



The UN stands ready to help Nepal address Covid crisis and resulting challenges

This crisis gives all countries an opportunity to steer their economy and development to a trajectory that is sustainable, gender-equal and carbon-neutral.

The Covid-19 pandemic has left an unprecedented socioeconomic impact globally and Nepal is no exception. Though the country witnessed a slow spread in the initial days, the contagion is increasing exponentially recently. On the other hand, the lockdown imposed to contain the spread of the coronavirus has shattered the economy, left many jobless, halted educational activities, and pushed poor communities deeper into poverty. In this backdrop, The Kathmandu Post had an email interview with Valerie Julliard, the United Nations resident coordinator in Nepal, to learn about how the UN has assessed the Nepal government’s response to the pandemic and the steps it has taken towards assisting Nepal in the fight.

June 12, 2020—

The number of Covid-19 patients is increasing exponentially, around four months after the first case was reported in January. Have you assessed what could be the future scenario? Do you believe in the speculations that Nepal has yet to see its worst days?

We are facing an unprecedented global crisis. Though global in nature, the effects of Covid-19 vary from country to country and subsequently so do the approaches to preparedness and response. Each country has its own unique

circumstances and capacities and thus, an approach suitable to one country may not be applicable to another. In Nepal, the government has taken proactive and early measures to stem the spread of Covid -19.

Across the world, health systems have been placed under enormous pressure and this is no different for Nepal. The government has taken measured steps to strengthen its health care system to cope with the pandemic, including an extraordinary effort to increase laboratory capacities across the country.



From RC’s Desk

Dear Colleagues, I hope you and your family are in good health and doing well.

The unprecedented global crisis that the COVID-19 pandemic has generated has left no country or community untouched, impacting each of us in different, yet unequal ways. In Nepal, the measures put in place to stop the spread of the virus have had significant social and economic impacts, disproportionately affecting those most vulnerable and marginalised.

Though the pandemic brings additional challenges to realizing Agenda 2030 and SDGs, it also offers an opportunity for all of us to act in solidarity, turning the crisis into an impetus to achieve the SDGs. This solidarity is evident in the UN Country Team, where all agencies have come together to address the multi-dimensional nature of the crisis.

The Secretary General has called for a

The impact of the pandemic is felt by everyone, but not equally. Those already vulnerable and marginalised are hit hardest. The impacts of the global crisis and the measures to curb the outbreak are already having very real effects on the lives of people in Nepal. Livelihoods have been lost; remittances cut. There is a risk that progress made by the government and people of Nepal towards gender equality, social inclusion, poverty reduction and conserving the environment may be lost. For the UN, it is our responsibility to support the government in protecting these achievements, reaching the most vulnerable and ensuring that commitments to Agenda 2030 and the Sustainable Development Goals are realised.

How satisfying is the present response from the Nepal government and its preparedness to respond to the pandemic?

This is a crisis that cannot be responded to by a single entity or government alone. Because it impacts everyone, everywhere, the pandemic also requires a global response, one which is composed of both global actions and individual country responses. At the national level, what is needed is decisive action from the federal, provincial and local governments, civil society, the private sector and the international community alike. This is a time for national and global solidarity.

Despite Nepal being a least developed country, having only recently recovered from a devastating earthquake, and being regularly impacted by floods, the country has been able to strengthen the health system and mitigate some of the short-term socio-economic impacts of the pandemic. Nepal now has 21 fully equipped laboratories that can carry out PCR testing, a designated Covid-

19 hospital in each province, nearly 150,000 quarantine beds and relief packages have been distributed to 1.3 million households out of the 1.7 million estimated to be in need. These are significant achievements. However, a great deal more remains to be done and the UN stands ready to support in these efforts.

The decision of the government to place the country in lockdown and to close the borders responds to the logic of slowing the spread of the virus and “flattening the curve”. This is an effort to avoid over-burdening the health care system. This can potentially save more lives, even if a similar number of people get infected in the long run.

Of course, the very measures put in place to stop the spread of the virus have significant social and economic impacts. People cannot go to work and as most workers are in the informal sector and many wage workers, without daily income, they are unable to sustain themselves or their families. Businesses are collapsing. Saving the lives of people, at the same time as working to protect the economy is a courageous decision, but requires an adequate and swift socio-economic response, alongside a scaled up emergency response, that is health-focused. The UN is here to help the government in this effort too.

How is the UN working together with the Nepal government in combating the pandemic? How is it assisting the government agencies to prepare for the difficult time?

The UN stands ready to help Nepal address the possible crisis and challenges posed by the Covid-19 pandemic. This means that the UN and all its staff remain in the country to work on the preparedness and response efforts. We are using all

revision of our development model, to foster a sustainable, gender-equal and carbon-neutral development, benefitting all. What is essential is that we support Nepal in building a society and a future that is fairer, more just and inclusive of all those who have always been the most marginalized and supports the potential of everyone to thrive.

Since early 2020, the UNCT has been working with the Government in preparing and responding to the pandemic. Simultaneously, our priority has been to ensure the safety and wellbeing of all personnel. We have initiated regular townhall meetings, re-activated the domestic violence focal point system and peer support groups, as well as initiated staff surveys. As the RC, it is important to me that UN Personnel know that their safety and wellbeing is a key priority for the entire UNCT.

Though these months have been challenging, the UN has proven its ability to provide a timely and effective response during crisis. The humanitarian cluster system has been activated and the UN is providing support across the country in preparing and responding to the pandemic. Simultaneously, as we have entered monsoon season, our priority has also been to make sure that we are prepared for potential concurrent disasters.

This year, we mark the 75th Anniversary of the UN. Throughout its history, the UN has amplified the voices of those most vulnerable and marginalized, supporting in the building of more inclusive and equal societies. This work remains more relevant than ever. We must ensure that we imagine and realise a post-COVID world that leaves no one behind.



The United Nations Resident Coordinator Valerie Julliard visiting a quarantine center for women returnee migrants managed by Women for Human Rights, single women group. The quarantine center is managed by female staff, Nepal Army and Nepal Police.

Photo: Ashma Shrestha/ UNWomen

available instruments, emergency financing, delivery of assistance including relief items, policy advice, and technical assistance to respond to the needs of the government and people of Nepal. Across all the UN agencies in Nepal, we are working to ensure that the response and recovery efforts are effective and well-coordinated, and most importantly inclusive of those most vulnerable and marginalised.

