Coronavirus CivActs Campaign presents

The locals of Jaleshwar municipality who had returned to Nepal following the lockdown are preparing to go to Punjab and Haryana in India as the transport resumes.

Photo by: Rakesh Prasad Chaudhary

ISSUE No. 111
22.06.2021

Are the efforts made by the provincial governments enough for the improvement of Nepal’s health sector and economic rehabilitation?
The economic restoration and relief management has been stated but it is seen nowhere in the Budget.

The government is receiving health items from some donor agencies, where do these items go?

Parents at family, in-laws at home, everyone states that nobody respects a woman when she abandons her husband.

Why can’t the same questions posed on women’s dignity be extended to men?

Everyone including her parents and in-laws tell her that nobody respects a woman when she abandons her husband.

Massive flood, landslide and inundation at Melamchi Sindhupalchowk, causes loss of billions. The victims request for help.

Click here for more information
**FACT SHEET**

Are provincial governments doing enough for Nepal’s health and economic recovery?

<table>
<thead>
<tr>
<th>Province 1</th>
<th>Province 2</th>
<th>Bagmati Province</th>
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<tbody>
<tr>
<td><strong>Total Budget:</strong></td>
<td><strong>Total Budget:</strong></td>
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<td>32.46 billion NRS</td>
<td>33.79 billion NRS</td>
<td>57.72 billion NRS</td>
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<td><strong>Directly related to COVID-19 (1.67%)</strong></td>
<td><strong>Directly related to COVID-19 (1.03%)</strong></td>
<td><strong>Directly related to COVID-19 (3.47%)</strong></td>
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<tr>
<td>• COVID-19 treatment and control: 440 million NRS</td>
<td>• Purchasing medical kits: 200 million NRS</td>
<td>• Vaccination: 2 billion NRS</td>
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<tr>
<td>• Promoting entrepreneurship and economic recovery: 100 million NRS</td>
<td>• Support for youth whose employment was affected by COVID-19: 150 million NRS</td>
<td><strong>Indirectly related to COVID-19 (8.11%)</strong></td>
</tr>
<tr>
<td><strong>Indirectly related to COVID-19 (10.46%)</strong></td>
<td><strong>Indirectly related to COVID-19 (2.4%)</strong></td>
<td>• Economic recovery: 2 billion NRS</td>
</tr>
<tr>
<td>• Strengthening public health services: 3.25 billion NRS</td>
<td>• Capacity strengthening for hospitals: 450 million NRS</td>
<td>• Development of health infrastructure: 2.42 billion NRS</td>
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<td>• Capacity development for enterprises: 150 million NRS</td>
<td>• Alternative medicine: 430 million NRS</td>
<td>• One school one nurse program: 260 million NRS</td>
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<tr>
<td>• One school one nurse program: 350 million NRS</td>
<td>• Enterprise development support: 285 million NRS</td>
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The recently published annual budget for Province 1, Province 2, and Bagmati Province have mentioned prioritizing recovery and relief from COVID-19 in objectives and priorities, but these are not reflected in budget allocations. Most of the programs indirectly related to COVID-19 take a higher percentage of the budget compared to programs directly related to it. The province government has also provisioned for economic relief and recovery, but their share in the budget is not shown. Some exemptions are given for registration, renewal, and fines for business enterprises but these are very minimal in comparison to the lost incumbent upon private enterprises. Surely the provincial government should be able to do more for the private sector through this budget. Transferring cash in the hands of the public to create demand can be a way to support these enterprises.
RUMORS & FACTS

It is heard that one can enter and travel outside Kathmandu Valley to other districts on the basis of an odd-even system.

No, the rule of allowing private vehicles to operate according to the odd-even system while loosening lockdown only applies within the three districts of Kathmandu Valley i.e Kathmandu, Bhaktapur and Lalitpur. If anyone has to travel outside Kathmandu Valley for urgent work, then he/she needs a usual pass issued by the District Administration office. Similarly, only those who have travelled with a pass from other districts will be allowed to enter the valley.

Source: https://daokathmandu.moha.gov.np/public/upload/

The government has stated that it is sending health items received from various donor agencies to hospitals across the country as per the need. The Department of Health Services has made public the list of materials sent to each hospital. The detailed information is given in the link below.

Source: https://dohs.gov.np/health-facilitywise-issued-16-june-2021/

We hear almost everyday in the news about the government getting health items from some donor agencies. But where do the items really go? It still seems that the hospitals lack medical equipments?

Yes, the government has provided permission to conduct PCR tests for the purpose of foreign employment only to all government PCR testing laboratories and private hospital laboratories with a minimum of 100 beds. If you are also undergoing PCR testing for foreign employment, then don't rely solely on the ads and undergo testing only after assuring whether or not the laboratory meets the above criteria.

