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GOING PLACES TOGETHER

Nepal's New Normal

The COVID-19 pandemic is like a nightmare that we wish we could suddenly wake up from, realising that it was just a dream. Or like one of those apocalyptic Hollywood movies in which a savaged planet is saved in the final moments from apocalypse.

Imagine if the coronavirus outbreak had not happened. What would we be talking about now? The US elections and the deepening polarisation of America. The climate emergency and how northern Europe just went through one of its warmest winters in history. The non-stop tragedies of the Syria and Yemen wars. And here in Nepal, we would be rehearsing the same old power struggle within the ruling NCP between an ailing prime minister and his rivals.

Epidemiologists and public health experts are divided about just how long it will take for the pandemic to peak, and how long after that for things to get back to a new normal. Some say COVID-19's success in spreading so far so rapidly will doom it as it mutates itself out of existence. Others predict that even if it fades away in the coming months, there will be new outbreaks in the southern hemisphere winter and a secondary epidemic later this year.



BHANU BHATTACHARYA

Either way, this strand of RNA which is not even 'alive' in the technical sense, has ravaged the international economy. The World Bank said this week the pandemic was causing 'unprecedented global shock, which could bring growth to a halt and could increase poverty' across Asia. Even while governments battle with the scourge, and try to compress the peak with extended lockdowns, quarantines and mass testing, they are already thinking about the aftermath, and the even greater threat of economic collapse.

The COVID-19 pandemic is a reminder of just how fragile global systems are, how certainties we took for granted can suddenly vaporise, and how unprepared nations are in working together in a time of global emergency. Reluctance to act, and delays in prevention have cost tens of thousands of

Every crisis comes with an opportunity for the rulers of a country to demonstrate that they can act decisively to protect and provide for citizens.

lives. And it is not even over yet.

Governments are already trying to cover up their previous failures by blaming each other and the virus. There will be a tendency to increase surveillance, expand control on information and the mass media, and to misuse emergency powers. The pandemic is an accelerant that sharpens existing contradictions within countries, in geopolitics, and aggravates authoritarian tendencies already present in countries with elected despots.

The post-pandemic economic collapse and its impact on political stability is what should concern us here in Nepal. Falling oil prices may provide some relief. But a drop in remittances from Nepali workers abroad and the termination of tourism for the rest of 2020 will push Nepalis, who survive precariously at the best of times, off the edge.

Even if Nepal may not have so far suffered a direct hit from the virus, it is the economy that is going to take a bodyblow. For a public that is already disenchanted with incompetent rulers, fed up of corruption (even in the purchase of COVID-19 test kits and protective gear), outraged about Nepali workers not being allowed back into their own country, the economic hardships and joblessness following the epidemic can cause anger to boil over into violent social unrest and threaten political stability. The temptation for politicians then will be to resort to tighter controls, populism, xenophobia, or religious extremism.

Nepal's COVID-19 Control High-level Task Force has taken some bold decisions by being the first country in South Asia to announce a lockdown, and sacrificing tourism and migrant worker mobility to save the country from the pandemic. But there has also been bungling and a lack of sensitivity — especially in dealing with returnees from India and in providing an effective safety net for those worst hit by the prolonged shutdown.

Every disaster is an opportunity for rulers of a country, especially those that have been found wanting in the past, to show that they can act decisively to protect and provide for citizens. To cushion the blow, and not be seen as coddling cronies and continuing with corruption as usual.

Nepal squandered the opportunity to turn the 2015 earthquake into a job-creation campaign at home for national reconstruction. We wasted the chance to use the Indian Blockade to diversify trade and reduce our reliance on imported petroleum. What will it be this time?

10 YEARS AGO THIS WEEK

10 years ago this week CK Lal in his column *Fourth Estate* wrote about the thriving business of print media in Nepal the was bucking the international trend. Excerpts from *Nepali Times* #496 of 2-8 April, 2010:

The print media may be under the hammer in the developed world, but here in Nepal it's alive and kicking. Publishers may not be very happy with advertising revenue, but editors have little to complain about as their readership and influence in national affairs rise. The success of the print media can partly be attributed to the kind of fluid politics that makes straight reporting a dull and repetitive task.

The success of the print media can partly be attributed to the kind of fluid politics that makes straight reporting a dull and repetitive task. What can television cameras do when decisions are taken behind closed doors? The print media, by contrast, can have a field day analysing conspiracy theories from every possible angle and speculating about outcomes.



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Published by Himalmedia Pvt Ltd | Patan Dhoka, Lalitpur | GPO Box 7251 Kathmandu
editors@nepalitimes.com | www.nepalitimes.com | www.himalmedia.com | Tel: 01-5005601-08 Fax: +977-1-5005518
Marketing: Arjun Karki, Surendra Sharma rachanas@himalmedia.com
Subscriptions: Santosh Aryal santosha@himalmedia.com
Printed at Jagadamba Press | Production Plant: 01-5250017-18
City Office: 01-5529210-11 | www.jagadambapress.com | sales@jppl.com.np



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ONLINE PACKAGES



NIGHT ALIGHT

Last week we showed you how a complete shutdown of an otherwise crowded, polluted and growing city, Kathmandu looks like. Now watch a drone 'nightvision' video of Swayambhu area at dusk during Nepal COVID-19 lockdown on the *Nepali Times* YouTube channel.

LOCKDOWN AND SURVIVAL

Lockdown is a great step in minimising risk of the virus but poor people are suffering from scarcity of food, fuel. ('Lockdown likely to be extended', nepalitimes.com). The government needs to help them.

Prajwal Simkhada

■ Insightful piece from Nepal: Handwashing, social distancing, home schooling, these are privileges ('Lockdown Fallout', Editorial, #1003). Call for support for day labourers, rural people and health workers.

Gabriele Koehler

■ How are the homeless surviving the lockdown? ('Nepal COVID-19 lockdown extended till 7 April', nepalitimes.com). Is the government doing anything?

Pems Buddy

■ It's great effort from the Nepal government flying Australian tourists home. ('Nepal Airlines to fly stranded Australian tourists to Sydney', nepalitimes.com). Now why don't we bring back our own people home?

Lahkpa Sherpa

■ They are busy flying foreigners out, but forgetting their own citizens stuck abroad.

Namrata Giri

■ We don't need 'multifunctional arrest and rescue device'. We are waiting for PPEs for medical staff. Do not waste money on unnecessary devices.

Raaj Gurung

■ Normally I would be against this kind of device. But we are living in extraordinary times and if we don't keep distance, the virus will keep on multiplying.

