Foundation of Hope: Year One of Relief, Recovery, and Reconstruction in Nepal
FOREWORD

Twelve months have passed since the devastating earthquakes hit Nepal on 25 April and 12 May 2015, killing at least 8,790 people and destroying 498,852 houses across Nepal. It was one of the hardest challenges Nepal had faced in recent history. Over the past months we have seen how extraordinary courageous and resilient the Nepali people are. They came together to help each other, shared what they had and volunteered in temporary camps. Families and friends around the world also immediately sent assistance, tripling remittances in the aftermath of the earthquakes.

Among these extraordinary people, we met with Suresh Gurung, a 27-year-old returnee migrant who was in Malaysia when the earthquakes happened. Soon after, he decided to return home and volunteered at the Gupsepakha temporary settlement site. He chose to live closely with his family and rebuild his home and the family business. Suresh was born and raised in Larpak, a village in Gorkha district which was flattened by the earthquakes.

Another extraordinary woman that we met along our relief, recovery and reconstruction programme is Pratima Dahal, who is engaged in our debris management project through the ‘Cash for Work’ mechanism. Her strong determination led her to take the job as a local laborer, picking up rubbles to feed her family and send her children to school.

Moving forward to the reconstruction phase, there are certain challenges that can hamper the process. Topography alone is a challenge and so are the number of affected people and the diversity of the needs to meet. The International Organization for Migration (IOM), the UN partners, the civil society and volunteer organizations will continue to support the National Reconstruction Authority (NRA)’s efforts in a timely manner and in ensuring that the priority goes to those who are most vulnerable, in particular widows, people with disabilities, children at risk, single and pregnant women, senior citizens, underprivileged caste and ethnic group.

Maurizio Busatti

Chief of Mission
“1.8 million individuals assisted through IOM Nepal’s Relief, Recovery and Reconstruction Programme including shelter, Camp Coordination and Camp Management (CCCM), Displacement Tracking Matrix (DTM), Protection, Health, and Early Recovery.”
IOM Nepal and its Relief, Recovery and Reconstruction Programme

IOM has been operating in Nepal since 2007 through its main office in Kathmandu and a sub-office in Damak, initially focusing on Bhutanese refugee resettlement. Further, IOM has expanded and diversified its areas of cooperation with the Government of Nepal in additional fields such as migration and health, migration and development, facilitating migration, regulating migration as well as disaster preparedness.

As a result of the devastating earthquakes that affected Nepal in April and May 2015, IOM - as one of the world’s key humanitarian responders – quickly reacted by deploying a rapid response team of experts and promptly launched the Relief, Recovery and Reconstruction (RRR) Programme to efficiently and timely respond to the pressing needs in the aftermath of the earthquakes. The RRR programme includes a wide range of activities in the interrelated and mutually supporting fields of Shelter, Camp Coordination and Camp Management (CCCM), Health and Psychosocial Support, Protection and Early Recovery.

IOM Nepal has more than 400 staff in the country and geographically covers, alongside Kathmandu and Damak, all 14 earthquakes most affected districts.
Based on the sixth round of DTM, there are currently 82 sites consisting 26,272 displaced persons scattered in the 12 affected districts.
Locating and listening to those in need

In the aftermath of a disaster, it is of utmost importance for governments and aid organizations to gather reliable information on where people are located and which are their stringent needs. In order to achieve that, IOM uses a survey tool called the Displacement Tracking Matrix (DTM) to quickly gather, analyze and publish information about the number of displaced persons, their locations as well as their needs, gathering information on food, shelter, water and sanitation, health, education and safety.

After seven days since the first earthquake, IOM carried out the first round of DTM followed by additional 4 carried out throughout 2015, which generated in-depth information and data on the situation and needs of displaced populations. DTM reports were shared with relevant Government Authorities, UN Agencies, Donors as well as International and National Non-governmental Organizations.

To complement the DTM report, a household-level Return Intention Survey was carried out in order to provide a more thorough analysis about the intention of displaced populations to return back to their place of origin. The survey - incorporated in two of the DTM rounds - included questions related to return intentions, livelihoods, shelter and factors preventing the return. A total of 1,189 households were surveyed in 82 sites; 80% of the displaced population reported that damaged/destroyed houses, fear of landslide and aftershocks were preventing them from returning to their places of origin.

Six rounds of DTM

First round of DTM:
103 sites, with 37,500 displaced persons in the Kathmandu Valley, assessed.

Second round of DTM:
409 sites, with 117,700 displaced persons in 15 affected districts, assessed.

