



Photo: WHO/J.Swan

Preparation of medical camp kits (MCKs) in Bharatpur






**Nepal**  
 Earthquake  
 Health Cluster Bulletin No. 5  
 28 May – 3 June 2015

 <b>5.6 MILLION</b> AFFECTED	 <b>2.8 MILLION</b> DISPLACED	 <b>0</b> REFUGEES	<b>22,220</b> INJURED	<b>8699</b> DEATHS
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**HIGHLIGHTS**

- Five weeks into the emergency response following 25 April and 12 May earthquakes, the health cluster response is transitioning towards revitalization of primary health care services in the affected districts in early recovery and rehabilitation framework.
- The Ministry of Health and Population’s (MoHP) Early Warning and Response System for epidemic-prone diseases (EWARS) show a generally stabilizing trend in numbers of outbreak prone diseases in the 14 highly affected districts.
- On 28 May, tuberculosis sub-cluster was established under the health cluster to priorities joint planning preparedness and response related to post earthquake care to TB patients including continued medication and rehabilitation support to Multi-drug Resistant (MDR) patients in 14 highly affected districts.
- Health cluster contingency plan for flood and landslides was jointly developed with WASH cluster to ensure the timely preparation for the response to upcoming monsoon season.
- With heavy heart we report that four medical aid workers were killed in a helicopter crash in Sindhupalchok district on 2 June 2015.

**HEALTH SECTOR**

	<b>170</b>	HEALTH CLUSTER PARTNERS
	<b>5.6M</b>	TARGETED POPULATION
	<b>MEDICINES &amp; SUPPLIES</b>	
	<b>&gt;20</b>	TONNES OF MEDICINE DISTRIBUTED
	<b>&gt;28</b>	TONNES OF MEDICINE IN IN-COUNTRY STORAGE
	<b>PUBLIC HEALTH FACILITIES</b>	
	<b>439</b>	COMPLETED DAMAGED
	<b>564</b>	PARTIALLY DAMAGED
	<b>HEALTH ACTION</b>	
	<b>103686</b>	CASES TREATED
	<b>31707</b>	ADMISSIONS
	<b>EWARN</b>	
	<b>32 - 40</b>	SENTINEL SITES
	<b>FUNDING \$US</b>	
	<b>43.1</b>	% FUNDED
	<b>\$41.8 M</b>	REQUESTED

Availability of accurate information on health facilities’ status from seriously affected sites is a major challenge for the MoHP

## Situation update

The Government reported a total of 505,745 houses destroyed and 279,330 damaged by the 7.8 magnitude earthquake on 25 April and the 7.3 quake on 12 May. The public health consequences of the earthquake have been significant as more than 22,000 people injured in earthquake and a total 1003 health facilities, mostly village health post often serving the population in hard to reach area of the highly affected 14 districts have been damaged and rendered non-functional. A total of 18 health workers, including 10 Female Community Health Volunteers (FCHVs) lost their lives and other 68 health workers injured. A total of 2778 have undergone major surgery out of which more than 1500 injured have an on-going nursing and rehabilitation needs.

As the emergency response transitions into the recovery phase, the health cluster priority activities target to revitalize health service delivery with focus on restoration of Primary Health Care services, through the provision of medical supplies, tents and rehabilitation support ensuring that priorities such as reproductive health, mental health, and child health are coordinated and addressed. Strengthening the communicable disease control and surveillance system, particularly in view of approaching monsoon season remains the key priority for the immediate future.

The Ministry of Health and Population's (MoHP) Early Warning and Response System for epidemic-prone diseases (EWARS) show a generally stabilizing trend in numbers of outbreak prone diseases in the 14 severely affected districts. No major outbreaks have been reported to date. District Public Health Offices (DPHOs) continue to gather information on rumours or other alerts of potential disease outbreaks in the 14 most highly affected districts.

The MOHP has been finalizing the Post Disaster Need Assessment (PDNA) and district planning process. PDNA exercise mainly focused on assessing the status of health services and health commodities, infrastructure, governance and risks at the district level. The exercise will help the MoHP and health cluster partners including the external development partners to identify the post disaster needs in order to target the support to districts in implementing the district recovery plan.

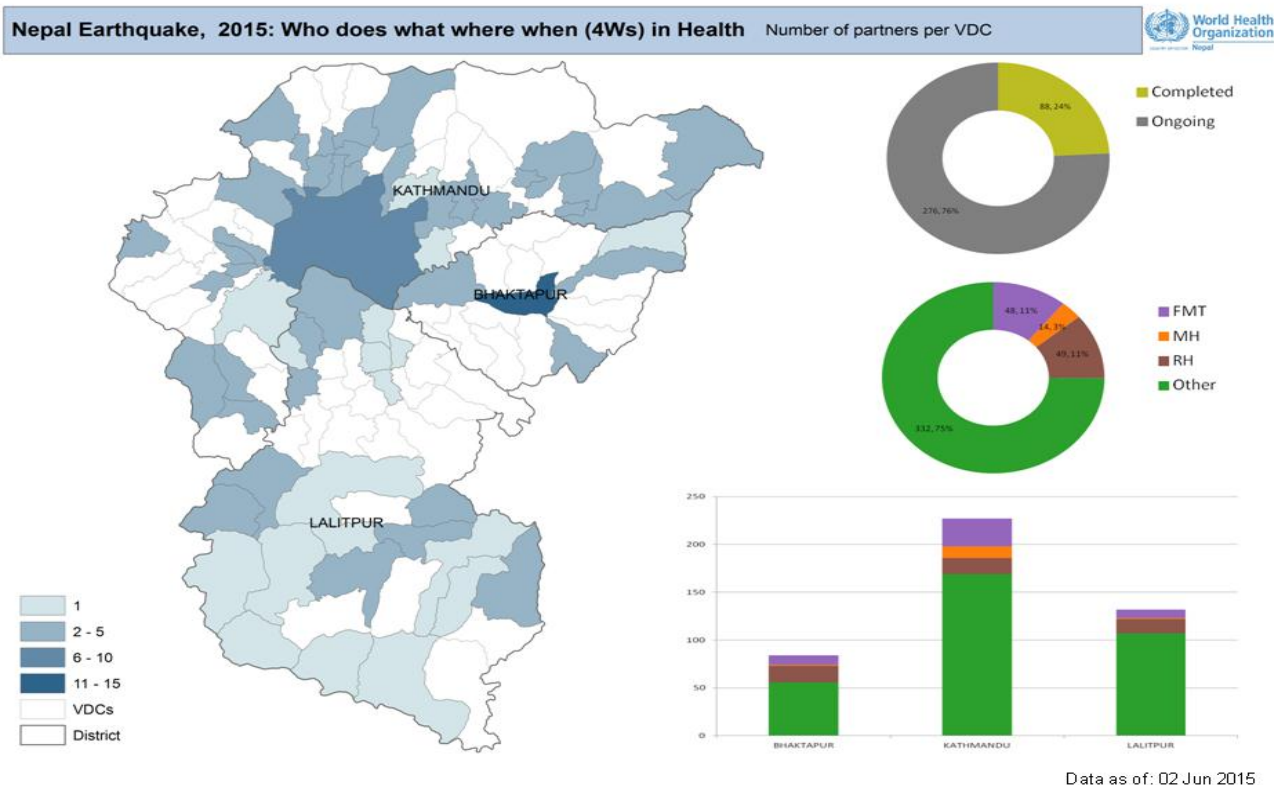
Forty seven National Medical Teams with diverse skills and expertise including surgical, medical, orthopaedics, gynaecologists, obstetrics, psychiatrists and psychosocial counsellors have been deployed to the affected district in order to support the management of post trauma rehabilitation and mental health problem arising from the earthquakes. In addition, 25 FMTs comprising of 463 persons including 135 doctors and 145 nurses are currently working in the earthquake-affected districts.

