Emergency Final Report

MEETING THE ESSENTIAL SRH NEEDS OF COMMUNITIES AFFECTED BY EARTHQUAKE IN JAJARKOT AND RUKUM WEST, NEPAL

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

Submission Date: 26 March 2024

Australian Aid

Implementer Agency:	Family Planning Association of Nepal (FPAN)
Region/ Location:	Jajarkot and Rukum West Districts, Nepal
Project period covered by the Agreement:	23 November 2023 to 29 February 2024
Total Expenditure against the Budget:	Budget: AUD 94,488 Expenditure: AUD 87,337 (92%) Balance: AUD 7,151
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1. BACKGROUND

The devastating 6.4 magnitude earthquake in the western part of Nepal on 3 November 2023 resulted in severe losses of people and damage to infrastructure. On 6 November, there was further extensive damage from a 5.8 magnitude aftershock. According to the National Emergency Operation Centre (NEOC), by 15 November, approximately 62,000 homes were affected (35,455 partially and 26,557 completely damaged) by the earthquake, with 250,000 affected people requiring humanitarian assistance.[1]

The Family Planning Association of Nepal (FPAN) quickly mobilised nearby branches to liaise with government and other actors for a coordinated response. Upon a request from the local Social Welfare Council (SWC) for assistance to conduct SRH medical camps, FPAN developed an emergency response proposal in mid-November and requested funding support through SPRINT which was approved through the fast-track procedure. A three-month response was conducted, targeting two most affected districts - Jajarkot and Rukum West in Karnali Province.

2. SUMMARY OF ACHIEVEMENTS

Sexual and reproductive health (SRH) is less prioritised by partners during the initial phase of an emergency response as compared to other response activities such as distribution of food items and relief material. FPAN advocated with the Provincial Health Emergency Operation Centre (PHEOC), as part of a cluster meeting for the provision of lifesaving SRH services to the affected communities. FPAN was the sole provider of SRH-focused services in the response sites, which was well appreciated by the beneficiaries and recognised by the local and national government authorities.

During the three-month of emergency response intervention, FPAN team organised a total of 46 mobile outreach camps (out of the target of 48 camps[2]). A total of 62,225 SRH services and 6,545 non-SRH services were provided through the camps. In total 170 health awareness sessions were held at the community level, covering various SRH topics such as family planning, STI/HIV services, GBV services, danger signs of pregnancy, nutrition, and breastfeeding. These camps and awareness sessions enabled FPAN to reach **12,671 people** (9,265 women, 3,405 men, 1 transgender); 82% against the target of 15,482. These include 7,322 (984 men, 6,337 women, 1 transgender) receiving clinical services and 7,848 people (2,991 men, 4,857 women) receiving SRH health information. Of those reached, 43% (5,492) were young people (10-24 years), 0.8% (107) persons with disabilities, 2.2% (277) pregnant women, and 1% (125) lactating mothers. 100 dignity kits were distributed to lactating mothers who delivered within the previous 45 days.

Key achievements are summarised below in Table 1.

Table 1: Key achievements

Key achievements	Female	Male	Nonbinary	Total
Number of clients receiving clinical services throughout the response	6,337	984	1	7,322
Number of clients receiving SRH services	6,337	984	1	7322
Number of clients receiving non-SRH services	1052	443	0	1495
Number of people attending information and education sessions throughout the response[3]	4,857	2,991		7,848

[1] https://reliefweb.int/report/nepal/nepal-western-nepal-earthquake-2023-situation-report-no-03-16-november-2023

[2] Two camps had to be canceled due to extreme geographical difficulty in the post-earthquake context.

[3] Many attending awareness sessions also sought and received clinical services.

As shown in Figure 1, the majority of clients were women in 25+ years age group.

