



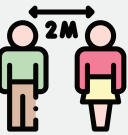


The **Coronavirus CivActs Campaign (CCC)** gathers rumours, concerns and questions from communities across Nepal to eliminate information gaps between the government, media, NGOs and citizens. By providing the public with facts, the CCC ensures a better understanding of needs regarding the coronavirus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

### Some international criteria issued to protect the rights of migrant workers affected by COVID-19

- 01/ If the contract of a worker is to be terminated, prior notice and adequate compensation should be provided. 
- 02/  If the contingent contract is to be terminated, the employer should provide needed assistance to the worker including the cost of repatriation.
- 03/ Provide equal health care and treatment to any individual under its area without any discrimination on the basis of nationality or any other basis. 
- 04/  Provide information on the prevention, early diagnosis and treatment of COVID-19 to migrants in a language they can understand and in a simple manner.
- 05/ Immigrants returning from countries with high infection rates should be protected from risks such as shaming or exclusion from the private and public sector. 

Source: [https://www.nhrcnepal.org/nhrc\\_new/doc/newsletter/](https://www.nhrcnepal.org/nhrc_new/doc/newsletter/)

## Nepal Update



Indradevi Thapa, 56 years old woman who recovered from Coronavirus

Photo: Punam B.C

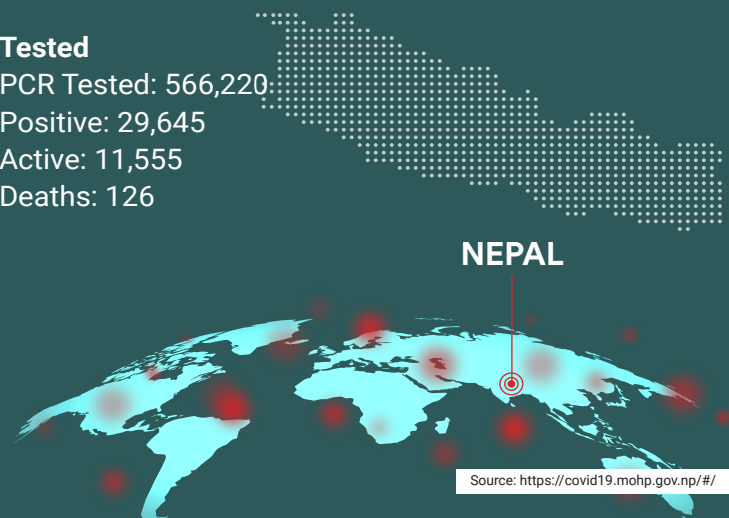
### Tested

PCR Tested: 566,220

Positive: 29,645

Active: 11,555

Deaths: 126



Source: <https://covid19.mohp.gov.np/#/>

# Rumors & Facts



Is there a curfew in Kathmandu Valley? It is heard that we can't step outside for a week now.

The order issued by the Chief District Officers of all the three districts of Kathmandu Valley is neither a curfew nor a lockdown. After the rapid spread of COVID-19 infection in the Kathmandu Valley, it is only the prohibition order given by the Chief District Officers to prevent and control the risks using the authority of Infectious Diseases Act 2020 and Local Administration Act 2072 as per the decision of the Council of Ministers dated on 1 Bhadra 2077. This means that the specific activities would be prohibited to carry out within specific areas during specific time periods.

Source: [https://daokathmandu.moha.gov.np/public/upload/1402a3666bab255e6a3f07937faf522f/files/suchana\(2\).pdf](https://daokathmandu.moha.gov.np/public/upload/1402a3666bab255e6a3f07937faf522f/files/suchana(2).pdf)



With the rise in the spread of corona infection, everyday life in many places has come to standstill again. But why are there separate rules in different places?