Sameer Rana

■ Kathmandu in the video looks like a post-apocalyptic world with revival of nature. ('Silent Valley', Monika Deupala, *Nepali Times* YouTube channel). Well made, calm and quiet.

Bipin Bhattarai

■ Never have I seen Kathmandu like this in my many times of visiting Nepal.

Valerie Houston

■ Wow this is amazing. When I was in Kathmandu it was crazy busy.

Kim Landmon

■ Nepal has seen blockade, earthquake in this decade. ('Pandemic is a chance to rethink development', Ivan G Somlai, nepalitimes.com). Even then we thought there was a chance to rethink development, they are going to squander this opportunity too.

Kshitiz Baral

■ Finally found the news I have been looking out for- about people who came back from India to Nepal ('Returnees may take the virus to rural Nepal', Mukesh Pokhrel and Sonia Awale, page 8-9). We need help desks in every village and actively look for symptoms.

Himansh

■ While we are ferrying foreign nationals, is this how we treat our people? I know it's hard but at least please provide them with shelter and food.

Tsultrim Tenphel

WHAT'S TRENDING



Lockdown Fallout

Editorial

The coronavirus and its response have exposed and exacerbated existing socio-economic inequities in Nepali society, exclusion and injustice.



Most reached and shared on Facebook

Charles Shobraj out of lockup during lockdown?

by Deepak Kharel

The notorious French serial killer may be freed from jail during Nepal's COVID-19 curfew for being a senior inmate. Don't miss this exclusive report at www.nepalitimes.com



Most popular on Twitter

Nepal locked down, now what?

by Marty Logan

Concealing information fuels conspiracies, rumour-mongering and the 'fake news'. Which is why transparency and strong leadership is just as essential as social distancing during the coronavirus lockdown. Read the popular op-ed in our website.



Most visited online page



Protecting those who protect us from the epidemic

by Ramu Sapkota

Hospital staff in Nepal at the frontlines of the battle against COVID-19 lack protective gear. Learn about how Bheri Hospital in Nepalganj have started to make them locally. Go online to read encouraging feedback for the initiative.



Most commented

QUOTE TWEETS



Nepali Times @NepaliTimes

How do we protect hospital staff across Nepal at the frontlines of the battle against COVID-19? Read this report by @ramusapkota to learn about #Nepal's initiatives to produce protective gears for the medical personnel.

← ↻ 📌 ...



Possible @possiblehealth

'Any #PPE is better than none. Concerns about the feasibility of (safely) cleaning locally-made re-usable PPE, but still better than nothing. This is a time for pragmatism, not perfection. Even in Boston I'm re-using PPE.'

-Dan Schwarz, MD and Possible TA #COVID19



The Glacier Trust @theglaciertrust

In the absence of official (and expensive) PPE equipment, medical staff has been resorting to improvised gowns and masks made locally. Here's an example from Bheri hospital as reported by @NepaliTimes



pradeep.bhandari @PrdpBhandari

Any innovative idea is most welcome in a time of pandemic!



NirajPaudel @nirajpaudel

Government has failed to provide PPEs to the frontline health workers. Many of them have been utilising local resources for making makeshift protective equipment. Something is better than nothing.



BIKRAM RAI

Countries cooperating to find COVID-19 cure

Nepal should be involved in the WHO's 'Solidarity Trial' for a novel coronavirus antidote

We are in for the long-haul with COVID-19, as the rotating apex of the pandemic now jumps across the Atlantic to North America.



DHANVANTARI
Buddha Basnyat

Regardless of how this disease continues to play out this northern hemisphere summer, we in Nepal and elsewhere will still be dealing with it for the rest of 2020. All models predict there will be 'hill and valley' outbreaks as the epidemic peaks and falls.

Widespread testing, hand washing, physical distancing and masks in certain situations will certainly make a difference together with lockdowns of the kind we are going through.

An effective vaccine will be the game-changer, but it is still at least a year away if we are lucky. In the meantime a potent drug therapy antidote against this disease would be most welcome.

Labs in China, Italy, France, USA, the UK and other countries are doing drug trials even as they deal with the onslaught of

the disease. Once the disease is established, there is no other way but to do proper drug trials to treat the disease.

The World Health Organisation (WHO) has come up with an innovative idea of carrying out what it calls a public health emergency 'Solidarity' trial – an international, randomised trial of hospitalised patients with COVID-19.

This is ground-breaking because rich and poor countries will be involved in the study, and crucially, it is being carried out in the midst of the pandemic. There was a time when studies like these would be considered after the dust settled.

Difficult as it may be, the pandemic is the best time to find a treatment so that more people can benefit. Large sample sizes are needed for conclusions from such a study to be robust and reliable. Findings from a trial using 100 patients will be less certain than a study which employs 1,000.

Norway, South Africa, Argentina, and Iran among others have already signed up for the study which has just begun. The WHO is inviting many countries to participate in Solidarity trials so that the results can be generalised and trustworthy.

Because the study is being

carried out 'in the heat of the battle' WHO has kept the study very simple. The trial procedures are greatly simplified, and no paperwork is required. Once the institution has obtained national approval and informed consent from the patient, electronic data entry takes a few minutes.

These modern studies using electronic data entry versus paperwork are really not new in countries in South Asia including Nepal which have taken part in state-of-the art collaborative studies before.

COVID-19

This WHO COVID-19 trial has four drug arms: Remdesivir, Kaletra (2 anti-HIV drugs), Interferon and Kaletra, and Chloroquin or hydroxychloroquin. All patients will receive the standard of care in their country, and in addition will be randomised to one of the arms.

These drugs are not new and have been used against various viral and parasitical diseases in the past. For example, chloroquin has been used for many decades

against malaria. Doctors will be familiar with these repurposed drugs and their side-effects which sometimes can be worse than the treatment. Hence the importance of a robust drug trial.

The final outcomes to determine which is the best choice, if any, among these four arms have also been kept clear-cut: number of deaths, ventilator use, and number of days in hospital.

Because this is a WHO-lead practical study focusing on helping resource-limited settings, it is important that countries in South Asia including Nepal be involved. Funding may not necessarily be a problem. Many countries in South Asia can at least be randomised to chloroquin or hydroxychloroquin which are not expensive to see if this drug works against COVID-19 or not.

President Trump said he "felt good" about hydroxychloroquin, but this needs scientific backing which does not exist yet. The published French study that concluded usefulness of chloroquin had a very small sample size, did not report clinical outcomes and was not randomised to be scientifically sound.

