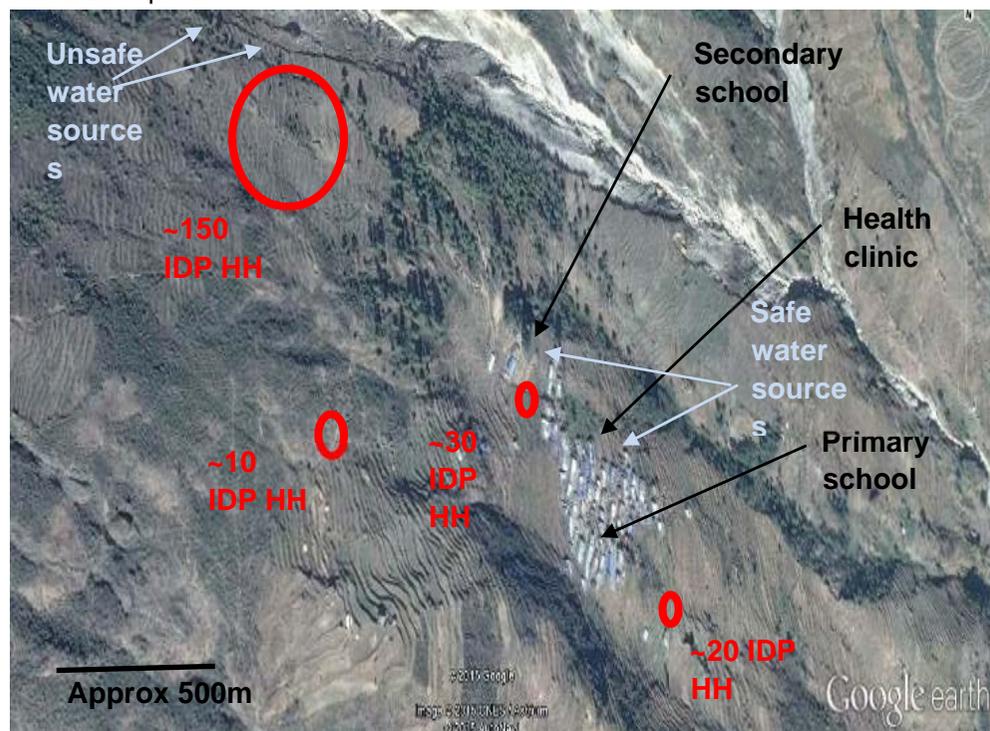


Nepal: Earthquake

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). Aftershocks are still felt across the country with the most recent one experienced at 1527 10 May 2015 with a magnitude of 4.2M near Bhaktapur and Kavre. **This report also holds key information the Multi-sector assessment (Ramechhap), and Technical Advisor and field team observations in Rasuwa (Pokhari, Gatlang VDC), and Dhading (Kiranchowk, Bhumesthan VCD).** Sindhupalchok, Kathmandu, Nuwakot, Dhading, Kavrepalanchowk, Gorkha, Makawanpur and Sindhuli have been identified as the most-affected districts. 255,954 homes have been completely destroyed by the earthquake and 213,441 have been damaged.

Save the Children is currently responding in 10 districts with a variety of services and assessments are continuing to target the most marginalised and vulnerable prior and due to the earthquake.



Map 1; Approximately 5 hour walk from Dhunche (Rasuwa district centre). Altitude approx.; 2060m. No road access, steep gradient slope with terraces, small helicopter access only. Coordinates; N 28°06.973, E 085°15.973

Key Findings

Priorities for Humanitarian Intervention:

- Distribution of shelter kits, household kits and WASH kits (hygiene & water items) for full population.
- Community health volunteers to promote hygiene messages regarding: a) collection of drinking water from protected springs only, and boiling/chlorination processes b) construction & use of shared, temporary toilets, c) hand washing with soap and personal hygiene using items from hygiene kits.
- Rehabilitation/reconstruction and staffing of health-posts in remote areas.
- Construction of example simple pit latrine, followed by provision of tarpaulins, nails, pick axes, shovels etc sufficient for initial batch of 40 latrines. Community health workers to arrange grouping of families to share facilities at a ratio of 1:5 initially.
- In areas where schools have been destroyed TLC's open areas should be assessed and coordination with existing school management structures.
- Support for pregnant women and new mothers is increasing in importance where more cases of fear and anxiety for their babies are reported.
- Some children are reported to require psycho-social support and engagement when out of school for long periods.
- There are significant Food Security and Livelihoods needs but further detailed assessments will need to occur to examine the level of need in Rasuwa and Dhading.

