



Nepal COVID-19: Cluster Update #17



23 July 2020

Overview

As of this week, 18,094 cases were tested positive by RT-PCR for COVID-19, 42 deaths have been reported and 12,684 people were discharged. All 77 districts are affected by COVID-19. The testing capacity increased to 28 testing sites this week, with at least one PCR testing site in each province. On 21 July the Government of Nepal lifted the four-month long nationwide lockdown. Indications are that domestic and international flights will resume from 17 August along with public transportation. Educational institutions, seminars, demonstrations and conferences, cinema halls, dance bars, entertainment venues, salons, beauty parlours, gyms, health clubs, group games, religious sites, libraries, museums and zoos will reportedly remain closed.

As of 22 June, monsoon rains had affected 992 households including by flooding and landslides according to the Ministry of Home Affairs. There had been 132 deaths (72 men and 60 women), 53 people missing, 124 people had been injured. The majority of the deaths and injuries have been caused by landslides this year (see infographic attached).

As many cluster members have used their supplies for the COVID-19 pandemic response, there is an ongoing pressure to provide support to the populations affected by floods and landslides. Additional funds and supplies will be required, should further flooding occur.



Health Cluster

The Health Cluster chair announced the following three guidelines/standards as endorsed by the Ministry of Health and Population (MoHP) this week:

1. Interim Standards for service management of Leprosy Control Program in the context of COVID-19 pandemic
2. Interim Guidance for the Health-related Rehabilitation and Physiotherapy of persons with COVID-19 in acute care settings
3. Home Quarantine Standards, 2077

Health cluster partners are supporting the MoHP in monsoon response in addition to COVID-19 response. As the lockdown has gradually been lifted, the partners are supporting all levels of government to implement the Public Health Standards and promote social distancing, use of mask and sanitization/ hand hygiene. Many partners are also engaged in and supporting continuity of essential services.

<p>As of 22 July 2020 Total PCR sites: 28 (Star Hospital Laboratory: new addition to the list) Total PCR tests done: 327,614 (28,785 in past week) Total PCR positive: 18,094 (an increase of 917 in past week) Total active cases: 5,368 (29.7%) Total discharged: 12,684 (70.1%) Total deaths: 42 (0.2%) Total quarantine beds: 207,918 People in quarantine: 20,842 Total isolation beds: 9,272</p>

Health cluster partners have been requested to provide response support on COVID-19 and monsoon flood in close coordination with health authorities in the following key areas:

- Alert field offices for necessary support to Provincial/District health offices
- Add mosquito nets and PPEs in stock for response
- Inform/educate field offices, response teams on 'Public health standards, 2077'
- Support in disease surveillance
- Communicate health related response needs to nearest Health Emergency Operations Centres (HEOCs).

Reproductive Health

Orientation of the interim guideline on reproductive maternal neonatal child and adolescent health (RMNCAH) is ongoing in the provinces and districts. The weekly monitoring of maternal and newborn health services shows a gradual increase in the average number of deliveries at comprehensive emergency obstetric and neonatal care services (CEONC) compared to the first week of the lockdown situation. Stock-out of maternal neonatal health (MNH) and Family Planning (FP) supplies are being reported by service delivery sites. Stock out of essential MNH medicines was reported by 94% of the birthing centre/basic emergency obstetric and neonatal care services. A total of 12000 cycles of oral contraceptive pill and 5000 of DMPA has been provided to the provincial health logistic management centre in Province Five.

The RH sub- cluster is carrying out a rapid assessment to assess the current status of functionality of basic health services in terms of providing sexual and reproductive services, services to gender based violence (GBV) survivors, availability of life-saving commodities and supplies, PPE. This will provide a comparative update against the first-round rapid assessment conducted in April 2020. Additionally, the cluster is supporting the SRH helpline services and a total of 950 calls were received this week.



Protection Cluster

Psychosocial support:

Psychosocial support continues 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 **10,186 persons (3,825 males, 6,345 females and 16 other gender) [289 new cases]** with one-on-one psychosocial support, including psychological first aid and counselling services. Concerns over health and increasing feelings of fear, anxiety and stress from various causes, including exposure to violence, are the main issues.

Among the total supported, **3,028 persons** were referred to various services (329 for psychiatric consultations, 495 for health services, 523 for legal services, 716 for security services and 965 for other services).

