Situation Update #64 - Coronavirus Disease 2019 (COVID-19)  
WHO Country Office for Nepal  

Reporting Date: 29 June – 5 July 2021

HIGHLIGHTS  
*Data as of HEOC of MoHP Situation Report, 5 July 2021*

- Of the total COVID-19 positive cases, 94.6% (611,429) of cases have recovered and 3.9% (25,690) of cases are active.
- Of the total active cases, 89.5% (22,998) cases are in home isolation; 10.5% (2,692) of cases are undergoing hospital/institutional isolation. While 2.2% (571) patients require ICU admission, 31.5% (180) of the ICU admitted patients require ventilator support.
- Eight districts have reported more than 500 active cases.
- Among the total new cases (11,179) reported this week, 20.9% (2,336) are from Kathmandu district. Most of the new cases about 29.3% (3,276) have been reported from Kathmandu valley (Kathmandu, Lalitpur and Bhaktapur districts), Bagmati Province.
- COVID-19 vaccination coverage status (Source: IHIMS/IMU as of 5 July 2021):

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>First dose</th>
<th>Second dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVISHIELD Vaccine</td>
<td>1,828,484</td>
<td>460,734</td>
</tr>
<tr>
<td>SARS-CoV-2 Vaccine (Vero Cell)</td>
<td>783,323</td>
<td>299,220</td>
</tr>
</tbody>
</table>

NEPAL EPIDEMIOLOGICAL SITUATION

- As of 6 July 2021, T0 7:00:00 (week no. 27), a total of 646,367 (19.4%) COVID-19 cases were confirmed through polymerase chain reaction (RT-PCR); 3,376,041 RT-PCR tests have been performed nationwide by 96 designated functional COVID-19 laboratories of which 58 are public laboratories. A total of 38,994 (18.7%) cases were confirmed through Antigen RDT; 208,276 Antigen RDT have been performed nationwide.
- As of 9 May 2021, all 7 provinces in the country are now experiencing community transmission.
- Province-wise RT-PCR test positivity rate in past week (week 26) ranged from 12.9% (Province 2) to 39.1% (Karnali Province), with national positivity rate averaging 27.1%.
- Overall, the sex-distribution remains skewed towards males, who constitute 61% (391,870/646,367) of the RT-PCR confirmed cases. Amongst the males, 79% (308,132/391,870) are in the economically productive age group (15-54 years).
• National Public Health Laboratory (NPHL) received and reported 14 diagnostic and surveillance influenza samples on EPID-week 26 (28 June- 4 July 2021). None of the samples tested positive for influenza or SARS-CoV-2.

• Of the total SARS-CoV-2 negative samples, 179 negative samples were tested for Influenza on EPID-week 26 (28 June- 4 July 2021). None of the samples tested positive for influenza.

• Since 4 January (EPID-week 1) until 4 July 2021 (EPID-week 26), a total of 52 samples have tested positive for influenza (All were Influenza A/H3 ) from 2150 samples (sentinel and non-sentinel samples including SARS-CoV-2 negative SARI and ILI cases). Similarly, 273 samples have tested positive for SARS-CoV-2 from 1123 samples (Sentinel/non-sentinel ILI/SARI samples).¹

Figure 1: WHO SEAR countries: Number of COVID-19 confirmed cases (Data as of 5 July 2021; Global Weekly Epidemiological Update 47) and cumulative incidence rate (per 100,000)