Figure 1: Total clients reached by sex and age group

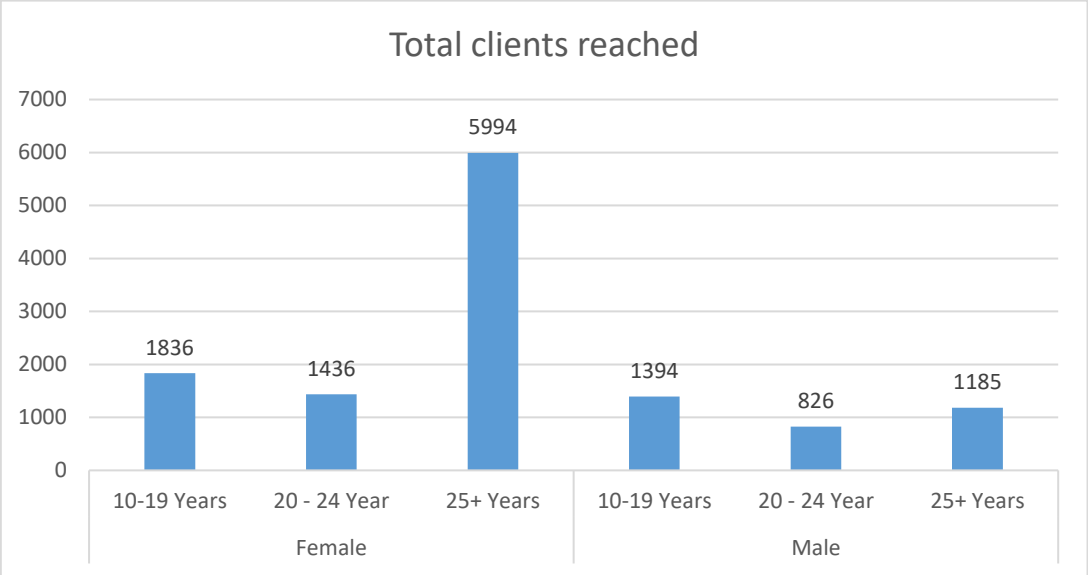

Table 2: Impact indicators[4]

Impact	Impact indicators	Achievement
Demographic impacts	Unintended pregnancies averted	374
	Abortions averted	261
Health impacts	Maternal deaths averted	0
	Child deaths averted	1
	Unsafe abortions averted	151
Economic impacts	Direct healthcare costs saved (AUD)	26,767
Couple Years of Protection (CYPs)	Total CYPs provided	2,566

3. ACHIEVEMENTS AGAINST THE MISP

MISP Objective 1: Ensure the Health Sector/Cluster identifies an organization to lead implementation of the MISP:

National level

Immediately after the earthquake (within two days i.e., 8th November 2023 from the second earthquake), FPAN participated in different coordination meetings, physically and virtually. These

[4] The impacts reported in the table are *estimates* that are calculated with the MSI Impact Calculator (https://www.msichoices.org/who-we-are/our-technical-expertise/impact-2/) which uses country-specific data and the number/type of family planning services provided to estimate the impact of the response.

included a Sexual Reproductive Health (RH) sub-cluster meeting organised by the World Health Organisation (WHO) and Ministry of Health and Population (MoHP). Other meetings were two virtual meetings at the national level organised by the Disaster Preparedness network (DPNet), Disaster Risk Reduction network in Nepal and a GBV national sub-cluster meeting.

FPAN partnered with the Centre for Mental health and Counselling Nepal (CMC), a national NGO providing psychosocial counselling service, by including their trained counsellor as part of the FPAN mobile team in areas where they had a presence. They provided first line support including LIVES, counselling and referral to One Stop Crisis Management Centre (OCMC)[5] at the respective district hospitals for case management.

Following the approval of the SPRINT response and SRH camps initiated in Jajarkot and Rukum west, FPAN shared updates with the UNFPA humanitarian focal person on a regular basis.

Throughout the response, FPAN kept in close contact with the DFAT local post in the Australian Embassy to provide regular updates about services and photos for visibility. The close coordination led to a visit to the response site by Embassy personnel in February 2024, which was shared in social media.

Provincial level

The FPAN Dang Branch Manager participated in one provincial meeting at Karnali Province related to the emergency response. In the coordination meeting, FPAN oriented stakeholders, including Provincial Health Directors, on the importance of SRH services in disaster settings. They also requested support on essential SRH services through mobile camps in earthquake affected areas of Jajarkot and Rukum west districts of Nepal.

