

EMERGENCY RESPONSE OF FPAN DURING NEPAL EARTHQUAKE: implementation of MISP



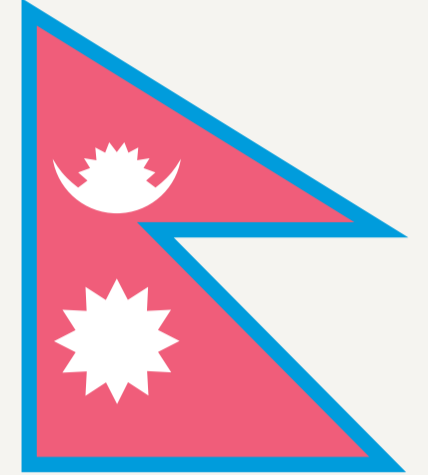
OUTCOME 3
Serving People

COUNTRY CONTEXT:



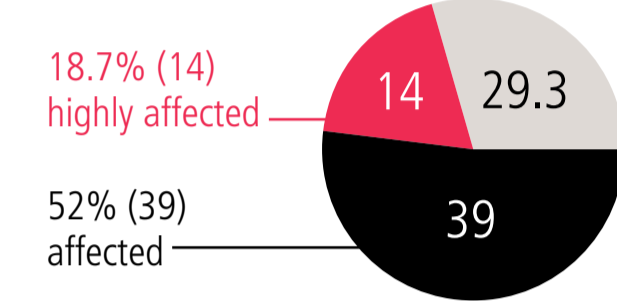
Nepal in IPPF's South Asia Region:

- Population - 29.5 million
- 7.8 magnitude earthquake shook Nepal on 25th April 2015 with several after shocks



THE AFTERMATH:

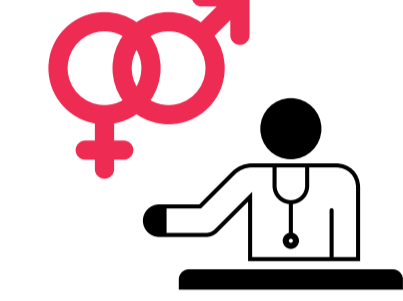
8,800 killed
Over **21,000** injured
297,266 civilian homes were completely destroyed



39 out of 75 districts affected, of which 14 districts were highly affected.



Landslides reported in many districts, 1,100 health facilities were damaged.



Capacity of health facilities deteriorated. People in the affected areas lacked medical and reproductive health services.

RESPONSE:

Resources mobilized in aftermath:

IPPF-SARO	USD 50,000
DFAT SPRINT 2	USD 50,000
USAID SIFPO2 project	USD 160,000
UNFPA	USD 212,000
JOICFP	USD 168,000
In-kind support: dignity kits, RH kits, tents, etc.	
TOTAL	USD 640,000



Support for the response:

- IPPF SARO and IPPF SPRINT teams reached Nepal within 96 hours.
- Response was coordinated with UNFPA, FHD-MOHP, Health Cluster and Sub Cluster, JOICFP, USAID
- Proposal development jointly by IPPF team and FPAN team



IPPF/FPAN response:

- Expert teams from SARO deployed to oversee the emergency response as this was a new working area for FPAN
- Formation of **emergency response team** and **health mobile team** for providing medical and health services
- Engaged in **Health Cluster / RH Sub-cluster**
- Coordination** with other RH Actors and Clusters (protection, gender, adolescent)
- Started imitate **relief and emergency services** in 3 districts
- Mobilizing resources** from key donors



Services provided:

- Medical Counseling and treatment
- Maternal Care
- Distribution of Dignity Kit, RH kits and delivery kits
- Female Friendly Spaces (FFS)
- Mobile RH camps
- Family Planning: Condom and Emergency Contraceptive
- STI diagnosis and treatment
- Referral for safe delivery
- Counseling and Awareness on SRH



Main Activities Conducted:

- Conducted health camps in eight highly affected districts
- Provided emergency health services for counseling and basic treatment
- Provided FP and RH services from the camps
- RH services focusing on family planning, STIs/HIV, SGBV, maternity care in eight districts
- Engaged in emergency relief in initial phase
- Female Friendly Spaces in three districts MTH- Makwanpur

Challenges:

- Lack of experience and capacity in FPAN in delivering emergency services
- Hard-to-reach geographic coverage for medical assistance
- Safety and security of health workers remained an issue in the affected areas as well as due to regular landslides and high-intensity aftershocks
- Lack of immediate availability of data and information for program implementation
- Limited availability of FP, RH and other medical support in the affected areas
- Gap in information on provision and availability of youth friendly spaces
- Existing health structures were also not providing SRH services for young and adolescents