Table below taken from MOHP sitrep (2 June 2015) provides a snapshot of casualties per districts.

SN	Districts	Total		Health Workers **			FCHVs**		
		Deaths*	Injured*	Deaths	Injured	Missing	Deaths	Injured	Missing
1	Sindhupalchowk	3,440	1,571	1	11	-	5	3	-
2	Kathmandu	1,222	7,864	3	4	-	2	2	-
3	Nuwakot	1,083	1,052	1	4	-	1	-	-
4	Dhading	733	1,218	1	6	-	-	1	-
5	Rasuwa	597	771	1	9	2	1	-	-
6	Gorkha	443	952	-	2	-	-	1	-
7	Kavre	318	1,179	-	12	-	1	-	-
8	Bhaktapur	333	2,101	1	-	-	-	-	-
9	Lalitpur	174	3,052	-	-	-	-	-	-
10	Dolakha	170	662	-	10	-	-	-	-
11	Makwanpur	33	229	-	1	-	-	-	-
12	Ramechhap	39	135	-	-	-	-	-	-
13	Okhaldhunga	20	61	-	5	-	-	-	-
14	Sindhuli	15	230	-	4	-	-	-	-
Total		8,620	21,077	8	68	2	10	7	0
Other districts		79	1,143	-	-	-	-	-	-
Grand Total		8,699	22,220	8	68	2	10	7	0

## Districts in the spotlight

Each week, the health cluster bulletin will zoom in on needs and health action in the most affected districts. The current issue will take a closer look at the situation in Kathmandu Valley districts – Bhaktapur, Kathmandu and Lalitpur.



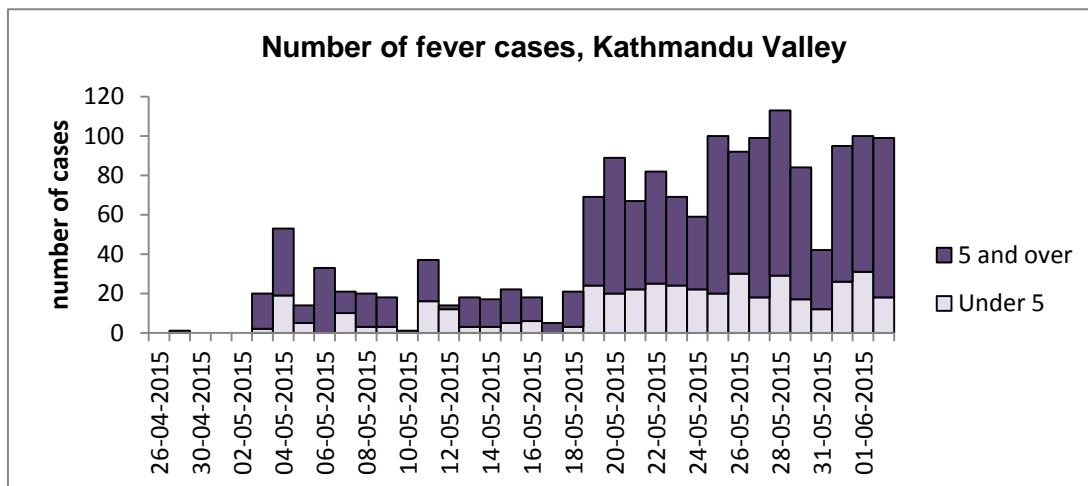
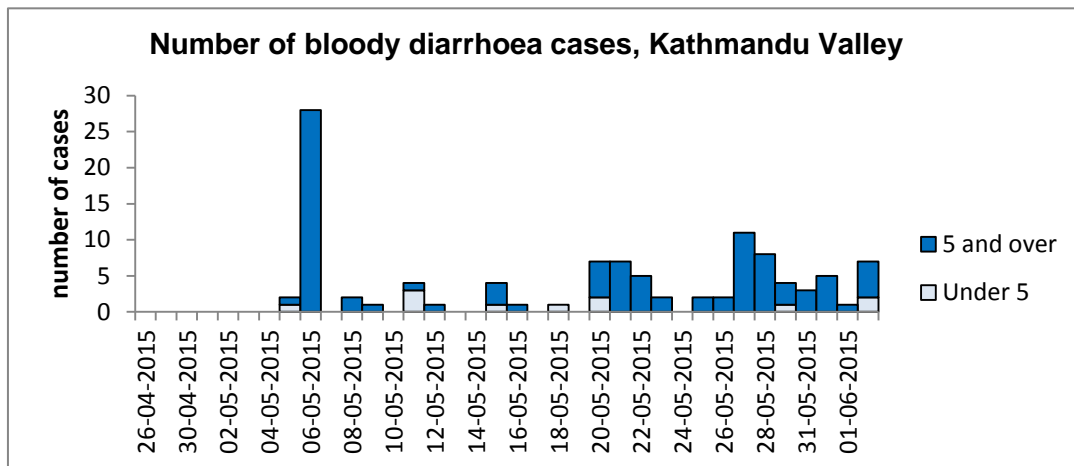
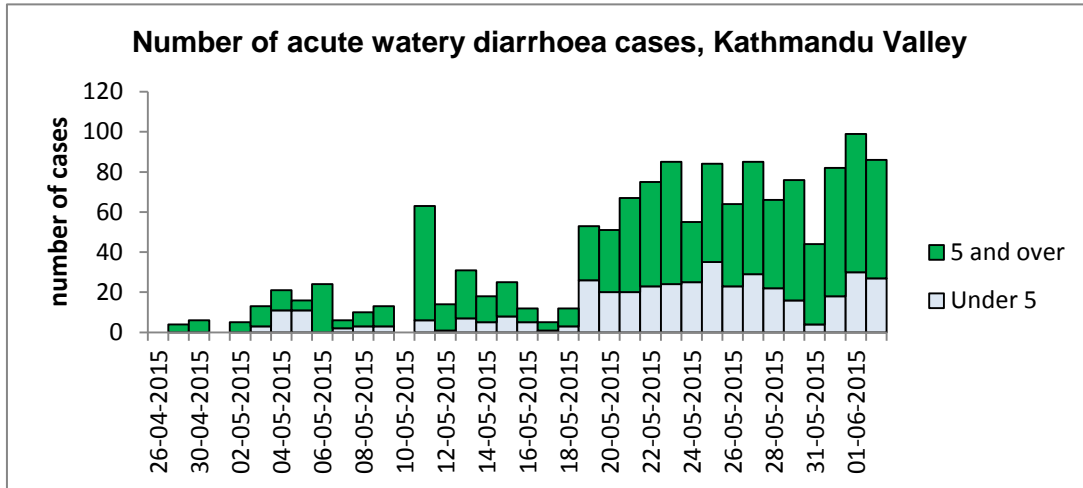
### Health risks, priorities, needs and gaps

