

ISSUE
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Youths of Banepa campaign for feeding the hungry dogs

Photo by: [Keshav Raj Poudel](#)



Health workers at protest asking for investigation and punishment after a patient's relatives attack them and vandalize the hospital

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IN THIS ISSUE

Ministry makes the expenditure on COVID-19 prevention and control public

Total Expenditure: Rs. 9 arba 72 crore 30 lakh and 83 thousand

No preparation from the government for the second dose of the vaccine even after 11 weeks

Although the effectiveness of the vaccine decreases after the 12th week, it does not make it ineffective.

Ground Narratives- Anil, Saarathi for the COVID affected

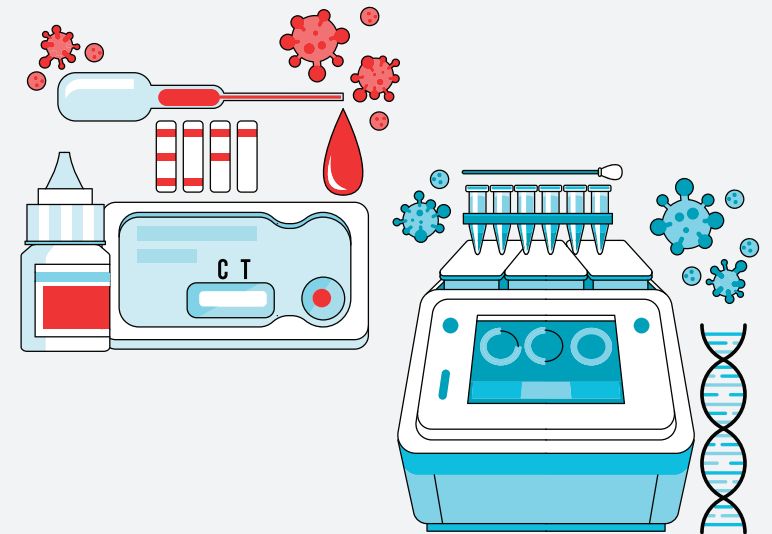
The Council of Ministers of Karnali Province decided to form a volunteer group to combat COVID after receiving suggestions from volunteer Dhakal.

FACT SHEET

The expenses on COVID-19 control and prevention made public by MoHP

For PCR kit, extraction Kit, VTM, antigen kit, mask, gowns, surgical gloves, oxygen system strengthening, ICU, HDU and management of other medicine and equipment, risk allowance of the health workers, free testing and treatment, vaccine purchase and campaign operation

Rs. 5 arab 17 crore 72 lakh and 83 thousand



Amount due to be paid for the vaccination program and HDU

2 billion 545 million 800 thousand)

Aid received in the form of equipment and health materials from different countries and institutions:

Rs. 2 billion

(Switzerland: 970 million, USA: 430 million, Singapore based social organization: 230 million, Spain: 120million, Chinese government 70 million, Bangladesh: 40 million, National and international institutions: 130 million)



Total expenses:

Around 9 billion 723 million and 83 thousand

Nepal is in the process of obtaining equipment of around 5.22 billion for Covid management from:

German Government through KFW:

1.42 billion

Asian Development Bank:

360 million

World Bank:

240 Million

Japanese Government:

3.2 Billion

On the basis of the Covid-19 Preparedness and Response action plan, 14 billion has been ensured for vaccination, diagnostic treatment and management of COVID

Note: The mentioned details are upto 10th Jestha 2078

It is normal for a citizen to have an interest in the expenses made by the government. In times of pandemic, it is important for the government to be more transparent. Along with making the government accountable towards the citizen this also strengthens the citizen's trust in them. Though late, the government has made the details of expenses public. The health and population minister himself making a commitment to make the expenses transparent can be taken in a positive way. However, its implementation is still to be looked at.

