



HEALTH CLUSTER BULLETIN # 1
May 2015

Nepal

Earthquake
25 April to 3 May 2015



4.2 M
AFFECTED



2.8 M
DISPLACED



0
REFUGEES



14,122
INJURED



7240
DEATHS

HIGHLIGHTS

- More than 1000 doctors, nurses and paramedics deployed to provide medical care in support of existing health system.
- Critical shortage of supplies reported by hospitals across the country. Approximately 14 000 injured as a result of the quake. Injuries include broken bones, head injuries and spinal cord injuries
- No communicable disease outbreaks have been reported.
- Health care services are expanding into outlying and remote districts.
- A Health Cluster field office was opened on 4 May in Gorkha District.
- Six hospitals have been identified as referral sites for emergency obstetric care, and are providing services.
- The Health Cluster has set up sub-clusters on reproductive health and mental health.

HEALTH SECTOR

153 HEALTH CLUSTER PARTNERS
4.2 M TARGETED POPULATION

BENEFICIARIES

160 000 PEOPLE COVERED BY SUPPLIES
18 HEALTH KITS
2.5 TONNES OF MEDICINE

HEALTH ACTION

32 002 CASES TREATED
4460 ADMISSIONS
1277 REFERRALS

VACCINATION AGAINST

START 23 POLIO
MAY
OVER MEASLES
500

EWARN

NA SENTINEL SITES

FUNDING \$US

1.14 % FUNDED
75.000,0 REQUESTED
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Situation update

Just over a week after Nepal's 25 April earthquake, 35 districts remain affected, of which 14 have been deemed severely affected. A WHO rapid assessment team found that hospitals were in critical need of medical resources. Four district hospitals have ceased functioning altogether, while 90 percent of medical facilities across the country are unable to provide services due to damaged infrastructures. Latest figures report that 7240 people have been killed, and 14 122 injured.

Table 1: Affected population

Reported deaths and injuries status

SN	Districts	Total		Health Workers		
		Death	Injured	Death	Injured	Missing
1	Sindhupalchowk	2648	734	-	-	3
2	Kathmandu	1185	4634	2	-	-
3	Nuwakot	798	1307	1	7	4
4	Dhading	655	589	1	-	-
5	Gorkha	410	1034	-	-	-
6	Kavre	311	930	-	-	-
7	Rasuwa	384	748	-	5	3
8	Bhaktapur	277	1887	-	-	-
9	Lalitpur	172	1141	-	-	-
10	Dolakha	64	174	-	1	2
11	Makwanpur	35	124	-	-	-
12	Ramechhap	24	23	-	-	-
13	Okhaldhunga	19	53	-	-	-
14	Sindhuli	10	59	-	0	0
15	Other districts	64	686			
	Total	7056	14123	4	13	12

Source: Government of Nepal, Disaster Risk Reduction Portal, NEOC, MOHA

Health Facilities

Districts	Total Health Facilities	Hospitals		PHCC		S/HP		Aaurvedic Health Facilities		Private and others	
		Completely damaged	Partially damaged	Completely damaged	Partially damaged	Completely damaged	Partially damaged	Completely damaged	Partially damaged	Completely damaged	Partially damaged
Sindhupalchowk	79	0	1	0	2	-	45	1	1	-	-
Kathmandu	63	-	-	0	1	-	3	-	-	-	-
Nuwakot	68	1	0	-	1	30	20	-	2	-	-
Dhading	52	-	1	2	1	29	13	-	3	-	1
Gorkha		-	-	-	-	-	-	1	3	-	-
Kavre	100	0	-	1	-	16	83	-	-	-	-
Rasuwa		1	-	1	-	18	-	-	-	-	-
Bhaktapur	22	-	-	-	-	-	5	-	1	1	-
Lalitpur	44	-	-	-	1	7	15	1	-	-	-
Dolakha	57	-	-	-	1	25	18	1	1	-	-
Makwanpur	45	-	-	-	1	8	1	-	-	-	-
Ramechhap		1	-	1	1	2	-	-	-	-	-
Okhaldhunga	56	-	-	0	0	0	0	-	-	-	-
Sindhuli	55	-	-	-	2	1	8	-	-	-	-
Total		3	2	5	11	134	211	4	11	1	1