A total of **50,951 persons (2,762 new participants)**, including humanitarian actors, community members and those in quarantine sites (23, 864 males, 26,950 females, 137 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 **2,561 GBV survivors (103 new cases) including 409 adolescent girls (30 new cases)** received multi-sectoral support through peripheral health facilities, safe houses/shelters, One Stop Crisis Management Centres (OCMCs), legal and psychosocial counsellors and police from Provinces 1, 2, 3, 5, 6 & 7.

6,325 females in quarantine centres have received dignity, kishori and hygiene kits in Provinces 1, 2, 3, 5, 6 & 7. Dignity, kishori and hygiene kits are comprised of essential items that women and girls may need in crisis. **1,010 (677 females, 333 males)** service providers and stakeholders have been trained on providing survivor sensitive GBV prevention and response services.

Furthermore, **13,332 persons (9,899 females, 3,433 males)** --out of which 1,775 were adolescent girls and 639 were adolescent boys--were sensitized/oriented on GBV prevention and response interventions in all provinces.

2,631,247 persons (1,067,904 females, 1,151,667 males) were reached through messaging on harmful practices including GBV, domestic violence care burden and early/forced marriage.

Child Protection:

A total of **5,891 unaccompanied, separated or other vulnerable children (1,155 new cases)** were supported with appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency support and relief; out of which a total of **176 children (31 new cases)** were referred to different services such as health, security, justice, etc.

A total of **398 children (8 girls)** who were deprived of liberty in eight child correction homes all over the country have been handed over to their guardians following court orders. Children released were held in pre-trial detention or serving a correction order of less than one year.

Messages on online safety reached a total of **14.2 million young people and parents (689,000 this week).**

Migrants/Points of Entry:

In total, **82 (10 new recipients)** vulnerable women were supported with the immediate cash assistance (NPR 13,500 each) to meet basic necessities and to support travel costs to home districts targeting the most vulnerable women. Prior to the cash distribution, screening interviews of the **98 women returnees** were undertaken to identify need & risk and make necessary referrals and provide protection services as required.

In total, **574 (41 new cases) vulnerable people (247 females, 327 males which includes 67 girls, 101 boys, 17 persons with disabilities and 10 elderly persons)** were supported with transportation services to reach their respective municipalities from quarantine centres, holding centres and points of entry.

Challenges

Considering the monsoon season, flooding/landslides are likely to occur which could pose a challenge in operating child-friendly and women-friendly spaces in districts identified as COVID-19 hotspots. As a result, it could be difficult for women and children to access protection services (e.g. psychosocial, child protection and GBV services).



Food Security Cluster

In response to the COVID-19 pandemic, cluster members have distributed food assistance to approximately 241,000 people in 112 palikas of 44 districts across the country in coordination with respective local governments. This includes multi-sector food and non-food assistance for returnees from India in the transit/holding centres in Sudur-Paschim and Karnali province.

For the monsoon season, cluster partners have provided food assistance for over 1,200 households (some 6,000 people) affected by the floods/landslide in Gandaki and Karnali Provinces. As per a request for assistance received from Barekot Municipality of Jajarkot District, local government teams and partners are currently verifying the situation caused by a number of landslides to determine the need for food assistance.

The take-home ration distribution is ongoing to support both nutrition and home-based education of 156,410 students at 1,434 schools and their family members (approximately 133,000 households) in 58 Palikas of seven districts in Karnali and Sudur Pachim Provinces. Both of these provinces are relatively food insecure and more vulnerable according to the MoALD and WFP published report on the Impact of COVID-19 on Households Livelihoods, Food Security and Vulnerability in Nepal. As of 20 July, about 72% of the children and families have received this food assistance.

Markets continue to be open and functional across the country. In general, the price of staple food (cereals) is reported to be stable. However, the price of vegetables in several provinces has increased by 10 – 20 %, and drastically increased in Province Two, by 100 % as the production has decreased due to continuous rainfall, which has caused shortage of vegetables in the market. The price of meat and eggs remains high due to low production and supply in the market.

Paddy plantation for the monsoon season has been progressing very well across the country. Generally, 80 - 90 % has been completed and reportedly nearly 100 % in Sudur Paschim Province. However, inadequate supply of fertilizers is reported in several provinces. As the monsoon rain has intensified in the past few days, newly planted paddies in the Terai, particularly the area nearing the Indian border, are submerged. There will be losses of planted paddy by the decaying of planted seedlings if the rain and submergence continue.

