



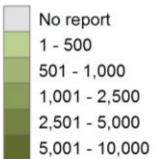
*This report is produced by the OSOCC Assessment Cell based on secondary data from multiple sources, including the Government of Nepal, UNDAC, United Nations Agencies, non-governmental organisation and media sources.*

## I. Situation Overview

Sindhupalchok is one of the worst-affected districts as a result of the earthquake that took place on the 25<sup>th</sup> April. While the initial epicentre of the earthquake was in Gorkha district, the highest magnitude (6.7) aftershock took place in Sindupolchok district 17km south of Kadari (USGS 2015). As of 7 May, 3057 people were dead and 860 are injured. 3000 people remain unaccounted for. Many VDCs have still not been reached due to remoteness and accessibility both in terms of roads and telecommunications (GoN 8 May).

According to district authorities 63,885 houses are severely and 2,751 houses are moderately damaged. Based on government reporting on damaged houses as of 6<sup>th</sup> May an estimated 109,000 people (Ministry of Home Affairs 7<sup>th</sup> May) are affected (40% of district population as per the 2011 Census). Around 90,000 people have been identified as in need of assistance based on reporting at the VDC level. This figure is however unconfirmed and represents merely a preliminary estimate based on a combination of reports from a range of sources providing information on needs at the VDC level<sup>1</sup> (pls. see below map for an illustration of aggregated number of reported people in need).

Number in need of assistance



<sup>1</sup> . Sources include Humanitarian agencies sit-reps, assessment reports, government data, social and news media. Where multiple sources for the same VDC were found, the highest number was taken for the estimation

Sindhupalchok can be roughly divided into two areas; mountains (with elevations of above 3,500 meters) and the more density populated hilly areas. At the time of writing aid has arrived in areas in the south east which have unobstructed access from Kathmandu. Buildings in these areas are less damaged than in other parts of the district. In the belt to the north of this well accessible area including Chautara, the district capital, damages are greater. In these areas there is higher population density and major landslides have blocked roads. Chautara municipality experienced a great amount of destruction, while much of its surrounding settlements have reportedly been flattened (ACTED 30/04/2015).

The population of the Mankha VDC, west of Bahrabise, is reportedly still recovering from the impact of a landslide and subsequent flood that occurred in August 2014 at Jure village. The Sunkoshi River was blocked, creating a high dam that affected lives and livelihoods both upstream and downstream from Jure (DPnet 08/08/2015).

Pre-crisis facts		Post-earthquake situation	
Total population (2011)	287,798 (HH: 66,688)	Estimated affected pop	191,419 (66.5%)
Total number of VDCs	79		
Total health facilities	79	Completely damaged health facilities	48

Sources: OCHA Nepal; ETC 6/05/2015; 2011 Nepal Census; Save the Children 2/05/2015; The Himalayan Times 1/05/2015

### Priorities for humanitarian intervention

The priorities that have emerged from analysis of reported needs are:

- shelter
- food
- health
- water

## II. Access to basic services Pre and Post- Earthquake Impact



### FOOD SECURITY AND LIVELIHOODS

#### Earthquake Impact

According to initial rapid assessments, it is reported that food stocks are significantly impacted throughout the district (WFP 4/05/2015).

As of 4<sup>th</sup> May, markets and shops in Bahrabise and Marming VDCs were reported to be functional, while markets in Fulpinkatti and Hindi town are disrupted, food supplies are limited and prices of certain foods have reportedly doubled (MTI 5/05/2015). Population in Tatoparni and Gati areas are allowed to access markets in China after the market of Tatopani is completely destroyed. However, the distance out of Gati is now then 30 km on foot, partially through high/altitude mountains (UNDAC 7/05/2015). Markets can recover quickly and this should be reviewed against more recent information.

#### Affected Livestock and Poultry:

House-holds	Estimated population	Cattle pop	Affected cattle pop	Buffalo pop	Affected buffalo pop.	Total affected cattle & buffalo pop	Sheep pop	Goat pop	Pig pop	Fowl pop	Duck pop	Poultry pop.
69,600	284,838	78,552	3,928	81,790	4,090	8,017	10,905	164,642	14,315	542,137	1,289	543,426

Source: MoAD 5 May 2015 (Department of Livestock Services)

#### Pre-Earthquake

February to April is generally the lean season, during which people rely on the last harvest that occurred around October or November, and food stocks start get to low, while awaiting the next harvest in May to July.