Local level

On 8th November 2023, immediately after the earthquake, representatives from the FPAN Dang Branch travelled to the affected districts to conduct a rapid needs assessment. At that time the Branch Manager also coordinated with local health authorities, including mayors of the affected districts.

FPAN conducted 8 coordination meetings with local government and other humanitarian partner agencies on the provision of essential SRH services. These included:

- The Health Office, Jajarkot and Rukum West District
- The District Disaster Management Committee, Jajarkot and Rukum Districts
- The Women's Rehabilitation Centre (WOREC), a national NGO focused on addressing violence against women to whom FPAN referred SGBV survivors for psychosocial support and counselling
- Health section of Bheri Municipality
- Nalgadh Municipality
- Barekot Rural Municipality
- Kushe Rural Municipality of Jajarkot district, and
- Sanibheri Rural Municipality and Aathbiskot Municipality of Rukum West

FPAN regularly shared updates on SRH camps and services conducted at Jajarkot and Rukum West with local government and humanitarian partners including WHO representatives. Local media highlighted SRH services provided by FPAN in their coverage (see 7. Communications section for details).

[5] OCMC is a one-stop centre based in a district hospital created by the government in 2011, to provide comprehensive health and treatment services, legal aid services and counselling services and ensure protection to SGBV survivors with a client-centered approach as well as to control and manage GBV incidents.

MISP Objective 2: Prevent sexual violence and respond to the needs of survivors[6]

The response target areas are characterised by male-dominated culture in which mostly men work outside of the house and are in charge of all decision making while women work at home or in agriculture. Adults take decisions on accessing health services while youths and elders are completely dependent on them. The response sites are in remote and hilly areas, and most of the affected populations are tribal-indigenous people. Intimate partner violence (IPV), especially physical violence and emotional abuse, are some of the prevalent forms of SGBV according to the existing data.

In this context, a total of 615 SGBV-related services including first-line support, referral and psychological counselling were provided. Trained SGBV counsellors from CMC-Nepal and WOREC were arranged by the local government to be part of FPAN mobile medical team to provide individual SGBV counselling and group psychosocial support to the clients in need. The FPAN client-centred service provision includes referral to OCMC based on a client's request.

The FPAN mobile team collaborated with CMC-Nepal which provided psychosocial counselling for survivors of SGBV and clients experiencing post-traumatic stress disorder due to the earthquake during these mobile camps. Additionally, FPAN procured and distributed 100 dignity kits[7] during the camps to lactating mothers up to 45 days following birth. Further, FPAN provided 60 "Nyano jhola" (a warm bag[8] received from UNICEF) to pregnant and lactating women.

SGBV Prevention activities

Using the SPRINT annual workplan funds dedicated to preparedness, FPAN organised a 16-day of activism against SGBV campaign, targeting clients who came for SRH services in response sites. Along with SGBV counselling, community SRH outreach and awareness sessions also included awareness on SGBV among adolescents and women. The aim was to create more awareness on SGBV and motivate the community to avail SGBV-related services.

Despite the prevalence of SGBV in the communities, survivors rarely disclose their cases to counsellors or service providers, due to stigma, lack of trust, lack of knowledge on services offered. Nevertheless, FPAN provided SGBV counselling services to those clients who disclosed and requested support by trained counsellors, respecting the principles of privacy and confidentiality. FPAN ensured sufficient emergency contraceptives and STI treatment prophylaxis for these clients. FPAN also established a referral pathway for HIV Post-Exposure Prophylaxis (PEP) services, abortion services and any other GBV related services for further assistance. The response team members were trained (training received prior to the response) in SGBV, LIVES approach[9], clinical management of rape (CMR) and other related topics.

In this response, all service delivery points were set up to provide emergency contraception and safe referral to access PEP for SGBV survivors.

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[6] IPPF humanitarian team recommends against screening for SGBV in emergencies, in line with global standards. Therefore, the indicators have moved away from counting numbers of survivors to availability of services and the number of trained staff, to reflect the quality of response available to any survivor who accesses the clinic, whether or not the client chooses to disclose their experience. Where EC and PEP are able to be provided directly, the total numbers are available under other objectives, and can be used as a proxy indicator to assess uptake of services.

[7] All dignity kits distributed in this response were procured by FPAN, correcting the statement made in the progress report on page 4.