The District COVID-19 Crisis Management Committee analyzes the risk of COVID-19. As per the Infectious Disease Act 2020, the Chief District Officer has been given the authority to make necessary arrangements for the prevention, control and treatment of COVID-19 across the district or specific areas of the district. Due to this reason, separate arrangements has been made in different districts as per the order of the concerned Chief District Officer.

Source: <https://mocit.gov.np/categorydetail/2077-bhadra-1-cabinet>



The risk is increasing in Kathmandu as the public aren't following the rules issued by the government. Is there no monitoring agency?

In order to effectively implement the directives for enforcing strict odd-even system for operating the vehicles inside Kathmandu valley and districts with more than 200 active cases, make arrangements to run only the vehicles specified for travel, ensure that the social distance is maintained, and mandatory use of masks, the monitoring and supervision inside Kathmandu valley has been intensified by forming 5 teams inside Kathmandu and 4/4 teams in Lalitpur and Bhaktapur. The Ministry of Home Affairs has also directed other districts to mobilize similar monitoring teams and send weekly progress.

Source: <https://www.moha.gov.np/post/press-release-2033>



Is the government closing all the private hospitals that do not treat the corona patients?

The government isn't closing all the private hospitals that do not treat corona patients. The government has directed the institutes and medical colleges to allocate one-third and private hospitals to allocate 20 percent beds for COVID-19 patients. The government has decided to revoke the permission of PCR testing given to those hospitals that do not allocate 20 percent beds for COVID-19 patients and instead allow the institutes and medical colleges that allocate one-third beds for COVID-19 patients to operate laboratories.