<table>
<thead>
<tr>
<th>SEAR Country</th>
<th>Total Population</th>
<th>COVID-19 Cases</th>
<th>Incidence (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>170306468</td>
<td>954881</td>
<td>553</td>
</tr>
<tr>
<td>Bhutan</td>
<td>748931</td>
<td>2169</td>
<td>287</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>49403852</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>India</td>
<td>1401399022</td>
<td>30585229</td>
<td>2152</td>
</tr>
<tr>
<td>Indonesia</td>
<td>271052473</td>
<td>231829</td>
<td>85</td>
</tr>
<tr>
<td>Maldives</td>
<td>557426</td>
<td>74480</td>
<td>13631</td>
</tr>
<tr>
<td>Myanmar</td>
<td>54283980</td>
<td>168374</td>
<td>306</td>
</tr>
<tr>
<td>Nepal</td>
<td>29803732</td>
<td>646367</td>
<td>2140</td>
</tr>
<tr>
<td>Srilanka</td>
<td>22034594</td>
<td>266499</td>
<td>1209</td>
</tr>
<tr>
<td>Thailand</td>
<td>66558935</td>
<td>289233</td>
<td>437</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>1327038</td>
<td>9512</td>
<td>722</td>
</tr>
<tr>
<td>SEAR</td>
<td>2066149413</td>
<td>33228573</td>
<td>1627</td>
</tr>
</tbody>
</table>

¹ These positive cases are included in the COVID-19 database.
At a national level, the second wave of cases between July 2020 and February 2021 was followed by the third wave from the middle of March 2021. The total PCR tests done in Nepal on 5 July 2021 was 7499 which is 63% less than the number tested during the peak in the beginning of May 2021.

The cumulative case incidence has been increasing in Nepal since the first case which was confirmed on 23 January 2020. Cases have been largely reported from Bagmati Province followed by Lumbini Province and Province 1.
There were 2905 new cases reported in the past week in Province 1. Since week 10, new cases are continuously increasing. However, the cases had increased by 14% in the past week compared to the previous week. There were 59 deaths reported in the past week, 5% more than that of the previous week. The test positivity rate in Province 1 increased to 37.2% in the past week. A total of 7701 tests were performed in the past week, 1% less than that of the previous week.
There were 372 new cases reported in the past week in Province 2. Since week 11, new cases are steadily increasing. However, the cases have decreased by 10% in the past week compared to the previous week. There were 9 deaths reported in the past week, 10% less than that of the previous week. The test positivity rate in Province 2 increased to 12.9% in the past week. A total of 2023 tests were performed in the past week, 31% less than that of the previous week.

In Bagmati, 4729 new cases were reported in the past week. Since week 11, new cases are continuously increasing. However, the cases had an upswing by 1% in the past week compared to the previous week. There were 72 deaths reported in the past week, 42% less than that of the previous week. The test positivity rate in Bagmati decreased to 18.5% in the past week. A total of 26785 tests were performed in the past week, 1% less than that of the previous week.
In Gandaki, 1636 new cases were reported in the past week. Since week 11, new cases are continuously increasing. However, the cases have decreased by 57% in the past week compared to the previous week. There were 18 deaths reported in the past week, 58% less than that of the previous week. The test positivity rate in Gandaki increased to 38.1% in the past week. A total of 3454 tests were performed in the past week, 64% less than that of the previous week.

Lumbini reported 822 new cases in the past week. Since week 12, new cases are considerably increasing. However, the cases had increased by 18% in the past week compared to the previous week. There were 27 reported in the past week, 21% less than that of the previous week. The test positivity rate in Lumbini increased to 19.8% in the past week. A total of 4064 tests were performed in the past week, 12% less than that of the previous week.
In Karnali, 218 new cases were reported in the past week. Since week 12, new cases are continuously increasing. However, the cases have decreased by 18% in the past week compared to the previous week. There were 24 deaths reported in the past week, 100% more than that of the previous week. The test positivity rate in Karnali decreased to 39.1% in the past week. A total of 512 tests were performed in the past week, 14% less than that of the previous week.

In Sudurpashchim, 261 new cases were reported in the past week. Since week 12, new cases are increasing significantly. However, the cases had upswing by 50% in the past week compared to the previous week. There were 7 deaths reported in the past week, 75% more than that of the previous week. The test positivity rate in Sudurpashchim increased to 24.3% in the past week. A total of 964 tests were performed in the past week, 27% less than that in the previous week.
Cases and deaths have been reported in high numbers from Bagmati Province, mostly from Kathmandu valley area. The overall case fatality ratio (CFR) of Nepal is 1.43%. However, the CFR is relatively high in Karnali Province with 2.1% and Lumbini Province with 1.77%.