Crop damages caused by locust swarms have been reported from several palikas of Province 5 and Karnali Provinces. Nearly 588 ha of maize crop in Province 5 was damaged according to the agricultural knowledge centre.

Challenges/gaps

Some 1.9 million households (HHs) were identified by local governments as vulnerable HHs impacted by the secondary effects of COVID-19. Now, with the relaxation of the lockdown and the resumption of development work, construction, manufacturing and other service sector industries, people are gradually getting 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, hence, 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. Hence, food assistance is the pressing need during this period.



WASH Cluster

To date, 50 WASH cluster members, including their implementing partners, provided WASH support to a total of 189 Health Care Facilities (including 50 hospitals and 139 health posts, primary health care centres, urban health clinics and community health units), 343 quarantine centres, 18 isolation centres, and a number of communities covering 483 municipalities in 77 districts across all seven provinces.

WASH support at Points of Entry and Holding Centres:

The WASH Cluster reached 80,180 returnees with bottled water in 20 designated points of entry and their holding centres. Handwashing stations, toilets water stations were constructed and repaired in PoEs. Supplies incl. bars of soap, buckets, sanitizers, hygiene kits, masks and bleaching powder were also provided as part of the WASH support at the PoEs. Meanwhile, bottles of water and jars (18 ltrs) of water, buckets, masks, mobile portable plastic toilets, bars of soap, menstruation hygiene pads and handwashing stations were provided in holding centres.

WASH support to Infection Prevention and Control (IPC) in Health Care facilities, Quarantine Centres and Isolation Centres:

Cluster members continued to provide WASH supplies to health care facilities So far, 253 handwashing stations have been installed and five toilets constructed and 50 toilets in HCFs. An estimated 43,914 people have benefitted from critical WASH supplies in quarantines centres. During the reporting week, people in quarantine centres received 16,127 bars of soap, 1,042 sanitizers, 275 pairs of gloves, 27,622 masks, 404 buckets and 265 bottles of water., 295 kgs bleaching powder, 2,961 hygiene kits, and 5,177 menstrual hygiene pads. Further, 22 hand washing facilities have been installed in quarantine centres during the reporting week. 114 new toilets were constructed while 15 toilets were repaired in quarantine centres. Further, 71 water tanks of capacity 100-1,000 ltrs and 4 water filters of capacity 40 ltrs were also provided in quarantine centres.

At the isolation centres, 59 toilets were rehabilitated, 10 new toilets were constructed, and 18 contactless handwashing stations and two bathing rooms were constructed. About 1,861 people benefitted from WASH supplies and services, which includes 989 hygiene kits, 501 buckets/jerrycans, 125 masks and 265 bottles of hand sanitizer (18 during the reporting week), 1,223 bars of soap (816 bars during the reporting week), 75 handwash, 75 kgs bleaching powder and 3,500 bottles of water were provided to isolation centres.

WASH in Communities:

Cluster members provided critical hygiene supplies to 49,046 families. The supplies include buckets/water purification tablets to 14,400 families, masks to 7,131 families and hygiene kits to 6,654 families as well as 78,412 soap bars. A total of 1,052 handwashing stations have been installed at the community level.

Training and Orientation

24 people (14 male and 10 female) were oriented on disinfection and environment cleaning in Dhading district. 100 health workers (82 male and 18 female), 13 (8 male and 5 female) NGO staff, 24 academic and municipal staff (13 male and 11 female) were oriented on WASH in COVID19. Similarly, 78 service providers (13 private tank operators, 16 sanitation workers, 23 solid waste collectors, and 26 faecal sludge operators) were oriented on WASH in COVID19.

Challenges:

As most of the WASH cluster members have exhausted their supplies for the COVID-19 pandemic response, there is an ongoing pressure to provide response to the populations affected by floods and landslides. Additional funds and supplies will be required to enable the WASH Cluster to provide a response at larger scale if the situation deteriorates. Responding to two situations at the same time is going to be a new challenge.

With easing of the lockdown and more people coming out of their houses, there is an increasing need to intensify community engagement to minimize the risks of COVID-19 transmission. Deployment of community WASH mobilizers/workers has been a challenge due to fear of exposure to COVID-19 transmission.



Nutrition Cluster

Two thousand cartons of ready to use therapeutic food (RUTF), 250 cartons of F100 and 200 Cartons of F75 have been transported from central medical stores to the provincial health logistic management centres of all seven provinces.

