INITIAL RAPID ASSESSMENT REPORT
04-07 May 2015

NEPAL
Earthquake 25/04/2015
1. EXECUTIVE SUMMARY

Nepal was struck by a 7.8 Magnitude earthquake on 25 April with epicenter located 81 km northwest of the Nepali capital Kathmandu at a depth of 15km. Hundreds of aftershocks have been reported since then, including a 6.7 magnitude earthquake and, on 2 May, another 5.0 magnitude quake near Pokhara.

The Government of Nepal requested international humanitarian assistance to the UN Resident Coordinator on 26 April. As of 2 May, the Government has identified 13 out of the 75 districts in Nepal as being severely impacted (Bhaktapur, Dhading, Dolakha, Gorkha, Kabhrepalanchowk, Kathmandu, Lalitpur, Makawanpur, Rasuwa, Ramechhap, Nuwakot, Sindulpalchowk and Sindhuli) and has reported 6,659 deaths, 14,062 injured people, 160,786 homes destroyed and 143,673 homes damaged. The Government is projecting the caseload to increase to a total number of 500,000 houses destroyed. It is estimated that around eight million people have overall been affected.

On May 12, another earthquake of 7.3 Magnitude has struck the country, with the epicenter in Dolakha district. This second event has further deteriorated the humanitarian situation: the population that had managed to start to go back to a normal life is once again sleeping outside in fear of strong aftershocks, or of a new earthquake. 117 deaths and 1,961 injured people have been recorded up to 15 May, some buildings that were partially damaged have collapsed and new damages are also being reported. The reopening of the schools, scheduled for May 15, has been further delayed.

According to OCHA Situation reports, a scale-up of operations is required to ensure immediate assistance reaches people in need within the next six weeks, in advance of the monsoon season.

Access to some remote villages remains a key challenge as many landing zones are unsafe due to debris, altitude and current weather conditions. Road access is limited. Some remote villages can only be accessed by helicopters.

Conclusions:

- In terms of losses of public and private property both Nuwakot and Rasuwa have more or less similar situation, roughly 80% infrastructures either collapsed or unsafe to be used.
- First lot of relief support in terms of medical assistance, food, and shelter (partially) has been provided. However, still roughly 40% of the population has not received tarpaulins for the shelter (shortage in the market); many agencies including government have committed to provide necessary tarpaulin within a week.
- Short to mid-term support is needed in both Nuwakot and Rasuwa districts to create cash income generating opportunities for the population by involving them in cleaning the rubble, rehabilitate or reconstruct public and private infrastructures like schools, health posts, the houses and cattle sheds etc.; cash for work modality would be suitable intervention At the same time, most vulnerable household without any labor force should be supported as well through unconditional cash distribution.
- All community structures like health posts and schools are equally damaged: in the short and mid-term perspective supporting the reconstruction of selected community places and
construction of communal latrines in the identified VDCs, along with Mental Health and Care Practices would be well accepted by the communities.

- Construction activities can be done through cash for work modalities to support the livelihood of the affected communities. Cash transfer should be multipurpose.
- While there is a big loss in terms of infrastructure damage, people have searched for their stockpiled food and can have proper access to sufficient and standard quality water.
- In a couple of months rainy season will start and all the weaker infrastructures, building, roads will be further damaged. Supplies will not flow regularly, impacting access to market items.
- Based on needs, in coordination with Save the Children, ACF provided 5 set of slab latrines, one set of construction tools, 25 meters of tarpaulin and 5 bundles of rope to Batrawati resettlement camp, this is for the people of Haku VDC of Rasuwa and now who are temporarily settled in Batrawati of Nuwakot. Similarly, 65 latrine slabs, a truck of bamboos, 10 set of construction tools, 15 bundles of ropes, and 600 meters of tarpaulin were supported to people of ward no 6 and 7 of Chaugada VDC from Nuwakot.
- Major INGOs are present in the district to extend support (Oxfam, Save the Children, Samaritans’ Purse, MSF).
- DDRC (District Disaster Relief Committee) in both the districts are coordinating the rescue and relief efforts. They are allocating the VDCs to supporting agencies to work.
- ACF introduced itself in the district and shared its intention of supporting certain number of VDCs in both the districts.
- All clusters are not activated so far, however WASH cluster has started coordination efforts at district level in Nuwakot.
- From 7th May, a team of government engineers has started to check the conditions of government buildings in Nuwakot.
- Local people have past experiences on emergency response and show high degree of resilience that can be usefully taken into account for activity design.

