

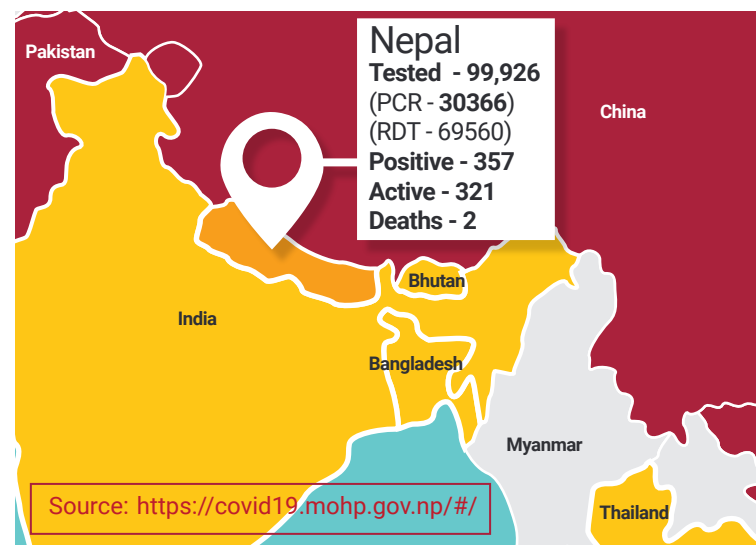
Situations like the coronavirus pandemic quickly lead to misinformation, rumors and fake news, as we saw after the earthquakes in Nepal. We can all play a role in beating the virus by making sure that we are sharing validated information and using trusted sources to inform our decision-making.

The **Coronavirus CivActs Campaign (CCC)** gathers rumours, concerns and questions from communities across Nepal to eliminate information gaps between the government, media, NGOs and citizens. By providing the public with facts, the CCC ensures a better understanding of needs regarding the coronavirus and debunks rumours before they can do more harm.



Matihani municipality in Mahottari built a fence along the border in a bid to curb cross-border movement.

Photo: Ajit Tiwari/TKP



## Key health issues incorporated by the government in the policies and programs for upcoming year 2077/78 considering the COVID-19 situation:

- The hospitals with basic requirements will be established at each local level and upgraded from 5 to 15 beds hospitals.

Source: <https://cutt.ly/nyEZiPM>



- The district hospitals in every province will be upgraded to hospitals with 25 to 50 bed capacity and the zonal hospitals to general hospitals with 200 bed capacity.

- The specialized services available at Pokhara, Koshi, Narayani, Bharatpur, Bheri, Dadeldhura Hospital and Karnali Institute of Health Sciences will be further expanded and upgraded and these central hospitals will be developed as specialized hospitals with 500 bed capacity.



- In order to prevent, control and treat communicable diseases and to respond and prepare for health crisis management, a communicable disease hospital with necessary facilities along with a laboratory of 300 bed capacity will be established at the center and 50 bed capacity at the provincial level.

- Modern help desks and quarantine houses will be established at the international airports and major points of international borders.



Central hospitals are said to provide free emergency health care to the poor and needy in the first stage, but the real target group still seems to be geographically far from these hospitals and do not have access to it.

# Rumors & Facts



We have heard that private hospitals also now conduct RDT tests. Will it be free of cost?

The private and community hospitals within Kathmandu Valley wishing to conduct RDT testing should take permission from the Department of Health Services and those from outside the valley should take permission from Provincial Health Directorate. For RDT testing, the health organizations will be allowed to use only the RDT listed by National Public Health Laboratory. The test fee of RDT cannot be charged more than 20% of the purchase price.

Source: <https://drive.google.com/file/d/1GFAD3URLS85tZVAj4H4KPCbqvZn1M2rd/view>



It is said that the health workers involved in treating corona patients are being excluded from society. Also at the same time, it is said that there is a risk of transmission of the corona to patients undergoing treatment of other diseases.

Health workers and other staff involved in the treatment of COVID-19 patients will have to remain in the mandatory quarantine for 14 days before coming in contact with other service seekers, households, and patients other than the ones infected with COVID-19. Doctors, nurses, health workers and other staff directly involved in the treatment of corona patients shouldn't be involved in the treatment of other patients during that period.

Source: [https://drive.google.com/file/d/1GavLiOpTqgDYTxsr\\_vY8jFLLtKrj\\_gzZ/view](https://drive.google.com/file/d/1GavLiOpTqgDYTxsr_vY8jFLLtKrj_gzZ/view)



The budget allocated by the government for corona prevention, control, and treatment is minimum. What will the government do if this situation prolongs?

