UNITED NATIONS POPULATION FUND

#DignityFirst

NEPAL EARTHQUAKE: 5 MONTH PROGRESS REPORT OF THE HUMANITARIAN RESPONSE

UNFPA

INDEX

LIST OF ACRONYMS

ADRA	Adventist Development and Relief Agency	JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics (former title now referred only as JPHIEGO
AIDS	Acquired Immune Deficiency Syndrome	MCK	Medical Camp Kit
ASRH	Adolescent Sexual and Reproductive Health	MIDSON	Midwifery Society of Nepal
CARE	Community Awareness for Rights and Equality	MISP	Minimum Initial Service Package
CANADEM	Canada's Civilian Reserve	OCHA	Office for the Coordinaton of Humanitarian Affairs
CERF	Central Emergency Response Fund	OCMC	One Stop Crisis Management Center
CM	Case Manager	PDNA	Post Disaster Needs Assessment
CMR	Clinical Management of Rape	PFA	Psychosocial First Aid
CVICT	Center for Victims of Torture	PSC	Psychosocial Counselor
DFID	Department for International Development	REDR	Register of Engineers for Disaster Relief (former title)
FFS	Female Friendly Space	RH	Reproductive Health
FCHV	Female Community Health Volunteer	RH KITS	Reproductive Health Kits (reproductive health emergency supplies)
FP	Family Planning	SDC	Swiss Agency for Development and Cooperation
FPAN	Family Planning Association of Nepal	SRH	Sexual and Reproductive Health
GBV	Gender Based Violence	STI	Sexually Transmitted Infection
GBVIMS	Gender Based Violence Information Management System	UNICEF	United Nations Children's Fund
GIZ	Deutsche Gesellschaft für Internatio-nale Zusammenarbeit	UNRC	United Nations Resident Coordinator
HIV	Human Immunodeficiency Virus	WASH	Water, Sanitation and Hygiene
IEC	Information, Education and Communication	WOREC	Women's Rehabilitation Center
IOM	International Organization for Migration	WHO	World Health Organization
IP	Implementing Partner	WFP	World Food Programme

1. EXECUTIVE SUMMARY

HUMANITARIAN RESPONSE REPORT
(25 April-30 September)

USD 2,5 million mobilized for prevention of Gender-Based Violence

USD 2,3 million mobilized for Sexual and Reproductive Health

SUPPORTED BY:

Australian AID

giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

From the People of Japan

UKaid from the British people

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
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Embassy of Switzerland in Nepal

CENTRAL EMERGENCY RESPONSE FUND United Nations

OCHA

In the immediate aftermath of the earthquake on 25th April 2015, UNFPA, the United Nations Population Fund, in coordination with the Ministry of Health and Population, the Ministry of Women, Children and Social Welfare, and many other partners, reached out to the most vulnerable population in the 14 most-affected districts to deliver SRH services, with a special programme for adolescents, and to prevent and respond to GBV.

UNFPA's integrated RH and GBV response focused on conducting mobile RH camps, supporting female -friendly spaces (FFS), delivering dignity kits, providing life-saving reproductive health equipment and supplies (RH Kits) and building the capacity of the health service providers.

The Emergency Flash Appeal phase ended on 30 September, with the majority of goals being met. However, a number of interventions are continuing given the needs that have emerged and as part of the transition from relief to recovery and through to sustainable development.

UNFPA continued implementing its programmes in its pre-earthquake priority districts and is seeking ways to integrate some of its interventions in the earthquake-affected districts at the time of writing.

The period August through September was a period of significant political unrest in Nepal, with demonstrations and strikes effecting implementation. Furthermore, at the time of writing, the country was in the grips of a nationwide fuel crisis, further restricting implementation. While some delays have been observed in distributions and activity start dates, despite these obstacles, the majority of activities remain on track.

2. BACKGROUND

The 7.8 magnitude earthquake that hit Nepal on 25 April 2015 and the numerous aftershocks that followed – including one measuring 7.3 – caused widespread destruction and loss of life.