2. CONTEXT

2.1 General consequences of the crisis

The earthquake from 25 April (7.8 magnitude) was followed by a series of aftershocks up to a magnitude of 6.7, mostly to the east of the original epicenter causing further localized damage. As of 4 May, 7,365 people have been killed and more than 14,300 injured. 39 of Nepal’s 75 districts have been affected. Access to remote areas remains a challenge. (OSOCC Sitrep 05.05.2015)

According to UN estimates, up to 8 million people have been affected by the earthquake. Over 54% of the deaths have been recorded in the districts of Sindhupalchowk (where over 38% of the total fatalities concentrate) and Kathmandu. However, there remain entire districts, such as Rasuwa, which have yet to be accessed. Approximately 2.8 million people are believed to have been temporarily displaced from their homes (USAID Factsheet 7), though numbers are decreasing as people return home in the Kathmandu Valley or are moving from there to their
rural districts of origin. The GoN estimates that more than 191,000 houses have been destroyed and more than 175,000 damaged (GoN, 5 May). The Nepal Engineer’s Association (NEA) undertook an assessment of structural damage in Kathmandu, and concluded that 20% of buildings are uninhabitable and 75% unsafe thus are in need of repairs. The highest number of damaged houses has been reported from the Kathmandu Valley and Gorkha, Nuwakot districts. (Echo Crisis Fact n°11)

2.2 Objectives of the Rapid Assessment

The main objectives of the assessment were:
1. Get introduced to local authorities
2. Identify areas not covered by other humanitarian organization/relief delivery and with reported needs
3. Verify type and scale of needs in terms of Wash, Food Security, Mental Health
4. Confirm our positioning and coverage with the authorities and other actors
5. Distribute the available materials to the population and install the water treatment station, if needed
6. Identify ideal set up and location for an operational base

3. METHODOLOGY

3.1 Assessment site selection

First set of geographical selection has been done through secondary information: either coordination with other humanitarian actors, contact with local population from different areas, analysis of our capacity to reach out and quickly deploy and reports on first assumptions regarding affected areas.

After an initial idea of addressing our assessment to Sindhupalchok area, decision has shifted to Nuwakot as per lack of attention/coverage from coordinating actors. While no attention was paid to this area, ACF chose Nuwakot because of the alarming initial data on disaster (information as of 2 of May) with more than 30,000 houses destroyed and the third highest number of recorded deaths, because of its high number of affected population and because of immediate capacity of aid delivery from our side. Assessment has been extended to Rasuwa as no other actors seem to have conducted relevant assessment on the area.

3.2 Configuration of the assessment team

A team of 7 people has deployed to Nuwakot and Rasuwa districts on the 4th of May to carry out an Initial Rapid Assessment together with immediate delivery of humanitarian help.

The team was composed of:
- Team leader/emergency expert with logistic background
- Wash
- FSL
- MHCP
- Communication officer
- Translators
- Drivers

The team left with a water treatment station, 70 latrine slabs, tarpaulin and rope.

3.3 Vulnerability indicators verified during the rapid assessment

Data on 10 May 2015 (government figures: MoHA/NEOC)

NUWAKOT
Total Population (district/VDC): 275,000 approx. (as per 2011 census)
Total Houses: 59,215
No. of Damaged Houses: Fully 51% Partially 25% Deaths: 979 Injured: 1,311
Displaced Population: Most population living under the tents/animal sheds since 25 of April

RASUWA
Total Population (district/VDC): 43,000 approx. (as per 2011 census)
Total Houses: 9,778
No. of Damaged Houses: Fully 82% Partially 10% Deaths: 491 Injured: 753
Displaced Population: Most population living under the tents/animal sheds since 25 of April

3.4 Sources of Information

3.4.1 Secondary Level:
A desk study has been done through extensive readings of available information and reports: ACAPS, Ocha sitreps, Echo Crisis Flash, GDACS, USAID/Ofda Fact Sheets, Unicef and other UN Agencies reports, Humanitarian Response Portal, national newspapers.