Crisis Impact

Rasuwa

Data source Thulo Haku community, population of Thulo Haku is approx 200 households (approx 1000 people) from wards 4, 5, 6 & 7. Two deaths reported (6 month baby, and 45 year old female). Altitude approx 2060m with no road access. Steep gradient slope with terraces, hence access is by small helicopter only. There are concerns about heavy rain and snow in the coming months.

Shelter

All households damaged, likely 100% rebuild required. The whole population is displaced, primarily moved to higher ground above the original settlement. There are around 150 HHs living in 8-10 temporary shelters. People are living in extremely cramped conditions with these families sharing approximately 4x10m spaces. It was reported that tarpaulins were provided by the military but very little other assistance has reached this community other than Save

the Children's mobile medical team who provided consultations for illnesses. Health situation will be further elaborated on below.



Figure 1; This is an example of a typical shelter arrangement

All buildings have been destroyed including schools and health-posts; it is clear that building techniques are not safe. Organisations must meet these initial shelter and infrastructure needs however, a longer term approach must be taken into consideration. Settlement planning in this area is key to have longer-term impact for this community especially with difficult seasonal conditions approaching heavy rain, and winter.

Inside a typical temporary shelter you will find blankets, basic cooking utensils (insufficient for the number of people in each shelter.)

Education

There was one primary and secondary school both have been destroyed and will require demolition and rebuilding. There were approximately 10 small classrooms with two floors. A temporary learning space (TLS) could be set up in front around 6x8m space by the secondary school which is outside of the settlement area closer to the current IDP location. Further education assessments will need to follow to investigate the viability and ease for access. Water points and upstream piping is available in this area however, would need to be reconnected depending on the overall repair of the community water system.



Figure 2; potential space for 10x4m tent for TLS

WASH, Health & Nutrition

The community raised significant concerns around collecting drinking water from nearby unprotected open springs. People are currently drinking from very unsafe and unprotected water sources with no water purification techniques undertaken. The health consultations run by SC exposed 50% of the cases reported people experiencing diarrhoea and 30% or people had scabies. Personal hygiene is visibly poorer than in other communities visited, very few hygiene items were present. Hygiene practices are seen to be poor there is no shampoo and no soap available to keep clean. Water storage containers were small and scarce, and people are unable to store enough water at any one time for the number of people in the temporary space.

There are very few toilets still standing however, people feel uncomfortable going into those buildings out of fear of them collapsing. Wide-spread open defecation is reported (assumed to be 100%), pre-existing toilet systems included a single pour flush toilet, there is willingness from the community to share and use dry latrines with others in the community.

WFP High energy biscuits were seen to have been distributed and people reported to be eating potatoes, rice and meat (buffalo). Further detailed assessments should follow up on how long their supplies can last and if it is sustainable.



Figure 3; view of Thulo Haku settlement from south looking north. Secondary school in top left of image.

Key humanitarian priorities:

- Distribution of shelter kits, household kits and WASH kits (hygiene & water items) for full population – assumed 200 households.
- Mobilization of Suaahara-supported community health volunteers to promote hygiene messages regarding; a) collection of drinking water from protected springs only, and boiling/chlorination processes b) construction & use of shared, temporary toilets, c) hand washing with soap and personal hygiene using items from hygiene kits
- Radio messages on the above messages via district radio.
- Construction of example simple pit latrine, followed by provision of tarpaulins, nails, pick axes, shovels etc. sufficient for initial batch of 40 latrines. Community health workers to arrange grouping of families to share facilities at a ratio of 1:5 initially.
- Assess water source approximately 4km north of IDP location as potential option for temporary piped network. If safe/protected, lay temporary pipe to water storage tank & distribution point (s) near IDPs
- Establish TLC (approximately 15), likely near secondary school site/ school hygiene promotion activities.
- Clear debris from existing school toilets and erect temporary superstructure over existing pour flush (or build new if necessary).
- Lay pipe from spring to school site and construct simple hand-washing facilities at toilets.