Third round of DTM:
104 sites, with 59,433 displaced persons in 13 affected districts, assessed.

Fourth round of DTM:
120 sites, with 58,689 displaced persons in 13 affected districts, assessed.

Fifth round of DTM:
100 sites, with 40,706 displaced persons in 12 affected districts, assessed.

Sixth round of DTM:
82 sites, with 26,272 displaced persons in 12 affected districts, assessed.

Full reports, maps and raw data can be downloaded from:
www.tinyurl.com/NepalDTM

Priority gap:
An additional round of the DTM survey will soon be conducted and the report will be finalized in May 2016. Given the number of open sites, it clearly shows that there are still many people displaced. To ensure that we can provide durable solutions for them, the continuation of the DTM survey is of utmost importance. Currently, IOM is looking for additional funding that would allow the continuation of the survey beyond May 2016.
“To face the harsh winter IOM distributed blankets, tarps, ropes, improved stoves with chimneys, solar lights and foam to 22,610 displaced individuals who are temporarily living in sites above 1,500 meters of altitude.”
Managing camps and temporary settlements

Globally, IOM is the lead organization for Camp Coordination and Camp Management (CCCM). In Nepal, IOM was actively co-leading the Camp Coordination and Camp Management Cluster alongside the Department of Urban Development & Building Construction (DUDBC), as the Government lead agency. IOM has provided CCCM training to 216 representatives from various governmental agencies and national and international partner organizations to build capacities of different actors and raise standards, ensuring an appropriate response to the needs of displaced populations.

To address the needs of the most vulnerable groups, and to respond to the harsh weather conditions, 22,610 displaced individuals benefited from the distribution of non-food items as part of the winterization support, including: blankets, tarps, ropes, improved stoves with chimneys, solar lights and foam to each of the households identified in the DTM reports as temporarily living in sites above 1,500 meters of altitude.

Camp management remains one of IOM’s priorities; 60 out of 82 identified sites benefited from the placement of camp managers to ensure that protection and assistance is provided to the displaced populations, directly benefitting 19,849 individuals.

IOM carried out site planning and site improvements in camps where the population is likely to remain for longer periods.

**Priority gap:** Forty priority sites with more than fifty households were identified in the districts of Gorkha, Dhading, Makwanpur, Kathmandu and Bhaktapur and improvements of essential infrastructure such as drainage systems, access to roads, fencing and provision of water tanks, were carried out in order to ensure dignified living conditions as well as to protect displaced populations living in temporary sites.

Displacement sites have and will remain open far beyond the emergency phase. Long term durable solutions are needed now to provide support to the displaced populations. As long as the sites remain open, improvement of infrastructure and services should continue, otherwise the sites will deteriorate further. IOM is currently looking for additional resources to support the Government of Nepal in implementing durable solutions for displaced populations as well as to improve living conditions for those remaining in open sites for longer period of time.
“58,000 people reached through distribution of informational material on trafficking.”
Protection at the Center of Humanitarian Response

As prolonging the time of recovery might generate hazards of human rights violations such as trafficking in human beings, gender based violence, massive irregular migration and other violations of economic, social and cultural rights, protection has been one of IOM’s priority areas of intervention since the catastrophic earthquakes. In the framework of its protection programme, IOM identified and assisted vulnerable individuals with stringent humanitarian needs by distributing relief items as well as carried out awareness raising activities among vulnerable displaced populations, government officials and the wider community on the risks of unsafe and irregular migration and its connection with human trafficking. As a result, approximately 7,150 individuals have directly benefited from IOM’s awareness raising sessions whereas almost 58,000 beneficiaries have been reached through distributions of informational and educational material.

Priority gap: Protection issues such as security incidents and risks of Gender Based Violence (GBV) are usually not reported. A standardized, national-level data coordination and collection system on various forms of GBV, including human trafficking and child marriage is required to capture the reality of the different issues. Another major gap is also identified in awareness raising where it is essential to continue to build capacity of communities on protection issues such as GBV, Trafficking in Persons (TIP) and unsafe migration.
“According to the Post Disaster Needs Assessment 2015, the earthquakes and consequent landslides destroyed over 498,000 houses and partially damaged more than 256,000.”
Providing temporary shelters and starting reconstruction

According to the Post Disaster Needs Assessment 2015, the earthquakes and consequent landslides destroyed over 498,000 houses and partially damaged more than 256,000. Fearful of aftershocks or of further collapsing of damaged buildings, hundreds of thousands of people moved to open spaces and established temporary camps.

