



Nepal COVID-19: Cluster Update #26



12 November 2020

COVID-19 situation

| Deaths | Positive Cases | Recovered Cases | Tested for COVID-19 | Persons in isolation | Persons in quarantine |
|--------|----------------|-----------------|---------------------|----------------------|-----------------------|
| 1,174 | 38,912 | 162,243 | 1,574,2295 | 38,912 | 1,109 |

Source: <https://covid19.mohp.gov.np/#/> (as of 11 November 2020)

Overview

Movement of people across the Nepal-India border has continued, with at least 6,000 people returning from India and 15,609 leaving for India during the Dashain holidays. Local governments believe the numbers will continue to rise as people return to India to re-join jobs due to limited employment and livelihood options in Nepal. Border crossing has been significantly eased.

Most quarantine sites have now been closed, given the declining number of people returning to Nepal and the preference for home quarantine. On 4 November, the Karnali provincial COVID-19 Crisis Management Centre (PCCMC) decided to close all quarantine sites in the province and focus on enhancing the capacity of isolation centres.

In view of the approaching Tihar festival, local authorities are taking measures to control cultural gatherings. For example, Nuwakot District Administration Office issued a public notice¹ enforcing prohibitory orders from 11 November until further notice, restricting cultural gatherings and programmes. However, markets and transportation will be allowed to operate with health and safety protocols. The federal government has given district authorities responsibility to monitor COVID-19 safety protocols.

The COVID-19 Crisis Management Centre (CCMC) has reportedly made a recommendation to the government to halt rescue flights bringing stranded Nepalese abroad home. It is stated that the work has been completed and future rescue work could be completed through regular flights. At least 136,216 Nepali nationals stranded in foreign countries have been brought to Nepal through rescue flights to date.

On 10 November the Council of Ministers decided to provide cost-free RT-PCR (reverse transcription polymerase chain reaction) testing and COVID-19 treatment to all citizens at government hospitals. On 5 November, the Supreme Court quashed the government’s review petition against the 1 October

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[https://daonuwakot.moha.gov.np/public/upload/ef505dd19c1bea460f21e7826a49439a/files/CMC_2077_07_23.Formated_Draft.SPG_\(4\).pdf](https://daonuwakot.moha.gov.np/public/upload/ef505dd19c1bea460f21e7826a49439a/files/CMC_2077_07_23.Formated_Draft.SPG_(4).pdf)

ruling on free RT-PCR tests and treatment. The government faced widespread public criticism for failing to honour the public demands and the court order. MoHP is now expected to roll out a detailed plan for free testing and treatment.

The cabinet also announced a three-member committee comprised of the secretaries of foreign, finance and health ministries to make plans for importing the COVID-19 vaccines that are now under development in different countries. The panel will study developments related to vaccines and identity processes to supply them to Nepal.

As winter sets in provincial authorities are gearing up COVID-19 preparedness. For example, Lumbini and Gandaki provinces are planning to expand intensive care units (ICUs) in local hospitals, adding more ventilators and installing high dependency units in different locations. Likewise, authorities and the general population are concerned about air pollution which usually increases during winter, as will the risk of co-infection of influenza and COVID-19.



As of this week, 197,024 cases have tested positive for COVID-19 by RT-PCR, 1,126 deaths have been reported. All 77 districts are affected by COVID-19. The testing capacity has increased to 73 sites, 30 of which are private laboratories.

MoHP's recent response decisions:

- CCMC to strictly monitor and ensure:
 - proper application of public health measures
 - proper home isolation
- Three high-level committee have been formed to monitor and intensify the COVID-19 response:
 - Surveillance, Case Investigation and Contact Tracing
 - Case Management
 - Logistic Management, Information and Communication

As of 9 November 2020

Total PCR sites: **73** (reporting sites) (*3 new addition this week*)
Total PCR tests done: **1,551,254**
(average of 11,634 per day in past week)
Total PCR positive cases: **197,024**
Total active cases: **36,174** (18.4%)
Total discharged: **159,724** (81%)
Total deaths: **1126** (0.6%)
Total isolation beds: **18,892**
Total quarantine beds: **77,485**
Total people in quarantine: **967**