Nearly 9,000 people were killed and more than 22,000 others were injured. More than 600,000 houses were destroyed and another 290,000 were damaged, leaving hundreds of thousands of families without a roof over their heads. Pre-existing vulnerabilities were further exacerbated. Damage to infrastructure interrupted the delivery of basic social services including healthcare.

Access to SRH services were thus interrupted, putting the health and lives of pregnant women and their unborn babies as well as newborns at risk.

Nearly 84% (375 out of 446) of the completely damaged health facilities were from 14 of the most affected districts. Hospitals were understaffed and overwhelmed.

In the 14 most affected districts a total of 1.4 million women and girls of reproductive age were affected.

An estimated 93,000 among them were pregnant at the time of the earthquake, with 10,000 delivering each month requiring emergency obstetric care and 1,000 to 1,500 at risk of pregnancy related complications necessitating Cesarean Sections.

In addition, in the aftermath of the earthquake, pre-existing vulnerabilities affecting women and adolescent girls were exacerbated exposing them to an increased likelihood of GBV.

Without adequate prevention, response and data collection mechanisms in place, GBV would increase and also go underreported.

Based on estimated numbers of affected people and using calculations from the Minimum Initial Service Package (MISP), around 28,000 women potentially required post-rape treatment.

14 Female Friendly Spaces set up in 14 districts, providing services to over 40,000 **women and girls,** including outreach work.	**Over 56,000 dignity kits** and motivational packages distributed to earthquake affected women and girls in all 14 affected districts.	**651** Women and adolescent girls, and their newborns, benefitting from temporary shelter in the transition homes.	**121** Reproductive Health Camps conducted in all 14 affected districts.
92,907 received services at RH camps; **85%** were delivered to women and adolescent girls.	**2,993 youths** (71% female) reached through ASRH awareness raising sessions.	**11,547** girls, women & survivors of GBV reached with psychosocial counselling services and first aid.	**Over 132,000** people's SRH needs covered for 5 months through multiple services , RH supplies and equipment.
80 maternity units set up and supported with equipment at partially or totally damaged health facilities.	**21** transition homes set up for pregnant and postpartum mothers and their newborns.	**433 (58% female)** youth volunteers trained as trainers on adolescent sexual and reproductive health.	**230** health service providers trained in clinical management of rape.

The **Nepal** earthquake affected
5.6 million people
in the 14 most-affected districts
including
93,000 pregnant women

UNFPA responded in the 14 most-affected districts where:

- **5.6 million people were affected**
- **1.4 million women were of reproductive age**
- **93,000 women were pregnant**
- **1,500 women were likely to experience complications requiring Caesarean section**
- **28,000 women were at risk of sexual violence**

UNFPA provided:

- **Dignity kits**
- **Female-friendly Spaces**
- **Mobile reproductive health camps**
- **Psychosocial support**
- **Reproductive health kits**
- **Clinical Management of Rape**
- **Protection and awareness messages**

Data from the Health Management Information System.
Map boundaries do not imply endorsement or acceptance by the United Nations.

