

# Initial Assessment of the Impact of Karnali Earthquake 2023 on Persons with Disabilities



Prepared By  
**National Federation of the Disabled Nepal (NFD-N)**

In Partnership with  
**UN-HABITAT NEPAL & UNESCAP**



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**Prepared By:** National Federation of the Disabled-Nepal (NFD-N), Bhrikutimandap, Kathmandu

**Supported by:** UN-HABITAT in Nepal & UNESCAP

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**Mr. Devi Datta Acharya**  
President  
National Federation of the Disabled-Nepal (NFD-N)

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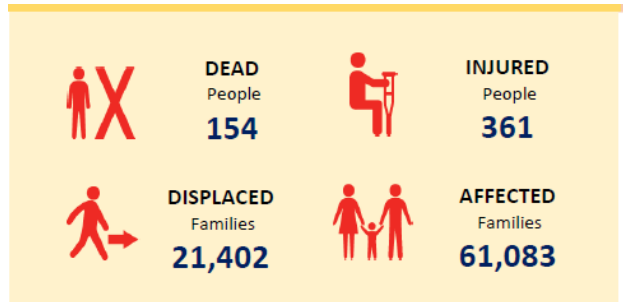
## ACRONYMS

AWASH	Accessible Water Sanitation and Hygiene
DRR&M	Disaster Risk Reduction and Management
FGD	Focus Group Discussions
IEC	Information, Education and Communication
INGO	International Non-Governmental Organizations
KII	Key Informant Interview
MOHA	Ministry of Home Affairs
NDRRMA	National Disaster Risk Reduction and Management Authority
NEOC	National Emergency Operation Center
NFDN	National Federation of the Disabled-Nepal
NGO	Non-Governmental Organizations
OPDs	Organizations of Person with Disabilities
UN HABITAT	The United Nations Human Settlements Programme
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNESCAP	The United Nations Economic and Social Commission for Asia and the Pacific
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WFP	World Food Programme

## Situation Overview

On November 3, 2023, at 11.47 P.M., an earthquake with a magnitude of 6.4 struck the Karnali Province in Western Nepal. Hundreds of aftershocks were then recorded in the same region until November 8. The Ministry of Home Affairs (MoHA) reports that 366 persons have been injured and 154 people have died which included 70 men and 84 women<sup>1</sup>.

The aftermath of the earthquake has revealed various perilous situations, with one of the most pressing concerns being the psychological and physical impact of enduring harsh winter conditions following the disaster. These conditions have compounded the challenges faced by the affected communities, exacerbating the trauma experienced by survivors.



Source: Nepal Redcross Society

As reported by the local volunteer team from NFD-N actively assisting in the disaster areas, there has tragically been a recorded total of 14 deaths documented up to December 5, 2023. These fatalities underline the severity of the situation and highlight the urgent need for comprehensive support and aid to mitigate the effects of the earthquake aftermath, especially amidst the harsh winter environment.

The National Emergency Operation Center (NEOC) estimates that there are roughly 62,000 affected residences including 35,455 partially and 26,557 fully destroyed by the earthquake. (Source: Collected from NFD-N Karnali Province<sup>2</sup>). In addition to Jajarkot and Rukum West Districts which were mostly affected, there have also been various degrees of disturbance in Rukum East, Salyan, Rolpa, Nawalparasi East, Dailekh, Dang, Baitadi, Jumla, Kalikot, Pyuthan, and Achham Districts.

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- <https://reliefweb.int/report/nepal/unicef-nepal-humanitarian-situation-report-no-2-earthquake-13-november-2023> Accessed on 21 December 2023.
  - <http://drrportal.gov.np/document/documentdetail/2611> Accessed on 21 December 2023.

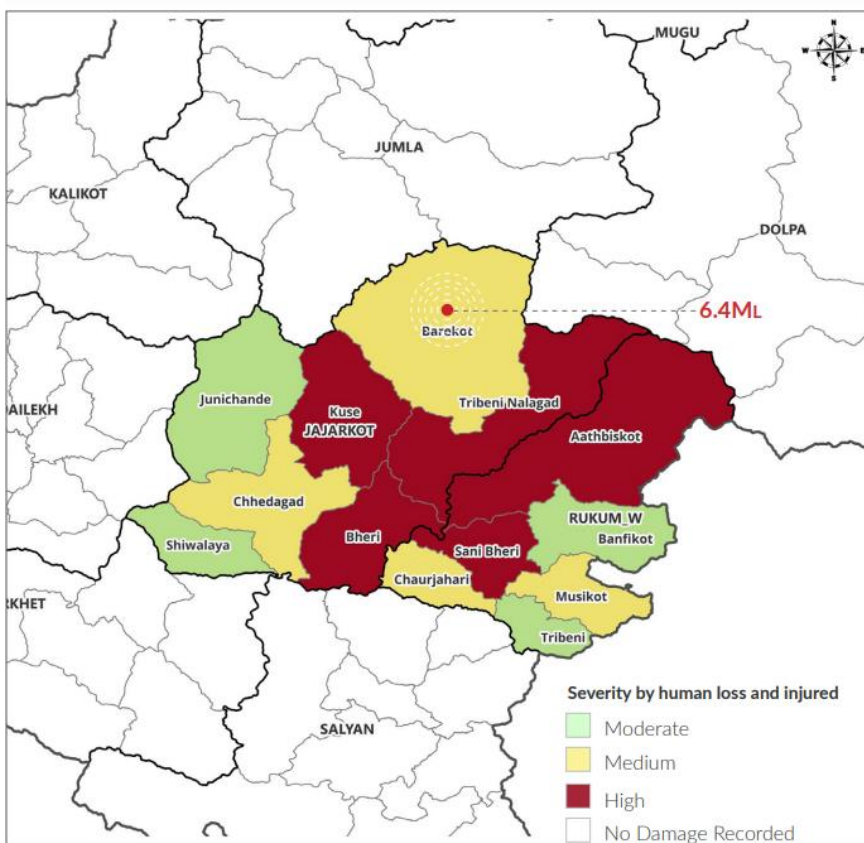


Figure 1 : Epicenter of the Karnali Earthquake with severity by human loss and injured Source: NDRRMA

## Excutive Summary

The preliminary assessment, conducted by the National Federation of the Disabled Nepal (NFD-N) Karnali Province Office, highlights the profound impact of the recent November earthquake on individuals with disabilities. The report underscores the 12 persons with disabilities who suffered severe injuries, resulting in the tragic loss of two lives. Moreover, the earthquake caused the complete collapse of 80 homes inhabited by persons with disabilities, while 18 homes incurred severe damage.

This seismic event not only devastated homes but also disrupted essential support systems for individuals with disabilities. Assistive devices crucial for their mobility, essential food supplies, livestock, and clothing were among the assets affected, intensifying the challenges faced by this vulnerable group.



According to the 2023 census data, approximately 10,000 persons with disabilities were exposed to the impact of the earthquake. Of this population, around 5,500 individuals were affected, with some experiencing severe consequences.

The primary objective of this assessment was to collect empirical data regarding the impact of the earthquake on persons with disabilities. This data aims to provide substantial evidence to strengthen inclusive policies, especially concerning response strategies, winterization initiatives, temporary shelter provisions, and bolstering disaster resilience, notably focusing on housing reconstruction.

The field visit took place from November 23 to December 1, 2023, led by the National Federation of the Disabled Nepal's Karnali Province Team. Technical support was provided by the NFD-N Federal Team, ensuring comprehensive coverage and accurate assessment during the evaluation period.