Data source Gatlang VDC; Medical team assessment. Population is reported to be 460 HH; approximately 2,250 people.

Shelter

Gatlang has been heavily impacted by the earthquake where around 10 people were killed and nearly 100% of homes in the village were affected, with a high proportion (estimated 60%) destroyed. Few households have yet to receive plastic sheeting although many have some prior to the earthquake. Households are currently living in bamboo and plastic sheeting of around 15 people in each temporary shelter. They salvaged as much they could of their possessions. The main temporary shelters priorities include: plastic sheeting, blankets, hygiene kits and kitchen kits. Similarly to the Thulo Haku community a long-term rehabilitation settlement planning must take place.

Key communal buildings have also been impacted; the health centre is completely destroyed and the school has been badly impacted and will require major repair before any re-use.

Health & Nutrition

Prior to the earthquake, Gatlang reported to have a functional Health Centre, served by 1 nurse. A nurse assistant also reportedly resided in the village and worked in a private capacity. Neither were available during the assessment. The nearest hospital is in Dhunche but is currently inaccessible by road. By foot and public transport this journey time is normally about 3 hours, but currently is around 5-6 hours by foot. The infrastructure of the health facilities has been entirely destroyed, with no ability to salvage equipment, supplies or patient/stock records.

After discussions with key community leaders SC mobile clinic was set up in the area of the primary school. There was a visiting Nepalese Orthopaedic Surgeon from Kathmandu was treating those with minor injuries, he had arrived by foot the previous day and was working independently to help communities in need.

Child and maternal health: The team held an antenatal clinic and one patient at 38 weeks gestation in her first pregnancy showed signs of early pre-eclampsia. There is a clear need for referral pathways south of Dhunche to be made known and available for complicated pregnancies. With this particular case she should have been referred to a hospital in the same day however, road access remains a large issue. The temporary district hospital in Dhunche is unlikely to have opened its surgical ward for C-section capable within the next seven days.

Priorities: Immediate establishment of a temporary health facility to serve as the VDC health post- committing to longer term engagement, through securing staffing, supply and appropriate outreach, including psychosocial support.

WASH

The village has capped and piped spring water at a number of different locations and all appear to be functioning although there are reports of damage to the system in one or two of the more central locations that will require further assessment. Prior to the earthquake, most stone and all brick homes had HH toilets, although anecdotal reports suggested that a little more than 50% of people used toilets. Since the earthquake, this number has dropped significantly, the level of destruction has caused people to openly defecate due to

very few communal toilets or latrines available. There is considerable concern amongst the community around the increase in diarrhoeal disease as the rainy season approaches. The combination of overcrowded shelters, less access to latrines and limited primary health-care does not aid to a positive outcome for this particular community.

There were a number of cases of children under 4 experiencing diarrhoea but it was unclear whether this represented an increase for baseline endemic disease.

Education and Child Protection

There was one school in the VDC, with student aged from 4-17 years old. The main school building (stone built single story building: 12 years old) and concrete two story were both damaged and will require major infrastructural work. All (20) computers, furniture, teaching materials, and records have been damaged and destroyed. Prior to the earthquake 450 student attended school with 13 teachers (5 locally based and remaining 8 come from elsewhere) in addition to a school Principle.

The District Education Office has instructed schools in Rasuwa to open next week. The school leadership is has expressed this as hugely important not just from an education but from a psychosocial perspective. However, in the school's present state and resources they are unable to progress this ambition and would require temporary infrastructure (tent), facilities and help with staffing.

This assessment was unable to identify all child protection issues and concerns however, it was clear that children have been affected both physically (injuries, loss of homes, education etc.) and psychologically and it is critical to consider this in all programming. No children are reported to be orphaned by both parents through the earthquake however, there were 9 orphans prior to the earthquake who are reportedly living with extended family.

No formal child protection systems appear to be in place, though in the meeting with the school board (including parent governor/chair) they were already aware and on alert for key child protection risks in the community.

