

Nepal: Earthquake

Crisis Overview

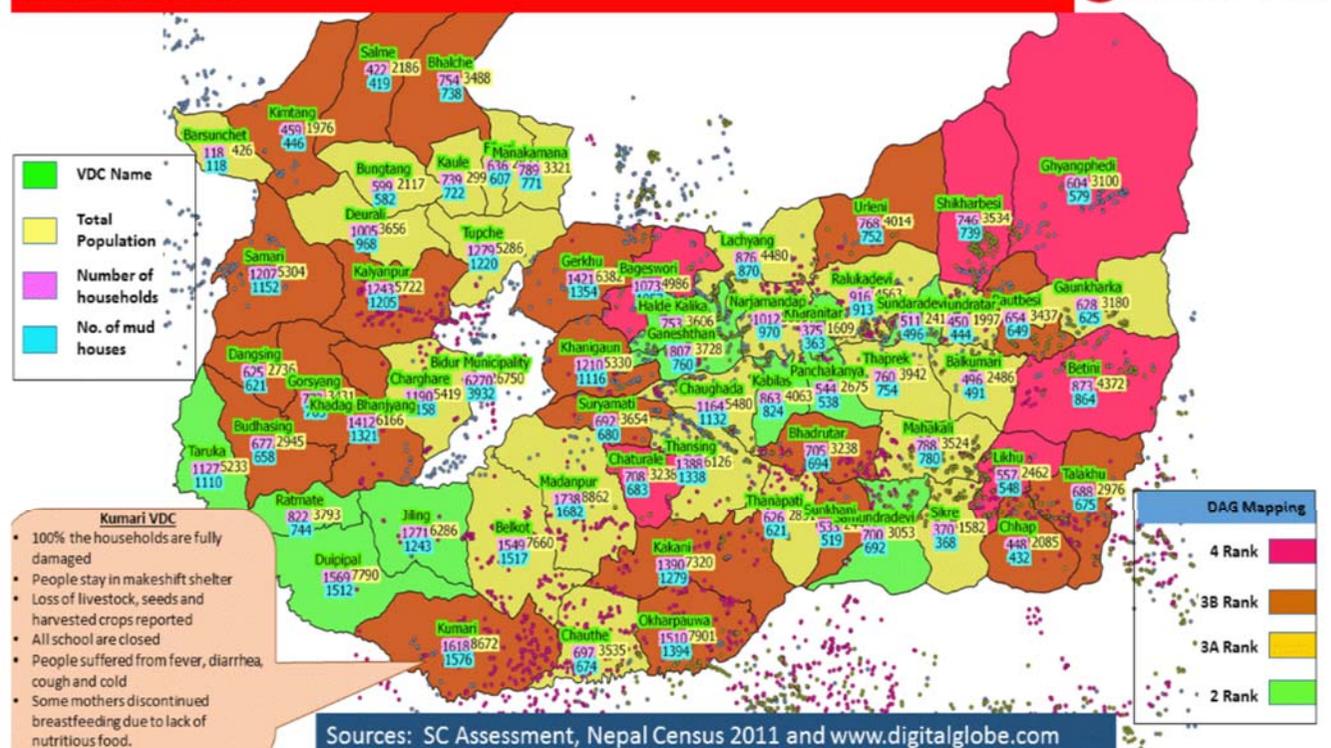
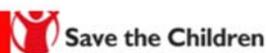
An earthquake of magnitude 7.9M struck Nepal on 25 Apr 2015, with a depth of 15 km (shallow), 68 km east of the Pokhara and 81 km northwest of Kathmandu at 06:11 GMT (Source: OCHA, GDACS). As of 8 May, the latest figures are 8,413 deaths and 15,547 injuries (Red Cross, 2015). Aftershocks are still felt across the country with rains forecasted over the weekend. Roads are starting to open however, risk of landslides remains a concern which could impact access to some VDCs in need of assistance. **All multi-sector assessments (MSA) were conducted alongside distributions in Rasuwa, Kavrepalanchok, and Nuwakot.** The health team did some detailed observations from their Rasuwa field visit which will be shared in this report.

