



Silichong landslide (13 July 2020). © Dhyam Kulung

DISPLACEMENT OVERVIEW

29 active sites hosting 5 or more households have been assessed from 6 until 22 August 2020 in 5 districts. **5,467** persons from 1,066 households were residing in these sites at the time of the assessment.

TOP NEEDS IN ASSESSED SITES



CCCM



SHELTER AND NFI



WASH



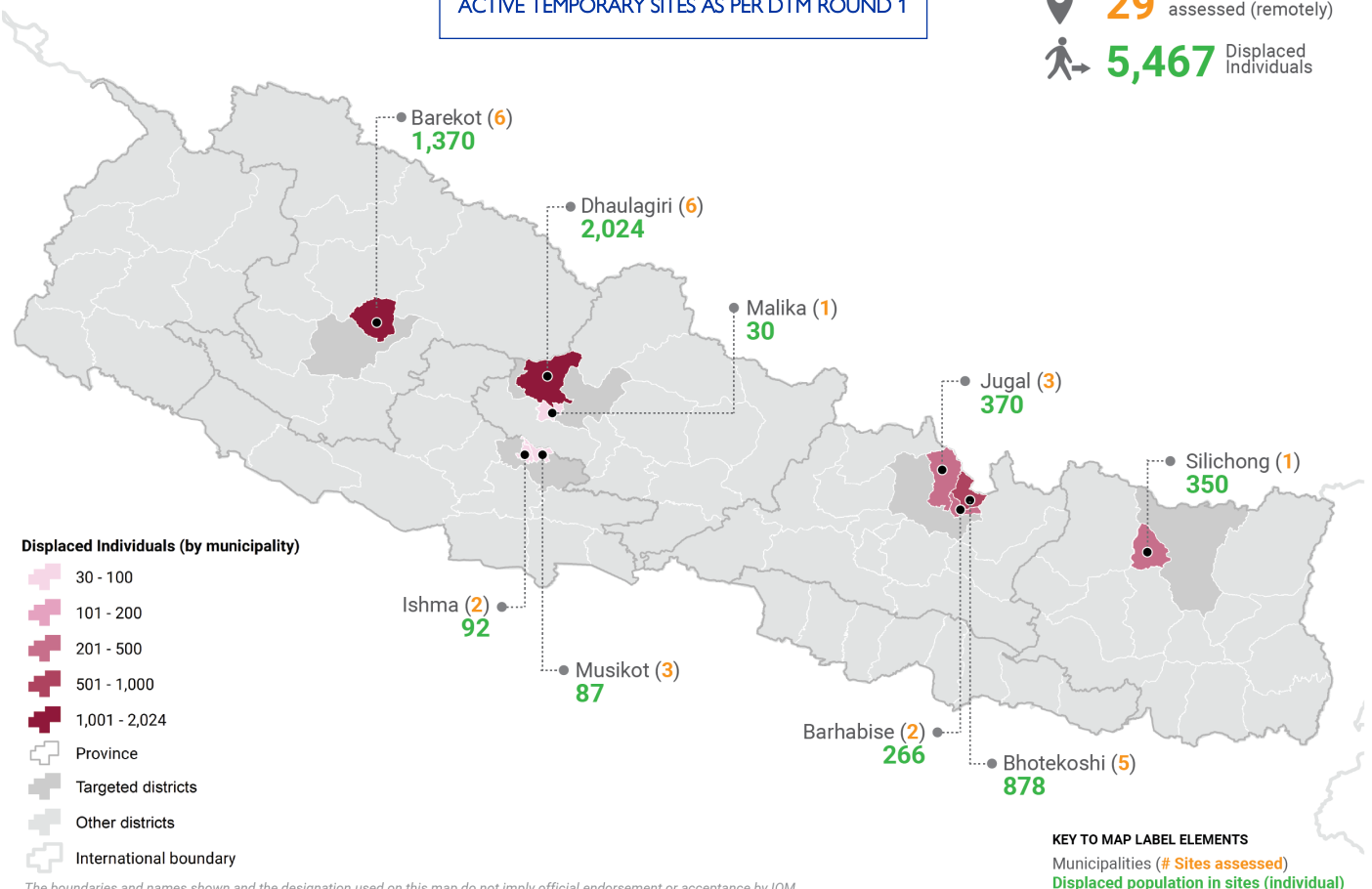
FOOD SECURITY



INFORMATION AND COMMUNICATION

ACTIVE TEMPORARY SITES AS PER DTM ROUND 1

29 Locations assessed (remotely)
5,467 Displaced Individuals



The boundaries and names shown and the designation used on this map do not imply official endorsement or acceptance by IOM