S.N	Districts	Total Treated	Total Admitted	Total Referred
1	BHAKTAPUR	3610	297	169
2	DHADING	804	170	134
3	DOLAKHA	264	20	30
4	GORKHA	372	42	85
5	KATHMANDU	13755	2919	54
6	KAVRE	4108	75	1
7	LALITPUR	1867	177	8
8	MAKWANPUR	300	23	10
9	NUWAKOT	2947	240	176
10	OKHALDHUNGA	92	28	3
11	RAMECHHAP	1500	50	6
12	RASUWA	700	98	93
13	SINDHULI	133	21	8
14	SINDHUPALCHOK	1550	300	500
	Total	32002	4460	1277

Public health risks, needs and gaps

Communicable diseases

Cases of diarrhoea have been reported. The Ministry of Health and Population is monitoring the situation. Forty to 50 cases of flu-like symptoms and diarrhoea have been reported from Gorkha (Barpak-1, Saurpani-8, Kharibot-3, Kashigaun, Klok), while Sindhuli (Kapilokot-2, 3, 4, 5, 8) has reported 35 cases of diarrhoea as well as 200 cases of upper respiratory tract infection/ acute respiratory infection.

The health authorities are working to ensure that patients with TB and HIV have access to medication. Treatment for both diseases is provided free in Nepal.

Trauma and injury

Approximately 14000 people have been injured as a result of the quake. Of this number (and extrapolating from current assessments), approximately one in three require follow-up care and rehabilitation. The management of spinal cord injuries has been identified as a critical gap. Health care providers have reported a decrease in the number of trauma patients.

According to Handicap International, which has visited Bir Hospital, Tribhuvan University Teaching Hospital, Patan Hospital, and Bhaktapur Hospital, one in six of those injured are between 6 and 18 years of age, with the same prevalence for those over 60 years of age. One in 60 of those injured are below two years of age. The bulk of the injuries have been sustained by those between 19-60 years of age. Sixty percent of injuries involve broken bones, and 11 percent are head injuries. Around 13 percent of cases involve spinal cord injuries.

Reproductive health

The Reproductive Health (RH) sub-cluster is assessing reproductive health care services and identifying gaps. The assessment is being conducted by various partners in 20 districts using a standard assessment form developed by the sub-cluster. First results are expected by 4 May 2015.

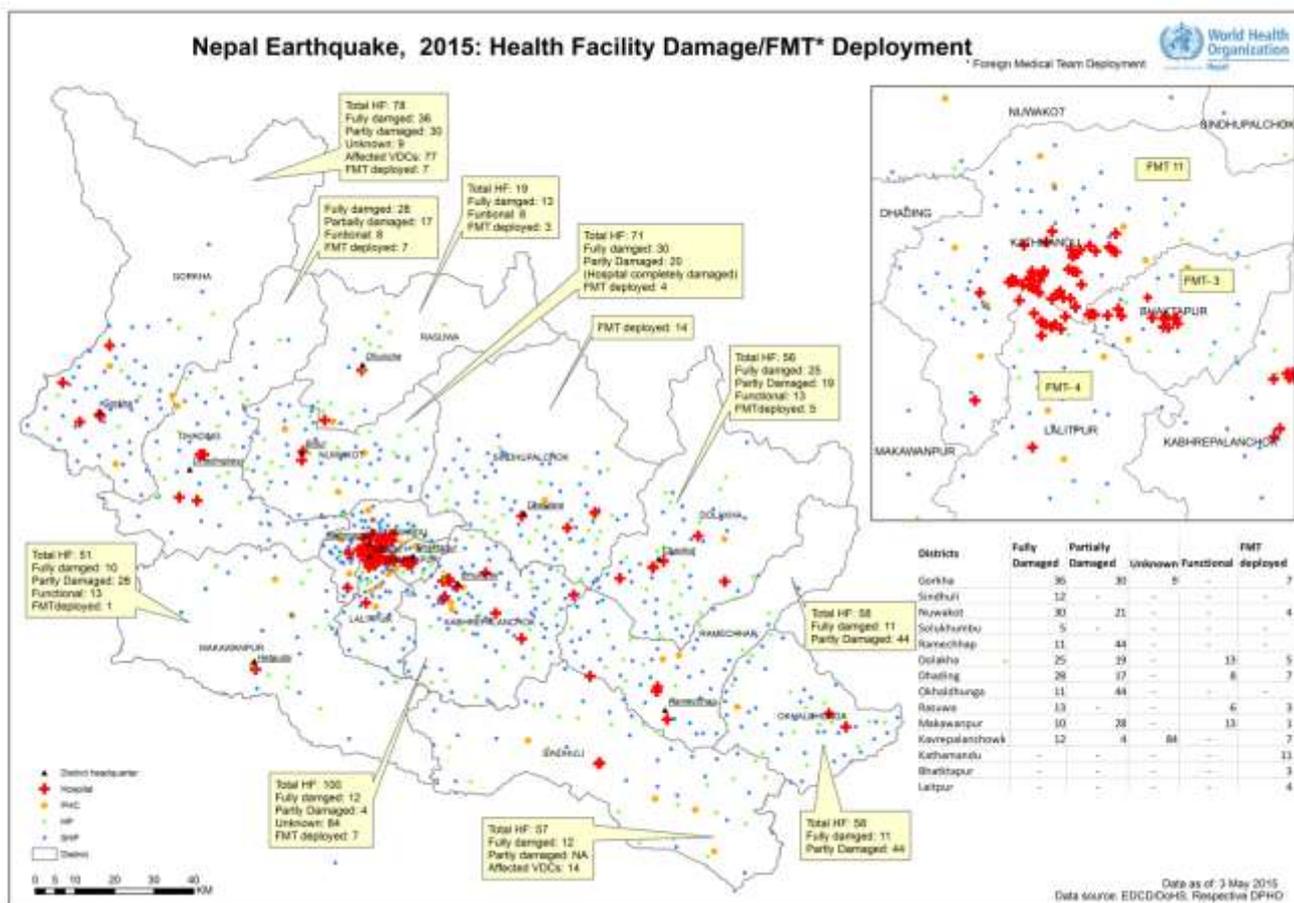
The RH sub-cluster is also implementing measures to ensure pre-and post-delivery care for mothers who have been referred or displaced. UNICEF is supporting the establishment of maternity shelters/waiting homes in 11 districts through two NGOs. UNFPA, in partnership with CARE, ADRA and IPPF, has initiated RH services in Kavre and Dhading, which are two of the most affected districts.