Source: <https://covid19.mohp.gov.np/#/>

To receive our regular updates through WhatsApp

1. Add +27 60 080 6146 to your contact list.
2. Send a message saying **Nepal** to the contact.



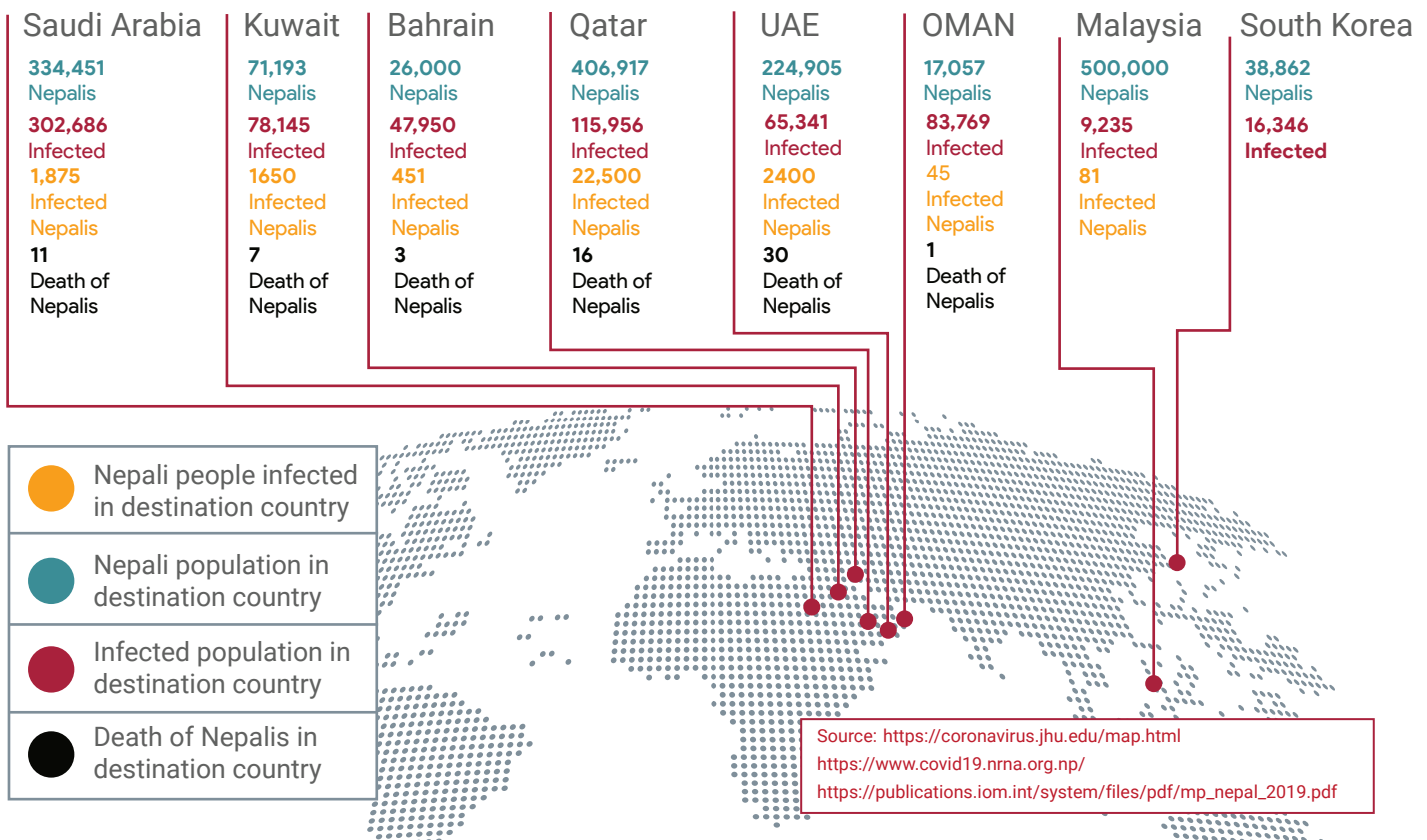
Toll-free **HOTLINE** on  
**COVID-19**

Brought to you by 

DIAL **32100**  
from your NTC simcard for accessing  
all COVID-19 information for FREE

# Open Migration

## Migrant workers in major destination countries



### ShramikSanjal

## Rescue flight schedules made public affected after corona infection increased in Nepal

### Nepal

The flights of the airlines that were made public only a few days earlier have now been delayed until further notice. The pre-scheduled flights have been postponed on the pretext that it wouldn't be possible to travel from one district to another in such a condition and it would be difficult to manage everything due to the growing influence of corona in Nepal. There is no notice yet on when the flights will resume.

### Kuwait

- As the influence of corona is diminishing, the public life is going back to normal. Thus, up to three people can now sit in a taxi.
- All sectors are open with 50% capacity, but corona prevention measures must be followed.
- The ones staying on a visit visa will no longer be allowed to change it into a family visa. If someone wants to invite a family member, they will have to get a family visa.

You can listen to our facebook live at [www.facebook.com/shramik.sanjal](https://www.facebook.com/shramik.sanjal) every Sunday, Wednesday and Friday evening **UAE time (8: 00 PM)**, **Kuwait (7: 00 PM)** and **Malaysia (12 Midnight)**.