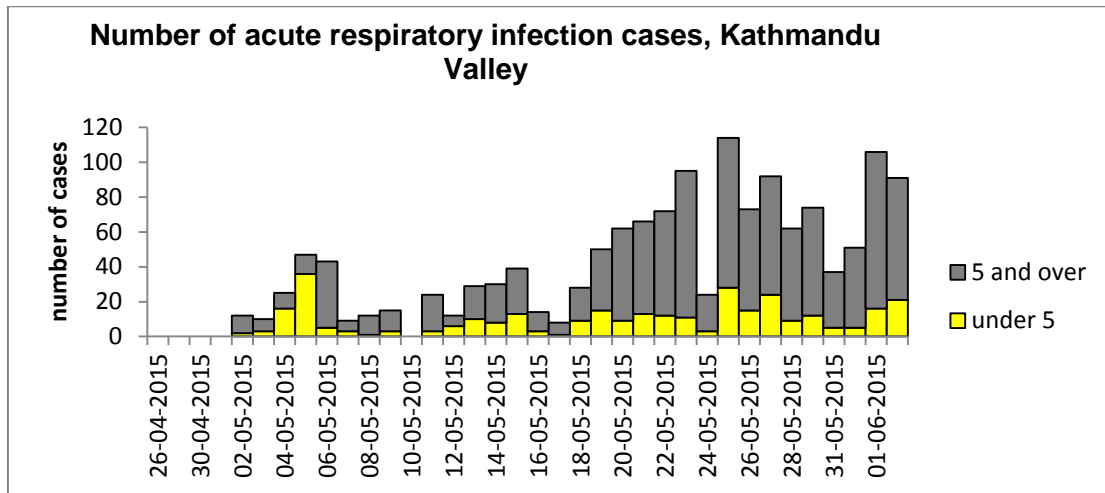
- The public health consequences of the earthquake remained worrisome in Kathmandu valley districts with a high number of casualties and damage of infrastructure. The summary of the total casualties and damage in three districts is presented below:

Districts	Number of deaths	Number of injured	House damaged		Health facilities damage		
			completely	partially	completely	partially	functional
Bhaktapur	333	2101	18900	9090	8	9	5
Kathmandu	1222	7864	36973	50753	7	45	21
Lalitpur	174	3052	17444	8064	10	22	12

- The central level referral hospitals have also sustained significant damage. A total of 400 beds of Bir Hospital and 300 beds of Maternity Hospital and were rendered non-functional due to the severe damage. Some clinical blocks of Patan hospital and the residential block and store of Sukraraj Tropical hospital and the older block of Bhaktapur hospital were damaged according to the Ministry of Health and Population report dated 10 May 2015. In Majority of the hospitals, services have been continued in the extended spaces managed by tents. In Bhaktapur hospital, in patients treatments continue in tents.
- MOHP identifies 429 patients in Bhaktapur, Kathmandu and Lalitpur are in need of longer term treatment support and more than 250 need longer term rehabilitation support.

- People displaced from Sindhupalchok district due to the damage of their house and the increased landslides risk have been staying in three larger camps in Bhaktapur i.e. Nilbarahi (1104 people), Maheshwory (< 800 people) and Kamalbinayak(<900 people).
- Monitoring of four syndromic diseases namely acute respiratory infections, acute watery diarrhea, acute bloody diarrhea, and fever of unknown origin continued, presenting generally stabilizing trend in Kathmandu valley.





### Health Cluster Action

- The health cluster mechanisms have been established in the Kathmandu valley districts. The cluster operations are led by the DPHO with co-leadership from WHO.
- As of 3 June 2015 a total of 24 health cluster partners in Bhaktapur, 40 in Kathmandu and 18 in Lalitpur district have been involved in the health cluster response (based on 4Ws information)
- The field hospitals established by FMTs have completed the initial services of mass casualty management and now services are being covered by the normal hospital services, except the Cuban Medical Team (CMT) in Kirtipur.
- The Injury Rehabilitation sub-cluster has identified a number of large step-down facilities with rehabilitation and nursing services available in the Kathmandu Valley. The main centres include: Cuban FMT at Kirtipur, Anandaban TLM Hospital (Lalitpur), Spinal Injury Rehabilitation Centre (Sanga), Nepal Youth Foundation and Patanjali Yogpeeth. These facilities have a capacity of total of 315 beds.
- The National Tuberculosis Centre jointly with the cluster partners has been working to ensure the post-earthquake care for the TB patients including the tracing and continuity of medication.
- The MOHP has confirmed that free follow up services will be provided in public hospitals in Kathmandu and the district hospitals in the 14 affected districts for one year. Hospitals in Kathmandu include TUTH, Bir, Patan, Army Hospital, Civil Hospital, Police Hospital, Dulikhel and Nepal Orthopedic Hospital.

## Public health risks, priorities, needs and gaps

### Communicable diseases

- There is concern about the risk of outbreaks of communicable diseases, including water-borne diseases, vector-borne diseases and acute respiratory infections, in areas of overcrowding and where water, hygiene and sanitation (WASH) systems have been disrupted.
- The MoHP with support health cluster partners continues to work on improving data quality and data management in the system, both at central level with HEOC and at district level with sentinel hospitals. Monitoring of four syndromic diseases namely acute respiratory infections, acute watery diarrhea, acute bloody diarrhea, and fever of unknown origin continued through the epidemic-prone diseases Early Warning and Response System (EWARS) of MOHP. During the reporting week numbers of reporting sites remain constant with 40 sites reporting daily and the summary of syndromic disease trend reported by MOHP on 2 June is as follows:
  - The proportion of watery diarrhea cases among outpatients department (OPD) visits is higher in outside valley districts (example, 16 % in Rasuwa) compared to Kathmandu valley (example, below 4 % in Kathmandu), with the exception of Bhaktapur where the number of watery diarrhea remained 28 on 1 June and number of fever has reached 21 cases on 30 May (it represents 12% of OPD visits). This can be attributed to several factors like health-care seeking behaviors and range of health services provided (specialized in big hospitals in Kathmandu valley).
  - In Kathmandu, number of ARI cases peaked at 100 on 1 June (it was less than 5 % of outpatient consultations). The number of watery diarrhea has remained above 28 cases since 19 May, though it peaked at 65 cases on 1 June. The proportion of watery diarrhea among total OPD cases has remained below 8%. The proportion of fever cases was the highest on 31 May with 7% among OPD visits.
  - In Nuwakot district, number of watery diarrhea has peaked on 1 June with 16 cases which represents 11% of OPD visits. There were 8 bloody diarrhea cases reported in the past two days but they were not clustered. Forty-four fever cases were reported in past two days and it represents almost one-third of the OPD visits.
- More than one month into the emergency response, the emergency surveillance system is now going to be slowly integrated with on-going normative surveillance system. For which a new reporting form will be introduced soon, which will include severe respiratory infection, fever with rash and fever with jaundice.
- There is concern of potential disruption to some patients' treatment for tuberculosis (TB) and other chronic diseases with many treatment centres being damaged in the earthquakes. TB remains an ongoing public health burden in Nepal. The National Tuberculosis Centre (NTC) conducted a rapid assessment of the functionality of the service centers in the 14 most affected districts. In order to ensure the availability and accuracy of information regarding condition of TB patients and services throughout the affected districts, the rapid response committee has been expediting the data collection process in the affected districts. The TB sub-cluster, established on 28 May under the health cluster estimates three to five thousand TB patients, including about 100 MDR patients need continued medication and rehabilitation support in 14 highly affected district.