## 1. Background

Jajarkot earthquake with a magnitude of 6.4 which struck the Karnali Province in Western Nepal resulted death of 366 people as per the report of The Ministry of Home Affairs (MoHA), Nepal<sup>3</sup>. Hundreds of aftershocks were then recorded in the same region until November 8. In addition, it stretched the capacity of every humanitarian agency involved<sup>4</sup>. Persons with disabilities bore a disproportionate impact during and after the earthquake, yet their specific numbers



Figure 1. The damage caused by the earthquake to the religious places in Bheri Municipality, Ward No.3.

3 <https://reliefweb.int/report/nepal/unicef-nepal-humanitarian-situation-report-no-2-earthquake-13-november-2023> Accessed on 21 December 2023.

4 <https://seismonepal.gov.np/earthquakes> Accessed on 21 December 2023.

affected, their unique experiences, and the perspectives of emergency responders and humanitarian aid providers remain inadequately explored in academic discourse. Throughout this crisis, individuals with disabilities encountered myriad challenges, spanning from access to critical resources like medical care and shelter to coping with the emotional toll of the disaster. However, scholarly attention toward understanding and addressing the distinct needs and experiences of this group has been notably lacking.

Earthquakes and natural disasters profoundly impact the health, social connections, and economic stability of individuals with disabilities. The vulnerable group faces heightened disadvantages during humanitarian crises, largely due to inherent conditions, pre-existing vulnerabilities, social disparities, and inadequate



*Figure 2 Destroyed Shilpachaur community building of Berekot rural municipality Ward No.1.*

access to tailored humanitarian aid. These factors not only limit their ability to respond effectively to disasters but also exacerbate their vulnerability to subsequent hazards in the aftermath. Consequently, ensuring inclusive and accessible emergency responses for persons with disabilities becomes pivotal. The involvement and efficacy of emergency responders and humanitarian aid providers are critical in minimizing the suffering experienced by individuals with disabilities during the disasters.

Nepal's institutional structure for disaster management traces its origins back to 1982 with the enactment of the National Calamity Relief Act. Since then, the country has made notable strides in formulating policies and programs for disaster risk reduction (DRR). Nepal's commitment to this cause is evidenced by its ratification of the Convention on the Rights of Persons with Disabilities in 2006 (CRPD) and its adoption of key disaster management frameworks like the Hyogo Framework for Action (2005-2015) and the Sendai Framework for Disaster Risk Reduction (2015-

2030). These frameworks have played a crucial role in driving Nepal's agenda for Disaster Risk Management (DiDRM) forward.

Despite this progress, challenges persist. While various governmental and non-governmental organizations have spearheaded numerous DRR initiatives in Nepal, the country faced significant difficulties during the earthquake, revealing shortcomings in its preparedness efforts. Despite the existence of international frameworks and national policies guiding DiDRM and readiness programs, Nepal struggled to provide accessible and inclusive emergency responses, particularly for persons with disabilities, during the earthquake. This highlighted a stark contrast between the intentions outlined in policies and the practical implementation required for effective response and support for vulnerable groups during disasters.



*Figure 3. FGDs with persons with disabilities and persons without disabilities at Barekot rural municipality ward no. 5.*

In the Initial Assessment of the Impact of the Karnali Earthquake 2023 on Persons with Disabilities, the UN Convention on the Rights of Persons with Disabilities (United Nations, 2006) intersected with the Sendai Framework for Disaster Risk Reduction (UNISDR, 2005) and the Hyogo Framework for Action (United Nations, 2015). The assessment integrated the Sendai Framework's emphasis on inclusivity and

the reduction of vulnerabilities, alongside the Hyogo Framework's principles of building resilience and addressing the specific needs of vulnerable groups like persons with disabilities. By harmonizing these frameworks, the assessment aimed to ensure that disaster response and recovery efforts were comprehensive, focusing on reducing risks, enhancing resilience, and guaranteeing the inclusion and empowerment of individuals with disabilities in all phases of disaster management.

## 2. Introduction

The National Federation of the Disabled Nepal (NFDN) stands as the unified platform representing Organizations of Persons with Disabilities (OPDs) and entities dedicated to serving individuals with disabilities. Founded in 1993, NFDN operates as a non-profit, non-political civil society organization officially registered under the Institution Registration Act 2034 at the Kathmandu District Administration Office. Its enduring commitment revolves around championing and safeguarding the rights of persons with disabilities, primarily focusing on four key strategies: Advocacy, Awareness, Capacity Building, and Networking & Collaboration.



*Figure 4. The damaged house by earthquake of Mr. Shambhu Chand of Bheri Municipality Ward No.3*

Functioning as an umbrella body, NFDN assumes leadership for people with disabilities across all impairment groups in Nepal. It acts as their voice in the decision-making process, exerting pressure on the government, international non-governmental organizations (INGOs), development partners, civil society organizations, non-governmental organizations (NGOs), and private sectors to ensure disability inclusion at national, sub-national, and local levels. With approximately 400 OPDs affiliated throughout the country, NFDN boasts a widespread network, maintaining a presence in 76 out of 77 districts through its member OPDs. Moreover, to enhance collaboration and coordination with member organizations and local stakeholders, NFDN has established offices at the provincial level.

During emergency situations, particularly concerning the earthquake, NFDN, operating as an umbrella organization, aimed to gather data and evidence through initial assessments of the earthquake's impact on persons with disabilities. This endeavour sought to contribute substantiated insights for inclusive policies related to response measures, winterization, and temporary assistance based on empirical evidence, thus strengthening the foundation of inclusive and effective emergency response policies.

### 3. Methodology

The methodology employed for the assessment incorporated a blend of quantitative and qualitative approaches. Initial quantitative data was sourced from municipality reports and situational updates provided by provincial and local governments. Primary qualitative data was gathered through various methods, including focus group discussions, key informant interviews (KIIs), interviews with non-governmental organizations (NGOs), and direct field observations.



*Figure 5. KII with Mr. Chairman Birkh Bahadur Bista (middle) and Chief Administrative Officer Mr. Deepak Budhathoki (Right side of Chairman with Dhaka Topi) of Sani Bheri Rural Municipality, Rukum Paschim*

The assessment encompassed seven key thematic areas: Health, Education, Food Security, Water Sanitation and Hygiene, Protection (Shelter, Winterization, and Recovery), Inclusive Emergency Telecommunications, and Basic Needs.

The methodology followed a systematic process:

i) **Preparatory Meeting:** An initial meeting involving the NFD-N federal team, province team, and UN HABITAT was conducted to strategize and plan the assessment process.

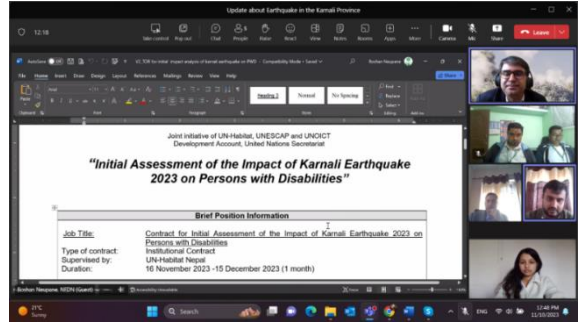


Figure 6. Virtual Meeting with Stakeholders.

ii) **Primary Data Collection:** The study team conducted

field visits to the local government of the most affected areas, Jagarkot and West Rukum, aiming to quantify and analyze the impact at the grassroots level.

iii) **Direct Observations:** Extensive field visits and observations were made to assess the damage to households, health facilities, and areas related to protection, focusing on on-site evaluations.

iv) **Qualitative Data Collection:** Qualitative information was obtained through focus group discussions and KIIs involving individuals from affected households, local government authorities, and other development partners engaged in disaster response efforts.

v) **Report Preparation and Dissemination:** A summary of the rapid assessment report was compiled and disseminated to relevant stakeholders, outlining the findings and insights gathered through the assessment process.