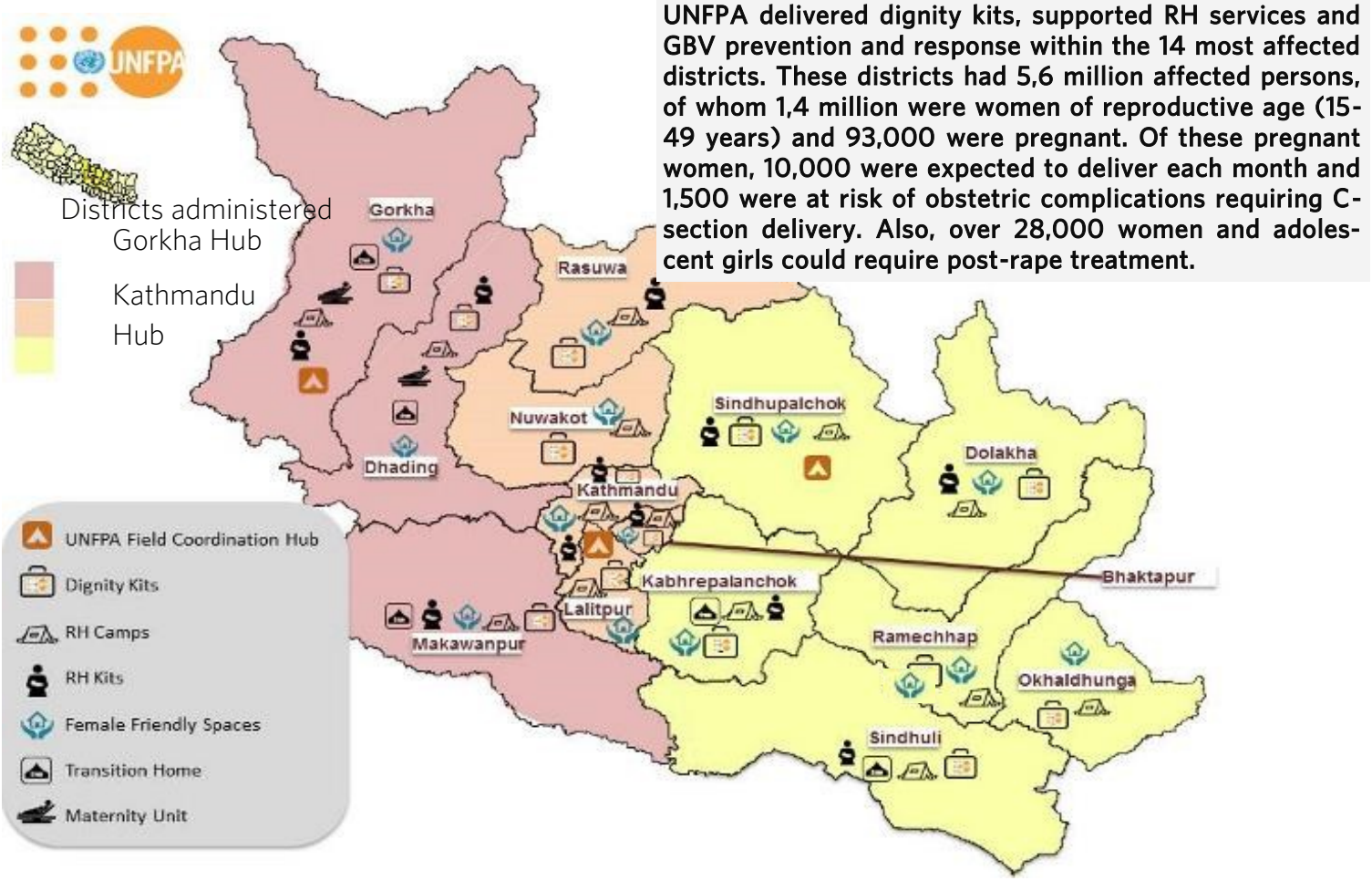
3. UNFPA STRATEGY

The UNFPA response to Nepal's earthquake targeted women and girls in the 14 most affected districts. It aimed to effectively provide MISP for RH and GBV a coordinated set of priority activities designed to prevent and manage the consequences of sexual violence; reduce HIV transmission; prevent excess maternal and newborn morbidity and mortality; plan for comprehensive RH services and make contraceptives available to meet demand.

UNFPA implemented the emergency response under the overall leadership and in close coordination with the Ministry of Health and Population and the Ministry of Women, Children and Social Welfare. It also collaborated closely with various implementing partners and other stakeholders. The key components of the strategy were a) provision of RH care and b) GBV prevention and response. In addition, a strong emphasis was placed on targeting adolescents and young people. Each of these components is described in detail below. UNFPA acted as co-lead for the Sub-clusters on RH and GBV, led by Family Health Division and Department of Women and Children respectively, and ensured effective coordination between humanitarian partners working in the two areas. UNFPA's coordination role also helped ensure proper integration of RH and GBV interventions.

