

# Nepal Earthquake Relief Program – 2015

Undertaken by EHA by partnering with other agencies in Nepal



(The above map with red borders showing medical camps conducted post 25th April 2015 earthquake in Nepal.)

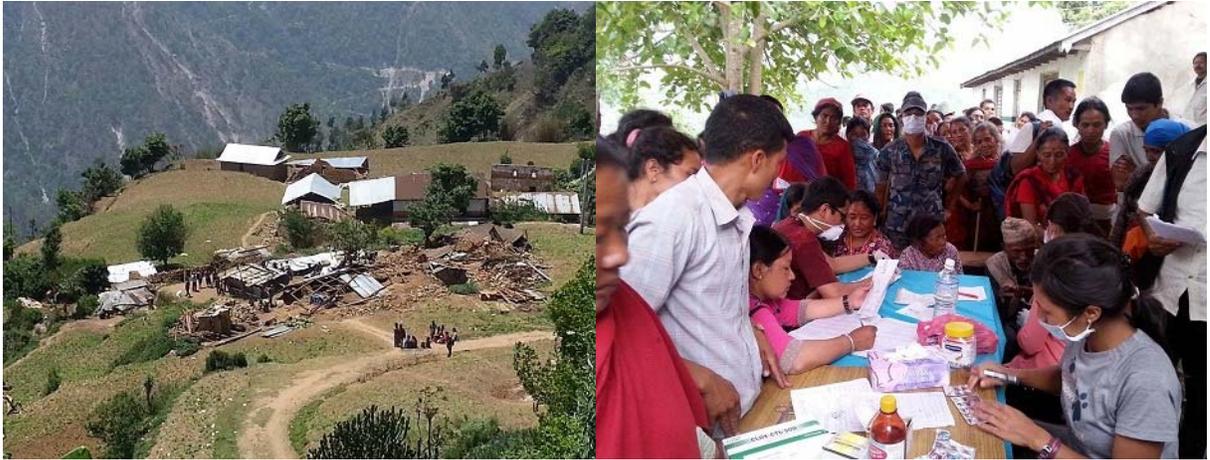
## Background

The 25<sup>th</sup> April 2015 massive earthquake reported casualties increased to at least 7904 deaths and 16,434 injured as of date. 284,455 houses have now been confirmed destroyed and another 234,102 damaged.

Nepal has a total population of 28 million approximately. About 8 million population were affected due to the earthquake. At least 2 million people needing tents, water, food and medicines over the next 3 months (Source: UN).

According to OCHA assessment cell's initial estimates, based on Government data, the highest rates of destruction and damage to housing are reported in Sindhupalchowk, Gorkha, Nuwakot, Ramechhap and Dhading. Estimates may increase as more areas are being reached.

In Sindhupalchowk, the level of damage is said to significantly increase with altitude. Almost all houses made of stone and mud plaster, typical at higher altitudes, were destroyed and many families are still living outside their homes in makeshift shelters.



## **EHA's relief program in Nepal**

### **Rapid Spot Assessment team**

EHA's 3-member assessment team reached Nepal on 27<sup>th</sup> April 2015 with twin objectives to conduct rapid needs assessment and to explore partnership with local organizations. The team visited relief shelters in Kathmandu, Bhaktapur and Lalitpur and interacted with victims of the earthquake. 5 patients were seen during the assessment. Medicines were also provided to the needy.

The 3 days assessment report highlighted the following needs and worked on the partnership with local professionals and organizations through various meetings and discussions.

### **Working with the local partners: hospitals & professionals**

The Leprosy Mission Hospital, Anandaban (TLM Hospital); Healthcare Christian Fellowship (HCF); Nepal Christian Medical & Dental Association (NCMDA); Disaster Response Christian Committee (DRCC). The idea is to support the ongoing program conducted by the local partners with medical teams, medical supplies and technical expertise.

### **Coordination mechanism**

The team corporately agreed to position Dr. Samundra Rana as the Coordinator for the group. Mr. Shem Raomai positioned by EHA to liaise and support Dr. Samundra and the implementing team coordinating with EHA and the local partners.

The relief program is implemented in Nepal under the flag-ship of Anandaband Hospital of TLM, based in Lele in Lalitpur District with the leadership of Dr. Indra Napit, Medical Director of the hospital.

## The Need and the Response

EHA's response focussed on the following areas:

1. Health: Medical emergency responses, Referral cases & Supply of essential medicine
2. Dry food ration and hygiene kit
3. Temporary shelter &
4. Post-disaster Psycho-social Care

### 1. HEALTH

#### i) Medical emergency response

#### ii) Referral cases

#### iii) Medicine supplies

#### Medical emergency response:

Till now, a total of 3821 patients in 34 locations. 3730 patients seen by the medical team in 33 locations 24 villages under 10 districts (see table)

- 6 patients seen at the Duncan Hospital, Raxaul.
- 85 patients seen in Dhadhing district.