Food Security and Livelihoods

Food was not identified by the community as the highest priority, although they have received limited direct food support. Two donations were provided from WFP and Ready to Use Therapeutic Food (RUTF). Most HHs have also receive a one off cash grant of 7,000 Rupees (\$US70) from the Government.

The predominant livelihood is subsistence agriculture (potatoes and other crop farming with some livestock rearing.) There has been some impact on younger men where employment used to be more diversified- tourism was forming the biggest contributor and most affected. All four guesthouses in the town are now closed, with almost no tourists seen since the disaster where normally there would be around 20 tourists per day.

Ramechhap

Data source Manthali and Manthali Ward 2; and Rampur Ward 2, 6, and 7. Six community members and one executive member in Rampur.

Priority needs: Safe shelter, safer reconstruction information, sleeping /floor mat, blankets, tools, food (rice) and seeds.

Shelter

Current shelter situation: Tarpaulin and plastic sheets. In both Rampur and Manthali, families are living under tarpaulins in the nearby field. Around two or three families of up to 5 people are sharing a tent on average. A family in Rampur ward 6 is living under the thatched roofed hut with other three families, some families are resorting to living in cowsheds for protection from rain and wind.

Approximately, 70% of HHs in both villages in Manthali are sleeping in makeshift shelters/tents on their own land. 5-10% are in the undamaged and damaged dwelling and 15-25% are in makeshift shelter/tent near their property. Respondents in Manthali estimated that 15% of HHs are completely damaged, 15% slightly damaged, 60% partially damaged and not liveable. The situation in Rampur is different, where more HHs are sleeping in damaged dwellings, 50%, 40% and 60% in Ward 2, 6, 7 respectively. 20% of households in Ward 2 and 6 are sleeping in makeshift shelter/tents on their own land and 40% in Ward 7. In Ward 2, 6, 30% live in makeshift shelter/tent near their property. In Ward 6, 10% of the households are sleeping in the space as other community members.

In Rampur, respondents prioritized construction materials, cooking utensils, mosquito nets, bedding materials and tools. For emergency shelter needs, improved roof coverage, safe wall enclosures, recovery of household belongings. In Rampur Ward 6, the family also requested information on how to rebuild a safer house. In Manthali, their priorities for shelter are tarpaulin, recovery of household belongings and cash to meet their basic needs.



Figure 4: Makeshift Shelter in Manthali



Figure 5: Makeshift Shelter in the field in Rampur

It is estimated that 80% of the households in Manthali will be living outside their home in one week's time. There are no reports from both Manthali and Rampur of people starting

to reconstruct their home. People are waiting for relief support and fearful of aftershocks. It was shared that there was an approximate 10% increase in population in Manthali Ward 2 and 30% in Rampur ward 7. While other wards do not state the percentage, all reports indicated that people who lived elsewhere have or are returning home after the earthquake.

When asked about what kind of available resources there are for reconstruction in the community, both VDCs said bamboo and timber for the frame, lacing/Rope, nails, plastic sheeting, demolition tools, building tools, gas cooker, clothing, jerry cans, buckets and torches are available but the costs for these materials is very high.

Food Security and Livelihoods

People normally access cash through banks in Manthali however, in Rampur informal mechanisms are more popular. It was shared that in Ward 7, people have access to cash through cooperatives, income from casual agricultural labour and loans. It was reported that access to cash after the earthquake has remained predominantly the same however, the amount needed to meet basic needs and rebuild is greater than in normal times/ This has been highlighted as a particular pressure on HHs main income earners.

In Manthali Ward 2, and Rampur Ward 2, 6, 7, the main livelihoods activities are casual agricultural labour. In Rampur Ward 6 and 7, people engage in livestock sales and casual construction labour. The most affected key livelihood assets are loss of livestock and seeds, and loss of access to farmland (Rampur and Manthali). The main coping mechanisms in Rampur Ward 2 and 7 is borrowing food from friends or relatives, borrowing money from cooperatives and/or selling assets. In Rampur Ward 6, people are also relying on less preferred and less expensive food as well as borrowing food from friend or relative. It is also reported that people have physical access to the market in Rampur.

Education and Child Protection

All schools are closed in the 2 VDCs. In Ramapur, schools are damaged but still usable. According to the respondents, schools will reopen on May 15 in Ramapur Ward 6 and 7.