If the outbreak is prolonged, the government plans to make corona control more effective by taking effective measures to mobilize the resources by re-prioritizing and adjusting programs.

Source: <https://cutt.ly/nyEZIPM>



It is said that the extending period of lockdown is giving rise to the shortage of food. Is there really a shortage of food, or is it an artificial shortage created?

The Ministry of Industry, Commerce and Supplies has stated that there is no shortage in food supplies and there is sufficient stock despite the extension of the lockdown. Imports have not declined since the lockdown. If it is found out that anyone is creating an artificial food shortage or is involved in black marketing, that individual will be punished according to the law if reported to the nearest administration.

Source: <https://cutt.ly/xyRROuU>

## SOURCES OF INFORMATION

[World Health Organization](#)      [Ministry of Health and Population](#)

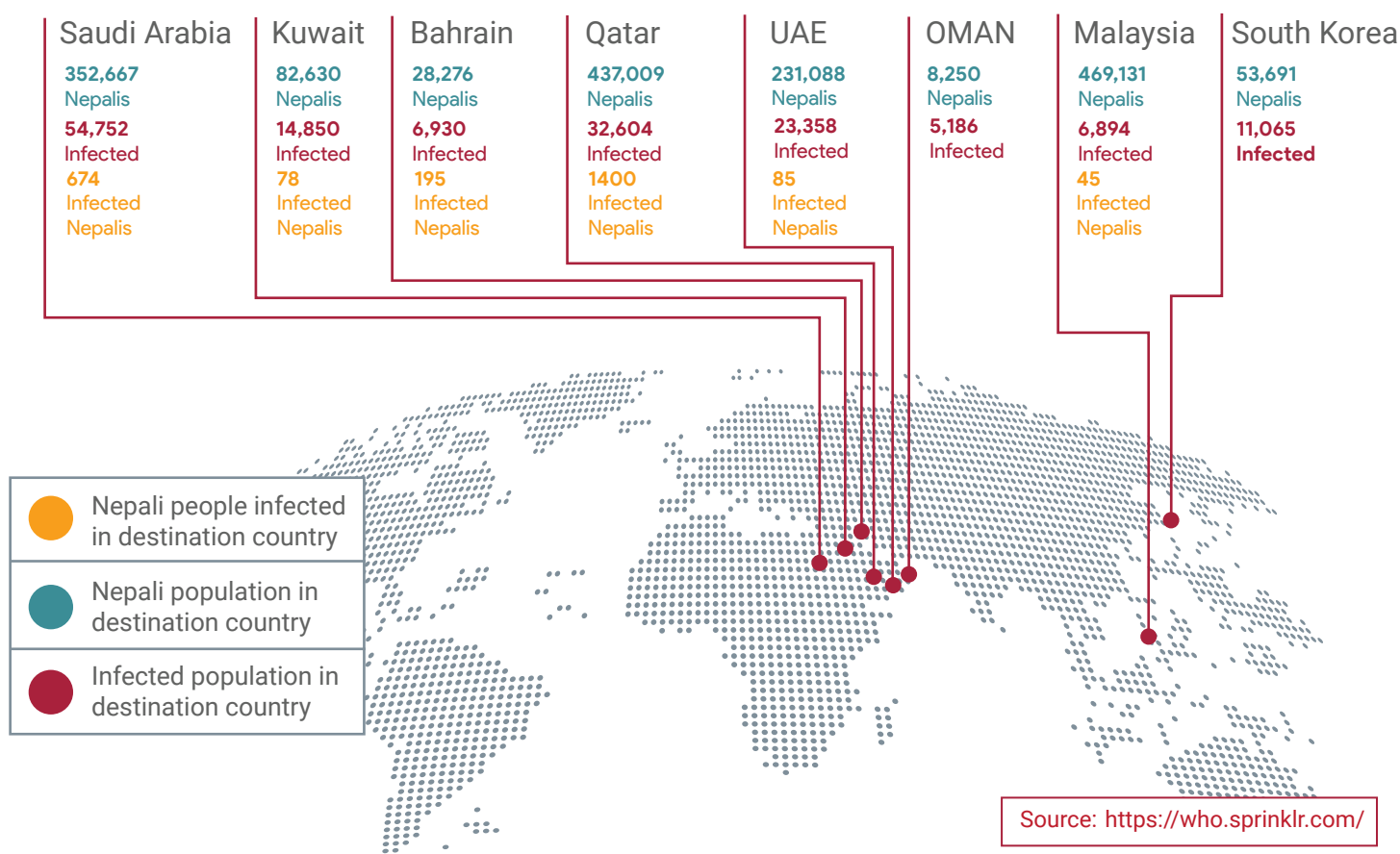
[Do's and don't's](#)      [Johns Hopkins Coronavirus Resource Center](#)

