



**World Health
Organization**

COUNTRY OFFICE FOR

Nepal

Situation report # 17
19-05-2015

Nepal Earthquake 2015



FMTs treating injured in tent in Gorkha hospital



**5.6 Million
AFFECTED**



**2.8 Million
DISPLACED**



**16 808
INJURED**



**8617
DEATHS**

KEY HIGHLIGHTS

- Landslides were reported from a number of places in Dolakha, Gorkha, Rasuwa and Sindhupalchok districts following the aftershocks on 12 May. Safety and security of health workers remains an issue in the remote villages of the districts.
- Ministry of Health and Population (MOHP) issued public notice to all private hospitals and nursing homes asking them to conduct a rapid visual assessment of the hospital building before resuming services.
- Surveillance systems have been enhanced in all highly affected districts, all peripheral health facilities and health workers have been alerted. There is no confirmation of disease outbreak in the affected districts.
- The injury rehabilitation sub-cluster has established hotlines to provide information on rehabilitation services including outreach, patient transport and assistive devices.

SITUATION OVERVIEW

Situation update

- According to an update from Nepal Police dated 18 May, the deaths of 149 are attributed to the 12 May earthquake. The number injured in the later earthquake is 3215 (<http://www.nepalpolice.gov.np/nepal-police-crisis-response.html>)
- A total of 19 health workers, including 10 Female Community Health Workers (FCHVs), have lost their lives and 56 have been injured. Two health workers have gone missing. (MOHP situation update: 18 May 2015)
- Following the 12 May earthquake, a number of aftershocks continue in and around the Dolakha epicenter. Landslides have been reported from a number of places in Dolakha, Gorkha, Rasuwa and Sindhupalchok districts. Safety and security of health workers remains an issue in the remote villages of the districts.
- On 15 May, MOHP issued public notice to all private hospitals and nursing homes asking them to conduct a rapid visual assessment of the hospital building by competent authorities/engineers and submit the report to MOHP before resuming services.
- The Minister of Health and Population is scheduled to brief the international community on the devastating earthquake and its impact in a side event on 19-20 May 2015 during the sixty-eighth session of the World Health Assembly (WHA) taking place in Geneva 18–26 May 2015.
- MOHP continues coordinating with the Ministry of Home for the management of dead

bodies. As of 18 May 2015, a total of 8461 out of 8493 dead bodies have been handed over to families and relatives. The remaining 32 are being identified.

Public health concerns

- The suspected outbreak of fever with rash reported on 17 May from Swara Village Development Committee (VDC) of Gorkha district has been verified by Rapid Response Teams (RRTs) as chicken pox. A few cases of chicken pox were also reported from Dhading on 18 May 2015.
- Surveillance systems have been enhanced in all highly affected districts and all peripheral health facilities and health workers have been alerted. Reports of possible outbreaks and rumors are being collected through telephone calls. Active surveillance in hospitals is ongoing.
- The RRTs from the district health office of Rasuwa verified and treated 11 mild diarrhea cases in Sanobharku VDC on 14 May. They collected and delivered 4 stool samples to National Public Health Laboratory (NPHL). The test results are awaited.
- Laboratory reports of twelve stool samples collected from Dhading, Kathmandu and Sindhupalchok on 13 May have shown no growths of *Vibrio cholera* or *Salmonella*.
- The injury rehabilitation sub-cluster has established hotlines to provide information on rehabilitation services including outreach, patient transport and assistive devices. There is a provision of rehabilitation care and mobility devices for patients discharged from hospitals in front of Bir hospital, and at the community level through 3 mobile teams in the Kathmandu valley.
- The mental health sub-cluster is developing criteria and a simple tool for referral from community-based psychosocial support to clinical mental health care.

