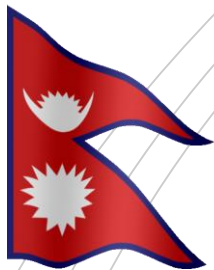


Nepal

# COVID 19 STATUS IN NEPAL

## 'Rewards and Challenges'



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Chair, WONCA Working Party on eHealth

Associate Editor, Journal of DEAN

Founder Member, Koshish Foundation

Currently Member of the COVID HOSPITAL  
MANAGEMENT TEAM of BPKIHS.

## FIRST CASE IN NEPAL

- On Jan 13, 2020, a 32-year-old man, a Nepalese student at Wuhan University of Technology, Wuhan, China, with no history of comorbidities, returned to Nepal.
- He presented at the outpatient department of Sukraraj Tropical and Infectious Disease Hospital, Kathmandu, with a cough. He had become ill on Jan 3, 6 days before he flew to Nepal.
- He indicated no exposure to the so-called wet market in Wuhan. Throat swabs obtained from the patient tested positive for 2019-nCoV on real-time RT-PCR assays at the WHO laboratory in Hong Kong.

# RECORDS

- The first case of local transmission was confirmed on 4 April in [Kailali District](#).
- The first death occurred on 14 May.
- A country-wide lockdown came into effect on 24 March 2020, and ended on 21 July 2020. [\[4\]](#)