The Ministry of Health and Population (MoHP) adapted guidelines for vitamin A supplementation in the context of COVID-19 was endorsed by the nutrition cluster and a Vitamin A supplementation campaign was successfully carried out to reach 2.7 million children (male: 1.4 m and female: 1.3 m).

A total of 422,728 (57 per cent of the total target) pregnant and lactating women received infant and young-child feeding (IYCF) counselling by telephone in the last five months. 51,545 pregnant and lactating women received IYCF counselling by telephone in the last month.

In the past week, 9,730 Golden1000Days households received relief packages through local government Multisector Nutrition Plan (MSNP) programmes, which brings the overall total to 84,478 Golden1000Days households.

In the past week, 20,830 children age 6-23 months and 11,180 pregnant and lactating women received Supercereal for the prevention of malnutrition in five districts (Jumla, Humla, Dolpa, Kalikot and Mugu) of Karnali Provinces. As of this date, 86,363 children age 6-23 months and 50,059 pregnant and lactating women received Supercereal in last five months.

Challenges

There is a current supply gap of therapeutic food for 8,000 children with SAM (8,000 cartons RUTF). Health workers are more focused on COVID-19 response than continuation of essential nutrition services.

There is an unmet need for a Blanket Supplementary Food Programme (BSF) for 115,000 children age 6-59 months and 83,000 pregnant and lactating women (pregnant women: 32,000 and lactating women: 51,000) in 23 priority Terai districts that are food insecure, flood prone and worst affected by COVID-19, requiring 867.29 MT of super cereal, valued at \$1,370,553.00.



Shelter/CCCM Cluster

Provincial level shelter cluster focal agencies have been nominated. The focal agencies will coordinate among shelter cluster members, prepares regular updates on who is doing what and analyse gaps in relation to shelter related activities. An introductory meeting with the focal agency points were held last week.

The present stocks show that the number of available tarpaulins and blankets can still support around 20,000 families but the stock of mattress is comparatively less. The Shelter Cluster has planned to conduct a cluster meeting during the next week to further explore possibilities to increase stocks of mattress by the cluster members. Further information about gaps will be assessed in the meeting and will be shared after the meeting.

The CCCM Displacement Tracking Matrix enumerators reached out to the local levels, Red Cross Society and the affected communities in the five landslide affected districts namely Myagdi, Sindhupalchowk, Gulmi, Shankhuwasabha and Jajarkot. In five districts, the data on baseline information on displaced communities has been collected from 31 wards in 11 municipalities / rural municipalities namely Silichong Rural Municipality, Barabise Municipality, Melamchi Municipality, Bhotekoshi Rural Municipality, Jugala Rural Municipality, Dhaulagiri Rural Municipality, Malika Rural Municipality, Raghugangaa Rural Municipality, Ishma Rural Municipality and Musikot Municipality, Barekot Municipality. The data is currently being analysed. A detailed site assessment will be conducted in each of the locations (identified through the baseline survey) where the displaced communities have been residing in the affected areas.

Challenges:

As the electricity and telephone services have been temporarily cut off in some of these hilly wards, it is taking a considerable amount of time in reaching out to the local levels of the affected areas.



Early Recovery Cluster

The provincial ER clusters for province 2,4, 5,6 and 7 have been activated with the lead of provincial Ministry of Industry, Tourism, Forest and Environment (MOITFE) and co-lead role of UNDP and UNICEF. As per the consolidated 4W matrix received from cluster members, ER interventions are planned across all seven provinces while coverage of these interventions are larger in the provinces 2, 5, 6 and 7. More than 120 urban and rural municipalities have been targeted for these interventions. 20 agencies are engaged in these interventions from targeted 120 local governments across the country and these interventions will cumulatively impact more than 335,000 beneficiaries (i.e. households).



Education Cluster

Education Cluster members have initiated programmes such as home and tole (settlement) teachers where teachers visit children at home or in small groups, maintaining safety measures to ensure the continuity of learning during the school closure. Social mobilizers are also working with parents to facilitate learning at home. Such home-based learning support programmes have reached a total 23,400 children (4,000 children this week) in Provinces Two, Five, Karnali and Sudurpaschim.

Education Cluster members distributed a total of 40,440 printed self-learning materials (2,831 self-learning materials this week). To facilitate the activities in self-learning materials 90 episodes of a radio programme based on self-learning materials for grade 1-3 have been produced.

