

# Disaster Preparedness, Response and Management in Nepal



CMAAO

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Nepal Medical Association

# Constitution of Nepal



## Article 35 – Health related rights:

Every citizen shall have rights to free basic health services, and no one shall be deprived of **emergency health services**.



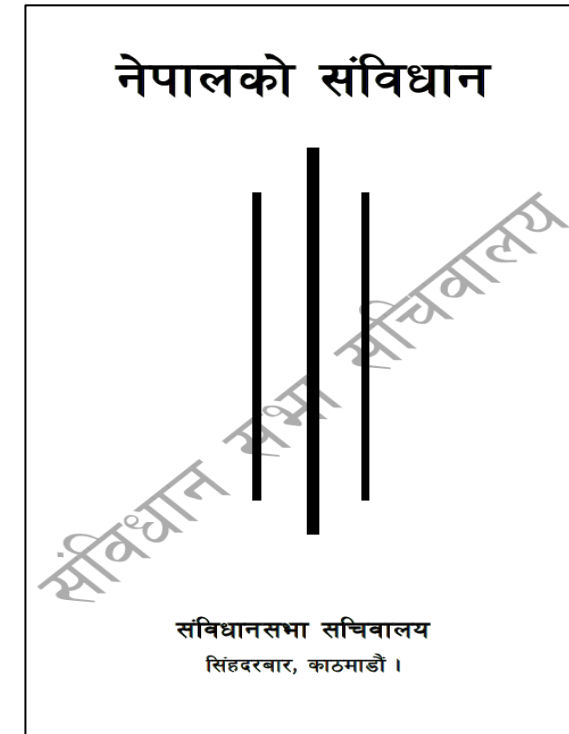
## Annex 7 – Concurrent rights of federal and provincial government – Disaster Management



## Annex 8 – Rights of Local government: Disaster Management



## Annex 9 – Concurrent Rights of federal, provincial and local government: Disaster Management



# Disaster Risk Reduction and Management Act - 2019

## National Council for Disaster Risk Reduction and Management

- Chaired by Prime Minister

## Executive Committee

- Chaired by Minister of Home Affairs

## National Disaster Risk Reduction and Management Authority:

- Ensure that plan, programs and decisions made by the council and EC are implemented.

Disaster Risk Reduction and Management Act, 2074  
And  
Disaster Risk Reduction and Management Rules, 2076 (2019)



Government of Nepal  
Ministry of Home Affairs  
2076

# Disaster Risk Reduction and Management Act - 2019



## Provincial Disaster Management Council

Laying down policy and plan on DM, providing policy guidance and directing to Provincial Disaster Management Committee.



## Provincial Disaster Management Committee

Laying down provincial policies, plan and programs subject to national policy.



## District and Local Disaster Management Committee

Disaster Risk Reduction and Management Act, 2074  
And  
Disaster Risk Reduction and Management Rules, 2076 (2019)



Government of Nepal  
Ministry of Home Affairs  
2076

# National Disaster Response Framework, 2013

- International Assistance for Disaster Response
- National and International Assistance and Coordination Framework

Name of Cluster	Health	WASH	Shelter	Food Security	Logistics	CCCM	Education	Protection	Telcommunication	Nutrition	Early Recovery Network
Cluster Leads (Government)	MoHP	MoUD	MoUD	MoAD	MoHA	MoUD	MoE	MoWCSW/NHRC	MoIC	MoHP	MoFALD
Cluster Co-Leads (Humanitarian Agencies)	WHO	UNICEF	IFRC/UNHABITAT	WFP/FAO	WFP	IOM	UNICEF/SC	UNHRC/UNICEF/UNFPA	WFP	UNICEF	UNDP