<table>
<thead>
<tr>
<th>Province</th>
<th>Total Cases</th>
<th>Total Death</th>
<th>CFR%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province 1</td>
<td>74571</td>
<td>1226</td>
<td>1.64</td>
</tr>
<tr>
<td>Province 2</td>
<td>43749</td>
<td>728</td>
<td>1.66</td>
</tr>
<tr>
<td>Bagmati</td>
<td>330822</td>
<td>3958</td>
<td>1.20</td>
</tr>
<tr>
<td>Gandaki</td>
<td>54614</td>
<td>936</td>
<td>1.71</td>
</tr>
<tr>
<td>Lumbini</td>
<td>87689</td>
<td>1551</td>
<td>1.77</td>
</tr>
<tr>
<td>Karnali</td>
<td>19280</td>
<td>404</td>
<td>2.10</td>
</tr>
<tr>
<td>Sudurpaschim</td>
<td>35642</td>
<td>445</td>
<td>1.25</td>
</tr>
<tr>
<td>Nepal</td>
<td>646367</td>
<td>9248</td>
<td>1.43</td>
</tr>
</tbody>
</table>

Figure 3: National -Municipalities (By domicile) with reported laboratory-confirmed COVID-19 cases and deaths (N = 646367) (Data reported on 9 July 2021 T0 7:00:00)
Table 1: Summary of laboratory-confirmed COVID-19 cases, deaths and transmission by provinces. (Data reported on 9 July 2021 T0 7:00:00)

<table>
<thead>
<tr>
<th>Reporting Province</th>
<th>Total confirmed cumulative cases RTPCR Tests</th>
<th>Total Confirmed cumulative cases Antigen RDT test</th>
<th>Total confirmed cumulative cases</th>
<th>% of total confirmed cumulative cases</th>
<th>Total cumulative deaths</th>
<th>Transmission classification*</th>
<th>Total confirmed cases in last 14 days Antigen RDT test</th>
<th>Total confirmed cases in last 14 days RT-PCR test</th>
<th>Total confirmed cases in last 14 days</th>
<th>% of total confirmed cumulative cases in last 14 days</th>
<th>Total Deaths in last 14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province 1</td>
<td>74571</td>
<td>8426</td>
<td>82997</td>
<td>12.3</td>
<td>1226</td>
<td>Community transmission</td>
<td>3762</td>
<td>5868</td>
<td>9630</td>
<td>26.4</td>
<td>112</td>
</tr>
<tr>
<td>Province 2</td>
<td>43749</td>
<td>385</td>
<td>44134</td>
<td>6.5</td>
<td>728</td>
<td>Community transmission</td>
<td>64</td>
<td>870</td>
<td>934</td>
<td>2.6</td>
<td>18</td>
</tr>
<tr>
<td>Bagmati</td>
<td>330822</td>
<td>7766</td>
<td>338588</td>
<td>50.0</td>
<td>3958</td>
<td>Community transmission</td>
<td>2799</td>
<td>10253</td>
<td>13052</td>
<td>35.8</td>
<td>181</td>
</tr>
<tr>
<td>Gandaki</td>
<td>54614</td>
<td>5437</td>
<td>60051</td>
<td>8.9</td>
<td>936</td>
<td>Community transmission</td>
<td>1901</td>
<td>5701</td>
<td>7602</td>
<td>20.8</td>
<td>66</td>
</tr>
<tr>
<td>Lumbini</td>
<td>87689</td>
<td>5429</td>
<td>93118</td>
<td>13.8</td>
<td>1551</td>
<td>Community transmission</td>
<td>1938</td>
<td>1662</td>
<td>3600</td>
<td>9.9</td>
<td>56</td>
</tr>
<tr>
<td>Karnali</td>
<td>19280</td>
<td>1547</td>
<td>20827</td>
<td>3.1</td>
<td>404</td>
<td>Community transmission</td>
<td>385</td>
<td>510</td>
<td>895</td>
<td>2.5</td>
<td>33</td>
</tr>
<tr>
<td>Sudurpashchim</td>
<td>35642</td>
<td>1492</td>
<td>37134</td>
<td>5.5</td>
<td>445</td>
<td>Community transmission</td>
<td>304</td>
<td>447</td>
<td>751</td>
<td>2.1</td>
<td>10</td>
</tr>
<tr>
<td>National Total</td>
<td>646367</td>
<td>30482*</td>
<td>676849</td>
<td>100</td>
<td>9248</td>
<td>Community transmission</td>
<td>11153</td>
<td>25311</td>
<td>36464</td>
<td>100</td>
<td>476</td>
</tr>
</tbody>
</table>

