



Government of Nepal






Health and Safety Emergency Guidelines



Rural Access Programme (RAP) Phase 3

November 2016

DOCUMENT CONTROL

Document revisions and authorisation	Details	Signature and Date
Version	(date) 10/11/16	
Summary of revisions made		
Revisions prepared by	Jagdish Prasad Gautam	
Revisions checked by	James Walton	
Version authorised by	Michael Green	

Acronyms and Abbreviations

DCMT	District Crisis Management Team
DFID-UK	Department for International Development
DTL	District Team Leader
EC	Emergency Coordinators
H&SG	Health and Safety Guidelines
HRIS	Human Resource Information System
FAK	First Aid Kit
PM	Programme Manager
RAP3	Rural Access Programme 3
RMO	Risk Management Office
SMT	Senior Management Team
SAT phone	Satellite Telephone
TMO	Technical Management Office

CONTENTS

DOCUMENT CONTROL.....	i
1. Introduction.....	1
2. Purpose and Scope	1
3. Role of the individual staff.....	1
4. Covering Areas	1
5. Probable Incidents and recommendations.....	1
5.1. Threats from political parties/ groups.....	1
5.2. Civil Unrest / Hostile Crowds	2
5.3. Damage or theft from office/residence.....	2
5.4. Natural Disasters.....	2
5.5. Fire	2
5.6. Travel during monsoon	3
5.7. Travel in snow/cold condition	3
5.8. Road accident.....	3
6. Emergency Coordinators – role & responsibility.....	3
7. Crisis Management.....	4
7.1. Crisis Response	4
7.2. Integration	4
7.3. H & S Briefing for Short Term Staff.....	4
7.4. Communication Equipment.....	4
7.5. Hiring Helicopter Services.....	4
7.6. Food and equipment for emergency situation	4
7.7. Technical Management Office (TMO)	5
7.8. District H&S Team	5
8. Evacuation/reallocation of Staff	5
9. Medical Emergency	5
10. First Aid Kits	6
11. Communication Channel	6
12. Emergency back-up numbers and contact.....	6

1. INTRODUCTION

Health and Safety Guidelines (H&SG) are focused on the security and management of physical assets, staff health & safety and management procedures, with a view to identifying potential hazards and threats faced by the Rural Access Programme 3 (RAP3). These differ according to the operational area.

2. PURPOSE AND SCOPE

The purpose of these guidelines is to create a framework of accountability for RAP 3, the roles of key staff with regard to safety & security, and to ensure that:

- The guidelines are implemented at all levels throughout the organisation;
- To mainstream and enable safety and security as core components of the organisation's operational and programme activities;
- To ensure the implementation of an effective evacuation plan for expats and national staff from their working stations in the event of a crisis situation.
- To help the internal Audit Team in checking Health and Safety (H&S) standards of all offices and report to Programme Manager (PM).

3. ROLE OF THE INDIVIDUAL STAFF

It is the responsibility of individual staff to take precautions and avoid possible risks. This can be achieved by assessing the situation and calculating risks. Information about places to be visited should be collected before travelling and shared with Emergency Coordinators if necessary. Staff must carry a First Aid Kit (FAK) during travel periods.

4. COVERING AREAS

The Guidelines are focused on the current RAP 3 facilities. These are currently located in Kathmandu and 15 district offices: Achham, Bajura, Dadeldhura, Dailekh, Doti, Humla, Jhapa, Jumla, Kalikot, Morang, Mugu, Parbat, Sankhuwasabha, Sindhupalchowk and Nepalgunj Regional Office.

H&SG covers 4 expatriate and 52 national staff members based in Kathmandu and 100 local national staff in field offices.

5. PROBABLE INCIDENTS AND RECOMMENDATIONS

At the preparation stage, the following major incidents are identified which are likely to occur.

5.1. THREATS FROM POLITICAL PARTIES/ GROUPS

In the case of threats or demands for donation from political parties or other groups, the District Team Leader (DTL) should follow the instructions given by PM or Senior Management Team (SMT).PM, can get advice from the Risk Management Office (RMO) and instruct to district accordingly.

5.2. CIVIL UNREST / HOSTILE CROWDS

All staff should follow the instructions given below.