[8] The Nyano Jhola Programme launched by the government in 2012/2013 aimed to protect newborn babies from hypothermia and infections. The initiative intended to incentivise mothers to deliver in public health facilities. Following a delivery, each mother receives a bag of a gown for herself and sets of clothes for the baby. The Nyano Jhola Programme was implemented in all 75 districts with the support from UNICEF.

[9] LIVES (Listen, Inquire, Validate, Enhance safety, and Support) is WHO initiative to first line support to survivors of SGBV. https://www.who.int/publications/i/item/9789241517102

MISP Objective 3: Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs

Overall, 17,398 STI services and 3,510 HIV services were provided to clients, including; pre-post-test counselling, rapid testing, risk-reduction counselling, consultation, preventive services including condom provision, and referrals.

A total of 3,732 clients (all women of different age groups) received STI syndromic treatment services in mobile SRH camps conducted in different municipalities of Jajarkot and Rukum West districts. Under the prevention of mother to child transmission (PMTCT) for HIV testing and counselling services, FPAN had HIV rapid kits in the mobile camps where 152 people were tested for HIV (with zero positivity). All awareness sessions included topics related to HIV/STI prevention.

In 46 medical camps conducted, FPAN distributed 36,800 male condoms to the clients with individual counselling and through condom outlets to prevent HIV/STIs. No person living with HIV sought services during the camp period, but FPAN had established referral pathways to the anti-retroviral treatment (ART) centre in the district should the need arise.

While providing SRH services, especially surgical procedures, all service providers followed standard infection control precautions to protect clients and service providers. Used and contaminated material such as gloves, gauge piece and syringe were disposed in the safety box and further treated as per the safe disposal management protocol. Similarly contaminated instruments such as sponge holders, scissors, small bowl etc. were sterilised. FPAN ensured sufficient PPEs for service providers and put in place measures in response to the recent COVID-19 surge locally.

MISP Objective 4: Prevent excess maternal and newborn morbidity and mortality

A total of 1,123 obstetric services were provided to 297 women across different age groups.

Pregnant women were provided with information on the development of a baby, nutrition, exercise, diet and breastfeeding and discussions around mental health. In total, 273 women received information on maternal health, including danger signs in pregnancy, importance of skilled birth attendance and available services such as first referral point and contact details. An accompanied referral to a district hospital was provided to one client for her complications.

In some SRH camps, FPAN also provided ultrasonography (USG) services, leveraged from rural government, to check the baby's development and help pick up any foetal abnormalities. FPAN used trained government nurses on government rural ultrasonography program. FPAN provided USG services to 193 pregnant women. These clients were mobilised through health workers to FPAN medical camps since the camp was held close to their location.

While it would have been ideal to provide USG services in all mobile camps, FPAN was unable to access a USG trained nurse and USG machine in all camps. In locations where FPAN did not provide USG services, FPAN referred the pregnant women for USG to a nearby healthcare centre where USG services were available free of charge.

MISP Objective 5: Prevent unintended pregnancies

Throughout the response, FPAN provided a range of different contraceptive services. Among the different services offered, long-acting reversal contraception (LARC), particularly implants, were most preferred by clients (Tables 3 & 4). Women of reproductive age, including adolescents, were acquainted with the risk of unintended pregnancies and availability of different methods of family planning services. FPAN team had enough contraceptive stock provided by UNFPA Nepal.

Table 3: Contraceptives services

Contraceptive type	First time user/New user				Returning Clients				Items distributed
	10-19 yrs.	20-24 yrs.	25+ yrs.	Total	10-19 yrs.	20-24 yrs.	25+ yrs.	Total	
Oral contraceptive pill					4	14	17	35	35
Injectable contraceptive		1		1	1	1	8	10	11
Contraceptive implant		5		5	7	102	443	552	557
Intrauterine device						1	9	10	10
Vasectomy			7						
Male Condom for contraception									36,800

Table 4: Contraceptive supplies

CONTRACEPTIVE CONSUMPTION	VALUE	UNIT
Combined oral contraceptive pill	35	Strips / Cycles
Progestin-only oral contraceptive pill		Strips / Cycles
Injectable contraception	11	Dose
Contraceptive implant	557	Piece
Copper IUD	10	Piece
Hormonal IUD (LNG-IUS)		Piece
Emergency Contraception Pill		Packet

MISP Objective 6: Plan for comprehensive SRH services, integrated into primary health care as soon as possible.