Landslides in August 2014 impacted agricultural production (WFP 2015). Agriculture was the main source of employment according to 2010 reports and provided income to about 92 percent of the economically active population and is primarily informal sector. Informal sector employment also includes, portering and migration (both seasonal and long term) to Kathmandu, Terai, India, the Gulf and other countries. Formal sector employment plays a minor role and was mainly in the government institutions.

About 45 percent of the population were estimated to be living below the poverty line, 52 percent of the population had food sufficiency for only 9 months (poor households) and 5 percent had food sufficiency for only 3 months (ultra-poor households) (SCI 07/2010).

In some areas, especially mountain zones, people do not have easy access to markets and are largely dependent on their own production (ACTED 30/04/2015).



## SHELTER

### Earthquake Impact

According to the Ministry of Home Affairs, an estimated). 66,636 houses were destroyed or damaged (two-thirds of households based on the 2011 Census). Within areas accessible by road, the level of damage reportedly increases higher up the valley. Families are living outside their homes under makeshift shelters of old tents, plastic, bed sheets, corrugated iron, and wooden boards. Observations in villages reveal that almost all houses made of stone and mud plaster are completely destroyed. Concrete framed buildings in the urban areas have also suffered collapse and some have sheared off their foundations (Save the Children 2/05/2015).

Shelter is a priority need in the whole area. In Chautara, which was heavily affected, residents are living in makeshift tents out of bamboo and plastic sheeting, sometimes sharing the same space with others (ACTED 30/04/2015). In the 3 areas (Chautara Municipality, Chautara, and Fulpingdandagau) visited by Save the Children, basic shelter materials were not locally available in sufficient quantities.

### Pre-Earthquake

Prior to the earthquake: 92% of the households in Sindhupalchok lived in houses made of mud-bonded bricks or stone. 4% of the population lived in houses with cement-bonded bricks or stone, while only 1% of the households lived in houses with reinforced concrete columns (RCC) with pillar, and 1% of the houses have wooden pillars. The remaining 2% live in houses of other unknown materials. 53% of the houses have galvanized iron roof, 34% have roof made of tile/slate, 5% reinforced concrete 3% made of thatch/straw material, and the 3% have wooden planks (2011 Nepal census).



## HEALTH

### Earthquake Impact

The Health Cluster reported on 8 May 43 health facilities destroyed and 20 partially. For the entire district it is estimated that 61 percent of health facilities have been destroyed (HEOC Situation Report 4<sup>th</sup> May).

Health Facilities reported as damaged:

Hospitals		PHCC		S/HP		Ayurvedic Facilities		Private and others	
Completely damaged	Partially damaged	Completely damaged	Partially damaged	Completely damaged	Partially damaged	Completely damaged	Partially damaged	Completely damaged	Partially damaged
0	1	0	3	40	16	1	1		2

(Source: DHO/DPHO, MoHP, 7 May)

A health worker in Fulpingkatti town has reported receiving 3 to 4 cases of diarrhea per day in adults and children, significantly more than before the earthquake in that location (MTI 5/05/2015). There is a risk of an outbreak of water-borne diseases including cholera and dysentery in areas of contaminated water where people are living in close quarters and defecating in the open, so all cases or reported diarrhea should be investigated.

Domestic animals in sheds have been buried by debris and are reported to be decaying. Communities are also concerned with health issues stemming from the presence of decaying animal dead bodies ([Save the Children 2/05/2015](#)).

The Health Cluster reported that there are 21 FMTs operating in Sindhupalchok. Norwegian Red Cross field hospital set up in Chautara can also treat difficult cases. Chinese Armed Forces Field Hospital at the border post Tatopani according to latest information also offering advanced medical treatment.