Our immediate and medium-term responses have focussed on Health System Support, and effort led by WHO Nepal, while also supporting a wider humanitarian response. A central role that the UN plays is in coordinating the humanitarian

response efforts across UN Agencies, (I)NGOs, and development partners together with relevant line ministries.

There is widespread criticism that the government failed to conduct timely tests and questions have been raised over the quality of the test-kits, as well. What is the UN's assessment on this?

Testing allows the identification and isolation of those people who test positive. It is important that there is sufficient laboratory capacity to test all the samples that are taken. Over the last months, the government has scaled up this capacity from one to 21 laboratories that are able to perform the PCR test. This may need to be

further expanded if the number of people requiring testing were to increase significantly. Testing capacity needs to match testing needs, which change over time.

The uncertainty followed by the weeks of lockdown is leading to a socio-economic downfall. What could be the recovery plan for Nepal? What could be the UN support for revival?

People have lost their livelihoods and sources of income. The economy as well as communities and families dependent on remittances from millions of Nepalis abroad are severely impacted and face an uncertain future. As has been the case globally, we also see an increase in gender-

based violence (GBV) and a disruption in access to essential services, particularly affecting women. We can see that the crisis has hit those most vulnerable the hardest and made a segment of the population newly vulnerable.

The government has taken measures to mitigate the immediate socio-economic impacts and we can see also from the budget for the next fiscal year that the government has made a real commitment to addressing the needs of those most severely impacted by the crisis. As the UN it is our responsibility to provide our support to the government in addressing these socio-economic issues in rights-based, inclusive and gender-responsive ways.

We are currently formulating the “UN Framework for the immediate socio-economic response to Covid-19”, together with the government and other partners. Globally, the UN has identified five pillars for the response: i) protecting health services and ensuring continued delivery of essential services; ii) strengthening and expanding social protection systems; iii) protecting jobs, supporting small and medium-sized enterprises, and informal sector workers through economic response and recovery programmes; iv) introducing a macro-economic response which works for the most vulnerable and strengthens multilateral responses and; v) promoting social cohesion and strengthening community resilience.

This crisis gives all countries an opportunity to steer their economy and development to a trajectory that is sustainable, gender-equal and carbon-neutral. What we should aim for is that we build back new and better. As the UN, we support the government in identifying ways to achieve this, offering our expertise and

backing in ensuring that we jointly move towards achieving the Sustainable Development Goals. Though there may be additional challenges, this should only motivate us to work harder to achieve the SDGs.

The government last week unveiled its policies and programmes for the new fiscal year. Is it right tracked to address the impact of the pandemic?

It is fundamental that policies, programmes, and budget allocations serve the most vulnerable people such as women, farmers, returnee migrant workers, and daily wage labourers. I can see that the government has made great efforts to put people at the center of response and recovery. In its upcoming budget, the government has rightly emphasised social protection, expansion of health insurance schemes, creating employment opportunities, servicing finances at subsidised interest rates, and providing tax exemptions or subsidies to micro, small, and medium enterprises (MSMEs), farmers, as well as to tourism enterprises.

Nepali communities, hugely affected by the pandemic, are likely to be hit hard by the rain-induced disaster this year too. With monsoon just a few weeks away, what role can the UN play in supporting the provinces and local governments?

As we approach the monsoon season, we are working together with the newly formed NDRRMA (National Disaster Risk Reduction and Management Authority) and government ministries, to jointly plan to prepare for, and respond to, flooding and landslides that may occur, taking Covid-19 into account. For now, this includes pre-positioning emergency relief supplies, lining up partners ready to deliver and developing plans to be ready to respond alongside the government at

all levels, if they request our support.

The pandemic has weakened the health system, just while it has made women and children more vulnerable. How is the UN in Nepal looking at the scenario?

I would not say that the pandemic has weakened the health system. On the contrary, it has led the government to develop its laboratory capacity, to expand its hospital services, to improve its procedures. In addition to the 21 laboratories across the country now operational, essential guidelines have been formulated, health care workers have been trained and vast communication campaigns taken place. As a result, Nepal now has a more responsive health care system to meet this and future crises.

There is, however, a need to intensify efforts and enhance collaboration across the actors to ensure a response that addresses the needs of those most vulnerable.

Violence against women and girls has increased globally and in Nepal; women find themselves isolated and locked in with their abusers. At the same time, lockdowns have meant that reaching out for help and accessing essential services have become even more difficult. The UN is working to ensure that women and all those impacted can still access services.

The pandemic has affected the entire world. Could underdeveloped countries like Nepal seek the support from developed nations as they themselves are hit hard? How can they generate the resources for economic revival?

Almost all countries in the world are impacted, including those who support the development efforts here in Nepal. But what this crisis calls for is solidarity and that solidarity can be

seen also in Nepal and the way in which the development community has responded. The UN Development System has made significant efforts to galvanise these global solidarities across member states, institutions and citizens. Donor countries have been generous, but more support is needed.

Many say that they cannot wait for things to go 'back to normal', but the

normal that we had was not healthy, in so many ways it was destructive, to the planet and the people. And this is the opportunity of Nepal and all of us to change the future to be more sustainable and inclusive.

Do you agree attaining SDG targets has become more challenging now?

What could be the post Covid-19 strategy for achieving the SDGs?

The UN is working to support all governments to prevent the crisis from derailing sustainable development efforts while laying out a vision for the affected to build a better future. The areas impacted by the Covid-19 are already reflected in the SDGs.

Please also see some other interviews from the RC on COVID-19

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Recorded live

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https://www.facebook.com/watch/live/?v=3794421867295284&ref=watch_permalink



- Interview: A challenge for Nepal to fight COVID-19, preparedness satisfactory, says UN country coordinator: http://www.xinhuanet.com/english/2020-03/26/c_138918970.htm
(Xinhuanet.com, March 26)
- Interview with Valerie Julliand on current pandemic and UN's response: https://www.youtube.com/watch?v=d118W9sH_Kg&t=114s
(April 26)

IOM initiates fight against stigma and discrimination against returnee migrants



Kathmandu, 30 May 2020 —

The majority of COVID – 19 cases in Nepal have so far been detected on migrants returning home. From the first confirmed case, there have been significant media reports and testimonies from returnee migrants through social media that they have been ill-treated and harassed both by media and general public tagging them as ‘spreaders’ of COVID-19 virus to Nepal.