At the end of the response, a review and experience sharing meetings on the emergency response were organised in coordination with Provincial Health Directorate and health office and supporting partners in the target districts. The meetings resulted in the local government's commitment to allocate budget for SRH including for comprehensive sexuality education (CSE) in their annual budgets in the future.

In the final month of the response, some budget lines such as mobile clinic operation costs were underutilised since two planned medical camps had to be cancelled while the budget line for medicine had to be increased to accommodate the needs on the ground. The budget revision was undertaken and the remaining balance was reprogrammed for a one-day MISP orientation for local government

authorities. The orientation intended to walk them through the minimum basic health services to be provided during disasters and a transition into comprehensive reproductive health program in the recovery phase, sensitising them on the importance of SRH in crisis and preparedness phases.

To support smooth recovery in the affected areas, FPAN planned a series of capacity building activities for the local government health care providers on technical topics such as contraceptive implants, medical abortion, and IUCD through its SPRINT annual workplan 2024. This will facilitate a smooth transition of service provision from FPAN to the local health system.

Additional MISP Objective: Ensuring safe abortion care

As per Nepal abortion guidelines, health care centres and providers need to be approved and licensed by the MoHP to provide abortion services, therefore, FPAN was unable to provide abortion services (medical and surgical) in SRH medical camps. However, one client was provided with an emergency manual vacuum aspiration (MVA) service and FPAN put in place a referral mechanism and 33 clients who came for abortion services during camp period were referred to the nearest health care centres which were listed as abortion sites. Women of reproductive age were provided with information and education session on availability and accessibility of safe abortion services.

OTHER: Treatment of other SRH issues and general health conditions

While the focus of the response was to provide lifesaving MISP services, as the situation permitted FPAN provided different kinds of health services upon request with available human resources. These included 55,680 SRH services such as 273 antenatal care (ANC), 24 postnatal care (PNC), 22,397 gynecological services, 5,168 urology services, 134 uterine prolapse, 1,224 pediatrics services, 417 subfertility services and 6,545 non-SRH services. During the SRH camp of emergency response, 3,787 cervical cancer screening, 1,364 breast cancer counselling and 270 manual breast examination were provided at the response sites.

4. ACCOUNTABILITY TO AFFECTED POPULATIONS

	SPRINT M&E Framework indicators	***Achievement***
3.2.1	Percentage of beneficiaries satisfied with services and how it was measured (e.g., exit interviews)	95% based on exit interviews (71.6 NPS[10])
3.3	Percentage of marginalised persons reported access to SRHiE services under SPRINT response	70% (young people-4987, PwD-107, pregnant & lactating mothers-402, LGBTQI-1)
3.3.1	Number of beneficiaries with a disability reached	107
3.3.2	Percentage of female members in response teams	87.05%
3.3.3	Community feedback mechanism in place (e.g. exit interview, suggestion box, FGDs, etc.) to provide feedback	Yes- client exit interviews including Net Promoter score, suggestion box and FGDs

5. COST SHARING / RESOURCE ALLOCATION FROM OTHER SOURCES

[10] Net Promoter Score (NPS) is calculated based on the clients' answer to a question "How likely are you to recommend the services to a friend or family member who needs a similar service?" using a scale 0 unlikely to 10 very likely.

- FPAN provided 60 “Nyano jhola” (a warm bag received from UNICEF) to pregnant and lactating women. The total cost for the Nyano jhola is around 12,000 Nepalese rupees (NPR), equivalent to AUD 138.
- In the initial period when FPAN field team received a larger number of clients than expected, FPAN experienced insufficiency of medicines to conduct medical camps. The partnership with local actors was helpful, as different SRH medicines were provided by local government and health facilities to conduct camps. The total cost for the medicines provided is around 200,000 (2 lakh) NPR or AUD 2,300.
- Similarly, FPAN also received human resource support from local government. FPAN used trained government nurses on government rural ultrasonography program. With this support FPAN provided USG services to 193 pregnant women.
- FPAN also received trained SGBV counsellors support from CMC Nepal and WOREC which were arranged by local government to be part of FPAN mobile medical team to provide individual SGBV counselling.