### Trauma and injury

- Based on initial information from Health Emergency Operation Center (HEOC), and sample data from hospitals and cluster partners, Injury Rehabilitation Sub-cluster estimates that 1,000 – 15,00 of the injured have an on-going nursing and rehabilitation needs. 70% of those injured requiring longer term rehabilitation support are related to fractures; estimates for the total number of amputees stand at around 60 while there are a relatively high number of patients with spinal fracture or spinal cord injury (200-300). At least 817 patients in Kathmandu Valley hospitals will require long term care and rehabilitation support.

- The sub-cluster identified that there is a need to further strengthen the rehabilitation referral mechanisms from the tertiary level hospitals in Kathmandu Valley.
- During the reporting week, a mapping of prosthetic and orthotics (P and O) services capability, capacity and needs has been conducted with the P and O Society of Nepal. This survey of prosthetic and orthotics facilities indicates that they have the capacity to support the predicted number of amputees (40-60).
- Injury Rehabilitation subcluster has received information from the tertiary hospitals that a second wave of patients with complications relating to their injuries, such as significant wound infections have started presenting to the hospitals. 36 new patients with complications presented to 2 tertiary centers in the past 2 days.

## Child health

- Health Cluster Partners have been supporting the Child Health Division of MOHP to assess the capacity of health facilities to carry out routine immunization work in 14 highly affected districts. Most of the districts are in a position to resume routine immunization, despite the severe damage in the physical infrastructure. The cold chain in most of the districts is intact and vaccines are safe except in Sindhupalchok district. WHO and UNICEF are exploring the possibility to revitalize the cold chain system.

## Reproductive health

- The Reproductive Health (RH) sub-cluster has indicated that in the 14 most affected districts, out of the 351 health facilities providing Emergency Obstetric Maternal and Neonatal Care (EmONC) services before the earthquake, 112 have been completely damaged and 144 are partially damaged. There is an urgent need to rehabilitate those facilities to continue the services. Other RH priorities include: addressing health workers' emerging needs for shelter including security of female health workers, particularly those living in damaged houses; and, providing psychosocial counselling to them.
- The number of RH kits and dignity kits are not sufficient to meet the needs of the total lactating, pregnant, women headed household and the disables. The transportation of the logistics from the district headquarters to the peripheral health facilities is difficult due to geography and poor road condition.

## Functionality of health facilities

- More than 70% of public health posts and Primary Health Care Centres, often serving small populations in different difficult to reach areas in districts, have been partially or totally destroyed in the 14 highly affected districts.
- There is an immediate need to revitalize the destroyed primary health care centres especially ahead of the rainy season and the expected road cut off due to landslides as well as to ensure continued support to MoHP for the management of post trauma cases.

## Availability of essential services

- Earthquake has totally or partially damaged 1003 health facilities in 14 affected districts (MoHP sitrep dated 2 June 2015); as a result the capacity of those facilities to deliver services has been severely impacted. Services continue to be supplemented in the short term, by field hospitals, as well as mobile national and foreign medical teams. According to the MoHP 9 of the 20 originally established field hospitals and 25 FMTs consisting of 463 persons including 135 doctors and 145 nurses are providing services (as of 2 June 2015)

- Mental health and psychosocial support remain a significant need for the people affected by earthquake, at the community, primary and secondary levels of care. In particular, effective outreach and community-based mental health and psychosocial support services interventions and clinical management of mental disorders by non-specialized health professionals are urgently needed, especially in the remote area where population has difficult access to the services.

### Availability of health staff

- The post disaster needs assessment (PDNA) recently conducted by the Government of Nepal has identified the need for additional health human resources at least for one year to ensure the continuum of care in highly affected districts. The table below shows the number and types of health human resource needs by type and number.

SN	Human Resources Type	Number
1	MDGP	28
2	MBBS	40
3	Staff Nurse	76
4	Health Assistant/ Senior Auxiliary Health Worker	129
5	Auxiliary Health Worker	146
6	Auxiliary Nurse Midwife	176
7	Others (Lab Tech, Lab Asst, Admin Asst, Radiographer, etc.)	103
Total		698

Source: Health Sector Response Situation Update Report, 2 June 2014

## Health Cluster Action

### Health cluster coordination

- The MoHP continues to lead the health cluster with co-leadership from WHO. The frequency of cluster meeting at the national level has reduced to one per week i.e. every Friday.
- Operational health cluster meetings have also continued in a number of districts, including Dhading, Dolakha, Gorkha Kavrepalanchok, Nuwakot, Rasuwa and Sindhupalchok and led by District Health Officers. Tuberculosis sub-cluster has been recently established (on 28 May) to provide targeted post-earthquake care to TB patients in 14 highly affected district. The number of sub-cluster now totals to four including Mental Health, Injury rehabilitation, Reproductive Health.
- In order to ensure a coordinated and predictable response, WHO is also supporting the health clusters at national and sub-national levels to map who the partners are responding in the health sector, what type of support they are providing, where, and for how long.
- Communications with Communities (CwC) health sub-working group is working with National Health Education Information Coordination Center (NHEICC) to finalize the post-earthquake health communications plan. Development of an information package containing key public health messages for health education technicians and health communications volunteers is in its final stages. Banners illustrating basic key public health messages will go out with medical camp kits, and comprehensive health message flip charts amongst other tools, will be used by health volunteers during their visits to VDCs.
- Health cluster contingency plan for flood and landslides has jointly been developed with WASH cluster to ensure the timely preparation for the response to upcoming monsoon season.



## Communicable Diseases

- During the reporting week, there is no outbreak of any communicable diseases in the affected districts. All the rumors of suspected outbreaks have been verified by the respective district health offices and the events have been closed.
- Active phone calls and zero reporting mechanism is in place to ensure that the surveillance system picks up any reports in the districts. During the week, two cases of bloody diarrhea in Okhaldunga investigated and responded to and a few cases of common cold reported from Golche of Sindhupalchok district are being investigated by the rapid response teams deployed by DHO. Four cases of food poisoning were reported by DHO Dolakha on 28 May. The event occurred in a family in Laduk VDC, on 26 May and was responded by RRT on the same day. The cases were airlifted by Nepal Army on the second day to Kathmandu for further treatment.
- Japanese Red Cross team visited Thanpalkot ward number 1, 2, 4 and 6, Sindhupalchok on 26 May and treated 25 cases of diarrhea in ward number 6 and 50 patients including 20 cases of diarrhoea in ward number 1, 2 and 4.
- Epidemiology and disease control division organized regional level review meetings on outbreak preparedness and response in Pokhara from 27-29 May, 2015 and 1-3 June in Biratnagar. The meetings were participated by district health/public health officers and district RRT focal persons, regional health directors and regional RRT focal persons. Review focused on situation updates, ongoing response, lessons learnt and preparedness planning on outbreaks, principles of disease surveillance, outbreak investigation, and updates on emerging infectious diseases.

## Assessments

- The MoHP has just completed Post Disaster Need Assessment (PDNA) and district planning process at the district level. A central team comprising of MoHP officials and staff from Health Cluster partners including External Development Partners were mobilized in each of the highly affected 14 districts. The central teams returned back from the districts on 1 June and shared the initial observation at MoHP. PDNA exercise mainly focused on health services and health commodities, infrastructure, governance and risks at the district level. The exercise will help the MoHP in identifying the post disaster needs and support the districts prepare and implement the district recovery plan.
- MSF Belgium during the FMT meeting on 1 June 2015 mentioned that a visual assessment of Dolakha district hospital completed by a group of engineers and the structure was deemed to be fine. The local capacity of the hospitals is on track, with a medical doctor and nurses to hash out the details of who is going to do what. The northern VDCs in Dolakha are still cut off, and probably will remain more isolated in the rainy season.