To address the issue, IOM has been running a migrant-focused weekly radio programme since 19 May which covers issues such as stigmatization against migrants, protection concerns of migrants, efforts and responsibilities of both host and countries of origin to address the situation, as well as stress management of migrants stuck abroad due to travel bans imposed amid the COVID-19 pandemic and the plight of their families back home.

The radio programme is broadcast in over 200 radio stations across the country as well as to Nepali migrants across the world through the programme’s online service. The first two episodes of the programme so

far garnered an average of 50,000-plus reaches on social media, with interactive comments received from the United Arab Emirates, Qatar, Malaysia, India and several of parts of Nepal. Notably, among first 70 participants of the programme, 20 percent were female.

Radio messages on stigmatization and discrimination against migrants in relation to COVID-19 transmission are being aired in six different local languages. The messages in local languages are being broadcasted through local radio stations in concerned districts aiming to reach the target populations.

With thousands of returning from India following the relaxing of movement restrictions in that country, and Government of Nepal planning to repatriate migrants stuck in overseas countries, awareness raising on stigmatization, fear and discrimination against migrants is now required more than ever. IOM initiatives are therefore very timely.

Another key IOM initiative was a rapid phone survey of 58 IOM-supported returnee migrants between 2019 and 2020

which sought to understand returnees’ main challenges and needs during the pandemic. The survey, which was conducted between mid-April to mid-May 2020, found that the migrant population must be included both in national and local social protection and economy recovery plan and economic reintegration schemes should be made available to migrants’ families as well.

IOM provides reintegration assistance to vulnerable migrants through micro enterprise setup, medical, accommodation (rental or new construction or renovation of the house, or purchase of household furniture), education or vocational training, cash support and other supports.

The reintegration support is in line with IOM’s commitment to facilitate orderly, safe, and responsible migration and to contribute to migrants’ socio-economic well-being, the 2030 Agenda for Sustainable Development, the Global Compact for safe, orderly and regular Migration (GCM) and the Migration Governance Framework (MiGOF).



IOM leads the initiatives to address migrants' protection concerns

Kathmandu, 30 May 2020—

With an estimated 2.4 million Nepalese abroad (excluding India) and up to 800,000 Nepalese in India, according to CBS 2011 and the Government-enforced nationwide lockdown and restrictions on international flights and cross-border movements since 24 March 2020, protection issues of Nepalese migrants both in host countries and at home have been prominent in the current COVID-19 pandemic situation.

Like many migrants across the world, Nepali migrants are unable to return home and are

stuck in countries of destination – many without employment.

No doubt, many of them are women migrants. With Nepalese women under the age of 24 banned by the Government from pursuing housemaid jobs abroad, many Nepali women are believed to have taken irregular routes to seek foreign employment. This has left them undocumented, causing more vulnerabilities such as limited or no access to health and social security services at their destination countries.

To ensure migrants' protection concerns are

addressed, a sub-group on migrants under the Protection Cluster consisting relevant Government agencies, CSOs, UN and other agencies working in the field of migration has been established with IOM as the lead Agency. The sub-group supports the Government in collecting updated data and information on migrants' protection concerns in current crisis situation and discusses on steps ahead. IOM, as the lead of the sub-group hosts regular meetings inviting relevant experts and representatives from the Government authorities.

Three in five employees lost their jobs due to COVID-19 in Nepal



A latest study - “Rapid Assessment of the Social and Economic Impacts of COVID-19 on the vulnerable groups in Nepal” – commissioned by the UN Development Programme in Nepal and conducted by the Institute for Integrated Development Studies shows that the COVID 19 pandemic has disrupted supply chains, shut or threatened the survival of small and informal enterprises, and made people highly vulnerable to falling back into poverty through widespread loss of income and jobs. The study recommends the government to guard against vulnerabilities by strengthening social protection and livelihoods, reorient public finance to augment human capabilities and introduce measures to limit bankruptcies and create new sources of job-creating growth.

Highlights

The study “Rapid Assessment of the Social and Economic Impacts of COVID-19 on the vulnerable groups in Nepal” is based on a painstaking survey of 700 businesses and 400 individuals, and consultations with over 30 private sector organizations and government agencies, conducted doggedly during the lockdown. The uncertain impact of the COVID-19 pandemic on Nepal’s socio-

economy will magnify, conditional on how events unfold on three fronts: first, its dependence on tourism, trade, and foreign employment – and the consequences that will propagate through the services and industrial landscape; second, if or when the spread of the pandemic overwhelms a grossly inadequate health infrastructure; and third, Nepal’s heavy geo-economic reliance on India and China, and the nature of contagion originating in those countries.

Accommodation and food; arts, entertainment and recreation; and transport are the three most affected sectors of the economy. Given the international travel restrictions and fall in discretionary disposable incomes worldwide, tourism receipts in Nepal are projected to fall by 60 percent in 2020 resulting in a loss of foreign currency earnings worth USD 400 million. Similarly, the fall in remittances is likely to range between 15 and 20 percent this fiscal year. The cumulative impact of trade, tourism and remittance shocks – as well as the negative economic externalities they trigger in allied sectors -- Nepal’s projected pre-COVID GDP growth rate of 8.5 percent will decline to well below 2.5 percent in 2019-2020, and severely constrain a rebound in 2020-2021.

Both formal and informal MSMEs are hit hard as they tend to have low cash-to-asset ratio. We find that every three in five employees have lost their jobs in the micro and small businesses that were surveyed; they have seen a fall of 95 percent in average monthly revenue. These businesses can sustain for only around two months if lockdown continues. Likewise, cash subsidy from the government was ranked the most important kind of support expected as part of economic stimulus, followed by subsidy on interest rate, concessional loan, and rental waiver by landlords. Subsidy on utility payments was considered the least important support needed by small and informal businesses.

The impact on labor differs by the nature of contract. Permanent workers face either pay cuts or unpaid hiatus, backed by strong labor laws that discourage layoffs. Seasonal and informal workers who represent 60 percent of the labor force face job cuts and losses. Temporary workers, internal migrants, day laborers were amongst the most vulnerable based on income, and their ability to sustain through the slowdown. Not being able to find an alternative source of income is judged to be the main impact of the crisis on those already vulnerable or otherwise engaged in precarious work.

