



Patients being treated in the tents at TUTH following 12 May earthquake



4.2 Million
AFFECTED



2.8 Million
DISPLACED



17 866
INJURED



8219
DEATHS

KEY HIGHLIGHTS

- A new earthquake measuring 7.3 magnitude which struck on 12 May 2015 at 12:50 local time, caused further death, injuries and added fears of devastation among the affected population.
- Kathmandu based hospitals have been managing the excess patients¹ coming from the 12 May earthquake with extra tents in front of the hospitals buildings.
- Foreign Medical Teams (FMTs) stationed closer to the epicenter of the new earthquake reported a start to treating large numbers of injured people (as of 18:60 on 12 May 2015).
- In the morning of 13 May, Ministry of Health and Population (MOHP) deployed a type 2 field hospital jointly managed by Nepal and Indian teams (civil and military) to Charikot, Dolakha district as surge to support the existing teams in the district.
- 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.

SITUATION OVERVIEW

Situation update

- National Emergency Operation Center has confirmed 1918 injuries and 65 deaths in previously affected districts due to the new earthquake on 12 May 2015 (as of 11 am local time: 13 May 2015). This is in addition to over 8000 deaths and over 17 000 injured in the 25 April earthquake.
- There is no information on the further damage to hospitals in the Kathmandu valley. All central level hospitals are standing and have been managing the excess patients injured in the 12 May earthquake. Many hospitals evacuated patients into nearby tents outside with extra tents provided by WHO and other cluster partners.
- In the morning of 13 May, MOHP deployed a type 2 field hospital jointly managed by Nepal and Indian teams (civil and military) to Charikot, Dolakha district as a surge to support the existing teams in the district.
- MOHP has requested all military and civil Foreign Medical Teams (FMTs) to remain in country and continue working. There is no current need for new teams.
- 300 beds of Maternity Hospital and 400 beds of Bir Hospital were already non-functional due to the damage of the 25 May earthquake. Some clinical blocks of the

¹ Over 500 newly injured patients visited major hospitals in Kathmandu valley as of 10 am 13 May 2015. The detail information is being compiled by HEOC. Source; HEOC)

main building of Patan hospital, the residential block and store of Sukraraj Tropical hospital and the older block of Bhaktapur hospital were damaged (Ministry of Health and Population, 11 May 2015). Most of the resulting gaps are being addressed in the short term by 19 field hospitals in eight districts (table below):

Temporary hospitals established		
District	Location	Support
Kathmandu	Chauni	Israel Medical Team
	Singhdurbar	Chinese Army Medical Team
	Teaching Hospital, Maharjgunj	Stockpile
	APF Hospital, Balambu	Stockpile
	Sinamangal	Indian Army
Lalitpur	Patan	Stockpile
	Lagankhel	India
Bhaktapur	Sallaghari	Pakistan
Nuwakot	Bidur	Bhutan Army Team
	Bidur	Qatar Crescent
Sindhupalchok	Barhabise	Japan, JICA
	Melamchi	Czech Republic + Japan
	Chautara	Norway
	Sipaghat (15 bed)	Thailand
	Jhalbire	Germany
Kavre	Dhulikhel	Chinese Medical Team
Gorkha	Gorkha	Turkey
	Aarughat	MSF France
Rasuwa	Dhunche (50 bed)	Canada + Norway

Source: Health Emergency Operation Center (HEOC): 11 May 2015

Public health concerns

- There has been heightened concern about the risk of communicable disease increases including water-borne diseases and acute respiratory infections in areas where hygiene and sanitation systems have been disrupted. As part of measures to shield against this threat, MOHP with the support of WHO has instituted an epidemic-prone diseases Early Warning and Response System (EWARS). It has two components:
 - Health facility based surveillance, with daily reporting, since 2 May, on four syndromic diseases (acute respiratory infections, acute watery diarrhea, acute bloody diarrhea, and fever of unknown origin) from 60 sentinel surveillance sites in the 14 highly affected districts. Sentinel sites include major hospitals in the Kathmandu valley, all district hospitals, private hospitals outside of the Kathmandu valley (which previously served as sentinel sites), and foreign medical teams/camps.
 - Event based surveillance and rumor verification, which captures information on rumors and alerts of suspicious episodes and clusters of diseases in the 14 highly affected districts. Achieved through media scanning, communication with peripheral health facilities, community leaders, foreign medical teams, WHO surveillance medical officers, as well as daily telephonic follow up with districts health offices by Epidemiology and Disease Control Division, Department of Health Services.
- MOHP has deployed rapid response teams for the prevention and response to potential disease outbreaks in all affected districts.
- There are no outbreaks of any communicable disease.