## Support to health service delivery

- To restore primary health care services disrupted earthquakes, WHO in collaboration with WFP has finalized the deployment of 50 Medical Camp Kits (MCKs) throughout 14 most-affected districts. The MCKs will have provisions for male and female wards, as well as staff and consultation rooms. They will be solar-powered, and will have water and sanitation kits as well as facilities and supplies necessary to ensure reproductive health. Four of such kits have already been delivered to their final location i.e. Dharaka, Gajauri, Sindhupalchok and Barabhise, other six will be delivered soon. The MCKs will ensure continuity of care during the rainy season as there is no time to build permanent structures. As Nepal's post-disaster response moves from emergency relief to the wider task of restoring and rebuilding the health care system, the deployment of MCKs to hardest-hit areas will be an important move in restoring the provision of services and an essential part of the ongoing relief operation. UNFPA, UNICEF, International Medical Corps, and International Organization for Migration (IOM) are also collaborating on this effort.
- According to data from the MoHP, Foreign Medical Teams now number 25 active and registered with the government working in the earthquake-affected districts. About 8 – 10 will stay long term

and be integrated into health systems projects/program, while others will continue to work in large type 2 field hospitals replacing critical infrastructure in the short term. The Government reiterated during the 25 May meeting of FMT Coordination Cell that there is no need for additional FMTs from outside Nepal, barring special cases in which bilateral arrangements have been developed with the MoHP.

- MoHP has also mobilized a total of 47 National Medical Team in 12 of the most affected districts i.e. Bhaktapur, Dhading, Dolakha, Gorkha, Kathmandu, Kavre, Lalitpur, Makwanpur, Nuwakot, Ramechhap, Rasuwa and Sindhupalchowk. A large part of the work of health cluster partners in support of the MoHP is about the restoration of primary health care services from these destroyed health posts and public health centres. These facilities are important for delivery of primary health care (including ante-natal care, safe delivery and neonatal care), as well as, prevention of any disease, and the point of delivery for early treatment of various conditions the affected persons may be experiencing in the aftermath of the earthquake.

### Provision of essential drugs and supplies

- Health cluster partners have been supporting the MOHP with essential drugs and supplies. The figures from the initial tracking of the medical logistics sent to different districts is summarised in the table (source: logistic tracking sheet)

Districts	Health Kit	Medicine	Surgical set	Tent	Others (Blanket nets etc.)	Grand Total
Dhading	37	525	16	8	100	686
Dolakha	26	20	21		680	747
Gorkha	87	325	17	4	100	533
Kathmandu	1			8	175	184
Lalitpur	6			3		9
Nuwakot	31	875	15	1	100	1022
Okhaldhunga	5					5
Ramechhap	31	30	15	1	100	177
Rasuwa	14	10775		1		10791
Sindhuli	11					11
Sindhupalchok	38	425	10	8	100	581
Kavrepalanchok	2			2		4
Mobile Camps	40	1300		9		1349
<b>Grand Total</b>	<b>329</b>	<b>14275</b>	<b>94</b>	<b>45</b>	<b>1355</b>	<b>16099</b>

- One Heart World-wide has been providing support to DHO in Dhading district from the beginning of the crisis, particularly in conducting mobile camps and restoring the birthing centers in the district. It provided 14 tents to the birthing center in 9 VDCs and provided 5 Comprehensive Birthing Kit and 10 Essential Birthing Kit in each center in the 18 Health Facilities. In addition it also provided Mobile Sims and Solar charger to facilitate outbreak surveillance in all 53 health facilities of the district.
- Korean Red Cross conducted mobile medical units in Sindhupalchok from 9 to 27 May, 2015 and provided basic health care services to 3,469 patients and referred 5 patients to higher center.
- World Vision is set to provide tents to health workers in 50 VDCs who were residing in the health facilities in Sindhupalchok.
- MSF Holland is finishing their medical activities in Dolakha and Sindhupalchok districts. The team reported that there are not huge medical needs remaining in those two districts, however, problems remain in the northern VDCs of Dolakha. They have finished distribution of non-food items and sanitation in Chuchepati and Baudha camps in Kathmandu.
- Canadian Red Cross has started running mobile clinics in Dhunche at the request of DHO Rasuwa. Additional mobile clinics are needed in the area, so they are planning to increase to

more than the current 3 per week. They are working with Handicap International and supporting WASH and community health activities.

- Norwegian Red Cross has been operating type 2 field hospitals in Chautara of Sindhupalchok district, which is rolling out maternal and childhood health care.
- Practical Help Achieving Self-Empowerment (PHASE) Nepal has been working in Manbu, Kashigaun, Kerauja, Sirdibas, Chumchet & Chekampar VDC of Gorkha and Hagam & Fulpingkot VDC of Sindhupalchok district. During the reporting week it provided provisional shelter (tarpaulin / tent) to health facilities with medicine for treatment of injuries and infectious diseases. It has also distributed solar chargeable lamps (including mobile phone chargers) to Female Community Health Volunteers in those VDCs.
- Canadian Medical Assistance Teams (CMAT) has been providing clinical services through field clinics and mobile outreach teams in Takukot VDC of Gorkha district.
- Save the Children concluded 3 mobile clinics in Shindupalchok district providing basic curative care and antenatal care/prenatal care. A mobile clinic in Rasuwa will conclude activities early next week. The teams have completed 1,856 consultations with the treatment of 411 cases from 28 May to 2 June 2015.
- UNICEF provided of two tents (42 m2), 10 sets of Emergency Health Kits (basic units), 1 set of emergency health kits (supplements), 5 surgical instruments, and 100 blankets were dispatched to Solukhumbu district upon request from DHO. These emergency health kits can provide for the needs of 20,000 people for 3 months. Also two tents (42 m2) and 20 blankets were dispatched to Tamakoshi community hospital in Ramechhap district.
- UNICEF dispatched 2,900 long-lasting insecticide-treated nets (LLINs) to Sindhupalchok district.

### Trauma and injury care

- Injury rehabilitation sub-cluster together with MOHP has identified step down facilities with the capacity in Kathmandu valley. They include: Cuban FMT based at Aryurvedic Hospital, Kirtipur, Anandaban Hospital, Lalitpur, Spinal Injury Rehabilitation Centre (Sanga), Nepal Youth Foundation, Patan Jaly Yogpeeth. These facilities have a total capacity of 315 beds. Green Pastures in Pokhara is accepting complex rehabilitation patients, including spinal cord injury patients from the surrounding districts, while Hospital & Rehabilitation Center for Disabled Children (HRDC) is accepting referrals for children requiring inpatient post-operative support or rehabilitation.
- Rehabilitation Sub-cluster has developed a plan for the immediate and medium response to address the needs of injured, people with disabilities and other vulnerable groups. The plan has been submitted to MOHP following the wider consultation within the cluster and inter-ministerial committee. This plan is the key for the immediate and medium term response and will also provide a basis for the longer term planning for the MoHP in regards of disability and health-related rehabilitation services.
- The MOHP, with support from the cluster partners, is setting up rehabilitation facilities in three of the worst affected districts, namely: Ghorkha, Nuakott and Sidhupalchok. IMC and will support in Ghorkha and Handicap International is supporting the other two districts (where they currently have fixed point rehabilitation outpatient services). MSF Belgium is exploring the possibility of setting up a rehab unit in Charikot of Dolakha district.
- International Organization of Migration (IOM) has extended their patient transport plans to include those outside of Kathmandu Valley. At present they are mapping the main areas people wish to go back to, and ascertaining if they need rehabilitation whether those people will have access to the rehabilitation services.
- Handicap International has been working in 17 different structures in 7 districts (Bhaktapur Kathmandu, Kavrepalanchok, Lalitpur, Nuwakot, Rasuwa and Sindhupalchok) and has conducted 2953 sessions of physiotherapy and distributed 287 assistive devices.

