

IOM Nepal Relief, Recovery and Reconstruction Programme:

# LOOKING AHEAD





## FOREWORD

Nine 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, yet the situation was worsened by the heavy disruption in the supply and distribution of fuel and gas and consumables. In this backdrop, the International Organization for Migration (IOM), alongside with the Government of Nepal, UN partners, the civil society and volunteer organizations has mobilized all its efforts to relieve the humanitarian needs of those affected by the earthquakes and the aftershocks.

Of all the vivid memories of these past few months and feats of extraordinary courage and resilience, an inspiring story comes from Suk and Phool Maya Tamang, two women who were forced to move out of their village in Zharlang Development Committees (VDC) as a result of the earthquakes. Fear of landslides is preventing them from returning to their home. In a courageous display of determination, they have been employed to demolish and remove debris from the District Health Office in Dhading, as part of IOM's Cash for Work program. Like Suk and Phool Maya Tamang, over 2,400 people have been engaged by IOM and have safely demolished and cleared the rubble of 203 public buildings, 21 other public infrastructures and 35 private properties in the Sindhupalchowk, Dolakha, Dhading and Gorkha districts.

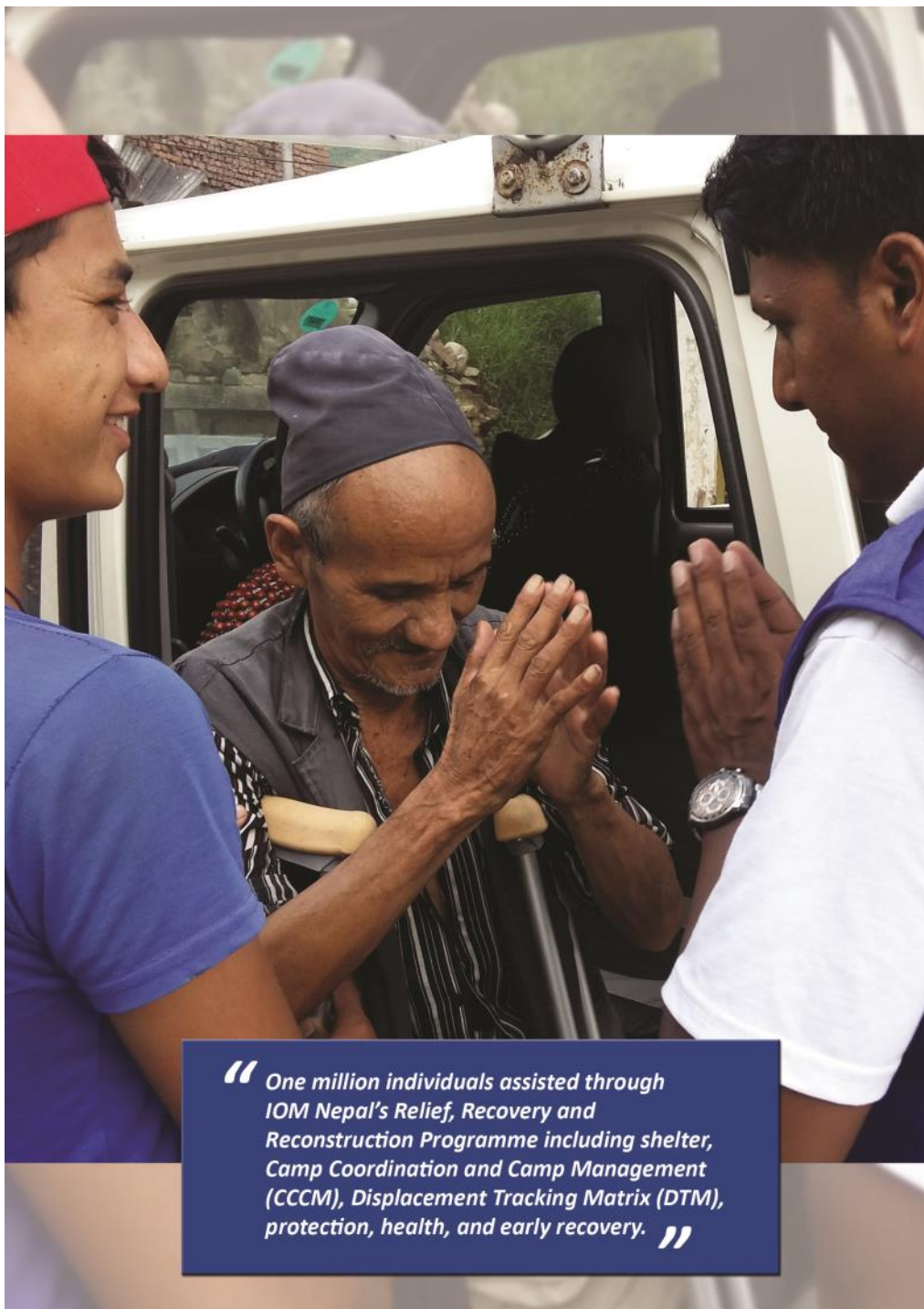
These efforts have resulted in remarkable progress in restoring access and basic public services, yet the bulk of the work is still ahead of us. In the months to come, IOM will continue to address the remaining humanitarian needs of the affected population and will strive to mitigate the hardship of the most vulnerable households that may be suffering from an unequal access to assistance and relief, as well as from their inability to return to their places of origin because of safety reasons.