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COVID-19 Educational Disruption and Response: Radio Paathshala for students in Nepal's Bagmati province

The global COVID-19 pandemic has led to unprecedented levels of disruption to education, impacting over 90% of the world's student population: 1.54 billion children, including 743 million girls.

In Nepal, all educational institutions have also been closed for a long time due to the COVID-19 pandemic. To ensure access to education for secondary level students through distance learning, UNESCO, in collaboration with the Education Development Directorate, Bagmati province and Prime FM radio, started a radio education programme in mid-May called 'Radio Paathshala'.

The radio program covers thirteen districts of the Bagmati province. Teachers have been providing live broadcast services to support students when they face problems in learning their lessons.

In view of the growing number of social media users, the lessons are also being recorded and shared on Prime FM's Facebook page, where they are easily

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- Balaram Timalisina
Chief of the Education Unit in
Kathmandu's UNESCO Office

accessible to students.

“UNESCO is always committed to ensuring quality education for all, and this is one of our efforts to come up with the best options for the continuation of learning for students in this crisis period with the whole country in a lockdown situation,” said Balaram Timalisina, Chief of the Education Unit in Kathmandu's UNESCO Office.

UNESCO is supporting countries in their efforts to mitigate the immediate impact of school closures, particularly for more vulnerable and disadvantaged communities, and to facilitate the continuity of education for all through remote learning.

COVID-19 turning pregnancy excitement into fear



KATHMANDU —

In far-western Nepal, more than 840 kilometers from the capital city, Dhana Bhatt is excited to welcome her first child. Her excitement is turning into fear and anxiety as Nepal is already 36 days into the coronavirus lockdown announced on March 25 to stop its spread.

While COVID-19 is putting people of all ages and gender at risk, pregnant women like her are encountering additional challenges. "My pregnancy check-up is due. But I don't feel safe going out during the coronavirus lockdown," says the 20-year-old who is nine months pregnant.

The pregnancy card Bhatt received from the nearby health facility shows the check-up date as May 8 — her due date. "I am really worried about my delivery and also about my baby while living through this serious disease," Bhatt says. Like her, many pregnant women do not want to risk visiting a hospital for a check-up as they fear getting infected with the virus. The nearest health

facility, Kesharpur Primary Health Care Center, is a one hour walk from her home in Baitadi and the only way to reach there is on foot.

"Questions like what will happen if complications arise? How will I reach the hospital? Whether I will be able to make it on time - constantly worry me," she says. Furthermore, thinking of danger signs during pregnancy compound fears. For any case requiring an obstetric emergency such as a caesarean delivery, a pregnant woman of Bhatt's village in Karala, Melauli Municipality, has to travel more than 65 kilometers, mostly through a dirt road, to the district headquarters in a vehicle.

An unforgettable ordeal

On the evening of April 12 when she was at her maternal home, Maisarjaha Khatun began to have contractions. "Having delivered the first two babies at home, I thought my third delivery would be smooth going," says Khatun.

Khatun with her newborn together with two other children at her home.

Photo: Jiyaul Hak

"When the pain started reaching an unbearable level, I was taken to the nearby health facility," says the 25-year-old. But the local health center at Chauri of Buddhabhumi Municipality referred her to the district hospital, 18 kilometers away, saying it was a complicate case and needed to be treated at a better-equipped hospital.

In the wake of severe movement restrictions, it took the Khatun family almost two hours to find a vehicle. "We rang up several people and offices seeking their help to find a vehicle, but to no avail. Luckily, we found a rickshaw and finally reached the district hospital. Any further delay could have resulted in a devastating outcome for my wife and baby," says her husband Barkat Ali (29). Evidence shows

that most maternal and newborn deaths occur around the time of labor, delivery and the immediate postpartum period.

Next day on April 13, Khatun delivered a healthy baby at the hospital in Province 5 after 13 hours of labour pain. “Since the coronavirus outbreak and the lockdown measures, I was worried that I may not be able to visit the hospital on time and get help for the delivery, and the risks involved”. On my way to the district hospital, I thought I was dying due to the long labor pains,” says Khatun. “The movement restrictions compounded my fears.”

A public health issue

Many pregnant women and new mothers stopped visiting health facilities for antenatal and postnatal check-ups unless there is an emergency, says Nawal Kishore

Jha, Chief of the Health Division, Ministry of Social Development in Province 2.

According to the recent UNFPA rapid assessment of the functionality of maternal and neonatal health services in its priority working districts in Nepal, the utilization rate of sexual and reproductive health services is very low, partly due to the travel restrictions and fears of the COVID-19 outbreak.

In the fiscal year 2018-2019, there were around 757,000 pregnancies across Nepal, according to the Department of Health Services. “As the lockdown is continuing, most of the women and girls who are in need of reproductive health services are not visiting health facilities,” says Jha. “Even in pandemics like COVID-19, we need to provide reproductive health service – otherwise there will be a rise in unplanned pregnancies, unsafe abortion and maternal

deaths - we cannot afford to let that happen. But we also need to ensure that our health facility continues receive all the supplies we need and our health workers are protected,” he adds.

In pandemic situations, the breakdown of health systems can cause an increase in maternal and newborn deaths due to untreated complications. Hence, these lifesaving interventions must be available and accessible in the pandemic as in normal circumstances.

In order to boost the national response to COVID-19 and protect vulnerable women and girls to exercise their reproductive rights, UNFPA is working with the Government of Nepal, UN agencies including WHO and UNICEF, and local partners at the federal, provincial and local levels.

UNFPA hands over 1,200 PPE kits to Nepal govt



KATHMANDU —

As part of the commitment to support the Government of Nepal in its efforts towards containing the coronavirus (COVID-19) outbreak in the country, the United Nations Population Fund today handed over 1,200 Personal Protective Equipment kits.

The PPE kits were donated by the Government of China under the Nepal, China and UNFPA south-south partnership initiative. The kits worth Rs 30.48 million include surgical masks, N95 masks, face shields, eye goggles, head and shoe covers, long-sleeve impervious gowns, disposable bags and gumboots.

After receiving the PPE kits, the Director of the Management Division, the Department of Health Services under the Ministry of Health and Population, Mr. Bhogendra Dotel said, “These PPE kits arrived in a timely manner and will greatly help in our response to the COVID-19 pandemic. We thank UNFPA and the Government of China.”