# Disaster Risk Reduction National Strategic Plan of Action: 2018-2030

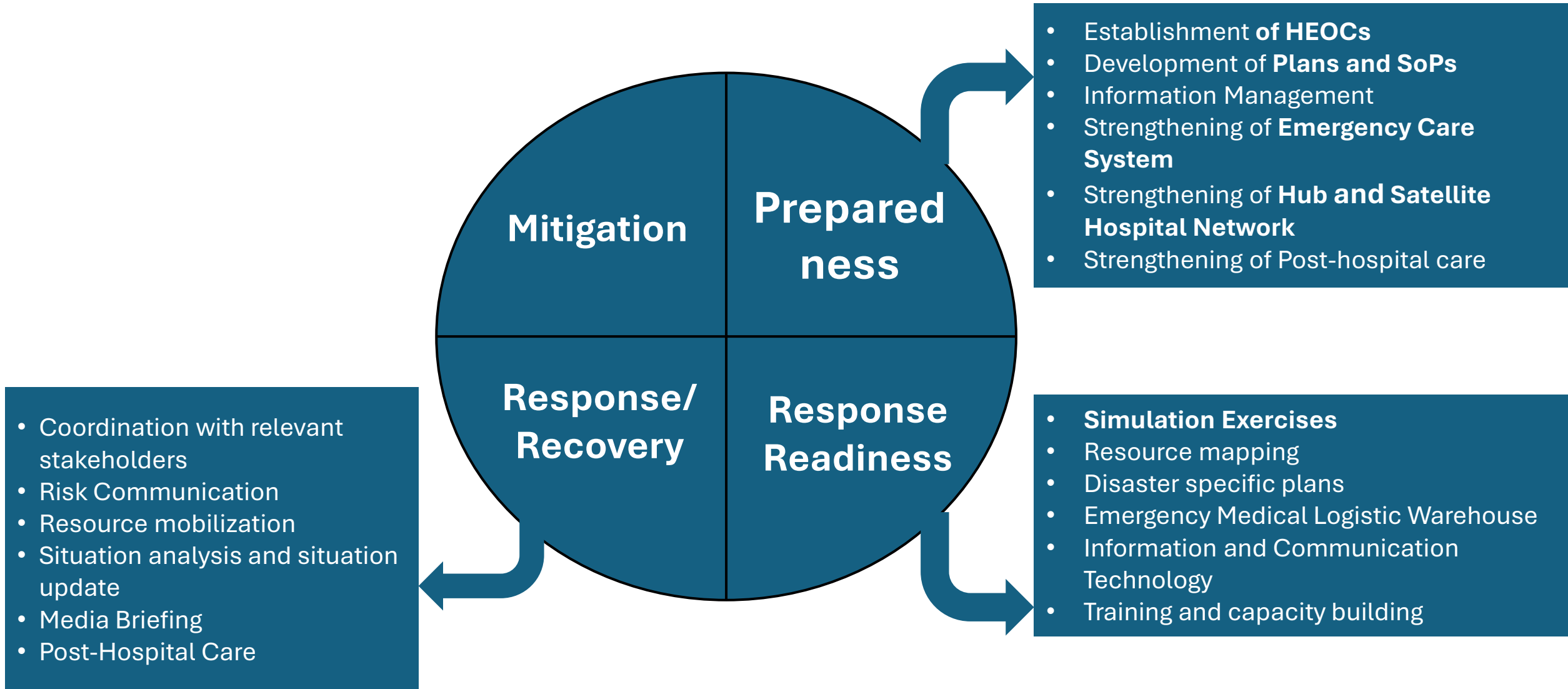
S.N.	Indicator	Baseline (average till 2015)	Short Term ( by 2020)	Medium Term (by 2025)	Long Term (by 2030)
1. Substantially reduce national disaster mortality rate					
1.1	Annual average disaster mortality (except roads accident)	900	400	300	225
1.2.	Annual average mortality by roads accident	2,000	1,700	1,200	700



# **Disaster Risk Reduction National Strategic Plan of Action: 2018-2030**

- Priority Areas: Four Priority Areas and 18 Priority Actions.
  - Priority Area 1: Understanding Disaster Risk
  - Priority Area 2: Strengthening Disaster Risk Governance at federal, provincial and local level
  - Priority Area 3: Promoting Comprehensive Risk-Informed Private and Public investments in DRR for resilience
  - Priority Area 4: Enhancing Disaster Preparedness for Effective Response and to “Build Back Better” in Recovery, Rehabilitation and Reconstruction