### Pre-Earthquake

The only hospital in the district capital, Chautara, is barely functional and it doesn't address surgical emergencies (C sections included). Primary Health Care Centers, supposed to be referral points, are in many areas understaffed. Their supplies, technical and infrastructure conditions are not addressing the needs, constraining the beneficiaries to use alternatives (other districts or capital, private clinics), with consequent increased cost (transportation, consultation, medication, hospitalization) and/or risks (long walking/transportation time). Health Posts also suffer from understaffing (Medecins du monde, October 2014).

Pneumonia incidence among children was 230 per 1000 (2013), diarrhoea incidence 493 per 1000. The stunting<sup>2</sup> prevalence in the Central Mountain region to which Sindhupalchok belongs was 45.5%, the underweight<sup>3</sup> prevalence 34.7%, the wasting<sup>4</sup> prevalence 7.9%. 33.1% of children aged 6-59 months suffered from anaemia ([Nepal Nutrition and Food security Portal 2015](#)).

Cholera is endemic in Nepal. In 2009, an epidemic of severe diarrhea led to 70,000 cases, 330 deaths in the country ([UNICEF 4/09/2009](#)).



## WATER SANITATION HYGIENE

### Earthquake Impact

According to initial assessments, the condition of water sources and access to sanitation facilities varies by location. Drinking water sources are fully operational in Chaku town of Marming VDC, Bahrabise, as well as in Hindi and Fulpinkatti towns of Fulpinkatti VDC ([MTI 5/05/2015](#)). In some VDCs, The main water source is spring water located more than 800 meters away from the settlement. ([Save the Children 2/05/2015](#)). Villagers have found additional water sources or have temporarily fixed their water source where broken. However, the quality of these sources is not known; new water sources could be contaminated or have the potential to become contaminated ([ACTED 30/04/2015](#)). In some villages there is no access to safe sanitation and soap ([Save the Children 2/05/2015](#)). The few remaining private latrines are shared by hundreds of residents, and open defecation has been observed by a majority of residents ([ACTED 30/04/2015](#)).

### Pre-Earthquake

The Department of Water Supply and Sewerage (DWSS) reported in 2011 that in Sindhupalchok, 80.9 % of the population had access to a water source. The main sources of water is public taps (93.5%), with springs (4.8%), private taps (1.6%), and dug wells (0.2%) making up the remaining sources. Among the households without sanitation facilities, 44.2% defecate openly near their houses.

#### Water accessibility (time taken to fetch drinking water)

1-15 min	16-30 min	31-45 min	46-60 min	61-90 min	91 + min	NA
75.96%	17.25%	3.3%	1.66%	0.71%	0.34%	0.79%

([SMES 27/06/2012](#))

Waterborne diseases: Intestinal worms, amoebic dysentery and viral diarrhea are the most common waterborne diseases seen in district, with numbers of patients rising sharply during the monsoon season ([University of Sheffield 2012](#)).

<sup>2</sup> Defined as low height for age.

<sup>3</sup> Defined as low weight for age.

<sup>4</sup> Defined as low weight for height.

## Earthquake Impact

The Education Cluster reported on May 567 schools 382 are completed damaged and 147 partial damaged. All schools in Chautara municipality, the largest settlement in the district, and the villages surrounding Chautara have incurred minor damage and are currently being used as interim shelters by IDPs ([ACTED 30/04/2015](#)).

Several schools are reportedly destroyed, so children currently have no access to learning. This raises concerns for the security of children. In addition, education materials have been destroyed. Trained teachers and community teachers are available ([Save the Children 02/05/2015](#)).

## Pre-Earthquake

At the district level, 45% can read and write. Data from 2013 shows that the district has 383 Early Childhood Development facilities, 577 primary schools, 209 lower secondary schools, 109 secondary and 46 higher secondary schools. Average school attendance rate (Grade 1 – 5) in 2011 was 85.3%, and the net enrolment rate (Grade 1 -5) was 97.8% ([Nepal Nutrition and Food security Portal 2015](#)). Dropout rates among children of marginalized communities is high ([Educate Nepal 17/04/2012](#)).

## Earthquake Impact

Chautara municipality is like most of the country predominantly Hindu, with Buddhist minorities. Dalits, the lowest Hindu caste, are considered particularly vulnerable due to their social status. ([ACTED 30/04/2015](#)). There are concerns that they may be subject to discrimination that leads to differential distribution of humanitarian aid, which agencies should be aware of to ensure that.