“With more people in need of testing and treatment amid the increasing number of confirmed cases of COVID-19 in the country, it is critical to protect the frontline health workers. Attention should be given to their work environment as well as their health and psychosocial needs at this time,” said UNFPA Country Representative for

Nepal Ms. Lubna Baqi. “Alongside WHO and other UN agencies working in Nepal, UNFPA stands ready to support the Government of Nepal in its preparedness and response to this pandemic.”

UNFPA is calling on the government and partners to help ensure continuity of essential life-saving reproductive health services. In addition to the PPE kits, UNFPA has provided Dignity Kits to address the immediate hygiene and protection needs of women and girls in quarantine during the COVID-19 pandemic, in coordination with the government and local partners. These kits contain 14 different items such as soap, reusable menstrual pads, and other essential items for women and girls.

“In time of crisis such as this outbreak, women and girls are at a higher risk of intimate partner violence and other forms of domestic violence. Hence, life-saving care and support to gender-based violence survivors, such as the services offered by One Stop Crisis Management Centers, shelter and safe houses, helplines must be strengthened”, the UNFPA representative said.

UNHCR supports quality education and safe learning environment for both refugees and host community children

hands over school buildings, medical equipment to local government



DAMAK -

The UN refugee agency handed over two school buildings and medical equipment to local government authorities, a move that will improve education and health prospects for both Bhutanese refugees and the host communities in the eastern Nepal.

The school handover ceremony took place at Dhukurpani Secondary School in Damak, Jhapa district on 12 and 13 March 2020. UNHCR Representative, Mayor and Deputy Mayor of Damak Municipality, education officers, local government representatives, teachers, school management committee members, refugee leaders and the civil society were present on the occasion.

The support provided to the two schools – Chulachuli Basic School and Dhukurpani Secondary School - is part of UNHCR's Host Community Support programme that benefits refugees and the local communities alike and contributes to the achievement of the Sustainable Development Goal of "Education for All."

During the handover ceremony, UNHCR Representative Carolin Spannuth Verma thanked the local community and the Government of Nepal for their generosity for hosting refugees for nearly three decades.

"Host community children as well as refugee children will equally benefit from our efforts to support improved quality of

education and safe learning environment through this initiative," Ms Carolin Spannuth Verma said.

The new school buildings with 12 classrooms were built in collaboration with Lutheran World Federation (LWF) and Caritas Nepal after identifying the need for additional classrooms to accommodate some 800 refugee students of grade one to eight for the new academic session in 2020/2021.

As part of the merger of the education service of camp schools to host community schools, the Government has also agreed to provide 20 additional teachers to enhance teaching capacity of the two schools.

"Education is the basic right of all children,"



said Romnath Oli, Mayor of Damak Municipality, while commending the strong partnership with UNHCR and partner agencies. “We are committed to provide quality education to all children, irrespective of their background.”

UNHCR is closing its Damak office by the end of 2020 and has been gradually reducing parallel services in the camps while increasing refugee’s access to nearby public schools.

Over the last 10 years, UNHCR, in close partnership with Caritas Nepal and LWF, and in consultation with the District Education Office and other education stakeholders, has supported more than 60 local schools in its efforts to enhance the school’s absorption capacity and the quality of education. A variety of activities have been implemented including infrastructure development, training of teachers, provision of learning materials and enhancing access to computer technology contributing to quality education for refugees and host community children alike.

“Despite limited resources, there has been

a harmonious co-existence between the refugees and the host community for many years,” said Devendra Pokhrel, Programme Manager at Caritas Nepal, which has been serving in the field of refugee education for three decades. “While our engagement with camp schools is coming to an end. We are delighted that all refugee children will now be able to get enrolled in public schools.”

Krishna Hang Subba, Camp Secretary of Beldangi refugee settlement said it was a happy moment for refugee parents as their children from now onwards would be able to study in government schools.

USG Handover to Pathari Municipal Hospital

The UNHCR Representative also handed over the video x-ray ultrasound machine to Pathari Municipal Hospital in presence of the Mayor and Deputy Mayor of Pathari-Sanischare Municipality and the hospital management representatives in Morang district on the same day.

Thanking the Mayor, Ms. Carolin Spannuth Verma said that the inclusion of refugees in the government health care programme

was a wonderful example of shared responsibility which could be replicated elsewhere.

On the occasion, Dilip Rai, the Mayor of Pathari-Sanischare Municipality expressed gratitude to UNHCR for providing support to upgrade the health post in the hospital.

The hospital, which used to be a sub-health post, was upgraded in 2019. At least 11 local families have generously donated 1.6 acre of land for free to establish a full-fledge hospital that provides medical services to refugees and local residents.

Having achieved the resettlement solution for more than 113,500 Bhutanese refugees between 2006 and now, UNHCR, together with the government and partner agencies, has been pursuing sustainable local solutions for the remaining 6,400 Bhutanese refugees, who live in the two settlements of Beldangi and Pathari-Sanischare in Jhapa and Morang districts in Province 1 of Nepal.



Snapshots of UNHCR's COVID-19 response for refugees and host community

UNHCR Nepal is maintaining daily contact with its persons of concern. A 24/7 hotline service (9801069700) has been operational since 23 March to respond to critical protection needs. It also serves as a tele-counselling service replacing the face to face counseling system due to the physical distancing requirement so of the COVID19 emergency and the lockdown.

UNHCR is working closely with ward officials and civil society organisations to ensure that COVID food assistance is coordinated through the local Government mechanisms as per Government instructions and is delivered in a timely, effective and equitable manner to all vulnerable groups in the community, including refugees.

UNHCR in close coordination with local authorities, has been facilitating NGOs in

providing food assistance to persons of concern residing in Kathmandu and in the Bhutanese refugee settlements in the eastern Nepal during the lockdown.

In partnership with the Lutheran World Federation (LWF), UNHCR made available a dedicated ambulance for refugees and local host community in Kathmandu. This exclusive arrangement is to help in the emergency transfer of patients to hospitals during the COVID-19 pandemic during lockdown.

UNHCR also distributed soaps and installed washing facilities in public places for refugees and carried out information campaigns on COVID-19.

As part of COVID-19 response, UNHCR, through partner AMDA, has provided medical supplies, including Personal Protective Equipment (PPEs), thermal guns,

masks, gloves, hand sanitizers to Damak Hospital in Jhapa and Pathari Hospital in Morang districts of Province 1. The medical supplies were handed over to the respective Mayors of Damak and Pathari-Sanischare Municipalities.