SITUATION OVERVIEW

Heavy rainfall in July 2020 triggered large-scale flooding and landslides in several districts across Nepal. From the onset of monsoon on 12 June until 1 September 2020, the number of deaths due to landslides, floods and lightning is 282. 266 persons were injured and 70 persons are missing across the country (NDRRMA, Daily Bulletin 2 September).

Out of 65 sites identified during the baseline assessment, only 29 active sites were found hosting 5 households or more and the remaining 32 sites were found closed or below 5 households or less with an exception of 1 site hosting 2 households with vulnerable population. The remaining 4 sites in Raghugangaa Rural Municipality and Melamchi Municipality were not considered for the site assessment as highlighted in the methodology section.

For all five assessed districts, Gulmi, Jajarkot, Myagdi, Sankhuwasabha and Sindhupalchowk, the displaced population were from the same districts. No inter-municipality movement was observed among the displaced population.

The five assessed districts faced floods and landslides on different dates (Gulmi - 2 July, Jajarkot - 10 July, Myagdi - 10 July, Sindhupalchowk - 9-18 July and Sankhuwasabha - 12 July). The floods and landslides resulted in the displacement of numerous households, however, limited inter-municipality movement has been observed as both the Local Government Operations Act 2017 and Disaster Risk Reduction and Management Act 2017 have identified comprehensive roles and responsibilities of the rural and urban municipalities pertaining to Disaster Risk Reduction and Management. Tasks such as the implementation of the preparedness programs, response and recovery, reconstruction fall into the roles and responsibilities of the local levels.

VIEW THE PREVIOUS REPORT:
[DTM Baseline Report](#)

METHODOLOGY

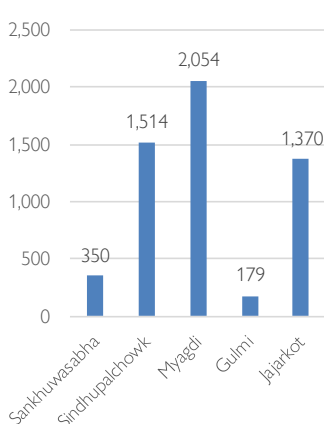
This DTM report is produced by the International Organization for Migration in its role as a co-lead of Camp Coordination and Camp Management (CCCM) cluster.

Activation of the DTM in the five selected districts was discussed in the inter-cluster meeting held at the Ministry of Home Affairs on 12 July 2020. Based on the meeting, a Baseline Assessment was conducted from 15 July until 24 July. The Baseline Assessment report was published and shared with the humanitarian actors, clusters and other relevant actors on 29 July 2020.