# \$ Follow the Money

## Total

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**

## Federal Government

Donors

**ADB**  
**250M USD**  
**World Bank**  
**28.7M USD**  
**IMF**  
**130.9M USD**  
**European Union**  
**82M USD**

## Spent

The total expenditure of Nepal government's activities against Coronavirus

**Around 1.8B NRS**

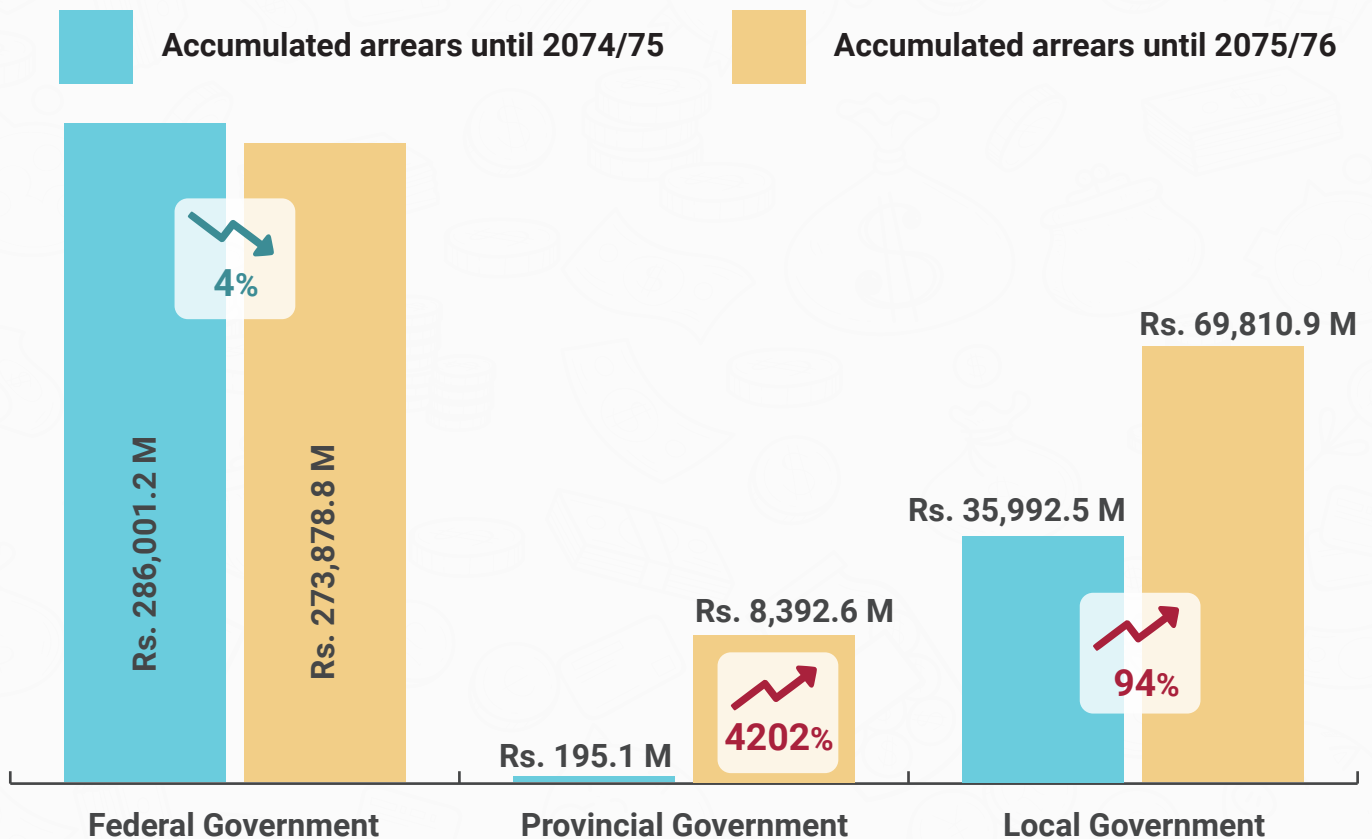
The Ministry of Defence for the purchase of health equipment to prevent and control COVID-19 released

**Around 2.34B NRS**

## Provincial Government

Province Names	Province 1	Province 2	Bagmati Province	Gandaki Province	Province 5	Karnali Province	Sudurpaschim Province
<b>Total Amount</b>	Around <b>294M NRS</b>	Around <b>266M NRS</b>	Around <b>429M NRS</b>	Around <b>183M NRS</b>	Around <b>156M NRS</b>	Around <b>254M NRS</b>	Around <b>425M NRS</b>
<b>Spent Amount</b>	Around <b>193M NRS</b>	Around <b>133M NRS</b>	Around <b>136M NRS</b>	Around <b>154M NRS</b>	Around <b>779M NRS</b>	Around <b>239M NRS</b>	Around <b>364M NRS</b>

