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कर्णाली प्रदेश सरकार  
सामाजिक विकास मन्त्रालय  
**स्वास्थ्य सेवा निर्देशनालय**  
कर्णाली प्रदेश, सुर्खेत

SitRep.

#28

Date: 2080/08/13

29 November 2023

4:30 PM

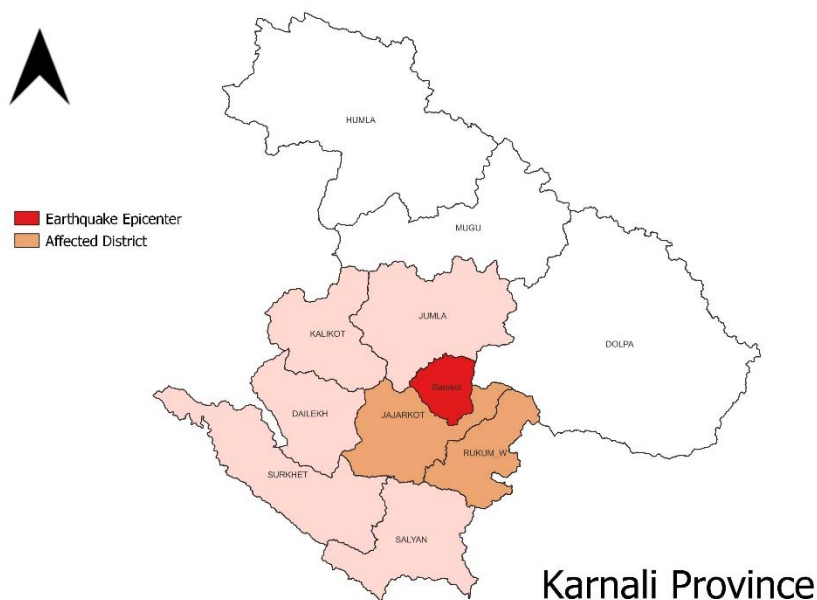
## TIME DISTRIBUTION (समय विवरण)

### Situation Overview

On the night of November 3, 2023, a 6.4 magnitude earthquake struck the Karnali Province of Jajarkot and Rukum West district, with its epicenter located in Ramidanda, Jajarkot district, at 11:47 pm. Following the initial earthquake, numerous aftershocks occurred, causing fear among the local population. The ongoing aftershocks have compelled residents to evacuate their homes and seek to stay in open areas. A total of 18 local governments are affected where Jajarkot and Rukum West are severely affected in terms of human casualties, and damage to houses in Karnali Province.



Displaced population of Nalgad ward 1, Jajarkot



	154
Total Death	
	934
Total Injured	
	96
Total Rescued	
	4
Under Treatment	

District-wise Details of casualties										
District	Number of Deaths						Total		Total Injured	Rescue/Refer
	Under 5		Under 18		Above 18					
	Female	Male	Female	Male	Female	Male	Female	Male		
Jajarkot	7	9	17	18	30	20	54	47	677	58
Rukum West	4	7	11	8	12	11	27	26	257	38
Grand Total	11	16	28	26	42	31	81	73	934	96

Status of Damaged Health facilities and HH			
District	Damage Health Facility	HH Status	
		Fully Damaged	Partially Damaged
Jajarkot	40	9,794	24,707
Rukum West	31	9,468	13,428
Salyan	6	151	988
Surkhet	0	4	32
Dailekh	0	1	5
Kalikot	0	0	93
Jumla	0	5	116
Grand Total	77	19,423	39,369

Number of Patients Under Treatment	
Bheri Hospital	Province Hospital Surkhet
3	1

Needs	
1	Continue monitoring and follow-up regarding regular essential health services.
2	Targeted IEC materials for health awareness.
3	Strengthening the WASH cluster in the earthquake affected area for hygiene promotion and mitigate the water borne disease.