# Disaster Management Cycle – Ongoing Initiative in Nepal

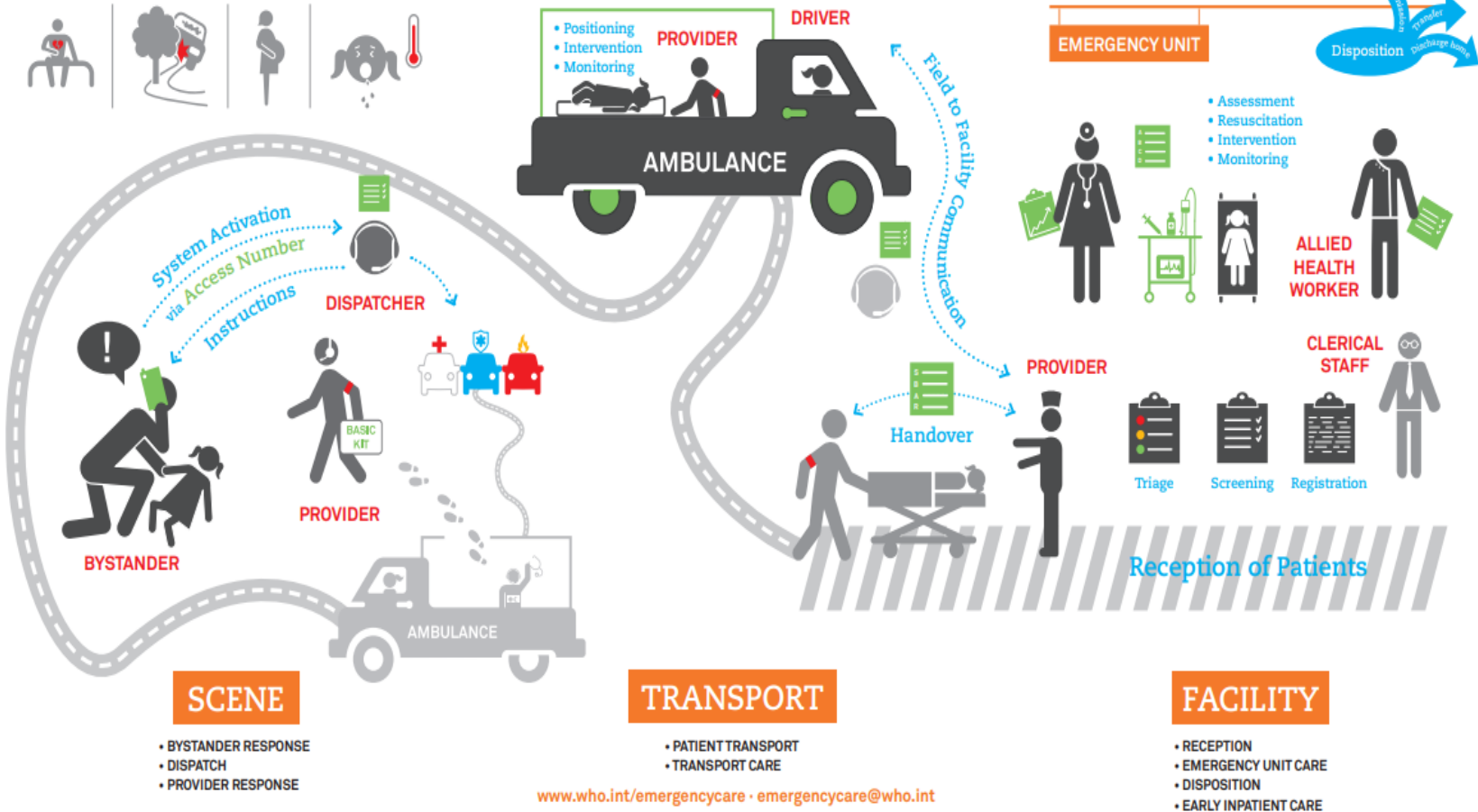


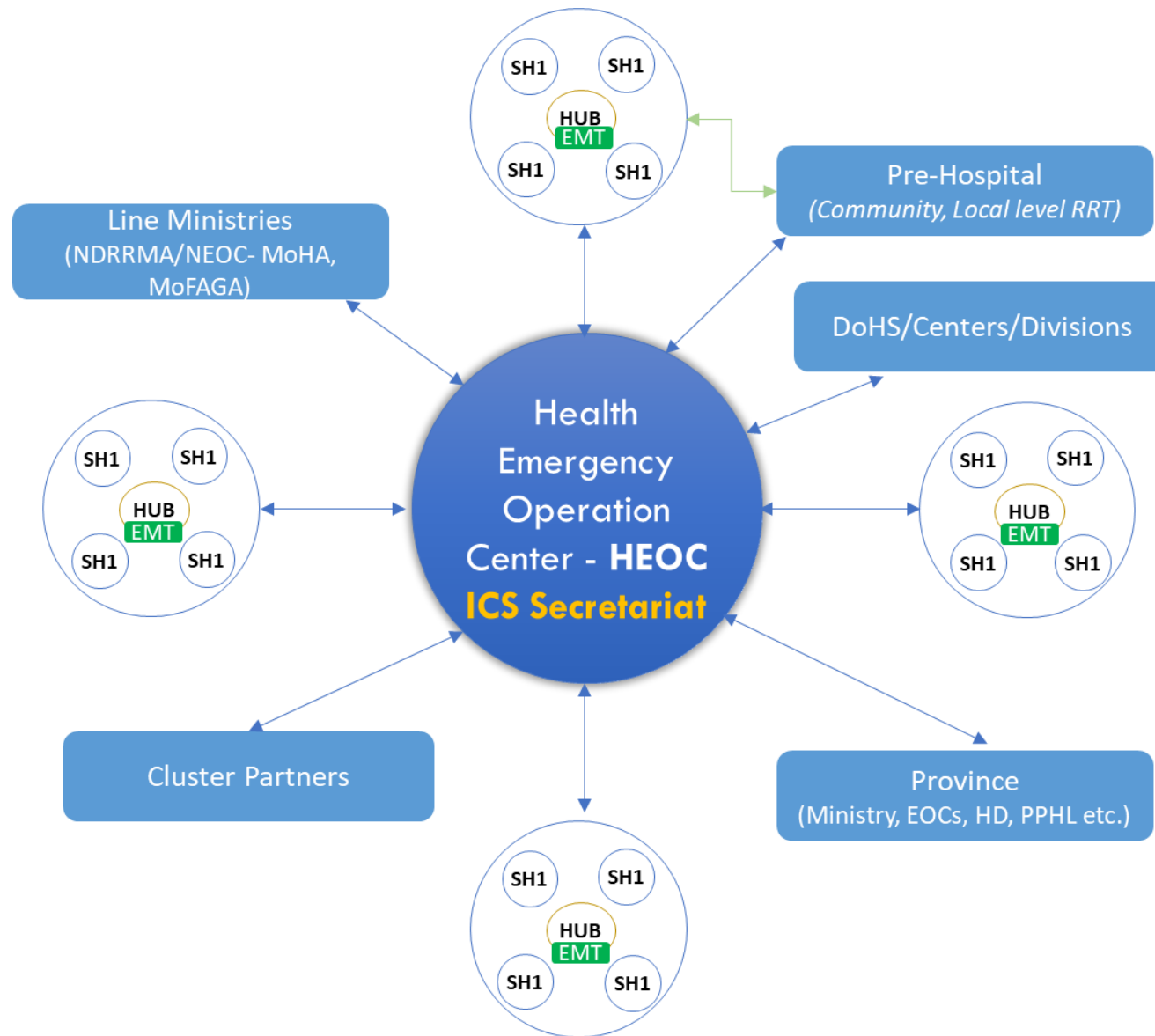
# Disaster Management Program in Nepal – Health Sector Trainings



## EMERGENCY CARE SYSTEM FRAMEWORK

All around the world, acutely ill and injured people seek care every day. Frontline providers manage children and adults with injuries and infections, heart attacks and strokes, asthma and acute complications of pregnancy. An integrated approach to early recognition and management saves lives. This visual summary illustrates the essential functions of a responsive emergency care system, and the key human resources, equipment, and information technologies needed to execute them. The reverse side addresses elements of governance and oversight.

