

Report Summary

Background

Nepal is highly vulnerable to natural disasters, which disproportionately affect already marginalized and vulnerable populations, including older people and people with disabilities. Emergency preparedness is essential for ensuring that lifesaving sexual and reproductive health (SRH) services are included in humanitarian response. Effective emergency preparedness depends on inclusion of community members in all their diversity, but older people and people with disabilities are consistently left out of assessments and preparedness planning, and their unique needs and priorities go unaddressed in crises response.

In this project, the Family Planning Association of Nepal (FPAN), the Nepal Disabled Women Association (NDWA), the Senior Citizen Care Society (SCCS), and the Women's Refugee Commission (WRC) worked together to conduct participatory research in partnership with older people and people with disabilities to learn more about their priorities for disaster preparedness and SRH care. Using key findings from the research, partners developed recommendations and guidance to ensure that emergency preparedness activities at the community level are inclusive and accessible for people with disabilities and older people, and responsive to their needs and priorities.

Key Findings

EMERGENCY PREPAREDNESS AND RESPONSE

- Older people and people with disabilities are consistently left out of community-level emergency preparedness policies, planning, and activities, and emergency preparedness activities does not address their specific needs and priorities – including accessibility, and accommodations for people with mobility, hearing, and vision impairments.
- Access to information, including early warning systems, in accessible formats is essential for individual and household preparedness for older people and people with disabilities, but is a significant gap and barrier.
- Older people and people with disabilities were not prioritized in past humanitarian responses: where information and services were available, they were not accessible to older people and people with disabilities, or older people and people with disabilities were excluded from information and service delivery. There was a lack of programming and services specifically focused on older people and people with disabilities.

SEXUAL AND REPRODUCTIVE HEALTH

- Older people and people with disabilities, particularly older women and girls and women with disabilities, face high risks of gender-based violence, including sexual violence, exploitation, and abuse, during and in the aftermath of crises. However, older people and people with disabilities are consistently excluded from protection and health programming.
- SRH information and services are essential for people with disabilities, and SRH needs increase during and in the aftermath of emergencies, but people with disabilities face numerous barriers to accessing SRH services during stable times and during crises. Health facilities may not be accessible, people with disabilities are often excluded from programming where SRH information is delivered, and people with disabilities may experience discrimination and poor treatment from providers.
- Older people identified screening and treatment for reproductive cancers for men and women and care for uterine prolapse as priority SRH needs and services for older people during and outside of crises.
- Older people, particularly older men, did not prioritize SRH as part of emergency preparedness and response—with the exception of sexual and gender-based violence. Although the priority SRH needs and services older people identified are not part of the [Minimum Initial Services Package \(MISP\) for SRH](#), these services should be made available as SRH service delivery is expanded and scaled up to include comprehensive SRH services as a situation stabilizes.

Key recommendations

EMERGENCY PREPAREDNESS AND RESPONSE

- Partner with and engage older persons' associations (OPAs), organizations of people with disabilities (OPDs), older people, and people with disabilities across emergency preparedness, response, and recovery. Directly fund OPAs and OPDs to facilitate their leadership and participation, including in disaster risk management and emergency preparedness bodies.
- Strengthen the capacity of key community leaders and stakeholders to promote inclusive community preparedness, including for SRH. Train stakeholders on principles for inclusion and raise awareness of the SRH needs and priorities of older people and people with disabilities.
- Undertake consultative processes with older people and people with disabilities, in partnership with OPAs and OPDs, to ensure that emergency preparedness policies and plans are responsive to their self-identified needs, priorities, and recommendations.
- Regularly budget for disaster risk management and emergency preparedness, including for health, at the district level. Allocate funding for accommodations to ensure that disaster risk management and emergency preparedness activities are accessible.
- Ensure that information shared as part of emergency preparedness and response is available in accessible formats to ensure it is accessible to people with a range of disabilities. Leverage existing communications networks used by older people and people with disabilities to ensure information on emergency preparedness and response is accessible.
- Ensure that humanitarian facilities, including safe shelters, latrines, and distribution points are accessible and address protection risks for older people and people with disabilities. Ensure older people and people with disabilities are aware of and can access services. Provide supplies to meet specific needs, such as toileting supplies and mobility aids.
- Organize targeted health camps and community-based health, protection, and mental health and psychosocial support programming to reach older people and people with disabilities as part of humanitarian response. Partner with OPAs and OPDs to plan and implement community-based service delivery.

SEXUAL AND REPRODUCTIVE HEALTH

- Conduct targeted outreach and tailored community awareness-raising activities for SRH, including sexual and gender-based violence, in partnership with OPAs and OPDs, with older people, people with disabilities, and their networks to increase knowledge of SRH, sexual and gender-based violence, and available services, and address their self-identified needs and priorities.
- Ensure that health facilities and SRH service delivery points are fully accessible for older people and people with disabilities, and that providers are trained to provide respectful, inclusive care.
- Organize community-based service delivery, including targeted health camps, in partnership with OPAs and OPDs, to reach older people and people with disabilities who face particular barriers to accessing facility-based care with SRH information and services.
- Engage older people and people with disabilities in community-based SRH information and service delivery. Train and support older people and people with disabilities to serve as community health resource persons for their peers and communities.

The report with comprehensive key findings and recommendations, advocacy brief, and the Facilitator's Kit: Community Preparedness for Sexual and Reproductive Health and Gender, including the Capacity and Needs Assessment Tools to Build Community Resilience and the Quick Start Guide, are available at <https://www.womensrefugeecommission.org/research-resources/drr-community-preparedness-curriculum/>.

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