Noncommunicable diseases

WHO’s treatment guidelines for hypertension, diabetes, chronic obstructive lung disease and asthma will be finalized for use in district primary health care (PHC) centres. Based on the results of a survey on noncommunicable diseases conducted by WHO in 2013, WHO will calculate the required amount of medicines for the above diseases by district, using the gender-disaggregated data in the survey, and procure and distribute emergency items. Foreign medical teams providing PHC services are encouraged to treat noncommunicable diseases.

Functionality of health facilities

According to WHO’s rapid health assessment, approximately 90 percent of health care facilities outside main towns are not functioning. Surge capacity has been provided to district hospitals, and a “hub and spoke” approach has been adopted. Four district hospitals are no longer functioning, and are being replaced by field hospitals managed by foreign medical teams.



Of the functional hospitals, five have been identified as requiring urgent assistance, as their out-patient departments are struggling to manage a large number of patients. Damaged infrastructure and limited

materials (body bags, tents/mattresses), medical supplies and essential medicines are likewise proving challenging. None of the hospitals has requested additional staffing.

Availability of essential services

All except four referral hospitals remain standing. Health care services are operating normally, and hospitals have called in extra staff. No gaps in surgical and trauma care have been identified.

Availability of health staff

Health care providers in Kathmandu have reported that they are adequately staffed, though in hospitals outside of the valley 40 percent of approved posts had been vacant before the earthquake. MoHP reported four deaths among health staff.

Availability of essential drugs, vaccines and supplies

Health care providers have reported a shortage of a range of critical medical supplies, including emergency medicines, surgery kits, IV fluids, antibiotics and suturing materials.

Health Cluster Action

Health Cluster coordination

Daily Health Cluster meetings have been conducted since the emergency. The MOHP has been updating partners on its activities; meeting notes are circulated to partners every evening.

The Health Cluster participates in regular inter-cluster meetings convened by the UN and in the inter-cluster meeting convened by the Ministry of Home Affairs at the National Emergency Operations Centre.

Sub-clusters under the Health Cluster have been organized, including the abovementioned RH sub-cluster and a mental health sub-cluster. A working group on post-injury physical rehabilitation has been recommended.

Health Cluster representatives also participate in the WASH Cluster. The Camp Coordination and Camp Management Cluster has also been requested to make presentations in the Health Cluster meetings to update partners on health issues in IDP camps.