Similarly the Chinese study using Kaletra, recently reported

in the New England Journal of Medicine also had shortcomings. Hence the need for a larger sample size which the WHO's Solidarity trial is poised to do.

In Nepal, the best-placed institution to help carry out such an important study with potentially multiple hospitals involved is the Nepal Health Research Council (NHRC), a revered 30-year-old institution.

True, Nepal has only four COVID-19 patients in hospitals right now, but the possibility of this number growing exponentially soon cannot easily be dismissed. It is best to get the practical research system in place, especially because the WHO will welcome the move, and may help with the process so that we may be better able to help our patients with useful, and not harmful, drugs.

It will also give NHRC a chance to help nurture the talent of a young Nepali researcher to help drive this study in Nepal, coordinating with the different hospitals. This is an opportunity that should not be missed.

Buddha Basnyat is a clinical researcher at Patan Academy of Health Sciences and a frequent health columnist for Nepali Times.

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Common sense is uncommon in fighting COVID-19

Communication is the first line of defence against a communicable disease

The whole world is now using vocabulary that we assume everyone, everywhere, will understand in the same way: pandemic, lockdown, self-isolation, quarantine, flatten the curve, exponential spread, COVID-19. In a country with low adult literacy rate, really poor health infrastructure, Nepalis need to be careful with these terms and how we explain it to the public.

Although the country's economy is ruined, Nepalis themselves have so far has been relatively less affected. Once this pandemic dies out, as it will one day, we have a chance to rethink



½ FULL
Anil Chitrakar

development, revamp our economic development model and update the school curriculum to make it relevant, timely and useful to both the student and society at large to deal with future health scares.

How soon should our young be learning about pandemics and epidemics? Nepalis have lived through an armed conflict, became a republic, written a new constitution, survived an earthquake and Indian economic blockade – all within a generation.

We have restructured the state, and now we are coping with a global pandemic. That is a lot of content for a whole set of new text books. High school history books in Nepal still do not mention the war. Now, we really have to work on how development, environment and health issues are taught in our schools so that the students



BIKRAM RAI

grow up to be able to respond individually and collectively to future crises.

Education is the key to preparedness. We also cannot end up in a situation where people know, but do nothing because students just regurgitated memorised passages in exams. We need to create an education system that focuses on action, results and impact. This will be challenging because the facts are changing rapidly, and knowledge itself comes with an expiry date.

The bigger challenge is to change people's behaviour based on the information they receive,

and the education they have had. Policemen do not need to beat people walking on the streets, they need to be able to stop them, explain what a lockdown is, and the costs and benefits of compliance to society.

Lockdowns are cruel, they bring societal inequities to the surface. Just as the virus targets the vulnerable, the measure used to control it by enforcing a lockdown also disproportionately impact on the poor, elderly or those far from home. In a situation where people do not trust the government and black marketers are politically protected, we cannot blame a public



that is skeptical of government moves.

What is the use of buying insurance only to be told that it does not mention COVID-19 in the fine print? How is anyone supposed to know? For teachers and students of economics, there should be a chapter on how to deal with unprecedented global disasters like pandemics?

Businesses in Europe and North America show profit, give

shareholders their dividends, and then use government subsidies to buy back stock to keep share prices high. Is this the advice multilateral and bilateral agencies give us? If it is, we really need to rewrite our economics text books.

The pandemic is a real teacher if we are willing to learn. How do we explain to college students why the US stock exchange rose over 6% on the day 3.3 million eligible citizens filed for unemployment benefit and the number of COVID-19 infections kept rising? How do hospitals choose which patients to treat and which ones can be left to die because there are shortages of equipment and medicines?

We shall also need the best minds working on the experiences of other countries so we know what works and what does not in a federal political system like the United States. The pandemic is unfolding in real time on our tv screens and monitors, and the challenge is to stay ahead of the curve – for which communicating with the public is key.

The fact that we are teaching people how to wash their hands in 2020 does not speak a whole lot about where we are and where we need to be. Nepalis have been through a lot and have paid a heavy price for not being prepared for disasters, for being poorly governed, and for over-dependency on foreign aid. Experience and education should provide us the common sense needed to take collective action. After all, common sense is not very common. 🇳🇵

Anil Chitrakar is President of Siddharthinc and writes this exclusive fortnightly column ½ Full for Nepali Times.

Lockdown and the surge in domestic violence

Staying home during coronavirus curfew confines Nepali women with their abusers

Suvexa Pradhan Tuladhar

Popular singer and songwriter Samriddhi Rai tweeted this at 4:05 in the morning of Thursday March 26. With the surge in COVID-19 cases around the world, there is evidence of a global spike in domestic violence as well. One week into the nationwide lockdown, Nepal has not been spared.

Many women now find themselves forced to be confined and isolated with domestic abusers. China, which has enforced the most prolonged quarantines so far, saw official figures for domestic violence cases triple in February. The integral idea of social distancing, which is one of the best strategies to combat the virus, directly exposes women to domestic violence.

Although there may not be a big increase in number of new cases of abuse because of COVID-19, the existing cases can turn more extreme since the abuser and the victim cannot avoid anymore being in the same space by going to work or staying at a friend's place.

It becomes more difficult because victims are not able to receive proper resources and support. Health care professionals are focused on aiding the coronavirus patients and catering to the overload in hospitals, so those



facing violence in the home are unable to reach out and seek medical help or therapy.

Even non-profits are finding it difficult to receive the call for help as the world is engulfed in the pandemic. The CEO of YWCA USA Alejandra Y Castillo in a video interview with Nowthis Her said that the number of COVID-19 related domestic violence cases has already overwhelmed the system. Non-profits will also find it difficult to fundraise and sustain themselves because of the economic recession.

COVID-19 has also brought job uncertainty for many women as the unemployment

rate rises in Nepal and elsewhere. Many women, who had to struggle to get the jobs they had are now going to lose them

Finding a job is much tougher for women than it is for men and many women are more vulnerable to losing these jobs, and will find it hard to get back into the workforce. Once her movement is restricted, a woman finds herself more dependent and obliged to stay in an abusive relationship to sustain her family.

Abusive relationships are a form of control and power which is gained by keeping the victim in the relationship because of the children, or economic status. In Nepal, there was already a growing epidemic of violence against women before the coronavirus scare. In fact, domestic violence is the biggest source of injury for women in Nepal with half the women in a recent survey saying they had experienced some form of violence.

In Nepal, where women have just started to become independent and entered a male-dominated workforce with jobs like driving

or foreign employment, the COVID-19 scare could take away these new opportunities and force them back into the home arena.