3.4.2 Primary Level:
04/05: Meeting with NRCS – Red Cross- to collect data of effected VDCs and relief support provided so far, context analysis.
05/05: WASH cluster meeting at 8.30 in Bidur.
05/05: Red Cross in Dunche
05/05: Member of Parliament, Nuwakot-3
05/05: CDO office and DDC in Dunche
06/05: Interactions with communities at the field level
07/05: Meeting with Redcross, CDO, LDO, District Education Officer, DWSS, NGO representatives, WASH cluster members, DHO- all in Nuwakot.

3.4.3 Local authorities:
04/05: Meeting with CDO to take permission for working in the district and get assigned areas with lack of coverage. First hand relief is already provided to all accessible VDCs.
06/05: Meeting with deputy CDO and collection of some information from DDC. Many Officials were not present in the office.

3.4.4 Key informants:
Government line agencies, NGO, civil society, international organizations and agencies, community representatives and beneficiaries.

3.4.5 Focus group:
Altogether 6 FGDs were conducted in Rasuwa and Nuwakot, three in each district.

3.5 Limits of the methodology
This assessment only focuses on a very rapid approach and on areas that could be easily and quickly accessible for the team. Findings are meant to guide the overall ACF response strategy and allow the startup of quick implementation activities.

This assessment purportedly didn’t take into account NUTRITION, as this sector is the backbone of ACF Nepal mission strategy and is being developed with a special focus of emergency response within a long term approach and with emphasis on CMAM (Community Management of Acute Malnutrition).

4. MAIN FINDINGS: General situation overview

4.1 Population movement

4.1.1 Number of population affected:
NUWAKOT
In the far north east, three VDCs, including Gyanphedi, are far remote and have no access by road and also have highest number of causalities. They received some food aid and other relief materials by helicopter for the first two days but then there’s been no follow up, according to government authorities of the district. The geographical conditions and data of those areas...
indicate that those are mountainous regions with less population but completely scattered settlements, which limited the capacity to rescue and provide timely relief.

On the first day team did a field visit of Gerku VDC, which is close the Bidur Municipality. In Gerku, 80% of the houses and cattle sheds are completely collapsed or badly damaged. In some villages even cattle (buffalo, cows, and goats) were reported to be dead. Almost all the traditional houses are completely destroyed but even the modern buildings, with pillars and concrete appear good but are either tilted or have serious cracks from inside, making them unsafe to be used. Overall, most of the public and private infrastructures are completely damaged.

On the second day, team visited Chaugada VDC, ward no 7 and 6. It is one settlement, mostly ethnic groups (rai). They had houses made from river stones (vulnerable to shocks). 95% houses and cattle sheds have been destroyed, including 50% of latrines. Altogether, ACF supported them with 65 set of latrine slabs, 15 bundles of ropes, 600 meters of tarpaulin, a truck of bamboos, and some 10 sets of construction tools. The team also assessed Kabilas VDC adjacent to Chaugada.

The third day the team split into two: FSL, MHCP and Team Leader did assessment of settlement in Thade, Dunche, and Grang of Rasuwa while also had coordination meeting with Redcross, CDO office, and DDC of Rasuwa. Whereas, WASH advisor attended the Wash cluster meeting in Bidur and did a more detailed assessment of settlements in Chaugada and Kabilas VDC of Nuwakot.

On fourth day, FSL, MHCP, and TL did market assessment and coordination with government agencies in Kalikasthan of Rasuwa, whereas, WASH advisor, re-assessed the settlements in Rasuwa. On the same day, in coordination with Save the Children, 5 latrines were supported in Betrawati camp for re-settled people of Haku VDC of Rasuwa.

Market Centers:
Bidur (HQ), Trishuli, Betrawati, Khanigaun, Chhahare…and many more in different pocket areas

RASUWA
Rasuwa district lies along the highway up to Dhunche district.
Most of the private and public infrastructures are damaged or collapsed; it's difficult to say if any building is in good shape. However, Dhunche market seems relatively less affected.