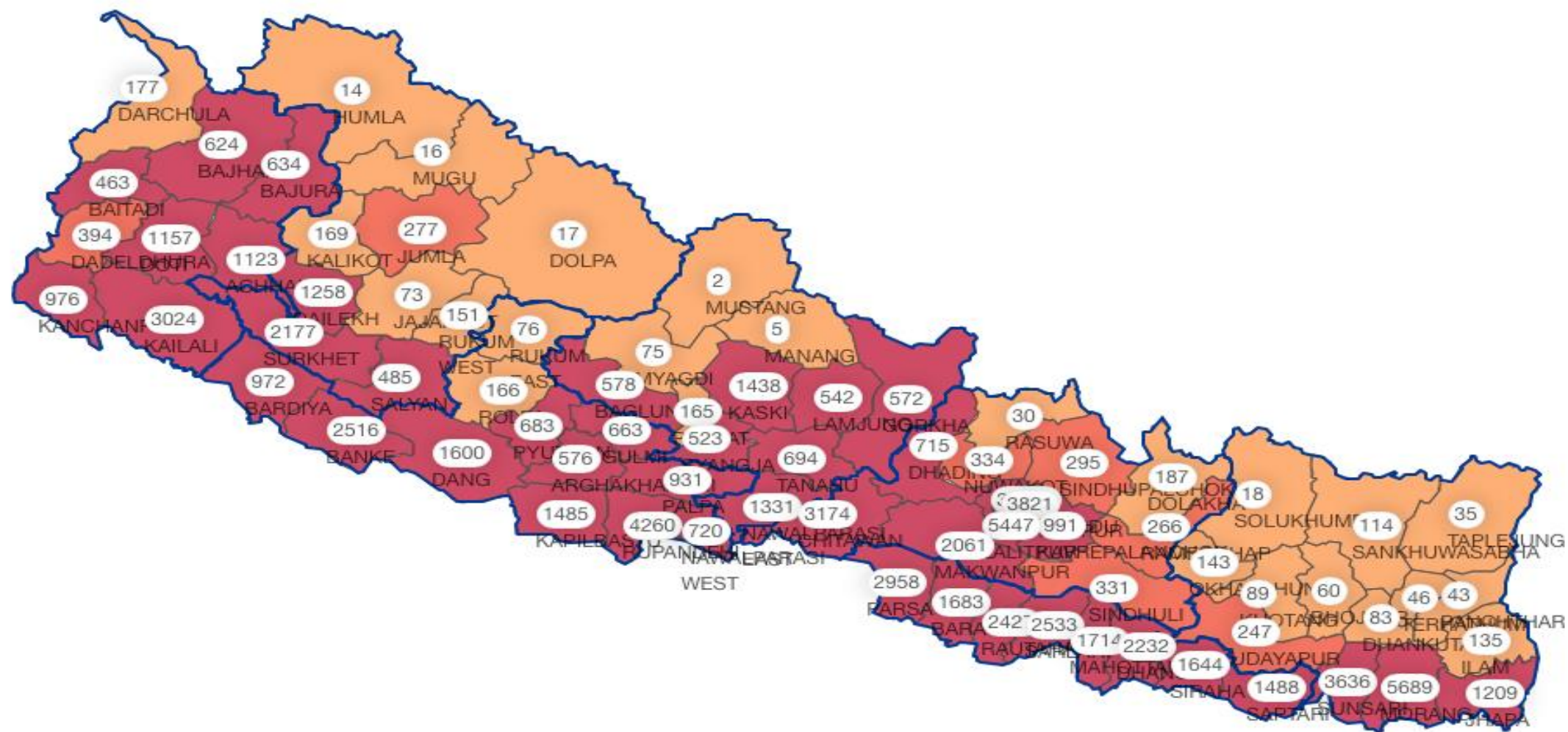
# SCENARIO

- In the third week of March, Nepal began to see a significant influx of people from India as India saw increase in new cases throughout the country.
- A noticeable outflux of people from the Kathmandu Valley was reported.
- The second case was confirmed on 23 March in a young woman who had recently flown to Kathmandu from France via Qatar.
- After that six additional cases had been recorded in people who had recently returned from abroad.

A blue speech bubble graphic with a white outline, containing the text 'FIRST TEST DONE' in white capital letters. The bubble has a tail pointing towards the bottom left.

## FIRST TEST DONE

- The first tests inside Nepal were conducted at the bio-safety level-2 labs of the National Public Health Laboratory on 27 January.
- NOW the test is being done in 40 different Laboratories across the country.