## 4. Earthquake Affected Population

### District: Jajarkot

Municipality Name	Disability Category				Total
	Mild	Moderate	Severe	Complete	
Barekot RM	346	299	174	78	897
Bheri Municipality	213	261	138	59	671
Chhedegadh Municipality	345	301	160	83	889
Junichhade RM	210	257	130	106	703
Kushe RM	155	290	119	61	625
Nalgadh Municipality	370	328	233	188	1,119
Shivalaya RM	77	146	120	39	382
<b>Total of Jajarkot</b>	<b>1,716</b>	<b>1,882</b>	<b>1,074</b>	<b>614</b>	<b>5,286</b>

### District: Rukum West

Municipality Name	Mild	Moderate	Severe	Complete	Total
Sani Bheri RM	103	143	99	75	420
Triveni RM	71	120	146	92	429
<b>Total of Rukum West</b>	<b>174</b>	<b>263</b>	<b>245</b>	<b>167</b>	<b>849</b>
<b>Total (Jajarkot+Rukum West)</b>	<b>1,890</b>	<b>2,145</b>	<b>1,319</b>	<b>781</b>	<b>6,135</b>

*Source: Nepal Redcross Society*

The table illustrates how the affected persons with disabilities are distributed demographically across different disability categories in the districts of Jajarkot and West Rukum.

Within Jajarkot, Nalgaad Municipality registers the highest count of affected persons with disabilities (including all types of disability) totaling 1119 individuals. The table reveals that 1,716 persons with disabilities of mild category, 1,882 persons with disabilities of moderate category, 1,074 persons with disabilities of severe category, 614 persons with disabilities of complete category are affected in Jajarkot district.

Likewise, in West Rukum, Triveni Rural Municipality stands out with the highest affected person with disabilities totaling 849 individuals. The table shows that 174 persons with disabilities of mild category, 263 persons with disabilities of moderate category, 245 persons with disabilities of severe category, 167 persons with disabilities of complete category are affected in West Rukum district.

Collectively, the data from both districts underscores a considerable impact, totaling 6135 affected persons with disabilities.

## 5. Key Findings

### 5.1 Health

The 2023 earthquake in Jajarkot and West Rukum districts of Nepal severely damaged healthcare facilities, causing indecision among medical staff to resume services. This disrupted Health Posts and Primary Health Care Centers, hindering essential medical support. Accessibility challenges for people with disabilities increased due to damaged infrastructure, while shortages in trained personnel and resources exacerbated healthcare gaps. Efforts to restart services included tent camps and assistive device distribution, yet effective allocation remained a challenge. Addressing mental health concerns among healthcare workers and the lack of comprehensive disability-inclusive healthcare funding and collaboration posed additional hurdles, highlighting the urgent need for holistic reforms in these earthquake-affected areas.



*Figure 71 Mr.Jitlal Dhakal,Province Advocate Officer of NFD-N, talking to Mr. Dalraj B.K., whose leg has fractured in the earthquake and used crutches of Bheri Municipality ward No.2.*

### Current Situation

- Health facilities in the affected areas exhibit damages and safety concerns, leading to uncertainty among health personnel to resume services. This affects the operation of Health Posts and Primary Health Care Centres.



- The referral system for casualties and the ill is dysfunctional, impeding the delivery of essential health services due to limited resources for curative and rehabilitative care.
- Many health facilities lack accessible infrastructure, making it challenging for people with disabilities to physically access healthcare services.
- There's a significant shortage of healthcare professionals trained in disability-inclusive care, leading to gaps in providing appropriate services.
- Limited availability of information and resources in accessible formats (such as Braille, sign language, or easy-to-read materials) further excludes individuals with disabilities from accessing crucial health information.

## **Activities**

- Tent camps are set up in some localities, namely Berekot, Kushe and Saniveri to resume operation of health services by health facilities at disaster-affected areas.
- Assistive devices have been mobilized from developmental partners at the disaster area. However, we observed a lack of effective distribution of these devices within the real need group.
- Some local initiatives have begun training healthcare workers on disability awareness and inclusive care practices to improve service provision.
- Efforts have been made to modify certain health facilities to ensure accessibility for individuals with disabilities, but this remains a challenge in many areas due to limited resources and expertise.
- Community-based rehabilitation programs have been initiated in collaboration with local organizations to support the rehabilitation needs of people with disabilities in these areas.

## **Gaps and Constraints**

- Limited medical personnel and resources in health facilities pose challenges in delivering adequate services to individuals with disabilities.
- Delays and shortages in the supply of medicines and the initiation of rehabilitative services further hinder comprehensive healthcare for people with disabilities.
- The absence of disaggregated data collection specifically focused on people with disabilities impedes targeted distribution of relief materials and assistive devices, leading to inadequate support where it is most needed.

- Widespread fear of earthquakes among healthcare personnel directly impacts service delivery. Urgent psychological counseling is required to alleviate fears and ensure the effective operation of medical services in disaster-prone areas.
- Inadequate financial resources allocated specifically for disability-inclusive healthcare services prevent comprehensive and sustainable improvements in healthcare accessibility and services for individuals with disabilities.
- Limited collaboration and coordination among stakeholders—governmental, non-governmental, and private sectors—hinder a holistic approach to addressing disability inclusion in health services. This lack of collaboration affects the effectiveness and reach of disability-inclusive healthcare initiatives.
- Prevailing cultural stigmas and societal misconceptions about disabilities result in discrimination and exclusion within healthcare settings, negatively impacting the overall well-being and healthcare access for people with disabilities.
- The lack of adequate training programs for healthcare professionals in disability-inclusive care perpetuates a deficit in understanding and providing appropriate services, creating barriers to accessible healthcare for individuals with disabilities.

## 5.2. Education

The earthquake of 2023 wreaked havoc on education in Jajarkot and West Rukum districts, Nepal. School infrastructure suffered extensive damage, necessitating safety assessments before reopening, while vital furniture remains buried or broken. Efforts to restart education involve makeshift structures due to widespread building destruction, amid prevalent fear among students and teachers. Disrupted sanitation and family displacement have hindered children's return to school, while insufficient resources impede learning continuity. Collaborative support from organizations like Save The Children and UNICEF, along with governmental aid, aims to mitigate challenges. Yet, limited resources, coupled with the need for mental health support, pose significant obstacles. Addressing these issues, especially for disabled students, and navigating technological limitations for learning remain critical concerns for long-term educational recovery in these earthquake-affected areas.



*Figure 8. Destroyed Building of Shree Sita Mavi Barakot School, Jajarkot.*

## Current Situation:

- Following an earthquake, schools have sustained significant damage to their infrastructure, necessitating safety assessments before reopening. Most school buildings require evaluation for safety concerns.
- School furniture is either broken or buried under debris, complicating efforts to retrieve and restore classrooms.
- Local authorities aim to restart educational activities using group teaching methods in tents or open-ground settings due to the damaged school buildings.
- There is prevalent fear of earthquakes among children and teachers in the affected and neighbouring areas.
- In the aftermath of the earthquake, sanitation facilities at schools might have been compromised, raising concerns about hygiene and potential health risks for children.
- Many families might have been displaced or left homeless due to the destruction caused by the earthquake, impacting children's ability to return to school as they cope with unstable living conditions.
- Besides schools, community infrastructures such as roads and transportation systems might have been damaged, affecting access to schools for children residing in more remote or isolated areas.