5. CHALLENGES AND LESSONS LEARNT

The main challenges faced by the emergency response team are as follows:

1) Geographical remoteness

The affected areas (Jajarkot and Rukum west) of Karnali province, located in very remote mountainous areas where basic amenities and facilities such as hotels for accommodation, hygienic food and water are scarce or unavailable have difficult geographical areas. In some of the areas, hired vehicle was not able to reach the camp site. Two more camps were cancelled due to difficult geographical area and bad road condition. Four to five team members had to stay in a single room, based on the location of the mobile medical camp, and sometimes they stayed at a basic lodge, other times at a government building such as a rural municipality or a local health facility building.

To conduct mobile SRH camps in such a remote place was also challenging, especially in the cold environment in the middle of the winter season, with the temperature of 0 to 5 degree Celsius. Most of the health facilities were damaged by the earthquake and not in working condition. Under these circumstances, FPAN provided SRH services in limited areas, utilising the buildings that were available and in useable condition. In some locations, FPAN organised the medical camp at a local school and a government building which were in workable condition.

2) Greater needs for medicines per camp

As more clients than anticipated came for the SRH camps in the initial period, greater quantities of prescribed medicines were being utilised than originally estimated. A subsequent budget revision took these needs into account within the approved budget ceiling.

3) Limited number of SGBV survivors seeking services

Despite prevalent SGBV cases in the communities, survivors rarely disclosed their cases to counsellors or service providers, due to social stigma and perhaps inability to communicate clearly partly due to illiteracy. FPAN provided SGBV counselling services to clients who requested services by trained counsellors, respecting the principles of privacy and confidentiality. Effective use of IEC materials (need to be developed specifically for SGBV) and media campaign would help in sensitising the communities and mobilise for seeking SGBV services.

4) Limited access to population in need

Due to remoteness of the geographical locations affected by the earthquake, it was very difficult to refer SGBV cases to the nearest OCMC, which in some cases could take up to one day of traveling.

Survivors would have benefitted from having transportation costs reimbursed to be able to access services.

5) Power of partnerships

FPAN learnt that partnering with another organization like CMC Nepal increased the effectiveness of the response, as it helped FPAN team to ensure quality SGBV services including referral mechanism through a client-centred approach. In a future response, this sort of partnership could enable FPAN to explore an efficient use of IEC materials, organise a media campaign, and strengthen accompanied referral.

6) COMMUNICATIONS AND CASE STUDIES

This SPRINT emergency response took a sensitive approach to branding and visibility to highlight the local government response efforts.

The social media updates on this response highlighted Australia's support. At the national level, FPAN utilised digital media platforms such as the FPAN official website, Instagram, Facebook and Twitter accounts, to promote the FPAN and IPPF/SPRINT emergency response achievements.

The SPRINT team planned and conducted a communications technical assistance field visit to document photos, case studies, videos, client interviews, interview with staff members and for other documentary purpose. This visit took place in early February 2024, visiting various response sites across Jajarkot. Social media was prepared for DFAT ahead of International Women's Day, highlighting this response.

Selection of digital communication links

Facebook The humanitarian needs in Jajarkot and... - Australian Embassy, Nepal | Facebook

Mero Lumbini, Facebook

Mainstream media

Goraksha News
Raj Marg Online News
Nayayougbodh
Kanika Khabar
Samanantar
Radio Maurakhara FM
Mulpati
Gorkha Patra Online
Kakhara
Swasthyakhbar
Gorkha Patra Online

FPAN was extremely proactive in documenting their response and sharing content with both IPPF and DFAT local post. Many local media outlets covered and reported on the emergency essential SRH services provided by FPAN.

Several radio programs aired SRH services and print media published news on services provided by FPAN.

