



2023

Inclusive Rapid Need Assessment Report: Jajarkot and West -Rukum Earthquake



MEAL Unit

Handicap International

11/20/2023



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Acknowledgement

On behalf of the Handicap International (HI), I would like to thank all the team members who were involved for data collection for this Inclusive Rapid Need Assessment. Thanks goes to Lutheran World Federation's local partner- Rastriya Mukta Haliya Samaj Mahasangh, Jajarkot (SMHS) team, who covered Barekot, Kuse and Chedagad municipalities. HI MEAL, technical team and partner- Panchtara Yuwa Samrakshak Manch (PTYSM) Jajarkot who contributed in data collection from Bheri and Nalagad municipalities of Jajarkot and Rukum West.

I would like to express my gratitude to the Karnali Provincial Health Service Directorate and sincere thanks to Epidemiology and Disease Control Division (EDCD)/ Leprosy Control and Disability Management Section (LCDMS).

At last, I would like to thank all participants of KIIs, FGDs, NGOs representatives, who contributed by providing information to the assessment team, without their support this report would not have been completed.

.....

Pauline Nadim Ducos

Regional Programme Director
Handicap International



Summary

Report

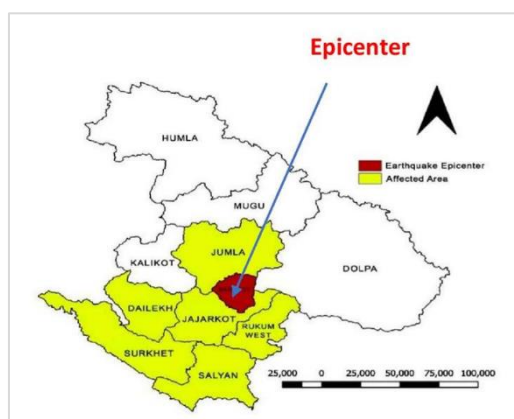
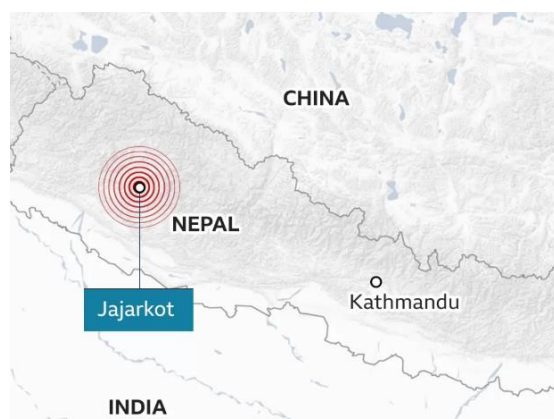
Inclusive Rapid Need Assessment: Jajarkot and West -Rukum Earthquake Response

Introduction to the Assessment

On November 3, 2023, at 11:47 p.m., a 6.4 magnitude earthquake occurred in Jajarkot District in western Nepal with its epicenter at Barekot rural municipality, followed by a 5.8 magnitude aftershock on November 6¹. A total of 153 casualties have been confirmed, with 17,824 households in the two districts fully destroyed. Apart from Jajarkot and Rukum West Districts, other areas such as Rukum East, Salyan, Rolpa, Nawalparasi East, Dailekh, Dang, Baitadi, Jumla, Kalikot, Pyuthan, and Achham have also faced varying degrees of disturbance.



Figure: Major highlights- IRA Report (updated on 10th Nov 2023)



Map: Earthquake affected districts in Karnali Province (Yellow highlighted)

For the immediate need assessment, National Disaster Risk Reduction and Management Authority (NDRRMA) of the Government of Nepal conducted an Initial Rapid Assessment (IRA). While the IRA evaluated the overall condition of the affected population, damages to houses and buildings, transportation, communication, health services, storage of agricultural products, and general immediate requirements, it did not concentrate extensively on the profound impacts of the earthquake in certain key areas such as identifying the most vulnerable population, devising strategies for providing rehabilitation services to those in need within the post-disaster context, addressing the necessity for inclusive humanitarian assistance, and other significant aspects of mental health and psychosocial support (MHPSS)

¹ Government of Nepal, National Earthquake Monitoring and Research Centre (accessed on Nov 10, 2023)

needs. Considering these circumstances Handicap International (HI), in collaboration with Lutheran World Federation (LWF), promptly conducted an inclusive Rapid Need Assessment (IRNA) from 8-10 November 2023 focusing on six thematic areas to evaluate the status and requirements.