The radio learning programmes are ongoing nationwide by Education Cluster members. The radio programme includes grade-wise curricular lessons and recreational activities like creative writing and speech competitions. Radio learning programmes have reached 780,000 children nationwide.

The Centre for Human Resource and Education Development (CEHRD) has produced 1,284 video lessons for grades 1-10 and 270 audio lessons for grades 9 and 10 to support learning continuity in line with alternative learning guidelines by The Ministry of Education, Science and Technology (MoEST). CEHRD has also finalized guidelines on teacher training to facilitate teaching and learning through alternative means.

Education Cluster members provided training on psychosocial support to 122 teachers in Province Two, Gandaki, Karnali, and Sudurpaschim. The trained teachers will support children and parents to manage their stress and provide psychosocial support.

Challenges:

Many of the municipalities that have been less affected by COVID-19 are requesting guidance from Provincial and Federal governments for school reopening instructions (considering the context and safety measures), however the government has not yet come up with approved guidance to initiate school opening discussion and preparation at the local level. This could potentially have a long-term impact on learning for children.

Monitoring the effectiveness of alternative learning programmes through TV, radio and internet remains a challenge.



Logistics Cluster

The cabinet meeting granted permission to let INGO's personnel enter into the country on the recommendation of the concerned Ministry, with the condition of maintaining health related protocols. The Government on Monday 20 July announced the resumption of international and domestic flights beginning August 17th. The flights have remained suspended for over four months now in the wake of the Covid-19 pandemic.

The National Logistics Cluster continues to have Cargo Space and Transport Services, free of charge, for COVID and Monsoon related activities from Kathmandu, Nepalgunj and Dhangadhi HSA's. The cluster transported three trucks, 19 MT (90 cbm) medical supplies for the CCMC to Province One (Dharan) and Sudhurpaschim Province (Dhangadi) on 18 July. The cluster transported one truck, 1.4 MT (14 cbm) relief items of Kopila Nepal from Kaski district (Pokhara) to Myagdi district (Beni) for people affected by landslides.

A shipping container was provided to MoIAL, Karnali Province on loan to stockpile supplies for COVID-19 response and monsoon preparedness. The container was transported to Surkhet, Karnali Province on 20 July 20. The Cluster transported 15 boxes of medical supplies of the Provincial Health Directorate, Karnali Province on 20 July. The boxes were consolidated in the truck of the same shipping container to MoIAL, Karnali Province. Two service requests for Mugu are still on hold due to road blockage at Jumla-Mugu road section. To-date, the cluster has transported 1,639 cbm (1,471 cbm for COVID-19 and 168 cbm for monsoon preparedness and response) of medical supplies and NFIs.



Risk Communication and Community Engagement

Reach

Partners reached more than **10 million people across the country** with expanded information in light of recent flooding to include a) snake bites b) water purification methods c) COVID-19 preventive behaviours – mask use, handwashing and maintaining distance d) dengue prevention and treatment e) menstrual hygiene e) maternal and child nutrition. Information was disseminated through airing of short public service announcements from radio and television, megaphone announcements and mobile ring tones.

Partners carried out COVID-19 information announcements and discussions with the general public through radio programmes titled "COVID-Kura", "Pawankali Sanga Corona Ka Kura", "Corona Capsule" and the television programme "Corona Care". More than **15 million people were reached** through the radio and television programmes.

During the reporting period, cluster members reached out to more than 15 million and engaged more than three million people with various messages on the prevention of COVID-19 and anti-stigma messages through their social media channels.

More than 18 million people were reached through social media channels with various information on sanitising, use of masks, physical distancing and anti-stigma.

Workstream members disseminated 10,000 print materials on mental health and anti-stigma messages to returnee migrants, holding and quarantine centres and points of entry.

Engagement

50 Media Personnel (20 female 30 male) of which **two were persons with disability** from Kailali and Doti districts were provided a one - day virtual orientation on "Crisis Communication and Gender Sensitive Reporting in the context of COVID-19". Through the orientation programme, participants enhanced the knowledge and skills on gender and disability sensitive reporting during the crisis.