Health needs, priorities and gaps

- The capacity of health facilities to deliver health services has been severely impacted due to damaged infrastructure, shortage of emergency drugs, and heightened demand for post trauma and injury care. According to the 19 May MOHP report, a total of 1100 health facilities - 427 completely and 673 partially - have been damaged.
- There is a need to restore the primary health care services, at least temporarily, in the worst affected areas of the districts before the monsoon begins.
- The injury rehabilitation sub-cluster has been mapping Community Based Rehabilitation services and local capacity for rehabilitation. The organizations that have already been conducting outreach into villages where injured people have been discharged from district hospitals have noted a number of post-operative infections. This confirms the need for community level follow up to prevent long term disabilities and complications.
- There is an ongoing need of tents for curative and maternity services for health facilities in all affected districts.
- There is a need for access to first line mental health for people who are incapacitated by distress and people already vulnerable by pre-existing severe mental disorders.

WHO action

- The WHO response operation is being decentralized with a targeted focus on district response and planning. WHO District Support Officers are stationed in all 14 highly affected districts to support the DHOs in coordinating response and strengthening disease surveillance.
- WHO has started a weekly planning meeting between the central level operation team and the district support officer (DSO) to better streamline needs, priorities and response. On 17 May, the first of the joint meeting highlighted the following issues:
 - Response efforts have been severely impacted by additional damages and subsequent aftershocks and landslides in, Dolakha, Gorkha, Rasuwa and

Sindhupalchok districts post 12 May 2015.

- There were additional damages in the health facilities following the 12 May earthquake particularly in Dolakha, Gorkha, Kavre and Sindhupalchok districts. The assessment and outreach efforts to reach the remote areas have been prioritized.
 - Operational health cluster meetings have been taking place in a number of districts, including Dhading, Dolakha, Gorkha, Rasuwa and Sindhupalchok.
 - Electricity, telephone, transportation, accommodation and internet facilities in all 14 districts have been severely affected and most DSOs are operating from tents.
 - In Dolakha district WHO/DHO has initiated discussions with health partners and other non-health stakeholders at the village level to reestablish health services as well as to disseminate health promotion messages.
 - The continued aftershocks and additional hazards such as landslides have aggravated the stress level of the affected population. There is an immediate need of psychosocial counseling and mental health support.
- Child Health Division jointly with WHO, UNICEF, Save the Children and Population Services International (PSI) commenced an Integrated Management of Neonatal and Childhood Illnesses (IMNCI) readiness assessment in Nuwakot and Rasuwa on 19 May 2015. This involves an interaction with the DHO and health facility. There will also be a half day orientation for Female Community Health Volunteers (FCHV) on the use of different information materials. The IMNCI kit will be distributed to the DHO and health facility.
 - The National Health Education Information Communication Center (NHEICC) has been finalizing a post –earthquake communications plan. Following the endorsement from the MOHP, a communication will be sent to the District Planning Oversight Committee (DPOC) and trainings/orientations will be conducted for frontline health communicators at the district level. The health communication working group is preparing the orientation package for frontline health communicators.
 - The Communication with Communities working group, coordinated by UNOCHA - responsible for communications on overall earthquake response, has been finalizing an assessment tool for conducting a communications survey of communications needs.
 - WHO received shipment of three complete sets of Inter Agency Diarrheal Disease Kits (IDDK); eight surgical supply kits and water, sanitation and hygiene (WASH) materials such as hygiene kits and water tanks.

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 funding requirements for the Health Cluster amount to US\$ 42 million including US\$ 14.1 million for WHO. As of 18 May 2015, the health component of the flash appeal is 14.5% funded

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 12:54am 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.

A strong aftershock measuring 7.3 magnitude struck on 12 May at 12:50 local time. The epicenter was southeast of Kodari (Sindhupalchok District), 76 km northeast of Kathmandu – an area already affected by the 25 April quake. The initial quake was followed by several aftershocks including a 5.6 magnitude.

Contacts:

1. Dr Frank Paulin
Acting WHO Representative to Nepal
Mobile: 9801010008
Email: paulinf@who.int
2. Dr Roderico Ofrin
Nepal Earthquake Response Coordinator
Email: ofrin@who.int

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