Nepal's nationwide lockdown has been extended by another week. It is therefore vital for victims of domestic abuse to seek help now when the systems have not been overwhelmed.

Public health experts say there are more infected people than the five diagnosed in Nepal so far, and the number may well increase in the coming week forcing officials to enforce the lockdown even more strictly.

This could increase the number of domestic violence cases as well. There are 24/7 helplines like the *Khabar Garaun* 1145 and online support networks, but more are needed in the provinces. Organisations like RUWON (Rural Women's Network Nepal) need support.

But perhaps the most immediate help can be from people who can support and check up on neighbours. If there is a known case of domestic violence in the neighbourhood, the witness is advised to visit the family and provide support by talking, or giving information about the helplines. The coronavirus may have limited our movement, but it does not have to limit our interactions. 🇳🇵

Khabar Garaun: dial 1145

Lockdown limbo in no man's land

From the Indian side, he can see his village, but Nepal will not allow him home

Deepak Kharel

Dilendra Singh Mahata, 40, had gone to Uttarakhand state in India to see a relative who was not well. But while he was there, the Indian government suddenly announced its three week nationwide lockdown with just four hours notice on 27 March.

Public transport stopped, Mahata's money ran out, and he had nowhere to stay. With some relatives, he walked for three straight days up to the Mahakali River across from Nepal's Darchula district in Nepal — only to find out that Nepal was not allowing him to enter his own country.

Mahata and his friends have been camped out by the banks of the river on the Indian side, they are hungry. They are also angry. Mahata can clearly see his village in Nepal and looks out to it from time to time, missing his wife and two children. "I might die without ever seeing them," he sighs.

There are about 800 other Nepali workers from India who have been stranded on the other side of the border. At the daily briefing in the Ministry of Health in Kathmandu on Monday, the spokesman said the Nepal government had no plans to bring the stranded Nepalis in. "They should stay where they are, and try to make the best of the situation. We will be trying to arrange food and lodging in cooperation with the Indian authorities," the spokesperson said.

When he got a call from a correspondent in Kathmandu, Mahata was at first hopeful, but quickly realised that his own government was not going to help him get back to his family.

"Sir, please help us return to our homes, we do not want to die here, we want to die in our own country," Mahata said. "The Indians tell us they are willing to let us go across, but they are rude and mistreat us."

In the meantime, photos and videos (courtesy of journalist Narendra Karki in Darchula) of young men risking their lives to enter Nepal have gone viral on social media. Ramesh Bista of Darchula and Baitadi's Indra Khatri and Dhan Bahadur Dharmi swam across the fast flowing Mahakali River. But they were arrested by Nepal's police and sent to quarantine.

Most of the stranded are Nepali seasonal workers in various cities of Uttarakhand state in India, others were they for studies or medical treatment. With both Nepal and India locked down for another 1-2 weeks, the Nepalis will have to wait some more before they will be allowed back to their families.

Meanwhile, Indian nationals



PICS: NARENDRA KARKI

working in various parts of Nepal have also been prevented from entering India, and Sastra Seema Bal (SSB) border police fired into the air at the Raxaul checkpoint on Monday to stop them. They had arrived in Birganj from various parts of Nepal, and were trying to walk across the Friendship Bridge at the Nepal-India border.

"The government of Nepal should respect the Constitution and its international obligations," says advocate Madhav Kumar Basnet. His writ petition, filed with advocate Meena Khadka,

calls for authorities to allow the return of citizens who have been denied entry since before the country went into lockdown one week ago.

On 25 March the Supreme Court refused the petition's call to order the government to open the doors to Nepalis abroad who wish to return. A second hearing has been scheduled for 6 April. In an interview, Basnet points out that Article 45 of the Constitution guarantees that citizens will not be exiled and argues that the current situation is "exile-like treatment".



According to Nirajan Thapaliya, director of Amnesty International Nepal: "The government has a duty and responsibility under international law to ensure the rights of its citizens, wherever they are."

Foreign Minister Pradeep Gyawali said in an interview with RSS on Monday: "We have not made any plans to repatriate any students or workers from abroad. It is not the right way, and it is not safe for them to travel at the present time."

Indeed, Basnet was asked

SO CLOSE, YET SO FAR: (left to right) Nepalis stranded on the other side of the border in India Nepalis stranded on the other side of the border in India.

at the Supreme Court hearing if it was a good idea to repatriate Nepalis when the country has so few resources to handle the virus. "I answered, 'which country has the medicine and all the resources needed to deal with COVID-19? None of them is prepared'," he said. 🇳🇵

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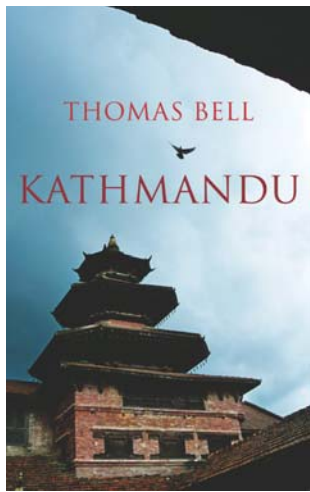
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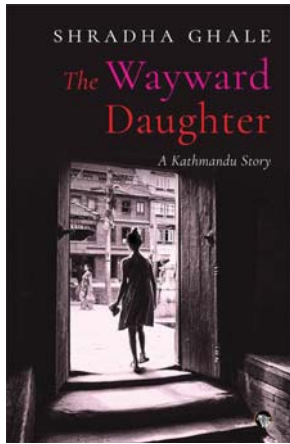
SELF-ISOLATION

**Kathmandu**

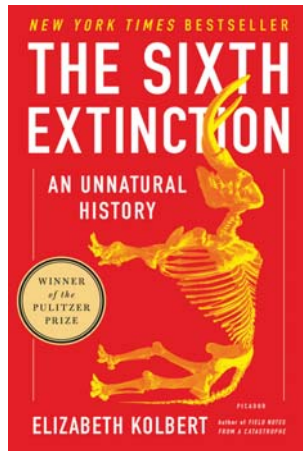
Thomas Bell's chronicle of the contemporary history of Kathmandu includes conversations with Maoists on the field, army and police personnel, expatriates, as well as ordinary people living in the city, and is episodic and shifting constantly in perspective, tone, time, and place.

Severance

This satirical science fiction novel by Ling Ma follows Candace Chen, an unfulfilled Bible product coordinator, before and after the Shen Fever epidemic slowly obliterates global civilisation.

