



Assessing the Impact of Nepal's 2015 Earthquake on Older People and Persons with Disabilities and How Gender and Ethnicity Factor into that Impact

A Joint Initiative of HelpAge International, CBM and NDRC Nepal

POLICY BRIEF

1. Context

Older people and persons with disabilities are disproportionately affected by natural disasters. They are often overlooked during emergency responses and inadequate humanitarian assistance, a fact which increases their vulnerability. Humanitarian agencies generally believe that older people and persons with disabilities are looked after by specialized agencies, they often ignore them, thereby further limiting their already poor access to relief. To address these issues, HelpAge International (HAI) and the Christian Blind Mission (CBM), two INGOs which are part of a global consortium that promotes the inclusion of older people and persons with disabilities in humanitarian policies and programs, collaborated in Nepal to implement a joint inclusion and advocacy programme in the seven districts most affected by the earthquake in April 2015, namely Kathmandu, Kavre, Sindhupalchowk, Makwanpur, Bhaktapur, Nuwakot and Gorkha.

2. Study objectives and methods

This study aimed to understand the impact factors leading to the exclusion of older people and persons with disabilities from humanitarian action, the barriers to their inclusion, and the extent to which their skills and knowledge were utilised to promote inclusive humanitarian action. This understanding informed a set of recommendations for promoting inclusion.

A cross-sectional survey was conducted in the above seven severely earthquake affected districts eight months after the April 2015 earthquake. The sample size was estimated using the 2011 census data published by Nepal's Central Bureau of Statistics. Of the 1,515 total respondents, 1,142 were older people and 373 were persons with disabilities (206 - older people with disabilities and 167 - adults with disabilities). Quantitative methods were used to analyse the incidence of post-traumatic stress disorder, anxiety and depression. The qualitative methods applied included a review of secondary data and analysis of primary information gathered through focus group discussions and key informant interviews designed to capture impact factors, challenges and good practices.

3. Study findings

3.1 Psychosocial impact of the earthquake on older people and persons with disabilities

The study found that the earthquake had psychosocial impact on older people and person with disabilities. About 27% of older people were traumatized and 47% were anxious, but only 6% were depressed. Older people with disabilities experienced more trauma, anxiety, and depression than older people without disabilities. Of the total respondents of persons with disabilities, 32% were traumatized, nearly 50% anxious, and 9% were depressed. A significant proportion of older people with disabilities were found to be experiencing either trauma and anxiety or depression or a combination of the three mental health effects. Gender was also a significant aspect: women with disabilities were more likely than men with disabilities to experience trauma, anxiety, and depression, most probably because they have lower levels of mobility and access to information than men do. The distribution of old age and disability allowances was regular and satisfactory after the earthquake. 34% of respondents said that they had received their old age allowance very close to their homes, while of the total persons with disabilities, 42% were satisfied with the way they received their disability allowances from the Village Development Committee. About 28% of older people and 23% of persons with disabilities had lost their identity cards in the earthquake, but this fact did not negatively impact their ability to access relief. Altogether 14% of respondents did not collect their allowances themselves. Older people who did not receive their allowances themselves reported having limited control over them.

Trauma was further increased among older people whose bullocks had died, ploughs had broken, tools were destroyed, seed were buried, or irrigation systems were rendered defunct. Of the total older people consulted, 95%, 50%, and 3% respondents reported the loss of property, livestock and one or more family members respectively. The loss of personal savings among 27% of older people, money saved from allowances and as gifts received from relatives and friends, also increased feelings of trauma.

3.2 The significance of gender, age, disability, and ethnicity for the impact of the earthquake

The prevalence rate of trauma, anxiety, and depression was high among women. Anxiety, in particular, was common, and older women suffered more from it than older men did. With regard to persons with disabilities, among adults (persons below 60 years of age) and older persons with disabilities, more women than men suffered from trauma, anxiety, and depression. In fact, older women with disabilities had the highest rates of anxiety. The prevalence of probable trauma was significantly higher in men than in women; indeed, older men were nearly twice as likely as older women to develop trauma. Those persons with disabilities who had a strong initial fear were 41% less likely to develop trauma than those who had little initial fear. Older people with disabilities from the Dalit and Brahmin communities had the highest rates of trauma, anxiety, and depression. In heterogeneous communities, composed of diverse ethnicities, castes, and economic backgrounds, the more socially powerful, the so-called higher castes, and people with strong political connections had greater access to relief.