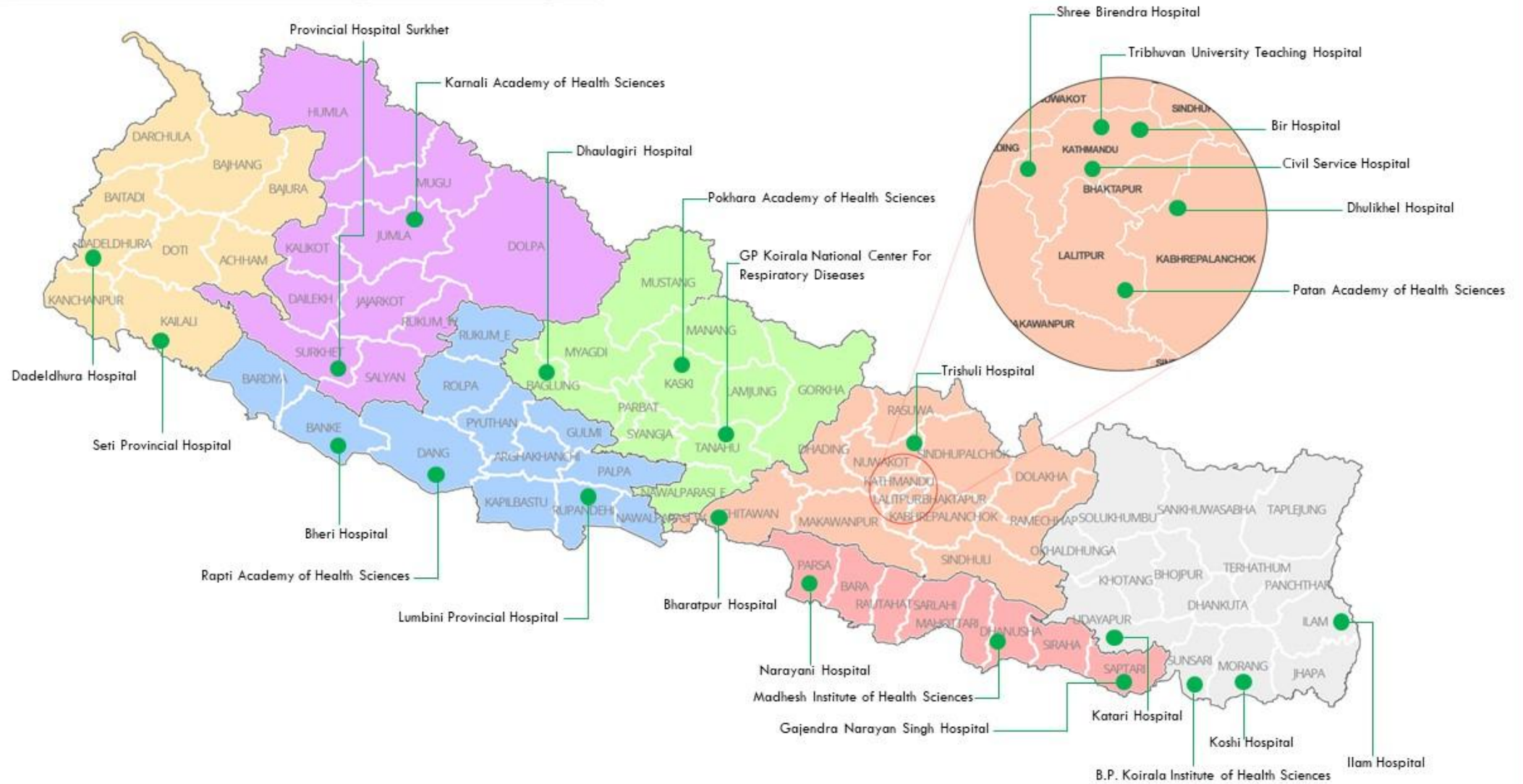




# Hub and Satellite Hospital Network

- This is one of the best **Public Private Partnership (PPP)** model in MoHP
- Easy to coordinate and communicate during emergencies
- Maximizing in-country resources for response
- Develop Consolidated Plan & Preparedness
- Form Early Deployment & Rapid Response Team
- Make Effective health care services to any Disaster/ Health Emergency situation
- Total of 25 hub hospitals are identified

# Network of Hub Hospital in Nepal



# Post Disaster Situation in Nepal



- 2015 earthquake damaged 1,000+ health facilities; up to 90% in some districts
- Services shifted to temporary tents, mobile clinics, and alternative sites
- Essential care (ANC, deliveries, chronic diseases) declined for months
- Emergency, trauma care, and rehabilitation dominated workloads

# System Strengtheni ng After Disasters



Disaster plans activated in major hospitals



Improved triage, surge planning, and mass-casualty management



Expansion of community outreach via mobile clinics and FCHVs



Strengthened disease surveillance with regular reporting by mid-2016

# Lesson from the 2023 Karnali Earthquake

**70+ facilities damaged**  
in Jajarkot and Rukum  
West

Rapid deployment of  
Medical Camp Kits  
(MCKs)

Early recovery  
emphasized continuity  
of basic services,  
reconstruction, and  
stock management

