SITUATION REPORT No. 11: 6 May 2015

1. Situation Update
   - 7652 people have been killed and 16 392 have been injured (http://drrportal.gov.np, 16:40 local time) according to the latest figures from the Nepalese Government.
   - Bhaktapur, Dhading, Dolakha, Gorkha, Kathmandu, Kavre, Lalitpur, Makwanpur, Nuwakot, Okhaldhunga, Ramechhap, Rasuwa, Sindhuli and Sindhupalchok remain priority districts for health assistance.
   - A total of 50 665 patients have been treated in different hospitals in and outside the Kathmandu valley as of 5 May 2015.
   - Management of dead bodies is being conducted in close coordination with the Ministry of Home Affairs. A total 7056 dead bodies have been received from different hospitals. Over 6900 have already been handed over to families and relatives as of 5 May 2015.
   - Central Health Emergency Coordination Committee (CHECC) at the Ministry of Health and Population (MOHP) has assigned hub hospital coordinators to collect detailed information of the discharged patients to plan targeted rehabilitation support and to facilitate immediate treatment. This includes surgery of the patients on the waiting list.
     - MOHP has formed a technical team of doctors from different hospitals to expedite the treatment of the patients on the waiting list in different hospitals.
   - Hospital based surveillance has been initiated in the fourteen most affected districts. These hospitals are providing daily reporting on trauma and outbreaks of potential diseases/syndrome such as acute watery diarrhea, bloody diarrhea and fever of unknown origin. This syndromic approach will help detect potential outbreaks.
   - Several events of diarrhea have been reported from different sources in the affected districts. These reports were verified by Rapid Response Teams (RRT) from respective district health offices with samples collected. Of the 10 samples collected from four districts (Bhaktapur, Dhading, Kathmandu, and Lalitpur), eight stool samples showed no growths of Vibrio cholera, Shigella or Salmonella. Testing of samples from Gorkha is still in progress.

2. Immediate Needs
   - There is a need of assisted discharge support for earthquake injured patients who require post-operation follow up, rehabilitation, transport and shelter assistance.
   - There is an immediate need for the re-vitalization of health services in the affected areas.
   - The districts continue a high demand for medical tents to deliver health services in order to temporarily take on the functions of completely and partially damaged facilities.
   - Transportation of medical supplies remains a key challenge as air transportation to areas not accessible by road is limited.
   - Preparedness for potential outbreaks needs to be strengthened.

3. Health Sector Response
   3.1 MOHP
   - Ministry of Health and Population supported by international and national partners, voluntary and civil society organizations have been continuing the health response operations in and outside the Kathmandu valley.
   - MOHP has set up a desk at Tribhuvan International Airport to triage critical patients airlifted from outside the Kathmandu Valley. MOHP is also providing initial symptomatic management and referrals to respective public hospitals as well as temporary field
hospitals for further treatment.

- Hospitals identified for receiving referred patients include Civil Service Hospital, Kathmandu Medical College, Kirtipur Hospital, Model Hospital, Nepal Police Hospital, Sahid Gangalal and temporary field hospitals in the Kathmandu Valley.

- The Logistic Management Division dispatched medicines and supplies to Dhading, Gorkha, Kathmandu, Nuwakot, Ramechhap, and Rasuwa districts based on identified needs.

- A toll free number (1660 01 33 444) at MOHP is available 24/7 and has been receiving queries relating to medical support and services. The queries are being handled by departments within the Ministry.

- On 5 May, MOHP took a decision to immediately reimburse (50% first installment) the major operation cost borne by the private and public hospitals to date.

- The 14th Disaster Health Working Group (DHWG), which is coordination group including MOHP and health partners, met. It was chaired by Director General of Department of Health Services, was held at the Epidemiology and Disease Control Division (EDCD). Directors of various divisions under the department of health services, various partners and stakeholders including WHO, UNICEF, UNFPA, Nepal Army, Armed Police Force, academia (Tribhuvan University Teaching Hospital and Patan hospital), central level government hospitals, Nepal Red Cross Society and others participated in the meeting. The meeting agreed to develop an action plan to streamline the ongoing and post-earthquake health response.

3.2 WHO

- The WHO Surveillance Medical Officer (SMO) followed up with information regarding the spread of diarrheal cases in Panichour village of Sindhupalchok district. The health post confirmed that there are no diarrheal cases in the village so far. The Rapid Response Team (RRT) has distributed oral rehydration solutions and a team from Bisweshor Prasad Koirala Institute of Health Science (BPKIHS) is in the field.

- WHO met with key staff of the National Tuberculosis Centre in Bhaktapur district to discuss the future of Tuberculosis (TB) care and control post-earthquake. A rapid assessment of TB diagnostic and treatment facilities will be undertaken in coming weeks.

- On 5 May 2015, WHO supported District Health Office (DHO) in Gorkha district to organize a health cluster meeting.
  - Health cluster partners at the district emphasized the need to better coordinate health activities in the affected Village Development Committee (VDC).
  - DHO is mapping the presence of partners and their activities in different VDCs (4Ws) to better prioritize the response.
  - WHO shared the demographic profile and the health facility maps with partners to help in response planning.
  - DHO Gorkha requested WHO and health partners to support with medical supplies for 7-8 months and requested partners to share available medical stock and supplies.

- WHO supported MOHP to customize the daily surveillance forms to include; trauma, acute respiratory infection, watery diarrhea, bloody diarrhea and fever of unknown cause in children under the age of five.

- WHO visited Chautara of Sindhupalchok district on 5 May 2015 and was informed by the partners the need to support and carry out detailed assessments as well as
to provide Water, Sanitation and Hygiene (WASH) services. The WASH team also seeks support from other partners to restore water and sanitation in health facilities.

- Water quality is being tested by the WHO/Department of Water Supply and Sewerage (DWSS) team focusing on the camps in the Kathmandu valley since 4 May 2015. The detail test report is being compiled.
- WHO is coordinating with the child protection sub-cluster to integrate child health component training for Community based Management of Acute Malnutrition (CMAM). The Child Health Working Group will do an orientation to restart and refocus child health services.
- The Child Health Working Group is also exploring opportunities to link continued Integrated Management of Childhood and Neonatal Illness (IMNCI) services to the CMAM centers that are being established in affected districts.
- An Inter-Agency Emergency Health Kit Basic Unit has been delivered to IsraAid to be used in a mobile clinic in Kathmandu.
- WHO has facilitated the custom clearance for health partner’s (International Medical Corps) cargo at the airport.

4. Contact Information

Dr Guna Raj Lohani
Chief, Curative Service Division
Mobile: +977 9851079356
E-mail: drgrlohani@gmail.com

Dr Khem Karki
Executive Director, NHRC
Deployed for the Coordination of Foreign Medical Team
Mobile: 9851054190

Dr Lin Aung
WHO Representative
World Health Organization, UN House, PO Box 108
Tel: +977 1 5523200 extension: 1300
E-mail: linaung@who.int