Methodology

Both quantitative and qualitative approaches were applied as the assessment methodology using secondary quantitative information from IRA reports of each municipality and situation updated from province and local governments and primary qualitative information through focus group discussions, key informant interviews, NGO interviews, and direct observation mainly covering six thematic areas: health and rehabilitation, MHPSS, nutrition, food security and livelihoods, protection and inclusive humanitarian action (IHA) and basic needs.

This assessment covered the five mostly affected municipalities of Jajarkot namely Bheri, Nalagad, Chedagad, Kushe and Barekot. The assessment team assessed the effect and needs in these five municipalities using a standard Inclusive Rapid Multi-Sector Need Assessment (IRMSA) tool developed by HI. The team performed an assessment through:

- Step 1: Studied secondary data (IRA – supported by Nepal Red Cross Society) to understand the general context, identify missing information and team deployment for the primary data collection mission and confirm the priority information to collect.
- Step 2: Conducted a primary data collection to precise the most affected areas and identify immediate and specific needs of the earthquake affected population and gaps to address. For this, a total of 9 KIIs with key district and municipal authorities, 5 FGDs with earthquake affected community people, 4 NGO personnel interview and direct observations were made.
- Step 3: Direct Observation of the earthquake affected sites (Visits of infrastructures / markets, community settings, etc.)
- Step 4: Collected secondary information from government authorized sources to complement the data from primary sources
- Step 5: Generated summary need assessment report and guide SMT for decision making for emergency response



Key Findings

1. Nalagad Municipality, Jajarkot

1.1 Population Affected:

Ward number	Affected population	Deaths	Injured	Affected risk population						
				U5 children	Pregnant	Lactating	Senior citizen	People with chronic illness	Person with disabilities	Total
1	3127	25	19	348	38	108	96	119	62	771
2	1666	0	8	105	25	27	120	8	16	301
3	2484	5	11	459	38	27	215	17	47	535
4	1793	1	3	220	14	26	115	0	0	423
5	3165	10	22	202	40	28	200	0	0	292
6	2086	5	9	250	60	46	150	7	18	506
7	2560	6	14	277	19	14	99	30	38	409
8	3776	1	0	194	13	26	93	16	23	385
9	2741	0	0	266	25	10	108	20	11	0
10	2065	0	0	70	13	25	70	15	11	146
11	1128	0	0	195	15	13	109	0	0	0
12	1231	1	0	379	25	14	0	0	19	169
13	1387	0	0	68	6	10	108	2	5	7

Source: Health Service Directorate, Karnali Province (Updated on Nov 8, 2023)

1.2 Health and Rehabilitation

- Most of the injured patients in need of specialized services are referred to the Surkhet Provincial Hospital and Bheri Hospital in Banke.
- The most frequently reported health issues since the occurrence of the disaster, as reported by the hospitals, include soft tissue injuries, different types of fractures and dislocations, almost 50% cases, which may lead to disabilities if the patients don't receive appropriate care / physical rehabilitation services; severe head injuries, spinal injuries, which needs long term rehabilitation services and follow ups; psychological trauma, stress reactions, requiring MHPSS support. Other minor cases reported include cut injuries, and body pain. From the secondary data of Surkhet Provincial Hospital on provisional diagnosis of 42 injured persons, more than 50% need short and long-term physical rehabilitation services up to three to six months.
- Out of 17 health facilities in Nalagad, six health facilities have been affected, as evident from the partial damage to the institutional building of Kaina HP, the non-functional emergency block of Nagar Hospital, the damaged birthing center of Aanapaani Basic Health Service Centre (BHSC), and minor cracks in the buildings of other health facilities. The capacity of health facilities to deliver basic health services has been affected, and service delivery is disorganized. Nevertheless, health facilities are providing routine services through alternative provisions (e.g., use of tents and other temporary structures) even from partially damaged health facilities.
- There were no rehabilitation services available before the earthquake in Nalagad municipality. With this earthquake, the number of people needing rehabilitation services is projected to increase once the injured persons return to the community from the referred sites.
- In Nalagad, specifically in rural communities, there is limited awareness and a felt need among people requiring rehabilitation services. Community-based interventions to generate demand for rehabilitation services, strengthen the referral mechanism, and increase access to services are priorities for the days to



come. As part of this effort, Nagar Hospital in Nalagad has initiated the process to deliver rehabilitation services with the support of Handicap International. Specific support provided by HI included the supply of assistive devices and hands-on support in the treatment of patients. A key informant from Nagar Hospital also emphasized the need to establish a physiotherapy unit in the hospital to address the needs of injured patients undergoing treatment in various hospitals when they return home.