[Coronavirus \(COVID-19\) Update, Ministry of Health and Population, Government of Nepal](#)

[Nepal Labour Force Survey Report](#)      [COVID-19 Situation](#)



# Migrant workers in major destination countries



## ShramikSanjal

## Recent Updates from Saudi Arabia and UAE:

### Saudi Arabia :

The Home Ministry of Saudi Arabia has decided to implement a 24 hours nationwide curfew from May 23 to May 27 to minimize the meetings during the time of Eid. A huge fine has also been defined for the ones who break the curfew. The Consulate General of Saudi Arabia, Jeddah has published a notice requesting all the Nepalis to purchase food materials beforehand and follow the lockdown.

### UAE :

70 parks and some sea beaches are reopening. However, it is not appropriate to go there until the situation is normal.

The migrant workers who are participating in "Ghar Jana Pau" campaign are collaborating with different media asking the members of parliament of their constituency to get them back home. MP Gagan Thapa has submitted a proposal of public importance in the parliament on Baisakh 29. Law and Policy Forum for Social Justice (LAPSOJ) has started providing free legal counseling to migrant workers.

# \$ Follow the Money



Total

Spent

## Federal Government

The total expenditure of Nepal government's activities against Coronavirus

**Around 1.5B NRS**

The Ministry of Defence for the purchase of health equipment to prevent and control COVID-19 released

**Around 2.34B NRS**

## Donors

ADB

**60M USD**

World Bank

**28.7M USD**

IMF

**130.9M USD**

European Union

**82M USD**

The budget allocated from Nepal Government and Ministry of Finance in three rounds

**Around 1.48B NRS**

The total fund in Coronavirus Infection Prevention, Treatment and Control Fund

**Around 2.26B NRS**

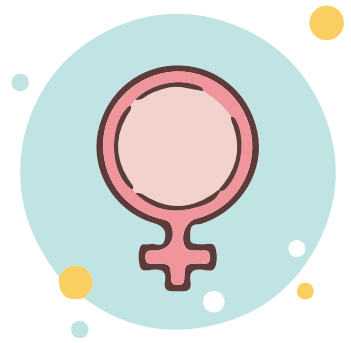
Province	Total Amount	Spent Amount	Remaining Amount
Province 1	Around <b>293M NRS</b>	Around <b>178M NRS</b>	Around <b>114M NRS</b>
Province 2	<b>610M NRS</b>	<b>177M NRS</b>	<b>433M NRS</b>
Bagmati	<b>400M NRS</b>	<b>123M NRS</b>	<b>177M NRS</b>
Gandaki	Around <b>150M NRS</b>	<b>92M NRS</b>	<b>58M NRS</b>
Province 5	<b>236M NRS</b>	<b>126M NRS</b>	<b>100M NRS</b>
Karnali	<b>500M NRS</b>	<b>132M NRS</b>	<b>368M NRS</b>
Sudurpaschim	Around <b>402M NRS</b>	<b>202M NRS</b>	<b>200M NRS</b>

Note: This information is not complete. It has been brought together from different sources available. We will keep collecting the data and revise it in the days ahead.



# Increasing vulnerability of women during COVID-19

Studies have shown that gender inequality is exacerbating around the world with COVID-19. Some of the key issues seen around the world expanding the inequality are loss of women's income from wage labor primarily rooted in the informal economy; rise in domestic violence against women; and the vulnerability of women health professionals, who comprise a majority of the frontline healthcare workers in direct contact with the patients. Nepal is no exception to this.