- Close the office temporarily, inform the Technical Management Office (TMO), and remain indoors throughout.
- Immediately contact the DTL and coordinate with the media as well as with local security personnel.
- Share information with local staff by whatever means available, and implement safety measures in accordance the guidelines with a view to protecting life and property.

5.3. DAMAGE OR THEFT FROM OFFICE/RESIDENCE

These incidents are possible in the RAP3 offices/residences.

The following steps are recommended:

- Expat staff should receive copies of all essential documents (e.g. passport and insurance) with copies to TMO Focal Person. Originals and copies should be then placed in separate safe storage facilities.
- DTL can hire security guards, as required, subject to the approval of the Programme Manager.
- During silent hours all valuable equipment should be stored in a safe location.
- All incidents must be reported to DTL/ Emergency Coordinators by way of an Incident Investigation Report (**Annex: A**).

5.4. NATURAL DISASTERS

The effects of natural disasters such as earthquakes – the most common one in Nepal - and landslides can be minimised if alerts are received in good time.

The following steps are recommended:

- Provide awareness training to all staff through RMO about H&S.
- Contact all district based staff in the case of disaster.
- Reallocate the staff as per the level of risk, if necessary.
- DTL should inform PM of any incidents immediately.

In addition, an Earthquake Preparedness Information Pack is accessible in the Useful Document section of the Human Resource Information System (HRIS).

5.5. FIRE

Fire is a constant threat to all establishments and personnel, at working places. The correct procedures and equipment will help to mitigate against injury and reduce damage to RAP 3 property.

The following are recommended.

- The contact details of the fire brigade and hospital should be posted at prominent locations throughout all work place areas.
- Assembly points should be clearly signposted.
- Newly recruited staff should be made aware of fire and safety measures and provide H&S training.

- DTL/acting DTL or staff otherwise designated by PM at TMO should act as the Emergency Coordinators and be responsible for organising fire drills no later than every six months.
- Fire extinguishers, earthquake and smoke detector alarms should be available at all offices. Moreover, the Emergency Coordinators should ensure staff (including security guards) are trained in the use of such equipment and devices

5.6. TRAVEL DURING MONSOON

During the monsoon season, travelling throughout the country involves a higher risk of accidents. It is therefore recommended that unnecessary journeys including air flights particular in mountain routes should be avoided and that, wherever possible, all journeys should be undertaken in company with a colleague(s) by using an official vehicle.

5.7. TRAVEL IN SNOW/COLD CONDITION

The following are useful instructions in this situation.

- Carry a SAT phone.
- Travel in company of colleagues/friends who are familiar with the route.
- Make sure your destination has been informed of your expected arrival time. The Emergency Coordinators should be contacted at least 3 times per day while travelling in such conditions.

5.8. ROAD ACCIDENT

In this document only road accidents are included for staff while they are on duty. In this case, the following measures should be followed:

- Ensure that any injured staff/ people receive immediate medical treatment.
- Go directly to the nearest police station with vehicle and all personnel.
- Inform to Emergency Coordinators about the accident by providing information of injury of traveller and vehicle damage.
- Obtain a written report from police about the accident. This will help in claiming insurance.
- Driver should take 30 minutes break after driving the vehicle for 3 hours.

6. EMERGENCY COORDINATORS – ROLE & RESPONSIBILITY

In case of emergency, staff should inform their Emergency Coordinators. At district level, DTL (or acting) should take the responsibility of Emergency Coordinators in TMO, PM is overall accountable for all H&S related matters. However, PM can authorise this task to a staff who will deal with day to day activities. Refer to **Annex: B** for the list of Emergency Coordinators for districts as well as TMO. The followings are main role and responsibilities of Emergency Coordinators.

- Provide health and safety updates to all staff and demonstrate to use health & safety equipment.
- Responsible to handle, maintenance and replacement of all these fire-fighting equipment.
- Check the physical condition of these equipment on monthly basis and if required make replacement.

- Prepare a Communication Tree with all district staff and update it on regular intervals. In addition to this, Emergency Coordinators should also prepare a contact details (telephone/ mobile number, next to kin) of the staff.
- Establish and maintain FAK box at workplace. Monitor the FAK, in every month and make replacement if necessary. All the time, staff should have easy access of the box.