In articulating its strategy, UNFPA took as its guiding principle the concept of "Dignity First", which was shared as part of a campaign. It upheld the need to empower women and girls, supporting them to maintain their self-respect and the ability to provide for their families by supporting their needs for safety, security, hygiene, health and information. The campaign aimed to remind actors in the humanitarian community that women and girls deserved special attention, that their dignity needed to be preserved and respected. To help ensure that gender, RH and related issues were addressed in the recovery phase, UNFPA was also actively involved in inter-agency and government-led assessments, including PDNA *(see page 24).*

UNFPA delivered dignity kits, supported RH services and GBV prevention and response within the 14 most affected districts. These districts had 5,6 million affected persons, of whom 1,4 million were women of reproductive age (15-49 years) and 93,000 were pregnant. Of these pregnant women, 10,000 were expected to deliver each month and 1,500 were at risk of obstetric complications requiring C-section delivery. Also, over 28,000 women and adolescent girls could require post-rape treatment.



4.REPRODUCTIVE HEALTH RESPONSE

The UNFPA RH response was guided by the MISP, which helps to ensure coordination of RH activities and efficient use of resources to implement life-saving RH interventions at all levels and through different sectors. The primary target group for the response is women of reproductive age, particularly earthquake-affected pregnant and lactating women as well as adolescent girls.

Over 92,000 individual services (SRH, GBV, family planning and other including general health) provided through mobile RH camps in 14 districts; 85% of the services provided to women and adolescent girls.

MISP FOR REPRODUCTIVE HEALTH CRISIS; OBJECTIVES

- Coordinate the RH response through the RH Sub-Cluster.
- Prevent sexual violence and assist survivors, including clinical management of rape (CMR) and identification of multi-sectoral referral pathways.
- Reduce transmission of HIV.
- Prevent maternal and neonatal mortality and morbidity (including ensuring emergency obstetric and newborn care services are available and clean delivery kits are provided to birth attendants & visibly pregnant women).
- Plan for comprehensive RH services as the situation permits.

ADDITIONAL MISP PRIORITIES

- Ensure contraceptives are available to meet the demand.
- Ensure treatment of STIs is available to patients presenting with symptoms.
- Ensure anti-retrovirals (ARVs) are available to continue treatment for people already on ARVs including to Prevent Mother to Child Transmission (PMTCT).
- Ensure culturally relevant menstrual protection materials are distributed to women and girls.
- Ensure treatment of STIs is available to patients presenting with symptoms.
- Plan for comprehensive RH services, integrated into primary health care.

ADDITIONAL PRIORITIES

Continue family planning.

Manage symptoms of sexually transmitted infections (STIs).

Continue HIV care and treatment.

Distribute hygiene kits and menstrual protection materials.

A post-natal check-up at the Betrawati RH camp in Rasuwa district. © UNFPA Nepal

CONDUCTING LIFE-SAVING ACTIVITIES:

121 RH CAMPS CONDUCTED; 108% of TARGET (112)

In the aftermath of the earthquake UNFPA worked alongside District Health Officers and partners to support mobile RH camps in the most affected districts, reaching primarily remote areas. These camps – lasting on average three days – were carried out by health professionals and provided life-saving healthcare support ranging from antenatal and postnatal checkups, safe delivery, family planning, lab testing facilities including for HIV, management of STIs, psychosocial support, health response to GBV and referrals.

They provided key health messages, education and information for women and girls. In addition, there were dedicated adolescent corners to discuss ASRH issues openly.