MoHP conducted a coordination meeting with the Ministry of Home Affairs – National Emergency Operation Centre (NEOC), National Disaster Risk Reduction and Management Authority (NDRRMA); Ministry of Women Children and Senior Citizen (MoWCSC); Social Welfare Council (SWC); Ministry of Federal Affairs and General Administration (MoFAGA) in order to strengthen coordination between line ministries on the COVID-19 response. The meeting agreed to mobilize I/NGOs (health/non-health) for COVID-19 response at each local level. MoHP also conducted a coordination meeting with representatives from AIN, AIN Health Working Group and NGO Federation to share the expected list of activities to be implemented at local levels in close coordination with local/district health authorities. The Health Emergency Operation Centre (HEOC) assured them of necessary support and facilitation with line ministries if any issues arise.

Health Cluster has provided technical assistance for validation, report preparation and dissemination of results of a newly established designated COVID-19 laboratory. It has also supported a proficiency testing (PT) panels retesting strategy. A set of samples will be shared by the National Public Health Laboratory (NPHL) with designated COVID-19 testing laboratories. The samples will undergo retesting at designated labs and results will be shared with NPHL, which will later be verified. This

will be done every three months and will substitute the National Quality Assurance Program (NQAS). Technical support is also being provided to NPHL in drafting antigen kit validation protocol.

Technical support to the Curative Services Department (CSD) was provided for the introduction to a new “Hospital profile software system” through virtual meeting on 22 October. The meeting was attended by medical personnel, medical directors and lab personnel as well as medical focal persons from various provinces and MoHP, with a total of 20 participants. As per government request, WHO provided technical inputs to Epidemiology and Disease Control Division (EDCD) to conduct the rapid infection prevention and control (IPC) assessments of Epidemiology and Disease Control Division (EDCD). National Health Training Centre (NHTC) supported a three-day training program on “IPC and Critical Care Training” to 30 participants from Hetauda Hospital and Bharatpur Hospital. COVID-19 commodities worth \$400,000 were recently handed over to MoHP to support ongoing response.

Health sector partners have been continuously supporting case investigation and contact tracing (CICT) as well as support for home isolation activities. During the reporting period they handed over 372 sets of health kits to Banke (264 sets) and Bardiya (108 sets) health offices, 1,000 kits to Lalitpur Health Office and 50 health kits to EDCD to support home isolation. In addition, CICT training is ongoing and has been completed in 80% municipalities of Karnali Province. To support case management, health sector partners handed over 131 oxygen concentrators; 50 pulse oximeters; 515,000 face-shield; 28 ventilators; 10,000 antigen test kits; 9,457 PPE sets; 45 ELISA kits; 15,000 protective goggles; 700,000 medical masks; 15,000 KN95 masks; 62 venturi masks; 50,000 examination gloves; 15,000 isolation gowns; and 62 nasal oxygen cannulas to MoHP.

Partners have been monitoring the continuity of essential health services (EHS) since the outset of the pandemic. It was reported that basic and essential services, including routine immunization and maternal new-born health services, are functioning at most static and outreach sites. During the reporting period eight new health facilities in Lumbini province were assessed, finding 985 beneficiaries utilized maternal and child health services. To date, a total of 403 health facilities across all provinces (183 in Province Two; 14 in Bagmati; 36 in Gandaki; 88 in Lumbini; and 82 across Karnali and Sudurpaschim) were assessed for their EHS functionality. A total of 153,677 women and children utilized EHS, including 24,610 women who were reached with antenatal care (ANC) services; 14,095 women who delivered in health facilities; and 114,972 children who were immunized (49% boys and 51% girls).