7. CRISIS MANAGEMENT

Emergency Coordinator(s) are the duly appointed member of staff to deal with any crisis due to incident at workplace through the following instructions

7.1. CRISIS RESPONSE

SMT helps to manage risk of staff as well as mitigate the risk for short term consultants. The situation will continually monitor for assessing risk of travel and security related matters as provided by RMO.

7.2. INTEGRATION

Integration approach is to risk avoidance which includes the development of a standardized Emergency Guidelines for all district offices. It provides proper communication channels and reporting mechanism in the incident of an emergency.

7.3. H & S BRIEFING FOR SHORT TERM STAFF

IMC short term expats who come to Nepal under a short term period will receive H&S briefing. This briefing covers emergency contact, hospital, and visiting places in Kathmandu. TMO Emergency Coordinators with the help of other project staff will organise an orientation and also provide print materials including Briefing Checklist and Safety Card.

7.4. COMMUNICATION EQUIPMENT

The guidelines are aimed at developing and maintaining effective and trustworthy communication and providing equipment that ensures key members of staff are contactable at all times through:

1. Fixed landlines.
2. Mobile phones.
3. Satellite (SAT) telephone.

7.5. HIRING HELICOPTER SERVICES

If staff need to be relocated or evacuated from the working place due to incidents of any emergency, helicopter services can be hired. PM is responsible to hire helicopter services with the assistance from RMO. At present, Air Dynasty has a contract with RMO to provide helicopter service upon a written request.

7.6. FOOD AND EQUIPMENT FOR EMERGENCY SITUATION

There should be an adequate stock of food and safety equipment to cope with the emergency situations e.g. earthquake. Detail lists of food and equipment are mentioned in **Annex: C**. Emergency Coordinators shall be responsible to monitor stock of these items as well as for replacement before the expiry date. However, district stock level of such items are determined the number of staff working in that particular district. Additionally, quantity of such food items and kits must be approved by TMO in written.

H&S Emergency Guidelines**November 2016**

In addition to this, Emergency Coordinators will monitor the expiry date of food & medicines and take initiation for the maximum utilisation prior to the expiry date. In case of expired drugs and food, proper administrative procedures should be followed to destroy such items. During this process, district team should follow the Nepal Government procedures by receiving technical assistance from the concerning district government agencies. However, a proper record should be prepared and a copy shall be send to PM.

7.7. TECHNICAL MANAGEMENT OFFICE (TMO)

TMO is overall responsible for the management of any incidents with the co-ordination of district and concerning external agencies including DFID and RMO.

The Senior Management Team (SMT) will prioritise work and allocate resources to achieve crisis management of the Incident. They are responsible for:

1. Coordination with relevant organisations/offices including Nepal Government agencies, RMO and or DFID, Nepal.
2. Preparing plans and recovery strategies based on events.
3. Liaison with IMC, UK.
4. Approval of major expenditure.
5. Maintaining liaison with staff family members (next of the kin).
6. Collating information and maintain a log of incidents.
7. Sharing/ de-brief of the response to the incident throughout the organization.

7.8. DISTRICT H&S TEAM

Emergency Coordinators who assigned for the district will take the lead role of the District H&S Team. Other members will be appointed by the DTL. District team will be responsible for collecting a variety of H&S related information at district level and refer to SMT if necessary. The specific responsibilities of the team are as follows.

1. Monitoring the threats and risks through information from various district offices, government security agencies, and RMO regional office.
2. Regular communication with TMO regarding the issues related with H&S.
3. Informing the TMO and employees about the threats and risks, and as per instruction of PM/ SMT issuing directives and guidance on office and personal security measures.
4. Protecting of assets, systems and personnel of the Programme.

8. EVACUATION/REALLOCATION OF STAFF

The evacuation/reallocation will be carried out depend on basis of current security situation and the level of disturbances/crisis. This includes threat from various groups, earthquake, flood, accident and medical emergencies. The SMT will decide about the period of evacuation/reallocation of staff which will depend on the case by case basis. SMT will monitor the situation on regular intervals and inform to district Emergency Coordinators with its recommendations.

In the case of expats, PM is responsible for the evacuation. This will be done in close consultation with IMC, RMO and DFID.

