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.

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**Thimi Mayor Madan Sundar Shrestha at the municipality hospital inspecting molecular testing equipment for COVID-19.**

*Photo: Nepali Times*

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**The directive issued by National Information Commission to disseminate the information related to COVID-19**

- Regularly publish the information about the health equipment and medicines that are available, distributed or purchased through the government bodies of all three levels.

- Along with releasing the details of the relief distribution, keep the digital records safe for documentation.

- Publish a notice if a different program targeting a certain group has been introduced.

- Publish clear information on bringing back the Nepali citizens willing to return home from foreign destinations.

- Regularly publish the unified statistical details about the citizens in the treatment sites or health institutions.

- Inform regularly about the location and time of the distribution of essential items. Also, inform about the rules to be followed during distribution.

- Make a clear procedure and guideline for the implementation of the relief fund and regularly publish the expenditure.

- Government bodies should refrain from disseminating information of personal nature in the course of providing information.

*Source: [https://mofaga.gov.np/](https://mofaga.gov.np/)*
Rumors & Facts

There has been an increase of irregularities in the name of the coronavirus prevention and discrimination in the relief distribution at local levels. Are there any agencies that listen to such complaints?

If there are any complaints or suggestions regarding the work carried out by the local levels on risk mitigation of the coronavirus, one can inform by making a call in the toll free no. 16600100045 or landline no. 01 4200510 run by the Ministry of Federal Affairs and General Administration from 6 Am to 6 Pm.


It is said that pregnant women shouldn't use medicines that aren't prescribed. Under what condition should pregnant women go to COVID hospital for treatment?

If a pregnant woman shows symptoms such as not being able to eat or drink properly, facing difficulty in breathing (difficulty just started or is gradually increasing), experience chest pain or rapid increase or decrease in the heart beat, decrease in the movement of the fetus which is more than 24 weeks in the womb, then they should contact the second and third grade hospital designated for COVID-19.

Source: https://drive.google.com/file/d/1kbfcF3UIf39ibO0wMqRRtXOHrKa2vgSp/view

Although there is a test machine in Surkhet, why are the samples sent for re-testing to Nepalgunj? Is the machine in Surkhet less reliable?

The government has given a permission of re-test and verification of the infectants to Bheri Hospital, Nepalgunj considering that if the error is seen while testing from a single machine, it will send a wrong message. However, from 12 Jesta 2077, with the permission of National Public Health Laboratory, the results of the Surkhet will also be verified from today. The machine in Surkhet is as reliable as machines in other locations.

Source: Dr. Lakshmi Narayan Tiwari, Health Service Division Head, Ministry of Social Development, Karnali Province

There is a fear that industries will shutdown and there will soon be a shortage of essential commodities in the market.

In the present situation, 349 industries out of 597 from 10 industrial areas are in operation and their average operating capacity is 51%. Out of which oxygen plants and LPG gas refilling are operating in 100% capacity.


SOURCES OF INFORMATION

World Health Organization       Ministry of Health and Population
Do’s and dont’s       Johns Hopkins Coronavirus Resource Center
Migrant workers in major destination countries

- **Saudi Arabia**
  - Nepali population: 334,451
  - Infected: 65,077
  - Death of Nepalis: 7

- **Kuwait**
  - Nepali population: 71,193
  - Infected: 18,609
  - Death of Nepalis: 1

- **Bahrain**
  - Nepali population: 26,000
  - Infected: 8,039
  - Death of Nepalis: 1

- **Qatar**
  - Nepali population: 406,917
  - Infected: 38,651
  - Death of Nepalis: 1

- **UAE**
  - Nepali population: 224,905
  - Infected: 26,004
  - Death of Nepalis: 18

- **OMAN**
  - Nepali population: 17,057
  - Infected: 6,370
  - Death of Nepalis: 311

- **Malaysia**
  - Nepali population: 500,000
  - Infected: 7,059
  - Death of Nepalis: 1

- **South Korea**
  - Nepali population: 38,862
  - Infected: 11,122

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Important Information for the Nepalis laborers in Qatar

- Any Nepalis in Qatar facing difficulty in food due to COVID-19 can call on phone no. 74449592, 50129900, 70909722 or email at nrnancc.qatar2003@gmail.com. Relief is being distributed by Nepal Embassy, Doha in collaboration with the Non-Resident Nepali Association Coordinating Council.