Health needs, priorities and gaps

- As the May 12 earthquake caused further injuries in the affected districts, there is an immediate need to manage injury and trauma.
- Despite the additional burden of needs from those affected by the 12 May earthquake, the ongoing efforts and priorities around rehabilitation of the health system in the affected areas continues. These include; consolidation and standardization of assessments, ensuring coverage of areas beyond district headquarters, preparation for

the upcoming monsoon period, restoration of the primary health care services and a provision of rehabilitation support to the patients discharged from hospitals.

- As at 11 May, more than 900 health facilities, predominantly village health posts, have been assessed by MOHP as totally or partially damaged in affected districts. The current priority to ensure the health services in those areas includes; mobilization of a comprehensive package of tents with supplies and equipment plus essential medicines.
- According to the Injury and Rehabilitation sub-cluster during the 8 May Foreign Medical Teams (FMT) Coordination Meeting, there are more than 1000 patients requiring ongoing care, 700-800 of whom will need accommodated care, mostly orthopaedic. There are also more than 200 patients with spinal cord injuries, many having neurological deficit. Initial estimates indicate that in the Kathmandu valley alone, up to four transit shelters for the post rehabilitation care are required to accommodate these patients. Some existing facilities can be utilized, but additional facilities are needed.

WHO action

- WHO, upon the request of MOHP on 12 May, provided medical tents for five hospitals (Civil Service Hospital, Dhulikhel, Patan hospital, Shree Birendra Hospital and Trauma Centre,) to expand the hospital capacity as the flow of injured patients suddenly increased in hospitals after the second earthquake.
- Foreign Medical Teams coordination (WHO, UNDAC, Swedish MSB, Indian red Cross volunteers and MOHP) contacted all FMTs in the earthquake region to check safety, casualty load in their respective area and immediate plans. FMTs closest to the epicenter, particularly from Bhaktapur, Kavre, Ramechhap, Rasuwa and Sindhupalchok reported starting treatment of large numbers of the injured (as of 18:60 on 12 May 2015).
- WHO and MOHP formed an injury rehabilitation sub cluster on 9 May 2015 with partners and is working to support the management of injury and rehabilitation. Handicap International has been providing the lead role in technical coordination. The first meeting of the sub cluster on 10 May decided to map the partners and match the capacity against the needs to provide support to MOHP and to establish step down transit shelter for the post rehab care. A strategic group has been formed to provide overall strategic direction to sub cluster priority and activities. The strategic group members include: WHO, representatives from MOHP, Ministry of Federal Affairs and Local Development, Ministry of Women, Children and Social Welfare, CBM, HI, UK-IETR, IOM, TLMI and Nepal Physiotherapist Association (NEPTA).
- The Mental Health sub cluster meeting planned for 13 May could not take place due to the second earthquake on 12 May. A form has been developed and shared with the partners to map their activities. The information collected will be shared with MOPH. The initial discussion to focus on recovery aspects (e.g. treating mental health illness such as depression, psychosis, epilepsy etc than providing psychosocial support) has been revisited due to the second earthquake. The psychosocial aspect has become an important component.
- On 12 May 2015 WHO water, sanitation and hygiene (WASH) team visited Nanglevare Health Post with Health Care Foundation and Health Care with no Harm. The Building was found severely damaged and services are being provided from a classroom of a school. Since the first day of the earthquake (25 May 2015), the health post has been treating an average of 200 patients per day. During the first week, about 15% of the total cases were related to diarrhea; however it has dropped significantly with no epidemic seen so far. The possibility of WASH facilities including water supply and health care waste management services were assessed in detail in case the health post building is rebuild/repared and services resume through their own building.

- Child Health Division of MOHP is planning for a situation analysis regarding needs for information materials, logistics and human resources to assure child health services, with particular focus on integrated management of neonatal and childhood illnesses.

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 districts² 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.

A new earthquake 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 Lin Aung
WHO Representative
Tel: +977 1 5523200 ext: 1300
E-mail: linaung@who.int
2. Dr Roderico Ofrin
Nepal Earthquake Response Coordinator
Email: ofrin@who.int

² Bhaktapur, Dhading, Dolakha, Gorkha, Kathmandu, Kavre, Lalitpur, Makwanpur, Nuwakot, Okhaldhunga, Ramechhap, Rasuwa, Sindhuli and Sindhupalchok