

SITUATION REPORT No. 12: 7 May 2015
1. Situation Update

- 7759 deaths and 16 434 injuries have been reported by the Nepalese Government on 6 May 2015 (<http://drrportal.gov.np>, 17:30 local time).
- According to the latest information by the Government of Nepal, 28 8798 houses have been destroyed and 254 112 damaged. According to the Office for the Coordination of Humanitarian Affairs (OCHA) initial estimates, the highest rates of destruction and damage to housing are reported in Dhading, Gorkha, Nuwakot, Ramechhap and Sindhupalchok districts. In Sindhupalchok district, the level of damage is said to significantly increase with altitude where almost all houses made of mud plaster and stone were destroyed and many families are still living in makeshift shelters.
- Information from Ministry of Health and Population (MOHP) on the status of injury and death is provided as of 6 May 2015:

Reported deaths and injuries status							
SN	Districts	Total		Health Workers			
		Deaths*	Injured*	Death	Injured	Missing	Remarks
1	Sindhupalchok	2939	852	1	12	1	
2	Kathmandu	1209	4634	3	3		
3	Nuwakot	909	1312	1	7	3	
4	Dhading	702	657	1	2	-	
5	Rasuwa	456	748	-	5	3	
6	Gorkha	412	1034	-	-	-	
7	Kavre	316	2780	-	-	-	
8	Bhaktapur	308	1887	-	-	-	
9	Lalitpur	174	1224	-	-	-	
10	Dolakha	73	272	-	2	-	
11	Makwanpur	34	127	-	-	-	
12	Ramechhap	26	27	-	-	-	
13	Okhaldhunga	19	53	-	1	-	
14	Sindhuli	10	63	-	2	0	
15	Other districts	65	722				
Total		7652	16392	6	33	7	

* Source: Government of Nepal, Disaster Risk Reduction Portal, NEOC

- Management of dead bodies is being conducted in close coordination with the Ministry of Home Affairs. As of 6 May 2015, 7532 of 7615 bodies have been handed over to families and relatives. Roughly 30 are at the Tribhuvan University Teaching Hospital being identified.
- Three district hospitals (Nuwakot, Rameshhap and Rasuwa) have been completely damaged. Seven (one each in Dhading, Dolakha, Okhaldhunga, Sindhuli and Sindhupalchok, and two in Gorkha district) are partially damaged. A total of 240 primary health care center/health posts are completely damaged. An additional 347 are partially damaged in the 14 worst affected districts as of the latest update from MOHP on 6 May 2015.
- Foreign Medical Teams (FMTs) now number over 100 active and registered through the MOHP and 13 coordinated by Nepal Army. Fifteen other partners are planning longer term projects in development and clinical care support. FMTs are working closely with the District Health Officer, supported by the district level WHO focal points.
- Four of the district hospitals damaged/unusable are being supported by FMTs and are providing surgical, obstetrics and inpatient services. Ramechhap is expected to start in the

next few days.

- The MOHP has requested no more FMTs arrive in Nepal without specific request. Outstanding needs that will be welcomed are specialized physical rehabilitation teams consisting of physiotherapists, occupational therapists, rehabilitation physicians, etc.
- FMTs are taking a very active part in the MOHP/WHO surveillance system, reporting the cases of diarrhea, ARI, etc.
- The number of Out Patient Department (OPD) and trauma cases are overall decreasing in the Kathmandu valley hospitals, whereas the situation outside the Valley is still fluid.
 - OPD and trauma cases increased in Dolakha from 164 on 4 May to 293 on 5 May.
 - OPD patients increased to 352 on 5 May at Makawanpur compared to 121 on 4 May.
 - OPD patients and trauma cases increased to 182 in Gorkha Hospital compared to previous day.
 - Trauma cases decreased to 162 on 5 May 2015 from 289 on 4 May 2015.
 - Ramechhap hospital is reporting a constant number of patients over the last four days.
- The Casualty Triage Desk at Tribhuvan International Airport has been referring patients to designated hospitals and temporary field hospitals in the Kathmandu Valley. As of 6 May 2015, the designated hospitals include: Sahid Gangalal (Bansbari), Kathmandu Medical College (Sinamangal), Model Hospital (Pradarshani Marga), Kirtipur Hospital (Kirtipur), Kantipur General Hospital (Basundhara), Dr Ewamura Hospital (Sallaghari), Civil Hospital (New Baneswor) and Police Hospital (Maharjgunj). Temporary field hospitals designated include Singadurbar run by the Chinese team and Army Hospital in Chauni run by the Israel team.
- As of 6 May 2015, a total of 503 patients were referred to Kathmandu from Dhading, Dolakha, Gorkha, Nuwakot, Rasuwa, Sindhupalchok and Solukhumbu districts.

2. Immediate Needs

- There is a need for assisted discharge supports 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.
- Districts continue to have a high demand for medical tents 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.

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.
- Logistic Management Division/MOHP Has been arranging necessary logistics, including the transportation of medicines to affected districts. On 5 May 2015 it dispatched medicines and supplies to Dhading, Gorkha, Kathmandu, Nuwakot, Ramechhap, and Rasuwa districts based on needs identified.
- Response coordination, including that of national and foreign medical teams is ongoing.
- MOHP has been processing the reimbursement (50%, first installment) of the major operation cost borne by the private and public hospitals.
- MOHP has been continuously airing post- earthquake outbreak awareness messages in all

affected districts.

- A technical team of doctors formed by MOHP will expedite the treatment of patients on waiting lists and has started the assessment of case loads in different hospitals.
- MOHP has established hospital based surveillance in the fourteen most affected districts for the monitoring of trauma and outbreak of potential diseases/syndromes such as, acute watery diarrhea, bloody diarrhea and fever of unknown origin.

3.2 WHO

- WHO continues to lead Health Cluster Coordination meetings at the central level and operational cluster meetings have started in Gorkha and Sindhupalchok districts.
- The WHO together with UNICEF is providing support to National Health Education Information and Coordination Center (NHEICC) to expedite communications with affected communities. WHO will provide health related information to the package being developed by UNICEF. The final product will be shared with the partners and particularly with Female Community Health Volunteers to provide wider outreach, especially to people in the 14 worst affected districts.
- Water quality monitoring is ongoing. So far, 9 samples have been tested from the camps (Balamu, Dashrath Stadium, Narayanchaur, Shankhapark, Sinamangal and Tudikhel). All but one sample from a tank of Shankhapark (water was not used for drinking) were found with 0 CFU/100 mL fecal contaminations. Similar types of monitoring are being planned in other districts.
- Tetanus Toxoid vaccines multi-dose 1000 vials (for 10 000 people) arrived from WHO South-East Asia Regional Office (SEARO) on 6 May 2015.
- WHO in Nepal has received 100 bottles of water filter (Life Straw) from SEARO.
- WHO together with UNICEF and in support of MOHP is planning a measles and rubella immunization campaign in the 14 most affected districts.

4. Contact Information

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