Mental health and psychosocial support

Partners are supporting mental health (MH) sub-cluster for the organization of online mental health and wellbeing sessions targeting children, adolescents and parents/caregivers. To date, trained mental health workers have conducted 1,172 sessions, reaching a total of 24,433 people (7215 girls, 6,797 boys and 10421 parents/caregivers). Furthermore, in partnership with the National Health Training Centre (NHTC), an online training manual on mental health has been developed and rolled out through NGOs. The purpose of this training is to help cope with the stress of the COVID-19 pandemic. So far, a total of 63 health workers working in isolation centres and COVID-19 designated hospitals have benefitted from counselling services. In additions, MH sub cluster conducted a session with radio journalists on mental health and suicide reporting:

Protection cluster members have reached a total of 16,259 persons (6,131males, 10,076 females and 52 other gender) including 503 cases over the reporting period 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 emergency and uncertainty, including loss of jobs. A total of 4,731 persons were provided referrals to: 907 health services, 766 legal services, 476 psychiatric consultations, 1,357 security services, 1,225 other services. In addition, 4,675 follow-ups for

additional support were conducted. Trained mental health workers conducted 1,172 sessions on adolescent mental health, reaching a total of 24,433 people (7,215 girls, 6,797 boys and 10,421 parents/caregivers).

Awareness-raising and communication on mental health:

Through the deployment of community-based psychosocial workers (CPSWs), protection cluster members have reached a total of 45,319 persons (17,983 male, 27,330 females and 6 other gender), including 668 over the reporting period, through awareness raising interventions on psychosocial well-being in all seven provinces. Of the total, 23% are children below 18 years. A total of 28,104 persons (15,392 males, 12,486 females and 226 other gender), including 570 during 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 the care givers:

In partnership with the National Health Training Centre, an online training manual on mental health has been developed and rolled out through CSO partners. The purpose of this training is to help frontline health workers cope with COVID-19-related stress. A total of 63 (13 over the reporting period) health workers working in isolation centres and COVID-19 designated hospitals have benefitted from counselling services.



Protection Cluster

Child protection

A total of 11,564 unaccompanied, separated or other vulnerable children (6,064 boys and 5,500 girls), including 36 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 664 children (including 3 new cases) were referred to different services such as health, security, justice, etc.

Gender-based violence (GBV)

10,410 women, including 24 new recipients in quarantine centres and isolation, have received 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, 53,694 persons (27,532 females and 26,162 males), including 505 new recipients (429 females, 76 males), were sensitized on GBV prevention and response interventions across all provinces. Among the total, 172 persons with disabilities and 548 elderly persons have been sensitized.

Migrants/points of entry

Online capacity building training on prevention and protection from COVID-19 was provided to 17 frontline workers (1 female and 16 males), volunteers, coordinators, shelter staff members of an NGO supporting Nepali vulnerable migrant workers in Gulf Cooperation Council Countries and Malaysia upon arrival in shelters in Nepal. Eighty sets of NFI kits (mosquito nets, masks, sanitizers) were provided to a local NGO shelter home in Kathmandu that is providing shelter to vulnerable male migrant returnees from the labour destination countries.

Persons of concern- refugees

A total of 837 calls from persons of concern were received through 24/7 hotline services and protection needs were addressed accordingly. Furthermore, a total of 6,354 protection services (psychosocial support, GBV) were provided to persons of concern.

Persons deprived of liberty

The Protection Cluster coordinated a meeting with different institutional actors involved in addressing the needs of persons deprived of liberty. Main gaps identified in terms of COVID-19 prevention and response included: more inmates than the capacity of the prisons and correction homes, no isolation rooms to keep the infected inmates, increase in the number of inmates due to increase in criminal activities/increase in reporting, no dedicated hospitals for the inmates, very limited protective gear (masks, sanitizers, thermo guns, etc), difficulties in receiving ambulances to transport inmates to hospital for other serious illness and regular check-ups.

Challenges

Due to the absence of many humanitarian workers during the festive period, no new GBV cases were reported. The closure of government services over the festive season has further limited help-seeking behaviours. Reports of GBV against youth and children continue to rise with some safe shelters reporting as many as 77% of survivors being children. While interventions addressing GBV are continuing and are critical to addressing immediate consequences, there is an increasing need to strengthen family-based prevention interventions as well as address the specific needs of children survivors including care arrangements.