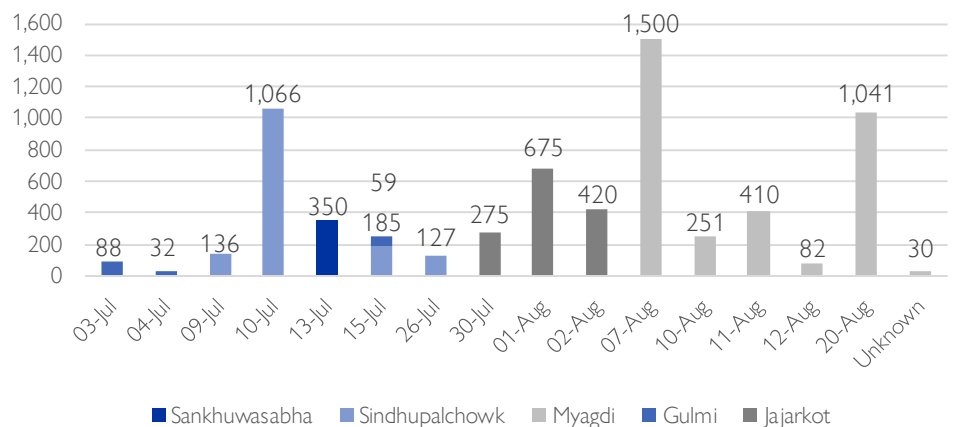
The first round of DTM Site Assessment was conducted in the five selected districts of Gulmi, Jajarkot, Myagdi, Sankhuwasabha and Sindhupalchowk from 6 August until 22 August 2020. These findings are based on the remote assessment that was conducted by the team of 10 enumerators and analyzed by the team in Kathmandu with technical assistance and guidance from the IOM Regional Office in Bangkok. Coordination was done with the local level as well as the Nepal Red Cross Society. For each of the 29 sites, the team completed a standard assessment form, developed in coordination with different clusters. Criteria for conducting the site assessment are as follows:

1. Based on the Baseline Assessment Findings, 100 households or more in each of the rural and urban municipalities — Melamchi Municipality of Sindhupalchowk District and Raghuganga Rural Municipality of Myagdi with displaced households less than 100 households are not considered for site assessment.
2. Information on vulnerability of site residents are assessed on sites with 5 households or more living on each site, with an exception of 1 site hosting 2 households. Few of the sites have been excluded from the assessment as data on all sections could not be collected given the modality of the remote assessment.

TOTAL DISPLACED BY DISTRICT



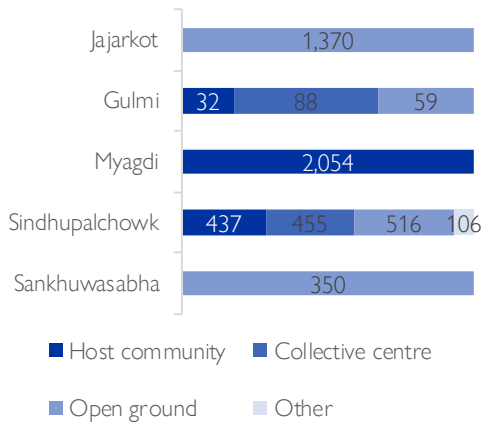
DISPLACEMENT FROM DISTRICT BY DATE



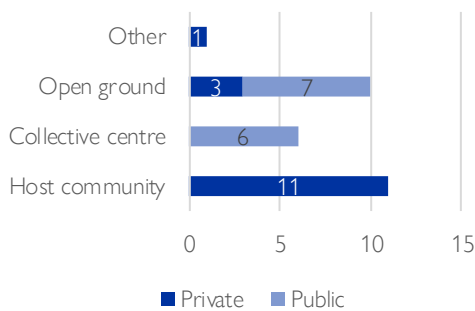
CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)



SITE TYPE



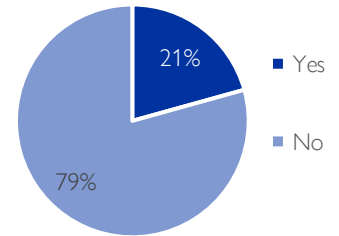
SITE OWNERSHIP



A majority of the site types identified in the assessment are host communities under private ownership, accounting for 11 out of 29. Across the districts, the proportion of public and private land use varied widely.

Regarding the management of the sites, the assessment has found that as many as **79% of sites have no Site Management Committee (SMC)**. The SMCs are composed of representatives of site residents to monitor the gap in basic needs of the site residents, and to coordinate with the government authorities and service providers to get assistance for residents.

PERCENTAGE OF SITES WITH A SITE MANAGEMENT COMMITTEE



The SMCs are supported by the Site Management Agency (SMA), an external body that serves to coordinate and advocate for assistance and protection issues in sites. The SMA also provides direct support to displaced populations in returning to their home communities and providing alternative durable solutions.

Low presence of SMCs can thus result in lack of services in the sites in areas such as access to information and protection measures.