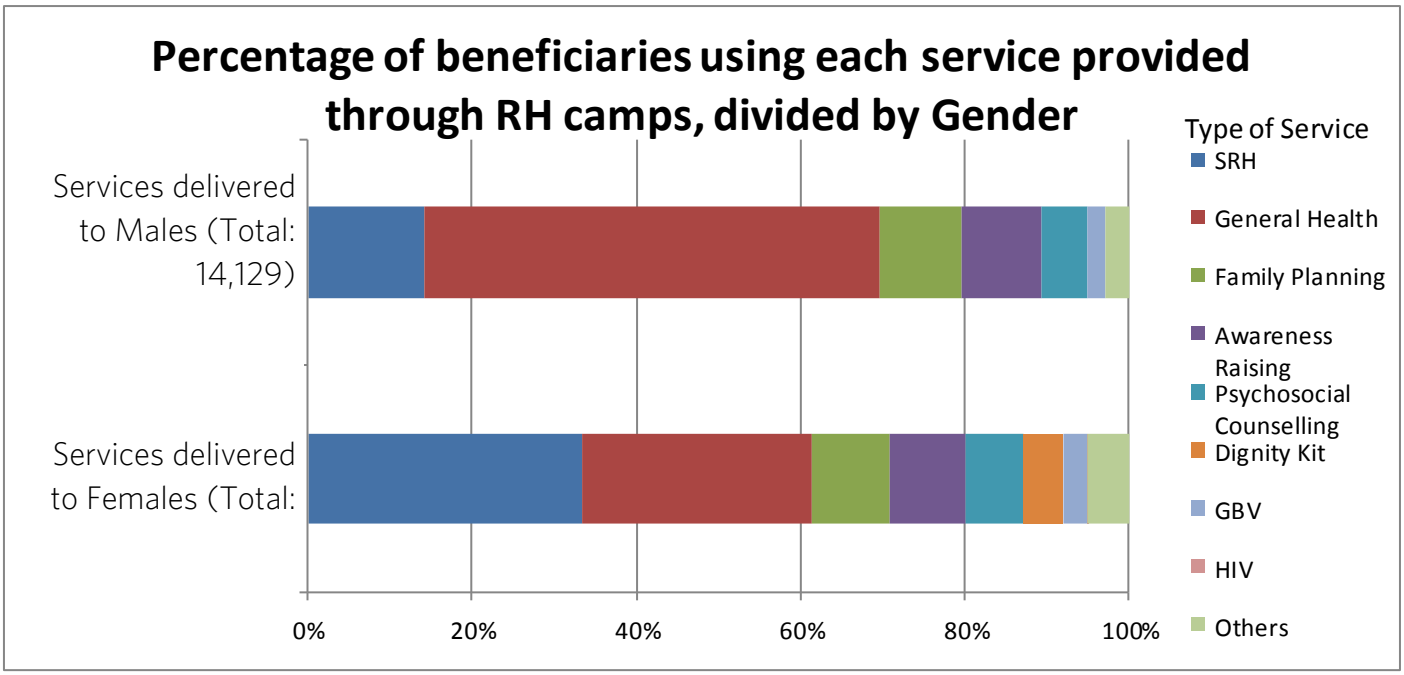
The details and information of the camps were disseminated in advance, through local FM radios and via outreach from local health offices and FCHVs. In close coordination with the Ministry of Health and Population, UNFPA and its partners provided 92,907 SRH, GBV, family planning and other services (including general health) with mobile RH camps in 14 districts; 85% of the services provided were to women and adolescent girls. Mobile RH camps were also part of the Dignity First campaign launched by the Government and UNFPA.