174 support groups in 13 districts of 2, 5, Sudurpashim and Karnali provinces have been formed to reach out to communities with COVID-19 related information and collect household-level data. The support groups reached out to 2,100 people (1,566 male and 534 female) with COVID-19 prevention (mainly handwashing with soap and water, mask use, coughing, spitting and sneezing etiquette, maintaining 2 meters distance) and care and respect for COVID-19 patients and returnees. The support group members have been disseminating correct information to address misinformation and rumours related to COVID-19. Similarly, 487 returnees from India have been directly reached with COVID-19 preventive, gender-based violence, nutrition and handwashing messages.

16 members of Parliament and 5 parliament secretariat staff from Karnali provinces were oriented on COVID-19 myths, misinformation, rumors and the roles of parliamentarians.

Results from the first round of the Child & Family Tracker (CFT) revealed that 55% of households with children experienced earnings and livelihood losses due to lockdown. A large proportion of households have limited access to proteins and essential food supplies. Children in 21% of households are reportedly experiencing reduction in the variety of their daily meals. Households in rural municipalities have higher need for food in comparison to other locations. Considering the vulnerability of Province Two and other rural areas to flooding, the need for food and the scale of economic losses are expected to rise during the rainy season. Most households in the bottom two quantiles, including middle income families, cope with economic stress by borrowing money. This means that worse-off families, including those in the middle-income group, are more likely to fall

further down on the scale of the wealth index. Access to social security benefits also decreased as 31% of recipients reported facing difficulties in getting their cash on time.

At present, out of 95% of households where children are reportedly not going to school, 52% stopped studying and only 29% have access to distance learning. Half of 29% of households with children who have access to distance learning take advantage of it and most of them live in financially stable families. Limited access to school and increasing financial instability are most likely to put many children out of school and at risk of child labour. According to the CFT findings, children in 31% of the interviewed households helped their families earn income before lockdown. During lockdown, children in 8% of households were working at the time of the survey. Among currently working children, 76% are those who worked before and continue working during lockdown, and 24% are those who might have started to work to help their families cope with financial distress caused by lockdown.

Feedback mechanism

This week, **5,600 people** shared concerns and sought clarifications on COVID-19 and its related issues. The majority of the questions concerned COVID-19 prevention methods and available testing services and mainly came from Sudurpaschim, Bagmati and Karnali provinces. The clarifications and concerns were addressed through daily press briefings, hotline services, radio, television and social media platforms. A total of 175,900 concerns and questions have been answered through hotlines, daily press briefings, radio and television programmes.

Challenges

Non-compliance behaviour (especially of the two-meter distancing rule) by the general public including high-level authorities still has been a challenge in reinforcing “SMS” (2 meters distance, mask use and handwashing with soap and water or use of sanitiser) practices at a larger scale.

The lockdown has considerably eased, which could cause a perception among the public that there are less concerns at a time when there needs to be heightened awareness of the importance of physical distancing and other precautionary measures.

This month marks an important religious period that could lead to more unintentional risky behaviour due to the observance of religious and cultural practices.



Inter-Agency Gender in Humanitarian Action

Nepal Red Cross Society's Need and Gap Analysis from July 9-13 raised the need to give special attention to children, pregnant women and elderly in the monsoon response, as well as providing psychosocial support to affected families, cash support, dignity kits to women and care to persons with disabilities.

The study by the Feminist Dalit Organisation (FEDO) undertaken in May 2020 on the immediate impact of COVID on Dalit women (sample size: 250 Dalit women from all seven provinces) highlighted that many Dalit women are facing severe livelihood challenges as most of them are engaged in the informal sector. Domestic violence and suicides are on the rise in Dalit communities. Many Dalit women are unable to buy soap, masks and sanitizers, impacting their protection measures. In many quarantine centres they have faced discrimination. With the ongoing floods and landslides relief packages are not reaching to them due to geographic remoteness in areas like Jajarjot. Among the Dalit community, Madhesi Dalits, Badi and Gandharba are further marginalized and require targeted support.

A baseline survey undertaken by Women for Human Rights (WHR) and Sankalpa on June 15 (sample size: 100 women from female headed household, conflict affected women, Muslim women, Dalit women, women with disabilities and women with HIV/AIDS from seven provinces) shows that the majority of the respondents have faced acute food scarcity followed by lack of access to health services and medical facilities during the lockdown. 91% reported that relief packages did not include items such as sanitary pads, hygienic kit, baby food or nutritious food for lactating mothers. 20% of the respondents reported that they have witnessed violence during this pandemic in the form of verbal abuse and domestic violence. 85% were not aware of the hotline services established by the National Women Commission or civil society organisations.

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