# Mental Health and Stress



HIGH RATES OF ANXIETY,  
DEPRESSION, PTSD, AND GRIEF  
AFTER DISASTERS



POST-2015 SURVEYS: ~50% MET  
PSYCHIATRIC CRITERIA, 10% HAD  
SUICIDAL IDEATION



REPEATED SHOCKS WORSEN  
DISPLACEMENT STRESS AND  
ECONOMIC STRAIN



# Barriers to Mental Health Care

- Stigma and low awareness inhibit help-seeking
- Rural areas have limited access
- No comprehensive national mental health policy for scaling MHPSS



# **Mental Health Workforce Crisis**

- Only 0.22 psychiatrists and 0.06 psychologists per 100,000 population
- <150 psychiatrists nationwide; <30–700 lay counselors
- Less than 1% of health budget for mental health
- Poor regulation and lack of licensure for counselors

# **Access to Health Services After Disasters**

- Medical Camp Kits restored services for 60,000 people after Karnali quake
- Each site saw 40–50 patients/day
- Tents equipped for OPD, maternity, lab, and emergency wards
- Solar power, WASH, hand washing stations ensure safe delivery and diagnostics
- Weather-resistant tents provide privacy and infection control

# Health Infrastructure in Nepal




GEOGRAPHY INCREASES  
VULNERABILITY TO EARTHQUAKES  
AND LANDSLIDES



RECONSTRUCTION FOCUSED ON  
DISASTER-RESILIENT AND SAFER  
BUILDINGS



RETROFITTED HOSPITALS SHOWED  
SUPERIOR RESILIENCE



# **Strengthening Health System Resilience**

- HEOC coordinates assessment, recovery, and stock management
- Development of carbon-neutral rural hospitals and solar-powered designs
- Seasonal tent structures used until permanent facilities rebuilt

# Persistent Infrastructure Challenges



Continued vulnerability in remote districts



Understaffed facilities and difficult terrain delay restoration



Financing and HR gaps hinder full resilience

# NMA Activities In Disaster

## 2024 Jajarkot Earthquake

The Jajarkot Earthquake occurred on 3 November 2023 (2080 Kartik 17), causing severe destruction in Jajarkot and Rukum West, with over 150 deaths, thousands injured, and widespread displacement. In response, the Nepal Medical Association (NMA) conducted a major relief effort on 2080 Mangsir 17 and 18 (3<sup>rd</sup> and 4<sup>th</sup> December 2023), providing free health services to more than 1,200+ people and distributing essential materials to the earthquake victims.



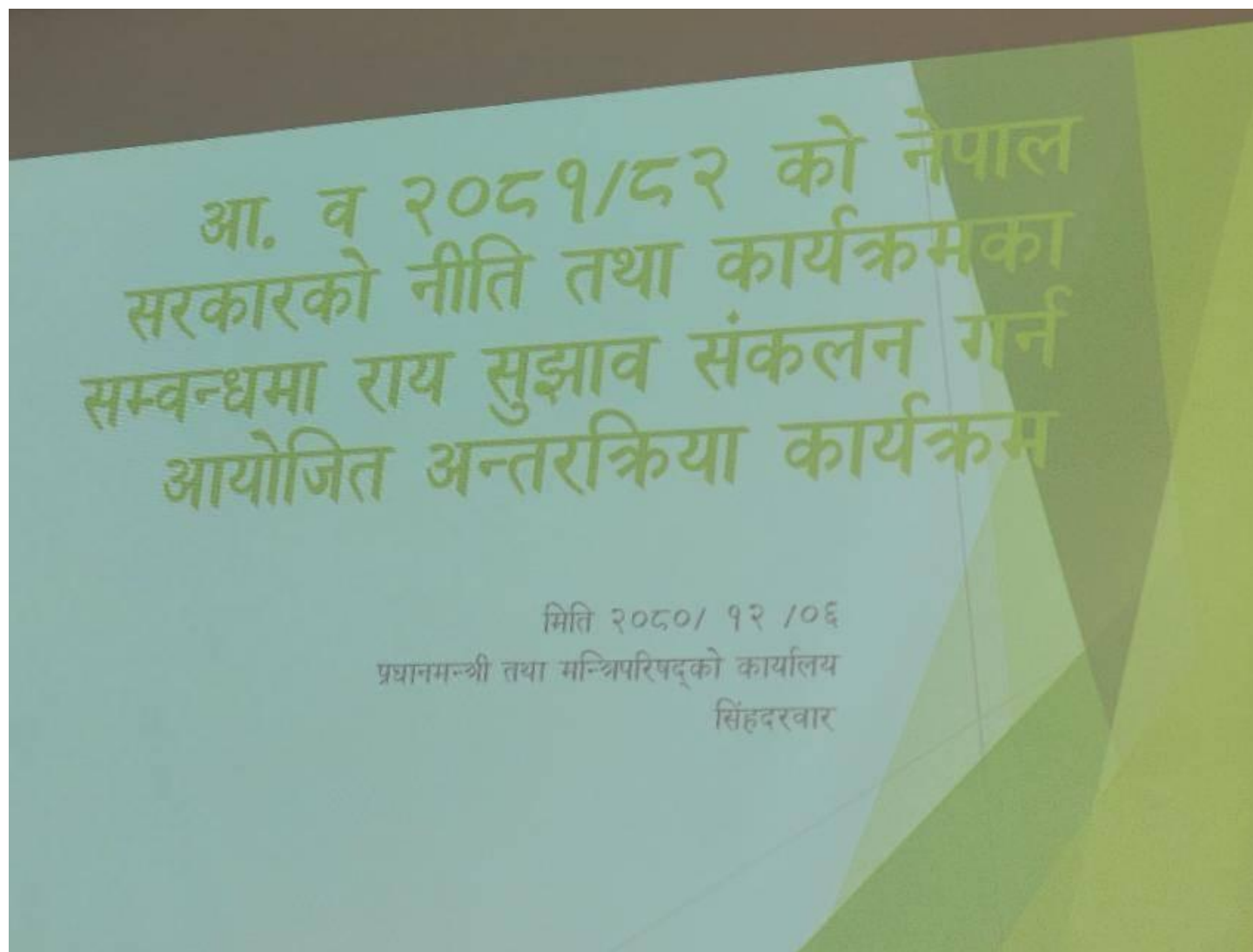
# Health Camp and Relief Distribution Programme for Jajarkot Earthquake Victims