*Total reported in HEOC Sitrep of 5 July 38994; but IMU reported 30482

Notes:
1. The source for case data used in this update is from RT-PCR test positivity reported by laboratories from various locations across Nepal, as shared by HEOC Sitrep and IMU/IHIMS.
2. Case data is screened and cleaned by our data team for double entry, wrong entry and manual errors such as a city’s name in place of districts, district name in place of province, etc.
3. Whereas the test positivity rate is calculated based on the test positivity reported in Sitrep for RT-PCR which may or may not be scrutinized or cleaned the same way and mark the cases on location of the laboratories rather than their place of stay.
Overall, the sex-distribution remains skewed towards males. The incidence of cases is higher in the economically productive age group (15-54 years) for both males and females.

Table 2: Age Specific Case Fatality Ratio and Co-morbidity of Deaths* in COVID-19 confirmed cases (N = 646367) (Data reported on 9 July 2021 T0 7:00:00)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total confirmed cases</th>
<th>Death (male)</th>
<th>Death (female)</th>
<th>Deaths with any known comorbid condition</th>
<th>Age specific case fatality ratio (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 yrs</td>
<td>5951</td>
<td>13</td>
<td>16</td>
<td>10</td>
<td>0.49</td>
</tr>
<tr>
<td>5-14 yrs</td>
<td>23924</td>
<td>11</td>
<td>7</td>
<td>8</td>
<td>0.08</td>
</tr>
<tr>
<td>15-24 yrs</td>
<td>97726</td>
<td>68</td>
<td>70</td>
<td>45</td>
<td>0.14</td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>174399</td>
<td>310</td>
<td>192</td>
<td>95</td>
<td>0.29</td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>135433</td>
<td>731</td>
<td>333</td>
<td>205</td>
<td>0.79</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>96036</td>
<td>1128</td>
<td>493</td>
<td>397</td>
<td>1.69</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>60060</td>
<td>1371</td>
<td>590</td>
<td>557</td>
<td>3.27</td>
</tr>
<tr>
<td>65-74 yrs</td>
<td>31269</td>
<td>1289</td>
<td>651</td>
<td>691</td>
<td>6.2</td>
</tr>
<tr>
<td>75-84 yrs</td>
<td>13885</td>
<td>901</td>
<td>483</td>
<td>522</td>
<td>9.97</td>
</tr>
<tr>
<td>85+ yrs</td>
<td>3844</td>
<td>367</td>
<td>202</td>
<td>178</td>
<td>14.8</td>
</tr>
<tr>
<td>Unknown</td>
<td>3840</td>
<td>16</td>
<td>6</td>
<td>10</td>
<td>0.57</td>
</tr>
<tr>
<td>National</td>
<td>646367</td>
<td>6205</td>
<td>3043</td>
<td>2718</td>
<td>1.43</td>
</tr>
</tbody>
</table>

* COVID-19 positive lab result is temporally associated with death; causal association under investigation.
A total of 9,248 deaths have been reported. Out of the total deaths, 6,205 (67.1%) were males and 3,043 (32.9%) were females. Amongst the deaths, 2,718 persons (29.4%) had at least one known comorbidity. Although the overall case fatality ratio (CFR) across all ages is less than 1%, the CFR progressively increases with age beyond 65 years of age, ranging from 6.2% to 14.8%.