The UN will open hubs in Gorkha and Dhading, and the Health Cluster opened a Gorkha field office on 4 May.

Assessments

WHO has supported the MoHP's rapid health assessment covering the 14 priority districts. The initial results were issued on 1 May 2015.

The Nepalese Red Cross Society has also conducted an assessment which has been shared with Health Cluster partners. Handicap International has assessed the needs of post-trauma patients.

The RH sub-cluster is finalizing a technical assessment for reproductive health needs, and has conducted an assessment of the prevalence and nature of injuries sustained as a result of the quake.

Support to health service delivery

Approximately 100 foreign medical teams have been registered and deployed by WHO in collaboration with the Government of Nepal and the Nepalese Army. Four district level hospitals destroyed by the earthquake are now in the process of being replaced by mobile field hospitals managed by foreign medical teams. More than 1000 doctors, nurses and paramedics have been deployed to affected districts.

Provision of essential drugs and supplies

A delivery of ten tonnes of supplies and equipment scheduled to arrive on 2 May is yet to land at Tribhuvan Airport. In the meantime, 134 different types of medicines and supplies have been distributed to 14 district hospitals, as well as Bir Hospital.

Training of health staff

Gaps in post-trauma care and rehabilitation have been identified, though no actions have been taken.

Trauma and injury care

Handicap International has deployed four two-person teams to register, advise, prescribe and treat patients. The MOHP has distributed trauma treatment protocols to foreign medical teams.

Due to the high number of patients, those with injuries that require rehabilitation are adding to the congestion in hospitals. This is adversely impacting both their care and hospitals' ability to manage newpatients. WHO, in collaboration with the International Organization of Migration, Handicap International and specialist health technical advisers has recommended a strategy to reduce the number of long-term patients in hospitals by establishing alternative rehabilitation and extended care facilities.

Child health

A Child Health working group has been formed to identify priority areas for child health and coordinate with other sub-clusters including those on protection and nutrition. The MOHP has adapted its surveillance forms to include information on children under the age of five. WHO, in consultation with the MOHP's Child Health Division, has identified treatment protocols and is printing and distributing flipcharts on the Integrated Management of Childhood Illness to health care facilities and foreign medical teams. UNICEF has procured diarrhoea kits and other commodities for the first three months of the response.

District Public Health Officers, with technical and financial support from WHO, conducted a measles, mumps and rubella (MMR) immunization drive for children between six months and five years in two districts - Bhaktapur and Lalitpur on 2 and 3 May. A total of 952 children were vaccinated. MMR vaccinations will proceed on 4 May in Kathmandu district. Around 500 children will be vaccinated.

Communicable disease control and surveillance/EWARN

The early warning system relies on the existing network of community leaders who are known to the District Health Offices and known to district surveillance medical officers (SMOs). These SMOs have been coordinating vaccination campaigns and investigating and responding to cases of infectious diseases. Several rumours of clusters of diarrhoea cases have been reported in recent days, mostly in Kathmandu valley, but none has been confirmed.

The MOHP is introducing prospective syndromic surveillance to detect outbreaks of epidemic-prone diseases based on observations at hospitals' out-patient departments. To date, because data collection is performed only by phone daily at central and district levels, only a limited number of syndromes have been properly recorded. They include the following: acute respiratory infections, acute watery/bloody diarrhoea, and fever of unknown origin in children under five years of age and those over five years of age.

The expansion of surveillance is planned once hospital-based surveillance is initiated.

Reproductive Health

Six hospitals¹ have been identified as referral sites for emergency obstetric care and are providing services. UNICEF has procured 50 000 neonatal kits and tents that can be used as maternity wards.

National RH treatment protocols are being printed and disseminated at treatment sites to ensure standardized care.

Mental health and psychological support, noncommunicable diseases

A mental health sub-cluster has been activated with WHO, IOM and the MoHP as initial partners. Activities will focus on three of the hardest hit districts (Nuwakot, Sindhupalchowk and Dhading). For the past three years, WHO's country office in Nepal has been piloting a mental health programme in PHC centres, with support from mental hospitals. This will now be strengthened through a permanent team consisting of one psychiatrist, one psychologist and two support staff. The psycho-social working group under the social protection cluster will work with the mental health sub-cluster to harmonize activities.

