



Highlights

- Most affected areas are Gorkha, Lamjung and Sindhupalchok as well as Kathmandu, Bhaktapur, Lalitpur Districts.
- Latest government figures on total casualties is 1,900 with more than 5,000 injured. This is expected to increase.
- 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 30 of 75 districts are reported to be affected. According to 2011 Census data, total population for affected districts is..... Projections on numbers of affected are being developed.



Source BBC

Situation Overview

Disaster event

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).

Impacts

Government reporting 30 out of 75 districts affected in the Western and Central Regions, including Kathmandu Valley districts. This includes mountain and hilly areas, disperse rural populations as well as some very densely populated districts and Nepal's 2 largest cities – greater Kathmandu and Pokhara. Most affected districts are Sindupalchowk, Kavre, Nuwakot, Rasuwa, Dolakha in the CR and Gorkha and Lamjung in the WR. Initial reports from UN field offices are that the Eastern Region/FWR is not badly affected and Terai has been minimally affected.

Government reporting over 1900 deaths and over 5000 injuries; this is expected to increase. No confirmed figures yet on affected populations in the affected areas.

Impacts in Kathmandu valley include collapsed buildings and walls especially historic buildings in centres, but less overall damage and collapse of buildings than expected.

In Kathmandu Valley, hospitals area overcrowded, running out of room for storing dead bodies and also running short of emergency supplies. BIR hospital is treating people in the streets. There is a need to replenish medical stocks to support health response efforts.

Majority of population remained outside houses for the first night; heavy aftershocks continued through the night.

[+ For more information, see “background on the crisis” at the end of the report](#)

Surge Capacity

The priority remains saving lives and immediate search and rescue ongoing. In support of government led SAR, several international search and rescue teams have or are scheduled to arrive in Kathmandu. Known surge support include:

- 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)
- 4 personnel from OCHA Regional Office incoming to support coordination
- 2 personnel from ECHO incoming to support coordination

Humanitarian needs

There is no update on Government requests for assistance; requests include:

- 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

Evolving response

Core cluster (Food, WASH, Protection, Emergency Shelter, Health) meetings have are ongoing with an HCT meeting scheduled for 2:00pm 26 April 2015. A joint coordination meeting will then be held at NEOC with the Government at 3:00pm.

Coordination centres are being established in numerous locations including the NEOC, Humanitarian Staging Area at the international airport, and the UN office.

Government reports that all hospital staff mobilized and are deploying small teams to hospitals in Kathmandu. Chitwan and Pokhara which both are well staffed are sending medical teams to worst affected areas – Gorkha and Lamjung.

Government is intending to set-up displaced camps in Kathmandu Valley and outside, where there are APF bases as these have established water supply and security.

Government is unclear on emergency food stocks.

Government was requested to mobilize the construction sector for rubble removal.

Ministry of Finance has called a meeting with donors for 2:00pm to discuss resource mobilization.

Operational/logistics update

National Emergency Operating Centre is operational. The Kathmandu and Pokhara airport remains open. Some commercial flights appear to be coming in.

Status of the main feeder roads outside of Kathmandu Valley are, overall, accessible. Access on side roads is damaged and limited.

Government has been requested but is still unclear on expedited customs clearance for emergency cargo and processes at the airport.

WASH

WASH has provided 20 tanks (30,000 L) that will reach 1500 people in 3 camps in Kathmandu Valley\

Next cluster meeting is tomorrow at 2:00pm 26 April 2015

Food

Food cluster meeting ongoing with update to come shortly

Health

A 24 hour emergency health operations room has been set up at the Ministry of Health. It will coordinate with the national emergency operations centre (at MOHA).

The main hospitals in KTM are still standing, and functioning, although overloaded; whereas some damage reported to hospitals in Ramechhap, Nuwakot, Sindhupalchowk. In Gorkha, damage is very severe though unclear whether hospitals are operational.

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.

WHO has agreed to provide funds and emergency team arriving tomorrow, which will coordinate health response.

Coordinated assessment is required to need to map capabilities of various hospitals. The assessments of the five severely affected districts to be done jointly, areas will be surveyed by helicopter on 26 April 2015, weather permitting.

As of 7 am today there were 600 dead bodies in 3 hospitals in KTM. There are not enough beds, many injured are treated on the ground. 500 injured were brought to Dhulikhel hospital alone, of which 50% are still there.

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% of houses are gone.

There is a need for surgeons, orthopedics, and paramedics, as well as logistics support.

The Ministry of Health and Population wants to prioritize local procurement, and have called a meeting with local suppliers so as to mobilize supplies within the next few days.

Field hospital Tents are badly needed. Many partners are offering tents but the requests need to be coordinated. Blankets are also needed

WHO has prepositioned surgical kits which are now being distributed.

Each Ministry has been given a responsibility – MOHP is responsible for mobilizing medical human resources and making hospitals capable to perform.

Logistics management Division have come up with a list of 40 items where procurement has been started but supplies may run out; this list will be circulated shortly. Most are antibiotics.

Coordination with bilateral partners goes through MOFA to MOHP; coordination with international agencies and NGOs goes directly to MOHP

They do not want a fragmented approach; asking each international partner to take on a district and address all needs there (unlikely to happen)

USAID and DFID have medical teams in, also a UNICEF WASH team.

Next cluster meeting is tomorrow at 11:00 am 27 April 2015

Shelter

5 shelter camps have been established in areas belonging to the Armed Police Force. These have water sources. We do not know how many people will be in the camps.

GoN has identified 16 open spaces around KTM to be used as camps and the CCCM cluster is responsible for that. IOM is currently coordinating the CCCM cluster.

The NRC has sent out 7800 NFI (nonfood item) 1 pack should be enough for a family of 4.

There will be another shelter cluster meeting at noon - 27 April 2015

Protection

Incoming support from regional offices through the IASC GBV Area of Responsibility is expected to begin Monday 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.

Handicap international has established orthopedic camp outside TU Teaching Hospital.

Next cluster meeting at 10:30am 27 April 2015

Education

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

Next cluster meeting 10:00am 27 April 2015 in Department of Education

Aid Pledged

So far information we have in-country is that:

- The US Government has pledged US \$1million to support response efforts. These funds will mainly be channeled through the Nepal Red Cross Society.
- The UK Government has pledged US \$10 million for support.

Background on the crisis

At 11:56 local time, a 7.8 magnitude earthquake struck Nepal, with epicenter in Lamjung District, 30 kilometers east of Lamjung town.

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For more information, please visit www.unocha.org www.reliefweb.int [link to relevant websites].

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NEPAL – Severity of Districts in Term of the Earthquake Intensity Area