**PREPAREDNESS AND RESPONSE**

**What are the Government of Nepal (GoN) & the Ministry of Health & Population (MoHP) doing?**

- MoHP conducted a program ‘orientation on enhanced surveillance through second round sero prevalence SARS-CoV-2 in Nepal’ on 1-3 July 2021 at Kathmandu with physical presence of 35 participants (nurse, public health expert, medical doctor etc). While the logistics support was provided by the OSL Pillar of WHO Nepal, technical support was provided by Laboratory and Epidemiology Pillar of the WHO Nepal. The trained survey teams have been mobilized to all the provinces for coordination/advocacy of meeting.

*Opening session during the orientation program on sero prevalence SARS-CoV-2. In the dais from left to right- Dr Nebin Shrestha (Central Bureau Statistics, Director General); Dr Rajesh Sambhojirao Pandav (WHO-Nepal Representative); Dr Krishna Paudel (EDCD, Director); Mr Mahendra Prasad Shrestha (MoHP, chief specialist) and Dr Pradeep Gyawali (NHRC, chief executive officer). Photo Credit: WHO Nepal/ P. Shrestha*
• Introductory and advocacy virtual meeting for piloting of ‘Digitization of Vaccination Records’ with 7 selected palikas (1 palika each from all 7 Provinces) across the country has been completed. This is a joint project of WHO Nepal and UNDP led by IMU/ Integrated Health Information Management Section (IHIMS), Management Division of DoHS. Following the training and meeting, assessment of IT infrastructure and human resources of the vaccination sites in 7 selected palikas was conducted from 27 June-1 July 2021.

• COVID-19 vaccination campaign for ‘second dose of SARS-CoV-2 vaccine (VeroCell)’ is to begin throughout the country for 60 – 64 year old population in Kathmandu valley (Kathmandu, Bhaktapur and Lalitpur districts) and 62-64 years age group in the remaining 74 districts from 06 July 2021.

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• Government of Nepal is receiving medical equipment, supplies and health commodities from many countries and donor agencies. Within the reporting time frame, the following have provided logistics support:
  o Unilever Nepal Limited
  o Persatuan Kebajikan Masyarakat Janauddhar Kendra Malaysia Western Digital’s Nepalese employee and Love Penang Network in collaboration of Social Welfare Association Janauddar Kendra, Malaysia
  o Association of Pharmaceutical Producers of Nepal (APPON)
  o Good Neighbours International (GNI) Nepal

What is the WHO Country Office for Nepal doing?

Laboratory Capacity
• WHO Nepal has been providing technical support to NPHL in the following activities:
  o Monitoring the quality standard of designated COVID-19 laboratories in the country through the National Quality Assurance Program (NQAP). A total of 5 designated COVID-19 laboratories participated in the NQAP this week. The results of all the participating laboratories were satisfactory ≥90%.
  o Validation of ONE-STEP RT-PCR COVID-19 kit THAI DUONG. The result is awaited.
  o Conducting meeting with EDCD and WHO-IPD team for discussion on the role of NPHL in second round of sero-prevalence survey of SARS-COV-2. WHO-EPID team provided brief information on the protocol of the Second round of sero-prevalence to the NPHL team. The director of NPHL provided information on how the NPHL is preparing for the survey.

Technical Planning and Operations
• The 5th subcluster meeting on disability was held on 2 July 2021 in presence of the Hon. Minister of Health and Population (MoHP) of Gandaki Province - Madhu Adhikari Gurung, as chief guest along with WHO colleagues and partner agencies. The meeting was organized by National Federation of the Disabled Nepal, Gandaki Province and supported by WHO Nepal.
• A brief presentation on Post COVID-19 conditions and an overview of the screening tool was delivered by the WHO team in the UN townhall meeting on 1 July 2021. The following outcomes of the presentation were shared:
  o The UN Clinic with the support of IOM and WHO has jointly initiated a preventive approach towards staff wellbeing for all staff and dependents who have recovered/recovering from COVID-19.
  o In this regard, a follow up /screening tool has been developed by WHO to identify new or lingering symptoms experienced by the staff and dependents while recovering from COVID-19.
  o Though the focus is on prevention, medical and rehabilitation consultations have also been planned by UN clinic to manage identified complications.
**Point of Entry**