Since the immediate aftermath of the earthquake, IOM became a key shelter responder managing the pipeline which delivers shelter and non-food items through implementing partners to the most affected districts, ensures timely delivery of the shelter and non-food items including tarpaulins, Corrugated Galvanised Iron Sheets (CGIs), hygiene and kitchen kit, and winter kits.

During the first year after the earthquake, IOM has been distributing more than 350,000 CGI sheets for most vulnerable households in affected districts, including for the families who resided in displacement sites in a temporary tarpaulin shelter, and were in need of immediate shelter support. IOM provided the family with CGI sheets as well as technical assistance and guidance to ensure disaster risk reduction mitigation measures were applied in the building of the improved temporary shelter. The CGI sheet provided helped enabled them to return to their home location and restoring their access to safe living conditions and livelihoods. Without the shelter assistance provided, those families would have remained in the temporary site, lacking adequate facilities and services. In particular, to date IOM has distributed the following items to beneficiaries in need: 161,000 Plastic Sheets; 92,000 Ropes; 350,000 CGIs; 60,000 Bamboos; 197,000 Blankets; 5,000 Hygiene Kits; 5,000 Kitchen Kits; 2,000 Solar Lanterns.

As rebuilding efforts begun, IOM established Shelter Centers in Sindhupalchowk, Gorkha and Dolakha districts which serve as ‘one stop shops’ providing information and training on how to build back better as well as supporting the coordination of reconstruction activities.

IOM worked very closely with the Shelter Cluster and further with the Housing Recovery and Reconstruction Platform in order to develop user-friendly materials such as the 10 Key Messages for Build Back Safer as well as to build capacities among earthquake-affected population to re-construct safer houses incorporating disaster risk reduction measures. For this purpose Training of Trainers (ToT) were organized in Dolakha, Sindhulpalchowk and Gorkha followed by community awareness training on Build Back Safer (BBS) and respective mentoring and monitoring visits organized at the community level to provide necessary technical advice and guidance for the ongoing owner-driven reconstruction process. As of April 2016, IOM delivered the BBS community awareness training to more than 5,500 families, and distributed household toolkits for those families who attended the training.

Priority gap:
While IOM will continue its support in the coming months in providing temporary shelter and starting reconstruction, a stockpiling as part of a contingency planning to face the next monsoon and harsh winter is required.
Health and Psychosocial support to the injured and most vulnerable population

Collapsing buildings and landslides resulting from the earthquakes killed at least 8,500 people and injured over 22,300; additionally more than 400 health facilities were destroyed as well as over 700 partially damaged and they are still inaccessible for the population.

Health facilities not affected by the earthquake were overwhelmed with patients needing care for traumatic injuries. Congested hospitals meant that many who required urgent and life-saving treatment could not be assisted. Triage of patients was urgently needed and in the chaotic post-earthquake situation, there was a risk that patients would not be discharged safely or followed up.

IOM assisted with patient discharge and referrals in order to facilitate the provision of essential care. Long after acute needs were met, IOM continued to provide patient transport to ensure follow-up and rehabilitation care was provided, being the latter a key element to prevent life-long disability for the injured. During the first twelve months of the earthquake response, IOM medical escort team assisted over 1,800 patients with discharge, referral to local health facilities or safe return into the community.

In close cooperation with the Ministry of Health and Population (MoHP) and the District Health Officer, IOM established and currently operates the 40-bed Injury Rehabilitation Unit (IRU) in Chautara, District of Sindhupalchowk which provides ‘step down’ or transitional care, including intensive physiotherapy, nursing care, psychosocial support and safe shelter for patients with earthquake-related injuries and disabilities. Unique in its kind in Nepal, IOM has been working together with WHO and Injury and Rehabilitation Sub-Cluster members to establish the IRU as ‘demonstration site’ for step down care at the district level.
In temporary settlement sites, IOM medical team comprising of community nurses and health promoters jointly with the camp management teams continue to assist the most vulnerable including pregnant women, children, and persons with disabilities or chronic illnesses to access basic health services and with psychosocial support. Hygiene promotion activities continues to be conducted in temporary settlement sites as populations brace for another monsoon season under difficult circumstance.

