Nepal: Healthcare and Sanitation Issues Resulting From Frequent Natural Disasters in Nepal

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Health Care and Sanitation Issues Resulting From Frequent Natural Disasters in Nepal

<table>
<thead>
<tr>
<th>Location</th>
<th><img src="http://twoandfro.com/2014/05/k-k-k-k-k-kathmandu/" alt="Map of Himalayan Region" /> (Map of Himalayan Region)</th>
</tr>
</thead>
</table>
- Ethnicity: Khas/Nepalese                     |
| **Political Structure**                       | - Multi-party republic  
- Democratic electoral processes  
- Collapse of communist party in 2011          |
| **Major Challenges Faced by Nation**          | - Extremely low income country (2016 GDP per capita: $729.53)  
- Political instability following relatively recent civil war  
- Geographically prone to frequent natural disasters  
- Serious lack of infrastructure and basic health care leads to easy spread of disease, malnutrition, and high infant mortality rates |

**Health Issue: Damage and Disease Resulting From Earthquakes and Similar Disasters**
- Some of the observed impacts, specifically those incurred from Nepal’s 2015 Gorkha earthquake, include: “collapse of healthcare facilities and healthcare systems, interruption of ongoing healthcare delivery, disruption of surveillance and health programs (immunization and vector control programs) and limitation or destruction of farming activities leading to food insecurities.” (Asokan and Vanitha, 2017, p.92). Earthquakes and landslides continue to displace significant portions of the population and increase spread of disease significantly.
- Severity of earthquakes can be measured by their seismic activity, however, damage inflicted relies on several other factors. In response to the 2015 earthquake, Nepal followed the National Disaster Response Framework (NDRF). This framework, as suggested in an article analyzing the implementation of it following the earthquake,
“failed to capture the potential of local non-governmental organizations and communities as potential responders…” (Bisri and Beniya, 2016, p.19). The severe lack of medical assistance available to those affected was a combination of both the previously mentioned poor use of local aid, as well as the result of extremely low incomes and an unproductive federal government.

- While the limited government promised compensation and support following the 2015 quake, an article on the aftermath from Newsweek points out that “…in the months following the earthquake, the cost of building materials skyrocketed thanks to massive demand.” (Wolfson, 2016, p.1). Already vastly disadvantaged, issues such as high demand and a lack of basic resources necessary for disaster response have impeded much progress by the affected Nepali people and those aiding them.

**What Can Be Done?**
- Outside help, specifically in the form of NGO’s (non-governmental organizations) is a necessity for developing countries like Nepal following disasters such as the 2015 earthquake. While groups are able to raise money and lend medical assistance to the affected population, their resources and time are limited.
- Rather than such heavy dependence on outside help, resources from these groups could be funnelled into local/regional governing bodies/facilities to permanently affect the responses available by the Nepalese people.
- Using resources preventatively on things like infrastructure and sanitation rather than reacting to natural disasters as/after they occur.

**Epidemiology**

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<th>Frequency</th>
<th>Although major earthquakes in Nepal have been separated by extended periods of time in the past, minor earthquakes as well as related disasters like avalanches and mudslides plague the country on constant basis</th>
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| Affected Population | - Populations near the mountainous regions (in the figure above, the primarily affected groups were those near the urban Gorkha District)  
| Risk Factors | - Location (near mountainous terrain)  
- Proximity to health care provider  
- Population density (increased likelihood of spreading disease) |
References

