided to 177,050 returnees in 20 designated points of entry (PoEs) and approximately 37,781 returnees in holding centres.

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

WASH cluster continued to provide critical WASH support to health care facilities, quarantine and isolation centres benefitting 99,075 people in quarantine centres and 3,735 people in isolation centres. In addition, 159 water tanks of 100-1,000 litres capacity and 75 water filters were provided to quarantine centres. WASH commodities provided to the health care facilities, isolation centres and quarantine centres includes bars of soap, hand sanitizer, hygiene kits buckets/mugs, water purification tables, gloves, masks, breaching powder and chlorine. Other support included installation of hand washing stations and toilet construction.

WASH in communities

Overall, 191,250 people benefited from the installation of 1,275 handwashing stations at community level. Cluster members provided critical hygiene supplies to 52,053 families, which included buckets and water purification tablets to 20,567 families, masks to 7,648 families and hygiene kits to 18,275 families, as well as 84,124 soap bars. Over five million people have been reached through various

risk communication programmes related to hygienic behaviours using various media such as television, radio and megaphone announcements.

Training, orientation and knowledge management

Over 1,900 frontline workers, stakeholders and WASH partners at various levels were trained on various WASH related subjects as well as infection and control in relation to COVID-19. The cluster continues to conduct various trainings, such as disinfection and environment cleaning procedure, tube well disinfection, sanitation, school WASH and precautionary measures, and health care waste management. Such trainings have been provided to frontline health workers, NGO staff, municipal staff and service providers (tank operator, sanitation workers, social waste collector). A total of 1,932 people (308 female, 552 male) benefited from such training programs over the past months.

Challenges

With winter and dry seasons approaching and limited understanding of, and preparation for, winter in the context of COVID-19, the need to manage and maintain hygiene etiquettes is even greater, particularly for those affected by COVID-19. However, isolation centres and health care facilities are yet to prepare for this. With the beginning of winter, there is an increased risk of people not following basic hygiene practices, such as regular handwashing with soap and water, due to the cold. This could increase the spread of COVID-19. Following the approval of school reopening guidelines by the government, several urban and rural municipalities have taken decisions to reopen schools within their jurisdiction. However, the school disinfection guideline is not yet approved, creating a greater challenge for addressing WASH facilities and disinfection needs of schools that were used as quarantine and isolation centres. Lack of proper mechanism for daily monitoring of asymptomatic or people with mild symptoms in home isolation continues to be a concern, which must be addressed through multi sectoral collaboration, led by health sector and local government with contribution from WASH. Healthcare and IPC supply wastes (e.g., used PPEs, gloves and masks), continue to present a critical environmental issue which may contribute to transmission of COVID-19 as well as to pollution. This concern may increase with waste coming from home isolation, which is greater now than institutional isolation.



Nutrition Cluster

5,815 children under five were treated for severe wasting using ready to use therapeutic food (RUTF) through 620 outpatient therapeutic centres (OTCs) and 18 nutrition rehabilitation homes (NRH). During the reporting period 340 cases were admitted to outpatient treatment programmes. A total of 897,347 pregnant and lactating women received telephone counselling on maternal, infant and young child feeding and care (47,190 in the past two weeks). A total of 182,665 children aged 6-23 months received supercereal in the most food insecure areas of Karnali, Province Two and Province One (4,294 in the past two weeks). Similarly, 286,180 pregnant and lactating women in five districts of Karnali and four districts of Province Two received supercereal (6,866 in the past two weeks). 204 FM radio stations are broadcasting nutrition and COVID-19 messages reaching more than 3,441,681 households. In the past two weeks 9,438 households were reached with nutrition messages. In addition, infant and young child feeding (IYCF) and COVID-19 messages reached more than 2,012,976 households through SMS (9,438 in the past two weeks). The national Vitamin A campaign is scheduled for 26-27 November (11 and 12 Mangsir) across all 753 palikas of 77 districts, targeting 2.7 million 6-59 months children for Vitamin A supplementation and 2.3 million 12-59 months children for deworming. Nutrition Cluster endorsed an assessment tool to gauge IYCF behaviours in the COVID-19 context.

Challenges

An increasing number of mothers are breastfeeding less frequently than usual and there is a need to intensify messages to the wider public that breastfeeding, whilst following infection prevention measures, is safe for mothers and their infants regardless of their COVID-19 status. The blanket supplementary feeding programme (BSFP) to cover more than 115,000 children age 6-59 months and more than 85,000 pregnant and lactating women (pregnant women: 32,000, lactating women: 51,000) in need of supercereal for the prevention of acute malnutrition is facing a resource gap of about US \$1.3 million. 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 and people's unwillingness to visit health facilities (OTCs). In addition, female community health volunteers are not provided with basic protective equipment in order to run community-based health and nutrition activities.



Early Recovery Cluster

The Early Recovery Cluster (ERC) continues to provide support in restoring livelihoods and promoting emergency employment opportunities to those worst impacted by COVID-19.