- Individuals facing chronic conditions, persons with disabilities, children, pregnant and lactating women, and other vulnerable populations in Nalagad are susceptible to disadvantages in accessing quality basic health services in coming days. They necessitate special attention in the recovery plan.
- The key informants emphasized the necessity of interventions to prevent the outbreak of diarrhea, respiratory problems, and vector-borne diseases. Health facilities need to be prepared to respond to the increased patient flow in the affected areas, including the management of drugs and supplies, as well as providing additional space for those requiring immediate treatment.
- Municipality, jointly with province government and support partners, need to develop a comprehensive plan of activities for the regularization of health services delivery, including psychosocial counseling and rehabilitation services for those in need, as well as the repair and reconstruction of damaged health facilities with an objective of making the sector better prepared for disaster response.

"Both diarrhea and acute respiratory infection (ARI) cases begin to increase in the hospital. Since there are no temporary toilets available in the affected community, there is a high chance of a disease outbreak. We need to be better prepared for it." - Medical Officer, Nalagad Basic Hospital

1.3 Mental Health and Psychosocial Support (MHPSS)

- Overall, no MHPSS services are functional in Nalagad in the post-earthquake context, as most of the services are focused on meeting immediate needs, preferably food items, clothes, and managing temporary shelters.
- Although key informants felt the immediate need for psychosocial counseling, no specific services and dedicated staff are available from both public and private sectors as of Nov 8, 2023
- The provision of psychosocial support to the community, focusing mostly on the affected area, is to be prioritized, as many people are afraid of recalling memories as well as the occurrence of aftershocks.

1.4 Nutrition, Food Security and Livelihoods

- Most citizens of Nalagad are farmers or daily laborers and have lost their food stocks, agricultural tools, and seed stocks due to the damage to their houses. Even before the earthquake, Nalagad was considered food insecure, and the impact is expected to increase significantly as shared by key informants. With all the food stocks trapped under the collapsed houses, food consumption practices have worsened. Although the local government has been distributing rice and other food products for a month, there is a chance of a general food emergency as the distributed foods will run out in less than a week or a month.
- As of now, there is no firsthand evidence of the earthquake's effect on the nutritional status of the affected population. However, there is a projection of increased nutritional problems due to underlying factors such as food insecurity, poor hygiene and sanitation, and an increasing risk of disease outbreak.
- There is a need for supplementary food assistance in conjunction with routine food and nutrition services, homestead food production, nutrition education, and the management of malnutrition cases, among other services.
- Many toilets at the household level are either fully or partially damaged, and there is a limited availability of temporary toilets. Initial estimates by local stakeholders indicate the need for support to fulfill their



requirements for proper water, hygiene, and sanitation practices. Consequently, poor hygiene and sanitation practices are expected to negatively impact the nutritional status.

- In the nutrition sector, there is no separate mechanism for operating nutrition interventions. Health facilities are responsible for nutrition-specific interventions, while agriculture and livestock sites are designated for nutrition-sensitive interventions. In the post-disaster context as well, there is no dedicated nutrition unit available; instead, basic health facilities provide routine nutrition-specific interventions.

1.5 Protection

- Based on established evidence and past experience (during 2015 Nepal Earthquake), the risk of protection incidents increases with the occurrence of a natural disaster, such as an earthquake, disrupting habits and collective living spaces. This poses a risk of exacerbating the needs of vulnerable groups, including children, women, the elderly, and marginalized people. Nevertheless, up until November 8, 2023, no incidents of violence or abuse have been reported or heard at the municipal level. The combined effects of poor living conditions, loss of income, and psychological impact are expected to compel affected families and individuals to adopt destructive social behaviors such as early marriage, child labor, gender-based violence, and abuse and exploitation.