## Arrear status of all 3 levels of the government and its trend over 2 years



# \$ Follow the Money

## Province-wise Increment in Arrears in the fiscal year 2075/2076



Arrears in fiscal year 2074/2075



Arrears in fiscal year 2075/2076

### PROVINCE 1

Rs. 22.1 M -> Rs. 1.6739 B

75 times increment

### PROVINCE 2

Rs. 164.6 M -> Rs. 1.8254 B

11 times increment

### BAGMATI

Rs. 1 M -> Rs. 987.3 M

987 times increment

### GANDAKI

Rs. 100 K -> Rs. 1.6447 B

16,447 times increment

### PROVINCE 5

Rs. 500 K -> Rs. 946.8 M

1,893 times increment

### KARNALI

Rs. 200 K -> Rs. 517 M

2,585 times increment

### SUDURPASCHIM

Rs. 5.7 M -> Rs. 882.9 M

155 times increment

The office of auditor general has pointed to the grave situation that has risen in province and local level governments in Nepal. Looking at the accumulated arrears in all three levels of the government, the federal government managed to reduce its arrears by 4% in the fiscal year 2075/2076. Contrary to that, the accumulated arrears in local government has increased by 94%, almost doubling the total amount of the prior year. This shows a very weak implementation capacity at the local level which needs to be addressed. Even worse is the situation at the provincial level, where the cumulative arrears in 2075/2076 increased by 42 times, which is 4202% of what it was in the previous year. This number is astoundingly high and action towards its prevention and control is needed immediately.

A comparison of arrears of provinces from 2074/75 and 2075/76 shows where the problem stems from. All of the provinces have increased their arrears by huge amounts. Province 1 and Province 2 already had high arrears in 2074/2075 and yet have increased it by a significant amount with both having over 1.5 billion NRS arrears in 2075/2076. Bagmati, Province 5, Karnali and Sudurpaschim provinces also have very high increments, considering they had comparatively lower arrears in the prior year. But, the biggest change can be seen in Gandaki Province. In 2074/2075, this province only had an arrear amount of 100 thousand NRS which has increased by over 16,000 times to 1.64 billion NRS in 2075/2076. Such huge increment in the number of arrears show that provinces have not been able to manage their financial issues.

High number of arrears in the initial years of the formation of province and local levels set the wrong trend for these levels of the government. Increase in the arrears constantly portray a dismal picture regarding implementation of federalism in Nepal and questions are raised about financial accountability of these governments.

*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.*



## Frontliner's Voices



### Dilli Narayan Pandey

Information Officer, Deputy Superintendent of Police,  
Traffic Police Office, Butwal

"I had initially thought that corona wouldn't reach upto Nepal. However, while working as the Chief of the District Police Office, Baitadi, I got afraid when the corona infection was confirmed in the prisoner itself. The fear gradually subsided after the PCR report came negative. I have been working in Butwal since 23 Jestha. I have seen more negligence and stubbornness in Butwal than in Baitadi. The people tend to wear masks and maintain physical distance only when they see the police. Health workers, security personnel and media persons seem to be at higher risk than normal public. I cannot allow my fear to override my responsibilities, so I am performing my duties by following the safety precautions."

### Radhe Shyam Chaudhary

Chairperson, Sarawal Rural Municipality, Nawalparasi

"I got a little scared when one person from the local unit confirmed positive for corona. Being a health worker and a local representative myself, there was no alternative but to remove the fear and protect the citizens within the local unit and encourage the health workers who are mobilized in the frontline. We immediately held the meeting of the Disaster Management Committee and formed a rapid response team. As our rural municipality touches the India border, we adopted high border supervision and stayed extra alert. Because of it, except for one person who came from Haryana, no one has confirmed positive for the infection. We have conducted the PCR test of 200 people and are preparing to conduct the test of 500 people from community level."