The district wise break up of patients seen available is:

S. No.	District	Patients seen
1.	Lalitpur	990 (including hospital)
2.	Makawanpur	270
3.	Kavre	42
4.	Sindhupalchok	1087
5.	Dolakha	1011

S. No.	District	Patients seen
6.	Dhading	85
7.	Nuwakot	250
8.	Gorkha	35
9.	Pokhara	40
10.	Bhaktapur	3
11.	Kathmandu	2
	Total	3821

**Deploying medical team :** A total of 10 doctors (including one during assessment) and 3 male nurses have been mobilized by EHA at different times over the last three weeks for meeting the medical needs resulting from the earthquake.

1. 3 doctors from Christian Medical College, Ludhiana was deployed in Duncan Hospital, Raxaul for 10 days.
2. 2 doctors from Duncan Hospital have been deployed in the medical camp in Dahding district for 10 days from 30<sup>th</sup> April 2015.
3. 3 doctors from St. John's Medical College were deployed in Nepal for 10 days from 3<sup>rd</sup> May 2015; these young doctors covered most affected and unreachable areas in Sindhupalchowk, Dholaka, Gorkha, Makwanpur, Lalitpur, Nuwakot etc along with other team members.
4. 1 doctor and 3 male nurses medical team from Christian Medical College, Vellore were deployed for 3 days from 10th of May 2015.

**ii) Referral cases:**

Initially there were scopes for many injured victims remain unattended awaiting surgery or major procedures. Based on this, Duncan Hospital was identified as a referral centre for surgeries along with Anandaban Hospital in Nepal.

However, the health department of Nepal undertook all possible cases by themselves by heavily engaging the existing resources (public & private) in Nepal.

The following statistics shows total number of referral cases with minor as well as major surgeries conducted at the 2 referral centres-

Sl.	Particulars	Anandaban Hospital, Lele, Lalitpur		Duncan Hospital, Raxaul, India		Total
1	Total patients referred	241		6		<b>247</b>
2	Admissions		70		2	<b>72</b>
3	Total Surgeries	203		2		<b>205</b>
4	Major		51		1	<b>52</b>
5	Minor surgeries & procedures		152		1	<b>153</b>

### iii) Medicine supplies

Approximately Rs.9 lakhs worth medicines were supplied based on the list sent from the partners.

#### Post-disaster health concern

*There is a need to have an epidemic watch in the worst affected areas on priority basis. The areas would be Sindhupal chowk, Dhading etc.*

## 2. DRY FOOD RATION & BASIC HYGIENE KIT

Initial dry food ration and water purification tablets were distributed to the most affected areas through local partners.

- Total 30,000 water purifying tablets were distributed in the most affected districts along with the medical teams supplied by the assessment team.
- Distributed 250 packets relief materials containing food and basic hygiene kits for villages affected in Dhading district. These packets were sent from Raxaul by Duncan Hospital.

## 3. TEMPORARY SHELTER

Many villages in the hilly region closer to the epicentre were flattened during the first earthquake which struck on 25<sup>th</sup> April 2015. Villages under Dhading & Sindhupalchowk were found to have 40-60% houses flattened. This left thousands of villagers living without shelter. Constant aftershocks with rain (monsoon season is approaching soon) has added massive challenges to the families leading to temporary shelters being the crucial need at this hour.

- On immediate basis, the assessment team provided 55 metres of Plastic Sheets for

Dhading area on 29<sup>th</sup> April 2015 by the assessment team.

- An additional 50 tarpaulins were supplied by business community on the request of the assessment team while they were in Nepal on 30<sup>th</sup> April 2015.
- 4500 tarpaulin sheets (12' x 18', 170 gsm, 3.5 kgs with eye lets, hemmed with cable) were procured in Delhi, is now in transit.

#### 4. POST DISASTER PSYCHOSOCIAL CARE

The earthquake measuring M7.8 on 25<sup>th</sup> April 2015 have taken many lives, livelihood and destroyed millions of homes in Nepal. The multiple (117) aftershocks in the past month are too many and still counting. The M7.4 earthquake on 12<sup>th</sup> May (in Everest) led to constant fear with many families including children living with trauma.

This leads to the need for post disaster psychosocial care.

- EHA trained more than 62 volunteers from churches as trainers since last 17<sup>th</sup> May 2015.
- These trained volunteers are to identify volunteers drawn from the affected villages **based on conditions like-** needs, people living in temporary shelters, no other program/ organizations reached in these villages.
- EHA will follow-up with the volunteers providing "counseling" through a weekly report format. These reports would be analysed by Counsellors from EHA to identify need for referral to local psychiatrist/government health centres etc.
- As a strategy to reach the children living with trauma, EHA plans to develop Child-Friendly-Corners in each of these identified villages with a kit consisting of- playing kits, dolls, balloons, drawing/coloring kits with crayons etc.

This program is now in progress and EHA expects to reach out atleast 5000 victims living with trauma with the help of the local volunteers and through local partners.

#### EMERGING NEEDS

11 districts in Nepal have been deemed "severely affected" by the quake measuring 7.8 on the Richter scale, while many more districts have sustained significant loss of life and property, and face the challenges that these bring.

The current death toll from the quake stands at 8471 and 17866 injuries with an estimated 8

million people have been affected in some way.