Key Findings

Priorities for Humanitarian Intervention

- Shelter/NFIs: The most urgent needs identified by communities were construction materials (fear of the change in season), bedding materials, and tents. In Syapru besi (Rasuwa) there are entire communities displaced with most of them living under plastic sheeting, some in tents without proper techniques for tying off or setting them up away from structurally compromised building.
- WASH: Clean water, water storage containers, private and clean latrines, and hygiene materials for women and girls.
- Child Protection: Psychosocial counselling, Child Trafficking monitoring and prevention, Life skills training for youth, strengthening the capacity of VCPC in coordination with District Child Welfare Board.
- Health/Nutrition: Functioning health posts in remote areas, re-bandaging and treatment of injuries to prevent infection. Children reported to have changed eating behaviours post-earthquake; irregular eating patterns. Pregnant and Lactating women and new mothers require nutritious food provision; there are a few reports of mothers stopping breastfeeding. Children under two also require nutritious food.
- Education: School rehabilitation or construction and replacing school materials.
- Food security and livelihoods: Food assistance to marginalised communities, cash assistance, seeds prior to the monsoon season.
- Marginalised, migrants and untargeted communities are not receiving adequate assistance.

Nuwakot District



Crisis Impact

Rasuwa

General Information

Data source from Syapru VDC: Technical Advisor visit report

Priorities

- Shelter: Tents, furniture, construction tools, stronger materials to withstand the monsoon.
- WASH: Water storage containers, treatment, clean toilets and hygiene promotion.
- Health: Drugs and supplies with HR surge to work with existing health workers also supporting them for capacity building to improve the quality of services, disease surveillance, mental health, emergency referrals for life threatening conditions.
- Active landslides in multiple sites – causing the road blocks in many places, the major threat for access – for vehicle as well as foot which is the major hazard for the village. People are scared.

Shelter

Current shelter situation: In Syapru besi, people using plastic sheeting, tents. Poor living condition, camp in cluster, crowded, minimal roof cover. In Thulo Syapru village, there are plenty space. People are using tarpaulin and bamboo mat roofing.

WASH

Poor water and sanitation leads to increases in the number of diarrhoea cases. Normal water supply systems are damaged so people are currently using open spring water sources, or drinking water without treating it. Water storage, treatment, toilets and hygiene promotion are important moving forward. With damages to both homes and toilets, open defecation is being practiced in open fields. There are a few toilets with plastic covers currently without a dug pit.



Education

One primary (for Tibetan refugee, 40 students including 10 as boarder) and one high school (up to +2) – closed from before earthquake for holidays and not open yet, building damaged, not in usable, children and youths idle don't know what to do? One primary school, pre-school (8 student) to grade 8, 100 students with 8 teachers – 3 local from village 5 from outside all gone home before earthquake for end of session leave, not sure if they will be back, school damaged and not sure when it will start.

Health and Nutrition

Accordingly to the person in charge of the health-post in Thulo Syapru, he had treated a total of 28 minor injury cases in first two days after the earthquake. There were no reports of severe injuries. However, eight deaths were reported in the area. The Government health post is located in Syapru besi, which is staffed with a Senior Auxiliary Health Worker and an Auxiliary Nurse Midwife. The health post facility was damaged and currently operational under tarpaulin.

The patient load has increased by about 50% where around 30-35 patients visit a day. The most common diseases experienced now are diarrhoea, fever, injuries, vomiting and mental trauma experienced by both children and adults. Children have also visited the health posts complaining of ear and skin infections. The health-post has received supplies from humanitarian agencies amongst the supply basic medicines however, the supply lacks a broad spectrum of antibiotics. The health post is also providing iron tablets for Ante-Natal Care, temporary contraception and delivery support but there case files are not available as records were damaged in the earthquake.