Food Security Cluster

In response to the pandemic, Cluster members have distributed food assistance, in coordination with respective local governments, to approximately 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 been completed. The ration consists of fortified rice, lentils, oil and salt and supports both nutrition and home-based education of 155,319 students (53% girls; 47% boys) and their family members from 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.

The results of the sixth mVAM Market Update, conducted through phone-based assessment of markets and prices of essential commodities across 67 districts in late September, were shared the end of October. Key findings of the Nepal COVID 19 – mVAM Market Update #6 include: the retail prices of food staples continue to show relatively high fluctuation; a sharp rise has been recorded for prices of vegetables and cereals; a decline in price for chicken meat and some fruits. With the easing of COVID-19 restrictions market functionality has continued to improve. Adequate availability of food in markets, sufficient supply and transportation were observed. Demand for food and non-food commodities improved in September compared to August; however, remained moderate and did not reach pre-COVID-19 levels. While overall market functionality continues to improve, the prolonged COVID-19 related restrictions, combined with the agricultural lean season and frequent supply disruptions, have likely contributed to the observed price fluctuation. This can affect the ability of vulnerable households to access essential food and non-food commodities, and in turn have negative impact on their food security status.

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

Challenges

The food security situation in August improved slightly compared to April; however, food insecurity remains higher than 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% reported that the food they had in stock was insufficient to meet their needs. The COVID-19 crisis has continued to negatively impact the livelihoods of Nepalese households, with 11% 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%). 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. Similarly, 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.



A month-long National Hand Hygiene for All (HH4A) campaign concluded on 30 October with several national and local level events and community engagement activities to reinforce hand hygiene as the most important behaviour for protection from COVID-19 and many other diseases. Cluster members at different levels, multi sector stakeholders and private sector supported and participated in these events. To date, 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 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) and approximately 37,781 returnees in holding centres (details of supplies provided at PoEs and holding centre is provided in the table below:

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 | 84 |
| Masks | 22,528 | 11,030 |
| Bleaching powder | 100 Kg | |
| Bottled water | 177,050 | 37,781 |
| Installation of hand washing stations | 27 | 6 |
| Toilet construction | 1 | 7 |
| Toilet repair | 4 (2) | |
| Menstrual pads | | 200 |

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 97,994 people in quarantine centres and 3,717 people in isolation centres. In addition, 113 water tanks of 100-1,000 litres capacity and 73 water filters were provided to quarantine centres as per below table (numbers in parenthesis refers to the number of supplies provided in the last two weeks).

| WASH Supplies | Health care facilities | Quarantine centres | Isolation centres |
|---------------------------------------|------------------------|--------------------|-------------------|
| Bars of soap | 41,847 (848) | 96,579 | 3,472 |
| Hand sanitizer | 18,398 (1,088) | 33,064 (24) | 651 |
| Hygiene kits | 7,705 (36) | 7,752 | 1,215 |
| Buckets/mugs | 2,433 (63) | 9,566 (64) | 585 |
| Water purification tabs | 790,640 | 32,462 | 20,150 |
| Gloves | 77,537 (95) | 12,911 | 418 |
| Masks | 146,970 (33,680) | 82,110 | 2,626 |
| Bleaching powder | 1,680 kgs (750) | 445 kgs | 175 kgs (96) |
| Chlorine | 205 Ltrs (5) | 5,190 Ltrs | 25 Ltrs |
| Installation of hand washing stations | 390 (16) | 466 | 23 |
| Toilet construction | 18 (3) | 162 | 19 |
| Toilet repair | 43 (2) | 21 | 30 |
| Handwashing basin repair | 42 (8) | | 2 |
| Toilet cleaning liquid (bottle) | 208 | 31 | 2,165 |
| Menstrual pads | 5,415 | 14,552 | 700 |
| Waste Collection Bins | 5,738 (173) | 435 | 303 |

WASH in communities

A total of 191,250 people benefited from the installation of 1,275 handwashing stations at the community level. Cluster members provided critical hygiene supplies to 51,730 families, which included buckets and water purification tablets to 20,566 families, masks to 7,561 families and hygiene kits to 17,942 families, as well as 83,482 soap bars. Over five million people have been reached through various risk communications program related to hygienic behaviour through various media, including television, radio, miking, etc.