9. MEDICAL EMERGENCY

To deal with the minor health related problems, DTL should identify the nearest health institutions (e.g. health post) as well as information about the facilities available including medicines/medical kits. Such health posts should be close to working sites and easy for access. If further medical treatment is required they can be moved to the nearest hospital or health facilities. For this purpose, Emergency Coordinators can authorise to use an office/ rental vehicle/ambulance to drive to reach the health facilities. In case of referring to Kathmandu, Emergency Coordinators should request to PM for necessary arrangements including needful treatment in a well-equipped hospital.

10. FIRST AID KITS

All offices and vehicles are equipped with a first aid kit, which are to be monitored and maintained by the Emergency Coordinators on monthly basis. All drugs should be checked that they are within their “best by date”. The responsible person should ensure that equipment has not been tampered with in any way and is still suitable for the use. Emergency Coordinators should also be responsible for procurement and replacement of these items. See Guidelines for First Aid Kits in **Annex- D**.

11. COMMUNICATION CHANNEL

All districts should prepare a Communication Tree by covering staff currently working at district and share this document with TMO. In case of any emergency, Emergency Coordinators is responsible to communicate with district staff, family member of the staff (if required) as well as with TMO. Please see an example of Communication Channel in **Annex E**.

12. EMERGENCY BACK-UP NUMBERS AND CONTACT

RAP 3 has assigned a Satellite Telephone (SAT) phone to senior staff who are responsible for communication in case of any incidents or emergency situations. It is also the responsibility of the assigned staff to keep it in good working order and to communicate regularly with TMO Emergency Focal Person.

In case of any emergency, some important Kathmandu telephone numbers are listed in **Annex: F** with and useful links in **Annex G**. District Emergency Coordinators should also prepare an appropriate list with the same information for their own district and include in the District Emergency Guidelines.

Annex: A- Incident Investigation Report

Employee's Name involved in incident:		Country:	
Project:		Specific	
Team Leader:		Regional	

Incident Type:	Fatality/ major injury/ over 3 day injury/ 24 hrs. hospitalisation/ disease/ dangerous occurrence/ HSE notice, intervention etc./ other		
Date incident reported		Date of Occurrence:	

Summary of Incident:

Summary of Investigation:

Assessment of Liability:

Assessment of cost:

Investigation carried out by:		Incident closed by:	
Position:		Position:	
Signed:		Signed:	
Date:		Date:	

Please also provide a copy to DTL/ Line-manager.

Annex: B- Emergency Coordinators (ECs)

Name of the staff	Office	SAT Number	Mobile number
Michael Green (EC TMO)	Kathmandu	+8821687729653	9815084695
James Walton	Kathmandu	+8821687701669	9841306498
Arjun Poudel	Kathmandu	+8821687729681	9851042365
Dilli Sitaula	Kathmandu	8821687702337	9849403273
Mahesh Kumar Khatri	Nepalgunj	+8821687729545	9849792457
Dipak Dhakal	Dailekh	+8821687729145	9851184782
Shyam Kumar Gurung	Achham	+8821687729945	9841834903
Shankar Pokhrel	Doti	+8821687701851	9841518798
Dipendra Adhikari	Jumla	+8821687729705	9851141080
Bakhat Bahadur Shahi	Humla	+8821687729415	9851151390
Mohan Ruwali	Mugu	+8821687729295	9855080872
Bishnu Ram Bista	Kalikot	+8821687702092	9841608451
Ramesh Neupane	Bajura	+8821687729701	9851134210
Niran Sunwar	Dadeldhura	+8821687701500	9818223635
Aadit Pathak	Sankhuwasabha	+8821687701655	9841226127
Krishna Shran Dhungana	Jhapa	+8821687701858	9841799385
Harihar Bhandari	Morang	+8821687701375	9751027529
Rajendra Kumar Shrestha	Parbat	+8821687701852	9841534049
Animesh Paudel	Sindhupalchowk	+8821687701454	9849532363
Ram Prasad Neupane (H&S admin)	TMO		9851032001