Thulo Syapru are not currently accessing health services. The VDC had a small clinic established staffed with one Health Assistant and a midwife however, the clinic is currently closed. The medicines and supplies which are available are not free and the charges for medicines are a revolving fund. Treatment costs around 300-400 Rs.

Nutrition and immunisation supply for children are not seen to be of great concern in this community. A case of gender based violence was reported; the use of alcohol is widespread.

Kavrepalanchok

General Information

Data Source from VDC Devitar: Field staff report, Local Development Officer, DDRC, Nepal Red Cross, Multi-sector assessment.

Shelter

Current shelter situation: In Devitar, it is reported that there are 1% of households with no damage sustained to their homes whilst, 29% of households deemed their homes non-liveable and 70% fully damaged homes. Currently, 29% of population in Devitar are sleeping in makeshift shelters or tents on their own land and 70% are sleeping with other community members. Communities are currently living in makeshift camps.

Many houses are made of mud and stone which have either completely collapsed or are severely damaged. Temporary shelters are currently built with straw, tarp or scrap wooden roof materials.



Tarp insecurely attached to structurally unstable building in Devitar. Core messaging around safe tarp use and construction is necessary as distributions occur. SC staff are technically trained on this and will share this with beneficiaries of shelter kits and materials.

The top three shelter priorities are: improved roof coverage, technical assistance to build safe structures and access to building materials. It was shared that bamboo and timber for shelter frames are available in the VDC, but may not be enough to supply the whole VDC where damage is very significant.

Top three NFI needs are: Plastic sheeting, sleeping/floor mats and building tools.

Food Security and Livelihoods

Households are still accessing cash through normal means which generally occurs through informal mechanisms and group co-operatives. Prior to the earthquake borrowing and

lending money was common practice in the communities, however, since the earthquake those who owed money have passed away leaving debt behind to be paid back by the families. Therefore, cash assistance whilst actively sought by affected communities, pre-existing situations could dictate alternate uses of cash that still do not meet their ability to meet their basic needs. Lending money is common practice in Nepal within communities where the poorest members repay loans in the form of physical labour (agriculture) and those with land have their land papers held as collateral and all borrowers have high interest rates attached to the overall amount owed.

In Devitar people engaged in casual labour in agriculture, agricultural sales and livestock sales. Livelihood generation is mostly affected due to injured labourers, loss of livestock and a lack of seeds and machinery. The main coping mechanisms adopted in Devitar include relying on less preferred and less expensive food, borrowing food from friends or relatives and skipping meals during the day.

Priority needs: Seeds prior to the monsoon and cash assistance.

Health & Nutrition

Respondents in Devitar reported that people in their community are suffering from fever, diarrhoea, cough, cold and injuries sustained from the earthquake. The most prevalent illnesses affecting children are diarrhoea, fever and pneumonia. Complicated birth or people who require surgical assistance are referred to Dhulikhel of Banepa in seek of treatment. Mental health is not often referred anywhere and in certain cases also referred to Dhulikel. One area of concern described by women revolve around problematic delivery and pregnant women at the last stages of pregnancy where transport to Dhulikhel may be limited due to cost or access.

There are reports of significant differences and changes in infant and young child feeding in Devitar. The changes have been attributed by mothers linking to children's fear and mental stress after the earthquake. It was reported that no infant formula or other milk products and baby bottles have been distributed since the emergency started. Mothers stated that they have not received nutritious food and therefore, some mothers have discontinued breastfeeding and some do not have enough breast milk to feed their children. Mental stress is of great concern to the community where they have linked this particularly towards pregnant women and worry about effects on new-born babies.

Education and Child Protection

Children currently do not have any access to schools as many schools remain closed as a result of the earthquake. There are no reports of damaged learning spaces. There are trained teachers available in the area.