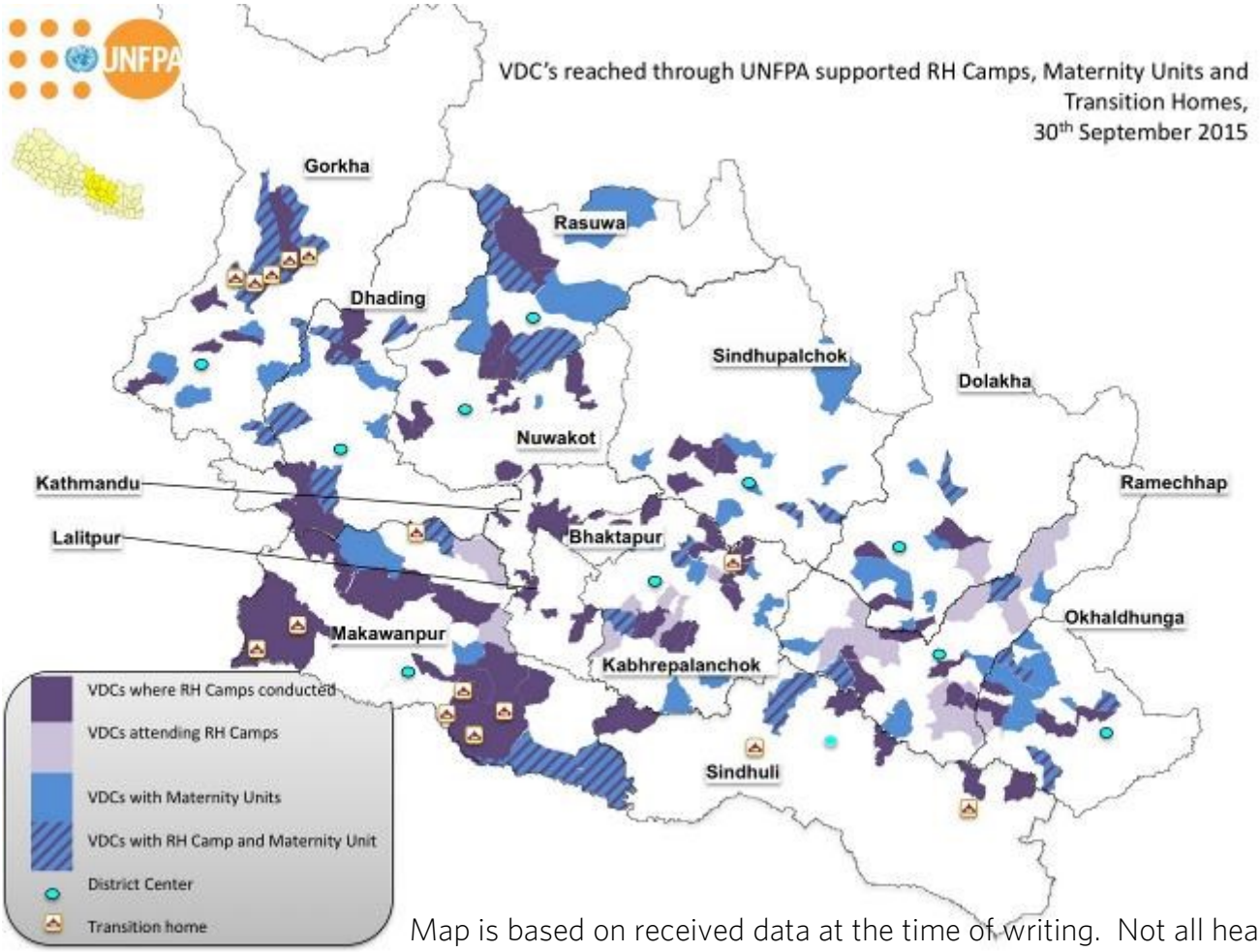
83 Women and girls treated for Uterine

74 Women and girls received PEP/STI

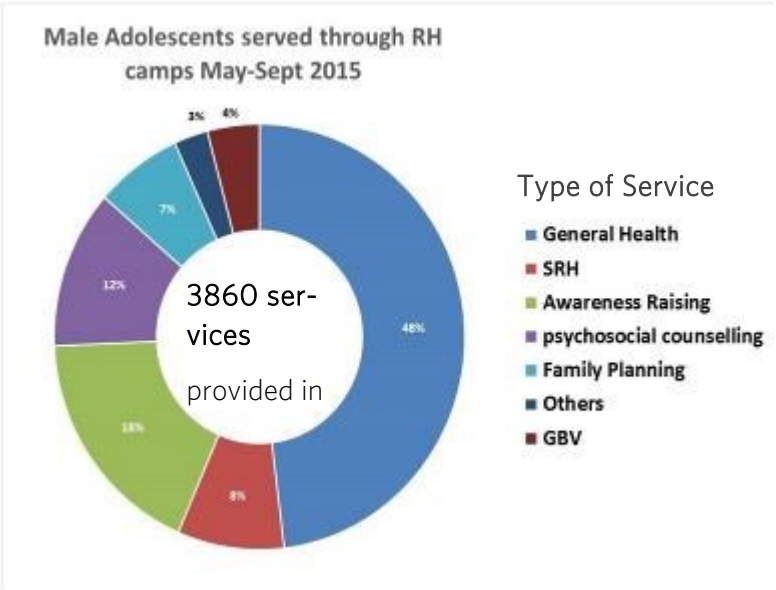
13,11 Adolescent girls attending RH camps