- Prohibitory Order imposed in Kathmandu Valley since 29 April 2021 has been further extended by a week from 06 July 2021 until 15 July 2021 by the District Administration Offices of Kathmandu district (Link [Here](#)), Lalitpur district (Link [Here](#)) and Bhaktapur district (Link [Here](#)). Compared to previous orders, DAOs have decided to extend the prohibitory order with further relaxation by allowing public and private vehicles to ply in the Kathmandu valley. Odd and even rule has been removed for private and public vehicles. While most restrictions remain unchanged since first issued on April 26, the most current modifications dated 5 July 2021 include:
  - Operational hours for grocery stores limited to hours between 0700 hours to 1800 hours, and pharmacies and health related shops are permitted to operate under normal hours.
  - Other businesses are permitted to operate between 1100 and 1800. Some banks and certain government offices remain open.
  - Public transport and personal vehicles, including taxis, are permitted in the Kathmandu valley, and operators and passengers must adhere to strict COVID-19 protocols.
  - Individuals entering the Kathmandu valley are subject to a mandatory quarantine upon arrival, and mask use and social distancing are mandated when out in town.
  - Foreigners traveling to Kathmandu to join a scheduled flight should show their passport, valid visa, and flight ticket at checkpoints to facilitate travel into the Valley.

- Civil Aviation Association Nepal (CAAN) announced that domestic flights have resumed at a 50% occupancy level, and with implementation of strict COVID-19 protocols since 1 July 2021.

**Risk Communication and Community Engagement**

- The Nepali version of the op-ed, written by the World Health Organization Regional Director for South-East Asia, Dr Poonam Khetrapal Singh, titled - नसने रोग सम्बोधनमा नवीन तरिका | Renew and ramp up action to address non-communicable diseases - has been published in Nagarik (link [here](#)). The op-ed states that the prioritization of action against noncommunicable diseases (NCDs) is important in view of the deaths and diseases they cause, and highlights that NCDs are risk factor for severe COVID-19. The news was also shared via Facebook (link [here](#)) and Twitter (link [here](#)).

- The announcement of a 4-part wellness series for health care workers in Nepal - Health Care Wellness Series: A collaboration between Canadian Anesthesiologists’ Society, NMA, WHO Nepal, and Project ECHO - was published on Facebook (link [here](#)) and Twitter (link [here](#)). The event was organized by Nepal Medical Association (NMA) in partnership with ECHO India and WHO Nepal in collaboration with Canadian Anesthesiologists’ Society (CAS), CAS International Education Fund (CASIEF), University of Toronto, McMaster University and
University of Saskatchewan. The theme for July 3 session was "The Power of Resilience"; announcement was also shared via Facebook (link here) and Twitter (link here). WHO Representative for Nepal Dr Rajesh Sambhajirao Pandav spoke at the inaugural session of this series.

- The following documents were uploaded on ReliefWeb (link here):
  I. Daily Focused COVID-19 Media Monitoring,
  II. Weekly COVID-19 EPI Dashboard, and
  III. The latest Weekly WHO Nepal COVID-19 Situation Update.

- Infographics on the following topics were shared via WHO, Country Office for Nepal, social media:
  I. Importance notices related to floods, landslides, and snakebites during COVID-19,
  II. Preventive measures for COVID-19, even after the ease of lockdowns,
  III. Preventive measures to take against COVID-19 in public transports,
  IV. Is a negative report necessary after a COVID-19 diagnosis?
  V. National vaccination-related notices,
  VI. Immunization during COVID-19,
  VII. World Social Media Day posts relating to misinformation and disinformation.

- WHO Nepal’s support to the NHEICC continued this week by providing risk communication expertise through staff embedded at the NHEICC and also through support in production of audio content for dissemination via Radio Nepal.

**Field operation and Logistics**

- Equipment for sample collection to support the second round sero-prevalence study, was handed over to the local vendor on 28 June 2021 at Humanitarian Staging Area (HSA), Airport. The local vendor is to dispatch the sample collection equipment to all the Provinces in timely manner.