Water, sanitation and hygiene and environmental health

Water supply and sanitation systems have been disrupted around Kathmandu as well as in other hard-hit districts. Lack of safe water and latrines, and inadequate solid waste management, increase the risks of diarrhoeal diseases, typhoid, cholera and trachoma. Many people continue to live in temporary shelters nearby dusty roads and in congested areas, increasing their exposure to respiratory illnesses.

About 185 health facilities in the most affected districts have been severely damaged and around 206 have been partially damaged. WHO is working to restore water and sanitation facilities in partially damaged health care facilities. It is currently supporting the restoration of water and sanitation in Kavre, Rasuwa, Nuwakot and Lalitpur, together with the Nepalese Red Cross. WHO is also setting up a mobile water testing laboratory with Department of Water Supply and Sewerage.

WHO is coordinating the WASH response in Lalitpur district, following its rapid needs assessment there. In collaboration with other WASH agencies, pit latrines have been built in temporary shelters, and WHO has ensured a regular supply of water and chlorine tablets and hygiene materials. So far there have been no outbreaks of waterborne diseases.

Plans for future response

WHO aims to increase its presence in the affected districts, particularly Gorkha, to support the continuation of health services and public health priorities. WHO is setting up field offices to coordinate partners and ensure there is no duplication of efforts. It plans to expand surveillance measures.

These activities will be carried out as per previous contingency planning conducted by health cluster partners.

The UN country team is currently looking at a common logistics platform to facilitate the delivery of essential health care services to the affected population.

Funding status of action plan

Paropakar Maternity and Womens Hospital, Kathmandu; Dhulikhel Hospital; Sheer Memorial Hospital, Banepa; Gandaki Zonal Hospital, Pokhara; Bharatpur Hospital, Chitwan; and Lumbini Zonal Hospital.¹

The Health Cluster has appealed for US\$ 75 million for the emergency health response, with US\$ 994,868 currently available.

Health Cluster Partners

ACF
ADRA
ADRA Nepal
American Leprosy Missions
AmeriCares
AmeriCares, India
A-PAD
A-PAD/CHA
ASB Germany
Asya Sarkym
Australian Embassy
AVLD
Bidmc Harvard Disaster
BRAC
BUSF
CARE
CARE Nepal
Care & Cure Nepal

China Foundation for Poverty Alleviation
CBN
CHINA/CFPA
Clarion
CMAT
DPC, Italy
EDCD
EUCP-Team
IAEM
ICPD
IFRC
IOM
Save the Children
JICA
FAIRMEDNep
UNFPA
HDH
UNICEF
UMN
GIZ
Handicap International
ZICA
Plan International Nepal
World Vision
International Medical Corps
MDM France
USAID

Japan Red Cross
Medicine du Monde
NATAN-Israel
Nepal Red Cross
NycMedics
DFID/UK
PSI
JDR Medical
Rescuenet
NATAN Medical
Nepal Grassroads Recovery
MSF-OCA
Waves for Water
Mercy Malaysia
Nick Simons Institute
Nepal Magazine
Team Rubicon
USAID/ OFDA
PAHS
KOICA
Global Outreach Doctors
Israeli Response
TDH
MDM Spain
Lands Aid
MSF
GNI
UK Medical
UK Emergency Medical
Johanniter International Assistance
Pharmacists Without Borders
DoHS
Clean Killage MFI
Redair
Goal
Medical Teams Intl
IRFC
Hunedica
Embassy of Japan
Doctors For You
ICRC
International Organisation for Migration
IPPF
NRCS
Italian Civil Protection, Gov
Taiwan/HA
FPAN
FNCCI

Humanity First
Plan International
UN Sec
UNICEF-ROSA
NB
Relief International
Global Medic
Medic Mobile
Project Nepal
EHN
NAVIS Germany
PSF Germany
MHW
The Johannites
Medical Teams Int'l
UNHCR/UNMERT
Peace Winds Japan
UNOPS
JDR JICA
Lions Club
Mercy Corps
RI
MHW Germany
WAHA
Samaritan Purse
Salvation Army
Scheer Memorial Hospital, Banepa
SCI
SDC
SGS
SGS Thailand
Stop Acid Attacks
Taiwan THA
TMAT
Thai, NIEM
USAID/DART/USAR
MEDAIR
Fundacion Madrazo
UK/DFID/ISAR
GR3
DFAT-Australian Embassy
MSB
JAPAN/JICA
Terre des Hommes, Germany
Project Hope
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