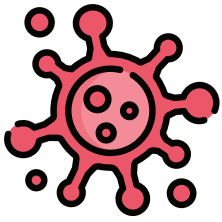


### Munsi Prasad Majhi

Health Division Head, Sammarimai Rural Municipality, Rupandehi

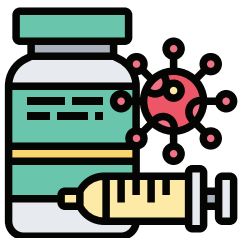
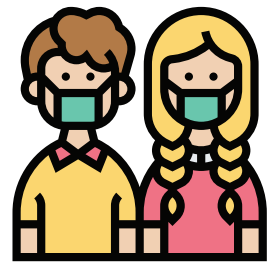
"As we had to stay in contact with the people staying in quarantine all the time, there was a fear that we could be infected any time. When the news of people dying in developed countries started coming in the media, we thought this is it. But later, when the infected people recovered and returned homes, it boosted our confidence. Locals say that quarantine has become a way for representatives to make money. It is still challenging to properly manage the quarantine, inform the community and spread awareness."

## Health Impacts of COVID-19



With the increase in the number of cases and death rates of COVID-19 infection in the past few weeks, prohibitory order has been issued for Kathmandu valley and in different other districts. These numbers are speculated to increase even more in the coming days. The spread of disease in the community now has created more panic and it has severely affected various health aspects.

With all the focus on containing and treating of the COVID-19, other health problems are being ignored. Following, the lockdown there has been disruption in health services delivery. The health facility had to completely shut down the outpatient department and even after shifting of the lockdown the services were limited for various reasons such as shortage of staff, shortage of protective equipment for the staff, failing to adopt the COVID-19 preparedness guidelines, etc. On the other hand there are changes in the service seeking pattern of the people. Difficulty in access due to restrictions in transport, fear of COVID-19 transmission from hospitals, financial hardships have discouraged people to visit health facilities unless it is an absolute emergency. As a result of which people, especially those suffering from the chronic diseases are deprived from the treatment. Visit to doctors, treatment or therapy schedule, screening, antenatal and postnatal checks up, family planning services, immunization, nutrition programs and other essential health services are affected by it. There has been a rapid increase in the maternal mortality and neonatal death following the lockdown. There is a high chance that many children may have missed the vaccine due to disruption and postponing of the ongoing MR (Measles-Rubella) campaign. Likewise, the impact on mental health is huge. The number of suicide has also increased following the lockdown.