The team carried out a detailed assessment in Thade and Grang villages alongside the highway. General observation is that relief materials have not reached to all, in the remote areas ahead of Dhunche in Langtang valley there are still 300 people are missing, villages are so remotely settled and so scattered that rescue and relief efforts are very difficult. Miserably most of the adult males of HHs are working outside, only female, old people and children are in the villages, most of them even injured. People have somehow managed to make their small sheds with galvanized sheets from broken houses, so temporarily shelter is managed. But food is a serious issue. Hygiene and sanitation conditions also do not appear good. Water, distribution points are damaged, networks
damaged causing difficulty in access, people are collecting water from streams which are 2-3 kilometers away from the settlement. With the start of rainy season these sources will not be safe for drinking water. Fewer actors active here compared to Nuwakot. Overall for Rasuwa the main type of response is a multipurpose cash transfer to support the reconstruction and cover basic food needs, water, sanitation, hygiene and of course shelter as first priority.
Market centers: Kalikasthan, Dhunche, Syaphrubesi, Jibjibe

4.1.2 WASH:

The assessment area is located in the lesser Himalayan range, at elevation between 500 moh (Bidur) and 2000 moh (in Duche). The geology mainly consist of unconsolidated sediments form river beds and pebbles in Nuwakot and a transition zone towards higher Himalaya in Rasuwa. All the assessment zone is located in the Kuncha group, a geological formation form the Precambrian that include mainly bedded schists and metasandstone with locally shallow water quartzite beds, sand and pebbles in river beds like in Chaughada VDC. Due to the nature of the soil and the climate, water is found in abundance in the temperate climate zone.

The area selected by ACF in Nuwakot is located in the left bank of the Likhu Khol (a tributary of the Trisshuli) River that is coming from the Langtang range. More specifically the Chaughada VDC is located at the confluence of the Tadi and Likhu Khol Rivers, in the sediment plateau of the river bed. In Rasuwa, all assessed communities are located on the slope of the mountain.

Water access in Nawukot and Rasuwa

A/ In Bidur and Battar municipalities
All urban areas are served by a municipal network. Water is coming from a number of sources and catchments connected to a main holding tank. Distribution is done through the urban area by a network and indoor connection as well as some public fountains and tap stands. At the time of the assessment the network was functioning at 20% of its capacity due to some changes in the water source. On top of this raw water was highly turbid. No major damages were reported on the structural part of the network but many houses lost their water access because they collapsed. During the assessment ACF did some bacteriological tests on samples collected on various taps of the Network. All of them were contaminated by e.coli. The network is managed by a water committee under the umbrella of the Water Supply Division. The office of the Water Supply Division is totally flat and they lost all their stock, computers and furniture.

As it is today, the network is sufficient for the existing population. However, ACF strongly advises to keep a contingency stock ready in case of any additional population movements (for example, people leaving their communities in the mountains to seek shelter or other pulling factor in urban areas). There is also a risk of cholera outbreak as this disease is common in Nepal.

This network will be supported by Arche Nova, a German NGO specialized in WASH. They will do emergency chlorination and quick fix on the network. If this job is not done in the coming weeks, ACF could do it instead. There are also some structural damages on the network that could be repaired by ACF if nobody else is doing it.

B/ In Duchë municipality (Rasuwa)

Duchë town (population 2700) is much smaller than Bidur. It is located on a mountain at 2000 moh. The city is served by a network managed by a water committee. The District water supply division office is also severely damaged and the employees are working under a tent. The network itself is not structurally affected but should be chlorinated and some quick fix could be done.

Recommendations for urban areas: to avoid the spread of disease

- In emergency, to shock chlorinate the network.
- In emergency, to see if there is a need or “quick fix” and / or installation of a filtrations and online chlorination.
- As reconstruction phase, to see if there is a need for long term structural renovation in the network or at the spring / catchment.
- To run a complete set of water quality analysis.
- To support the reconstruction of the Water Supply division (both offices in Bidur and Duchë are destroyed).
- To check the water supply at the hospital
- For sanitation: most of the houses do have latrines connected to septic tanks. Outlet is generally in the river. This is not environment-friendly but this is the way it is all over Nepal. ACF could introduce the Butyl Flexigester Biogaz unit as a test. Bidur may be too big city for this; Duchë could be an option as Chaughada where biogas project was implemented before the quake.
Rural areas – Nuwakot

ACF have assessed the 3 VDC of Chaughada, Kabilas and Suryamati. Suryamati is located on the left bank of the Tadi Khola River. Some communities such as Chaukhuda, Gurundada, Pattabari are located along the main road following the river. They are easily reachable by road and affected by the earthquake. They are served by small networks connected to spring catchments or boxes located on the north flank of the hill of Suryamati. On the top of this hill are located few other communities such as Maighau. If people living in these communities practice open defecation they may contaminate water bodies going down to the river. The villages located along the road are at an average elevation of 500 moh and the top of the Suryamati hill is at 1100 moh.