The earthquake itself and its impact on families was a reason for older women with disabilities to be abandoned. The extent of such abandonment increased when families split up with the expectation that they would receive extra relief materials.

3.3. The coping capacity of older people and persons with disabilities during emergencies

Among the population affected by the earthquake, older people and persons with disabilities were the most vulnerable and those who experienced the greatest losses. Along with government, social networks like older people's associations (OPAs), disabled people's organizations (DPOs), single women's groups, and age and disability task forces and focal points helped these groups' access relief materials. However, the regular functioning of these social networks was badly ruptured following the earthquake. Well-off families easily accessed the aid and were least affected. Older people and persons with disabilities who lived with their families or had supporting neighbours experienced less trauma than those who lived separately. As has been the case elsewhere, good support from neighbours was associated with resilience and poverty with increased risk (Phibbs, Severinsen, Woodbury, & Williamson, 2014). This study concluded that social networks, wellbeing, good neighbours, and living in joint families are among the major coping capacities that help people manage emergencies.

3.4. Factors restricting older people and persons with disabilities from accessing humanitarian aid

The main barriers that restricted older people and persons with disabilities from accessing humanitarian aid were distance, topography, access to information, discrimination by their own families, and political influence. Geography imposed a sort of competition for aid, as those people who arrived at distribution points early claimed the biggest part of available relief goods.

The discriminatory attitudes, beliefs, and prejudices of youths and adults were a barrier to the participation of older people and persons with disabilities in meetings and also restricted their ability to get information. In fact, attitudinal barriers existing in the society hampered the overall protection and empowerment of older people and person with disabilities. Their participation of older people and person with disabilities in meetings was also impacted by the physical inaccessibility of their venues and by inadequate relay of information.

Unsystematic and inadequate data on older persons and persons with disabilities resulted in the duplication of relief distribution and the exclusion of older people and persons with disabilities from accessing relief aid. It also resulted in the neglect of their specific needs and requirements. Local political leaders influenced humanitarian responders to channel aid into their political constituencies, and older people and persons with disabilities from poor and marginalized families lacked the political power to have their voices heard. Such injustices made it difficult for older people and person with disabilities in accessing relief materials.

3.5 Degree that humanitarian actors address the needs of older people and persons with disabilities during disasters

Immediate humanitarian assistance came in form of health camps, food and cash support, and hygiene-and-dignity kits and other non-food items from the government and humanitarian agencies. This support was not enough, however. In particular, some of the temporary toilets installed in disaster relief camps failed to address all the requirements of older people and the disabled because of the lack of handrails, inadequate lights, or latches and wide doors.

People who were still living in temporary shelters experienced asthma, frequent headaches, colds, diarrhoea, fever, and joint pains due to poor space, hygiene and sanitary conditions, and inadequate provision of blankets. Long-term stay in a shelter also induced a sense of lost dignity and magnified feelings of helplessness, distress, and depression. Such feelings may interfere with people's coping capacities and increase their aggression, hyperactivity and impulsivity. A recent study, for example, showed that the suicide rate increased two years after the 2011 Great East Japan Earthquake (Tomata, et al., 2015).

3.6. Institutional barriers to inclusion and good practices

The main barriers that the study explored were inadequate disaggregated data, differing priorities, the first-come-first-serve basis of relief distribution, mobility challenges, inadequate provisions for older people and persons with disabilities, the negative attitudes of the society, the absence of age- and disability-inclusive and accessible infrastructures, and rampant poverty. Despite these barriers, there were some good practices too. The social protection allowances from government were provided regularly. Agencies started to prioritize address the need of older people and persons with disabilities by setting up a separate queue. HAI and CBM supported older people and persons with disabilities through cash and other supports designed to meet some of their specific needs.