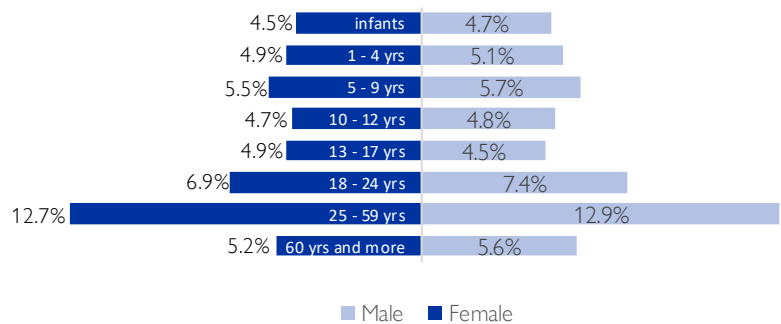
DEMOGRAPHICS



51% of the displacement site population are female and 49% are male.

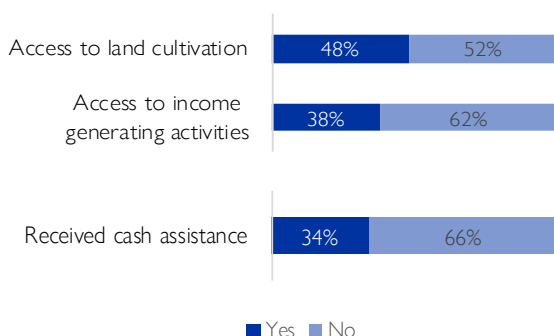
The age group 25 to 59 is the largest among the displaced populations in the assessed sites, accounting for just over 25%.

AGE PYRAMID*



* The age pyramid covers 4,139 persons as age disaggregated data for 1,345 persons was missing.

LIVELIHOOD

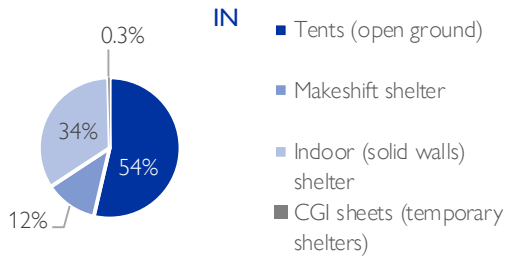


While access to land cultivation may be a source of generating income, it also often serves to keep a household self sufficient with some crops. Thus, while almost half of the displaced population have access to land cultivation, 31% generate an income through it.

In most sites, the common source of cash assistance remains unspecified. However, in some sites unconditional personal cash assistance has been observed among the migrant communities, where displaced persons and households are supported through cash support from migrants of their community. Some sites also show the common cash assistance as being conditional from the municipality.

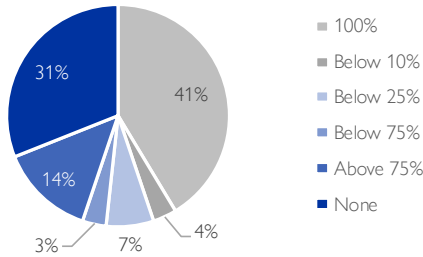
SHELTER AND NON-FOOD ITEMS (NFI)

TYPES OF SHELTER PEOPLE ARE LIVING IN



The assessment found that the most needed NFIs among the displaced populations included blankets, corrugated galvanized iron (CGI) sheets, mosquito nets and tarpaulins. 24% or less of the most preferred NFIs include kitchen sets, tools, fire wood, house construction materials, hygiene materials, emergency torch lights, cash and solar panels.