COMMUNICATION TOOLS (E.G. PHOTOS, STORIES, AND SOCIAL MEDIA) FOR USE BY DFAT IN PROMOTING THE ACTIVITY

Photo 1: FPAN team receiving an appreciation letter from Mayer of Barekot rural municipality

Photo 2: Head of development, Ms. Kavitha Kasynathan, Australian Embassy (DFAT local post) visited FPAN SRH camp

Photo 3: FPAN staff supporting a distressed client.

Photo 4 and 5: FPAN staff providing a medical assessment

Photo 6: FPAN organised a mobile SRH camp at Nalgad municipality on 3 December 2023. On the same day, FPAN conducted an SRH and GBV session in an open-air environment at Sirke Madyamik Vidyalaya. The school building was not in a good condition, damaged by the earthquake.

Photo 7: Nepal Government Central Communication and Information Minister Rekha Sharma and FPAN Team met at Nalgad Municipality Office on 03 December 2023 and discussed FPAN's SRH Camp.

Photo 8 and 9: FPAN staff collecting stories at the camp site

Photo 10: Visit from UNFPA

Photo 11: Community session on SRH to a group of women of reproductive age

Photo 12: A female beneficiary receiving a dignity kit from FPAN team

Case Studies (all materials to be shared with DFAT):

Yasoda, 21, (pictured) is a housewife and mother of 3-year-old Ayusha. She is currently eight months pregnant.

It takes one hour for her to walk to reach the nearest health post. “It’s tiring, but we are used to it.”

Even at eight months pregnant, her daily chores begin at 5am with preparing the breakfast for her daughter and parents in law. They own a large piece of land and many animals, all which need to be fed and tended to. Their animals include goats, chickens and buffalo.

Their beautiful two story traditional Nepali home is made from mud brick, cool in the summer and insulating in the winter. Set near the river, fields of bright green rice paddies circle their dwelling. Walking through the small clutch of similar houses and animal hutches and pens, goats bleating as they race by, and the sun setting behind the peak of the Himalayan range in the distance, feels like you are stepping into another world.

She was able to get an ultrasound through FPAN’s mobile health clinic. Otherwise, she has to travel to the nearest small hospital over the river to get an ultrasound, which takes one hour of walking and in a vehicle from there. This is where she will be giving birth in a month’s time. If there isn’t enough time to make it walking, she plans to call for a bike or a car to take her halfway.

Ramita, 27, was a volunteer for FPAN’s mobile health camp at Rimna Village, Nepal. She is unmarried and has not had children.

“At 11:58pm the earthquake came, we were fast asleep, and the house started to shake. My mother had a spine operation not so long ago, so I had to wake her up. It was really shaking hard so I had to wake my mom up but she was already partly under the rubble and by this time the house was already completely down. By the time I got to the door I stamped the door with my leg so it wouldn't fall and we ran out. My dad was also covered halfway in the rubble. That is how I saved their lives.

It was such a loud noise, all the houses around us were falling, it sounded like a bomb blast. It was really scary. Everyone was crying and screaming. The hills were clashing together, and fire was sparking out. Stones were falling - people were screaming. The moment I saved my parents I was then worried about my brothers that I cried till the morning until my brothers came home. One of our neighbours died when the roof fell on his head.

I was so mentally disturbed after that; it took a while to stabilise. Some people ran out naked, some half-dressed, and everyone was running here and there.

I am still terrified of another earthquake; I still fear that it might even come again now and that frightens me.

Due to financial problems I can’t pursue my studies, my mothers and fathers’ medical treatments and my brother's education is all expensive, which means I have to sacrifice my own education for them. I have a bachelor’s degree in health, but I would love to do a Diploma in Computer Science next.

I planned to go abroad also, but my parents told me daughters don't go abroad, they stay with their parents. I also have my eye problem [she lost vision in her left eye due to an accident with a stick when she was seven years old].

I heard about the FPAN mobile camp through my uncle and when I went there, they asked me to be a volunteer. I went to be a client to find a solution for my menstrual pains and ended up being a volunteer! Since I am known to everyone, they asked me, and I was ready. I enjoyed doing that so much. I never knew so many things about people's vaginal and uterus problems. I learned so much! It was a good experience."

