
SITUATION REPORT No. 6: 1 May 2015

1. Situation Update

- The death toll from the 7.8 magnitude earthquake increased to 6204 with a total of 13 923 people injured, according to the official figure of the Government of Nepal (mid-day 1 May 2015). The highest number of confirmed deaths has been recorded in Sindhupalchowk, Kathmandu and Nuwakot districts.
- The number of priority districts requiring health intervention is increasing. The Ministry of Health and Population (MOHP) has added Okhaldhunga district for urgent health assistance. As of today, the total number of priority districts for health intervention is 14¹.
- Rapid assessments conducted on 28 April 2015 of 16 official sites in Kathmandu valley estimated that over 24 000 people are living in the camps. However, there has been a reduction in numbers of internally displaced persons (IDP) since the first few days, due to people returning to their homes, or leaving for outer districts.
- Treatment of the injured in the remote areas remains a challenge due to access problems as most of the remote villages are not linked with the road networks. Even air lifting is difficult due to the weather.
- Over 75 FMTs are now in country and at least 48 have been tasked to deliver care in the most affected districts. Several are now beginning to reach the deep field through collaboration through the logistic cluster and the military liaison officers of the UN-OCHA, to gain access to military flights. Another 20 FMTs were tasked today to regions to deliver care. No further teams are required, but medical tents and supplies are still required for the national effort.
- Several large teams have deployed to provide care, from military and civilian Government teams and some NGOs and operations to replace the three most damaged hospitals with Field hospitals for 3-6 months are far advanced.
- The FMT coordination cell from WHO has been strongly supported by UN-OCHA /UNDAC team members and the teams are working closely with the MoHP and the Nepal Army.

2. Immediate Needs

- Medicines, surgical supplies and tents
- Outbreak risk communication messages
- Rehabilitative care for patients who were injured
- Psychosocial support
- Re-establishment of the disease surveillance system
- Specialized health care services for groups with special needs including the children, elderly, pregnant women, lactating mothers and neonates.

3. Health Sector Response

3.1 MOHP

- Assessment of the health care needs and treatment of the injured is on-going in the affected districts.
- Management of dead bodies in close coordination with Ministry of Home Affairs.
- Arranging necessary logistics for ongoing response in close coordination with WHO.
- Response coordination, including the coordination and deployment of foreign medical

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

teams is ongoing.

- Field hospitals have been established in different places in the Kathmandu valley and some of the most affected outside districts
- Health desks established in camps in the Kathmandu valley
- MOHP has allocated resources for a public hospital, and some response support to the private hospitals
- Disseminating the post- earthquake outbreak awareness messages in all affected districts regularly.

3.2 WHO

- WHO has been providing support to conduct a rapid assessment of hospitals in 12 affected districts (21 hospitals in 10 districts; including nine private hospitals, eight district hospitals and four larger central hospitals) to assess their status and needs since 28 April 2015.
- The rapid assessment identified four district hospitals (Chautara Hospital, Ramechhap District Hospital, Rasuwa District Hospital, Trisuli District Hospital) are not functional - i.e. totally damaged infrastructure; no water supply or electricity and limited out patient department activities.
- Of the functional hospitals, the needs are to deal with the increased number of cases in out patient departments partially damaged infrastructure and limited materials (body bags, tents/mattresses), medical supply and essential medicines.
- WHO has been providing support to establish a surveillance system for epidemic-prone diseases, mapping the locations and activities of Health Cluster partners, and assessing overall health needs and gaps.
- Needs assessment and response for water sanitation and hygiene (WASH) is going on in all affected districts with support from various partners agencies. WHO is leading assessment in Lalitpur Districts, several temporary camps in this district have been provided with safe water, mobile toilets and pit latrines.
- WASH assessment in 3 major hospitals, one temporary clinic and a primary health care (PHC) center in Lalitpur district shows that there are no issues of water and toilets in the three major hospitals, while there was no water for the clinic and water quality for the PHC was not good. WHO provided chlorine tablets to treat water. For the clinic, WHO provided a storage tank and water tanker.
- WHO has been coordinating with Food and Agriculture Organization of the United Nations (FAO) and World Organization for Animal Health (OIE) to deal with carcass disposal, animal disease control and relief operation for affected farmers.
- WHO has been mapping the locations and activities of Health Cluster partners, and assessing overall health needs and gaps.
- WHO is establishing a surveillance system for epidemic-prone diseases.
- WHO and UNICEF are supporting MOHP to vaccinate children against measles and rubella in all 16 official and other non-official camps starting tomorrow. This will be extended to all affected districts.
- WHO has prepared maps showing the location of destroyed and damaged health care facilities and the distribution of field hospitals and foreign medical teams.

3.3 Other agencies

- More than 30 Health Cluster members and external development partners are providing support in conducting assessment on the health care needs of the affected people in remote areas. They are also providing health care services, donating supplies, and

establishing temporary and sanitation facilities and management of dead bodies.

- UNICEF's air cargo containing 70 health kits, 3800 blankets, 90 survival kits, three tents, 500 sodium lactate have arrived today and these are being transported to Kavre, Gorka, Dhading, Nuwakot, and Sindupalchowk districts. The new procurement process for tents, diarrhoea disease sets, emergency health kits, and family hygiene and dignity kits was initiated and that order was approved and placed on 1 May 2015.
- Medical Teams International has been providing emergency medical health care in the most affected remote parts of Dhading District. Medical Teams are working with existing community health systems to ensure adequate post-emergency primary health care needs are met in remote and geographically isolated communities.
- United Nations Population Fund (UNFPA), in coordination with MOHP has developed a format for assessing Reproductive Health Services in the affected districts and also finalized the guidelines for "Post Maternity care facility for mother and babies" in consultation with MOHP.
- UNFPA in partnership with CARE, ADRA and IPPF/FPAN has initiated the reproductive health response in Kavre and Dhading districts.
- International Organization for Migration (IOM) is conducting public health assessments in IDP sites and coordinating with CCCM cluster on monitoring and response.
- IOM is assessing needs of patients in hospitals for assisted discharge to provide transport, shelter, community follow up assistance.

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