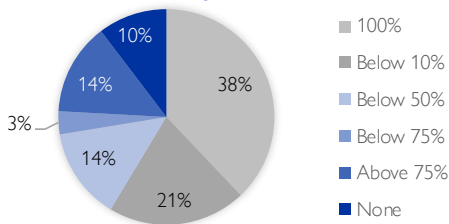
ACCESS TO ELECTRICITY ON SITE



MOST PREFERRED NFI IN SITE LOCATIONS

1st NFI	Percentage	2nd NFI	Percentage
Blankets	66 %	Clothes	41 %
CGI sheets	59 %	Others	41 %
Mosquito nets	52 %	Cooking gas	34 %
Tarpaulin	52 %	Masks	34 %

ACCESS TO COOKING FACILITIES ON SITE

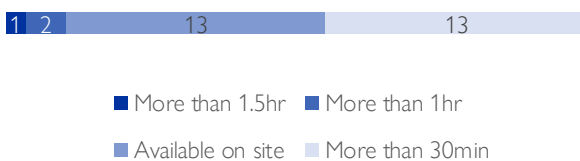


MAIN SOURCE OF ENERGY USED FOR COOKING BY SITE



WATER, SANITATION AND HYGIENE (WASH)

DISTANCE TO WATER SOURCE



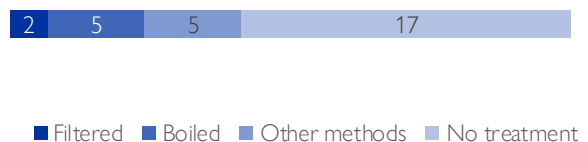
The average number of persons per toilet in all sites exceeds the maximum of 20 persons per toilet, as recommended by the Sphere Standards. Instead, the average number as per the assessment is 29 persons per toilet, exceeding the limit by almost 50% which is concerning.

The distance to the site water sources is calculated in one way walking time.

TOILETS	NUMBER OF TOILETS
Common toilets	158
Toilets for male	16
Toilets for female	13
Total toilets	187
Average toilets per site	6
Person per toilet	29

The assessment shows that as many as 17 of the 29 assessed sites have no methods to treat the drinking water before consumption. Only 2 sites have facilities to filter water, and 5 sites boil or treat the water by other methods. While there have been no major health issues reported from the assessed sites, failing to provide clean drinking water may contribute to an increasing number of health issues such as diarrheal diseases.

DRINKING WATER TREATMENT METHODS





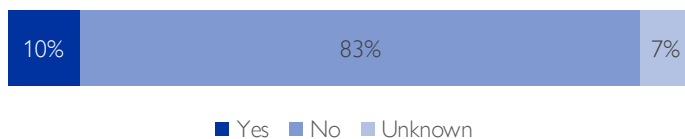
The presence, or absence, of Site Management Committees (SMCs) affect protection issues, primarily referral systems. This assessment has shown that only 11% of the assessed sites have referral mechanisms for GBV survivors, an alarmingly low number which may increase the cases of unreported gender-based violence pushing women and girls further into vulnerability. The absence of SMCs also largely impacts on services to be provided to vulnerable groups as below 10% of the sites assessed provide child friendly spaces and women friendly spaces.

Only 7% of the sites assessed had provision of psychological aid targeted for children. On security, the sites residents themselves took over for their own safety as local authorities and police were absent in majority of the sites which reflects on higher probability of violence and exploitation in future in case of longer period of stay in the sites. In absence of SMCs, the facilitation between the government and persons without ID card or citizenship is likely to be reduced which may bar these population from accessing services from the Government of Nepal.

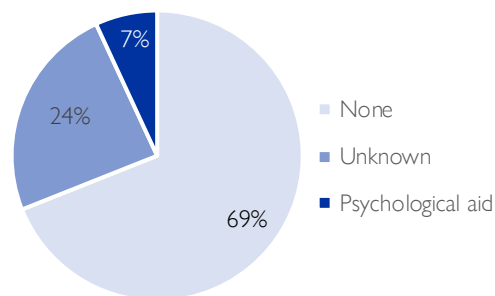
SPECIAL NEEDS

2.38 %	Lactating mothers
1.06 %	Pregnant females over 18
0.90 %	Persons with medical conditions
0.73 %	Mobility impairment
0.40 %	Speech/hearing impairment
0.37 %	Unaccompanied children
0.26 %	Unaccompanied elderly persons
0.22 %	Hearing impairment
0.22 %	Self-care disabilities
0.09 %	Visual impairment
0.07 %	Learning disabilities

