

Nepal: Earthquake 2015

Office of the Resident Coordinator - Situation Report No. 03

(as of 26 April 2015, 7:00pm)



This report is produced by the Office of the Resident Coordinator in Nepal in collaboration with humanitarian partners. It was issued on 26 April 2015. It covers the period from 25 to 26 April 2015. The next report will be issued on or around 27 April 2015.

Highlights

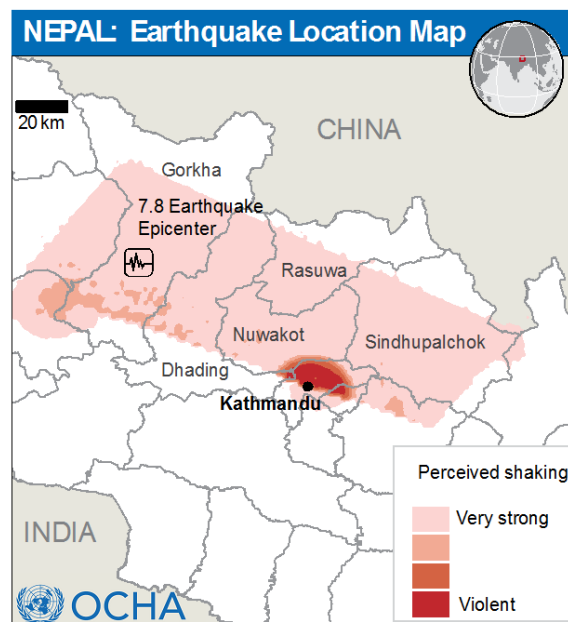
- The Government reports over 2,200 deaths and over 5,800 injured people (Source: NEOC - <http://neoc.gov.np/en/>). This is expected to increase.
- Most affected districts are Dhading, Gorkha, Rasuwa, Sindhupalchowk, Kavre, Nuwakot, Dolakha, Kathmandu, Lalitpur, Bhaktapur, and Ramechhap.
- The Government of Nepal has officially requested international assistance.
- In support of national efforts, international search and rescue teams have begun to arrive into Kathmandu.
- Total affected population not yet determined but 35 of 75 districts are reported to be affected.

2,288

Dead (as of 26 April 2015)

5,850

Injured (as of 26 April 2015)



Map Sources: UNCS Nepal Survey Department, USGS
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations Map created on 25 April, 2015

Situation Overview

At 11:56 local time, a 7.8 magnitude earthquake struck Nepal, with the epicenter in Lamjung District (north-west) of Kathmandu and south of the China border. Dozens of aftershocks followed, including a 6.7 magnitude earthquake on 26 April 2015 at 12:54 local time.

The Government reports that 35 of 75 districts are affected in the Western and Central Regions, including the Kathmandu Valley districts. This includes mountain and hilly areas, disperse rural populations, as well as some very densely populated districts and Nepal's two largest cities – greater Kathmandu and Pokhara. The most affected districts are Dhading, Gorkha, Rasuwa, Sindhupalchowk, Kavre, Nuwakot, Dolakha, Kathmandu, Lalitpur, Bhaktapur and Ramechhap.

According to the Government, the earthquake caused 2,288 deaths. Over 5,500 people are injured. These figures are expected to increase as more information becomes available. There are no confirmed figures yet on overall affected population. In Kathmandu Valley, hospitals area overcrowded, running out of space for storing dead bodies and lack medical supplies and capacity. BIR hospital is treating people in the streets.

Impacts in Kathmandu valley include collapsed buildings and walls especially historic buildings in centres, but less overall damage and collapse of buildings than expected. The majority of people remain outside houses for the second consecutive night.

+ For more information, see “background on the crisis” at the end of the report

On 26 April, the Government requested international assistance, including

- Search and Rescue capacity, particularly for the Kathmandu Valley where larger buildings have collapsed;
- Medical teams, supplies and tenting for hospitals, and dead-body bags;
- Heavy equipment for rubble removal; and
- Helicopters for transport of injured and access to blocked areas

In support of the Resident Coordinator, the UNDAC Team has arrived to Kathmandu and established a Reception and Departure Centre at the airport.

Humanitarian Response



The Government reports that all hospital staff mobilized and are deploying small teams to hospitals in Kathmandu. Chitwan and Pokhara hospitals, which both are well staffed, are sending medical teams to worst affected areas. The main hospitals in Kathmandu are still standing, and functioning, although overloaded; whereas some damage reported to hospitals in Ramechhap, Nuwakot, and Sindhupalchowk. In Gorkha, damage is very severe though unclear whether hospitals are operational.

A 24 hour emergency health operations room has been set up at the Ministry of Health and Population (MOHP). It will coordinate with the national emergency operations centre (at MOHA). MOHP is responsible for mobilizing medical human resources and making hospitals capable to perform. Coordination with bilateral partners goes through MOFA to MOHP; coordination with international agencies and NGOs goes directly to MOHP.

International and local health teams are being mobilized. However, transportation and logistics is an issue. Four (national) teams being sent to Gorkha where it is estimated that in some areas, 80 per cent of houses are gone. Several teams have been deployed; priorities at the moment are logistics and drugs. Immediate priorities are managing dead bodies and injured (many head and spinal injuries requiring airlifting).

Post-earthquake diseases are a concern – diarrhea is already an issue in Kathmandu Valley due to exposure to elements.

Coordinated assessment is required to map capabilities of various hospitals. The assessments of the five severely affected districts was done jointly via helicopter.

