NEPAL EARTHQUAKE - JOURNEY TOWARDS MEDICAL RELIEF DELIVERY
An Initial Report

May 2015
**Introduction**

The 7.8-magnitude earthquake shaken the country on 25th of April 2015, caused buildings to collapse, thousands of deaths and injuries and thrown the entire region into chaos. More than 100 aftershocks have been recorded throughout the region, with more predicted – hampering rescue operations and terrifying survivors. The most powerful aftershock, a 7.3 magnitude quake more than two weeks (12th May 2015) after the initial disaster, has added to the death and injury toll. Most of the areas affected by the earthquake in Nepal as per the reports are: Kathmandu City (worst hit areas- Jhochhen, Thamel, Basantpur, Nardevi), Rasuwa, Sindhupalchowk, Gorkha, Dolakha, Dhading, Bhaktapur, Lalitpur, Lamjung, Kirtipur, Kodari, Nagarkot, Panaoti, Banepa.

As per the report, more than 8,400 people died in Nepal with thousands more injured. The U.N. estimates that the earthquake has affected 8.1 million people — more than a fourth of Nepal’s population of 27.8 million. At least a half million homes have been destroyed or damaged, leaving many people homeless. Communities outside of Kathmandu at the epicenter of the quake have been devastated and are difficult to access with the damage to roads and infrastructure.

Many national and international organizations along with government providing support in terms of financial, medical and other types of aids to the affected people. The most well-known organizations like Red Cross, and Caritas Nepal are the leading organizations reaching people on various kinds of relief works.

**Caritas Nepal and Associate Organizations to Address the Disaster**

Caritas Nepal is one of the leading organizations in Nepal to reach relief and rehabilitation in times of disaster. To address the need of the country after 7.8 magnitude earthquakein Nepal, other Caritas agencies from around the world, including India, Germany, Australia and the United Kingdom joined hands with Caritas Nepal. Catholic Relief Service (CRS) too working along with Caritas Nepal. Number of Emergency relief supplies brought into Kathmandu by CRS and other agencies are in the process of distribution.
The Camillian Task Force (CTF) India

Camillian Task Force is the humanitarian mission office of the Order of the Ministers of the Infirm, popularly known as Camillians. The CTF was founded in 2001 and has its central headquarters in Rome. Camillian Task Force (CTF) India was formed during the time of Uttarakhand flood disaster in 2013 to provide support for the victims and continued its support during various disasters like Kashmir. It is a network of groups that collaborate with the Order of the Ministers of the Infirm and people from other organizations. The team provides support in terms of emergency health service delivery, psychosocial and emotional support to survivors and affected remote communities, and rebuilding and strengthening resiliency of survivors. CTF India joined hands with Caritas Nepal in terms of providing immediate medical relief delivery.

The members of the first CTF India medical team are the following: Sr. Daisy Kalapurakal FCC (Nurse), Sr. Josne Jose SD (Social Worker), Dr. LeelammaKallolickal FCC (Physician), Sr. Mini Chakkappan ASC (Social Worker), Sr. Samipya Mercy SD (Lab Technician), Fr. Shiju Joseph MI (Program Officer), Sr. Suma Palatti SD (Nurse), Fr. Teji Thomas MI (Medical Officer), Ms. Mara Benaglia (Nurse), and Mr. Kishore Parakulathil (Nurse). They belong to the congregations of the Franciscan Clarist (FCC), Sisters of the Destitute (SD), Adorers of the Blood of Christ (ASC), and the Camillians (MI). There were also three lay volunteers.

Great appreciation to the constant spiritual and material support from all religious congregations and Orders particularly the following: SuoredellaCarità di S. Giovanna Antida, IstitutodelleSuoreFrancescane Angeline, Missionari di Marian Hill, Spiritan Fathers, Society of Divine Word, Columban Missionaries, SuoredellaCarita Cristiana, Camillians, Domenican Sisters of St. Catherine of Siena, and the Compagnia di S Teresa di Gesu.

Efforts in Addressing Earthquake disaster in Nepal by CTF India

Medical Camps Conducted
First Camp: Kashigaun & Manbu Village Development Committees (VDCs), May 10 – 17, 2015

Camillian Task Force India with the coordination of Caritas Nepal, attempted to reach out people who were not reached by any other organizations especially on the mountain side of Nepal. A 15-member team of doctors, nurses and social workers (mostly religious Sisters, Brothers and Fathers from the Camillians and other congregations), began their journey on the 9th of May 2015 from Kathmandu to Gorkha district which is one of the hardest hit districts by the earthquake in the country. Initial coordination with Caritas Nepal was done to identify the location and other logistics. The district public health officer was consulted to know the challenging areas where people have not reached after the earthquake.

As per indication of the public health officer, the team began its journey towards Kashigaun and Kerauja VDCs (Village Development Committee) for medical relief distribution. The team was divided into two to cover those villages identified which are located in the high mountain villages of Gorkha.