*Figure 9. Publick Hose of Barekot RM Ward No.1 Shilpachaur.*

## **Activities:**

- Local authorities are endeavouring to create temporary school structures using tents provided by development partners to resume educational services for children.
- Save The Children leads efforts for education-related relief, while UNICEF supports education and nutritional needs for children.
- The Karnali Province government plays a crucial role in coordinating with multiple partners to reopen schools and ensure the continuity of teaching and learning in affected areas.
- Efforts are being made to provide teachers with specialized training and support in trauma-informed teaching methods to address the psychological impact of the earthquake on students.
- Initiatives are underway to involve the local community actively in the reconstruction and reopening of schools, fostering a sense of ownership and resilience among community members.
- Various organizations are working together to distribute aid packages not only for education but also for basic needs like food, clean water, and shelter to affected families, recognizing the interconnectedness of these needs with education.

## **Gaps and Constraints:**

- Insufficient resources such as books, stationery, furniture, school bags, and an inadequate number of temporary school structures hinder the continuation of learning and academic curriculums.
- The pervasive fear of earthquakes among children, parents, and teachers remains a major obstacle, preventing regular school attendance. Urgent attention is needed for mental health counselling to address this issue.
- There might be a lack of specialized resources or support for children with disabilities or special needs, exacerbating the challenges they face in accessing education post-earthquake.
- The reliance on digital learning tools might be hindered due to damaged infrastructure, limited access to technology, or electricity disruptions, creating disparities in educational opportunities.
- Concerns persist about the long-term impact on the quality of education and the ability to meet educational goals due to the prolonged disruption caused by the

earthquake. Efforts are needed to develop strategies for long-term educational recovery and rebuilding.

### 5.3. Food and Security

The earthquake of 2023 had a devastating impact on the food security situation in Jajarkot and West Rukum Districts. The destruction caused by the seismic event led to the collapse of homes and infrastructure, resulting in the loss of cooking utensils, stored food, and storage units. Moreover, agricultural lands and farms suffered extensive damage, affecting crop production and availability of food. The disruption of farming activities and loss of stored food supplies significantly increased the risk of food insecurity among the affected population. With limited access to adequate food resources, communities faced challenges in meeting their nutritional needs, leading to concerns about potential hunger and malnutrition issues. The reliance on relief materials provided by various agencies and the local government became crucial for survival, highlighting the urgent need for sustained and efficient aid distribution to address the food shortages and support affected families during this challenging time.

#### Current Situation:

- Destruction of homes has resulted in the loss of cooking utensils, stored food, and storage units. Additionally, the disruption of cooking facilities and infrastructure has severely impacted meal preparation.
- Stored food and food-related items are either lost in the debris or mixed with soil and stones, rendering existing food supplies inedible and posing a health hazard.
- Damage to crops and farms poses a risk of food insecurity, potentially leading to a shortage of staple food items, affecting not only immediate sustenance but also long-term food availability.



*Figure 10. The hearing impaired women at home after the earthquake at Bheri municipality ward no. 3 .*

- Affected families rely on relief materials provided by various agencies and the local government, but the volume and distribution may not adequately meet the nutritional needs of all affected individuals.
- Indiscriminate distribution of relief and food items without accurately identifying the most vulnerable groups leads to disparities, leaving some groups inadequately supported.

## Activities

- Government and development agencies have started distributing food supplies to affected areas, but there might be logistical challenges in reaching remote or severely affected regions.
- Efforts have begun to retrieve hidden food stocks from damaged households, but this process may be slow due to safety concerns and limited resources.
- The implementation of a single-door system aims to streamline the distribution process, but there might be administrative hurdles in ensuring fair and efficient allocation.



*Figure 11. Bheri municipality community building after the earthquake.*

## Challenges and Limitations:

- Recognition of the necessity to promote cash assistance (an initiative by WFP) to empower individuals to make their own choices and bridge the gap in specific dietary or nutritional needs.
- Political influence in relief distribution has led to biases, particularly discriminating against people with disabilities and senior citizens. Addressing this issue requires comprehensive policies ensuring equitable access to relief regardless of political factors.
- Delay in identifying the most urgent needs has hindered the timely distribution of food supplies to those who need them most. Coordination between

assessment teams and relief providers needs improvement to expedite aid delivery based on real-time needs assessments.

- Infrastructure challenges, such as damaged roads or disrupted transportation networks, may impede the efficient distribution of food supplies to remote or isolated areas, requiring innovative solutions for delivery.

## 5.4 Water Sanitation and Hygiene

The earthquake of 2023 in Jajarkot and West Rukum, Nepal, has significantly disrupted the Water, Sanitation, and Hygiene (WASH) situation in these regions. The seismic event exacerbated existing challenges, leading to severe water scarcity, damaged infrastructure, and a heightened risk of waterborne diseases. The earthquake-induced tremors caused disruptions in water sources, resulting in a scarcity of clean and safe drinking water. Critical WASH infrastructure, including toilet facilities, was extensively damaged, exacerbating hygiene risks and prompting increased instances of open defecation. This dire situation has compounded the lack of hygiene kits and awareness, further exposing vulnerable communities to health hazards. Immediate and coordinated efforts are imperative to address these pressing issues, focusing on restoring clean water access, reconstructing vital WASH infrastructure, disseminating hygiene education, and ensuring equitable distribution of essential resources to mitigate the impact of the earthquake on WASH conditions in Jajarkot and West Rukum.

### Current Situation

- Earthquake-triggered drought affecting areas, causing water scarcity, leading to crop failure, livestock dehydration, and reduced access to clean water for communities.
- Severe absence of clean drinking water and regular water supply at the earthquake epicentre, resulting in increased susceptibility to waterborne diseases like diarrhoea.



Figure 12. A toilet after the earthquake at Barekot Rural Municipality Ward No. 1, Shilpachaur.

- Hygiene kits are unavailable in affected zones, exacerbating poor sanitation practices and increasing health risks, especially for vulnerable populations like children, the elderly, and pregnant women.
- Lack of awareness regarding personal hygiene in disaster-affected regions, contributing to the spread of diseases and illnesses due to inadequate knowledge of proper hygiene practices.
- Damage to toilet infrastructure poses hygiene risks, with open defecation becoming prevalent, heightening the likelihood of contamination of water sources and the environment.

### **Activities:**

- Distribution of hygiene kits initiated in severely affected zones, but distribution lacks a systematic approach, leading to inconsistencies and unequal access among affected populations.
- Broadcasting WASH-related Information, Education, and Communication (IEC) materials through radio jingles to promote hygiene practices such as handwashing, safe water storage, and waste disposal to reach wider audiences.
- Temporary toilet construction utilizing local resources, yet lacking safety standards during the construction phase, resulting in potential hazards for users and limited durability of the structures.