Although there have as yet been no confirmed reports, concerns have been raised over social media that child trafficking is increasing.

## Pre-Earthquake

Sindhupalchok district has one of the highest rates of trafficking in the country. The district is a marginalized area where women and children are vulnerable to trafficking, driven by factors such as poverty, lack of women's rights, empowerment, gender discrimination and lack of livelihood opportunities ([Uttam Prasad Upre 30/06/2014](#)). Incidences of trafficking are likely to increase following the earthquake, based on previous disasters ([Global Protection Cluster](#)). However, data on women and children who are victims of trafficking are limited and estimates highly varied, ranging from 7-12,000 victims annually, with children representing one-third.<sup>5</sup> In 2012, 55 percent of cases registered with the Nepal Police were child victims.<sup>6</sup> Among those cases registered, most had been previously involved in the agricultural sector and most were barely literate.<sup>7</sup> There is also a pattern of internal trafficking for both sexual exploitation and labour exploitation in forced or bonded labour, the latter involving both boys and girls.<sup>8</sup>

In many villages, the majority of working-age men are migrant workers abroad; leaving women, children, and elderly in charge of the recovery efforts ([WSJ 01/05/2015](#)). The Ministry of Labour and Employment reported over 8,300 persons who received permits for foreign employment ([Ministry of Labour and Employment 09/2014](#)). The absent population during the Population Census 2011 in the district was just under 20,000

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<sup>5</sup> See multiple estimates in CCWB and UNICEF Nepal, draft "Child Protection Mapping and Assessment," p. 19-20, and Acharya et. al., Pragma Management Group, draft "Adolescents of Nepal," p. 13

<sup>6</sup> CCWB and MoWCSW, *State of Children of Nepal 2012* (Kathmandu: CCWB and MoWCSW, 2012), p. 33.

<sup>7</sup> Nepal Human Rights Commission, "Trafficking in Persons, Especially on Women and Children in Nepal. National Report 2009-10" (Kathmandu: 2011).

<sup>8</sup> Internal trafficking for sexual and labour exploitation are covered under the sections of commercial sexual exploitation and bonded and forced labour.

(CBS 2011). Social practices may make it difficult for female-headed households to access relief items. Female-headed households may be at a disadvantage in terms of clearing rubble, salvaging materials and repairing their homes.

### III. Humanitarian and operational constraints

The forecast predicts medium to high probability for light to moderate rainfall until 10th May (European Centre for Medium-Range Weather Forecasts, 30 April), which will increase the risk of landslides and further constrain the relief efforts. Landslides are especially still active and dangerous behind Baranbesi, Gati and Tatopani. Special caution during driving needed (UNDAC 8/05/2015). This will be compounded when the 2015 monsoon season starts in June, lasting into September (ECHO).

The zone of intense landsliding corresponds to areas with high rates of seasonal rainfall triggered landslides. It can be expected that the risk due to continued landsliding in this area will escalate significantly as the rains begin. This continued risk will threaten already-affected areas, and will wash landslide sediment downstream onto valley floors and floodplains (British Geological Survey 05/04/2015).

In addition to physical constraints, some security concerns have been raised. A truck carrying food supplies was blocked due to anger over perceived unfair distribution of food (ICC 03/05/2015). There have been reports of attacks on drivers and stolen relief items (WFP 04/05/2015).