Annex C: Food and Kits

Food		Kit
1	Rice	Working Gloves
2	Lentils (Daal)	Helmet
3	Water (mineral?)	Headlamp & extra batteries
4	Sugar	Minimum Frist Aid Items
5	Cooking Oil	Tin snips
6	Vegetables (Potato,	Screwdriver (Set)
7	Dry food	Adjustable wrench (Large & medium)
8	Noodles	Big knife (Khukuri with cover)
9	Beans	Flathead axe
10	Pasta	Mallet (5 Kg)
11	Cooking spices (Jira/ Dhaniya/salt, etc.)	Hammer with clove
12	Biscuits	Shovel
13	Beaten rice and snack (Chiura/Dalmot)	Pick mattock
14	Tea leaves (bags) /Coffee	Hacksaw with blades
15	Cloth soap	Hand saw
16	Canned fish	Hoe (Kodalo)
17	Disposable-Dish/Glass	Rope
18	Chlorine (water purifier)/ Pyush	Pry bar
		Thread and needle
		Blanket
		Tin Box (Container)
		Plastic Sheet (to cover the container)
		Bucket
		Tarpaulin (12x18) 150 GSM
		Plier (Plash)
		Mattress
		Luck
		Plastic Glass for drinking water
		Axe (cut for wood)
		Plastic Jug

Annex: D Guidelines for First Aid Kits on RAP3



First Aid

First aid is the assistance given to any person suffering a sudden illness or injuries with care provided to preserve life, prevent the condition from worsening, and/or promote recovery. It includes initial intervention in a serious condition prior to professional medical help being available as awaiting stretcher as well as the complete treatment of minor conditions, such as applying a plaster to a cut or wound.

The key aims of first aid (It is also known as 'the three P's):

- **Preserve life:** the overriding aim of all medical care, including first aid, is to save lives and minimize the threat of death.
- **Prevent further harm:** also sometimes called prevent the condition from worsening, or danger of further injury, this covers both external factors, such as moving a patient away from any cause of harm, and applying first aid techniques to prevent worsening of the condition, such as applying pressure to stop a bleed becoming dangerous.
- **Promote recovery:** first aid also involves trying to start the recovery process from the illness or injury, and in some cases might involve completing a treatment, such as in the case of applying a plaster to a small wound.

First aid kit:

First aid kit is a collection of supplies and equipment for use in giving first aid, and can be put together for the purpose by an individual or organization. The international standard for first aid kits is that they should be identified with the ISO graphical symbol for first aid (from ISO 7010) which is an equal white cross on a green background.

Typical contents of First Aid Kit:

- adhesive bandages, regular strength pain medication, gauze and low grade disinfectant.
- Adhesive Tape/bandages:
- Bandages: non-stick dressing gauze/Gauze roller bandages for securing dressings, not necessarily sterile/ absorbent and breathable.
- Antiseptic Fluid/Tincture Iodine: is an antiseptic in the form of liquid can be used for cleaning and disinfecting a wound for reducing the risk of infection in abrasions or around cuts/wounds.
- Soap: used with water to clean superficial wounds once bleeding is stopped
- Handy Plast: for small cuts.

How to Use a First Aid Kit

Make sure that you know how to properly use all of the items in your kit, especially the medicines if it is there. Train person should train others in the Group to use the kit. You may be the one who needs first aid. Keep the first aid materials in a protective box. Check the kit twice a month and replenish as required.

Where to keep first aid kit:

- In case of Road Building/Maintenance groups, keep first aid kit close to the work site.
- The First Aiders should keep the kit safely.

- A first aid kit for everyday use at work site.

First aid kits can be assembled in almost any type of container, the type of container will vary depending on availability at markets. It is recommended that all kits are in a clean, waterproof container to keep the contents safe. Kits should also be checked regularly by Supervision Consultant team and Social Mobiliser (SM) and report to District Technical Assistance Team (DTA) to replenished if any items are damaged or are out of date or deficit.

First Aid Training:

First aid is generally performed by the layperson, many people trained in providing basic levels of first aid, and others willing to do so from acquired knowledge. There are many situations which may require mandatory first aid training. These are usually undertaken to fulfill the demands of the work. The first aider is also likely to be trained in dealing with injuries such as cuts or injuries. They may be able to deal with the situation to maintain the condition of injured person, until the next stage of definitive care. However, to provide effective, life-saving first aid interventions requires practical training. This is especially true where it relates to potentially fatal illnesses and injuries, such as those that require

- *The training organised through District Red Cross office or Health post.*
- *Representatives of RBG/RMG/SBG/SMG must complete training course and equipped with First Aid box prior to start of works.*
- *The first aid materials in the first aid box are provided only for treatment of minor injuries held during road construction.*
- *The duration of the first aid training course is three days as prescribed by*

to minimize risk of further injury to the patient. As with any training, it is more useful if it occurs before an actual emergency. First aid training is often available through the District Red Cross and Health Posts. This training is most common and important for workers to perform first aid in their workplace.