### **Gaps and constraints**

- Urgent need for efficient management of safe drinking water, requiring immediate water purification and distribution mechanisms to meet the basic needs of affected communities.
- Establishment of a functional WASH coordination committee at the local level, necessitating regular monitoring and evaluation to mitigate WASH-related hazards and ensure effective resource allocation.
- Lack of prioritization and efficient allocation of hygiene kits to the most vulnerable groups, highlighting the need for targeted distribution to ensure equitable access, especially for marginalized communities.
- Immediate construction of planned WASH structures, including safe and functional toilets, water points, and waste disposal systems, to minimize the spread of hazards and improve overall hygiene standards in the affected areas.



## 5.5 Protection (Shelter, Winterization and Recovery)

The 2023 earthquake in Jajarkot and West Rukum, Nepal, has significantly impacted the Protection (Shelter, Winterization, and Recovery) efforts in the region. The earthquake has caused widespread damage to shelter, exacerbating the vulnerability of affected communities. Disrupted settlements and damaged buildings have heightened the risks of violence, particularly gender-based violence, due to the lack of secure spaces. The destruction of shelters and the challenging debris management have made it difficult to retrieve essential belongings, leaving households without adequate clothing and accommodation materials. Furthermore, the distribution of tents, while initiated, has proven ineffective against harsh winter conditions, increasing the threat of hypothermia and casualties. The earthquake's aftermath has highlighted critical gaps in safety assessments for relocation, lack of inclusive planning for vulnerable groups, and insufficient measures to mitigate winter-related risks, intensifying the challenges faced in the region's recovery process.

### Current Situation

- Shelters are damaged, settlements disorganized, leading to heightened risks of violence and gender-based violence.
- Lack of privacy due to damaged shelters compromises safety, particularly for women and vulnerable individuals.
- Absence of secure spaces escalates the vulnerability of affected populations to various forms of exploitation.
- Partially broken buildings and cracks pose threats during relocation. Structural instability increases the likelihood of further collapses, endangering lives during resettlement efforts.



*Figure 13. A temporary shelter built after the earthquake in Bheri Municipality Ward No. 3*

- Limited knowledge about the structural integrity of buildings hampers safe reoccupation.
- Managing debris is difficult, hindering the search for lost belongings among affected households.
- Disorganized debris complicates the identification and retrieval of essential belongings, prolonging distress for affected families.
- Unsafe debris handling practices pose risks of injuries or health hazards to those involved in the search and retrieval process.
- Severe damage to clothing and accommodation materials within debris. Loss of essential items exacerbates the challenges faced by affected households in adapting to the post-disaster environment.
- Inadequate resources hinder efforts to restore basic living necessities, affecting overall well-being.
- Fear of aftershocks deters entry into houses, even those less affected. Psychological trauma and fear of further structural damage impede the return to habitable homes, disrupting normalcy and recovery efforts.
- Anxiety and stress levels remain high among affected communities, hindering rehabilitation initiatives.
- Tent distribution has started but lacks effectiveness against cold weather, increasing the risk of hypothermia and casualties.
- Insufficient insulation and inadequate thermal protection in distributed tents leave occupants vulnerable to extreme weather conditions.
- Lack of proper heating sources heightens health risks, especially among vulnerable populations such as children and the elderly.

## **Activities**

- Distribution primarily involves inadequate plastic tents for winter conditions.
- Limited availability of weather-appropriate shelters exacerbates the challenges faced by those already living in compromised conditions.
- Inadequate shelter provision contributes to the perpetuation of health issues and discomfort among affected populations.
- Temporary shelter construction is underway but lacks accessibility considerations for persons with disabilities.
- Neglecting accessibility requirements excludes a significant segment of the affected population from accessing essential facilities, hindering their recovery process.

- Failure to incorporate disability-friendly features results in exclusion and further marginalization of individuals with disabilities.
- Debris management is ongoing but lacks speed, delaying the start of permanent shelter construction.
- Delayed debris clearance prolongs the timeline for initiating permanent shelter construction, impeding the return to normalcy for affected communities.
- Sluggish debris removal impedes the utilization of available resources and slows down the recovery and reconstruction efforts.

## Gaps and constraints

- Safety assessments are lacking for partially broken households to facilitate affected household relocation.
- Absence of comprehensive assessments delays decision-making on safe relocation, exposing families to prolonged risks in unstable environments.
- Inadequate evaluations hinder effective planning for rehabilitation and resettlement strategies.
- Inadequate planning and distribution of suitable winter tents and shelters.
- Failure to account for seasonal variations in shelter needs leads to inadequate protection against harsh weather conditions, exacerbating health risks.
- Insufficient planning contributes to increased vulnerability and discomfort among affected populations during inclement weather.
- Insufficient consideration for minimizing winter-related risks.
- Lack of strategies to mitigate cold-related health issues such as hypothermia and respiratory illnesses heightens health risks for affected individuals.
- Inadequate preparation for winter conditions prolongs the recovery process and compromises the well-being of vulnerable groups.
- Lack of an inclusive planning process for the construction of earthquake resistant infrastructures.



Figure 14. A house of Barekot RM Ward No.1

- Lack of technical manpower for development of the planning process required to initiate the recovery process.

## 5.6 Inclusive Emergency Based Tele-Communications

The 2023 earthquake in Jajarkot and West Rukum districts of Nepal significantly disrupted Inclusive Emergency-Based Telecommunications. The seismic event severely damaged critical communication infrastructures, exacerbating existing challenges in providing inclusive and accessible information to vulnerable populations. The destruction of telecommunication networks hindered timely dissemination of crucial disaster-related information to marginalized communities, persons with disabilities, and seniors. This setback highlighted the urgent need for resilient and inclusive communication strategies, emphasizing the importance of rebuilding telecommunications systems with a focus on accessibility and inclusivity to better support these areas during emergencies.

### Current Situation:

- Obtaining disaster-related information regarding vulnerable groups, persons with disabilities, and senior citizens is challenging due to language barriers, lack of specialized communication formats, and insufficient outreach efforts tailored to their needs.
- Existing communication channels connecting to disaster areas primarily cater to specific demographics or groups, neglecting the diverse needs of other affected populations.
- The deficiency in integrated communication delivery at the field level leads to a fragmented flow of information, impacting not only vulnerable communities directly but also indirectly affecting their ability to access critical resources and support.



Figure 15. A house of Barekot RM Ward No.1

## **Activities:**

- Special interest groups' exclusive dissemination of information limits the widespread understanding of vital details within the community, causing confusion and delaying timely response actions.
- Despite the establishment of information channels through various media, such as online platforms or broadcasts, barriers like technological accessibility and language limitations persist, particularly for marginalized communities, seniors, and people with disabilities.

## **Gaps and Constraints:**

- The absence of promotion and provision of inclusive and accessible information formats during emergencies, such as easy-to-read materials, audio descriptions, or tactile resources, hinders effective communication with diverse groups during critical times.
- Lack of participatory approaches in information collection and dissemination leads to misinformation, misunderstandings, and biased narratives about the disaster situation, causing further confusion and hindering appropriate responses.
- Insufficient training among responders and communicators regarding inclusive communication practices results in overlooking the specific needs and preferences of diverse populations during disaster situations.
- Limited resources allocated towards developing and maintaining accessible communication infrastructure further exacerbate the exclusion of vulnerable communities during crises.

## **5.7 Basic Needs**

The 2023 earthquake in Jajarkot and West Rukum districts of Nepal significantly exacerbated the challenges faced by persons with disabilities in meeting their basic needs. The destruction caused by the earthquake severely impacted accessibility to essential services such as shelter, water, sanitation, and healthcare, posing heightened difficulties for individuals with disabilities. The lack of inclusive measures in shelter management, limited access to appropriate sanitation facilities, and disruptions to healthcare services further marginalized this vulnerable group, intensifying their struggle to meet their basic needs in the aftermath of the disaster.