Source: https://cutt.ly/jn0vWul
Protests against government response to COVID-19, and decisions made

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

Protests over the government's poor response to COVID-19 didn't start until late April 2020 in Nepal when COVID cases were rising steadily. There was a big shortage of testing kits and facilities during the period. The government slowly started increasing testing institutes and labs over 2020. As the situation started to feel normal, the number of protests decreased. But, after the 2nd wave hit Nepal, the protests started rising again due to a lack of oxygen cylinders for COVID patients. The similarity in the trend in the government’s response in both the waves of COVID-19 is that their response seems to be reactive rather than proactive. The response from the government during the crisis seems very slow, compared to the urgency of the situation. As the new budget and plan have been decided by the government for the upcoming fiscal year, they should prioritize proactive COVID response and be ready with improved health systems, not just on paper and plans but also on implementation.

Source: https://nepalmonitor.org/
Government to bear the quarantine cost of those who return from the foreign employment

As per the current rule, the migrant worker returning from the 6 countries of Middle East and Malaysia will have to stay in mandatory quarantine for 5 days. If the COVID test result is positive, one has to stay quarantined for an additional 10 days. In such a situation the government will bear the additional 10 days quarantine expenses however, the migrant worker has to bear the cost of the initial mandatory 5 days quarantine expenses.

UAE:
Starting from 23rd June the travellers from South Africa, Nigeria, and India can arrive in the UAE. However, one has to have both the doses of vaccine recognized by the UAE (Sinopharm, Pfizer-BioNTech, Sputnik and Oxford Astra-Zeneca). Additionally, a negative covid report with QR code done within the last 48 hours is also required.

Kuwait
• Immigrants who have been vaccinated by the vaccine approved by Kuwait (Oxford Astra-Zeneca, Pfizer, Moderna and Johnson and Johnson) can enter Kuwait from 1st August, 2021. They have to stay in home quarantine for 7 days. If the PCR test is negative, they can go to work.
• Effective June 27, people who have not been vaccinated against COVID will not be allowed to enter shopping malls, restaurants, lounges and major complexes.
• Kuwait has removed the list of high risk and low risk countries. All immigrants who are vaccinated by the vaccine approved by Kuwait can come to Kuwait from any country by fulfilling the health guidelines.
• Immigrants who have a visa of Kuwait are stuck outside Kuwait and have their visa expired can renew it online.

Qatar
Qatar will provide free COVID vaccines to one million spectators who will arrive to watch World Cup 2022.
Why can’t the same questions posed on women’s dignity be extended to men?

Sarita (name changed) of Jhapa is only 25 years of age. About six years ago, she got engaged to a young man from Jhapa. She also has a 5-year-old daughter now. Shortly after the marriage, she found out that her husband is addicted to drugs. She hoped that her husband would leave addiction also because he was going for foreign employment. In between, her husband would come home. He would return to foreign employment after staying home for a short time. Even during that time, he never gave time to Sarita, nor did he help her. Since he would stay home for a short time, she would console herself thinking that he also has to give time to friends and families.

Her husband returned home as the corona pandemic began. Sarita was happy to be able to live with her husband even though he had lost his job. However, her husband didn’t change as she had hoped. Although he stayed for a long time with family this time, he still didn’t care about Sarita. On the contrary, he began to doubt his wife. Staying home with her husband during the lockdown made Sarita even more stressed. Her husband even started torturing her physically.

But, she can’t go anywhere in the lockdown. Her mother and father ask her to consider the honor of their family. Whereas, her in-laws keep reminding her that no one is going to respect her if she abandons her husband.

She no longer shares her grief with anyone for the sake of so-called dignity.

Sarita, who has been married for a long time but has never received any love and support from her husband, now feels that her husband is completely wrong. On one hand, her biggest concern is to live with her abusive husband in the same house during the lockdown. On the other hand, she is also concerned about the impact of their relationship on her 5-year-old daughter. Why can’t the same questions posed on women’s dignity be extended to men?
The patients used to come with the mentality that the hospital kills them by injecting the injection. At first, it was very difficult to counsel them. We used to give them examples of ourselves, saying we have been at your service day and night and still have not been infected. We have been providing encouragement to the infected that they will recover soon. I haven’t gone home since the day I started treating the COVID patient. The hospital has made arrangements for our food and accommodation. I worked at the COVID hospital last year as well but did not receive any risk allowances. This at times makes me frustrated.

DR. SUBASH MISHRA
Medical officer, COVID focal person, Jaleshwar Hospital Mahottari

Only those infected at risk are being treated at Jaleswar hospital this time. Most of the infected patients have pneumonia. We have been able to treat the patients and send them home after a maximum stay of 15 days in the hospital. As there is no ventilator facility, only those in need have been referred. Last time we were accused of referring patients. So, this time very few patients have been referred outside the hospital. The relatives of the patients also pressurized us to refer the patients. But, we have asked them to trust the treatment we provide here and have been able to provide the treatment as well.

SIMA CHAUDHARY
Staff nurse, Jaleshwar hospital, Mahottari

VOICES OUT LOUD

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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.

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.