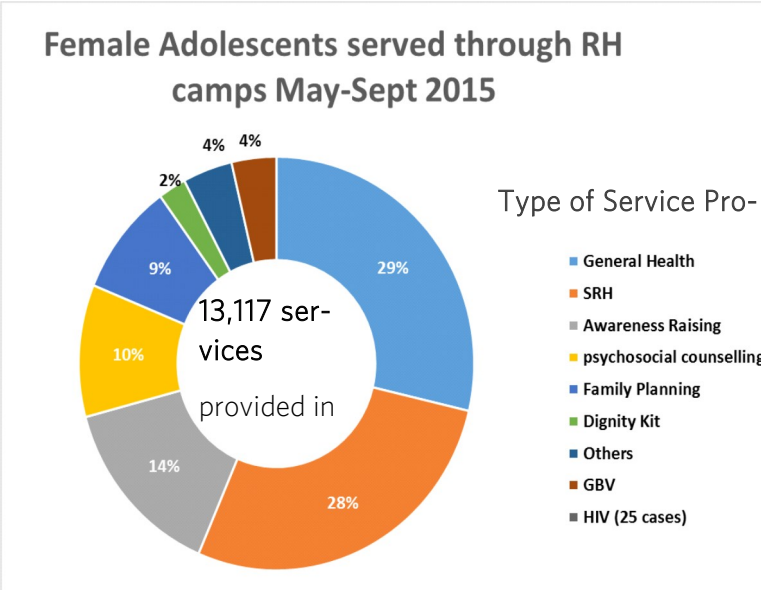
"Dignity First" advocates for women and girls not to be forgotten during the relief and recovery phases and encompasses UNFPA's lifesaving interventions to restore the dignity of earthquake-affected women.





Map is based on received data at the time of writing. Not all health facilities were damaged, map should be viewed alongside damage data and population by area.





CONDUCTING LIFE-SAVING ACTIVITIES: SUPPORTING HEALTH SERVICE RECOVERY

UNFPA conducted a series of other life-saving initiatives. For instance, it supported District Health Offices and WHO in the 14 most affected districts to rehabilitate damaged birthing facilities, or establish temporary maternity units where facilities had been destroyed. In total, UNFPA supported 80 birthing facilities in this way.

This included provision of RH kits, furniture and other essential instrument/equipment and supplies including delivery tables, instrument trolleys, IV stands and examination lights. Additionally, in sites that have been seriously damaged by the quake, UNFPA provided 118 tents to District Health Offices for Maternity Units, mobile RH Camps, Female Friendly Spaces and Transition Homes. 37 sites were supported in collaboration with AmeriCares, FairMed, IOM, UNICEF and WFP as part of MCKs managed by WHO. UNFPA also established 21 transition homes in 5 districts to provide temporary shelter where pregnant women with or without obstetric complications and post-natal mothers (and their babies) are cared for before they are ready to safely return to their community.

- 80 Birthing Facilities rehabilitated within 3 months
- 300 FCHVs provided with motivational packages
- 651 Women used maternity tents and transition

UNFPA also collaborated closely with FCHVs who are considered the backbone of community health interventions in Nepal. Their major role is the promotion of safe motherhood, child health, family planning, and other community based health services to encourage health and healthy behavior of mothers and other community members, with support from health workers and health facilities. There are 51,470 FCHVs (47,328 FCHVs at rural level and 4,142 at urban level) working all over the country. In the 14 hardest hit districts, the earthquake has affected 10,327 FCHVs directly or indirectly.

In addition to working alongside them to promote the utilization of services at RH mobile camps, UNFPA provided 'motivational packages' to almost 3,000 FCHVs in 3 districts. The content of the package - including a solar lamp, hygiene items, clothes, medicines and other basic supplies – was agreed upon in the RH sub-cluster, with several partners supporting FCHVs in different districts. These packages were intended to encourage them to continue their services to their communities.