Population of Suryamati is 3690 and 692 HH (5.3 people / HH in average). It is classified as “low income” by the district administration, mainly because people have a very limited access to farming lands as the slopes of the hill are too steep and the river bed is limited in this area. Open defecation is practiced and people use the river of mountain streams for hygiene. For water access they rely on small networks but most of them are not functioning properly at the moment.

The next VDC after Suryamati going east is Chaughada, pop. 5480 for 1164 HH (4.7 people / HH). This much bigger VDC is located on a flat piece of alluvial deposit at the confluence of the Tadi Khola and Likhu Kola. The VDC is made of several communities along the road. All of them are severely affected, with 90 or 95% of the houses destroyed. This is mainly due to the fact that houses were built with pebbles from the river bed joined with mud and therefore not strong enough to resist the quake.

Chaughada is located at an average elevation of 550 moh and surrounded by hills of more or less 700 moh. On these hills - in Dude on the left bank of the Likhu Khola or in the hill between the two rivers (elevation 994 moh) are located several springs and mountain streams, equipped with catchments and small networks used by the communities. According to our bacteriological tests, almost 80% of these networks are contaminated with e.Coli bacteria. Before the earthquake most of the houses were equipped with toilets despite of the fact that the VDC is classified as “low” by the district authority.

The next VDC going up stream along the Tadi Khola is Kabilas. The road stops after Kalchhe as the bridge across the Gad Khola is not yet finished to be built. Communities along the highway all offer the same picture of aftermath with 90 or 95% of houses destroyed as in Chaughada.

In Rasuwa ACF is planning to work in 2 VDC located on the highway going from Bidur to Dunche. These are Ramche and Dunche VDC. More exactly the idea is to cover all communities along the highway: Grang, Thade, Sole, Dunche. Villages are severely damaged, with 80 or 90% of houses destroyed. People here have less access to land as the villages are in the slope.

Recommendations for rural areas:
Shock chlorination and quick fix on all the small networks. The firemen from Nancy (a team of 10 firemen coming to Nepal for 2 weeks to help in the ACF’s area of intervention) could help to do that.

Water quality monitoring / sanitary assessment of all the networks to see what is intact, damaged or need to be repaired.

Once this is done, ACF can arrange “quick fix” and more structural renovations of the networks. The idea is to switch as quickly as possible from the emergency phase to the reconstruction stage.

For sanitation: provision of emergency latrines slabs for the transition and, provision of ceramic latrines pans (with hand washing basin) to support the reconstruction of the houses.

Overall WASH strategy

The WASH strategy in Nepal will focus on 3 pillars:

1. Emergency/reconstruction answer to the Earthquake as described above.
2. Contingency plan / stock for cholera outbreak. Nepal is a cholera prone area and there is a need for contingency planning for that. The entire WASH strategy is contributing to avoid any outbreak of disease. ACF will keep in this contingency all the equipment and treatment stations sent from the HQ at the beginning of the crisis.
3. WASH and Nutrition – A detailed CN was produced during the assessment, see for reference.

4.1.3 FSL:

We can consider three livelihood zones:

**Nuwakot District:**

Livelihood zone 1: The valley is characterized by flat irrigated lands. The main livelihood is farming and livestock. The main source of food is farmers own production of different crops such as rice, maize and for some households vegetables.

Livelihood Zone 2: The hill is characterized by small steep agricultural land. The main livelihood is subsistent agriculture and livestock. However, lands are not really productive because of the quality of the soil and limited access to water (few irrigation systems). People living in those areas have limited access to service and market because of the conditions of the road.

**Rasuwa District:**

Livelihood Zone 3: The mountainous area is characterized by high elevation territory. More than 60% of the district’s territory is at an elevation of more than 3 000 meters. Parts of Rasuwa villages were without road access even before the earthquake. People are relying on small scale agriculture and livestock as the agricultural land are limited because of the topography (rocky). The main crops are rice, wheat, maize, potato, barley and millet. Furthermore, Lang tang
National park is one of the most popular trekking destinations in the country and thus, many people in the area have livelihoods connected to tourism.

