KEY HIGHLIGHTS

- A total of 1150 health facilities have been completely or partially damaged in 14 highly affected districts.
- The current health need is management of post trauma injuries, restoration of disrupted primary health care services and rehabilitation support to patients who are discharged from hospitals.
- National Tuberculosis Centre (NTC), with WHO technical support has started to trace tuberculosis (TB) patients in the 14 most affected districts.
- WHO has started modeling the Medical Camp Kit from Bharatpur hub to begin assembling temporary health facilities in priority areas of the highly affected districts.
- Injury rehabilitation sub-cluster has drafted a rehabilitation strategy highlighting an immediate, medium and longer term needs and priorities.
- A tool for the referral of people with severe mental health problems to clinical mental health care has been finalized.
- All affected districts have increased their vigilance and enhanced their surveillance for the prevention and control of potential disease outbreaks.

SITUATION OVERVIEW

Situation update

- On 20 May 2015, the Minister of Health and Population (MOHP) briefed the International Community (IC) on the devastating earthquake and its impact during the sixty-eighth session of the World Health Assembly (WHA) in Geneva. The Minister also updated the IC of ongoing response efforts and appealed for a continuing assistance for the rehabilitation of the damaged health infrastructure.
- According to the situation update report of MOHP dated 21 May, a total 459 health facilities have been completely destroyed and other 691 have been partially damaged in earthquake. The majority of the damaged facilities are primary health care centres and village health posts including the birthing centers.
- More than 25 000 people have received psychosocial counseling in Bhaktapur, Dhading, Dolakha, Gorkha, Okhaldhunga, Sindhuli and Sindhupalchok districts as of 21 May 2015.
- Latest update (11:15 local time: 22 May 2015) from Nepal Police shows that more than 4000 of the total 18 530 injured people are undergoing treatment in different hospitals in and outside the Kathmandu valley (http://www.nepalpolice.gov.np/nepal-police-crisis-response.html).
As of 22 May 2015, a total of 41 Foreign Medical Teams (FMTs) are currently working in the earthquake-affected districts. Cases seen by FMTs, based on 85 daily surveillance reports received as of 19 May include: 8934 out-patient (OPD), 373 in-patient (IPD), 172 major surgeries, 1266 trauma cases, 800 acute repertory infection, 295 fever and 373 diarrhea cases.

According to the Ministry of Home Affairs, as of 22 May, a total of 494 717 houses were destroyed and 267 373 houses are damaged in the affected districts.

The hospital based post-earthquake surveillance system instituted by the Health Emergency Operation Centre (HEOC) has been covering public and private hospitals of 14 highly affected districts. The surveillance system covers 96 treatment sites including 66 hospitals and temporary camps within the Kathmandu valley and 30 hospitals and temporary camps outside the Kathmandu valley. The table below shows the cumulative data from 14-20 May from 14 highly affected districts.

<table>
<thead>
<tr>
<th>Trends of patients in selected hospitals of 14 earthquake affected districts</th>
<th>14 May</th>
<th>15 May</th>
<th>16 May</th>
<th>17 May</th>
<th>18 May</th>
<th>19 May</th>
<th>20 May</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma</td>
<td>392</td>
<td>292</td>
<td>211</td>
<td>362</td>
<td>363</td>
<td>318</td>
<td>401</td>
</tr>
<tr>
<td>ARI</td>
<td>107</td>
<td>65</td>
<td>39</td>
<td>175</td>
<td>198</td>
<td>170</td>
<td>142</td>
</tr>
<tr>
<td>Watery Diarrhoea</td>
<td>86</td>
<td>52</td>
<td>35</td>
<td>136</td>
<td>151</td>
<td>131</td>
<td>135</td>
</tr>
<tr>
<td>Bloody Diarrhoea</td>
<td>10</td>
<td>13</td>
<td>4</td>
<td>18</td>
<td>13</td>
<td>23</td>
<td>13</td>
</tr>
<tr>
<td>Fever of Unknown Origin</td>
<td>99</td>
<td>93</td>
<td>41</td>
<td>146</td>
<td>143</td>
<td>131</td>
<td>120</td>
</tr>
<tr>
<td>OPD Cases</td>
<td>1420</td>
<td>1217</td>
<td>624</td>
<td>1477</td>
<td>4800</td>
<td>4634</td>
<td>4861</td>
</tr>
<tr>
<td>IPD Cases</td>
<td>1020</td>
<td>990</td>
<td>1020</td>
<td>1199</td>
<td>1004</td>
<td>1135</td>
<td>1080</td>
</tr>
<tr>
<td>Major Surgical Cases</td>
<td>58</td>
<td>73</td>
<td>31</td>
<td>60</td>
<td>87</td>
<td>76</td>
<td>53</td>
</tr>
<tr>
<td>Minor Surgical Cases</td>
<td>44</td>
<td>60</td>
<td>37</td>
<td>57</td>
<td>56</td>
<td>38</td>
<td>88</td>
</tr>
<tr>
<td>Hospital Deaths( under 5)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hospital; Deaths (over 5)</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Referred Cases</td>
<td>5</td>
<td>13</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>16</td>
</tr>
</tbody>
</table>