## Current Situation

- Households in affected areas are urgently requesting comprehensive preparations for shelter, minimizing risks associated with winter conditions, and ensuring protection and security.
- There is an immediate need for accessible Water, Sanitation, and Hygiene (WASH) services, specifically incorporating marginalized communities, vulnerable groups, and individuals with disabilities.
- Priority is given to reopening schools to facilitate inclusive education and ensuring the full functionality of health facilities, as emphasized by affected households.

## Activities

- Initial steps have been taken for managing temporary shelters, but there is a lack of focus on inclusivity and preparing for winter conditions.
- Debris removal and data collection have commenced, yet there is an absence of detailed information about all vulnerable groups within the community.
- Initiatives in WASH, such as constructing temporary toilets, have been launched; however, there are observed health risks due to inadequate adherence to WASH standards.

## Gaps and Constraints:

- Insufficient technical workforce and resources, particularly during the rescue phase, who possess expertise in accessible WASH, inclusive shelter, and protection measures.
- A lack of information regarding the proper use of relief materials has been noted, highlighting the necessity for comprehensive awareness and counselling when distributing relief materials. For instance,



Figure 16. Conducting FGD with persons with disabilities of Kushe Rural Municipality Ward No. 6.

ensuring proper setup of tent camps, utilizing dignity kits, promoting WASH awareness, among other aspects.

## 6. Conclusion and Recommendations

### 6.1 Conclusion

The Initial Assessment following the Karnali Earthquake of 2023 in Nepal's Jajarkot and West Rukum districts revealed profound impacts across various sectors concerning disability inclusion. The earthquake significantly disrupted healthcare, damaging facilities, and hindering medical services' resumption. This led to challenges in accessibility, shortage of trained personnel, and limited resources, notably impacting individuals with disabilities. Efforts to restart services through tent camps and assistive device distribution faced hurdles in effective allocation and comprehensive disability-inclusive healthcare funding. Education suffered extensively, disrupting school infrastructure, and hindering children's return to learning. Despite support from organizations like Save The Children and UNICEF, inadequate resources, and the need for mental health support for disabled students, posed significant obstacles for long-term educational recovery.

The earthquake severely impacted food security, causing losses in stored food, agricultural lands, and cooking utensils. This heightened the risk of food scarcity and malnutrition, particularly affecting vulnerable groups. Relief efforts by various agencies and the local government faced logistical challenges and disparities in distribution, amplifying the struggles faced by affected communities. Water, Sanitation, and Hygiene (WASH) conditions deteriorated significantly, with water scarcity, damaged infrastructure, and heightened risks of waterborne diseases. Efforts to distribute hygiene kits and promote hygiene education encountered challenges in consistent distribution and awareness among affected communities.



*Figure 17. Community of Bheri Municipality Ward No. 3.*

Protection efforts faced challenges in damaged shelters, heightened risks of violence, and debris management. Limited considerations for persons with disabilities underscored critical gaps in safety and recovery measures. Inclusive emergency-based telecommunications were hindered due to damaged communication infrastructures, hindering timely and inclusive information dissemination to vulnerable populations. The earthquake exacerbated challenges faced by persons with disabilities in meeting basic needs, highlighting the urgent need for inclusive shelter, accessible WASH services, and comprehensive preparations for winter conditions. To address these challenges, enhanced resource allocation, inclusive planning, training in disability-inclusive care, targeted relief distribution, and resilient infrastructure development are imperative. Collaboration among stakeholders is crucial to facilitate a holistic approach towards disability inclusion in post-disaster recovery. Urgent attention to mental health support, inclusive education, targeted relief efforts, and accessible information dissemination is vital for a more inclusive and resilient recovery for persons with disabilities in the earthquake-affected regions of Nepal.

## **6.2 Recommendations**

### **Recommendations for Local Government:**

- i) Ensure the deployment of medical personnel in health facilities, prioritizing service delivery for vulnerable groups such as persons with disabilities, children, pregnant and breastfeeding women, and senior citizens.
- ii) Conduct medical camps in various locations within Jajarkot and Rukum Paschim to provide immediate healthcare services to earthquake-affected populations.
- iii) Develop a uniform format for collecting disaggregated data on persons with disabilities to facilitate fair distribution of relief materials and assistive devices.
- iv) Create and implement a standard protocol at the local level to equitably distribute relief materials, minimizing the influence of political entities and ensuring marginalized groups' needs are met.
- v) Identify specific needs of diverse vulnerable groups and direct relief material distribution, accordingly, giving priority to persons with disabilities and senior citizens.
- vi) Take measures to manage and distribute safe drinking water within the affected communities.
- vii) Facilitate an inclusive planning process for constructing earthquake-resistant infrastructures that consider accessibility for all.



- viii) Formulate and deploy monitoring teams to oversee rescue and relief distribution activities for efficient and fair implementation.
- ix) Initiate community engagement programs to involve local residents, including persons with disabilities, in decision-making processes regarding relief distribution and infrastructure planning.
- x) Provide specialized training to local healthcare workers on disability-inclusive care and response protocols to better assist persons with disabilities during emergencies.
- xi) Develop and disseminate disaster-related information using accessible formats like audio recordings, Braille, and sign language videos to ensure everyone, including persons with disabilities, receives vital information.
- xii) Foster partnerships with local non-governmental organizations (NGOs) specializing in disability support to ensure targeted and effective assistance to vulnerable groups within the community.

### **Recommendations for Provincial Government:**

- i) Establish a centralized system for medicine supply and the initiation of rehabilitative services to ensure uniformity and efficiency.
- ii) Enhance technical human resources to lead the recovery process, particularly in areas of accessible WASH, inclusive shelter, and protection.
- iii) Strategize and manage specialized shelters, considering the needs of persons with disabilities, senior citizens, and other marginalized groups, particularly in harsh weather conditions.
- iv) Mobilize humanitarian aid teams specifically to marginalized communities within the affected areas for targeted assistance.
- v) Deploy WASH facilitators to conduct awareness programs within communities to mitigate WASH-related hazards post-earthquake.
- vi) Implement policies ensuring that all infrastructures, shelters, and public services developed post-disaster adhere to universal accessibility standards, benefitting persons with disabilities and other vulnerable groups.
- vii) Develop comprehensive disaster risk reduction plans that consider the specific needs and vulnerabilities of persons with disabilities, emphasizing proactive measures to protect this demographic during disasters.
- viii) Allocate specific funding streams or resources aimed explicitly at enhancing disability-inclusive programs, infrastructure, and services within the provincial recovery framework.

- ix) Establish forums or committees comprising representatives from disability advocacy groups, local governments, and experts to ensure inclusive decision-making and planning for disaster recovery efforts.