Source: <https://cutt.ly/hnsOoS0>

RUMORS & FACTS



It was said that the people who are vaccinated with the first dose should receive the second dose within 9 to 12 weeks. Even after 11 weeks, the government doesn't seem prepared to administer the second dose. Does it affect the person who does not get vaccinated on time?

The World Health Organization (WHO) has recommended that the people who receive the first dose of Covishield vaccine should receive the second dose within 9 to 12 weeks. Although the time for the second dose has arrived, it is still unlikely for about 13 Lakh individuals who had been vaccinated after 23 Falgun 2077 to be vaccinated immediately. Getting the vaccine after 12 weeks does reduce its effectiveness, but it doesn't become ineffective. The government has stated that it is looking for alternatives on this matter.

Source: <https://cutt.ly/gnsPo4I>



According to the World Health Organization, any infected individual is most likely to transmit the infection two days before the COVID-19 symptoms begin to appear. In addition, the infected individual with no symptoms can also transmit the infection. Therefore, the potentially infected person should stay isolated until confirming negative.

Source: <https://cutt.ly/4ndvcl7>

People often become aware of the infection only after showing symptoms or confirming positive for COVID-19. Is it less likely to transmit infection before that?



The infection rate of the second COVID wave is decreasing in Nepal, but why has the lockdown been tightened again?

Even now, the ratio of confirmation of infection among those tested is very high in Nepal. The rate is estimated at 38 per 100 people tested. This means that there are many people in the community who have been infected but have not been tested. Although the statistics show a slightly lower number of infections, we shouldn't assume that we are returning back to normal. The ideal situation is when below 5 people out of 100 test positive.