Training, orientation and knowledge management

Over 1,500 frontline workers, WASH stakeholders and partners at various levels were trained/oriented on subjects related to WASH and infection and control in relation to COVID-19. The table below reflects details of trainings/orientation conducted.

| 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 |

| Training/orientation/webinar | Beneficiaries | | |
|--|---------------|------------|--------------|
| | Female | Male | Total |
| Service Provider (tank operator, sanitation worker, solid waste collector, faecal sludge operator) | | | 238 |
| 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 | 37 | 152 | 189 |
| Total | 306 | 500 | 1,548 |

Challenges

During the Dashain festival there was a significant reduction in the number of PCR tests conducted. Simultaneously, there was significant movement of people for festival celebrations without following proper hygiene etiquette. This will contribute to a rise in COVID-19 cases over the coming weeks, despite a major push for the public to follow hygiene protocols. This will, in turn, create additional challenges in health care facilities, isolations centres and for home isolation monitoring. A challenge remains in covering the maximum number of schools for disinfection, especially those used as quarantine/isolation centres. While in some provinces/districts, some schools have been reopened, monitoring of disinfection protocols is a concern. Further, many schools also require renovations of WASH facilities that were damaged while schools were being used as quarantine/isolation centres. With the possibility of schools reopening after Tihar, quarantine and isolation centres that were established in schools must be closed. There is a need for dedicated quarantine and isolation centres in communities for at least for six months, ensuring WASH facilities with infection prevention and control remain critical. Healthcare and IPC supply wastes (e.g., used PPEs, gloves and masks) continue to pose a critical environmental issue which may contribute to transmission of the virus, as well as to environment pollution. This could be the case with waste coming from home isolation.



5,475 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). 435 cases were admitted to outpatient treatment programmes in the past two weeks. A total of 892,789 pregnant and lactating women received telephone counselling (56,130 in the past two weeks). A total of 174,077 children aged 6-23 months received supercereal in the most food insecure areas of Karnali Province, Province Two and Province One (5,424 in the past two week). Similarly, 272,448 pregnant and lactating women in five districts of Karnali Province and four districts of Province Two received supercereal (8,325 received in past two weeks). 203 FM radio stations are broadcasting nutrition and COVID-19 messages reaching more than 2,478,646 households. In the past two weeks 11,226 HHs were reached with nutrition messages. In addition, nutrition cluster partners supported the development of nutrition behaviour change communication materials (22,981 fliers and 103 flex) with messages on maternal nutrition and treatment of acute malnutrition in all districts of Sudurpaschim Province.

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 protection measures, is safe for mothers and their infants regardless of their COVID-19 status. 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) requires supercereal for the prevention of acute malnutrition. A resource gap of approximately US\$ 1.3 million exists for supplementary feeding for the prevention of acute malnutrition of 6-59 months children and pregnant and lactating women. 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.