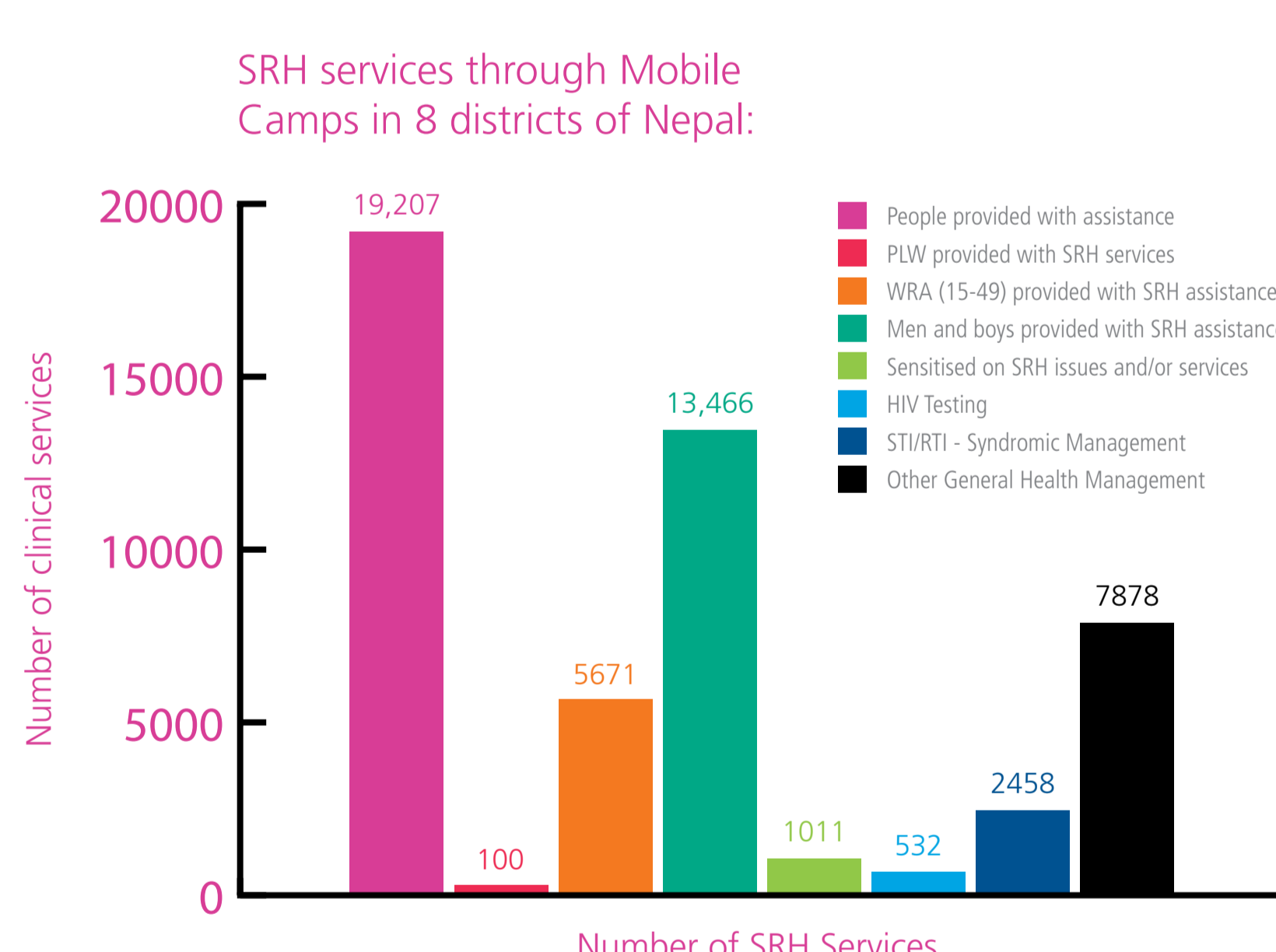
RESULTS:

177 camps organized

36,784 clients served

Over **31,500** RH related services

2,359 dignity kits distributed



Enabling factors for success:

- Leadership and quick response** - Robust teamwork between IPPF-SARO & FPAN
- Pro-active coordination and linkages** with key stakeholders – government, UN agencies, CSOs, private sector
- Experience** in organising mobile health camps and medical support in hard-to-reach areas
- IPPF/FPAN's volunteers and staff **dedication** and ability to break set-patterns and to go beyond the normal call of duty



LESSONS LEARNT:

- An emergency response team should be prepared
- Staff should periodically receive training around managing Emergency response
- A dedicated Emergency response fund should be formed