1.6 Inclusive Humanitarian Action (Equal Access, Accessibility and Non-discrimination)

- Although the municipality is receiving relief items from multiple sources, the distribution process is a bit slower. Voices expressing concerns about the unequal distribution of relief items are clearly audible from community members, local media, and those involved in the distribution process. Relief items are stocked in the municipal surroundings, but no adequate distribution plan is being followed, resulting in inequality in access to basic needs. The most vulnerable and marginalized earthquake affected HHs still facing barrier for equal access to the relief materials distribution.
- The most vulnerable individuals/groups after a disaster are persons with disabilities, pregnant women, postpartum women and neonates, children, and elderly people. The main risks faced by these individuals include limited access to the information about relief materials distribution services and not receiving distributed relief items. In addition to facing difficulties in even securing daily meals, this group of people remains the most vulnerable in the community as their voices are not reachable to the concerned authorities. For instance, pregnant and lactating women, during the focused group discussion at Nalagad, responded that they had not received any food items, excluding one packet of rice, until November 8. Furthermore, despite being vulnerable, they have not received any nutritional supplementation and warm clothes.
- To illustrate a real scenario from the community (Ward number 7, Nalagad), assessment team found a 17-year-old female, who has a physical disability and possesses a red disability card. However, she has not received any allowances from the government due to the lack of citizenship. Although she has a birth certificate, she has not obtained citizenship yet. She is currently residing with her grandmother as her parents are not with her. Unfortunately, she lacks any assistive devices for mobility. In the post-earthquake context, she is living in a temporary shelter covered by a damaged tarpaulin. In this regard, urgent support is needed from the government or any organizations to facilitate the acquisition of citizenship and address her rehabilitation needs as well as basic need for her survival.



1.7 Basic Needs

Most of the houses made up of mud and stone are severely damaged or completely destroyed. The priority needs identified by the stakeholders and community, are temporary shelter, clothes, food and sanitation support, which is impacting children and women in the affected communities for safe shelter and WASH facilities even more.

2. Bheri Municipality, Jajarkot

2.1 Population Affected

Ward number	Affected population	Deaths	Injured	Affected population (by risk group)						
				U5 children	Pregnant	Lactating	Senior citizen	People with chronic illness	Person with disabilities	Total
1	3932	31	410	405	97	62	134	72	30	800
2	4843	2	0	511	102	22	392	241	67	1335
3	2916	9	139	304	71	13	75	105	12	580
4	3297	0	2	384	68	30	210	12	8	712
5	2500	0	0	309	95	19	105	113	18	659
6	3007	0	0	320	39	17	230	38	17	661
7	4038	0	0	375	25	10	250	150	180	990
8	2385	0	2	250	36	46	180	167	15	694
9	2179	0	2	234	17	7	321	32	23	634
10	2270	0	0	234	58	16	180	18	8	514
11	3487	0	0	372	30	25	288	25	20	760
12	2417	0	0	249	19	10	300	25	2	605
13	1801	0	0	168	17	5	171	67	8	436
Total	39,072	42	555	4115	674	282	2836	1065	408	9380

Source: Bheri Municipality (as of Nov 8, 2023)

2.2 Health and Rehabilitation

- The number of reported deaths stands at 42 and more than 500 people are injured due to earthquake in Bheri. The most common health issues reported after the earthquake include psychological trauma, required MHPSS, injuries (soft tissue injuries, fractures, dislocations and bleeding), severe/moderate head injuries, body pain, required immediate care/ physical rehabilitation services.
- The buildings of four basic health facilities (3 Health Posts, 1 Basic Health Service Centre) have been partially damaged and the old resident building of the district hospital is fully damaged. Although all the basic health facilities are providing services, there is a concern about the quality of health services, as some of them are operating from temporary locations.
- The most common problems reported regarding health care access and availability are services from disorganized settings, privacy concerns, limited availability of essential medicines, unavailability of safe drinking water, sanitation facilities, and logistical constraints.
- There are no physical rehabilitation services available except at Jajarkot district hospital. Basic health facilities under the Bheri municipalities do not have physical rehabilitation facilities till the date of IRNA. In the medium term, there is a need to increase the role of basic health facilities in managing physical rehabilitation services, including the strengthening of referral mechanisms.
- People are unaware of physical rehabilitation services. There is a need to link this service from the community to health facilities with an adequate referral mechanism during the post-earthquake situation.



- When the injured people return to the community in the near future, there will be an increased need for physical rehabilitation services. So, separate community-based screening is needed to identify the health and rehabilitation need of people in highly affected area as expressed by key informants.

