

Situation report # 14
11-05-2015

Nepal
Earthquake



4.2 Million
AFFECTED



2.8 Million
DISPLACED



17 866
INJURED



8046
DEATHS

KEY HIGHLIGHTS

- 26 hospitals (3 completely and 23 partially) are damaged and more than 900 primary health care centers and health posts have been rendered nonfunctional.
- A total of 46 National Medical Teams and 99 Foreign Medical Teams are working in the affected districts.
- Ongoing priorities are to manage the injured, increase presence in districts to support district response, prepare for the upcoming monsoon period, restore primary health care services with logistical support (medical supplies, tents) and provide rehabilitation support to the patients discharged from the hospitals.
- Ministry of Health and Population (MOHP) will issue ID cards for people that have under-gone major surgeries and those who require long-term care.
- WHO emphasized the need for a coordinated response in providing mental health and psychosocial support and has advised against medicalizing problems.

SITUATION OVERVIEW

Situation update

- 26 hospitals have been damaged (3 completely and 23 partially) in the affected districts. More than 900 smaller facilities, predominantly village health posts, which supply basic medicines and other routine health services in remote communities outside the Kathmandu valley have been rendered nonfunctional.
- Some buildings of the central level referral hospitals have been damaged. 300 beds of Maternity Hospital and 400 beds of Bir Hospital are non-functional due to the severe damage. Medical wards, a gynecological department, surgical wards and some clinical blocks of Patan hospital, the residential block and store of Sukraraj Tropical hospital and the older block of Bhaktapur hospital are nonfunctional due to damage. (Ministry of Health and Population, 10 May 2015).
- As of 7 May 2015, a total of 64 656 patients have been treated in hospitals and 10 642 patients have been admitted in and outside the Kathmandu valley.
- MOHP continues the treatment and care of injured in all affected districts
 - MOHP has mobilized 46 National Medical Teams of 163 doctors, 82 nurses, and 96 paramedics in 12 highly affected districts i.e. Bhaktapur, Dhading, Dolakha, Gorkha, Kathmandu, Kavre, Lalitpur, Makwanpur, Nuwakot, Ramechhap, Rasuwa and Sindhupalchok.
 - A total of 99 Foreign Medical Teams (FMTs) officially deployed through the Nepal Government are working in the earthquake-affected districts. The teams

consist of 2073 persons, including 814 doctors and 365 nurses. As of 11 May 2015, at least 19 FMTs are known to have completed work. Several are transitioning to longer term development projects, while others will continue to work in large type 2 field hospitals replacing critical infrastructure.

- Health Emergency Operation Centre (HEOC) is developing a plan to issue ID cards for people that have under-gone major surgeries and those who require long-term care. These follow-up services will be made free of cost. MOHP has decided to expedite establishment of Rehabilitation Centers for people needing long-term care. The first will be built in Kirtipur and support will be sought from foreign medical teams as needed. (High Level Committee chaired by the Minister of MOHP Decision, 10 May 2015).
- As of 10 May 2015, a total of 7785 out of 7913 bodies have been handed over to families and relatives. 30 dead bodies are being identified at the Tribhuvan University Teaching Hospital.

Public health concerns

- Some sporadic cases of diarrhoeal disease have been reported in the camps of the Kathmandu valley and outside districts (mainly Bhaktapur, Dhading, Dolakha, Gorkha, Kathmandu, Lalitpur and Sindhupalchok). None of the laboratory samples collected from diarrhea cases have tested positive for vibrio cholera.
- All highly affected districts have enhanced their surveillance. MOHP has alerted all peripheral health facilities and health workers of the potential outbreaks. Active surveillance in hospitals is ongoing.
- According to the latest report of MOHP, a total of 95 acute respiratory infection (ARI) cases were reported on 5 May from the hospitals under surveillance in the Kathmandu valley. Since then, Acute Respiratory Infection (ARI) cases are fluctuating. Diarrheal cases have been on a decreasing trend.

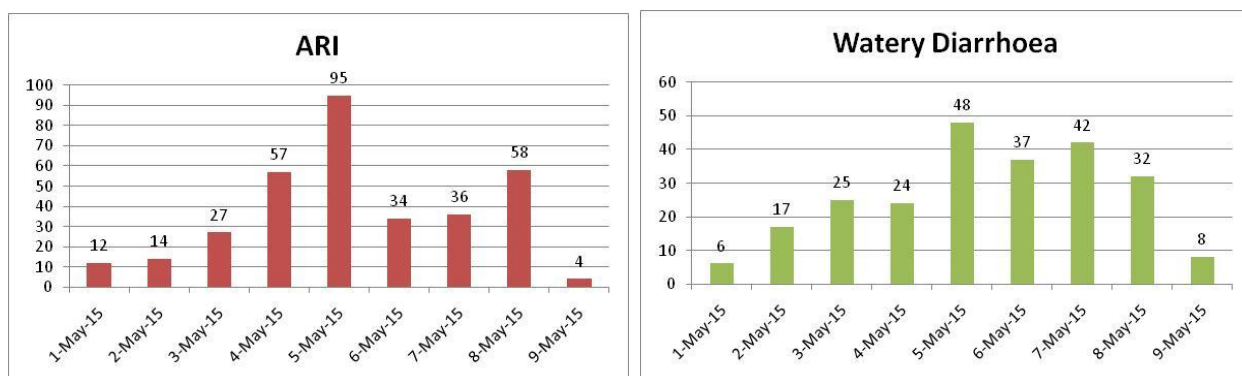


Figure 2: Trends of ARI and diarrhea cases in three districts of Kathmandu valley: MOHP 10 May 2015