UNHCR Nepal provided a Training of Trainers on UNHCR's Heightened Risk Identification Tool (HRIT) to Govt of Nepal Ministry of Home Affairs, Dept of Women, Children and Social Welfare and UN Agency protection focal points. A total of 17 persons attended the virtual training on Tuesday (19 May 2020). The HRIT was developed by UNHCR and Partners to enhance effectiveness in identifying persons of concern at risk by linking community-based/ participatory assessment and individual assessment methodologies.

Regaining momentum

Health facilities around the country are gearing up to resume routine immunization services interrupted by the COVID-19 crisis, to ensure mothers and children are not deprived of live-saving vaccines



Disruption in routine immunization is among the numerous ways in which the novel coronavirus (COVID-19) crisis has impacted the health system in Nepal.

Like in many places the world over, the pandemic initially brought vaccination services to a halt, including the national measles rubella campaign that was being run by the Government of Nepal with UNICEF support in early 2020.

This meant that in addition to grappling with the risk of COVID-19 infection, the country was also facing a potential increase in vaccine-preventable diseases affecting the lives of mothers and children.

Recognizing this danger, the Government of Nepal endorsed an interim guideline for the operationalization of essential health care services, including immunization. On 22 April 2020, all provinces were directed to resume routine immunization.

Since then, vaccination has begun to pick up pace around the country, with health facilities starting to run regular campaigns. Unlike in the past, however, this new context calls for new measures, such as maintaining physical distance between parents and caregivers who come to these facilities.

Health workers are at the very forefront of these efforts to regain the momentum that

Health worker Deepika Shahi in Mugu District in far-western Nepal vaccinates a child as part of an immunization clinic organized by local health authorities.

Photo: UNICEF Nepal/2020

was lost due to the pandemic.

UNICEF – with generous funding support from donors such as Alwaleed Philanthropies and Gavi, the Vaccine Alliance – has been continually advocating for and supporting the Government of Nepal in strengthening the health system and providing life-saving vaccines to children and families.

Excerpts from an interview with Dr. Jos Vandelaer, World Health Organization (WHO), Country Representative to Nepal, on the WHO's assistance to the Government of Nepal for COVID-19 response, and the accompanying change in the structure of the office and its challenges.

You have repurposed your office under the Incident Management System (IMS). What value does the IMS bring to your emergency response in Nepal?

We work in emergency response and preparation year in year out through a dedicated team—Health Emergencies Team (WHE). This relatively small team works closely with the Ministry of Health and Population (MoHP) to get the country ready when the disaster happens, such as floods and earthquakes. This emergency team works to ensure the country is much better prepared to respond to wherever an emergency happens. That goes with training health workers so that they know what to do when a disaster occurs. That goes with preparing hospitals so that they can take care of extra casualties. That goes with prepositioning supplies, setting up communications systems, etc. All this is part of the preparation to be ready when a disaster happens.

But with the COVID-19, it was so enormous worldwide. It was like a tidal wave that you saw coming but hasn't hit yet. It became pretty clear that if we wanted to be capable of supporting the country in reacting to the COVID-19 epidemic, that small emergency team couldn't do by itself provide all the technical assistance that would be needed — from surveillance, communication, to hospital preparedness, etc. This was new for everyone—the WHO, the government and other partners. While the brunt of the work falls on the government, the WHO is there to help with technical inputs and hands-on support.

Against this backdrop, the IMS gives us more bandwidth, both with knowledge and resources. It increases the capacity in the office. It allows us to do things that otherwise we wouldn't do if we only had a

'Easing up of the lockdown does not mean going back to life before lockdown'

small team. It also allows us to be hands-on. As I mentioned, we have people working within the government departments. We have people working very hard in every province of Nepal, helping the provincial governments deliver an adequate response. The IMS also enabled us to respond to the actual needs of the rapidly evolving situation.

As the WHO Representative, how have things changed for you since the activation of the IMS? What are your three most significant challenges as the head of WHO in Nepal?

When we activated the IMS, it coincided more or less with the lockdown. So, a couple of things happened at the same time—several WHO people started working from home because of the lockdown. And then the COVID-19 started taking everything over. When we decided on activating the IMS, it was clear to us that our typical office structure will not cope with the demands of the emergency. So, the activation of the IMS meant the full capacity of the office was directed towards the COVID-19 response.

Structural changes, no matter how



Dr. Jos Vandelaer, World Health Organization (WHO) Nepal

Photo: WHO

temporary or transitory, require quite some adjustments from everybody. Several people had to already go through the adjustment of working from home. But the IMS prompted the second adjustment where suddenly people had to do work in areas where they had no previous experience. Colleagues had to go out of their comfort zone and do jobs that they are not used to doing. When we activated the IMS, we then also asked many colleagues to be posted in government units which they did and still do.

Therefore, on the challenge, also for myself, in a new structure, we are not used to doing things many of us usually wouldn't be doing.

Another challenge is that the COVID-19 overtakes everything. We work with the government in the long term on topics like non-communicable diseases, communicable diseases and immunisation and so on. These programmes in the fields have to continue. People still need to get immunised. Thus, field programmes continue to run in the background. But our

primary attention needed to go to COVID-19. Balancing that out is another challenge. Finding a balance between a regular job and this new job under the IMS is a challenge applicable to each colleague myself included.

The third challenge is the fall-out of how a health problem suddenly starts driving everything else. There are economic impacts too. There are travel impacts, etc. Human beings are not just biological people and respond to a disease, but they also need to work. They also need to eat. They want to move around. Within the UN, we had a lot of discussions around the broader response. Participating in these discussions, I learned a lot on how to find a balance between what the health impacts here are and what other implications are.

Lockdown is a unique component of this pandemic. Countries around the world have had different approaches to lockdowns and their lifting? What is WHO's guidance on this? Has WHO compared the outcomes of the different strategies adopted by various countries on this?

The WHO provides advice to governments on possible ways to slow down the epidemic. In this epidemic, we initially start seeing some cases, and at some point, these cases begin infecting others much faster and the number of infected people goes up very quickly. The main problem is when this increase in the number of cases is more significant than the capacity of the health system to cope with this increased demand. You don't have enough beds, you don't have enough doctors and nurses, you don't have enough medicines, and you don't have enough ICUs, etc. What a lockdown does is, because people cannot move around quickly, they cannot infect each other that easily, therefore it slows down the curve. The purpose of that is to

keep the curve, or the number of people infected by COVID-19, within the boundaries of what the health system can handle. That way, you don't have more number of patients than the number of doctors who can treat them or hospital beds or the ICU. That's what you try to do with the lockdown.