- WHO Nepal supported a 3-day orientation/training to data enumerators on second-round Seroprevalence starting from 29 June 202 to 01 July 2021 at Kathmandu in person led by EDCD, DoHS. There were total no. of 35 participants/trainees (nurses, public health, doctors etc)

- WHO Nepal has also supported travel arrangements and provided field logistics for the mentors/supervisors deployed in all 7 provinces across the country from 05 July to 09 July 2021 for monitoring visit of the second round sero-prevalence study in Nepal.

- Discussion for preparation on installation of Severe Acute Respiratory Infection Treatment Center (SARI) 92 beds health camp was held within WHO OSL Team. A letter regarding this information was circulated to MoHP, CCMC and DoHS requesting for the need of space.

- WHO OSL Team has also been providing facilitation to the central procurement team of WHO- Nepal to streamline the pipeline stocks (three container masks and 2000 oxygen concentrators) to be handed over to the DoHS/MoHP very soon.

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• WHO Nepal has deployed new vehicle to the Bagmati Province, Hetauda on 04 July 2021 to provide fleet support to WHE field staffs for COVID-19 readiness and response. There has also been replacement of the WHO Health emergencies unit vehicle to Lumbini Province, Butwal on 04 July 2021 to provide fleet support to WHE field staffs for readiness and response COVID-19.

What are the health clusters partners doing?
• Weekly Health Cluster Coordination meeting (every Thursday) for health sector response is ongoing at the Federal level for coordinated COVID-19 response support to MOHP. Provincial Health Directorate Offices are organizing the Provincial Level Health Cluster Coordination meeting as and when on a required basis.
• MOHP re-convened the weekly coordination meeting (every Tuesday) with COVID-19 hospitals and PHDOs from 20 April 2021.
• Health partners are providing their support to government for the continuation of COVID and non-COVID responses throughout the country. The support provided through Ministry of Health and Population (MOHP) especially with Health Emergency Operation Centre (HEOC), Health Coordination Division (HCD), Policy, Planning & Monitoring Division (PP&MD), Epidemiology and Diseases Control Division (EDCD), National Public Health Laboratory (NPHL), National Health Training Centre (NHTC), National Health Education Information Communication Centre (NHEICC), Family Welfare Division (FWD), Management Division (MD), Hub hospital networks; Ministry of Social Development (MOSD) especially with Provincial Health Directorate Offices, District Public/Health Offices, and municipalities.
• WHO and UNICEF are providing support for the COVID-19 vaccination campaign in close coordination with External Development Partners (EDPs) which includes:
  o Micro planning including financing for the procurement of vaccination;
  o Training/orientations – to health personnel at various levels, local governments;
  o Provision of Logistics support – vehicle, cold chain boxes, delivery of vaccines, transportation of beneficiaries to the vaccination site;
  o Information Technology - registration, information communication, data management, IMU app etc;
  o Risk communication and community engagement – production and dissemination of messages, public awareness campaigns (All members of the Health Cluster are advocating through multiple channels that are available to them for the swift supply of vaccines to Nepal) and
  o Continuation of Technical Assistance.

WHO’s STRATEGIC OBJECTIVES FOR COVID-19 RESPONSE- link here
RECOMMENDATION AND ADVICE FOR THE PUBLIC
– Protect yourself
– Questions and answers
– Travel advice

Situation Update #64 – Corona virus Disease 2019 (COVID-19)
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USEFUL LINKS

- MoHP COVID-19 official portal is available [here](#).
- Nepal COVID-19 regular updates and resources are available [here](#).
- For COVID-19 updates from the WHO South-East Asia Region Office, please visit [here](#).
- For information regarding coronavirus disease (COVID-19) Pandemic from WHO, please visit [here](#).
- Please visit this [site](#) for all technical guidance from WHO.
- Online courses on COVID-19 from WHO can be found [here](#).
- WHO Coronavirus (COVID-19) Dashboard can be found [here](#).
- Visit the WHO Nepal [Facebook page](#) and webpage on COVID-19 [here](#).

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