Health needs, priorities and gaps

- A total of 17 866 people have been injured (MOHA, 11 May 2015) and the key priorities are managing the injured, restoring primary health care services and providing rehabilitation support to patients who have been discharged from the hospitals.
- Health cluster priority activities include:
 - Consolidation and standardization of assessments ensuring the coverage of areas beyond district headquarters in consultation/coordination with MOHP and External Development Partners.
 - Support to health service delivery with a focus on restoration of Primary Health Care services with the provision of medical supplies, tents and rehabilitation support.
 - Provision of essential drugs, supplies and ensuring distribution of the medicines/supplies from District Health Office (DHO) to peripheral units.
 - Ensuring that cross cutting issues such as reproductive health, mental health, child health are coordinated and responded to.
 - Strengthen communicable disease control and surveillance.

- There is an immediate need for the re-vitalization of health services in the affected areas.
- Distribution of medicines and supplies from district headquarters to the peripheral areas remains a priority.

WHO action

- WHO discussed at the 9 May 2015 Health Cluster meeting in Sindhupalchok, the partner's coverage and workplan. District Health Office (DHO) requested agencies to submit their plan and working areas in the district.
- WHO assisted with an assessment for the reestablishment of a DHO office in Sindhupalchok as it was damaged by the earthquake and handed over the Inter Agency Emergency Health Kit (IEHK) to DHO, Sindhupalchok.
- WHO and MOHP foreign medical team coordinators jointly conducted two days of site visits to active FMTs in Nuwakot and Sindulpolchok over the weekend. A meeting of all active FMTs in Nuwakot was held with the DHO and plans are underway to urgently build a replacement field hospital for patient wards on the grounds of the hospital.
- Large numbers of FMT representatives continue to attend the thrice weekly FMT meetings co-led by the MOHP and WHO. Detailed discussions are occurring around exit strategies and transition plans for those teams leaving.
- WHO met with the WASH Emergency Response and Recovery Manager of Relief International (RI) on 10 May to discuss the potential partnership to support WASH in healthcare facilities. WHO will prepare a concept on the working modality on WASH interventions in healthcare facilities selecting 5-10 health centers in the Kathmandu valley for the pilot work.
- WHO jointly with MOHP and International Organization for Migration (IOM) organized a Mental Health sub-cluster meeting on 9 May 2015 to take stock of what the partners have been doing and discuss ways forward. WHO emphasized the importance of giving time for natural recovery and advised against medicalizing problems. WHO also informed the need for a coordinated response in providing psychosocial support. The importance to refer cases requiring treatment, and to refer individuals with withdrawal symptoms of alcohol and/or drugs was also mentioned.
- Communications with Communities (CWC) working group is currently planning to conduct a needs assessment. Three questions have been sent to cluster leads to incorporate in their individual overall needs assessments. In addition, four sub groups have been set up under the CWC (needs assessment monitoring and evaluation, messages and materials development, community mobilization and radio messaging) to deliver effective communication to the communities.
- WHO received 26 tons of medical supplies: IEHK - 40, Inter Agency Diarrheal Disease Kits -5, Surgical Kits – 7, and one hospital tent (82 sq. m) from Dubai. The contribution was from Russia and Norway. The distribution plan is being finalized with the Logistic Management Department of MOHP.

Funding and Donor Information

Funding requirements:

- The first Strategic Objective of the UN Flash Appeal is to prevent outbreaks of communicable diseases and provide immediate access to health services. The Health Cluster component of the Flash Appeal plans to respond to the most urgent health needs of 4.2 million people. The revised funding requirements for the Health Cluster amount to US\$ 42 million including US\$ 14.1 million for WHO.

Funding partners:

- WHO's humanitarian response to the Nepal earthquake has received support from the following contributors: Australia, Estonia, Finland, Norway, the Russian Federation, and UN Central Emergency Response Fund.

Background of the crises

A 7.8 magnitude earthquake struck Nepal on 25 April 2015(11:56am local time), with the epicenter at Barpak Village Development Committee (VDC) in Gorkha district – some 81 km northwest of the capital city, Kathmandu. There were continued aftershocks throughout Nepal, with one shock reaching a magnitude of 6.7 on 26 April at 12:54 am local time.

Centuries-old buildings were destroyed at UNESCO World Heritage sites in the Kathmandu valley, including some at the Kathmandu Durbar Square, the Patan Durbar Square and the Bhaktapur Durbar Square.

With the severe devastation of the earthquake, the Government of Nepal declared an emergency in the worst affected districts and requested for international humanitarian support on 26 April 2015.

A preliminary estimate indicates that more than 80% of houses in the 14 most affected districts¹ are severely damaged, creating huge mounds of rubble and debris impeding life-saving operations and access to affected areas.

More than 25 hospitals and more than 900 smaller facilities, predominantly village health posts which supply basic medicines and other routine services in remote communities outside the Kathmandu valley, were completely or partly damaged in the earthquake.

Since the 25 April disaster, at least 2.8 million people have been displaced because their houses have been destroyed or the fear that their houses may not be safe in the event of an aftershock. Many are living in precarious conditions, including makeshift camps in Kathmandu.

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¹ Bhaktapur, Dhading, Dolakha, Gorkha, Kathmandu, Kavre, Lalitpur, Makwanpur, Nuwakot, Okhaldhunga, Ramechhap, Rasuwa, Sindhuli and Sindhupalchok