4. The way forward

- **Psycho-social counselling:** Social stigma, fear and trauma were prevalent among older women and women with disabilities. To reduce the impacts of stress, anxiety and depression and to minimize the fear of another earthquake, humanitarian agencies should provide specific psycho-social counselling and mental health services that target older women and women with disabilities.
- **Health services:** To reduce the health impacts on older people and persons with disabilities, the government and humanitarian agencies should organize outreach health camps in readily accessible locations and make sure relevant medicines are available in health posts.
- **Allowances and relief materials:** In view of how vulnerable older people and persons with disabilities are, humanitarian agencies should establish a system for the equitable distribution of relief aid which specifically targets these groups. Relief should be age- and disability-inclusive.
- **Livelihood recovery:** About 95% of respondents reported that they had lost property, 50% that they had lost livestock, and 3% that they had lost one or more family members. Humanitarian agencies should concentrate their efforts on restoring lost livelihoods and design inclusive support for recovery through seed grants to OPAs and DPOs to run small-scale livelihood-based enterprises and they should be linked with the programs of Nepal's Poverty Alleviation Fund wherever appropriate. This has been one of the priorities of Post Disaster Need Assessment of Government of Nepal. Emphasis should be placed on the development of relevant skills.
- **Age- and disability-disaggregated data:** Humanitarian agencies should focus on collecting disaggregated data by developing common and agreed-upon templates and formats for data collection. Such templates and database tools should be used at the ward, village development committees (VDCs) and district levels so that data can be compiled and compared easily. Such data should be kept at district development committee information centres.

- **Physical accessibility:** Humanitarian agencies should advocate for the inclusive and accessible construction of physical infrastructures and National Federation of Disabled-Nepal (NFD-N) and DPOs should take a lead role in advocating and consult for safe, inclusive and accessible new physical infrastructures.
- **Social support:** To reduce the exclusion of older people and person with disabilities from their families and societies, agencies should facilitate the institutionalization of OPAs and DPOs so that they can provide a good support system, social assets, strong peer networks, and political connections as well as cash and material support. To foster social ties, these institutions should be developed as social platforms at which periodic review and reflection session can be conducted. In the future, humanitarian agencies should focus on distributing cash along with material support as it is money, not materials, that are a crucial need where markets are accessible. Agencies should assess the food needs of older people before providing food aid.
- **Mainstream age, disability and inclusion-related issues:** To internalize age-, disability- and inclusion-related issues, governmental and humanitarian agencies should mainstream these issues in their administrative, human resource, and gender and social inclusion policies. The provisions should be made in such a way that the VDCs carry out age- and disability-mainstreaming audits along with minimal conditions and performance measures to ensure these issues are included in local development efforts.
- **Reaching the unreached:** To ensure that relief aid is accessible to older people and persons with disabilities, governmental and humanitarian agencies should establish points of distribution in previously unreached areas. Information about distribution should be effectively communicated two to three days ahead of the date of distribution in understandable and accessible formats so that older people and persons with disabilities can actually access the relief items and benefits from the aid. Both male and female staff from humanitarian agencies should be mobilized to address gender-based issues and complaints. The media should be mobilized to highlight any problems encountered in accessing the humanitarian aid in post-disaster situations.
- **WASH infrastructures:** To reduce pain, drudgery, and suffering and to ensure the protection of older women and women with disabilities, age- and disability-inclusive and accessible WASH infrastructures should be built in accessible and safe areas as per the Sphere standards.
- **Shelter and health:** While designing transitional shelter support for one or two years before the construction of earthquake-resilient homes, humanitarian agencies should advocate for adopting accessible transitional shelter designs that take into consideration age and disability issues. Humanitarian agencies should advocate for enough ventilation, appropriate ceiling heights, ramps and safety bar to ensure the privacy and safety of older people and persons with disabilities.
- **Strengthen the capacity of OPAs, DPOs, and NFD-N:** Agencies should work together to amend existing laws, policies, and strategies as required to reduce barriers to the inclusion of older people and persons with disabilities. Governmental and humanitarian agencies should mobilize age and disability task forces to strengthen the mainstreaming agenda and promote the greater inclusion of target groups in disaster risk reduction efforts and future emergency responses.
- **Advocacy for the inclusion of older people and persons with disabilities:** Governmental and humanitarian agencies should advocate for mainstreaming age and disability into disaster preparedness efforts.

Humanitarian agencies should advocate that governmental agencies at different levels increase the inclusion of older people and persons with disabilities in disaster risk reduction and disaster response efforts.

References

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