Coronavirus CivActs Campaign presents



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FAIR FACTS

रोशी गाउँपालिका

Bhakta Lama provided aid रोशी अस्थायी अस्पताल to the Roshi Temporary hospital in the memory of his late father who died of COVID.

Photo by: Rojan Tamang





PW/III

Vero cell vaccine obtained as a grant from the Chinese government to be inoculated to the people of age group 60-64 years from June 8, 2021. Click here for more information

Rumor that the Black fungus disease is seen among all the COVID patients

This disease is not seen among all the COVID-19 patients.

A health worker who served the COVID patients 24/7 became alone when infected.

He stayed alone in a closed room for 20 days when he required help and support from the family.

Of all the disputes recorded during the lockdown, 148 were violent.

The general public being irresponsible to make the government accountable is not a good sign.

FACT SHEET

Nepal Government received health materials and equipment provided by various ally nations, institutions, and organizations







This includes the details of the materials received by the Nepal Government from May 2021-7th June 2021, from China, Spain, Switzerland, United States of America, Temasek foundation, UK, Finland, Thailand, One Heart Worldwide Nepal, IME group, France, UAE, Belgium, Korea, Non-Resident Nepali Association Middle East. Apart from the above mentioned, some other materials have also been received during this period.

RUMORS & FACTS

It is heard that a new disease named black fungus is being observed in the eyes of the COVID-19 patient, which is even scarier. There are rumors that it will slowly be seen in all the COVID-19 patients. Mucormycosis (bank fungus seen in the eyes) observed in the COVID-19 patients isn't a new disease. It is seen most often in patients with high blood pressure after their operation and sometimes in cancer patients due to the changes in immunity power. The infection has been seen during the treatment of COVID-19 patients and also within 10 to 60 days of the infection. However, this doesn't mean all the patients with COVID-19 infection have this disease. There is a cure for the disease which is to boost the immune system. The treatment is said to take from a week to a month.

Source: https://drive.google.com/file/d/1XZ_3BxuvJZyB2qPAdlxgRH0pMMXJajAz/view

For the rural and internet-deprived places, the arrangements have been made to go to the nearest health facility or ward office and fill up the form. The individuals who have already filled the form will be vaccinated later by arranging a separate line based on the availability of vaccines and the priority of the age group. However, those who haven't filled the form

The government had asked to fill the online form to receive the first dose of COVID-19 vaccine. How can the citizens of rural areas fill the form? Does it mean that the individual who hasn't filled out

beforehand will not be deprived of the vaccine.

Source: https://www.mofaga.gov.np/news-notice/2401

the form cannot get vaccinated against COVID?

was said that a 20 percent discount would be given on food grains and cooking gas during the lockdown. However, the price seems to be rising. What is the reality?

It has been said that a discount will be provided on the sale price of rice, flour, pulses, salt, cooking oil, sugar and cooking gas sold by Salt Trading Company during the lockdown. This discount doesn't apply in any retail store.

Source: https://mof.gov.np/uploads/document/file/

DISPUTES DURING COVID-19

Black-marketing, protests, vandalism and other disputes rise during lockdown

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







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

The above illustrations show that there has been a surge of disputes between the public and authority during the different restriction periods from Jan 2020 to present. These disputes were related to government relief (16%), healthcare management (17%), irregularities in commodity market (8%), lockdown enforcement (39%), prejudice and discrimination (10%), and management of quarantine (10%). Among the recorded disputes 148 of them were violent in form, which resulted in the injury of 238 individuals and the death of 2.

These disputes are a result of a lack of accountability among both the public and the government. But the question is why. Why are there rises in disputes during the lockdown period? Why is the public rejecting government rules and becoming more violent? These scenarios need to be analysed by the government to make sure these incidents are diminished or controlled in the future. The general public losing their personal responsibility demanding accountability from power-holders is not a good sign and this issue needs to be addressed as a priority.