**The Wayward Daughter**

Shradha Ghale's often autobiographical novel offers aspects of life in a Janjati family and portrays a rich cross-section of Nepali society, showing how caste, class, and gender influence everyday life in Kathmandu.

**The Sixth Extinction**

Elizabeth Kolbert's Pulitzer prize winning book about the future of the world blends intellectual and natural history and field reporting into a powerful account of the mass extinction unfolding before our eyes.

Catch-22

Often hailed as one of the funniest books ever written, Joseph Heller's satirical take on war centres around a US Army bombardier and his cohorts' desperation to stay alive during World War II.

QUARANTINE

**Finding Nemo**

After his son is captured in the Great Barrier Reef and taken to Sydney, a timid clownfish sets out on a journey to bring him home. Watch with your kids
3 April, 3:20pm, HBO

The Hunt for Red October

In November 1984, the Soviet Union's best submarine Captain in their newest sub violates orders and heads for the U.S. CIA analyst Jack Ryan thinks the commander of the submarine is planning to defect, and he only has hours to prove it.
4 April, 2pm, Cinemax

Longford

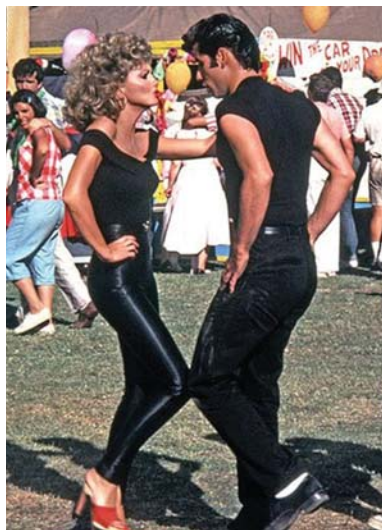
A portrait of Lord Longford, a tireless British campaigner whose controversial beliefs often resulted in furious political debate and personal conflict.
6 April, 3:15pm, Cinemax

Over The Hedge

A scheming raccoon fools a mismatched family of forest creatures into helping him repay a debt of food, by invading the new suburban sprawl that popped up while they were hibernating. Enjoy the movie with your kids.
7 April, 2:45pm, HBO

**The Prestige**

After a tragic accident destroys their friendship, two stage magicians engage in a battle to create the ultimate illusion while sacrificing everything they have to outwit each other.
5 April, 8:20am, HBO

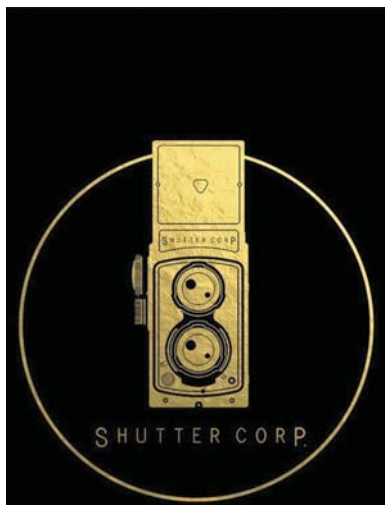
**Grease**

In this iconic musical-play turned film, good girl Sandy and greaser Danny, who had an unforgettable summer romance, discover they are now in the same high school. Will they be able to rekindle their romance despite their differences?
8 April, 10:40am, Cinemax

Madagascar

A group of animals who have spent all their life in a New York zoo end up in the jungles of Madagascar and struggle to adjust to living in the wild in this animated kids' movie.
9 April, 2:15pm, HBO

CONTAINMENT

**Audio Bites**

Audio Bites by Shutter Corp films offers discussions with Nepali public figures on social issues including mental health, motherhood, social media, the environment and more. Find Audio Bites on YouTube.

The Mortified Podcast

A storytelling series where adults share the embarrassing things they created as kids in front of total strangers. Find Mortified on Stitcher.

**Longform**

Longform features weekly behind-the-story interviews with non-fiction writers, including how journalists got started and brought major stories to the public.

**Lore**

Each episode of Lore is an examination of dark historical tales that explores the mysterious creatures, tragic events, and unusual places that fill the pages of history.

The Truth

An anthology fiction podcast that features intriguing short stories spanning genres. If you're confused about where to begin, start by listening to their story That's Democracy.

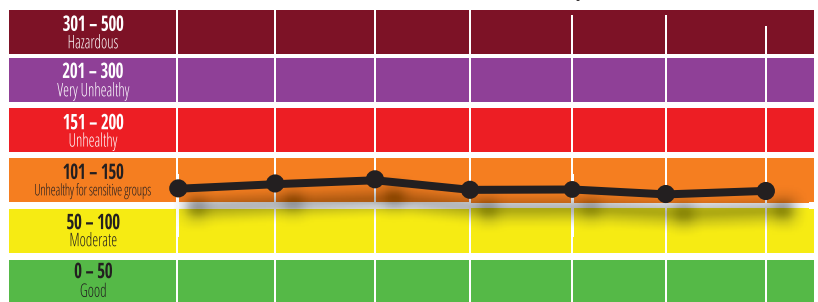


A glorious high pressure area dominates the subcontinent from north to south, and with pollution levels down the direct sunlight is raising temperatures. Kathmandu will see the maximum rise to 27 over the weekend, with the minimum at night in the low teens. The heat may lead to some cloud buildup over the mountains with isolated thunderstorm spells. The sunny weather will last well into next week.

FRIDAY	SATURDAY	SUNDAY
26° 11°	27° 11°	26° 12°

AIR QUALITY INDEX

KATHMANDU, 27 March - 2 April

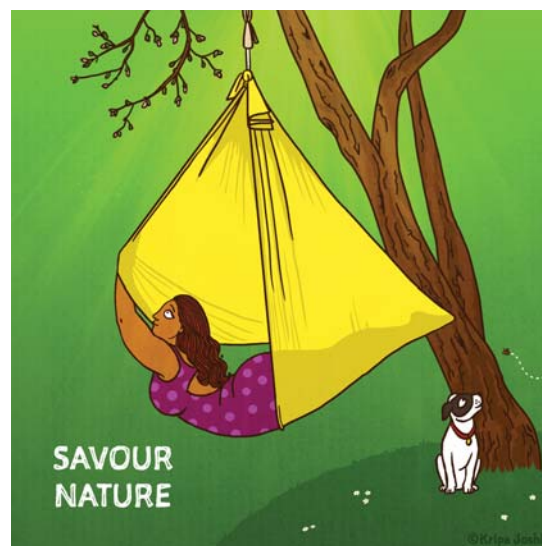


Despite the on-going lockdown, the Air Quality Index in Kathmandu has not dropped as much as it should. The concentration of particles less than 2.5 microns in diameter is still quite high. In fact the daily average has been in the Orange (Unhealthy For Sensitive Groups) Zone all week despite no vehicular traffic. The reason is open garbage burning, farm fires, as well as cross border wind-blown dust. The live AQI measurements (available on www.nepalitiems.com) show pollution dropping in the afternoon as the breeze picks up.