For the three areas local and foreign services are considered as sources of income.

Main findings of the rapid assessment:

- Food access, especially in the hill and mountain areas has been severely affected by the earthquake as houses - which are traditionally used to store food stocks - have been destroyed. In many cases the food stocks either buried or mixed with rubbles cannot be used. Whatever they could save is in raw form, like paddy but there is no electricity and mills are not open to process those food. Households rely on own production to meet their food requirements as market access is generally quite limited because of the remoteness of those areas. However, Food distribution for some households has started to be implemented by different actors: WFP, NGOs, INGOs, Government. In some remote areas food supply is delivered by the government and the WFP by helicopter. Quality and diversity of the food remain a concern and stock of food is limited for some areas (less than 2 weeks) particularly in the hill and mountain.

In the valley, most of the families despite the destruction of the houses manage to get some food through own production or purchase.

- Livelihood and source of income haven’t been impacted for households relying on the farming and livestock, foreign workers and services worker. It is worth noticing that data related to the loss of livestock has not been confirmed yet and has therefore to be further assessed on the field. However, in the mountainous area such as Rasuwa, households were relying on the tourism activities such as trekking labor. It has been confirmed during the assessment that those families will therefore have a loss of income.
Field of Maize in Valley – Kabilas VDCs – Nuwakot District - Valley

Rice crop in Tchogada VDCs – Nuwakot District – Valley.

Wheat seed crop in Ramche VDC – Garang Villages – Rasuwa District – Mountainous area.

- Although some distortion of the market during few days because of supply; all the market in the area are now functioning almost as usual. Items and services are running as normal and there is no increase of the price. In the coming days ACF will implement a more
detailed markets assessment with price follow up. In general, people do have access to the market as before the earthquake.

- Regarding non-food items, people manage to get access through purchase, remaining stock or donations from different stakeholders. However, plastic sheeting remains as the priority.

- In a couple of months monsoon season will start and all the weaker infrastructures, building, roads will be further destroyed. There is therefore a need to intervene very soon.

- Local people have past experiences on emergency response and show high degree of resilience that can be usefully taken into account for activity design.

- Finally, it is worth to be mentioned that government is involved in the relief phase and coordinate well the activities in the field. Nepal government started to do cash distribution for households (maximum 7 000 roupees around 80 dollars). Although not sufficient, it could at least allow families to cover part of their first immediate needs.

Beside this, in some specific areas where ACF plans it intervention, the destruction of the houses, individuals' latrines and community building such as schools, markets, health post are massive. For an average Nepalese, the house and cattle shed means more than 50% of their property and these infrastructures have collapsed in the entire district, meaning a big loss of property. In a couple of weeks monsoon season will start and all the weaker infrastructures, building, roads will be further destroyed. The monsoon season will start beginning of June, and families have slowly started to rebuild their houses with limited means (financial and material). There is therefore a need to intervene very soon and fast for allowing people to clean the rubble and rebuilding their houses before the monsoon season. As mentioned above, most of the affected household manages to cope with this shock and the most immediate needs are covered at least for few weeks. However, loss of their house will have a big impact on their purchasing power. For families, the house remains the main capital that they have and it is very likely that their income or even savings will be dedicated to the reconstruction of their houses rather than on covering their daily needs which will rapidly deteriorate their living conditions and nutritional status. There is, therefore, a need to provide financial means to these communities through conditional or unconditional cash transfer.
Houses destroyed in Ramche VDCs – Grang Village - Mountainous area.

Tchogada VDCs in Nuwakot District – Valley area.

*Gender Clock* exercise has been done in Tchogada VDCs to better understand the routine day of the household:

**Gender clock - Female**

**Gender clock - Male**

Participatory tools such as the gender clock, analysis of task division, and analysis of who uses and controls what resources and assets can help ACF teams analyze needs of women, girls, boys and men in the households and communities where we work. Daily Activity Clocks illustrate all the different kinds of activities carried out in one day. They are particularly useful for looking at relative work-loads between different groups of people in the community. Comparisons between Daily Activity Clocks show who works the longest hours, who concentrates on a small number of activities and who must divide their time for a multitude of activities, and who has the most leisure time and sleep. For instance, it is quite clear that
women are handling more tasks and responsibilities than men. Based on this exercise, community have two meals per day (snack should not be considered as a meal). Planning of the activities within the community such as training, sensitization sessions would better be organize between 4 to 5 pm with the men and more in the morning 9 up to 12 am for the women. It shows as well that there is no specific task dedicated to male and female within the household, although women are on the top of the farming and livestock activities in charge of the housing, feeding the household and collecting the firewood.