2.3 Mental Health and Psychosocial Support (MHPSS)

- Psychosocial counseling is an immediate need as most of the people feel trauma even by hearing about the earthquake. However, the government prioritizes this much lesser than other basic needs such as food, clothing, and temporary shelter.
- In the pre-earthquake situation, Center for Mental Health and counselling- Nepal (CMC Nepal) and Transcultural Psychosocial Organization (TPO) Nepal were providing support in the MHPSS area. But in the post-earthquake context, these services are not functional. They are expected to collaborate with the municipality for the resumption of these services.
- In the health facilities managed by local authorities, there is no dedicated staff for mental health and psychosocial support. However, symptomatic diagnosis, counseling, and referral services are available to some extent. The current priority is to temporarily deploy counselors to ensure counseling and proper referral to higher medical centers.

2.4 Protection

- Till the assessment date, there have been no issues regarding violence or abuse. However, there is a conflict among the victims regarding the distribution of relief items. To address such protection concerns, such as the issue of abuse and exploitation, a mediation center exists at the ward level to provide assistance in the initial stages. If the matter remains unresolved at the ward level, a judicial committee at the municipal level is available to resolve such cases. From a health perspective, there is a Hospital-Based One-stop Crisis Management Center (OCMC) at Jajarkot Hospital to manage health-related issues and provide related assistance. But community people are less aware about the availability of such mechanisms and hence service utilization is poor. In this post-disaster context, creating awareness and linking people with such services are among the immediate needs.

2.5 Nutrition, Food Security and Livelihoods

- The people facing the biggest risk of not having enough food service are children, the elderly, women, persons with disabilities, and pregnant and lactating mothers.
- Food crop production and sales were the most common sources of income for those people before the earthquake. After the earthquake, the crops have been destroyed both in the household stock and in the field.
- The main strategies adopted for the need are some receive support from the government, NGOs, or INGOs; some use their own savings; some have loans, and some people sell livestock.
- There is high inflation on basic need items in the market due to high demand and low stock.
- The following problems are the most reported regarding food access: lack of income, money, and resources to purchase food; food available is not adapted to the needs of some family members, and there are physical constraints to accessing markets (damaged roads, too far, not accessible for persons with disabilities).
- The main livelihood and income sources in the affected areas before the earthquake were food crop production and sales, livestock production/sales, casual/wage labor, and remittances.



- The immediate need is to develop a plan to mitigate food insecurity issues. This can be achieved through promoting food supplemental programs, encouraging homestead food production, and engaging the affected population in income generation.

2.6 Inclusive Humanitarian Action (Equal Access, Accessibility and Non-discrimination)

- Difficulties exist in reaching the rural parts of the geographical area, even more challenging for persons with disabilities, senior citizen, pregnant/ lactating mother living in remote area to receive relief materials distributed. Only communities around the municipal office and hospital receive facilities for shelter, food, and safe drinking water. The Local Disaster Management Committee is in place to manage resources and ensure that all receive relief materials equally, but in practice, equality is not maintained as perceived by community members and stakeholders, resulting most vulnerable and affected families left out from receiving the distributed relief materials.
- Voices can be heard expressing concerns about the distribution of relief items being influenced by political affiliation and nepotism in certain locations.
- The most vulnerable groups affected by this disaster are pregnant and lactating women, persons with disabilities, the elderly, and children. The main risks for these people are access to services and not receiving relief items. This group of people are the most vulnerable in the community who are having difficulty even to get food in their daily life. In Bheri, a 60-year-old female with a physical disability sharing her experience during an FGD said that her assistive device and clothes got trapped in the damaged house. As a result, she had difficulty with mobility during the earthquake and aftershocks. She is still struggling to have a quality life due to the unavailability of assistive devices and lack of basic needs, as her voices were not directly reachable to the concerned authorities.

2.7 Basic Needs

- The priorities expressed by the population are shelter, food, toilets, psychosocial counseling, sanitation, water hygiene, health facilities, hygiene kits, and rehabilitation.
- Nutritional needs for mothers and children under 1000 days are essential.

"We realized that, although some organizations have allocated funds for emergency and humanitarian assistance, as learned from the COVID-19 response, local non-governmental organizations like us should also create an emergency response fund and work jointly during the emergency period"- President, Panchtara Yuwa Samrshak Manch (PTYSM) Jajarkot." - Medical Officer, Nalagad Basic Hospital

3. Kuse, Barekot and Chedagad Municipalities: Jajarkot

3.1 Population Affected:

- These three municipalities are the least affected compared to Bheri and Nalagad. In total, 8 deaths occurred due to the earthquake (Kuse-7, Chedagad-1). Thirteen people were injured, with 9 from Barekot and 5 from Kushe. Out of the injured, 10 people were referred to higher medical facilities.