Maurizio Busatti



Chief of Mission





*“ One 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 fifth round of DTM, there are currently 100 sites consisting 40,706 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.

Seven days after 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 one of the DTM rounds - included questions related to return intentions, livelihoods, shelter and factors preventing the return. A total of 1,958 households were surveyed in 104 sites; 76% of them expressed their willingness to return. Out of those, only 34% declared their intention and possibility to return to their place of origin, while the remaining surveyed households stated: a) the option of return to the place of origin is not available (32%); b) the place of return is unknown (27%); c) the intention to move to another site (27%).

### Five 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.

Full reports, maps and  
raw data can be  
downloaded from:

[www.tinyurl.com/NepalDTM](http://www.tinyurl.com/NepalDTM)

**Priority gap:**  
*The last round of the DTM survey reaching to 100 camp sites will soon be conducted and the report will be finalized in March 2016. Given the number of camp sites, it clearly shows that there are still many of displaced populations. To ensure that we can provide durable solutions to them, the need to continue DTM survey is inevitably. Unfortunately there is no available fund to continue the survey.*





*“ To face the harsh winter IOM distributed blankets, tarps, ropes, improved stoves with chimneys, solar lights and foam to 19,975 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 181 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, 19,975 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; 51 identified sites benefitted from the placement of camp managers to ensure that protection and assistance is provided to the displaced population, directly benefitting 23,344 individuals. Additional 49 sites received remote or mobile site management assistance to identify and address any vulnerability that may arise.

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 population. As long as the sites remain open, improvement of infrastructure and services have to continue or the sites will deteriorate.*



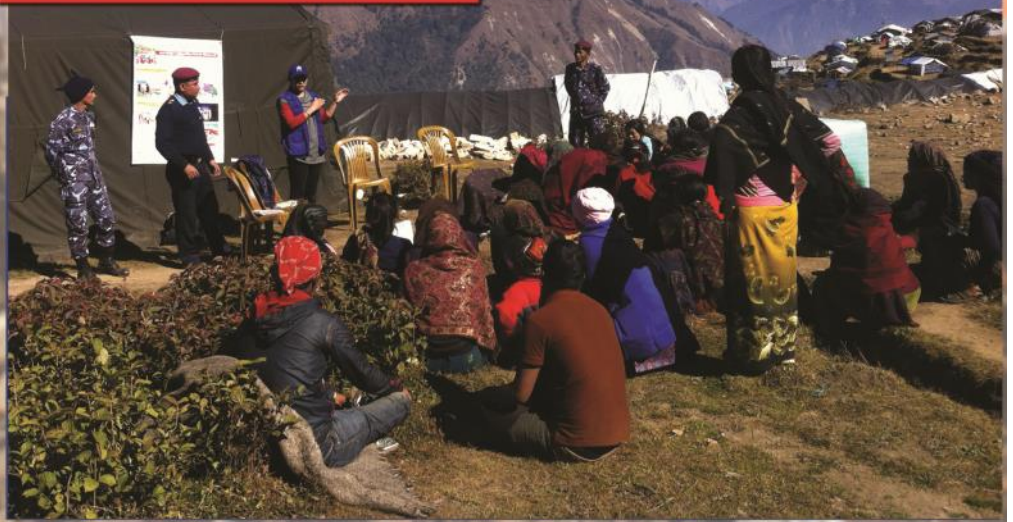
*“ 45,000 people reached through distribution of informational material on trafficking. ”*



## 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 2,500 individuals have directly benefited from IOM's awareness raising sessions whereas almost 45,000 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.

During the first nine months of the response, IOM jointly with its partner network - composed of 49 national and international organizations active in 19 districts - distributed emergency shelter and non-food items to 192,377 households, representing approximately 987,640 individuals. The shelter and non-food items distributed included plastic tarpaulins, ropes, bamboo poles and corrugated iron sheets to help families to build a temporary shelter as well as blankets, kitchen sets and solar lights to respond to the immediate needs of those families who had lost belongings. Blankets, tarpaulins, solar lights and PE foam were also distributed as part of winterization programming to community households and to displaced populations residing at the temporary sites.

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 Better 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, Sindhupalchowk and Gorkha followed by community awareness trainings on Build Back Better 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.