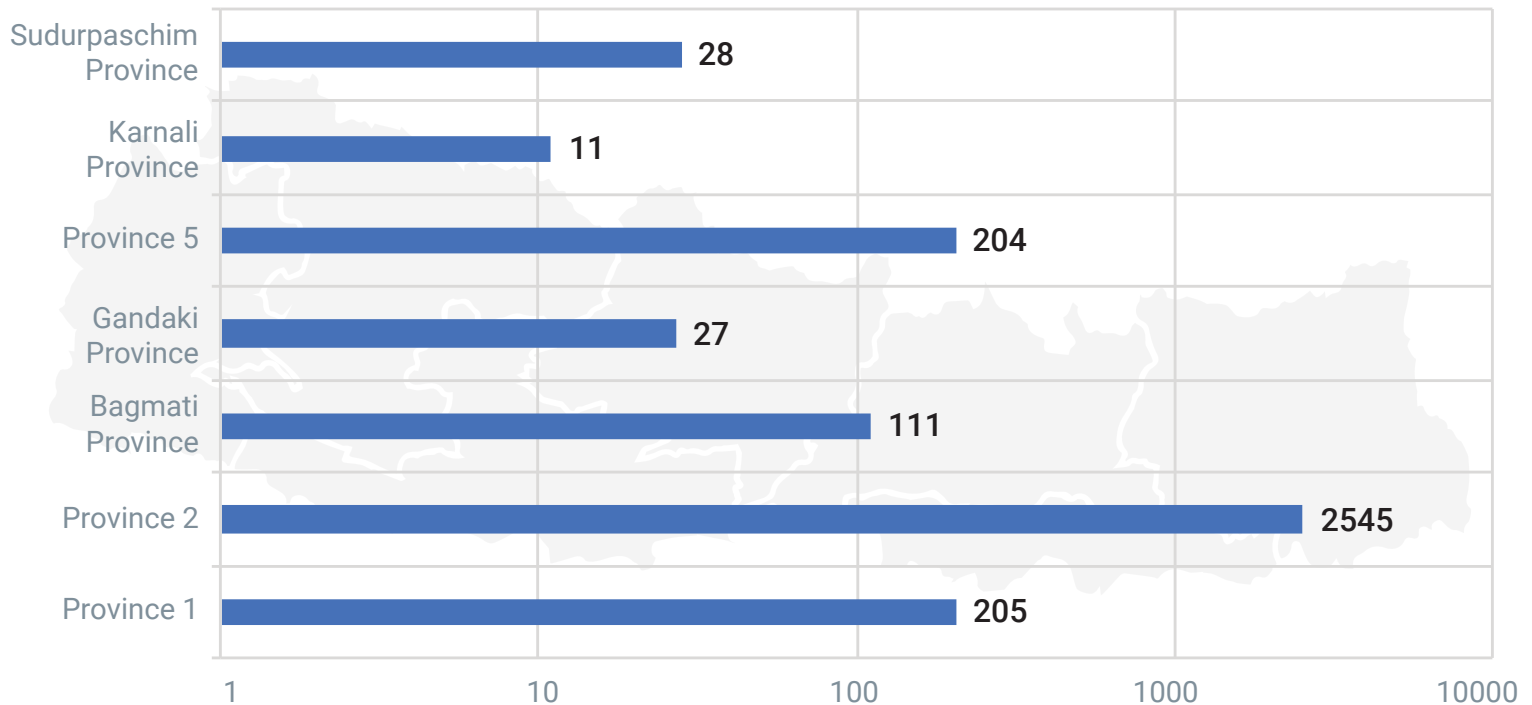


The disruption of the health services and its impact is global. However, countries like ours with limited resources could be more severely affected. This has worsened the health status of the people and there is a huge chance that all the improvements of the nation so far on health indicators might as well be lost. While it is important to prioritize and focus on containing and treating of the COVID-19 it is also equally important to acknowledge the other health impacts and ensure that these services are provided as well. Failing to include them possesses the chance of another outbreak.

**Preksha Bimali,**  
Public Health Researcher

## Failing to make even home isolation safe, a blunt failure of COVID response in Nepal

### Province-wise confirmed COVID-19 cases in home isolation



The above graph shows the number of COVID-19 cases in home isolation. Province 2 has the highest number of cases in home isolation while Province 1, Bagmati and Province 5 are heading towards a similar situation. About 28 percentage of all confirmed cases are in home isolation. This is a huge number which is likely to soar as new cases continue to rise rapidly and hospitals and isolation facilities start to get exhausted. The official guideline which allows home isolations demands a standard separate room, bathroom and kitchenware along with minimum two consultations with health workers per day on phone or via message. Patients have reported that they have not been contacted for several days in a row and no inspection has been made about their situation. Is this just a result of a lack of manpower or carelessness? Are home isolation safe?

Source: HEOC, MoHP, SitRep

#### DISCLAIMER

The sources of rumors, information, and issues presented here are collected from a variety of organizations, government agencies, international organizations, news articles, social media, and Community Frontliners in all 7 provinces of Nepal, as well as the CivActs team based on their conversations with over 2000 people in August 2020. The issues highlighted are chosen based on prevalence, relevance, and its potential impact on society. The information presented here is correct at the time of the issue.

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



@CivicActionTeams

@civacts

@CivActs