- The P and O working group are working on a referral pathway to propose to the MOHP to ensure the adequate follow up of patients from tertiary hospitals, and help the P and O facilities and government better plan the long term care needs for these patients.
- IMC has provided infrastructure and equipment support to run step down rehabilitation service in Gorkha district. The step down services are integrated into the normal operations of the hospital.

### **Child Health**

- Save the Children has been providing facility-based New-born Health Kit to the NICU of Dulikhel Hospital along with medication and equipment for new-born related interventions.
- UNICEF in partnership with Midwifery Society of Nepal has initiated clinical mentoring and capacity building of health workers involved in maternal and new-born health in seven birthing centres (two each in Dolakha, Gorkha and Sindhupalchok and one in Nuwakot) and one hospital in Sindhupalchok.

### **Reproductive Health**

- UNICEF has established 15 shelter homes in eight of the highly affected districts namely Dhading, Dolakha, Gorkha, Kavre, Nuwakot, Ramechhap, and Sindhupalchok for pregnant women, postnatal mothers and their newborn and under five children. The shelter homes were also provided with family hygiene and dignity kits to address the basic needs of women and girls of reproductive age. The shelter homes have already started accommodated a total of 71 clients ranging from 2 to 16 case per shelter home.
- A relief package for Female Community Health Volunteers (FCHVs) has been developed and field tested by Child Health Division (CHD). The CHD together with Family Health Division plans to have a joint discussion on finalizing the content of this package.
- The Reproductive health sub-cluster is developing a relief package for FCHVs and health workers in consultation with MoHP. A guideline on ensuring quality of reproductive health services provided at camps, makeshift and/or rehabilitated health facilities is being finalized and a guideline on use of Emergency Contraceptive Pills has been developed to facilitate appropriate and adequate usage of this commodity among affected population.
- As of 3 June 2015 34 RH camps have been conducted in Sindhuli district. Family Planning Association Nepal (FPAN) and ADRA are providing RH services to more than 6500 people in Kavre, Kathmandu, Lalitpur, Bhaktapur, Rasuwa, Sindhuli and Makwanpur districts .
- Save the Children facilitated to deliver RH Kits provided by UNPFA to Baguwa, Swara, Tandrang, Panchkuwa Deurali and Swara VDCs for the continuity of RH services.
- A separate Adolescent Sexual Reproductive Health (ASRH) working group has been formed under RH Sub-cluster to ensure that ASRH issues are adequately integrated within the overall RH response.
- With logistical and funding support from UNFPA, CARE is providing orientation to health facilities staff on reproductive health kits including the clean delivery kits and dignity kits in Gorkha, Dhading, Sindhupalchok districts.

### **Mental health and psychological support,**

- The screening tool for identification and referral of patients with mental health problems has been forwarded to the MOHP for the final endorsement. Following the endorsement from the Ministry, the tool will be distributed to the partners.
- Currently Mental Health help desk has been established in Dhading and Nuwakot by Patan Mental Hospital and in Sindhupalchok by Institute of Medicine. Psychiatrist's Association of Nepal

(PAN) with support of doctors from Pokhara, Chitwan and Bhairahawa is planning to set up similar desk in Gorkha.

- PAN has deployed mobile mental health camps in Nuwakot and Sankhu of Bhaktapur district. Trans-cultural Psychosocial Organization (TPO), CMC, CVICT, MAGNA, UMN, IsraAID, Chhahari have been providing psychosocial support services in the affected areas.

### Tuberculosis

- Tuberculosis sub-cluster, established under health cluster on 28 May 2015 has set up a hotline and website for to coordinate and disseminate the post-earthquake TB care updates among partners and stakeholders. (Hotline: 1660-01-54321, Web link: <http://www.nepalntp.gov.np/>). Partners use a passcode "5599" for incident reporting.
- TB sub-cluster has been coordinating with Epidemiology and Disease Control Division (EDCD) and the remaining FMTs to add indicators related to TB screening/monitoring in the surveillance form.

### Water, sanitation and hygiene and environmental health

- WHO jointly with Department of Water Supply and Sewerage (DWSS) has been conducting water quality monitoring in highly affected districts. As a precautionary measure for possible contamination in water supply system, bleaching powder is being distributed to the affected districts. WHO delivered 5000 sets of hygiene kits to the highly affected districts as per the distribution plan.
- Kathmandu University Dhulikhel and Health Care Foundation Nepal have been providing voluntary support to conduct mobile water quality monitoring. Whenever water sample are found contaminated, appropriate corrective measures were suggested to make water safe, particularly in the displacement camps in the affected districts.

### Training of health human resources

- Injury Rehabilitation sub-cluster has identified a priority need of specialist rehabilitation training to the carers, paramedics and nursing staff within the hub facilities in order to identify patients requiring rehab referral, in handling of complex trauma patients and in the modalities of rehabilitation. In consultation with MOHP and sub-cluster members, it has been agreed to conduct two 5 hour workshops (Friday 12 June and Friday 19 June 2015).
- Child Health Division has developed an abridged version of orientation package on Integrated Management of New-born and Childhood Illness (IMNCI) as the administration of full training package is not feasible in the present context. The revised orientation module is a three days package: two days orientation for FHCVs and one day orientations for all health workers. The orientation is being rolled out. The first batch started on 1 June 2015. The second and third batch will be conducted on second and third week of June.
- CMAT is planning to provide professional development sessions to Female Community Health Volunteers addressing maternal-newborn and child health and health promotion sessions.

## Plans for future response

Five weeks into the response following 7.8 magnitude earthquake on 25 April and 7.3 on 12 May, the emergency response is transitioning towards targeted response to the needs of Districts and Village Development Committees (VDCs) in early recovery and rehabilitation framework. In this regard, health cluster priority activities over the next four months include:

- Consolidation and standardization of assessments, ensuring the coverage of areas beyond district headquarters in consultation/coordination with MoHP and External Development Partners;
- Support to health service delivery with focus on restoration of Primary Health Care services,

through the provision of medical supplies, tents and rehabilitation support;

- Provision of essential drugs and supplies, ensuring distribution of the medicines/supplies from DHO to peripheral units;
- Ensure that priorities such as reproductive health, mental health, and child health are coordinated and addressed;
- Strengthen the communicable disease control and surveillance, particularly in view of approaching monsoon season.
- Continuation of health services through regular health facilities following the winding down of FMTs from the country.