- All the business activities will be closed except food and catering shops, medical shops and delivery service restaurants from 19 May 2020 to 30 May 2020.

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

Donors

- ADB: 60M USD
- World Bank: 28.7M USD
- IMF: 130.9M USD
- European Union: 82M USD

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

Federal Government

Provincial Government

Provinces

<table>
<thead>
<tr>
<th>Province Names</th>
<th>Province 1</th>
<th>Province 2</th>
<th>Bagmati Province</th>
<th>Gandaki Province</th>
<th>Province 5</th>
<th>Karnali Province</th>
<th>Sudurpaschim Province</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Amount</td>
<td>Around 293M NRS</td>
<td>Around 610M NRS</td>
<td>Around 400M NRS</td>
<td>Around 150M NRS</td>
<td>Around 236M NRS</td>
<td>Around 500M NRS</td>
<td>Around 402M NRS</td>
</tr>
<tr>
<td>Spent Amount</td>
<td>Around 178M NRS</td>
<td>Around 177M NRS</td>
<td>Around 123M NRS</td>
<td>Around 920M NRS</td>
<td>Around 136M NRS</td>
<td>Around 132M NRS</td>
<td>Around 201M NRS</td>
</tr>
</tbody>
</table>

Comparative chart of budget allocation in local units of Province 1, Province 2 and Province 5

The budget allocated to the local units is primarily to be used for quarantine management and relief. Although the budget was allocated before new cases were confirmed and the specific amount for relief is still not available, the total amount allocated seems to be mis-managed. Therefore, it might be time that the government revisits the budget allocation once again and makes it more transparent.

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.
Statistics Province 5

There are 873 quarantines in Province 5 which has a total of 598 beds. 19 thousand 56 individuals are staying in quarantine. Majority of individuals staying in quarantine have returned from India. According to the Health Division under the Ministry of Social Development, Province 5, the total number of COVID-19 infected in Province 5 until Sunday afternoon [12 noon] is 277. The highest number of infectants are in Banke i.e 142. 80 cases in Kapilvastu and 40 cases in Rupandehi have been tested positive for COVID-19. Similarly, 5 cases in Nawalparasi West, 3 in Bardiya, 5 in Dang and 2 in Gulmi have been tested positive for COVID-19.

Challenges

Considering the current statistics, Province 5 appears to be the most affected region. The shared border with India also makes the area more prone to infection. Similarly, the ineffectiveness in properly managing the quarantine has also increased this risk. Some locals in Rupandehi have ever protested against the poor management of quarantine. According to locals, the activities within the quarantine set up at Bogati Higher Secondary School in Kothimai Rural Municipality near Marchwar area of Indian border are such as the quarantined individuals roam around in the evening and the personnel who cooks there travels from the home on a daily basis and even takes food to the home which has ultimately increased the risk of transmission in the village.

Solution

Government has issued a guideline for the operation and management of quarantine 2076. But the failure of its implementation is evident by the problems seen above. The following five points should be taken into consideration:

1. Appropriate training should be provided to the personnel assigned for quarantine management to meet the standard criteria.
2. Explain the code of conduct in easy and understandable language to the individuals staying in quarantine.
3. Regulatory bodies should regularly monitor if the quarantine is being operated as per standard criteria.
4. Provide at least the minimum facilities prescribed by the government to the individuals staying in quarantine.
5. The locals should play a role of responsible citizen.
The above graph shows that Nepal has ramped up the daily PCR testing capacity by five-folds in the last 15 days. Interestingly, the total number of confirmed COVID-19 cases have also increased in the same ratio. This shows that there is a need to improve the quantity of daily tests significantly. To put this into perspective, Nepal’s daily test rate is about 3 thousand while Pakistan is conducting 15 thousand daily tests, Bangladesh is testing about 10 thousand daily tests, and India is performing over 100 thousand tests per day.

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.