<https://np.usembassy.gov/embassy/air-quality-monitor/>

ECOLOGIC WITH MISS MOTI

KRIPA JOSHI



While we cocoon indoors, spring is arriving in many parts of the world. Let us take this time to appreciate nature and enjoy its bounty outside our windows and in our gardens. Flowers and leaves are bursting forth in a myriad of colours, birds are singing, bees are buzzing and butterflies are dancing. And as we breathe in the cleaner air let us renew our resolve to live in harmony with nature.

OUR PICK



With nearly three billion people under lockdown worldwide, many animals across the world have been left with no food and water. The extended shutdown might also be time to indulge in some good old tales of our four-legged companions. Hachi: A Dog's Tale, released in 2009 tells a true story of the Akita dog named Hachiko. The story is about the undying love and devotion between a dog and man. The film is directed by Lasse Hallström and written by Stephen P. Lindsey and Kaneto Shindo. It stars Richard Gere, Joan Allen and Sarah Roemer. Stock up a little tissue next to you.

बालबालिका माथि हुने हिंसा, दुर्यवहार, शोषण भएको, जोखिमपूर्ण अवस्थामा रहेको वा बालअधिकारको उल्लंघन भएको छ भने बाल हेल्पलाइनको पैसा नलाग्ने

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8 ways to keep well during a lockdown

Marcie Chen
in Shanghai

I have been home alone in my apartment ever since lockdown was announced in China on 27 January. At first, it was a roller coaster of emotions: fear, panic, anger, gratitude, anxiety, loneliness. But now there is peace and calm. What I have learned from my two months in lockdown could help friends around the world who have themselves entered self-quarantine:

1. Give yourself permission to be a human being

When the coronavirus first struck China and the counts of infected and dead rose alarmingly, I entered a deep panic. Afraid of drowning in my emotions, I forced myself to stay



calm. I allowed myself to embrace my feelings and to let them follow their natural course. I felt much lighter. You do not need to force yourself to be calm or unaffected.

2. Focus on what you can do and let go of what you cannot

At first I felt helpless. Medical workers were risking their lives fighting the coronavirus and I felt guilty for being safe and sound indoors and not contributing like they were. I blamed myself for not



doing enough and drove myself into a worse state of health both mentally and physically.

I later came to realise that by self-quarantining, I was doing my part to prevent further spread of the virus: the curve of infection flattened in China after the country started quarantining.

3. Practice social-media distancing

At first, I spent hours reading updates on social media. This made me very anxious. Later, I started 'social-media distancing', checking my phone only at certain times during the day and focusing instead on being present in the



moment. The shift brought me so much peace and it did the same for friends of mine who also made this choice. You cannot expect to

consume a large portion of anxious news and still feel at peace at the end of the day.

4. Be here now

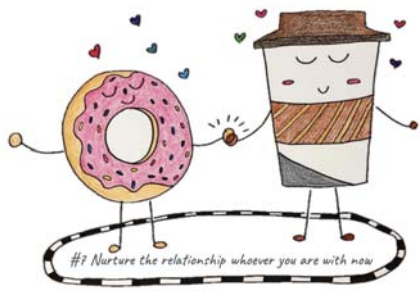
The most important lesson I learned during my ten-day Vipassana meditation course in Nepal was that the only thing that is guaranteed in life is change. If we want to be at peace, we must make friends with change. This means being willing to be in the present moment. Instead



of pining for the days when we could go out freely, be completely present in this moment that is happening right now, and be open to what it brings. Mindfulness teaches that the most important time is now and the most important thing to do is to be in the present moment. We can nurture this ability by practicing meditation.

5. Nurture your relationship with whoever you are with now

During quarantine, you may be 'stuck' with only a few people, be they parents, grandparents, children, partner, housemate or, as in my case, yourself. This is a time to connect deeply and nurture your relationship with those people. In the busy modern lives we have lived, each of us has always had our own agenda to follow, our own personal ambitions to fulfill. Spending time with our families



does not tend to be a priority. The coronavirus has brought us the unexpected gift of precious time with people dear to us. It is the relationships that enrich our lives.

6. Stay connected

Modern life has trained us to live in isolation, encouraged us to compete rather than collaborate, to be independent rather than interdependent, to be individualistic rather than community-minded. The coronavirus has taught us the opposite. We have learned from our



time in isolation that human beings crave deep, authentic connection much more than we crave material gain. You may be alone in quarantine, but it is an opportunity to stay in touch with loved ones normally beyond your daily reach. You are limited in your location, but not in your connections.

7. Slow down and reflect



We operate in hyper mode: get up, get dressed, commute, grab a coffee, work all day and come back home tired, having had little time to connect with ourselves and with our families. The coronavirus made us stop and see how we had lost ourselves in the busy-ness. With everything at a standstill, people returned to being human beings. No longer on autopilot, I too was able to live more consciously, to make more deliberate choices.

8. Exercise regularly

Staying physically active is important to maintaining mental and emotional health. My daily yoga routine grounds me, gives me clarity, and keeps me happy. If



you do not already have an exercise or yoga practice, there are many free resources online to get you started. 🇨🇳



Marcia Chen is a business professional based in Shanghai.

Illustrations by Kaman Louie

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Returnees may be taking coronavirus

Mukesh Pokhrel
and Sonia Awale

A week before Nepal declared a nationwide lockdown to prevent imported COVID-19 cases, close to half a million Nepali migrant workers from India crossed the border into the country without any screening.

Another 1.5 million people left Kathmandu Valley for their home districts as the government announced that all long-distance buses would stop plying after 6AM on 17 March.

Tens of thousands of Nepali workers driven out of their jobs in Indian cities are still trapped across the border in India – prevented from returning to their own country as the government tries to decide where to quarantine them.

COVID-19

Darchula police records show that 128,022 people entered Nepal before the border was sealed, there are now hundreds camping out on the banks of the Mahakali River (see page 5). Health desks at border checkpoints were equipped only with thermometers.