## NMA Contributions to Policy and Programme Planning for Fiscal Year 2081/82

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On 2080 Chaitra 6, 14<sup>th</sup> March, 2024 during an interaction program organized by the Office of the Prime Minister and Council of Ministers to collect opinions and suggestions for the Government of Nepal's Policies and Programs for Fiscal Year 2081/82, the Nepal Medical Association (NMA) presented its recommendations, which also included several key points related to disaster preparedness and disaster management.



An aerial photograph of a densely populated urban area in Nepal. The foreground is dominated by a wide, muddy brown river or floodplain, heavily littered with debris and trash. Several buildings are partially submerged in the water. The background shows a dense cluster of colorful, multi-story buildings, typical of a city in Nepal. The sky is overcast and hazy.

# 26<sup>th</sup> September 2024

In September, Nepal faced severe flooding caused by continuous heavy rainfall, leading to landslides, damaged infrastructure, and widespread displacement. Emergency teams were mobilized to support affected communities. **The Nepal Medical Association, with support from CMAAO, the Taiwan Medical Association, and the Nepal–India Friendship Association, organized relief programs in several affected areas, providing essential medical care and assistance to victims.**



## 3<sup>rd</sup> October, Relief Distribution program

The Nepal Medical Association, in partnership with the Nepal-India Friendship Association, conducted a relief program distributing clothes to families affected by the disaster. The initiative supported vulnerable households who had lost belongings and needed immediate assistance.



**Nepal Medical Association Humanitarian Aid Program  
5<sup>th</sup> and 6<sup>th</sup> October 2024 at Balkhu, Kathmandu**



**Nepal Medical Association Humanitarian Aid Program  
9<sup>th</sup> October 2024 at Bethanchowk, Kavre**



# Nepal Medical Association Humanitarian Aid Program 1<sup>st</sup> Feburary, 2025 at Temal, Kavre



**Nepal Medical Association  
Humanitarian Aid Program  
24<sup>th</sup> and 25<sup>th</sup> May, 2025 at  
Terhathum, Koshi**



# Conclusion

Nepal continues to face frequent natural disasters, including earthquakes, floods, and landslides, which highlight the country's urgent need for strong preparedness and a resilient health-response system. Over the years, significant progress has been made through national policies, strategic planning, and improved coordination across federal, provincial, and local levels. The Nepal Medical Association has played an important role in this progress by providing timely medical relief, organizing humanitarian aid programs, and supporting disaster-affected communities across the country. Through active participation in policy discussions and continuous engagement in emergency response, Nepal is steadily strengthening its capacity to protect lives, reduce risks, and support faster recovery during future disasters.

**Thankyou**