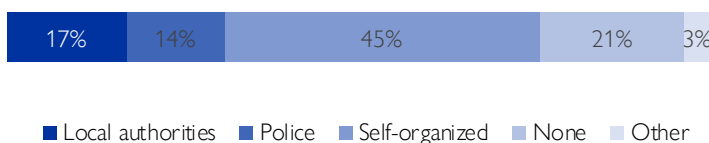
SECURITY INCIDENTS REPORTED IN THE SITES



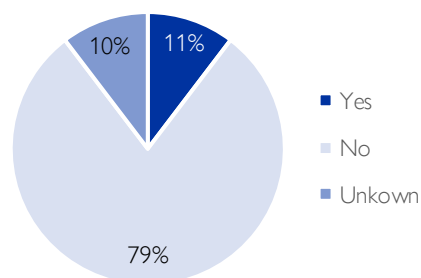
AVAILABLE SERVICES FOR CHILDREN



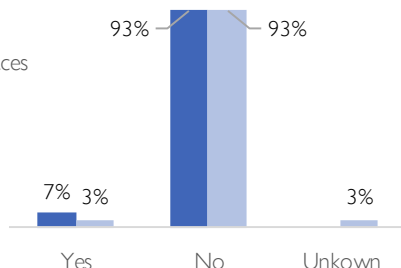
MAIN SECURITY PROVIDER



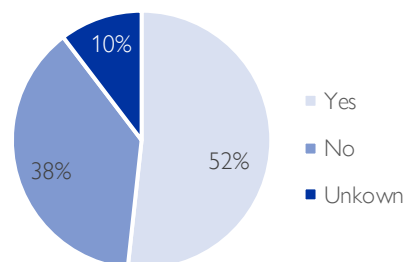
REPORTING OR REFERRAL MECHANISM FOR GBV SURVIVORS



■ Provision of child friendly spaces
 ■ Provision of women friendly spaces



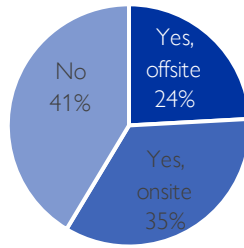
ARE THERE PEOPLE ON SITE WITHOUT ID CARD OR CITIZENSHIP?



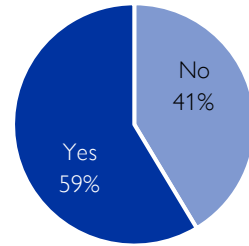
FOOD SECURITY

31% of the sites depend on food aid closely followed by 24% using own cash to access food. 17% of the sites are relying on borrowed cash, 21% are using other sources while only 7% have access to own cultivation representing high degree of vulnerability resulting in 41% of the population with no access to food support and market. Only 7% of sites assessed mentioned that there was availability of supplementary feeding for pregnant and lactating mothers, and children.

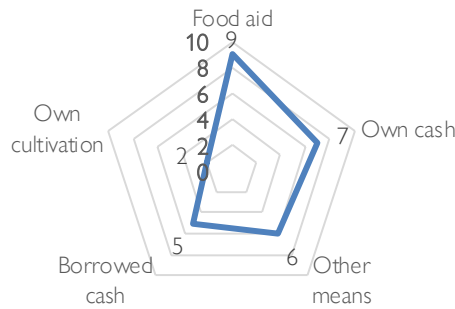
ACCESS TO FOOD



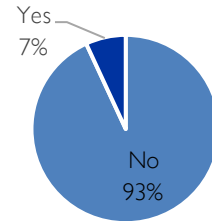
ACCESS TO NEAREST MARKET



SOURCE OF FOOD ON SITE



SUPPLEMENTRY FEEDING FOR PREGNANT AND LACTATING WOMEN AND CHILDREN



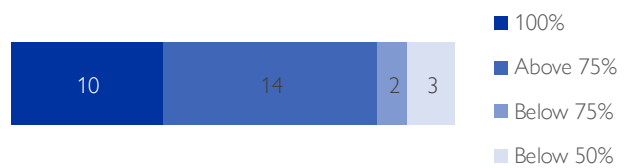
HOUSING, LAND AND PROPERTY

In 76% of the sites, more than 75% of the displaced households have ownership or rights to tenancy at the place of origin, and in 22 of the sites more than 75% of the households possess the document of ownership.