Syndromic disease surveillance at Barekot Municipality, Jajarkot



Public health intervention at Jajarkot district

## Major Response Activities:

- Activation of Provincial Incident Command System on 2080-7-18 (6:00 AM) A one-door policy was applied
- Implementation of the Provincial Multi Hazard Contingency Plan.
- Health and nutrition cluster meetings are conducted. A total of 23 cluster meeting has been conducted to date.
- Conduction of Health Cluster Coordination Meeting on Jajarkot EQ update with MoHP, EDCD, FWD, Curative Division, and other stakeholders.
- 7 teams were formed and deployed to 7 affected Palikas, consisting of staff from PHSD and external development partners for situation assessment, health promotion, and preventive activities, providing psychosocial counseling, and identifying gaps and challenges.
- A total 25 EMT teams has been deployed to Jajarkot and Rukum West, from district, provincial and central level.
- Meeting with the WASH cluster and the decision made to speed up water quality testing and setting up of temporary latrines/construction of toilets and distribution of health kits.
- Ongoing relief, medical management, and WASH-related activities in the affected areas by external development partners.
- A radio jingle message on mental health, hand hygiene, sanitation, diarrhea prevention, water purification, child protection, gender-based violence, possible accident, and injuries due to damaged infrastructures has been ongoing to raise post-disaster awareness for the Jajarkot and Rukum West earthquake.
- A representative from PHSD and PHLMC visited Jajarkot and Rukum West and had a coordination meeting with the Health Service Manager of Jajarkot and Rukum West districts regarding strengthening Active Syndromic Surveillance at the local levels and establishing two ways of communication between the local and the district level, and need assessment for health logistic including the medicine carried out.
- The team from WHO has been deployed to local level of Kushe, Nalgad, Bheri, Barekot, Junichade, Chhedagad, Shiwalaya of Jajarkot district and Aathbiskot, Chaurjahari, Sanibheri of Rukum West district to support HSD, and health coordinators of local level for active syndromic surveillance.
- RRT formation and activation at local level in Jajarkot and Rukum West districts.
- Vitamin A and deworming to under 5 children is ongoing to those who were missed during the campaign and malnutrition assessment is continuing.



*Syndromic disease surveillance at Barekot Municipality, Jajarkot*



*Coordination with local community*



Sub-Cluster	Key Priorities Areas
Reproductive Health	<ul style="list-style-type: none"> <li>▪ Need assessment and ensure access and quality of essential and emergency obstetric services.</li> <li>▪ Reinforce existing functional and temporary setup birthing centers to provide skilled birth attendants and essential obstetric care to regularize ANC to PNC Care.</li> <li>▪ Heating system and proper water supply and drainage system for temperature and hygiene maintenance.</li> <li>▪ Set up temporary toilets near the temporary BC.</li> <li>▪ Ensure the availability of FP commodities and services to prevent unintended pregnancies (Through cap)</li> <li>▪ Provide IEC materials on family planning to help individuals make informed choices about their reproductive health.</li> <li>▪ Assign the dedicated staff to the affected areas to strengthen the ANC to PNC care.</li> </ul>
Child Health and Nutrition Support	<ul style="list-style-type: none"> <li>▪ Continuity of routine immunization services.</li> <li>▪ Assessment of the U5 children missed during second national Vitamin A and Albendazole campaign (Kartik 17, 2080).</li> <li>▪ WASH awareness and hygiene kit distribution to the families having U5 children.</li> <li>▪ Nutrition assessment among pregnant and lactating women, U5 children as well newborns.</li> <li>▪ Provide access to prenatal vitamins and supplements, especially in populations where malnutrition is a concern.</li> </ul>
Mental Health and NCD	<ul style="list-style-type: none"> <li>▪ Offer individual and group counseling sessions to address the emotional stress and anxiety that dependent population may experience during and after the earthquake.</li> <li>▪ Maintain confidentiality for women to express their concerns and fears related to pregnancy, childbirth, and caring for a newborn.</li> <li>▪ Mapping the status of trained psychosocial counselor and establish health desk for psychosocial counseling through coordination with LLGs, HSO and HFs.</li> <li>▪ Ensure the status of medical adherence for NCDs.</li> </ul>
Disease Surveillance and Control	<ul style="list-style-type: none"> <li>▪ Print and distribution of IEC materials for all prevalent diseases.</li> <li>▪ HR mobilization for regular disease surveillance and uninterrupted service delivery.</li> </ul>
Rehabilitation	<ul style="list-style-type: none"> <li>▪ Need assessment of disabled population and supply of required health commodities and assistive devices.</li> <li>▪ To conduct rehabilitation camps with assistive devices at most affected areas</li> </ul>



Surveillance Officer promoting the RCCE activities for water purification and hygiene promotion at Kushe RM



Briefing on nutrition flip chart to FCHV