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Public Health

journal homepage: www.elsevier.com/puhe

Conference Report

The 2015 Nepal earthquake disaster: lessons learned one year on

Keywords:

Nepal
Earthquake
Disaster

ABSTRACT

Introduction: The 2015 earthquake in Nepal killed over 8000 people, injured more than 21,000 and displaced a further 2 million. One year later, a national workshop was organized with various Nepali stakeholders involved in the response to the earthquake. The workshop provided participants an opportunity to reflect on their experiences and sought to learn lessons from the disaster.

Methods: One hundred and thirty-five participants took part and most had been directly involved in the earthquake response. They included representatives from the Ministry of Health, local and national government, the armed forces, non-governmental organizations, health practitioners, academics, and community representatives. Participants were divided into seven focus groups based around the following topics: water, sanitation and hygiene, hospital services, health and nutrition, education, shelter, policy and community. Facilitated group discussions were conducted in Nepalese and the key emerging themes are presented.

Results: Participants described a range of issues encountered, some specific to their area of expertise but also more general issues. These included logistics and supply chain challenges, leadership and coordination difficulties, impacts of the media as well as cultural beliefs on population behaviour post-disaster. Lessons identified included the need for community involvement at all stages of disaster response and preparedness, as well as the development of local leadership capabilities and community resilience. A 'disconnect' between disaster management policy and responses was observed, which may result in ineffective, poorly planned disaster response.

Conclusion: Finding time and opportunity to reflect on and identify lessons from disaster response can be difficult but are fundamental to improving future disaster preparedness. The Nepal Earthquake National Workshop offered participants the space to do this. It garnered an overwhelming sense of wanting to do things better, of the need for a Nepal-centric approach and the need to learn the lessons of the past to improve disaster management for the future.

Introduction

The April 2015 earthquake in Nepal killed over 8000 people, injured more than 21,000 and displaced a further 2 million. One year later, in May 2016, a national workshop was organized that aimed to provide participants with an opportunity to reflect on their experiences and collate insights that could be used to inform response to and recovery from future

disasters. Of note, this workshop's predominant focus was on understanding lessons learned from a Nepali rather than international perspective. We report here on the key emergent themes from the workshop and explore how these can contribute to Nepal's disaster preparedness and response for the future.

The key justification for this workshop is the need to capture learning from disasters to build the evidence base for disaster management.^{1–3} It has been previously reported that

there is a real paucity in the published academic literature on disaster management particularly from low- and middle-income countries.¹ Indeed, a large proportion of the evidence base consist of grey literature, mostly from programme reports and evaluations by non-governmental organizations. However, these are often poorly indexed and difficult to retrieve or trace. It is also difficult to validate the rigour of the data collection or objectivity of their reporting. Furthermore, disasters by their very nature are not easy to predict and study. The collation of insights and experience from disasters is therefore an essential post-disaster priority.

Methods

The workshop was coordinated by Nepali and UK academics, a local and international NGO (PHASE Nepal and EcoHimal) and took place in the Nepal's capital, Kathmandu. Nepali participants were invited from a wide range of backgrounds including community representatives, health and education professionals and government officials. One hundred and thirty-five participants attended which included representatives from the Ministry of Health, local and national government, the armed forces, local NGOs, health and education professionals, community representatives and other specialists such as engineers or water and sanitation experts. Most of the participants were Nepali and the main language used was Nepalese. Although the majority of participants were male, there were female representatives on all groups.

The workshop was split into two formats with key note presentations in the morning and focused sector-based group discussions in the afternoon. The group discussions provided all participants the opportunity to share experiences and insights, and to provide suggestions for improving and developing future disaster response. The discussion groups were organized by theme and participants were placed in the particular group relevant to their expertise, knowledge, or experience. In all, there were seven groups clustered around: water, sanitation and hygiene, hospital services, health and nutrition, education, shelter, policy and community. Group discussions were facilitated and participants were encouraged to discuss the issues and difficulties encountered in responding to the earthquake and potential solutions or lessons to be learned if similar disasters were to happen in the future.

Findings

Healthcare issues

In disaster-affected areas, service provision of health care was compromised. The destruction of village health posts in rural areas, compounded by the pre-existing lack of health workers, made the provision of even basic health care in the immediate aftermath difficult. Earthquake damage to hospitals meant that many staff and patients were too frightened to remain inside; so patients waited, were examined and treated outside the hospital buildings. There were also reports of a lack of ability to deal with the number of patients arriving for

treatment as there were insufficient staff, equipment and medical supplies. Those working in rural areas also reported difficulties in referring patients on to more specialist centres due to landslides.

There were also issues with supplying health facilities in affected areas. Relief tents did not arrive until a few days after the earthquake. Medical supplies were either buried under damaged hospital buildings or staff were reluctant to retrieve them as buildings were felt to be too dangerous to enter. That said, some people were able to recover some medicines out of destroyed health posts. There were also anecdotal reports of supplies having been stolen on route. The government sought to address the medical supplies problem by providing funds to hospitals to purchase further supplies. However, it was felt that the direct provision of supplies instead of cash would have been more beneficial.

It was reported that although there were disaster policies and preparedness documents in place and many knew the theoretical approach required, when the earthquake happened it was very difficult to put the theory into practice. This was attributed to the lack of 'drilling' or exercises testing out the theory before being needed for real. When it was tested for real by the earthquake disaster, staff were not prepared and disaster policies and protocols did not work. A lack of leadership and coordination amongst medical staff were identified to be some of the key issues. This led to suggestions that medical staff needed further training in leadership and management skills for disasters. It was also observed that in some areas where there were pre-existing links between local NGOs and villagers, aid in these areas could be more quickly mobilized.

Water, sanitation and hygiene issues

There were notable issues with water availability in the immediate aftermath of the earthquake. In urban areas, people were afraid to return to their houses to access water, or the lack of electricity meant they were unable to activate water supply machinery. In rural areas, many water sources dried up as a result of the earthquake and accessing enough water became the main focus of many rural villagers' lives. After the first couple of days, aid agencies supplied water tanks but there were questions regarding the quality of water supplied via the tanks and the lack of ability to test or be reassured of the water quality. Ongoing power supply issues affected those relying on pumps to source their water. It was also observed that hygiene practices, such as boiling water, were not considered a priority by most of the disaster-affected people. The lack of toilet facilities for those whose houses had been destroyed, or for those too afraid to return to their houses meant that open defecation was considered a big issue particularly in settlement areas before adequate sanitation could be built. Of particular note, pre-existing local cultural beliefs about human waste practices deterred some from digging their own sanitation facilities.

The role of the education sector

In the aftermath of the earthquake many people congregated in school buildings or on school land. Of note, many looked to

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