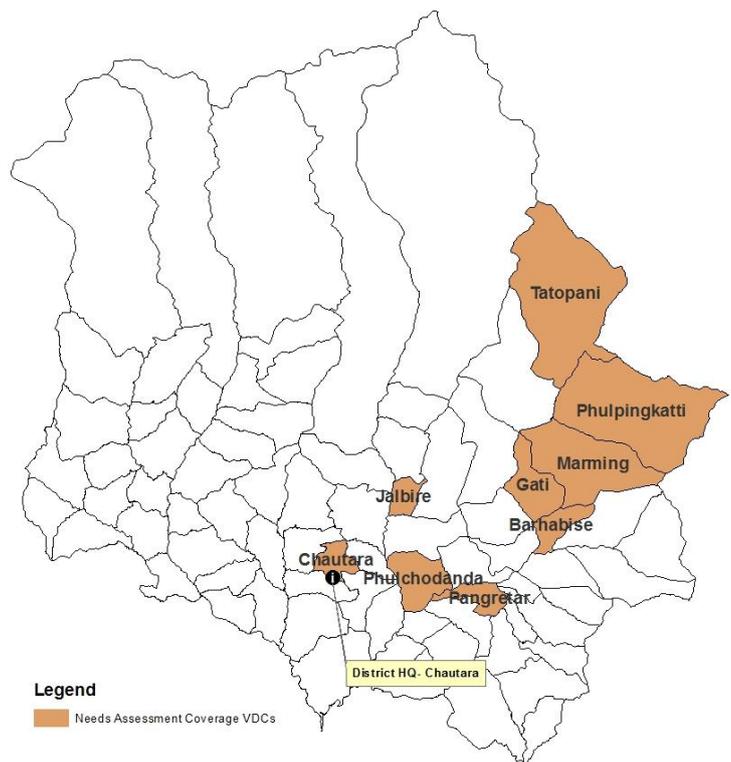
### IV. Information gaps

As of 6<sup>th</sup> May, there were 14 assessment reports registered with the Needs Assessment Cell on Sindhupalchok. However there is still not a clear picture of needs across all VDCs Assessment reports are available in the [Assessment registry](#) as of 3 May.

Sector-wise, the majority of assessments from Sindhupalchok cover Shelter and NFIs, Food, Health, WASH and Protection with less information available on Agriculture, Education, Livelihoods and Nutrition.

It is recommended that organizations deliver assistance at the same time as conducting assessments because the population is showing signs of frustration when they are interviewed if no relief is being delivered at the same time.

Because of access limitations, there is little to no information on conditions of the affected population in remote or hard-to-reach areas of Sindhupalchok, where media reports indicate that sufficient relief may still not be penetrating.



## IV. Pre-crisis Indicators

Indicator	Sindhupalchok	National
<b>Population number (last census)</b>	287,798 (66,635 HH)	26,494,504
<b>Gender disaggregation</b>	51.9%	51.5% female
<b>Age disaggregation</b>	0 to 4 yrs: 8.17% 5 to 19 yrs: 35.79% 20 – 59 yrs 44.87% 60+ yrs 11.6%	0 to 4 yrs: 9.7% 5 to 19 yrs: 36.3% 20 to 59 yrs: 45.9% 60+ yrs: 5.3%
<b>Population density</b>	113.22 ppl/sq.km	180.01 ppl/sq. km
<b>Average household size</b>	4.32	4.88
<b>People with disabilities</b>	Male: 3.6% Female: 2%	Male: 2.2% Female: 1.7%
<b>Life expectancy at birth (years)</b>	N/A	69
<b>Measles vaccination coverage for infants</b>	67%	88%
<b>Malnutrition prevalence</b>	MAM: 12.3% SAM: 2.7%	MAM: 8.7% SAM: 2.7%
<b>HDI</b>	0.455	0.490
<b>Literacy rate:</b>	Total: 59.5% Male: 68% Female: 51.9%	Male: 75% Female: 57%
<b>Main source of energy for cooking</b>	Wood: 92.1% Liquid Petroleum Gas: 5.9% Kerosene: 0.7%	Urban: Liqui. petrol gas: 68.2%; wood: 25.9% Rural: wood: 73.1%; Cow dung: 12.5%
<b>Main source of energy for lighting</b>	Electricity: 88.3% Kerosene: 9.2%	Electricity: 67.7% Kerosene: 18.4%
<b>Access to improved drinking water source</b>	93.5 % used public taps, 1.6% private taps, 4.8% had water supply from springs and 0.2% from dug wells	85.9%
<b>% of households with toilets</b>	63.6%	Urban: 90.1% Rural: 54.3%
<b>Main religions</b>	Hindu: 58% Buddhism: 37.9% Christianity: 1.8%	Hindu: 81.5% Buddhism: 9.1% Islam: 4.4%