4.1.4 Mental Health and Care Practices (MHCP):

In Nuwakot and Rasuwa districts, the population is extremely scattered, and we can find isolated people sleeping outside (not in formal camps) their damaged (and inaccessible) houses and with very low living conditions (limited drinkable water, limited access to latrines, no shelters...). Most of those people have suffered from serious losses (material and family members) and are facing a lot of difficulties. So far, the community mobilization and support seems to be efficient, and a part of the affected population copes with the situation.

Assessment has focused on identifying immediate activities that can be summarized as follows:

PSS (Psycho Social Support) in Bidur Hospital in partnership with MSF Spain

Psychological and psychosocial support will be provided to injured patients (and families) or affected by traumatic experiences during the earthquake. A psychosocial team will provide support in the wards to people referred by nurses/medical staff and other NGOs working in the hospital as MSF Spain. The target hospital will be in Bidur hospital (either Dhunche’s hospital if needed). A home follow up will be assured after discharge only for most severe cases and when possible by the ACF PSS Mobile Unit.

Target population: 100 people screened - 30 people counselled

PSS (Psycho Social Support) and IYCF (Infant and Young Children Feeding) support to PLW (Pregnant and Lactating Women) and children U2

Psychological, psychosocial and IYCF support will be provided to PLW and children U2 through a baby friendly space (BFS) approach. The BFS will be settled close to the Hospital of Bidur to welcome and provide support to women coming for ANC and PNC or coming for baby delivery.

Target population: 50 dyads (mother + child)

Emotional support and stress management sessions to medical staff (including health staff of organizations currently working in the hospitals) in hospitals of Bidur (and Dhunche) according to needs to provide relief and to reinforce their personal resources and mutual support

Target population: 40 people

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1 3 HR for the overall activities : 1 PSW and 2 counsellors/psychologists
PFA (Psychological First Aid) trainings to medical staff to reinforce their resources to warmly welcome patients listen to their needs and refer to specific available services

Target population: 40 people

PSS in Vulnerable areas of Suryamati, Chaughada and Kabilas for Nuwakot district; Ramche and Dhunche VDCs for the district of Rasuwa

A mobile PSS unit will be established in order to assess and screen additional vulnerabilities, especially for the elderly and the children. The team will provide psychosocial support for individual and group through lay counselling and focused group discussions. The mobile unit will be composed of 2 psychologists/counselor and 1 psychosocial worker, available to cover the districts and to follow cases referred by other program’s component deployed in the 5 VDC.

Target population: 20 per week (at least 120 BNFs in total)

PSS in Schools

At the moment schools are closed and will be opened again after May 15th. We can assume teachers will need support and guidance to work with children in elaborating together what happened, the consequences of the disaster and how now they can face with the new situation (at home, at school, in their social and personal life…). We need also to consider that most of the teachers have been affected too by the disaster and several schools have been damaged too.

PFA trainings will be provided to teachers to reinforce their resources to welcome back warmly their students, propose basic emotional support.

Guidance and support to teachers will be also proposed through group discussions to provide basic emotional support to them and advises to work with children on the earthquake impact and consequences. The Guidance will also provide tips for the recognition of early sign of distress in children, and referral to the mobile unit if needed.

Target population: 5 schools – 30 teachers – 50 children referred

Psycho-education sessions for parents will be organized to help them in better supporting children and to cope with difficult situation at home. School activities will also allow to detect most vulnerable cases (families, children…) and they will be referred to Mobile Unit for PSS follow up.