The challenges during post disaster situation were that of many small teams arriving from various countries after watching the news and that are trying to respond with the best of intentions, but unfortunately without the full-fledged support system for sustainability specially in terms of deploying in the remote areas where they are needed the most.

### **EHA's observation**

#### **- Health & Mental health:**

Inaccessibility in terms of difficult terrain, landslide, constant aftershocks, lack of adequate transport facilities, rain and lack of accommodation etc. were great challenges limiting many medical teams for effective medical response.

We observed many health sub-centres destroyed with the only hope for the nearest villages to reach for at least identifying as Medical First Aid post or for external medical teams to coordinate in terms of providing medical supplies or even provide a quick hand on training for First Aid. Healthcare staff and the families were themselves affected by the earthquake.

However, EHA reached the needy villages in the difficult hilly terrain with the help of local partners for a camp that would extent for 2-4 days. This mostly happened in districts like Sindhupalchowk, Gorkha, Nuwakot, Ramechhap etc.

On the other hand in Dhading district, the local partner raised large tents for villagers to tarry, take food and medicines to return after a few days. Medical teams were positioned constantly for 2 weeks in these tents.

This program eventually has converted into pre-rehabilitation stage for the villages where 80-90% of the houses were flattened and the likelihood of restoration of road infrastructure is nil with no adequate relief compensation packages released yet. The local government is yet to actualize the damage covering all the affected districts.

EHA eventually trained more than 60 local volunteers on basic post disaster psychosocial care program with a strategy to reach 5 – 6000 victims through 10-15 group formation.

Child-Friendly Corners were to be established as part of the post disaster psychosocial care program for children going to be out of school with most of the infrastructure in those affected districts are damaged.

## **The emerging needs (post disaster risk reduction program)**

1. Health surveillance: There is a need to have 'epidemic watch' or 'health surveillance' in the worst affected areas on priority basis. The districts like Sindhupalchowk, Dhading are critical.
2. Preparing community based First Responders: There is a need for mass scale training of local community on Rescue and Medical First Aid training. EHA trained more than 11000 local volunteers during 2013-14 and distributed 1000 FA kits covering 10000 population.
3. Building local capacity for effective community based post disaster psychosocial care: Local healthcare workers, school teachers be trained with basic counselling program developing an effective linkage with referral points (district mental health departments/psychiatrists) and constant follow up program integrating with local healthcare system and local NGOs working in this sector.
4. DRR in critical institutions like Hospitals & Schools : Many hospitals found, including the trauma care centre in Kathmandu has been found to have been affected structurally. EHA has developed training modules (disability inclusive DRR in healthcare institutions) for healthcare leaders.

### **Shelter:**

The earthquake damaged most of the dilapidated and poorly constructed houses in the city. In the remote villages the houses were built with unfinished stones/boulders with mud plasters.

There is a scope for helping with innovative designs for building existing traditional houses that are safer, stronger (seismic safe) and economic. Help community build their homes better and safer to avoid similar damages, death and injuries in future earthquake.

1. Build at least all houses in a village with the improved cost-friendly design using existing materials.
2. Enhance existing skills of local masons with the new design.
3. Disseminate for reaching out to other villages/districts.

## Psychosocial Care program

The Training of Trainers (ToT) on Post Disaster Psychosocial Care was organised in 2 batches (17 & 18<sup>th</sup> May 2015 and 19<sup>th</sup> & 20<sup>th</sup> May 2015) at Universal Cafe & Banquet, Baghdol, Lalitpur, Nepal. A total of 74 participants representing 38 churches and organizations registered (37 in each of the batches) for the ToT. Out of which 62 (29+33) of them successfully completed the training.



Ms. Lizzy Julia, Applied Psychologist was the trainer. The training was well organised with relevant groups activities and the participants actively participated in them. Some of the relevant topics covered include Biblical basis for counselling, Understanding the impact of Disasters, Counselling skills, Psychosocial Intervention in post disastrous situations and Counselling children. Mock counselling session was conducted to help the participants understand the dynamics of counselling process, and the participants then practised counselling in pairs. They were monitored by the trainer and feedback was given to improve on their counselling skills. Hands on training on counselling children through medium including Facial expressions, Thematic Story Card, Drawing, Writing, Dolls, Family Portrait, Clay modelling were also given.



Towards the end of the training, the participants were encouraged to plan in groups on training Psychosocial care First Aid providers in different localities. The trained trainers are targeting to train about 372 individuals in 22 groups who will be reaching out to earthquake affected victims.



One day Psychosocial care First aid Training was conducted for the youth of Bethel Assembly Church of Bhaktapur on 21<sup>st</sup> May 2015. A total number of 28 youth attended the training. 2 of the participants of the ToT assisted in the training program. They were encouraged to cover few topics as the Instructor monitored their training skills. The participants were trained on providing Psychosocial care First Aid using different techniques and medium.

THIS REPORT WAS PREPARED BY THE DMMU TEAM OF EHA –

Mr. Peniel Malakar

Mr. Shem Roami

Mr. Nygel Verghese