There is no formal or informal authority in child protection present in any of the villages in Ramechhap, except in Rampur Ward 2. However, the community said that the authority has very limited capacity to respond even prior to the earthquake.

There are no reports on separated or displaced children, further assessment should be undertaken to look into this. All VDCs reported that children are

at risk of dangerous buildings and aftershocks as their main concerns for children.

In Ramapur Ward 2, 6, 7, it is reported that children have difficulty falling or staying asleep. Some children get hysterically panicked, get easily scared, avoid activities that remind them of the earthquake and are largely afraid of loud noises. In Manthali, children were specifically seen to be afraid of loud noise and easily scared.

Health and Nutrition

The main health priorities the community emphasise was feeling stressed. Children in Rampur Ward 2 are suffering from cough and colds, it was linked to changes in living conditions. Further assessments should be done to see the capacity and coverage of the type of drugs available to treat diarrhoeal diseases, amongst other illnesses. Children were also reported to be traumatised however, further detailed assessments will have to occur to be able to refer them to specialised help. If there are complicated births, pregnant women are referred to hospitals in Manthali and Dhulikel. It was stated that a pregnant woman with a normal birth is not normally referred to a hospital even though there is a hospital in Manthali people still choose to have home births, it was not specified who delivers the baby.

There were no reports of distribution of infant formula or other milk products after the earthquake. There also do not seem to be any obvious changes in the feeding habits for infant and young children. In Manthali, it is reported that pregnant and lactating women wanted specific support on how to look after their newborns and specifically on breastfeeding.

Dhading

Data from Kiranchowk, Bhumesthan and Baireni VDC. Data Source: Field staff report, VDC secretary, teachers, political parties leaders, social workers, community members.

13,983 people were affected at Bhumesthan VDC

Shelter & Food Security and Livelihoods

In Bhumisthan around 80-90% of HHs are either partially or completely damaged. Communities are compelled to take shelter nearby their homes in a tent, and creating makeshift shelters using old and used corrugated irons from their fallen house. Around 300 HH are deprived of electricity. The electricity grid was owned by the community however, due to the earthquake it has faced technical issues. There are also no proper cooking utensils or space away from the settlement area.

The people in the three VDCs are said to currently relying on food distributions from the Government and WFP.

Some of the main priorities highlighted: Bedding materials, safe and private shelter for girls, and blankets.

WASH

In Kiranchowk, there is access to drinking water. In Baireni and Bhumisthan around 50% of WASH infrastructures such as water taps and toilets are damaged. The water source in Bhumisthan has drained and in some areas it's polluted and contaminated which could be attributed to the increase in open defecation practices. There are currently no wide-spread purification capabilities for safe drinking water. A few people have dug a pit latrine, servicing 50 people. The irrigation dam has been partially destroyed by the earthquake.



Figure 6: Children playing in an open water source

Priority issues: Test water sources for suitable drinking water. Key messaging in the community information on hygiene and defecation practice

Health

There are approximately 150 lactating mothers in Kiranchowk. Medicines are available but medical equipment is required. Further assessment should be conducted to examine what is urgently required. There are concerns around people getting sick due to dead animal carcasses in Kiranchowk. The main health issues experienced in Bhumisthan is throat pain, diarrhoea, headaches and pregnant

women are said to be experiencing mental stress in fear of their ability to protect and provide for their children.

Education and Child Protection

All schools are closed in Kiranchowk, Bhumisthan, and Baireni. In Bhumistan, 13 out of 14 schools have been deemed as completely destroyed. The remaining school has severe cracks and school management is unwilling to use the building. The community does not have open space for a TLC; there are potential playground areas.

There are child protection authorities present in Kiranchowk, Bhumisthan, and Baireni. The current capacity of the authorities and staff are unknown at this point. In Bhumistan, it is reported that children have different sleep patterns. They are going to sleep later than normal (around 10-11 pm) due to the fear of aftershocks. Children are seen to be hysterical or panicked when hearing about earthquake; in the playground when other children are making jokes. Communities are particularly worried about children playing in dangerous buildings and playing in dangerous areas such as roads and partially/ fully destroyed house.