Target population: 100 (5 schools)

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<tr>
<td>Morning</td>
<td>Nuwakot</td>
<td>Bidur</td>
<td>Rasuwa</td>
<td>Bidur</td>
</tr>
</tbody>
</table>

19/22
4.1.5 Logistic conditions:

Nuwakot:
- Scarcity of good building for office and storage
- Good road access to working areas
- Basic food and non-food items available in the local market
- Electricity, water, internet available
- Not far from Kathmandu

Rasuwa:
- Dunche (hq) only 50 kms from Bidur (ACF main base)
- Roads seriously damaged in several sections, during monsoon chances of blockades affecting interventions
- Scarcity of good buildings in Dunche
- Risk of landslides during rainy season in working areas
- Settlements in steep landscape and also scattered
- Electricity available but phone and internet network unreliable most of the time

4.2 Indicators of vulnerability

<table>
<thead>
<tr>
<th>DC</th>
<th>District</th>
<th>Total Population</th>
<th>50% affected by EQ</th>
<th>Below 18 years (#40% of total)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>Male</td>
<td>%</td>
</tr>
<tr>
<td>10</td>
<td>Nuwakot</td>
<td>280,878</td>
<td>135,089</td>
<td>48%</td>
</tr>
<tr>
<td>11</td>
<td>Rasuwa</td>
<td>43,885</td>
<td>21,818</td>
<td>50%</td>
</tr>
</tbody>
</table>

5. CONCLUSION - SYNTHESIS AND OPERATIONAL RECOMMENDATIONS

1. Rescue and First hand relief support is already provided to all areas. All agencies depending on their own assessments are supporting different villages randomly. Very few agencies are coordinating with each other but for sure everyone is careful to avoid duplication of support.
2. Most likely in a couple of weeks the majority of agencies will be out of district, very few will plan for mid, long term support.
3. Life has somehow come to normal routine even in the villages, despite such a big loss.
4. Villagers have expectations towards the visitors in order to receive some support. They are accepting anything, sometimes even if it’s not the right need but as a form of support.
5. Immediate relief needs are limited and confined to some specific areas and clearly focused on shelter and multipurpose cash transfer.

Based on ACF assessment, for Nuwakot we would propose to plan the intervention in Chaugada Kabilas and Suryamati VDCs, which are not too distant from HQ Bidur, easily accessible, and have more than 1000 HHs. Intervening areas in FSL, WASH and MHCP.

For Rasuwa, VDCs of interventions are Ramche and Dunche with similar activities like Nuwakot.

Nuwakot would be more a short - midterm approach whereas Rasuwa has potential needs for mid-long term, even including nutrition and health (most likely).

5.1 Immediate response: (0 - 1,5 months)

FSL:
- Shelter distribution is needed as immediate response
- Shelter kit distribution can be coupled with hygiene and cooking kits

WASH:
- Emergency shock chlorination of all the water networks in our area of intervention.
- Distribution of plastic sheeting for sanitation
- Distribution of latrine slabs and digging tools
- Water quality monitoring

MHCP:
- Psychosocial support to victims, families and health staff
- Mobile units

5.2 Middle-term response: (1,5 - 6 months)

FSL:
Some support is needed in short – midterm (at least 3 months), through conditional cash transfer, cash for work approach. Unconditional cash transfer has to be implemented for the most vulnerable households without any labor force. But this approach needs a very good discussion and coordination with local government bodies, can have complication in process. Cash for work can really be well accepted and represent a contributing area of support.
ACF will aim at supporting the earthquake affected communities on:

- Rebuilding their houses and community assets as it has been identified as the first priority during the focus group discussions and any other activity that will be identified as a priority by the community such as cleaning the rubble around the houses and the public places to ensure access to the basic services, reconstruction of the latrines, etc.
- Providing cash to affected families for multipurpose cash assistance and cover their needs as their own priority,
- Inject cash on the local markets system.

WASH:

- Renovation of spring catchments and networks in 3 VDC
- Distribution of ceramic latrine slabs for reconstruction of the houses
- Hygiene promotion and hygiene kits for the most vulnerable
- Wash in Nut (if nutrition project in Nuwakot is approved by the Ministry of Health and Population / Child Health Division)
- Contingency stock for cholera or other additional humanitarian needs

MHCP:

- Baby Friendly Spaces
- Trainings to medical staff and to teachers

### 5.3 Long term response (7 months – 1,5 years)

At this stage it is too premature to propose or even define long term response. Nepali population shows a high degree of resilience but a more in depth assessment will be needed to further evaluate the impact of the earthquake, particularly on infrastructures and livelihood as reconstruction capacities and future harvest have to be considered. Disaster Risk Management will need to be included not only as a mainstreaming approach to any intervention, but also as a potential programme to be developed together with the local authorities in charge.