Source: <https://cutt.ly/gnsPo4I>

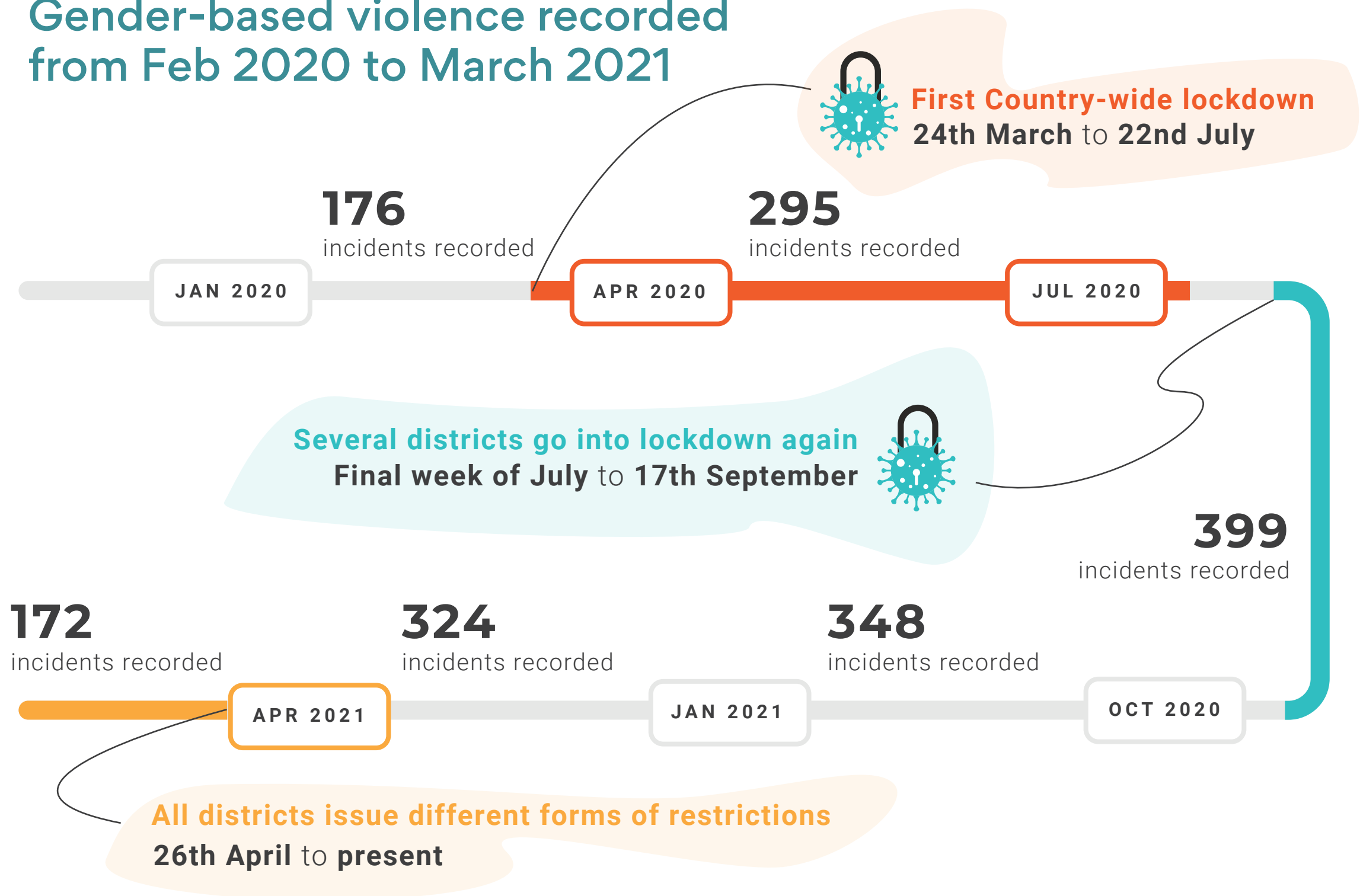
COVID-19 AND GENDER BASED VIOLENCE

Rise in the rate of sexual assault during lockdown



What is actually killing us? The virus? Or **impunity, corruption, lack of efficiency** and **dishonest leadership**?

Gender-based violence recorded from Feb 2020 to March 2021



79% OF THE TOTAL INCIDENTS RECORDED WERE **SEXUAL ASSAULTS**

Disclaimer: This is disaggregated data collected by compiling published reports of incidents of GBV in online media, national dailies, district-level newspapers, and police website. Therefore, the data reflects a trend rather than the actual prevalence of GBV during the period.

Contrary to popular belief, the rate of incidents of gender-based violence doesn't seem to be increasing during the lockdown. The above timeline shows that, although the rate of GBV is high during the different lockdown periods, it is also high during the time when there were no restrictions. The data from Nepal police also shows that gender-based violence in 2020 and 2021 have been similar to previous years. Nonetheless, the number of incidents being recorded for different forms of gender-based violence is still very high and needs to be prioritized by the government in future plans.

The highlight of the gathered data is actually that the number of sexual assaults during this period is very high. 79% of all recorded incidents during this period were sexual assault. This means that even the lockdown was not effective in reducing sexual assaults in Nepal. With assault numbers so high, how can the government ensure safety net for its citizens.

Source: <https://nepalmonitor.org/>

New rules in Qatar, Kuwait, Malaysia and the UAE

Qatar

Flights between Nepal and Qatar will start from 1 June, 2021. People who have been vaccinated with both doses and have a negative test report will be able to go home with a condition of staying in the home quarantine for 19 days, and those who have been vaccinated once and have a negative test report should stay in hotel and will be able to go home after 3 days if the test report is negative. Those who have not been vaccinated should stay in the hotel quarantine for 10 days at their own expense.



Kuwait

Kuwait's first drive-through vaccination center, which can vaccinate 4,000 to 5,000 people daily for COVID vaccine, has come into operation since 30 May 2021. The drive-through covid vaccination center at Jaber Bridge will be serviced from 20 booths.



Malaysia

From 1 June, all services in Malaysia will be closed except for the emergency services. Workers should get a pass again for emergency work. Even when going out shopping, only two members of the family can go out.

The UAE

- A PCR test that can provide results within 3 - 4 hours has started at Dubai Airport.
- More than 100 centers have come into operation at Abu Dhabi to receive Synopharm boosters. Synoform booster is the third dose of vaccine.