Shelter/CCCM Cluster

Two multipurpose community centres have been handed over to the local governments of Shankharapur Municipality and Chautara Sangachowk Gadi Municipality. So far, five such hazard resistant community centres have been handed over to the local levels in Bagmati Province. Some municipalities are using these structures as either municipal emergency operation centres or as coordination hubs to respond to the COVID-19 pandemic. The CCCM cluster has been supporting local governments with the identification and mapping of open spaces with an aim to strengthen emergency preparedness and response. The Mobile application 'Open Spaces' has now been launched in the Google play store for android users and the iOS version is available on Appstore. This application has been developed with the purpose of providing guidance to the public in the event of a disaster. 'Open Spaces Nepal' includes features such as displaying the location and capacity of identified open spaces, facilities in the vicinity of the open space that are important for humanitarian response such as hospitals and police stations, as well as a reporting function where users can send updates about the state of the open spaces in the event of encroachment. Moreover, the user can select open spaces from the map and be provided route descriptions. Open Space Nepal is designed to be user friendly, provide information in both English and Nepali, and enable the download of information for offline usage to ensure maximum usability. The Cluster will be sharing details of the app with a wider audience soon. As a part of the 'COVID-19 preparedness and response in Nepal' project, CCCM cluster distributed 6500 NFIs (masks, sanitizers and mosquito nets). These items were distributed in 23 quarantine sites, three holding centres, 18 isolation centres and five shelter homes across 19 local levels in Province One and Bagmati Province. Beneficiaries were 6,500 individuals, 73% male and 26% female, and 55% returnee migrants.

Challenges:

There is a lack of adequate temporary infrastructure at PoEs for detection, notification, isolation, management and referral of ill travellers. There is a need for installation of temporary infrastructure to support health desks at the designated PoEs to ensure safe and effective screening of returnees, triage and referral of cases and support data collection. Upgrading of displacement sites in the landslide affected districts of Shankhuwasabha, Myagdi, Jajarkot and Sindhupalchowk, including decongestion of shelters and ensuring provision of quarantine and isolation facilities in the sites or in the local levels is needed. The cluster is also preparing to roll out the return intension survey to understand different barriers hindering the return of displaced populations to their place of origin.

Early Recovery Cluster

Early Recovery Cluster (ERC), continues to coordinate short-term assistance to restore livelihoods and promote emergency employment opportunities, directly benefiting the segments of the population worst impacted by COVID-19. To date, 87 early recovery interventions have been planned and/or are being implemented by 20 member agencies across the country. Among these, 22 interventions have been completed, while 44 are ongoing. ER interventions to date have directly

benefited over 88,350 households (441,750 people). ER initiatives may reach a total of 276,000 beneficiary households across the country (1.38 million people) with short-term livelihood and employment opportunities.

Ongoing and planned ER activities cover 206 palikas across the country. Implemented activities and beneficiaries cover 206 local governments from 56 districts across all seven provinces. ER activities being conducted are geared towards livelihood recovery and include initiatives such as on-farm and off-farm activities, skills & entrepreneurship development, 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

Given the huge impact of COVID-19 on livelihood and employment, as highlighted in many impact assessments conducted by various government agencies and partners, financial resource availability remains limited.



Education Cluster

Centre for Education and Human Resource Development (CEHRD) has drafted a guideline on home schooling to facilitate home-based learning through the participation of parents and family members. The guideline is in line with the School Education Emergency Action Plan and the Student Learning Facilitation Guideline. According to a survey conducted by an education cluster member in 13 districts of Bagmati, Gandaki, Karnali and Sudurpaschim provinces, 59% of children are aware of alternative learning classes/opportunities, while only 35% are attending such alternative learning. Not having information about alternative learning is reported to be one of the major reasons (41%) for not attending alternative learning. Among those who are attending alternative learning, 65% reported it to be helpful. Education Cluster members have reached a total of 188,800 children through distribution of printed self-learning materials (124,800 by cluster members and 64,000 by government) in 143 municipalities and 30 districts across all provinces. Education Cluster members have repaired/installed WASH facilities in 108 schools in Lumbini, Bagmati, Karnali and Sudurpaschim provinces and have disinfected 264 schools used as quarantine centre in Province Two, Lumbini, Gandaki, Karnali and Sudurpaschim.

Challenges

Due to the rapid increase in the number COVID-19 cases, advocacy for physical reopening of schools is challenging. More impetus is given to alternative learning by the government. Following the Student Learning Facilitation Guideline, schools have adopted online learning, but connectivity issues and irregular electricity supply has made online learning challenging for teachers and students. Also, how to gauge its effectiveness is not clear.