# Current Scenario

## Total Data

Date: 15th October 2020 | Time: 6:59 AM



**117996**

Total Cases



**36367**

Total Infected



**80954**


Recovered



**675**

Deaths

 **1221038** | PCR Test

 **36367** | Isolation

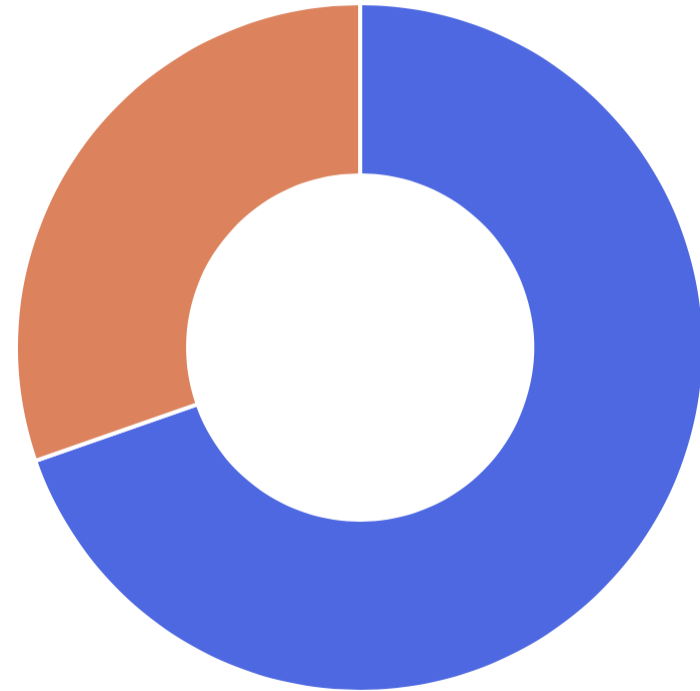
 **4666** | Quarantined



# Sex Wise Data

**Date:** 2020-01-01 / 2020-10-15

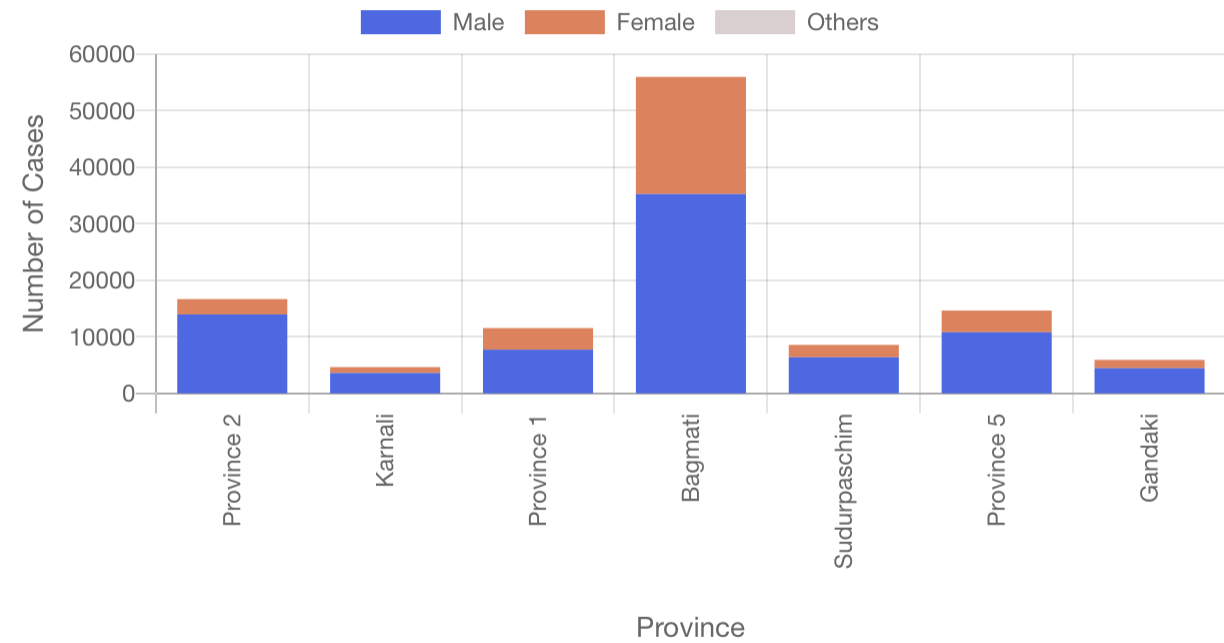
Male  
Female  
Others



**Male:** 82198 **Female:** 35798 **Others:** 0 **Total:** 117996

# Province Wise Data

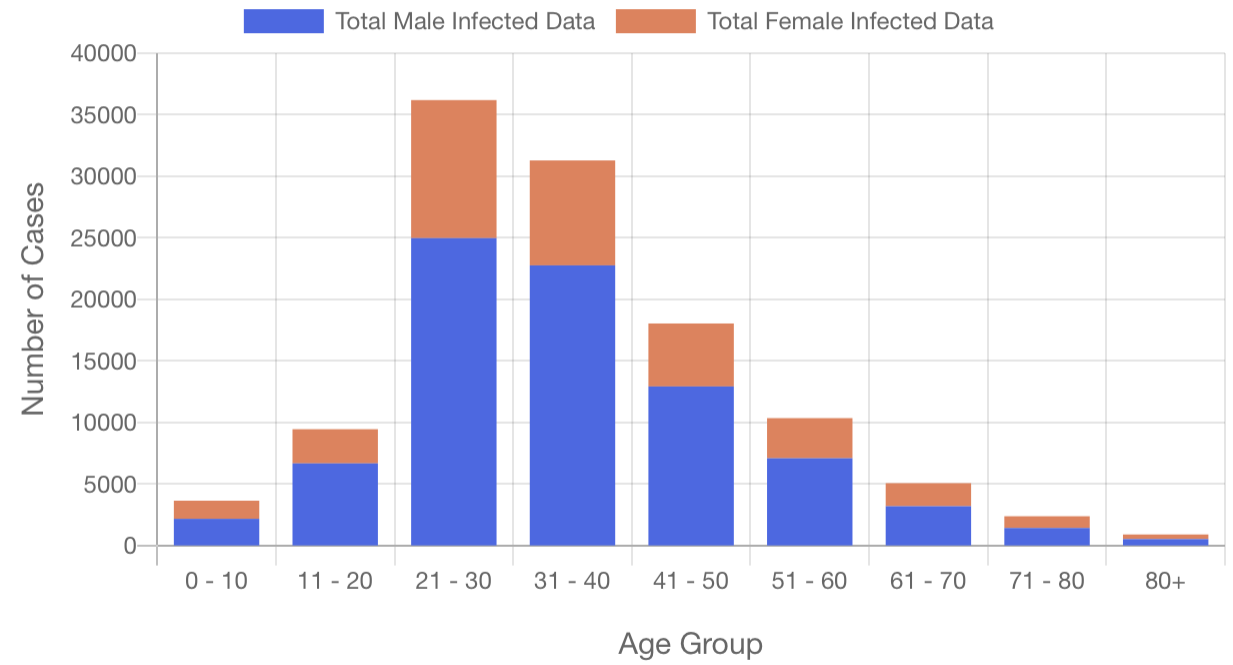
**Date:** 2020-01-01 / 2020-10-15



**Total Data Count:** 117996

# Age Wise Data

**Date:** 2020-01-01 / 2020-10-15





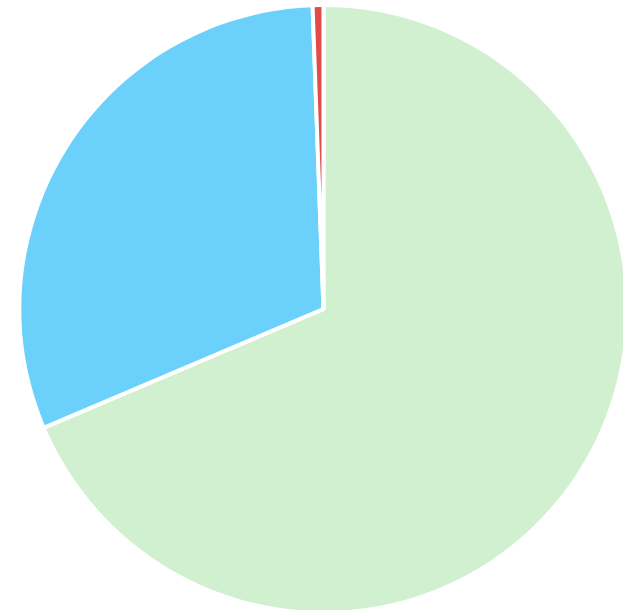
**Total Data Count:** 117996

# Recovered, Active and Death Percentage

Total Recovered, Total Active & Total Deaths Cases



 Total Recovered  
 Total Active cases  
 Total Deaths



**Total Recovered:** 68.61%    **Total Infected:** 30.82%    **Total Deaths:** 0.57%

# Challenges

- **Insufficient Resourced and Poor Healthcare systems**
- **Poor Human Resources**
- **Heavy Workloads**
- **Poor Supervision and Support**
- **Long Working Hours**
- **Poor Remunerations/Unfair Pay**
- **No Rewards**

## What Authorities can Do

- Flexible work schedules that are adapted to the ever-changing situation. In consequence with that, Cao et al. describe work cycle changes towards 4-h shifts with 4 h of rest in-between during the most exhausting periods.
- Sleep hygiene, which is facilitated by wise shift cycles and good possibilities for undisturbed sleep.
- Social support to family members. Worries for family members could add to the caregiver's deterioration in health.
- Participation in decision making. This has not been mentioned specifically by our Chinese colleagues, but if employees feel that their own observations and ideas are taken seriously by the supervisors, this contributes to their maintenance of good health.
- Facilitation of Good Coping.



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