Many countries have imposed lockdown but often in many different ways. Some countries have taken it more strictly, other countries have been a bit less strict. Also important is at what point in time the lockdown started? If you started very early, then, of course, it's easier to keep the epidemic in check. If you already have many cases and impose a lockdown, it's too late to have a significant and quick impact. So, there are different ways of doing the lockdown, and the timing seems to be important.

In countries where the epidemic has already hit in a big way, what we see is that indeed you have a quick relatively steep way up, it peaks, and it comes down. How high this goes up, or how steep it is, depends on several factors and lockdown is one of them. What we shouldn't forget is that people still interact, and people still need to go out and buy food, etc. So, in the interactions of the people, it is still vital that people keep a distance from each other, they wash their hands regularly, they have cough etiquette, go and see a doctor if they don't feel well, etc. These things are all critical. So is testing and isolating cases and contacts. But it is difficult to say what exactly the effect of each of these measures is. There is a variation between countries too.

The government has eased the lockdown. What precautions would you like to see the ordinary citizens take?

The easing up of the lockdown means the people are allowed to do things which they weren't allowed to do for the last three

months. The natural reaction is the people want to go back to life before COVID-19 or before the lockdown. The advice to the people would be—don't do that!

The advice is to implement the same things that we have been saying over and over again, and that needs to be implemented with a lockdown or without the lockdown or with a loosened lockdown. Keep a distance of at least one metre with other people, wash your hands very regularly, cough in your elbow when you need to cough, should you fall sick, go and see a doctor, in public places you can wear a mask, etc. But you need to do these things more strictly after the lockdown is eased because there will be much more interaction among the people than during the lockdown. After the lockdown, people may go back to work or be in contact with friends. Therefore, it becomes much more critical for the people to do these things, like keeping distance, washing hands, etc. And I can't stress enough that an easing of the lockdown does not mean going back to life before the lockdown. On the contrary, it requires more self-discipline to protect yourself and to protect others.

Even as the lockdown is relaxed, the risk of being infected is still there. The virus is there. The virus has not gone. As long as the virus is there, there's always the risk of infection. But you can do your own things, you can protect yourself, and you can protect others. If you keep distance or wash hands, etc., you will automatically limit the chances of getting infected yourself or you giving the infection to somebody else. In other words, you make the life of the virus much more difficult, and that's what you want to do.

Full interview can be found here. —

<https://www.who.int/nepal/news/detail/22-06-2020-easing-up-of-the-lockdown-does-not-mean-going-back-to-life-before-lockdown>

COVID-19 Technical Guidance





[Names, Origin & Modes of Transmission](#)

<u>Infection Prevention and Control</u>	<u>Clinical Management</u>	<u>Laboratories</u>	<u>Surveillance</u>
			
Use of Masks IPC during Health Care Home Care Healthcare Workers Rational Use of PPE WASH Hand Hygiene Considerations for Quarantine Long Term Care Facilities Producing Handrub Dead Body Management Disinfection of Surfaces	Multisystem Inflammatory Syndrome in Children Clinical Management of Cases Tool - Clinical Care of SARI Setting Up SARI TTT Center Prehospital EMS Case Report Forms Maintaining Blood Supply Use of Chest Imaging SHW	Testing Strategy Assessment Tool for Labs Lab Biosafety Using Immunodiagnostic Tests In House Molecular Assays Reference Labs Shipping  Research and Development	Adjusting Public Health Measures + Annexes Mortality- Certification, Coding and Reporting Global Surveillance Guidance National Surveillance Guidance Contact Tracing Investigation Considerations Digital Technologies for Contact Tracing Investigation Protocols Operational Support & Logistics  Forecasting Tool and FAQs Disease Commodity Package



Get all detail in—<https://www.who.int/nepal/covid19nepal>

COVID-19 Technical Guidance

<u>Essential Resources Planning</u>	<u>Preparedness and Readiness</u>	<u>POEs and Mass Gatherings</u>	<u>RCCE</u>	<u>Other Sectors & Settings</u>
				
Maintaining Essential Health Services Mass Vaccination Campaigns Community HC and Outreach Services Adaptt Surge Planning Tool Health Workforce Estimator Global Supply Chain Catalogue Priority Medical Devices Technical Specifications for Ventilators Oxygen Sources and Distribution	Adjusting Public Health Measures + Annexes Preparedness in Cities SPRP Critical Actions Responding to Community Spread Operational Considerations National Capacity Review Tool Drugs and Vaccines  ACE Inhibitors BCG NSAIDs Off-label Use of Medicine	Controlling Spread at Ground Crossings Immunity Passports Management at POEs Mass Gatherings RA Tool Religious Gatherings Aviation Sector Maritime Sector  Smoking  Gender	Action Plan Guidance Readiness and Response RC Package for HCFs Mental Health Social Stigma The Vulnerable SMS to Public	Low Capacity Settings The Workplace Sports Ramadan Accommodation Camps Non-Camp Settings Prisons and Detention Schools Food Safety



From where I stand: Gauri Bista

June 11, 2020 —

The current crisis has created divisions in the villages. The lack of awareness about the pandemic has had huge consequences - migrants returning from India have been stigmatized and not allowed to return to their homes by the villagers. Such negative perceptions have even impacted their families and the social harmony in our community.

Many of the migrant workers are returning home with no money. I am very worried to know that a majority of them are the sole income earners for their families.

It maybe that stress arising from the lack of income sources has affected mental health in our villages due to which incidents of domestic violence are on the rise. With few who have the knowledge of signs, prevention measures, or what constitutes violence there is a lack of awareness of measures to contain these ill effects of the pandemic.

I am a single mother with two children and a survivor of domestic violence. I can understand how the rapid decline in income sources and incidents of domestic violence catalyzed by the confinement of women within their homes with perpetrators, can perpetuate already existing social norms.

Because of my experience, I have decided to take matters into my own hands and help in whatever little way I can to contribute to finding solutions. I provide information about COVID-19 via phone calls and meetings with groups of women while wearing a mask provided by the local ward office and by maintaining physical distancing. I have been doing this since the pandemic arrived in Nepal. My belief is that the people I have reached out to will share this information with others thus multiplying efforts for the response.