Many of those displaced and affected by the earthquakes experienced psychological distress. IOM’s multi-disciplinary psychosocial teams, comprising of counsellors, social workers, animators and artists, provided direct assistance on a regular basis to 14 temporary settlement sites hosting 17,550 IDPs in Kathmandu, Bhaktapur, Kavrepalanchowk, Rasuwa and Nuwakot. Training and support to community volunteers to provide peer-to-peer support has also been initiated in temporary sites. IOM also provided training to 200 volunteers and camp managers on Mental Health and Psychosocial considerations in Camp Management and Service Provision and Self-Care.

IOM continues to support the National Tuberculosis Program to restore respective services in affected districts, including tracing of patients whose treatment was disrupted as a result of the earthquakes. Over 14,000 at risk individuals residing in temporary sites were screened for Tuberculosis and follow up services were provided. To support community mobilization, IOM provided trainings and orientation on Tuberculosis over 200 female community health volunteers and local health workers to raise awareness and promote testing among those at risk.

**Priority gap:** Unmet needs for the Health programme include: on-going rehabilitation care for the injured and disabled, health and psychosocial assistance for the most vulnerable remaining in sites and undergoing relocation or resettlement, professional development training for humanitarians in psychosocial support in disaster response, support for ‘healthy returns’, control of mosquito and water-borne diseases and hygiene promotion in sites over the monsoon season, restoration of TB services in affected districts and incorporating environmental health considerations (i.e. indoor air pollution) in reconstruction efforts.
“384 unsafe buildings demolished or cleared with the support of over 5,424 local laborers.”
Demolishing unsafe buildings and clearing the rubble

As a result of the earthquakes, noteworthy number of public and private infrastructures collapsed and the rubble blocked roads, isolated villages and prevented aid deliveries. Immediately after the first earthquake, IOM launched a debris removal program, temporarily employing local laborers to clear rubble along the road to Chautara. As a result, Chautara became a humanitarian hub for the hard-hit district of Sindhupalchowk, the seat of the local government and a crucial transport corridor for aid supplies.

Further, IOM engaged in larger and more complex demolitions. After a year from the devastating earthquake, IOM had safely demolished and/or cleared debris from 384 public buildings, 179 other public infrastructures and 78 private properties in Sindhupalchowk, Dolakha, Dhading and Gorkha districts as well as in the Kathmandu Valley, clearing approximately 122,400 cubic meters of rubble.

In addition, in the framework of its early recovery programme, IOM has engaged 5,424 local laborers, including 2,417 women through a cash for work scheme, for a total of 84,019 man-days and distributing directly over NPR 56 million in wages, which definitely contributed to the improvement of livelihood opportunities for affected populations. In addition, IOM successfully led the debris management working group within the Early Recovery Cluster and provided technical support to the Shelter Cluster in developing relevant information material for safe demolition and debris recycling.

Priority gap: Through this programme, IOM has created a vast network composed of thousands of people from the affected communities, teams of engineers and supervisors at the districts level as well as created strong relationship with local authorities and private sector. IOM is looking at new opportunities to engage this existing network and strong partnerships in the reconstruction and rehabilitation process of public spaces and community infrastructures, while continuing to support affected families with its income generation programme. In addition, considering that dangerous structures are still a treat for public safety and are impeding the full reconstruction process, IOM is looking for additional funding to continue the ongoing safe demolitions interventions and support to local authorities in affected districts.
Housing Recovery and Reconstruction

The Housing Recovery and Reconstruction Platform (HRRP), co-led by IOM and UN Habitat, was established in December 2015 to provide a framework for coordination, strategic planning, and technical guidance for agencies involved in longer term housing recovery and reconstruction. The HRRP has more than seventy partners working across the fourteen priority districts to ensure that technical assistance and guidance is available to earthquake affected communities, in support of the Government of Nepal’s Earthquake Housing Reconstruction Programme, led by the National Reconstruction Authority (NRA).

Since December 2015, the HRRP has been actively supporting the NRA by providing consolidated Partner Organization’s input into the development of policies and procedures, providing coordination support at national and district level for important activities such as enrolment and training, and providing a platform for NRA engagement with partner organizations and vice versa. In particular, the HRRP supported, among others, the collection of 4W (Who, What, Where and When) data and 70 partners are currently reporting on their activities; the organization of relevant technical meetings at national and district level; the organization of technical working groups on key topics; the development of six Policy Guidance Notes consolidating information, policies and practices related to housing technical standards, technical training, social inclusion and mobilization, financial inclusion, communications and outreach, and markets and supply chain have been completed.

Priority gap:
Considering the reconstruction efforts will take several years as well as the key role that the HRRP is playing in this process, IOM is currently looking for possibilities to extend the HRRP operations beyond the initially agreed timeframe.
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