### **For federal government**

- i) Establish a centralized one-door system for medicine supply and the initiation of rehabilitative services for efficiency and uniformity.
- ii) Enhance technical human resources to spearhead the recovery process, especially with expertise in accessible WASH, inclusive shelter, and protection.
- iii) Ensure sufficient technically sound manpower and resources during the rescue phase, knowledgeable regarding accessible wash and inclusive shelter and protection.
- iv) Plan and manage specialized shelters for persons with disabilities, senior citizens, and other marginalized groups to protect them from harsh weather conditions.
- v) Deploy humanitarian aid groups specifically to marginalized communities in the affected areas for targeted assistance.
- vi) Mobilize WASH facilitators for community awareness campaigns to mitigate WASH-related hazards post-earthquake.
- vii) Ensure the availability of specialized and accessible rehabilitation services for persons with disabilities within federal healthcare facilities, focusing on post-disaster trauma and disability-specific care.
- viii) Provide technical support and training to local disaster response teams, emphasizing disability-inclusive protocols and practices to enhance their capacity in addressing the needs of persons with disabilities during emergencies.
- ix) Develop and enforce specific standards for shelters and temporary housing that prioritize accessibility, safety, and inclusivity for persons with disabilities and other vulnerable groups.
- x) Establish a dedicated hotline or support service staffed with trained counselors to provide immediate psychosocial support to individuals, especially persons with disabilities, experiencing post-disaster trauma or distress.

## **For development agencies**

- i) Advocate for and support the collection of comprehensive data on all earthquake-affected households at the provincial and local levels.
- ii) Conduct training and capacity-building sessions on disability-inclusive earthquake response mechanisms based on UNCRPD and DRR&M Act for effective disaster management.
- iii) Advocate and support the construction of accessible shelters and infrastructures that consider the needs of persons with disabilities.
- iv) Train and empower organizations of persons with disabilities (OPDs) to monitor emergency response and recovery efforts effectively.
- v) Distribute inclusive educational resources like books, stationary, furniture, and school bags, along with temporary school structures, to ensure continuous education services.
- vi) Support the construction of child-friendly and disability-friendly school buildings, toilets, and drinking-water facilities in schools or temporary learning centers.
- vii) Develop inclusive and accessible information channels such as easy-to-read materials, Braille, sign language videos, etc., for effective communication.
- viii) Mobilize psychosocial counsellors to address and minimize post-disaster trauma and psychological problems within the affected communities.
- ix) Collaborate with local organization persons with disabilities to advocate for disability-inclusive policies and actions within the earthquake recovery framework at the provincial and federal levels.
- x) Conduct capacity-building workshops for government officials, responders, and community leaders, emphasizing disability-inclusive practices in disaster response, recovery, and infrastructure development.
- xi) Undertake accessibility audits of relief distribution centers, shelters, and infrastructure projects, providing specific recommendations for enhancements to ensure universal accessibility.
- xii) Source and provide disability-specific relief supplies, including assistive devices and equipment, tailored to the needs of persons with disabilities affected by the earthquake.

## 7. Case Story

### *Story of Man Bahadur Oli*

*Man Bahadur, aged 57, lives in Jajarkot district and was struck by the recent earthquake. During the quake, he was asleep in a rented room when the strong tremors caused the house's wall to collapse. He fell from the first floor to the ground amid mud and stones, resulting in injuries on one side of his body.*

*While others in the same house managed to rescue themselves by either running outside or jumping from windows, it was Man Bahadur's wife and neighbours who saved him. He was found unconscious, and for a brief period, they thought he had passed away. He regained consciousness an hour later but began talking and crying in a strange manner due to the mental trauma he experienced.*



Figure 18/ Mr. Man Bahadur Oli in a wistful pose.

*Currently, Man Bahadur and his wife are residing in a temporary shelter, a cave, and are receiving meals from a communal kitchen supported by another organization. They haven't received relief materials because they were living in a rented house. Man Bahadur still feels fearful due to ongoing aftershocks in the district. He frequently cries and unconsciously utters the name of God while shouting "run run" in his sleep.*

*His wife is concerned about his deteriorating mental state, the constant aftershocks, and the uncertainty about their future. Man Bahadur hasn't sought medical treatment at health facilities because he believes they might be damaged and that others might require more urgent care than him. Additionally, they lack the financial means to travel outside the district for treatment. Therefore, he is self-medicating by obtaining medicines from a local pharmacy and expresses gratitude for having survived. He is requesting immediate humanitarian assistance as well as a permanent, safe shelter.*

## *Can I make my HOME again?*

*Sambhu, a 58-year-old man who is deaf, lives in Jajarkot district, which was severely affected by the recent earthquake. During the quake, he was asleep in his room. Because of his hearing impairment, he only felt the shaking but didn't understand what was happening around him. Even after waking up briefly due to*



Figure 19. Mr. Sambhu Chand was observing his destroyed House.

*the tremors, he returned to sleep, unaware that his house had been completely damaged. When the earthquake struck, everyone rushed out of the house in panic. However, amidst the chaos, nobody remembered that Sambhu was still inside. After everyone else was safe outside, the family realized that Sambhu was missing. They called out to him, but he couldn't respond. His room was blocked due to the damage, so they sought help from the police, who rescued him from the room through the damaged structure.*

*Currently, Sambhu is living under a tarpaulin in the open sky and receiving meals from a communal kitchen managed by another organization in the area. The only aid his family has received is a tarpaulin and one blanket, which isn't sufficient to meet their basic needs. With his house destroyed, Sambhu is anxious about the damaged dwelling and the continuous aftershocks affecting the area. He, along with others in the community, urgently requires humanitarian assistance such as winterization kits and mental health support. Additionally, they need long-term help in securing a permanent and safe shelter.*

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## अध्ययनको विषयवस्तुको सारांश

वि.सं. २०८० साल कार्तिक १७ गते (नोभेम्बर ३, २०२३) मा कर्णाली प्रदेशमा गएको ६.४ म्याग्निच्युडको भुकम्प गएको थियो । उक्त भुकम्पले धेरै जनधनको हातहात, घाइते र ठूलो धनजनको क्षति गरेको पुर्यायो । गृह मन्त्रालय अनुसार उक्त भुकम्पमा परि १ सय ५४ जनाको निधन भएको छ । यसैगरी ३ सय ६६ जना घाइते भएका छन् । यसपछि निरन्तर रुपमा गएका पराकम्पहरूले पनि स्थानीय जनजीविका तथा उद्धार, राहात वितरण तथा पुर्नस्थापनाका कामहरूलाई थप चुनौतिपूर्ण र जटिल बनाएको छ । यसपछि मिति २०८० मंसिर १९ गते अर्थात ५ डिसेम्बर २०२३ सम्ममा १४ जना थप व्यक्तिहरूको मृत्यु हुन पुगेको सरकारी तथ्यांक रहेको छ । भुकम्प प्रभावित घरहरूको संख्या ६२ हजार र प्रभावित अपाङ्गता भएका व्यक्तिहरूको संख्या ६,१३५ भन्दा बढी रहेका छन् ।

यसैसन्दर्भमा राष्ट्रिय अपाङ्ग महासंघ नेपालले २०८० मंसिर ०७ देखि २४ गते सम्म स्थलगत भ्रमण गरि भुकम्पले अपाङ्गता भएका व्यक्तिहरूमा पारेको प्रभावको बारेमा अध्ययन गरेको थियो । यसक्रममा अपाङ्गता भएका व्यक्तिहरू र विभिन्न गैरसरकारी तथा सामुदायिक संघसंस्थाहरूसंग समन्वय एवंम् परामर्श समेत गरेको थियो । उक्त भ्रमण र समन्वयवाट उक्त क्षेत्रमा एक जोखिम र प्रकोप प्रतिक्रियामा समावेशी नीति तथा कार्यक्रमहरूको आवश्यकता रहेको देखिएको छ । वर्तमान अवस्थामा स्वास्थ्य, शिक्षा, खाद्य सुरक्षा, पानी, सरसफाई र स्वच्छता, पहुँचयुक्त आश्रय स्थल, समावेशी सञ्चार, पुर्नसंरचना र आधारभूत आवश्यकताहरूलाई तत्काल उचित सम्बोधन गर्नु पर्ने देखिएको थियो । उदाहरणका लागि क्षतिग्रस्त भौतिक संरचना, स्वास्थ्य संस्थाहरू, विद्यालयहरूवाट सेवा प्रवाहमा गर्न असहज भईरहेको पाईएको थियो । यसैगरी खाद्य असुरक्षा र सफा पिउने पानीको अभाव, सहायक सामाग्रीको अभाव, मनोसामाजिक परामर्श आदीले आगामी दिनहरूमा थप जटिलता उत्पन्न गराउने र थप मनोसामाजिक असरहरू देखा पर्ने अवस्था समेत पहिचान गरिएको थियो ।

