



International Conference: Evidence in Global Disability and Health

Applicant Details	
Name:	Alice Harvey
Position:	Consultant, HI UK
Institution:	HI UK (on behalf of)
Level of study (if applicable) (e.g. MA, PhD):	MSc
E-mail:	Aliharvey99@hotmail.com
Phone number:	07793000790
Preferred presentation format:	<input type="checkbox"/> Oral <input type="checkbox"/> Poster <input type="checkbox"/> Oral or poster

Would you like to be added to the ICED Mailing List

Yes

ABSTRACT

Title:	The implementation of the Injury and Rehabilitation Sub-cluster in response to the Nepal Earthquake: lessons for future co-ordination of rehabilitation in emergencies
---------------	---

Abstract text (limited to 300 words, should include background, methods, results and conclusions):

Background: Following the earthquake which struck Nepal on the 25th April 2015 an injury and rehabilitation sub-cluster (IRSC) was implemented within the UN co-ordination mechanism to co-ordinate activities of the many national and international actors in the rehabilitation sector. It was overseen jointly by the Ministry of Health and Population and WHO, but specifically co-ordinated by designated co-ordinators from a foreign medical team, the UK-Emergency Medical Team.

This research project aimed to explore the experience, successes and challenges of implementing such a sub-cluster, and what this experience means for the co-ordination of injury rehabilitation in future disasters worldwide.

Method: The research incorporated a literature review, results from anonymous online questionnaires directed to all sub-cluster members and feedback from the International Seminar on Rehabilitation in Emergencies held in Nepal.

Results: Results indicate that all Nepal IRSC members found membership beneficial, and that information sharing, building relationships and avoiding duplication of activities were highlighted as major successes of the group. Weaknesses were emphasised around areas concerning the time taken to initiate the sub cluster, and around accurate injury data.

Conclusions: Consistent disaggregated injury data was severely lacking in the Nepal context, making the sub-cluster less effective and service planning difficult. There is a huge opportunity and motivation within Nepal to pilot emergency injury data management systems involving information technology.

It is suggested that where high numbers of injuries are expected, and where local co-ordination mechanisms are overwhelmed, a specific injury rehabilitation sub-cluster is worthwhile.

Having a permanent, agency neutral sub-cluster co-ordinator is preferable, but technical and regional experience and co-ordination training are essential.

A strong recommendation is for focus on building national capacity of countries at high risk to mass casualty emergencies (particularly earthquakes) to be able plan and operate their own co-ordination

mechanisms, and that co-ordination should be an essential aspect of preparedness in the rehabilitation sector of such countries.
Finally, this research also highlighted that disability issues are not adequately met via a sub-cluster, and authors would support the concept of a disability 'focal point' within the cluster system.

Deadline for abstract submission: November 30, 2015

Please submit your abstract to: disabilitycentre@lshtm.ac.uk

Restricted to one first author abstract per participant.

If you have any questions, please write to:
disabilitycentre@lshtm.ac.uk