The training that I have received on human



Gauri Bista is a respected women human rights defender and a social activist in her community.

Photo courtesy: Gauri Bista.

Gauri Bista is the Secretary of the Reflect Circle Women's Group and a member of the Women Human Rights Forum in Dipayal Silgadhi Municipality -7 of Sudurpashchim Province in Nepal. As a woman human rights defender, she has been at the forefront of COVID-19 response creating awareness and leading efforts to address physical and mental well-being in the community.

rights advocacy for women and excluded groups have strengthened my capacities to support and counsel victims/survivors of domestic violence and help migrant workers understand the benefits of quarantine. This support has been made available to me as a member of a Grassroots Women Organization (GWO) under UN Women's programme implemented by a consortium of NGOs led by Legal Aid and Consultancy Centre (LACC) Nepal. A typical counseling

session involves sharing information on adopting preventive measures such as washing hands, wearing masks and physical distancing. For those in distress, I share the phone number of a doctor designated by the local municipality so that psychosocial concerns can be addressed. I also provide community members with the details of concerned authorities to report cases of domestic violence during the lockdown. Through the consortium, I have also supported the coordination of relief distribution efforts for families including pregnant women by identifying them and helping supplies reach them.

I take pride in being assigned by the local ward office chief to support the Health Post in my municipality for the medical checkup of the people returning from India to Doti via Kailali district. When the doctor is busy with other work and away from the Health Post, I am responsible for giving out medicines at his advice over the phone. As I am in constant contact with the ward office, I also have advocated for food relief for single women as a result of which some have received food and everyday supplies.

Having counseled at least 1500 women in my community during this pandemic, I know there are bigger challenges in store due to the increasing inflow of migrants returning home - challenges that can only see solutions when our society works together as a whole."

Bite-sized doses of fact

A radio programme produced with UNICEF support is seeking to provide an antidote to rumours and misinformation about COVID-19, engage with communities and close the feedback loop

Shreya Singh and Preena Shrestha, 27 April 2020



Kathmandu, Nepal: “Even though we don’t yet have a capsule to take that can cure the coronavirus, we have come up with a capsule for your ears,” listeners are told in the opening episode of the radio show Corona Capsule.

“These are doses of information that will help protect you and help you protect others from the virus.”

A collaboration of UNICEF, the Government of Nepal, the Association of Community Radio Broadcasters Nepal (ACORAB) and the Ujyaalo 90 radio network, Corona Capsule was conceived as an antidote to the rumours and misinformation about COVID-19 that have been circulating in communities both online and offline since the pandemic began its sweep across the world. It is also an effort to engage with the public and direct their questions and concerns related to COVID-19 to the relevant experts and authorities so as to get immediate answers.

This image shows glimpse from the recording of the Corona Capsule radio programme

The program is broadcast on over 500 radio stations across Nepal in two formats – the first comprising five-minute inserts into major news bulletins (Kaya Kairan and Sajha Khabar) aired every other day, and the second comprising longer 15-minute segments that are aired twice a week. The content is produced based on questions sent in by people from different parts of the country, as well as Nepalis based overseas – particularly in the Middle East – via phone, Interactive Voice Recorders, SMS, email and social media. The longer installments of the program incorporate recorded calls from listeners.

So far, the show has covered a range of issues as determined by audience appetite, including the various stages of the pandemic; common myths and misconceptions related to prevention; quarantine and isolation measures; the state of food supplies and health services during the lockdown; and the situation and concerns of Nepali migrants living abroad, among others. Experts who have been featured have ranged from doctors and government representatives, including the foreign minister.

This image shows Corona Capsule listener Ganga Thapa Magar from Chitwan in Nepal’s south.

Photo courtesy: Ganga Thapa Magar

Corona Capsule listener Ganga Thapa Magar from Chitwan in Nepal’s south.

Feedback from the audience has so far been encouraging – with listeners praising the friendly, bite-sized delivery of information. One of them, 26-year-old hospitality worker Ganga Thapa Magar from Chitwan District in southern Nepal, says that as a regular radio listener, the show stood out to her.

“These days, there are a lot of shows providing information about coronavirus, but I liked the tone of Corona Capsule, the language was very fresh and simple and friendly,” she says.

Ganga adds that it isn’t just her – her entire family, including her 82-year-old grandmother, rely on the radio a lot for information. And they all listen to Corona Capsule together. “I also liked that they include the perspectives of experts because that makes the information feel more believable,” she says.

Battling malnutrition amidst COVID-19

In Nepal's south and west, UNICEF is supporting the government in resuming provision of nutrition supplies essential to prevent and treat malnutrition in young children

UNICEF Nepal
27 April 2020

“Children who had previously been identified and were being treated for severe acute malnutrition are at risk of deterioration if their treatment can not continue,” explains Sumi Maskey, UNICEF Nutrition Officer.



A full course of RUTF is vital to the recovery of young children with severe acute malnutrition, while MNP is used to fortify diets to meet children's nutrient needs and improve their health.



UNICEF staff at the airport in Nepalgunj in Banke District loading nutrition supplies onto an aircraft headed to remote Humla District, lying at an altitude of 9,500 feet above sea level.

@UNICEF Nepal/2020

ADB and UNICEF join hands to supply COVID 19 protective medical equipment to Nepal Protective gear to protect health workers serving on the COVID 19 frontlines

Photo: UNICEF Nepal/2020/LPNgakhusi

WFP Air Service is enabling transport of humanitarian workers and essential medical supplies to support the Nepal government's response to COVID19. The first passenger flight carrying critical COVID supplies arrived in Kathmandu on June 3rd, followed by subsequent flights on June 17th, 24th and July 1st, 15th, 29th. In collaboration with the Ministry of Home Affairs, WFP is providing transport and storage services from humanitarian hubs in Kathmandu, Nepalgunj and Dhanghadi, free-of-cost to the Government and humanitarian agencies. In 3 months, from April 20th to June 25th, WFP air lifted 81.3 m3 of medical relief supplies to the country, provided 2872 m2 storage space and transported 1,218 m3 of health cargo for 14 organisations from Kathmandu to the provinces.



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https://twitter.com/WFP_Nepal/status/1268098936880812032



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