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



GROUND NARRATIVES

Anil, the companion of covid-affected

The COVID infection was on the rise in Karnali. The prohibition orders had been issued in most of the districts. People had started staying indoors at home. The scary news about COVID on social media and the death toll was causing fear among the people. Anil Dhakal, a young man from Surkhet realized that this could have a negative impact on the general public, infected people and the relatives of the infected. After that, the youth of Surkhet under his leadership started a Facebook page “Karnali is winning COVID”. For the past one month, health workers, local representatives, etc have been coming live from this page every day and informing the public about COVID and also spreading positivity. Dhakal saw problems in managing the bodies of those who died due to COVID. For that, he appealed for help on social media and help in the last rites of the two infected victims.



After seeing that one person was fulfilling the responsibility of the state, the local administration made the concerned body responsible for the management of those who died of COVID.



After this problem was solved, Dhakal staged a sit-in protest in front of the Chief Minister’s Office with the local youths demanding that the Province government should be held responsible for the lack of oxygen and COVID crisis. During the sit-in protest, the Chief Minister discussed with them and sought alternatives. Dhakal said that a team of volunteers should immediately be formed and mobilized in Karnali against COVID. Shortly afterward, a meeting of the Council of Ministers of Karnali Province decided to form a team of volunteers for COVID response. An auto ambulance was started in Surkhet under the leadership of Dhakal. At present, three autos are transporting the infected people to the hospitals. Under his leadership, the patients in isolation and their caretakers at Karnali Province Ayurveda Hospital are being given morning and evening meals.

Dhakal’s efforts haven’t stopped there. He is now working to help the citizens who are stranded due to the lockdown reach their destinations. For this purpose, a help desk is being started at Surkhet Bus Park. Dhakal says, “The crisis others are facing today could happen to me tomorrow. We youths shouldn’t just look at the state to solve everything. Many problems can be solved with just a little effort. After that, the state must definitely intervene”.

VOICES OUT LOUD

I am driving an ambulance operated by the Birendranagar COVID hospital. Many of the patients have died while I was driving the ambulance. After a lot of struggle, we take them to hospital and no one responds there. I myself have arranged the bed for most of the patients. Sometimes, I do not even have time to eat, as soon as one patient is taken to the hospital I have to go to get the other one. Everyone, including the health workers, are in the spotlight but no one cares about us. The municipality has never asked for our whereabouts after being sent here. Many ambulance drivers like me are carrying the COVID patients. We have reckoned this service to be provided at difficult times.

CHANDRA BAHADUR THAPA

Ambulance driver that carries COVID patients, Birendranagar Surkhet



LAKSHMI KUMARI UPAADHYA

Nurse, Seti Provincial Hospital, COVID ICU ward, Kailali

During the first wave of the COVID 19, we were scared to work without the safety measures. As the mortality rates were low, our fear gradually decreased. The patients also recovered, were happy and returned home. I too felt very happy and satisfied at such times. But now in this second wave, the infection rate and mortality rate are very high. We are not able to save the patient even after we are trying very hard because we do not have adequate oxygen available now. I feel very bad. However, we are still working day and night to treat the patients.

FAIR FACTS

is a product of:



FAIR FACTS is an open platform that connects citizens, leaders and institutions; and exchanges authentic information to tackle misinformation and popular myths around Covid-19 in Nepal. The ongoing crisis of the Coronavirus pandemic demands quick, scientific and fair information around health services, livelihoods, and social security. With FAIR FACTS we build an ecosystem of changemakers and use the power of real stories and voices from all corners of the country for a disaster response mechanism that is fair and equitable.

Covid-19 is not just a health crisis but also exacerbates a lack of integrity and accountability in governance systems. To help beat this virus effectively, we track facts, share helpful information, and build unlikely networks.

Brought to you by:



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 different people, directly and indirectly, over the past week. 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.

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