## अवस्था विश्लेषण

राष्ट्रिय अपाङ्ग महासंघ नेपाल अपाङ्गता क्षेत्रमा सन् १९९३ देखी काम गर्दै आएको ४०० भन्दा बढी सस्थाहरुको एक मात्र राष्ट्रिय छाता संस्था हो । यसले अपाङ्गता क्षेत्रमा वकालत, क्षमता विकास, जनचेतना अभिवृद्धि र सञ्जालीकरणको काम गर्छ । सन् २०२३ को भूकम्पपछि महासंघ नेपालले जाजरकोट र पश्चिम रुकुम जिल्लामा यसका कारण अपाङ्गता भएका व्यक्तिहरुमा परेको प्रभावहरुको एक प्रारम्भिक मूल्याङ्कन गरेको छ । स्थलगत भ्रमण, समुह छलफल र केही अपाङ्गता भएका व्यक्तिहरुसंगको व्यक्तिगत अन्तवार्ता लगायतका मिश्रित विधिहरु प्रयोग गर्दै, अपाङ्गता भएका व्यक्तिहरुको स्वास्थ्य, शिक्षा, खाद्य सुरक्षा आपतकालीन आधारभूत आवश्यकताहरुको अवस्थाको पहिचान गरेको छ ।

भूकम्पले अपाङ्गता भएका व्यक्तिहरुको दैनिक जिवनयापन, नियमित सेवा, शिक्षा, स्वास्थ्य मानसिक स्वास्थ्य आदिमा असर पारेको उक्त प्रारम्भिक मूल्यांकनले देखाएको छ । खाद्यान्न अभाव, चिसो मौसममा न्यानो लता कपडाको अभाव र पर्याप्त खाद्यन्नको अभावमा कुपोषणको जोखिम समेत रहेको पाईएको थियो अपाङ्गता भएका व्यक्तिहरुको पहुँचयुक्त आश्रय स्थल, आवास गृह, आवागमन, प्रभावकारी सञ्चार, दैनिक प्रयोग गर्ने सहायक सामाग्री, स्वास्थ्य सामाग्री, शुद्ध पिउने पानीको अभाव र सरसफाइको अभावले गर्दा विभिन्न रोगको जोखिम बढ्ने अवस्था समेत पहिचान गरिएको छ । तसर्थ उपरोक्त आवश्यकताहरुलाई विचार गर्दै सम्बन्धित निकायहरुले अपाङ्गता भएका व्यक्तिहरुको आधारभूत आवश्यकताहरुलाई तत्काल ध्यान दिनुपर्छ ।

जाडो मौसममा सरकारी तथा गैरसरकारी सस्थाहरु, स्थानीय तह, प्रदेश सरकार, संघीय सरकार र विपद व्यवस्थापनमा काम गर्ने विभिन्न विकासका साझेदार निकाय र गैरसरकारी संघसंस्थाहरुले जोखिममा रहेका व्यक्ति, समूहहरुका लागि स्वास्थ्य सेवालाई प्राथमिकतामा राखेर खण्डिकृत तथ्याङ्क सङ्कलन गर्न र अपाङ्गता भएका व्यक्तिहरुको आवश्यकता विश्लेषण गरि आफ्ना कार्यहरुमा प्राथमिकता राख्दै सेवा सुविधा तथा उचित व्यवस्थापन गर्नु पर्ने सवाल पहिचान गरिएको थियो । यसैगरी सबैको लागि पहुँचयुक्तताका मापदण्डहरुको पालना गर्ने पूर्वाधार, स्वास्थ्य सेवा आदीमा



अपाङ्गता भएका व्यक्तिका साथै जेष्ठ नागरिक, गर्भवती महिला, नवजात शिशु आदीलाई विशेष ध्यान दिनु पर्छ । साथै उनीहरूलाई यस विपद्को समयमा आवश्यक सहयोग र समन्वय गर्न विकास नियोगहरूलाई समेत सिफारिस गरिएको छ ।

उक्त विपद्को अवस्थामा अपाङ्गता भएका व्यक्तिहरूको स्वास्थ्य, शिक्षा, सेवा परिचालन, समतामूलक राहत वितरण, सहायक सामाग्री, परामर्श सेवाहरूको उपलब्धता र समावेशी पूर्वाधार योजनामा तत्काल काम गर्नुपर्ने देखिएको छ । प्रभावकारी सञ्चारको जोखिममा रहेका समूहहरूको आवश्यकतालाई प्राथमिकता दिने, अपाङ्गता व्यवस्थापन, दैनिक हेरचाहका लागि स्वास्थ्य तथा सामाजिक कर्मचारीहरूलाई आवश्यक तालिम दिने, पहुँचयुक्त सूचना समाग्री तयार गरी प्रसार गर्नुपर्ने आवश्यकता समेत पहिचान गरिएको थियो । मनोसामाजिक परामर्श विशेष आश्रयस्थलहरू र खानेपानी तथा सरसफाईसँग सम्बन्धित कार्यक्रमहरू तत्काल सञ्चालन गर्नु आवश्यक रहेको छ । भूकम्प प्रभावित क्षेत्रका अपाङ्गता भएका व्यक्तिहरूको संरक्षण र विकासका लागि सरोकारवालाहरूबीचको सहकार्य र समावेशी निर्णय प्रक्रिया महत्वपूर्ण रहेको समेत अध्ययनले देखाएको छ ।

### **निष्कर्ष**

भूकम्पले स्थानीय समुदायलाई नराम्ररी असर गरेको छ । तत्काल मानवीय सहायता, समावेशी नीति तथा कार्यक्रमहरू र दीर्घकालीन पुर्नस्थापनाको लागि आवश्यक रणनीतिहरूको तर्जुमा गर्नुपर्ने देखिन्छ । यसैगरी विभिन्न सिमान्तकृत समूहहरू विशेष गरी अपाङ्गता भएका व्यक्तिहरूको चासो, सरोकार र समस्यालाई तत्काल सम्बोधन गर्नुपर्ने रहेको देखिन्छ । स्थानीय सरकार, प्रदेश सरकार, संघीय सरकार र विकास साझेदारहरूले तत्काल राहत वितरण गर्दै अपाङ्गता भएका व्यक्तिहरू सहित गर्भवती महिला, बालबालिका, नवजात शिशु, जेष्ठ नागरिकहरूलाई प्राथमिकता दिदै खानेपानीको सुनिश्चितता र समावेशी पूर्वाधारको विकास, समावेशी नीतिहरूको वकालत, र मनोसामाजिक परामर्श आदिको लागि अनुरोध गरिन्छ ।



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