It was reported that there is a child protection authority in Devitar, however, it was felt that they do not have the capacity to respond to the level of need. There were no reports of separated, street or children with disabilities in the community however the main areas of risks identified for children are sexual exploitation, physical labour and early marriage.

Parents were also concerned around environmental hazards such as dangerous buildings (where they often play with their friends) and children experiencing aftershocks. Children's behaviour are also seen to have changes since the earthquake which include bed wetting, becoming hysterical and panicked, afraid of loud noises, sleep more than usual and easily scared.

Nuwakot

General Information

Data source from VDCs; Kumari and Chauth: Field staff report, DDRC, female group from wards 8 and 9 and a community member: mother of five (one infant boy).

Shelter

Current shelter situation: Communities are currently using tarpaulins or tin roofs outside their damaged houses and they are currently sharing their living space with relatives and neighbours. The number of people in one tent can range from 30-40 people since many houses have collapsed without any alternatives. Children are currently reported to be sleeping in the cold and at risk of hurting themselves when playing around rusted tin and sharp metal from collapsed buildings. A mother with a new born baby was provided with a concrete house from the cooperative. There are pre-existing systems in place in communities who have factored in the most vulnerable households and in the self-recovery process have prioritised certain people in their own communities to live in the newly built or available structurally sound homes. This being said, a mother of a five year old child plainly stated that her top priority at this moment is a home.

It was observed that almost all houses were damaged and not liveable however, very few have had the ability or the provisions to reconstruct their homes. Internal migration from city areas back to VDCs of origin is quite common during times of distress to support family members. Therefore, the size of the household has generally increased by three to five people. It was shared by respondents that this has added pressure on households where normal sources of income came from family members in other areas who sent remittances.



Classified as a unliveable home in Kumari VDC

The top shelter priorities are not dis-similar to other districts however, it was specifically noted that families would like safe spaces for their children to play and to have separate spaces from other community member for privacy within the family. The communities also requested cement and recovery of household belongings.

Top NFI priorities clothes, clean toilets, and hygiene items such as female sanitary items.

Food Security and Livelihoods

In Chauth the normal sources of income are group co-operatives however, after the earthquake cash has not been readily available. The female group consultation shared that they are in need of cash for basic needs for the children and family such as water, nutritious food to consume and crops to sell in the market.

The women interviewed stated that they are normal engaged in casual labour- agriculture, agricultural sales, livestock sales and petty trading. It was reported that many men who went to Kathmandu to study have returned to tend to the farm. The most affected livelihood is the loss of livestock, seeds and harvest crops. The main coping mechanisms are people relying on less preferred and less expensive food, borrow food from friends or relatives. The mother of the five year old child is stated that she is heavily reliant on food from friends and relatives.

WASH

People are currently openly defecating in the open on riverbanks, however, away from settlements. This is still of concern as in Kamari spring water and wells are the main sources of water in this VDC.

Health and Nutrition

In Kamari it was observed by a few respondents that some children under two are currently consuming the same food as adults due to the lack of food available. Children are also experiencing fever, diarrhoea, cough colds and stomach aches. There are currently no health posts to refer any surgical, complicated births or mental health cases in the area.

Education and Child Protection

Children cannot go to school because all schools are completely destroyed in 1 VDC (Kumari). TLCs is the priority for the 2 VDCs (Kumari and Chauthe)

Children are currently unable to attend school because all school in Kumari in particular are completely destroyed. It is undetermined when schools will re-open, parents were particularly asking for temporary school solutions as they are concerned about how long their children would be out of school for.

There are currently no formal or informal child protection authorities in the community. Children with disabilities were present in the community but it was unclear who the care-givers are for these children, these children may not be accessing assistance to help meet their specific needs. Mothers in the community expressed that children are at risk when playing around and sometimes inside collapsed buildings. Children are reported to also find it difficult to fall asleep or stay asleep, and sometimes become hysterical and panicked when there are loud noises