Field level Application:

Road Building Group (RBG), Road Maintenance Group (RMG), Special Building Group (SBG) and Special Maintenance Group (SMG) have to select two persons (one female and one male) from each group for first aid training. Selected representatives will go on practical first aid training delivered through District Red Cross Society. If there is no Red Cross office in the district or no human resource, required quality training will have to be organized in coordination with Health posts. Each group shall get the "First Aid Kit" distributed prior to the start of construction works. The first aid materials are provided only for treatment of minor injuries suffered during road construction and not Medication. To do these SM should ensure the following;

- Train two persons from each groups (one female member and one male member) on first aid.
- Arrange one stretcher in each Local Road Users Committee or 12-15 groups depends upon distance.
- Arrange one "First Aid Kit" in each Group.
- Replenish the materials in first aid Kit on regular basis at least once a month during construction/maintenance period.
- Assist Groups to develop a system in order to establish a "First Aid Fund" even during the season when road construction/maintenance is stopped.
- Do not store the medicines that are taken orally or injected in the first box.
- In case of major accidents, the SM will have to make arrangements for rescue and treatment.

During the time of road construction/Maintenance, record of all accidents as well as the first aid treatment provided will have to be recorded. SM should raise awareness on the conditions of likely accidents and organise discussions on health and safety such as the use of helmets, gumboots, glasses, gloves, masks, sanitation even beyond RAP groups.

List of Medicines for First Aid Kit

SN	Item	Unit	Quantity	Remarks
1	Moov tube	No	2	Pain killer in cricks
2	Betadin Tube	No	3	For wounds
3	GV paint 30 ml	Bottle	1	For wounds
4	Tincture Iodine 50 ml	Bottle	2	For wounds
5	Spirit 100ml	Bottle	1	For cleaning
6	Bandage 4"	No	3	
7	Triangular Bandage	No	2	
8	Creep Bandage	No	2	
9	Sterile Gauge	No	5	
10	Cotton Roll 100gm	No	2	
11	Handiplast	No	25	
12	Thermometer	No	1	
13	Scissor	No	1	
14	Forceps	No	1	
15	Soap (Dettol/Savlon)	No	1	
16	Towel (small)	No	1	
17	Note-book	No	1	Record keeping
18	Ball pen	No	1	
19	First Aid Kit	No	1	

Procurement:

DTA shall be responsible to procure first aid materials either through Regional Logistic Office or their own, main responsibility lies on Office Manager. The RAP3 procurement guidelines should be followed to procure the first aid materials. During construction season check first aid kit through STS/loW and replenish materials through SMs.