3.2 Health and Rehabilitation

- Five out of 10 health facilities in Barekot, all four health facilities in Kuse, and two out of 16 health facilities are damaged.
- In terms of healthcare access and availability, the basic health service delivery system is operational in all health facilities, even in those that have been damaged, through the arrangement of temporary structures. However, service availability is limited, with challenges such as distance, logistic and physical constraints, especially for persons with disabilities and senior citizens. There is a shortage of medical staff, even in district-based hospitals, unavailability of essential medicines as listed by the Nepal government, inadequate sanitation, and poor infrastructure in health facilities.
- Physical rehabilitation services are not available in basic hospitals or health facilities. To access the services, patients must visit district-based hospitals or other higher-level hospitals in Surkhet, Rukum, or Nepalgunj. The distance from Nalagad to the district-based hospital is 66 kilometers, while the distance from the district headquarters (Bheri municipality) to other hospitals in Banke is 189 km to 204 km.
- There is limited awareness among the people about the need for rehabilitation services. In the post-earthquake context, it is difficult to estimate the additional need of rehabilitation as most of the injured people are receiving treatment in hospitals outside the district.

3.3 Mental Health and Psychosocial Support (MHPSS)

- No specific mental health and psychosocial services are available for the earthquake-affected population, as many people are currently struggling with basic needs such as food, clothing, and shelter.

3.4 Nutrition, Food Security and Livelihoods

- Overall, key informants expressed that a significant proportion of households are unable to meet their short-term food consumption needs. In Kuse, for instance, almost 80% of households are struggling to satisfy their immediate need for food items. The rates of both severe and moderate malnutrition are also high in the municipalities of Jajarkot.
- In the medium and long term, there is a high probability of food insecurity due to loss of stored food items, limited fertile land, and a high number of dependent populations.

3.5 Protection

- No incidents of violence and abuse were reported in all three municipalities. However, there is a chance of violence, abuse, exploitation, and neglect due to the unavailability of safe spaces, protective prevention mechanisms, and struggles towards fulfilling basic needs as a result of the earthquake.

3.6 Inclusive Humanitarian Action (Equal Access, Accessibility and Non-discrimination)

- Type of assistance seems inappropriate and ill-suited to the entire community's needs (including women and children, adolescents, people with and without disabilities) included: shelter assistance, hygiene and sanitation service provision and food and livelihood interventions. According to the reported data, approximately 17,824 households have been completely destroyed. As a result, people are struggling to meet their shelter needs, especially with the winter season approaching, winterization kit support is an urgent need. Since all the food items stored in their homes are inaccessible, they are now fully dependent



on relief assistance for food, there is a barrier for equal access to the distributed relief materials among the affected communities.

- The government has adopted one-door mechanism to assess the needs and distribute relief materials in affected households, in collaboration with district-based offices and local levels. Till Nov 8 2023, numerous affected households in remote areas are still awaiting the receipt of emergency relief items. Those who have received aid find it insufficient, especially given the approaching winter season and the challenges posed by remote locations, particularly in Kuse and Chedagad municipalities.



