IFRC
Psychosocial Centre

Case study, Nepal

You have been deployed by your National Society to Kathmandu in Nepal, as a psychosocial delegate to support Nepal Red Cross Society in the earthquake recovery phase.

In the morning of 25 April 2015, an earthquake of 7.9 magnitude struck Nepal between Kathmandu and Pokhara, causing widespread destruction. A series of aftershocks have followed since with the most important one, of magnitude 7.4, occurring on 12 May at the border of Dolakha and Sindhupalchowk districts. An estimated 850,000 homes were destroyed or badly damaged by the earthquake and subsequent aftershocks. The earthquakes have caused much loss of lives, severe damage to property and infrastructure, as well as affected livelihoods in 57 of the 75 districts of Nepal. The monsoon season has now begun, and more than 3,000 landslides have already been recorded - an amount higher than the number of landslides reported in the past five years combined. Many affected persons have not been able to reconstruct their damaged houses and tens of thousands of people are still living in basic temporary shelters built from bamboo and corrugated iron sheet. Additionally, several protests and strikes have occurred since the acceptance of the new Nepalese constitution by the parliament, hindering transportation and other services and impacting on essential fuel items and food in Nepal. Acute shortage of fuel has brought much of the country to a standstill and resulted in all non-essential travel to the affected earthquake areas being cancelled and has significantly affected the humanitarian activities in the earthquake affected areas with respect to mobility.

The people in the affected communities are still living in fear of future disaster and many are approaching the NRCS to address their nightmares, insomnia and anxiety. Even where original stone and mud brick houses still stand, people are too afraid to sleep in them. Their fears are stoked by irregular aftershocks that still occur 12 months after the earthquake. The high workload in NRCS has led to some delays in implementing some thematic areas of community health. Most of the areas where the health posts operate remain inaccessible (roads block, landslide, mountainous are with no practicable road.) in the current rainy season, hence limiting the reach of mobile clinics. The earthquake caused widespread damage to toilet, waste water and sewage systems, and forced many people from their homes and normal sanitation. Safe sanitation is particularly challenging in urban areas like the Kathmandu valley, where there are land constraints and higher population densities.

After the official end of the relief phase and moving towards the recovery phase all the ERU delegates have since left. One of the major challenges is the handover of the ERUs and identifying the best strategies for smooth transition.

You are being deployed to support design and development of a programme that can support some of the above described needs with special focus on the psychosocial needs.