*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 and over 700 partially damaged, but 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 in 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 nine months of the earthquake response, IOM medical escort team assisted over 500 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-beds Injury Rehabilitation Unit (IRU) in Chautara, District of Sindhupalchowk which provides step down 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.

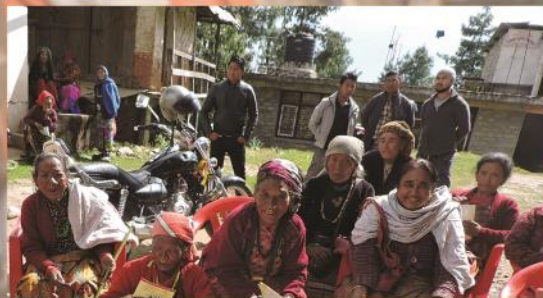




In temporary settlement sites, IOM medical team jointly with the camp management continues to assist the most vulnerable including pregnant women, people living with disabilities or chronic illnesses to access health services and psychosocial support.

Many of those affected by the earthquakes and displaced 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. 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. Approximately 5,000 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 to 168 female community health volunteers and local health workers to raise awareness and promote testing among those at risk.



*Priority gap: Unmet health needs include on-going rehabilitation care for the injured and disabled, health and psychosocial assistance for the most vulnerable remaining in temporary settlement sites, community-based psychosocial support in affected districts, prevention and control of mosquito-borne diseases and hygiene promotion in temporary settlement sites which will remain open during the monsoonal months, restoration of the National TB Programme in affected districts and active case-finding in high-risk populations*





*“ 259 unsafe buildings demolished or cleared with the support of over 2,400 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 and partners engaged in larger and more complex demolitions. By January 2016, IOM had safely demolished and/or cleared debris from 203 public buildings, other 21 public infrastructures and 35 private properties in Sindhupalchowk, Dolakha, Dhading and Gorkha districts.

In the framework of its early recovery programme, IOM has engaged over 2,400 local laborers, including 942 women, for a total of 25,843 working days. The latter combined the rubble removal with an income generation programme for earthquake-affected families. 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 including a large percentage of women who are working to demolish unsafe buildings and infrastructures to increase public safety, create access and provide space for reconstruction. This network includes as well teams of engineers, supervisors and assistants at the districts level, partnerships with contractors and strong relationships with the local authorities. Over the upcoming months, IOM will pursue its assistance in term of demolition of unsafe buildings and debris management. Moreover, IOM is looking at opportunities to use this existing network and strong partnerships to play an active role in the reconstruction process of public spaces and community infrastructures, while continuing to support affected families with its income generation programme.*



## Housing Recovery and Reconstruction

IOM actively participated in the establishment and running of a number of clusters in various capacities, including the Shelter Cluster, ensuring harmonization of activities and information sharing among the partners. As the Shelter Cluster's functions were absorbed by the newly created Housing Recovery and Reconstruction Platform, co-led by IOM and UN Habitat - coordination of relevant activities is continuously ensured. The Housing Recovery and Reconstruction Platform provides a framework for coordination, strategic planning and technical guidance for agencies involved in longer term housing recovery and reconstruction.

The institutionalization of the Housing Recovery and Reconstruction Platform and its hand over to the Government of Nepal, namely to the recently established National Reconstruction Authority (NRA), is the long term objective; in view of this, IOM will continue to provide support to the relevant authorities at central and local level in the overall recovery and reconstruction efforts.



## Acknowledgements

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United Nations  
**CERF**

Central  
Emergency  
Response  
Fund



**USAID**  
FROM THE AMERICAN PEOPLE



**UKaid**  
from the British people



From  
the People of Japan



Humanitarian Aid  
and Civil Protection



Cooperazione Italiana  
Ministero degli Affari Esteri

**AmeriCares**



Community Chest  
of Korea



NORWEGIAN MINISTRY  
OF FOREIGN AFFAIRS

**Australian  
Aid**



**Stop TB Partnership**  
TB REACH



Foreign Affairs, Trade and  
Development Canada

Affaires étrangères, Commerce  
et Développement Canada



the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1998. The public sector has grown from 10% of the economy to 15% of the economy.

There is a growing emphasis on the need to improve the efficiency of the public sector. This has led to a number of initiatives, including the introduction of competition, the restructuring of public services, and the introduction of new management practices. The aim of these initiatives is to reduce the cost of public services and to improve the quality of the services provided.

One of the main challenges facing the public sector is the need to reduce the cost of public services. This is a difficult task, as public services are often provided at a loss. However, there are a number of ways in which the cost of public services can be reduced. These include the introduction of competition, the restructuring of public services, and the introduction of new management practices.

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The public sector is a complex and challenging environment. It is a sector that is constantly evolving and changing. It is a sector that is facing a number of challenges, including the need to reduce the cost of public services and the need to improve the quality of the services provided. However, there are a number of ways in which these challenges can be met. These include the introduction of competition, the restructuring of public services, and the introduction of new management practices.

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