After travelling for one day from Gorkha center, the team reached Sothikola on 10th May 2015 by evening and spent the night at Sothi since road access is only up to this point. The next day early morning the team began its journey on foot towards Kashigaun. The journey was very tough and challenging since most of the time we have to climb the mountains. After walking for 9 hours, the team decided to halt at the Mazigaun village of Manbu VDC. While discussing with the villagers, we were informed that no organisations or government agencies have stepped on Manbu VDC except the Nepalese army. Thus, one team decided to stay in Mazigaun to conduct the health camp. The other team proceeded to Kashigaun and Kerauja. The second team had to walk another 10 hours to reach Kashigaun VDC. Due to continuous landslides on the way to Kerauja after a 7.3 magnitude quake on 12th May 2015 the VDC secretary had advised us not to travel to Kerauja.

There are around 800 families in this VDC (Kashigaun). The health post (health care facility) is managed by the health post in-charge, and one assistant. The services rendered in this post are first aid, maternal delivery, health education, including family planning, control of infectious diseases, etc. This VDC had
sustained 11 deaths due to the earthquake. We examined around 190 patients during this camp.

In Manbu VDC, it has around 1710 families. This VDC had sustained 26 deaths due to earthquake. There were around 630 patients treated during the health camp at this VDC. Majority of the disaster related complaints were anxiety and physical injuries. There were many cases of diarrhea, skin infections and upper respiratory tract infection. People were not able to sleep since they were staying in their partially damaged houses and they were very much scared of another earthquake.

**Second Camp: Muchchowk & Simjung VDC’s – (May 20 –24, 2015)**

After the 1st Phase, we were again allotted 2 VDC’s by the Public Health officer at Gorkha for medical camps. Again the same group of 15 members were divided into 2 groups and moved towards the Muchchowk & Simjung VDCs on 20th May 2015. For this camp the vehicle was able to drop us until the Muchchowk VDC while the second team had to walk again for another 5 hours to reach Simjung VDC. Heavy rainfall and strong winds welcomed us along with the local people there.

There are around 1.100 families in Muchchowk VDC. There were 25 deaths due to earthquake-related factor. The health camp was held in Ramcche Ward 1 of this VDC. There were around 610 patients treated during the health camp at this VDC. The Public health post was damaged beyond repair and hence all the materials were taken to another building. A temporary health centre was built by the local people with help of Nepal army. But they were not equipped with medicines.

In Simjung, there are around 990 families. Thirty-seven (37) deaths were recorded in this VDC after the earthquake. During the health camp, there were around 474 patients treated from different wards.

**Health Condition of the people at all VDC.**

Health is the least priority in these VDCs. People are not well-informed and capable of handling many health related issues or problems. Due to cold and
severe weather conditions, the basic hygiene practice of taking a bath regularly is often ignored and most of them do it once a month. Certain habits of washing of hands before meals and the boiling of water for drinking are never practiced. Hygiene is neglected in most of the VDCs. Early marriage practices among minors (under 15 years old), and lack of responsible family planning practices are just among the conditions that caused a lot of their health issues.

**Impact of the Earthquake**
Most of the houses of these VDCs are totally or partially damaged by the earthquake. Their traditional houses are constructed with mud and stones which are not strong enough to sustain of such magnitude (7.8) earthquake. Building houses using cement is very expensive and the absence of a decent road access will make it even more difficult.

People in these VDCs are still living outside of their houses due to continuous and strong aftershocks. Many of them are traumatized. Anxiety related issues are quite evident among the people. Many have gone into depression since they have lost their homes and a few of them lost their dear ones. A child in Manbu village could not sleep for 12 days since the earthquake took place. Homeless families are very much exposed to harsh weather and many of them are sick.

**Challenges**
The main challenges encountered by the team during the medical camps were the road access to the villages which will take you days to reach on foot; the difficulty of bringing all our supply of medicine since we moved only with our backpacks due to difficult terrain; and the lack of medical facilities in the areas mentioned which will limit the patients treated to do some follow ups especially with those who are having major issues on their health condition.

**Conclusion**
Our initial focus was to address the immediate medical concerns of the survivors either it directly related to earthquake injuries or routine cases which are not taken cared of because of the destruction of the basic health facilities in these VDCs. There are still many VDC’s where medical camps are much needed because of the geographic location which hinders inhabitants difficult to travel to the centers where these services are available. Now that the monsoon is coming in June, access to these places will be even more difficult and
dangerous. The Ministry of Health is encouraging partners to focus on giving immediate medical attention to survivors and hence they are now setting up Temporary Public health centers.

The Camillian Task Force – India is now planning for a longer term engagement with the people of Nepal through programs that will rebuild and strengthen the resilience capacity of the people onwards to their full recovery. Discussions are ongoing with the primary stakeholders of this plan, namely, affected populace, Catholic church agencies and the government agencies concerned. However, there have been recent challenges to this mission because of the new Directive that the government of Nepal issued to all humanitarian organizations. The government puts strict control of activities, relief supplies and money, and requiring everybody to seek formal agreement, and permission from them. Moreover, the government will designate a place/s (districts) where humanitarian actors can work.

(See statistics below of the CTF India Medical Camps)
ANNEXURE 1: STATISTICS OF MEDICAL CAMPS – GORKHA DISTRICT

TOTAL ROUTINE CASES

TOTAL DISASTER RELATED CASES

Overall Cases Seen

Disaster Related Cases 20%
Routine Cases 80%