“It is easier to track people travelling by air, since they are fewer and the airport has the equipment for thermal screening,” says Sher Bahadur Pun, infectious disease specialist at the Sukraraj Tropical and Infectious Disease Hospital in Kathmandu. “Local governments should not waste any time to track down such individuals and place them under quarantine immediately.”

But that is easier said than done. The Health Ministry has not even been able to carry out contract tracing of the four Nepalis who flew into Kathmandu from the Gulf and Europe in March who have tested positive for coronavirus. Local



governments in rural Nepal have no record of people who have come home, and are just starting to collect information of recent returnees.

“If anyone is infected here, it is going to be a disaster. All we have are thermometers,” says Padam Giri, mayor of the Budhinanda municipality in Bajura, one of the remotest districts in northwestern Nepal.

Four individuals who returned to Sunchhahari from India recently have been placed in isolation.

Of the 46 people who arrived in Bajura from Mahendranagar after the lockdown, 16 are currently in quarantine at the district headquarters in Martadi.

Adds vice-chair of the Sunchhahari Rural Municipality in Rolpa Pabitra Gharti Magar: “So far no one has shown any symptoms, but if anyone did, we do not even have test kits.”

The mountainous districts of western Nepal are considered to be the most vulnerable because every

family has at least one worker in India who has now returned. It was also western Nepal which was worst hit in the country by the HIV/AIDS epidemic in the 1990s as migrant males brought the disease home and spread it to their wives.

Mahendra Bahadur Shah, chair of the Barekot Rural Municipality in Jajarkot admits that they failed to keep records of people returning from India because they did not initially take the pandemic seriously. Many migrant workers

who entered Nepal though the Gaidachauki checkpoint before it was closed are from Bajhang, Doti, Baitadi and Dadeldhura districts.

Historically neglected by the central government in Kathmandu, western Nepal has suffered from chronic food shortages and epidemics. People from the region make up the highest number of returnees. Even though only one case of the novel coronavirus has been confirmed in the region and is in hospital in Dhangadi, public

Enlisting female health volunteers to

Mukesh Pokhrel
and Ramu Sapkota

What is more useful in combatting coronavirus in remote parts of Nepal without medical services: a mobile app, or a grassroots health volunteer?

What has grabbed media attention are mobile apps to contact trace those who could have been exposed to an infected person. The Ministry of Population and Health has an app called ‘Hamro Swastha’ (Our Health) to help track down those who could be infected.

Kathmandu Municipality has a COVID-19 Surveillance System through which people can find out whether they may have the virus. Even the Nepal Army has issued the COVID-19 Response App to collect information on those who could be infected.

However, public health experts say it would be much more effective to mobilise Nepal’s proven nationwide network Female Community Health Volunteers that has been the backbone of the country’s rural health in the past 40 years.

Epidemiologist Lhamo Yangchen Sherpa says: “Even in cities, it is doubtful if all the information on apps are accurate. It would be much more effective to



to rural Nepal



DINESH KHABAR

LET US IN: Nepalis crossing the border into the country through the Gauriphanta checkpoint in Dhangadi, Far Western Nepal.

protection equipment, and is producing masks locally for staff. Municipalities, district police offices and hospitals are all on red alert for a possible outbreak of COVID-19 in the region.

Adds Gauchan: “We have a few ventilators in the entire western Nepal, and a limited stock of oxygen. We will not be able to do anything if the situation is to turn for worse, but if we contact traced and isolated possibly infected people we might be able to buy some time.”

Back in Kathmandu, Sher Bahadur Pun at the Teku hospital says the returnees might have already had extensive interaction with their family members and hence need to be isolated and placed under home quarantine.

“Even if only one person is infected, who may or may not have a symptom, there is a high chance that the pandemic will spread across the village where there is a lack of reliable healthcare services and people are not aware that they need to visit the doctor even if they have a slight fever,” Pun says.

Among of the general public, there is now a sense of panic, and migrant returnees are being stigmatised, turning villagers against each other. Even people who die of other causes are rumoured to have died of the coronavirus. Public health experts want greater public awareness, physical distancing and expanding of the so far limited testing for COVID-19.

Warns Pun: “If the coronavirus has entered the country unchecked through the border, then we could have a ticking time bomb in our hands.” 🇳🇵

health experts say the virus is out there.

“Hundreds of thousands of people have returned to western Nepal from Maharastra, Delhi and Bihar, which are the hardest-hit COVID-19 states in India. The one case in Dhangadi is only the tip of the iceberg,” says Bikash Gauchan of Bayalpata Hospital in Achham.

Bayalpata has set up a fever clinic, and 10 isolation beds have been added. The hospital has a stock of 20 precious personal

fight COVID-19

SUPERWOMEN: Female community health workers have been credited with progress in infant and maternal survival in Nepal. They could form a critical link in countering coronavirus.

rely on Female Community Health Volunteers to collect information through local governments.”

The government says apps are useful to identify those who have travelled in the same flights or buses as Nepali workers and students returning from abroad. So far, the five Nepalis who have tested positive for COVID-19 have all returned from abroad.

Former WHO public health expert Rita Thapa agrees that Nepal’s grassroots female health volunteers have proven to be effective in vaccination campaigns and awareness about prevention measures. “They could easily be used to collect information on returnees and provide them to the centre,” Thapa says.

Community volunteers have proven to be vital in reaching remote villages out of reach of even health posts, and mobilising this nation-wide network of more than 100,000 women would provide accurate and real time information on newcomers in the village.

“Female health volunteers, nurses, midwives, are at the ward

level and they know exactly who is coming and going, and if they see someone with coronavirus symptoms, they can send the information up the system,” Sherpa explains.

This has been done before. Female volunteers administering Vitamin-A drops to children nationwide would send data to Kathmandu through their mobiles. They can do the same for COVID-19, but they first need to be given personal protection equipment.

“The volunteers would have all the information about where a suspected infected person lives, where they have travelled from and whom they have come in contact with, this is vital information in contact tracing,” says former director of the Health Services Department Gangaraj Aryal.

Female Community Health Volunteers have been credited with dramatically reducing Nepal’s child and infant mortality rates, and also in the rubella, measles and polio vaccination campaigns, contraception awareness, nutrition and Vitamin A programs.

Says Sunita Bhattarai of the Female Community Health Volunteers rights Protection Committee: “At a time of a pandemic like this, we are ready to provide the state all the help we can.” 🇳🇵

Poverty – the real pandemic

At time of writing at noon on 21 March there were 785,855 confirmed cases of COVID-19 around the world, and 37,826 fatalities in just three months.