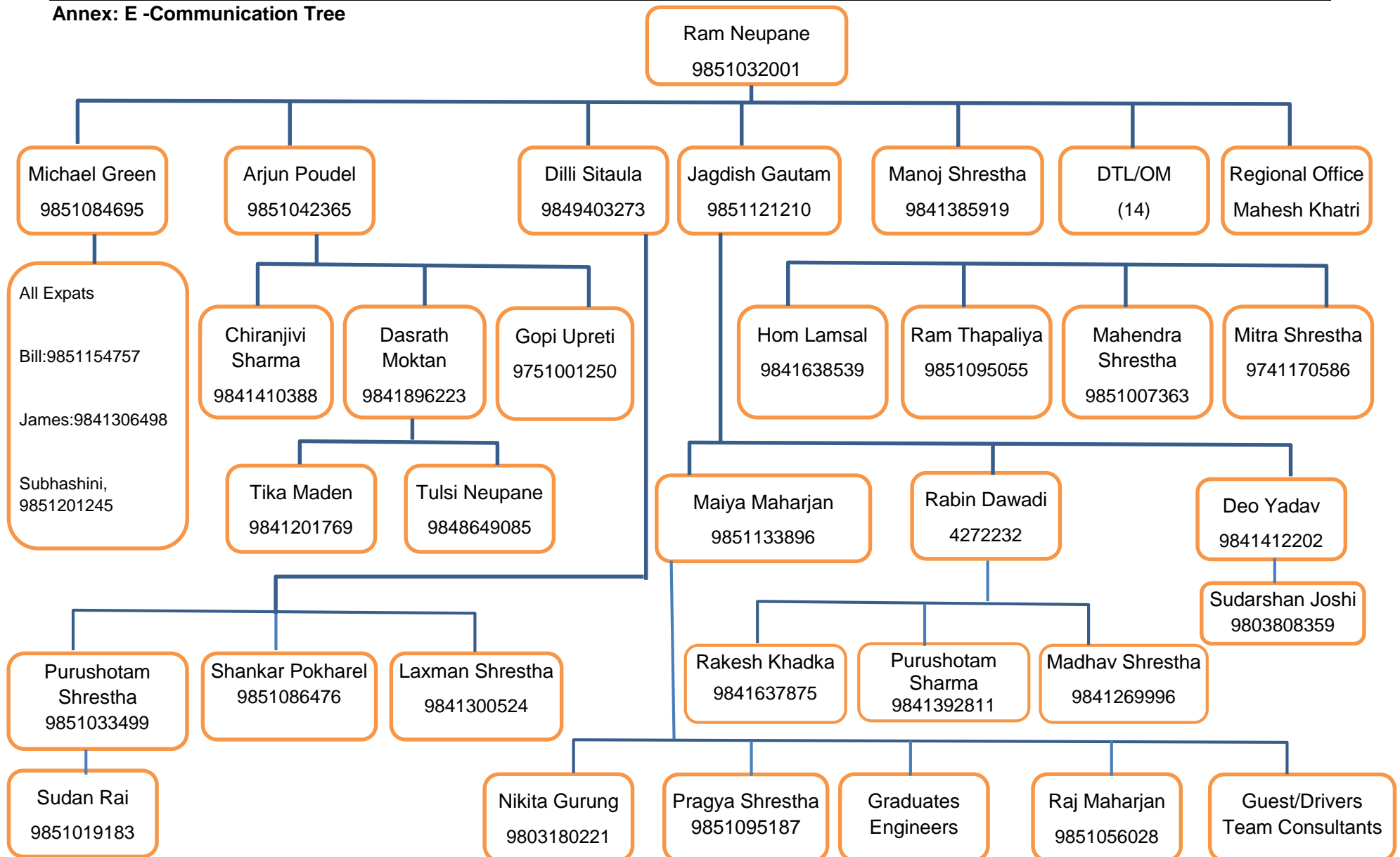
The coordination of Health Posts:

District Team Leader to assess the situation of Health Posts and their immediate requirements to support communities and RAP beneficiaries, they should come with support proposal to TMO.

H&S Emergency Guidelines

November 2016`

Annex: E -Communication Tree



Annex: F Emergency Contact- Kathmandu

Service/Office	Telephone Number
Lalitpur Red Cross Ambulance Service	5545666/ 422094
Fire Brigade	101
Police Control	100
Police Emergency Number	4228435/4226853
Metropolitan Police Range (Kathmandu)	4261945/ 4261790
Metropolitan Police Range (Lalitpur)	5521207
Metropolitan Police Range (Bhaktapur)	6614821
Paropakar Ambulance Service	4260859
CIWEC Clinic	442411/4435232
B&B Hospital	5533206
TU Teaching Hospital	4412404/4412505
Patan Hospital	5522278/5522266
Norvic Hospital	4258554
Alka Hospital	5555555
Blood Transmission Service	4229344, 4225344
Risk Management Office (RMO) GIZ/DFID	5000088

Annex: G Useful links

Name of the organisation	Website /email	Telephone number
Risk Management Office	rmo@rmo.org.np	015000088
Department For International Development (DFID)	https://www.gov.uk/government/world/organisations/dfid-nepal	015542980
British Embassy	www.gov.uk/government/world/organisations/british-embassy-kathmandu	014237100
USA Embassy	https://nepal.usembassy.gov	014234000/ 014234500
France Embassy	www.ambafrance-np.org/-/English	014412332/ 01442 2774
German Embassy	http://www.kathmandu.diplo.de	014217200
The Netherlands Consulate	www.netherlandsconsulate.org.np	015523444
Ministry of Foreign Affairs	https://www.mofa.gov.np	014200182/ 1660-01-00186
Ministry of Home Affairs	https://www.moha.gov.np	01 4211208
National Seismological Centre	http://www.seismonepal.gov.np	014410141