## **Funding status of action plan**

### Funding requirements:

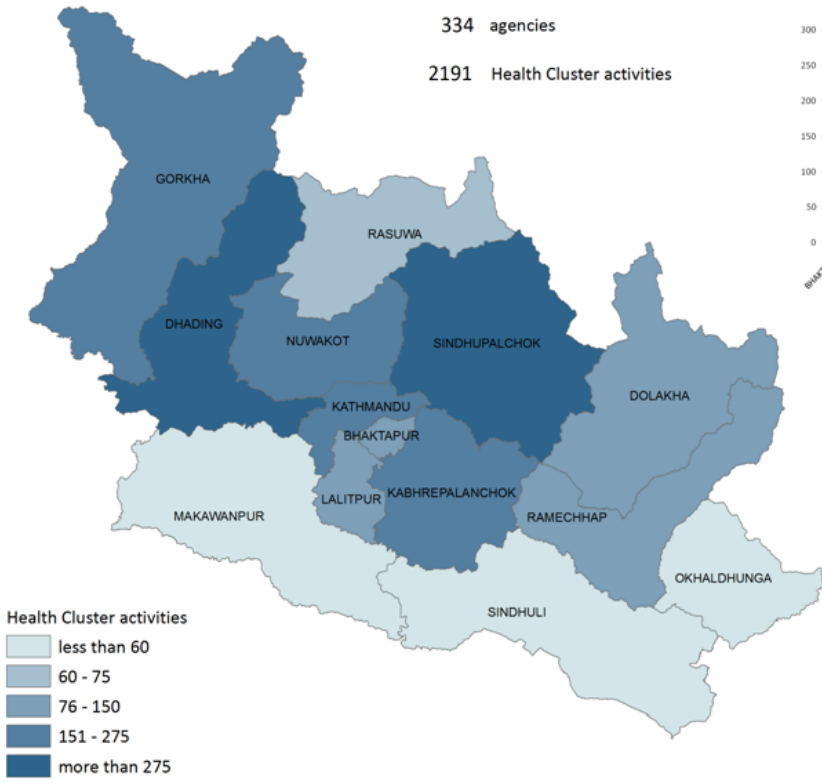
- Humanitarian partners revised the Nepal Flash Appeal extending the implementation period from three to five months to ensure linkage with the Government's recovery programme. The revised flash appeal was re-launched on 2 June 2015. The Health Cluster component of the Flash Appeal plans to respond to the most urgent health needs of 5.6 million people. The revised funding requirements for the Health Cluster amount to US\$ 41.8 million.

### Funding partners:

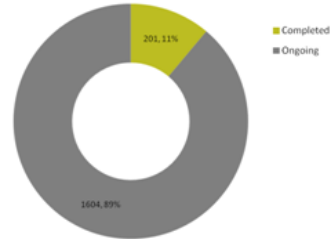
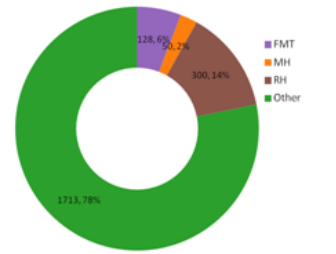
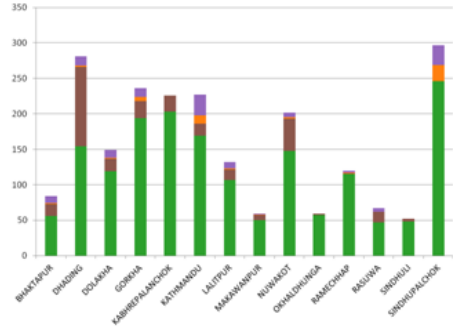
- As at 3 June 2015, the health component of the flash appeal is 43.1% funded. Health Cluster's humanitarian response to the Nepal earthquake has received support from the following contributors: Australia, Estonia, Finland, Friends of UNFPA, Italy, Japan, Netherlands, Norway, the Russian Federation, and UN Central Emergency Response Fund, Switzerland, Thailand, World Health Organization

# Health Cluster Activities (4Ws)

Nepal Earthquake, 2015: Who does What Where When (4Ws) in Health



Data as of : 2 Jun 2015



## Health Cluster Partners by sub-cluster per district (from 4Ws mapping)

<b>Bhaktapur</b>	
Alliance of International Doctors (FMT)	Labour Women & Child Welfare Council (FMT)
AmeriCares (Other)	MoHP team with filmy actors -3 (FMT)
Buddhist Tzu Chi Foundation (FMT)	Nepal Disaster and Emergency Medicine Center (Other)
Centre for Victims of Torture (MH)	Nurse Teach Reach (FMT)
Child Workers in Nepal (Other)	Pakistan Medical Team (FMT)
Corps Mondial de Secours (FMT)	Population Service International / Nepal (RH)
Deutsche Gesellschaft fuer Internationale Zusammenarbeit (GIZ) / HSSP (RH)	Reach Out Worldwide (FMT)
Foundation Madrazo (FMT)	SOS Himalaya (FMT)
Handicap International (HI) (Other)	United Nations Children's Fund (Other, RH)
IMA-1 (FMT)	United Nations Population Fund (RH)
International Medical Corps (Other)	World Health Organization (Other)
KDRT (FMT)	Nepal Disaster and Emergency Medicine Center (Other)
<b>Dhading</b>	
AmeriCares (Other)	NYC Medics (RH)
Banglore Medical College (RH)	One Heart World Wide, Nepal (RH)
Centre for Victims of Torture (MH)	Patan Mental Hospital (MH)
China Medical Team (Other)	Pompiers Humanitaires Francais (RH)
Clarion (RH)	Population Service International / Nepal (RH)
Deutsche Gesellschaft fuer Internationale Zusammenarbeit (GIZ) / HSSP (RH)	Red Cross Society of China (RH)
Govt. of Bihar (RH)	Seikh Mujib Medical University (RH)
Health Communication Capacity Collaborative (RH)	Singapore (RH)
Himalayan Health Care (Other)	TDH - HRDC (RH)
International Medical Corps (Other, RH)	United Hands Club (RH)
King George Medical College (RH)	United Mission to Nepal (RH)
Medical Teams International (Other)	United Nations Childrens Fund (Other, RH)
MSF Belgium-1 (RH)	World Health Organization (Other)
Neplalese Nursing Association UK (RH)	
<b>Dolakha</b>	
Acts World Relief / BIDMC (FMT)	MSC/ANPPHA (FMT)
Centre for Victims of Torture (MH)	MSF Belgium-3 (FMT)
Child Workers in Nepal (Other)	MSF Holland-2 (FMT)
Compassionate hands for Nepal + Natan (FMT)	Population Service International / Nepal (RH)
DAT (FMT)	Trekmedic (FMT)
India Army2b (FMT)	United Nations Childrens Fund (Other, RH)
Maharastra Team (FMT)	
<b>Gorkha</b>	
AAIP + CASC APPUI (FMT)	Madhyapur Hospital, Bhaktapur (FMT)
China Medical Team (Other)	MSF France (FMT)
CMAT (FMT)	Population Service International / Nepal (RH)
COMMUNITY ACTION NEPAL (Other)	Premraj Shrestha (FMT)
FAIRMED (Other)	Psychiatrist's Association of Nepal (MH)
Good Neighbors International (FMT)Other)	Save the Children (Other)
Humanity First (FMT)	SDC Swiss (FMT)
Indian Air Force (FMT)	United Nations Childrens Fund (Other, RH)
International Medical Corps (FMT)	United Nations Population Fund (RH)
International Medical Corps (Other)	International Medical Corps (Other)
International Nepal Fellowship (Other)	MSF Belgium (FMT)
International Organization for Migration (Other)	MSF Spain (FMT)
Landsaid (FMT)	
<b>Kabhrepalanchok</b>	
Action Works Nepal (FMT)	MERT-2 (FMT)
America Nepal Medical Foundation (FMT)	OATH (FMT)
AmeriCares (Other)	Population Service International / Nepal (RH)
BAPMR (FMT)	Royal Melbourne Hospital (FMT)
Bharatiya Jain Sanghathan (FMT)	Sri Lanka Army (FMT)
China Medical Team (Other)	Terapanth Professional Forum (FMT)
Dhaka Community Hospital (FMT)	UK EMT3 (FMT)
Handicap International (HI) (Other)	UK EMT5 (FMT)
ISPC (FMT)	United Nations Childrens Fund (Other, RH)