There is need for medical supplies and capacity including surgeons, orthopedics, paramedics, logistics support, field hospital tents and blankets. Drugs and consumables required are not covered in the 40 and 70 free drugs and consumables list, and are needed immediately. In total, 27 drugs and consumables have been identified. Drugs and consumables can be supplied in UNICEF emergency health kits, with one kit serving around 10 thousand people for three months. It is likely it will be quicker to procure these through UNICEF Supply Division in Copenhagen than buying on the local market UNICEF has also already agreed to supply 15 tents, zinc and ORS for the 11 requested districts.

Generators at central vaccine store at Teku, powering cold rooms, freezer rooms and fridges, have now been switched on but they have less than 10 hours' worth of fuel on hand. The LMD engineers have indicated they require 2000 litres of fuel for every 2.5 days of running time (33.3 litres per hour), and therefore need immediate assistance to ensure they can temperature-related damage to the vaccine.

There is currently no stock of MR vaccine at the central level, but a reported 2 months of stock on hand at RMS level. Given the possibility of a measles outbreak following the earthquake, procurement of MR vaccine is an immediate priority. Current national monthly utilization of MR-10 is 16,000 vials per month, and it is recommended at least 3 months' worth of vaccine is procured to deal with any potential outbreak

Next health cluster meeting is on 27 April, at 11:00 am.



Logistics

The National Emergency Operation Centre is operational. The Kathmandu and Pokhara airport remain open. Some commercial flights are coming in.

The Humanitarian Staging Area at TIA is operational and supporting the coordination of incoming international response.

The main feeder roads outside of Kathmandu Valley are, overall, accessible. Some side roads are damaged and access is limited. The Government was requested to mobilize the construction sector for rubble removal.

Expedited customs clearance for emergency cargo and visa processes at the airport remain unclear.



Protection

Incoming support from regional offices through the IASC GBV Area of Responsibility is expected to begin on 27 April 2015.

Department of Women and Children will send circular to all women and children officers in affected districts. This circular will include a checklist for officers to complete and return. District officers will also mobilize women's groups in affected districts. In addition, a list of psycho-social counselors has been provided as district level to be used as needed.

Handicap international has established orthopedic camp outside TU Teaching Hospital.

The next cluster meeting is on 27 April 2015 at 10:30am.



Shelter

Five shelter camps have been established in areas belonging to the Armed Police Force. These have water sources.

The Government has identified 16 open spaces around Kathmandu to be used as camps. Shelter support has been requested for all 16 identified sites.

The next cluster meeting is on 27 April 2015 at noon.



Water, Sanitation and Hygiene

KUKL is working to restore water supply, supplemented with water tanks.

The WASH cluster agencies have agreed to provide additional water tanks to all 16 camp sites. Cluster members will supplement water tanks and chlorination. ENPHO will be requested to monitor water safety compliance.

The cluster identified 11 priority districts with supply lists.

The next cluster meeting is on 27 April at 2:00pm.



Education

Temporary learning spaces for school age children (4-18 years old) in affected areas are being established in coordination with the Protection cluster. These spaces will provide psycho-social counseling and key lifesaving messages. Vaccinations (swine flu) will also be provided.

The next cluster meeting is on 27 April at 10:00am at the Department of Education.

General Coordination

The Government of Nepal is leading the response efforts. The National Emergency Operations Centre is operational.

The HCT has established coordination hubs at the NEOC, the Humanitarian Staging Area, and at the UN office. UNDAC has established a Reception and Departure Centre at the Kathmandu Airport.

With regular coordination meetings in place, cluster co-leads are encouraged to update the online meeting calendar at www.humanitarianresponse.info/nepal.

In support of Government led search and rescue efforts, several international teams have or are scheduled to arrive in Kathmandu, including:

- Indian SAR team has already landed and begun operations. A total of 14 helicopters will be mobilized to support efforts.
- Pakistan SAR team has landed and begun operations
- China SAR team has landed and begun operations
- Israeli SAR team has landed and begun operations
- American medical team (8 personnel) already stationed in Nepal will deploy with medical kits.
- UK SAR team (90 personnel) expected to arrive Monday 27 April 2015
- US DART team set to arrive for SAR support
- US SAR team from Fairfax, Virginia incoming
- US L.A. team ready to deploy for SAR or debris management (to be confirmed)
- Japan SAR with dogs incoming with ETA 27 April 2015
- SARAIID has put an official offer of assistance for the Government of Nepal and awaiting approval
- Finland SAR team (30 personnel) is ETA 27 April 2015
- 4 personnel from OCHA Regional Office incoming to support coordination
- 2 personnel from ECHO incoming to support coordination

The National Health Education and Communication Centre (NHEICC) has begun communicating key messages through Radio Nepal, Image Radio, Kantipur Radio and Nepal Bani. The NHEICC has requested for broadcasting of key messages in 35 identified districts and transport support for IEC materials.

The BBC Media Action Lifeline Programme will begin operations on the evening of 27 April 2015.

All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing fts@un.org. All in-kind donations should be reported and tracked via logik@un.org. The HCT is working on drafting a Flash Appeal in support of the Government response.

Background on the crisis

At 11:56 local time, a 7.8 magnitude earthquake struck Nepal, with epicenter in Lamjung District (north-west) of Kathmandu; south of China border). This was followed by dozens of aftershocks including a 6.7 magnitude earthquake on 26 April 2015 at 12:54 local time.

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