Summary of Response Needs: Recommendations

Theme	Recommended Response Needs
Health and rehabilitation	<p>To Government Authorities:</p> <ul style="list-style-type: none"> Interventions are needed to prevent the outbreak of diarrhea, respiratory problems, and vector-borne diseases at both the community and health facility levels. Develop a comprehensive plan of activities to regularize health services delivery, including psychosocial counseling and physical rehabilitation services for those in need, with a focus on women, children, the disabled, and adolescents. <p>To Development partners and Government Authorities</p> <ul style="list-style-type: none"> Conduct separate community-based screening to identify the health and rehabilitation needs of people in highly affected areas, and provide services and assistive devices to those who lack them. Adequate stock-piling of assistive devices in Jajarkot hospital, Mission hospital Rukum, and Nalagad hospital to fulfill the emerging needs of physical rehabilitation services. Initiate physical rehabilitation services (physiotherapy unit) of Nagar Hospital in Nalagad, strengthen services in Jajarkot hospital and Mission hospital, as these hospitals will be catering the physical rehabilitation services to the most earthquake affected areas. Specific Support required to strengthen the physical rehabilitation included: HR support, space set up, and equipment support. As awareness and the perceived need for rehabilitation services are lacking, there is a need to generate demand from the community, strengthen basic rehabilitation services in basic health facilities, and improve referral mechanisms
Mental Health and Psychosocial Support	<p>To Development partners and Government Authorities</p> <ul style="list-style-type: none"> Although less prioritized immediately after the earthquake by government, psychosocial counseling is an urgent need, as a significant number of people are experiencing trauma merely at the mention of the earthquake. Temporarily deploy counselors and mental health service providers to the affected area and ensure counseling, as well as proper referrals to higher medical centers.
Nutrition, Food security and livelihoods	<p>To Development partners and Government Authorities</p> <ul style="list-style-type: none"> There is a projected increase in nutritional problems due to factors such as food insecurity, poor water and sanitation, and an increased disease burden. To address this, priorities should include supplementary food assistance, Homestead food production, promotion of infant and young child feeding practices, nutrition education, and the identification and management of malnutrition cases.
Protection	<p>To Development partners and Government Authorities</p> <ul style="list-style-type: none"> Remain prepared to prevent possible destructive social behaviors, including violence, child labor, and concerns related to abuse and exploitation. Ensure that the protection mechanisms are appropriately designed and adapted to the entire community's needs, including women, children, senior citizens, marginalized, people with and without disabilities. Raise awareness among the affected population regarding existing protection and legal mechanisms.



Theme	Recommended Response Needs
Inclusive Humanitarian Action	<p>To Development partners and Government Authorities</p> <ul style="list-style-type: none"> Identify/map these extremely vulnerable populations and prioritize them in ongoing response and identify the barriers and the initiatives already existing in the community or which may emerge following the return of the injured to the villages, and to build on them Collection of data disaggregated by age, gender and disability are in need of shelter and WASH or damaged and destroyed houses Specific attention to ensure that persons with disabilities, older persons, pregnant/lactating mother and children don't face additional barriers in accessing immediate relief Ensure the availability of accessible and safe water points, toilets, and bathing spaces, separated for males and females Accessible shelter for all the earthquake affected communities. Provision of assistive devices to persons with disabilities who lost their devices. "Specific attention" to ensure access information on relief response to the most vulnerable groups via home-to-home visit to the them to provide immediate relief, specific distribution line for person with disabilities, pregnant/lactating mother, senior citizens as they are mostly left out during blanket approach practiced by the relief responses. Conduct specific training and coaching on inclusive humanitarian action to the emergency response team and ensure regular reporting.

Annex I: References/ Sources of Secondary Data

1. Government of Nepal, National Earthquake Monitoring and Research Centre
2. Provincial Health Service Directorate, Karnali Province, Situation Report (#8)
3. Situation bulletin, Jajarkot-Rukum Earthquake Response 2023, Nepal Red Cross Society, 10 Nov 2023
4. Official websites of Bheri, Nalagad Kuse, Chedagad and Barekot municipality, Jajarkot
5. Municipal health profiles- five municipalities



Annex II: List of Participants

Key Informant Interview:

Name	Position	Address
Dr. Pratikshya Bharati	HSO Chief	Health Service Office, Jajarkot
Bimala Saru Magar	Physiotherapist Assistant	Jajarkot Hospital
Khem Bahadur Gurung	Health Section Chief	Bheri municipality, Health Section
Bhgawati Kumari Bohara	Nursing Inspector	Nalagad Municipality, Health Section
Dr. Bishal Upreti	Medical Officer	Nagar Hospital, Nalagad Municipality
Jyoti Rawal	Women Development Inspector	Women and Child Development Section, Nalagad Municipality
Khagendra Bohara	Officer	Barekot RM
Motilal Khatri	Ward Chairperson	Chedagad municipality
Khemraj Thapa	Information Officer	Kuse RM
Krishna Tiruwa	Program Coordinator	NNDSWO
Sangita Shahi	Social Mobilization Officer	HRDC
Sushil Nepali	Disabled Society	Secretary
Chhabi Panta	Chairperson	Panchtara Yuwa Samrkshak Manch(PTYSM) Jajarkot*
Pushpa Raj Khatiwada	Project Manager	
Additional interaction with a team from province: Medical Officer of Jajarkot Hospital, Public Health Administrator of Health Directorate Office and M&E Coordinator of Save the Children		