Logistics Cluster

A logistics cluster gap and need analysis is being conducted to determine the current logistics gaps and need for logistics common services. The results will be shared along with the results of a user satisfaction survey. The next national Logistics Cluster meeting is scheduled for 6 November.

On 30 October two trucks carrying 5.5 mt (25 cbm) and 3.5 mt (16 cbm) medical items were dispatched from Kathmandu to Province One (Jhapa), Province Two (Saptari and Dhanusa), Bagmati Province (Chitwan), Lumbini Province (Rupandehi and Banke) and Sudurpaschim

Province (Kanchanpur). To date, the Logistic Cluster has transported approximately 946.7 mt (4,665.7 cbm) NFIs and medical supplies for COVID-19 and monsoon responses, and approximately 183.1 mt (1,032.8 cbm) medical items and NFIs for COVID-19 and monsoon response have been stored at the Humanitarian Staging Areas in Kathmandu, Nepalgunj and Dhangadi.



Risk Communication and Community Engagement

Reach

Radio programmes titled "Corona Capsule", "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 the importance of adhering to public health and safety measures during travel, at offices and marketplaces, festival celebration guidance and gender-based violence. During the reporting period more than 16 million people were reached through various social media channels with different messages on COVID-19, including prevention of COVID-19, isolation, service delivery and mental health. More than 15 million people were reached with messages on mask use, sanitizing and distancing through one-minute radio and television public service announcements, social media, online and print media.

Community engagement

More than 20,000 people (70% male, 30% female) were involved in COVID-19 community engagement actions relating to prevention, control and social messaging through community-based platforms, reaching a total of 726,000 people across the country. Proper use of masks and maintenance of two-meters distance, avoiding crowded areas, safe festival celebration and travel messages were disseminated through door-to-door visits and megaphone announcements. 732 community support groups from 53 urban and rural municipalities addressed COVID-19 related concerns, confusions, issues and questions of 40,069 people (41% female) through door-to-door visits and community discussions.

Feedback mechanisms

A total of 245,696 questions and concerns were answered through hotlines, radio and television programmes (this week: 11,748 through hotline services 1115 and 1133). The majority of the 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 areas. Concerns were also responded to through radio and television programmes.

Challenges

With the increasing number of cases in major cities, strict reinforcement of the two-meters distancing and sanitizing in public places and transportation, accompanied by legal actions, are critical to deter the spread of infection, especially in high density areas like Kathmandu Valley. The majority of people in high mountains and hills are not practicing safety measures. There is a continuing need to reinforce public message on the importance of asymptomatic and suspected cases remaining in isolation and quarantine.



Inter-Agency Gender in Humanitarian Action

National Muslim Women Welfare Society (NMWWS) report that Muslim women continue to face domestic violence. The current economic crisis adds to the violence, and victims/survivors have limited knowledge of the available psychosocial support services. Muslim communities continue to experience stigmatization. The suspicion that Muslims transmit COVID-19 remains prevalent, particularly in rural areas.

Slum dwellers working in Bhaktapur, Chahabel and Tripureshowr have shared that, as they are engaged in low-paid work such as waste management, as cleaners and street sweepers, they are now barely able to secure sufficient income for a livelihood. Child labour in factories, construction sites and other sectors is increasing as families are attempting to meet required household income.

Disability groups report that persons with disabilities (PWD) are struggling to access health services and information. PWD in Nuwakot, Rammechhap, Kavre and Sindhupalchowk report that there has been limited availability of hygiene equipment, catheters, diapers, sanitary pads and medicines. Disability groups also report that there has been an increase in rape and domestic violence against women with disabilities.

In Itahari, Birganj, Saptari and the Kathmandu Valley, LGBTIQ members are reporting that the loss of livelihood among LGBTIQ members working in the entertainment sector remains a challenge. Transgender persons report that they are still not able to access relief as their appearance is different from what is stated on their citizenship cards. Further, LGBTIQ members continue to raise that they have not been able to secure citizenship certificates.

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

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