HOUSEHOLDS WITH OWNERSHIP AT THE PLACE OF ORIGIN



HOUSEHOLDS WITH DOCUMENTS OF OWNERSHIP



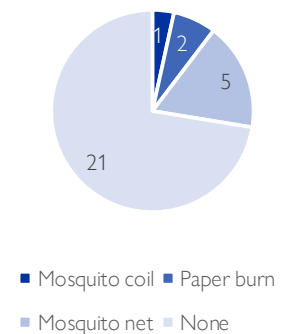
HEALTH

None of the sites reported any signs of major prevalent diseases. 100% of the sites reported access to the Government funded primary care, and 93% reported having functioning health facilities within 1 hour walk one way.

45% of the sites reported no major health issues, 24% report cough and common cold, 17% report diarrheal diseases, 7% reported hypertension and the remaining 7% reported none or gave no answer.

There is no vector control in 21 of the 29 sites.

VECTOR CONTROL TYPE



62% of the site residents have access to information on relief distribution, while 31% do not have any access. 7% of the population reported unknown status on it.

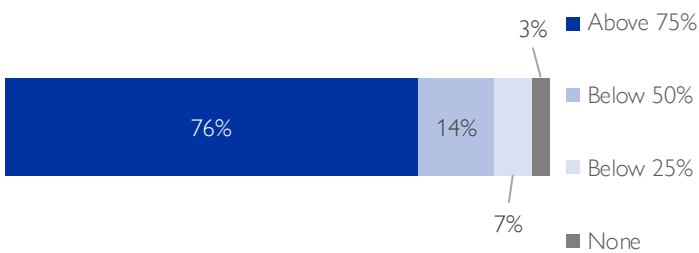
Site residents rely heavily on elected representatives and municipal authorities as their primary source of information, with 41% of the assessed population depending on each of these two criteria. The secondary source of information was noted to be mobile phone with 21% of the population accessing it, followed by families and friends, and radio and news with 10% of the population relying on each of these source.

On presence of grievance handling mechanism in the site, 56% of the sites did not have such mechanisms whereas 6% of the sites have established such mechanisms for reporting. 61% of the population reported that there had been no reported cases of complains or grievances. 39% of the site residents were unaware of presence or absence of such development.

On access to information on COVID-19 referral mechanisms, half of the population provided positive response, however, an overwhelming proportion of 44% reported that they had no access to such information. 6% of the population were reported to be unaware of such developments.

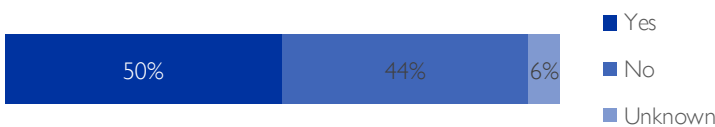
On access to information on socio-protection referral mechanisms, 36% of the population reported that they were aware of the existing mechanisms, on the other hand, an overwhelming proportion of 53% reported that they were unaware of such mechanisms. 12% of the population had no response on this.

POPULATION AWARE IN COVID-19 SYMPTOMS

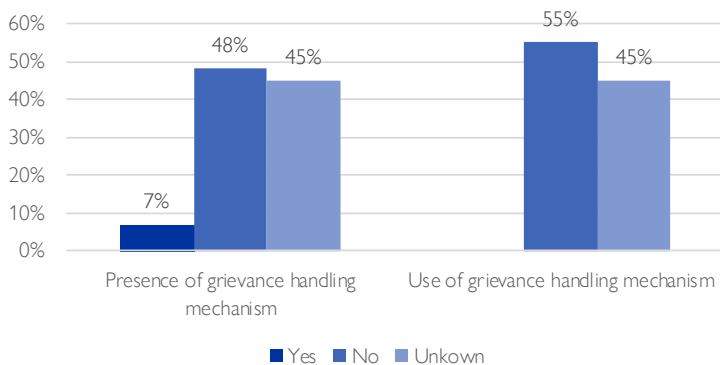


In 76% of the sites, more than 75% of the households are aware of the symptoms of COVID-19.