**KII taken jointly (NGO interview)*

Focus Group Discussion:

FGDs	FGD Site	Participants
FGD 1	Nalagad Municipality, 07, Dalli Kallagey	7 (Female=7, Male=0)
FGD 2	Bheri Municipality- 03, Rimna	4 (Male=2, Female=2)
FGD 3	Barekot Rural Municipality- 01	15 (Female=5, Male=10)
FGD 4	Kuse Rural Municipality- 05	12 (Female=9, Male=3)
FGD 5	Chedagad Municipality- 12	17 (Female=11, Male=6)



Annex III: Physical Rehabilitation Needs Assessment, Jajarkot and West Rukum

HI technical team mobilized to identify the Physical Rehabilitation Needs Assessment for EQ response at Jajarkot and West Rukum, conducted KIs with federal, provincial, district- based and local hospital officials, District Disaster Management Committees members, and municipal health section officials with the following specific objectives:

- To understand and assess the situation of earthquake-affected areas of Jajarkot and Rukum West along with rehabilitation services need identification.
- To assess and collect the human resource needs, type of injuries and other demographical data.
- To support LCDMS and provincial health directorate with assistive products support for ensuring emergency rehabilitation response at affected municipality, district health service office and dedicated provincial hospital.
- To coordinate with dedicated referral hub hospitals for the rehabilitation needs identification and assess the need for assistive devices support.
- To distribute non-food relief items to earthquake affected people of Bheri and Nalagad Municipality in Jajarkot

Key Observation and Findings:

1. The earthquake claimed the lives of 154 people in total and left 372 others injured. Recent reports of provincial emergency operating center indicate that 19,423 physical infrastructures (Public and private) have been completely and 39,369 are partially destroyed.²
2. Most of the injured patients were referred to referral hub hospitals (Bheri Hospital, Province Hospital Surkhet) for further management. During visit to on site the number of injured cases under treatment were Jajarkot Hospital (03), Mission Hospital (03), mostly fracture cases.
3. Primary health center at Nalagad which is the most affected area, had substantial influx of service users from both the first and second earthquakes. It was evident that Nalagad is facing challenges in terms of human resources and space to meet the needs of admitted service users. The center is operating with limited staff, comprising only one medical officer and a few nurses. Although they have one physiotherapist, the individual has been relocated to Jajarkot Hospital. Recognizing the shortage, the medical officer requested the deployment of an extra physiotherapist or qualified Health Assistant to facilitate outreach community visits. Some of the service users undergoing treatment were provided with assistive devices along with demonstration on how to use it safely.
4. Most of the injured were either discharged and sent back to community after initial treatment example; bone fracture cases after applying plaster cast and soft tissue injuries (they need rehabilitation service). So, most of the earthquake survivors are in the community. They need to be identified from the community through community screening and provide institutional rehabilitation service.
5. Few cases of chronic injuries have been identified (Spinal injury and Peripheral Neuropathies) who will require long term rehabilitation, these cases have been referred to higher centers at federal level for further management. But will require long term follow up.
6. As per Mission hospital Chaurjhari, there are around 495 persons with disabilities in Rukum West. It was identified that four persons' houses and toilets had been destroyed, and they were currently living in tents. A notable observation was that the hospital lacked assistive products for early mobilization and rehabilitation. Consequently, a decision was made during the meeting to provide the following assistive devices: Crutches: 10 pairs, Walking stick: 10, Commode toilets chair: 7, Wheelchair: 5 (Large - 1, Medium - 2, Small - 2)
7. Total affected population of Bheri Municipality is 39,072 of which 9,212 are male and 10,401 females. 42 deaths and 555 injuries are reported. Vulnerable affected population: children under 5 years of age 4,115, pregnant mother 674, Lactating mother 282, elderly people 2,836, person having chronic disease 1,065, and person with disability 408. They would benefit from rehabilitation service.

² Source: PHEOC Karnali Province, as of 21 Nov 2023



8. Bheri Hospital in Nepalgunj is one of the hub hospitals for earthquake injured. It has treated a total of 58 patients and 40 have been already discharged as of 10 November 2023. After meeting with Medical Superintendent and Physiotherapist, a total of Axillary Crutch – 8 pairs, walker- 3 pieces and Lumbosacral Belt- 3 pieces, wheelchair- 1 handed over to Physiotherapy department.