To date, 94 early recovery interventions are planned or ongoing, implemented by 20 member agencies across the country. Among these, 23 interventions are completed and 50 are ongoing. There are 21 interventions at the implementation planning stage that will be kicked off shortly. ER interventions to date have benefited over 90,128 households (more than 450,640 people). Total ER initiatives may reach as many as 276,000 beneficiary households across the country, or over 1.38 million people with short-term livelihood and employment opportunities.

Ongoing and planned ER activities fall under 207 local governments/municipalities across the country, covering all climatic zones. Implemented activities and beneficiaries cover 207 LGs from 56 districts across all seven provinces.

ER activities targeting livelihood recovery include initiatives such as on-farm and off-farm activities, vocational skills and entrepreneurship development, technical and financial support to micro-enterprise, community infrastructures, seed money support for small enterprises, cash for work, support through mobilization of cooperatives, cash vouchers and institutional support.

Challenges

Activities are being conducted under difficult circumstances due to the persisting risk of contagion and the logistical challenges of implementation in the COVID-19 context. Given the huge impact of COVID-19 on livelihood and employment, as highlighted in many impact assessment studies, the financial resources available remain limited, calling for further attention to the beneficiary selection process, as well as additional resources mobilization including from government systems.



Education Cluster

Ministry of Education, Science and Technology issued the School Reopening Framework on 5 November. The framework includes actions and measures required before and during school re-opening. Local governments can decide school reopening and closure in coordination with District Crisis Management Committees (DCMC), and in consultation with stakeholders based on the assessment of the local context and public health and safety measures. Considering the risk of

infection, number of student and available physical infrastructure, schools may decide to conduct classes in different shifts, shorten the duration of school opening time or limit in person classes to a few days a week. Education Cluster members reached a total of 201,108 children through the distribution of printed self-learning materials (136,894 by cluster members, 64,214 by government) in 157 municipalities of 30 districts across all provinces.

A total of 60,059 children benefitted from community and home-based learning activities through the mobilization of teachers, volunteers and parents in 30 districts in Province Two, Bagmati, Gandaki, Lumbini, Karnali and Sudurpaschim. Education Cluster members are raising awareness on psychosocial support and providing training to teachers and other education actors to address the stress on children and parents due to the pandemic and school closures. 1,094 teachers and education actors have been trained on psychosocial support in Province Two, Bagmati, Gandaki, Karnali, Sudurpaschim. Education Cluster members are also supporting the capacity building of teachers and education stakeholders by providing training on alternative learning modalities, COVID-19 related safety, school reopening and other skills. A total of 1,803 teachers and education stakeholders have been reached with such capacity building activities across all provinces. Education Cluster members have disinfected 458 schools which were used as quarantine centres in Province Two, Gandaki, Lumbini, Karnali and Sudurpaschim and installed/repaired WASH facilities in 127 schools in Province Two, Bagmati, Lumbini, Karnali and Sudurpaschim.

Challenges

Schools that were reopened have been closed again in some areas due to the increase in COVID-19 cases.



Logistics Cluster

The Logistics Cluster is currently focusing on the revision of the inputs to the HCT COVID-19 preparedness and response plan (CPRP) for the period November-May 2021. During the reporting period eight trucks of commodities were dispatched. On 18 November, one truck transported 7.5MT (32 cbm) medical items of Rural Reconstruction Nepal (RRN) from Banke (Nepalgunj) to Achham (Mangalsen). Between 18-20 November, five trucks of 39.8 MT (162 cbm) medical items of Province Health Logistic Management Centre (PHLMC), Province Two from Dhanusha (Janakpur) to Rautahat (Gaur), Siraha (Siraha), Saptari (Rajbiraj), Parsa (Birgunj) and Sarlahi (Malangwa) districts. On 24 November, two trucks of 2.5 MT (20 cbm) medical items of PHLMC, Karnali Province from Banke (Nepalgunj) to Dolpa (Dunai) and Mugu (Gangadi) districts. To date, the Logistics Cluster supported transportation of approximately 1,086 MT (5,236 cbm) NFIs and medical supplies for COVID-19 and monsoon response. In addition, the Cluster has stored approximately 183.1 MT (1,032.8 cbm) medical items and NFIs for COVID-19 and monsoon response at the Humanitarian Staging Areas in Kathmandu, Nepalgunj and Dhangadi.



Risk Communication and Community Engagement

In collaboration with MoHP, partners are supporting risk communication and community engagement orientations for COVID-19 for provincial assembly members in all provinces. To date, the program has been conducted in Province Two, Gandaki, Karnali and Sudurpaschim.

Reach

Radio programmes titled “Banchin Amaa”, “Koshish – Corona ka laagi Sichkya ra Sandesh”, “Milijuli Nepali”, “Sahaj” and television programmes called “Corona Care” and “Swastha Jeevan” reached more than 15 million people. The radio and television programmes highlighted messages on safe festival celebrations, new COVID-19 symptoms, COVID-19 in the youth population, school reopening, mental health among children, home isolation, taking care during cold weather, care of persons with disabilities, nutrition of pregnant women, infant and young child feeding, prevention of COVID-19 at factories, offices, public places and public transportation. More than 20 million people, including people with hearing impairment, were reached with handwashing, proper use of masks and two-meters distancing messages through social media.