INFORMATION OF COVID-19 REFERRAL MECHANISMS



50% of the site respondents are aware of whom to contact if they get sick from COVID-19.



Low presence of SMC's in sites result in lacking services including grievance handling mechanisms, which is only present in 7% or the sites.

NAME OF THE SITES ASSESSED BY IOM	PROVINCE	DISTRICT	MUNICIPALITY	WARD	FAMILIES	PERSONS
Besinda Chitre	1	Sankhuwasabha	Silichong RM	1	88	350
Baguwa	Bagmati	Sindhupalchowk	Barhabise	5	25	139
Jumbo Pari	Bagmati	Sindhupalchowk	Barhabise	8	23	127
Jugal 1, Lidi	Bagmati	Sindhupalchowk	Jugal RM	2	28	125
Doma	Bagmati	Sindhupalchowk	Jugal RM	2	39	185
Fu	Bagmati	Sindhupalchowk	Jugal RM	2	14	60
Listi Ground	Bagmati	Sindhupalchowk	Bhotekoshi RM	1	57	317
Kodari School	Bagmati	Sindhupalchowk	Bhotekoshi RM	2	8	136
Dry Port	Bagmati	Sindhupalchowk	Bhotekoshi RM	3	78	290
Health Center	Bagmati	Sindhupalchowk	Bhotekoshi RM	4	8	29
Tyangthali Bisthapit Basti	Bagmati	Sindhupalchowk	Bhotekoshi RM	5	22	106
Marang	Gandaki	Myagdi	Dhaulagiri RM	6	126	1,041
Takam 1 & 2	Gandaki	Myagdi	Dhaulagiri RM	7	61	240
Ratamata	Gandaki	Myagdi	Dhaulagiri RM	7	19	97
Gaira Bazar	Gandaki	Myagdi	Dhaulagiri RM	7	84	251
Takam 6	Gandaki	Myagdi	Dhaulagiri RM	7	79	313
Pahal Tole	Gandaki	Myagdi	Dhaulagiri RM	7	13	82
Bima	Gandaki	Myagdi	Malika RM	7	6	30
Harpu kot - Hasti chaur	5	Gulmi	Ishma RM	1	10	33
Malaraji Dada	5	Gulmi	Ishma RM	4	13	59
Janajyoti Prathmik Bidhyalaya	5	Gulmi	Musikot	2	2	9
Tribhuvan Madhyamik Bidhyalaya	5	Gulmi	Musikot	2	16	46
Titrung	5	Gulmi	Musikot	2	7	32
Ghotachaur community forest	Karnali	Jajarkot	Barekot RM	4	32	183
Thankot community forest, Sija	Karnali	Jajarkot	Barekot RM	4	14	92
Tahapalta and Bhasibanna forest	Karnali	Jajarkot	Barekot RM	5	73	397
Kapchuchha	Karnali	Jajarkot	Barekot RM	5	42	243
Talkot	Karnali	Jajarkot	Barekot RM	5	73	420
Badachaur	Karnali	Jajarkot	Barekot RM	5	6	35
TOTAL					1,066	5,467

81 families that were identified during the site assessment in Jugal Rural Municipality have been moved together with the other families in the village to a new temporary site in Selang on 25 August 2020. 156 families are now accommodated in 120 tents in this site. The Government has initiated the process of moving these families living in the high risk areas to a safe location.

A common concern raised by displaced communities in all 29 sites was moving their families to a safe location. In the case of Myagdi, the displaced communities of Dhaulagiri Rural Municipality also raised the issue of conducting a geological survey in the area.

CHALLENGES

The DTM team has identified challenges with regards to the assessment being conducted remotely. The team experienced difficulties in accessing and reaching key informants mainly the displaced populations living in the sites due to disturbances in the telecommunication systems in the remote areas. Long distance communication was not preferred by the key informants and the standard set of form took more than an hour for completing an interview. Thus, a single person was contacted multiple times for completing the standard form. As the data needed validation from different sources, the remote communication added an additional layer of challenge of the data collection and verification process. Another challenge was addressing the expectation informants had regarding access to immediate relief as part of their participation in the assessment.