JICA (FMT)	United Nations Population Fund (RH)
KPIM (FMT)	University of Debrelev (FMT)
Marie Stopes International (RH)	China (FMT)
Medical Help World (FMT)	
<b>Kathmandu</b>	
AmeriCares (Other)	Japan Ground Self Defense Force (Other)
Centre for Victims of Torture (MH)	Japanese Military (FMT)
Child Workers in Nepal (Other)	Karisz usar and Medical Rescue team (FMT)
China Medical Team (Other)	Leo club of Kathmandu Nanasaku (FMT)
Chinese Army Medical Team (FMT)	MoHP team with filmy actors -1 (FMT)
Cuban Medical Brigade (FMT)	National Medical Rescue Team (FMT)
Department of Psychiatry and Mental health, TUTH/ Psychiatrist's Association of Nepal (MH)	Nepal Kidney Foundation Team (FMT)
FAIRMED (Other)	Netherlands Rescue Team (FMT)
Gift of the Givers (FMT)	NITTE University (FMT)
Global Medics (FMT)	Population Service International / Nepal (RH)
GoDoc (FMT)	Project Hope (FMT)
Government of Karnataka (FMT)	Psychiatrist's Association of Nepal/America Nepal Medical Foundation (MH)
Handicap International (HI) (Other)	Singapore Army (FMT)
ICPFCDW (FMT)	Taiwan Root Medical Peace Corps (FMT)
India Army2a (FMT)	Team for chirayu (FMT)
Indonesia Medical Team (FMT)	UK EMT1 (FMT)
Indonesia-BNBP (FMT)	UK EMT2 (FMT)
International Medical Corps (Other)	United Nations Childrens Fund (Other, RH)
International Organization for Migration (Other)	United Nations Population Fund (RH)
Israel Medical team (FMT)	Vicente Sotto Memorial Medical Center-2 (FMT)
<b>Lalitpur</b>	
Al-Khair Foundation (FMT)	International Medical Corps (FMT)
AmeriCares (Other)	Population Service International / Nepal (RH)
Bangladesh Medical Team (FMT)	Samaritans Purse International Relief (FMT)
Centre for Victims of Torture (MH)	Thai Army (FMT)
Child Workers in Nepal (Other)	United Nations Childrens Fund (Other, RH)
China Medical Team (Other)	United Nations Population Fund (RH)
Gwangji-Metrocity MRT (FMT)	China (FMT)
Handicap International (HI) (Other)	Indian Army (FMT)
Human Care Foundation (FMT)	MoHP team with filmy actors (FMT)
<b>Makawanpur</b>	
Acts of Mercy (FMT)	Population Service International / Nepal (RH)
Centre for Victims of Torture (MH)	United Nations Population Fund (RH)
<b>Nuwakot</b>	
Bhutan Army Team (FMT)	Marie Stopes International (RH)
Centre for Victims of Torture (MH)	Nature Care Hospital (FMT)
Chosum University Hospital (FMT)	Nursing Association of Nepal (FMT)
Deutsche Gesellschaft fuer Internationale Zusammenarbeit (GIZ) / HSSP (RH)	Patan Mental Hospital (MH)
Doctors for You (FMT)	Population Service International / Nepal (RH)
Dr. Pratikshya Sitaula (FMT)	Qatar Red Crescent (FMT)
Handicap International (HI) (Other)	Save the Children (Other)
InREACH-Nepal (FMT)	United Nations Childrens Fund (Other, RH)
Italy Civil Protection (FMT)	MSF Spain (FMT)
Lions Club of Kathmandu, and Norvic hospital (FMT)	Vicente Sotto Memorial Medical Center (FMT)
<b>Okhaldhunga</b>	
Population Service International / Nepal (RH)	
<b>Ramechhap</b>	
Centre for Victims of Torture (MH)	Population Service International / Nepal (RH)
Good People International (FMT)	Save the Children (Other)
MdM (FMT)	United Nations Childrens Fund (Other, RH)
MMDA (FMT)	
<b>Rasuwa</b>	
Canadian Red Cross-1 (MH)	Save the Children (Other)
Deutsche Gesellschaft fuer Internationale Zusammenarbeit (GIZ) / HSSP (RH)	UK EMT4 (MH)
Health Communication Capacity Collaborative (RH)	UK Fire and Rescue Service USAR (MH)
Helen Keller International (MH)	United Nations Childrens Fund (Other, RH)
Human Outreach Project (MH)	United Nations Population Fund (RH)
Population Service International / Nepal (RH)	

Sindhuli	
Centre for Victims of Torture (MH)	United Nations Childrens Fund (Other, RH)
Population Service International / Nepal (RH)	
Sindhupalchowk	
AmeriCares (Other)	Malteser International (FMT)
Canadian Military DART (FMT)	Marie Stopes International (RH)
Center for Women's Right & Development (FMT)	MdM (FMT)
Centre for Victims of Torture (MH)	Medical Teams International (FMT)Other
Child Workers in Nepal (Other)	Medicare National Hospital and Research Centre Pvt. Ltd. (FMT)
China Medical Team (Other)	MERT-1 (FMT)
Crises Relief Singapore (FMT)	Miral welfare foundation (Other)
Czech Medical team (FMT)	MSF Holland-1 (FMT)
Disaster Medics (Other)	National Health Professional Association (FMT)
United Nations Childrens Fund (Other, RH)	National Medical Organization (FMT)
Emergency Team Poland (FMT)	New Era (FMT)
FAIRMED (Other)	NORSAR (FMT)
Handicap International (HI) (Other)	Norway Red Cross (FMT)
Haridwar Shanti Kunj (FMT)	NPO TMAT (FMT)
Heart to Heart International (FMT)	Population Service International / Nepal (RH)
HuMA (FMT)	Psychiatrist's Association of Nepal/America Nepal Medical Foundation (MH)
Humedica (FMT)	Remote Area Medical (FMT)
IMA-2 (FMT)	Root Peace International Corp USA/Taiwan Root International Peace Corp (Other)
International Medical Relief (FMT)	Rotary Club of East Calcutta (FMT)
International medical relief (Other)	Save the Children (Other)
International Organization for Migration (Other)	Sewa Foundation (FMT)
IsraAID (FMT)	Sustainable Development Center (FMT)
Japan Disaster Relief Medical Team (Other)	Team Rubicon (FMT)
Japanese Red Cross Society (FMT)	The Johanniter International Assistance (FMT)
Korean Red Cross (FMT)	Transcultural Psychosocial Organization Nepal (MH, Other)
MAGNA children at risk (MH)	

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