Source: Daily Situation Update Report, MOHP, 21 May 2015

Sporadic cases of diarrhea were reported from Dhading, Nuwakot and Sindhupalchok districts in the last three days. Districts mobilized the rapid response teams immediately and treated the patients with diarrhea cases. District Health Office (DHO) Nuwakot treated 40 cases of mild diarrhea in one of the displacement camps at Betrawati. Laboratory reports of stool samples collected from Dhading, Gorkha, Kathmandu and Sindhupalchok districts were received. Out of ten samples tested, one from Dhading district showed growth of Salmonella and the rest showed no bacterial growths. All affected districts have increased their vigilance and enhanced their surveillance for potential outbreaks.

The 14 highly affected districts were assessed for their status on carrying out routine immunization work. Most of the districts are in a position to resume routine immunization despite the severe damage in the physical infrastructure. The cold chain statuses in most of the districts are intact and vaccines are safe except in Sindhupalchok district. WHO in close coordination with Logistic Management Division and UNICEF is planning to avail generators to revitalize the cold chain system.

WHO together with Child Health Division of MOHP, UNICEF, Population Services International (PSI) and Save the Children visited Sindhupalchok district to field test a readiness assessment for Integrated Management of Neonatal and Childhood Illnesses (IMNCI) and child health services. During the visit the team also interacted with Female Community Health Volunteers (FCHVs). Job aids and other orientation materials are currently being printed for distribution.

2
Health needs, priorities and gaps

- The current health need is the management of post trauma injuries, restoration of disrupted primary health care services and rehabilitation support to patients who are discharged from hospitals.
- Addressing health workers' emerging needs for shelter, food and psychosocial support remains an important priority.
- 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 season begins.
- There is an ongoing need of tents for curative and maternity services for health facilities in all affected districts.
- Among the hardest hit districts, there is no access to clinical mental health care in Dolakha. There is need for immediate dispatch of mental health staff to address this need.

WHO action

- WHO in collaboration with World Food Programme (WFP), UNICEF, UNFPA and International Organization for Migration (IOM) has started modeling the Medical Camp Kit from Bharatpur hub to begin assembling the camps as temporary facilities in the priority village development committees (VCD) in the affected districts.
- The health communication working group is preparing the orientation package for health volunteers to support their communication on prevention of communicable diseases of high concern like acute watery diarrhoea. The working group has already developed key health messages which will be put up in temporary shelter sites in the 14 most affected districts.
- WHO intensified collaboration between the health and protection sectors on issues of mental health and psychosocial support. It has been agreed that community psychosocial support will be addressed by the psychosocial technical working group under the protection cluster and clinical mental health care under the health cluster.
- WHO organized a meeting that finalized a tool for community workers/lay psychosocial staff to identify people with severe mental health problems to facilitate referral to clinical mental health care, including either psychological or biomedical treatment.
- Injury rehabilitation sub-cluster has drafted a rehabilitation strategy highlighting immediate, medium and long-term needs and priorities. The strategy is being consulted at cluster and sub cluster levels including MOHP and Ministry of Women, Children and Social Welfare. The final strategy will be incorporated into the Health Sector Rehabilitation and Reconstruction Plan of the MOHP.
- WHO is supporting the government and nutrition cluster partners by providing technical guidance to ensure that interventions are designed, implemented and monitored adhering to evidence-informed instruments such as WHO guidelines and recommendations. WHO is also supporting the government for in-patient management of severe acute malnourished children with medical complications.
- Together with the National Planning Commission, WHO is supporting the government to conduct a post-disaster needs assessment (PDNA) in the areas of health, nutrition and water, sanitation and hygiene (WASH).
- WHO WASH Team together with Kathmandu District Public Health Office (DPHO) carried out rapid assessment of WASH facilities in Dahchowk, Dharmasthali, Goldhunga and Sitapaila Health Care Facilities (HCFs) and is working on a provision of WASH intervention in 15 HCFs in outskirts of the Kathmandu Valley on the request of respective District Health Officers (DHOs). As of 22 May, WHO provided 4000 hygiene kits to Water Supply and Sanitation Division Offices (WSSDO) of Dhading, Dolakha, Kavre, Lalitpur, Nuwakot and Sindhupalchok districts for distribution to affected people.
- WHO provided logistical support to National Tuberculosis Centre (NTC) to trace...
tuberculosis (TB) patients in the 14 most affected districts, with multi drug resistant (MDR) TB patients as the first priority. On 21 May NTC and WHO met with the District Tuberculosis and Leprosy Officers of Bhaktapur district to explore issues surrounding TB care and control in the post-earthquake situation. Staff also met with MDR TB patients living in temporary camps and identified patient’s immediate needs. Addressing living conditions of patients in temporary camps, increasing accessibility of infection control measures and minimizing stigma have been identified as key action areas by the NTC.

- WHO has provided four medical tents and five surgical supply kits to different hospitals in and outside the Kathmandu valley.

### 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. 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.

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