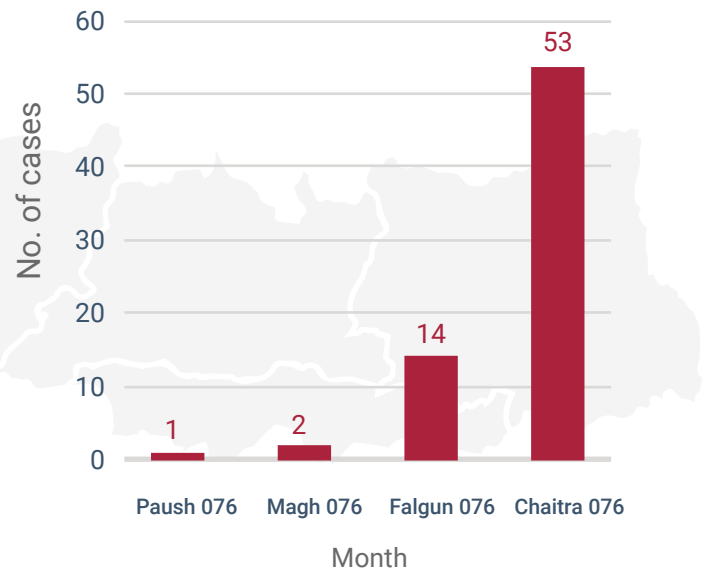
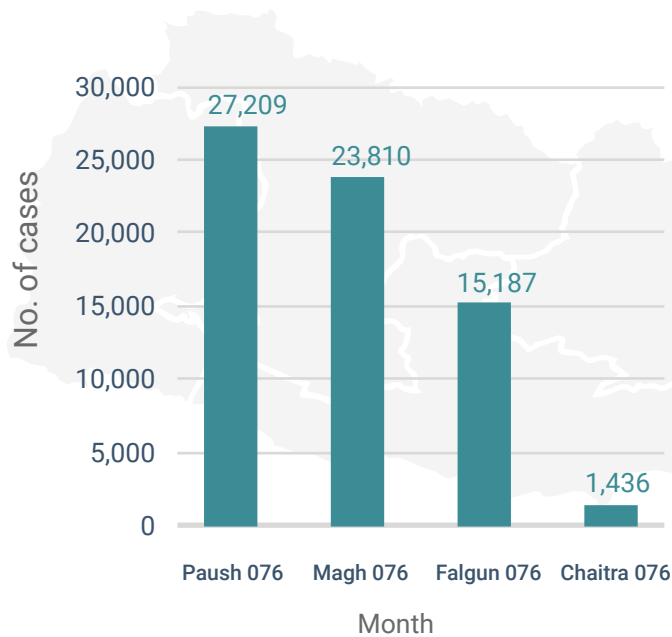


Adding to that, the infection rate of COVID-19 among women is gradually increasing. The first COVID-19-related death in Nepal was of a new mother, which exemplifies the vulnerability of women, especially in their postnatal phase. As important as building health infrastructure is at this moment, the safety and security of women and other vulnerable groups are equally important. The government and the health sector should consider the following points:

1. Provide safety measures to all the frontline workers including the female health volunteers in the communities.
2. Proper healthcare and safety measures for the pre- and postnatal periods and immunization.
3. Increase the collaboration with civil society organizations working on gender issues, providing direct services for victims of domestic violence or those who need psychosocial counseling. Spread awareness through radios, televisions, and social media to stop domestic violence and regarding the support mechanisms available in the case of any reported crimes.
4. Ensure effective implementation of the programs to provide nutritious food materials for target populations.
5. Ensure the availability of sanitary products and contraceptive devices in all the local units supporting women and girls to maintain their menstrual hygiene and reproductive health.
6. Introduce plans and actions to ensure the safety of female migrant workers overseas who are more vulnerable during this time of crisis.
7. Maintain the availability of gender-segregated data and records to support meaningful actions at different administrative units of the government.

(A) No. of child deliveries in health facilities

(B) Women fatalities during childbirth



Source: <https://www.nayapatrikadaily.com>

The graph (A) shows that the number of women delivering children in hospitals was significantly less in the month of Chaitra (March/April) of 2076 B.S. Graph (B) shows the death toll of women during delivery has been very high compared to earlier months. Maternal mortality is a primary indicator of health system in any country. With lockdown, it is clear that the majority of women are forced to deliver children outside health facilities and the mortality rate of these women is dramatically high. Are pregnant women just afraid to go to health facilities during the lockdown, or is the government failing to provide enough attention to them?

The sources of rumors, information and issues presented here are collected from a variety of organizations and individuals including the Ministry of Health and Population, the World Health Organization (WHO), social media and the CivActs team based on their conversations with over 2000 people in April 2020. The issues highlighted are chosen based on prevalence, relevance and potential impact. The information presented here is correct at the time of issue.

**Coronavirus CivActs Campaign is brought to you by  
Accountability Lab Nepal.**