FPAN team receiving appreciation letter from different rural municipalities for providing SRH services to the earthquake affected people of Jajarkot and Rukum west

बारेकोट गाउँपालिका
गाउँ कार्यपालिकाको कार्यालय
लिम्सा, जाजरकोट
कर्णाली प्रदेश, नेपाल

प्रशंसा-पत्र

मितिः २०८०/१०/०८

श्री नेपाल परिवार नियोजन संघ
हरिहर भवन, पुलचोक ललितपुर, नेपाल ।

यस बारेकोट गाउँपालिका जाजरकोटमा भूकम्प प्रभावित क्षेत्रका समुदायका लागि निःशुल्क बृहत प्रजनन स्वास्थ्य शिविर सञ्चालन गरी यस पालिकाका सम्पूर्ण वडाहरुमा गुणस्तरीय स्वास्थ्य सेवा प्रवाह तथा व्यवस्थापनको क्षेत्रमा गरेको प्रशंसनिय कार्यका लागि उच्च सम्मान गर्दै यो प्रशंसा-पत्र प्रदान गरिएको छ ।

"साथै भविष्यमा समेत यस्तै सेवाको अपेक्षा सहित संस्थाको उज्ज्वल भविष्यको कामना गर्दछौं ।"

(रामबहादुर रोकाय)
शाखा प्रमुख
स्वास्थ्य शाखा, बारेकोट
स्वास्थ्य शाखा प्रमुख

(डिनायट घर्ती)
प्रमुख प्रशासकीय अधिकृत
बारेकोट गाउँपालिका

(वीरबहादुर गिरी)
अध्यक्ष
बारेकोट गाउँपालिका

सानीभेरी गाउँपालिका
गाउँ कार्यपालिकाको कार्यालय
सिम्ली, रुकुम (पश्चिम)
कर्णाली प्रदेश, नेपाल

सम्मान-पत्र

मितिः २०८०/०९/२५ गते

नेपाल परिवार नियोजन संघ

सानीभेरी गाउँपालिका रुकुम (पश्चिम) अर्न्तगतका विभिन्न वडाका ९ (नौ) स्थानहरुमा मिति २०८०/०९/१७ देखि मिति २०८०/०९/२५ गते सम्म बृहत प्रजनन स्वास्थ्य शिविर गरी दिनु भएको सेवाको उच्च मूल्याङ्कन गर्दै आगामी दिनहरुमा निरन्तर सहयोगको अपेक्षा सहित स-धन्यवाद यो सम्मान-पत्र प्रदान गरिएको छ ।

विजय कुमार ओली
स्वास्थ्य शाखा प्रमुख

दिपक बुढाथोकी
प्रमुख प्रशासकीय अधिकृत

विर्ख बहादुर विष्ट
गा.पा. अध्यक्ष

भेरी नगरपालिका
नगर कार्यपालिकाको कार्यालय
खलंगा, जाजरकोट
कर्णाली प्रदेश, नेपाल

सम्मान- पत्र

मिति २०८०।१०।२६

श्री परिवार नियोजन संघ (FPAN)
हरिहर भवन पुल्चोक, ललितपुर।

मिति २०८०।०७।१७ गते राती ११:४७ बजे जाजरकोट जिल्लाको रामीडाँडा केन्द्रबिन्दु बनाई गएको ६.४ म्याग्निचुडको विनाशकारी भूकम्प बाट प्रभावित जनसमुदायलाई यस नगरपालिका अन्तरगत विभिन्न वडाहरुमा (वडा नं १, २, ३, ४, ७, ९, १० र ११) स्थानहरुमा एकिकृत प्रजनन् स्वास्थ्य घुम्ति शिविर संचालन गरी सेवा पुर्याएकोमा यस भेरी नगरपालिका तर्फ संस्थाले गरेको कार्यको उच्च मुल्यांकन गर्दै हार्दिक आभारका साथ यो सम्मान पत्र प्रदान गरिएको छ।

आगामी दिनहरुमा यहाँहरुको थप प्रगतिको कामना गर्दछौं।

खेम बहादुर थापा
स्वास्थ्य शाखा प्रमुख

दिनेश कुमार शाक्य
दल बहादुर घर्ती
नि. प्रमुख प्रशासकीय अधिकृत

चन्द प्रकाश घर्ती
नगर प्रमुख