Community engagement

More than 27,000 volunteers (60% male, 40% female) were involved in COVID-19 community engagement activities, disseminating messages on COVID-19 prevention and control through community-based platforms reaching approximately one million people across the country. Proper use of masks and maintaining two-meters distance, avoiding crowded areas, safe festival celebration and travel messages were disseminated through door-to-door visits and megaphone announcements. More than 500 youth volunteers and local representatives in Province Two were engaged in disseminating messages on distancing, compulsory mask use, handwashing and taking care of elderly relatives during the “Chhath” celebration through megaphone announcements and door to door visits. Volunteers and local representatives were able to convince many families to opt for less crowded alternatives such as digging a temporary pond nearby the home for a family celebration. The volunteers were also involved in managing crowds at riverbanks or ponds, participants Volunteers noted that crowds appeared smaller than in a normal year. As a result of intensive advocacy with the Ministry of Health and Population and other ministries, gatherings at riverbanks and ponds were cancelled in Kathmandu Valley and the government of Province Two requested families celebration at home. 732 community support groups from 53 urban and rural municipalities addressed COVID-19 related concerns, confusion, issues, questions of 77,541 people (44% female) through door-to-door visits and community discussions.

Feedback mechanisms

A total of 259,100 questions and concerns were answered through hotlines, radio and television programmes (during the reporting period: 13,404 through hotline services). The majority of questions were related to the number of COVID-19 cases, deaths, COVID-19 prevention methods, and whether people have COVID-19 cases in their surrounding area. Concerns were also responded to through media briefs and radio and television programmes. The RCCE Cluster conducted a qualitative study to identify barriers and enablers for adopting public health and safety measures in public places, as well as stigma and discrimination related to COVID-19. The study provided insights on individual/localised perceptions about the risk (that COVID=19 is the same as common flu, etc.), challenges in wearing masks and stigma related to COVID-19 positive people.

According to the child and family tracker survey round IV, more than 70% of the population are receiving information from radio and television; 92% mention handwashing, mask use and distancing as the key preventive behaviour and only 52% claim to maintaining distance all the times or most of the time. The survey results also suggest a significant percentage of households are at risk of falling into poverty. One in five families have not had sufficient food for daily meals since August. Lack of money and increased food prices are two main factors contributing to families’ inability to meet daily food needs. Children in less than a quarter of interviewed families are not studying at present and nearly half of respondents do not feel confident about sending their children back to school. Increased instances of fever among children is observed, with respondents reporting 16% of children

were ill with fever in October compared to 7% in July. A quarter of families with ill children expressed difficulties in accessing treatment.

Challenges

Low risk perception among the general populations has been a major barrier to adopting preventive practices among youths and those living in rural areas and small cities. There is a continuing need for reinforcing messages on the importance of staying in isolation and quarantine for asymptomatic/suspected cases and do's and don'ts during home isolation for symptomatic cases.



Inter-Agency Gender in Humanitarian Action

Increasing cases of COVID-19 continue to pose a challenge to the mobility of the victims/survivors of violence to access legal services. With the risk of COVID-19 being spread through human contact and interaction, some law enforcement officials are emphasizing reconciliation to deal with domestic violence cases instead of filing complaints. Similarly, inadequate protection measures and equipment availability for law enforcement officials has led to decrease or delay in service delivery.

Civil society organisations (Aprabasi Mahila Kamdar Samuha and Pourakhi Nepal) working with returnee women migrants are reporting that women migrants are planning to migrate abroad in the near future. These women are either unable to find jobs in Nepal or have secured employment in low paid jobs where salaries are not comparable to the wages earned abroad. Due to extensive paperwork and bureaucratic processes, women migrant workers have limited access to government services. Additionally, Foreign Employment Promotion Board (under the Ministry of Labour, Employment and Social Security) support to establish businesses for documented migrant workers has excluded undocumented returnee migrant workers. A majority of this group are women. As many documented migrant workers have come back empty handed, they are also hesitant or unable to invest money in new businesses. On 29 September, after more than three years of imposing a ban on Nepali women taking up domestic jobs in Gulf countries, the Committee on Commerce, Labour and Consumer Welfare at the Parliament directed the government to allow Nepali women to work as domestic workers in Gulf countries. This measure aims to reduce illegal and unsafe immigration to countries where Nepal has signed bilateral labour agreements.

Women working in the entertainment sector (masseurs, dancers, singers, waiters) in Province One, Bagmati, Gandaki and Lumbini report that the sustained lockdowns have deprived them of their livelihoods. They are unable to purchase food, medicine, pay rent and provide for their families. Cases of sexual exploitation by customers have been reported. Internal migrants working in urban areas have been unable to return home due to financial constraints, and several are now being evicted by their landlords. A telephone survey undertaken by Women Forum for Women in Nepal (WOFOWON) among 479 women from the entertainment sector between July and September, showed that 95% had received relief support from NGOs, 3% from the government and 2% from their employers. 90% of respondent stated that they faced psychosocial problems due to family disputes and financial problems.

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