The speed of spread and the size of population and geography affected is unprecedented in human history, after it spread from Wuhan in December.



COMMENT

Bikash Gauchan

Nepal was actually only the fifth country to report its first case of COVID-19 in a student who came from Wuhan. Even though only five positive cases have been found in Nepal so far with one of them recovered, Nepal was the first country in South Asia to declare a lockdown on 17 March.

There are surely more infected people out there, but for some reason there has not been a major outbreak with large numbers of elderly and vulnerable people crowding our hospitals, as has happened elsewhere.

However, for us working in a community hospital here in remote Achham district the COVID-19 pandemic and need to break its transmission chain comes on top of pre-existing public health crises. For Nepal, there are multiple competing priorities – the foremost of which is poverty.

Although the percentage of Nepalis in absolute poverty has decreased from 59.3% in 2006 to about 20% today, there are large parts of the country with such grinding poverty



IRIN

that it forces families to ignore serious ailments because they cannot afford travelling to a hospital.

At Bayalpata, we treat patients who have walked or have been carried for days because they either do not have access to medical care, or cannot afford it. Having a sick person drives even some better off families into poverty, and men have to migrate to earn enough to pay off loans they took for treatment. For Nepal, the real pandemic is poverty.

A 42-year-old woman was admitted to Bayalpata Hospital last week after fracturing both bones on her left leg after a fall while travelling to a school where her daughter was about to give her secondary school examination. The tests were postponed at the last moment because of COVID-19.

A 14-year-old boy was admitted with a fractured femur after falling from a tree. Despite the lockdown fodder and firewood must still be collected, the maize needs to be planted, livestock have to be tended.

Bayalpata Hospital has set up an emergency department and fever clinic as per government directives. We have trained healthcare workers to deal with coronavirus patients. But all we are encountering so far are the chronic poverty-related diseases that have always been endemic in western Nepal.

The Lancet Global Health Commission says 8 million people every year die around the world from treatable conditions in low and middle income countries. Yet, that does not qualify as a global pandemic.

More than 1,200 women die in childbirth every year in Nepal, that is three fatalities every single day. Tuberculosis kills 6,000 people in Nepal every year. There were 2,736 fatalities in road traffic accidents in Nepal last year. All of these deaths were in one way or other linked to deprivation and inequities.

Every day at Bayalpata Hospital we manage cases of children who are stunted or wasted due to malnutrition, exposing them to opportunistic infections. Some of their families are too poor to provide enough food. There are also cases of fractures, neglected abscess and bone infections every day – mainly among children because parents are forced to be busy at work in the farm, or had gone abroad to earn.

COVID-19 is a dangerous, easily spread viral infection. Yet, when the pandemic does spread to western Nepal it will just be another disease burden on top of the pyramid of poverty we have to deal with here every day. 🇳🇵

Bikash Gauchan is the Healthcare Director for Nyaya Health Nepal in Achham based at Bayalpata Hospital.

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Home health care during a lockdown

Caregivers struggle to balance home patient's needs with looking after their own families

Alisha Sijapati

Even before the two-week lockdown, more and more Nepali families with elderly relatives hired nursing care at home. Several companies had started up as demand from the Nepali diaspora added to the need for home caregivers. The COVID-19 lockdown had accelerated this trend.

Srijana Paudel, 21 (*right*) a certified nurse has been looking after a bed-ridden elderly woman in Lalitpur for more than six months. But on 23 March, when Prime Minister K P Oli went on television to announce a nationwide lockdown from six AM the next morning, she was in a fix.

While hospital workers and ambulances are allowed on the roads, many nurses taking care of elderly or sick family members could not commute to and from their own homes anymore. So, Paudel has been forced to stay over at her patient's home for the past ten days, without being able to take care of her own family.

"I feel bad not being able to return to my home and be with my family, but looking after someone more vulnerable is my duty as a nurse and I will make my best effort to protect them," Poudel says. "It would make me feel more guilty if I stayed home. I have become close with my patient's family, so that helps."

There are over 200 nurses and caregivers like Srijana Paudel from various home care services in Kathmandu working in private residences of elderly patients.



ALISHA SIJAPATI

Seniors and patients with pre-existing medical conditions such as asthma, diabetes, or heart disease are more vulnerable to becoming severely ill with the novel coronavirus, making the need for the home caregivers even more critical.

Rupa Joshi of Bag Bazar has two elderly relatives to look after in her household: a 105-year-old grandmother-in-law and a mother-in-law who is 90. Both require special assistance.

"We had been on self-quarantine even before the lockdown to protect elderly family-members and reduce the risk of contamination," says Joshi who has asked her mother-in-law's caregiver to stay with her own family until the lockdown is lifted to avoid contamination. Another caregiver has been asked to live-in so she does not catch the virus during her commute.

"Our caregivers are like family members now, and in this difficult situation we have to help them, and accommodate their needs too," Joshi adds.

While some home care services had drawn up a contingency plan two weeks before the lockdown, other health providers have had to change their schedules overnight to cater to patients since the shutdown.

At Patan based health care service Medilink, Sushmita Khanal has been working non-stop from her home to cater to her clients and also address the needs of her caregivers who look after older patients.

"We knew COVID-19 and the lockdown was inevitable, but I wish we had more time to buy equipment and medicines and plan effectively," Khanal said over the phone.

Home care had already become a trend in Nepal even before the



HEALTH AT HOME

pandemic scare as family members worked fulltime, and there was no one to take care of elderly relatives. The job has become even more challenging and necessary during the lockdown.

Bishal Dhakal was a resident surgeon in Pakistan, and returned to Kathmandu in 2009 to start a health service provider, Health at Home. Although his clients need services now more than ever, he says the economic downturn may affect the ability of families to hire services like his.

"We have clients from all backgrounds, but since most of them work on monthly salaries we can foresee many clients cancelling their contracts in the next couple of months," says Dhakal.

Fearing a slump, Dhakal's Health at Home, Sushmita

Khanal's Medilink have put off expansion plans in their businesses. However, their central focus continues to be in giving best possible service to existing patients during the lockdown, and communicating virtually with caregivers and nurses on preventing the virus from infecting the elderly.

While most caregivers and nurses are trapped in the homes where they work, the service providers have managed to get limited transport permits to pick and drop some staff who have families to take care in their own homes.

Like Rupa Rai, 22, a nurse at Medilink Health Care who finally got back to her own family after being trapped in her patient's house for nine days. She says: "I didn't bring spare clothes, but now I am more prepared mentally for an extended lockdown."

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