SHRAMIK SAATHI



Mandatory hotel quarantine for 5 days when coming to Nepal from the Gulf and 10 days when coming from other countries

- As the Doha-Kathmandu flight will be operated every Monday from June 7, Qatar Visa Center in Nepal will be opened.
- The Department of Foreign Employment has now reissued work permits to workers online, but for those who do not have biometrics will have to provide biometrics in person. For this, DoFE's Tahachal office will be open once a week on Wednesday.
- It is mandatory for individuals returning from the Gulf or Malaysia to stay in hotel quarantine for 5 days. For those returning from other countries, they have to stay in hotel quarantine for 10 days. The cost of a quarantine stay can be more than Rs 3,000 per day.



UAE:

- COVID-19 vaccine is mandatory to participate in or attend any kind of gatherings or exhibitions.
- 10 years of jail and 10 Lakh Dirham will be charged for leaving the child locked in a car.
- A medical test is compulsory for applying for a new visa in Abu Dhabi. The visa will be processed only if the report is negative.

Kuwait

• Preparation is underway to return immigrants having Kuwait Visa and from the low-risk countries under a quota system. The immigrants should have had any one of the vaccines out of the five types of vaccine used in Kuwait (AstraZeneca, Oxford, Pfizer, Moderna and Johnson & Johnson)

• Kuwait has started to collect 2KD from passengers arriving and 3KD from passengers departing Kuwait as airport charge at Kuwait International Airport from June 1. The passenger has to pay this amount at the time of ticketing.

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



GROUND NARRATIVES

Health workers, who work 24 hours in the service of patients, remain alone when they become infected

As the first COVID-19 wave spread globally, Nepalis who were working abroad started returning home. The crowd entering Nepal from the Indian border points was unmanageable. One of those border checkpoints is the Gauriphanta checkpoint in Dhangadhi. Deepak Sunar, Auxiliary Health Worker (AHW) in Dhangadhi Sub-Metropolitan City, works as a 24-hour health worker at the health desk established there.

With a sudden outbreak of a new type of infection, a small number of people had to do a lot of work due to limited resources. A few human resources had a compulsion to juggle many tasks from conducting PCR tests to managing quarantine for thousands of people entering the province. He lived in a rented room.

One evening, after returning to the room at night working whole day, the house owner kicked him out of the room saying that he hadn't paid the room rent and he would spread corona. He started living in different quarantines established at schools and serving the patients after failing to rent a room and running out of money for rent.



As the first COVID wave gradually diminished, the infection of the second wave suddenly spread in a frightening manner. The number of people entering the Province began to increase again. The rate of infection and death also increased on a daily basis. He also got infected with the second wave. He stayed alone in a closed room for 20 days when he needed the support of the family. It made him stressed out. He was confirmed negative after 3 PCR tests. He returned to work on the second day of his recovery. He was relieved of mental stress after returning to service.



Deepak Sunar, who has worked in the service of patients risking his life, merely escaped the attack from the relatives of the patient after the delay in PCR report due to limited human resources and infrastructure. However, his morale to work day and night for the patients hasn't diminished. As of now, he is regularly delivering necessary medicines to those living in home isolation in all 19 wards of Dhangadhi Sub-Metropolitan City.

VOICES OUT LOUD

The experience in the first and second waves of COVID is very different. In the first wave, these many people had not died after getting infected. But now the situation is very dire. Due to the lack of oxygen in the hospital, we are not able to save the patient even if they ask for help. The ICU and ventilator are now available starting from the past week. We have started to feel that the transmission is gradually decreasing. But as we do not know what the virus might lead us into, it is equally to follow the safety important measures.

DAL BAHADUR LAMA (DB) Chairperson, Roshi Rural Municipality, Kavre

Although we learned a few lessons from last year, we have not been able to work as said in this second phase. Even though we are working hard, many cases are seen in the villages. The provincial and the local government are doing their part to control the transmission but their efforts against the COVID have not been as successful as expected. As the virus is uncertain and changes itself, it can affect people for a very long time. So, it is necessary that the people fight against this COVID pandemic together.

ANU ADHIKARI

ICU incharge, Gandaki Medical College, Pokhara



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FAIR FACTS

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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.



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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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