Part of the content of a motivational kit provided to FCHVs. © UNFPA Nepal

DELIEVERING LIFE-SAVING RH SUPPLIES

1235 RH KITS DELIVERED; 98% of TARGET (1261)

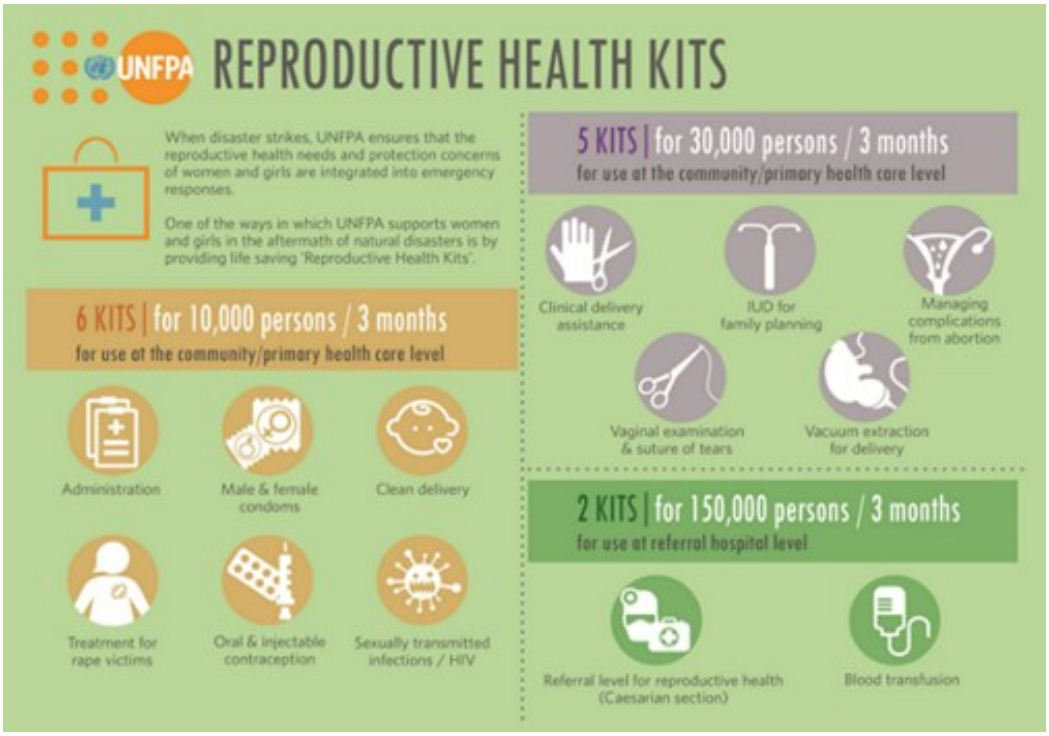
Following the earthquake many health facilities were destroyed with supplies and drugs in these facilities being damaged. Given the increased caseload resulting from the crisis, there was also a need to provide medical equipment and supplies to ensure continued provision of life-saving RH interventions. UNFPA delivered much-needed emergency health supplies (RH kits) to district hospitals, health facilities and a number of International and NGOs active in this field. These prepackaged kits, in line with MISP IASC Guidelines, included clean individual delivery kits, contraceptives, drugs and supplies for STIs treatment, clinical delivery assistance instruments and equipment and supplies for the management of obstetric complications, including for assisted deliveries and C-sections. This involved international procurement, transportation, warehousing and distribution of RH kits along with orientation on their use and monitoring of utilization at field level.

The emergency RH kits are designed to serve varying population sizes with services being provided at community, primary health care and referral hospital levels. UNFPA provided **1,235 RH kits** (see Annex I) over a period of 5 months, and **trained 105 health care service providers**, reaching 138,272 direct beneficiaries of individuals in 14 most affected districts. In addition **53 post-rape treatment kits** were provided to One Stop Crisis Management Centers (OCMCs), district hospitals and national partners. They are designed to manage the immediate consequences of sexual violence.

138,272 Direct beneficiaries of RH kits in three months

21,150 Women safely giving birth with clean delivery kits

Each kit contains medicines and medical devices to treat up to 50 women and 10 children. Alongside the distribution of post-rape treatment kits, UNFPA also **trained 230 health care personnel on the clinical management of rape.**



RH kits are distributed in blocks; 3 blocks consisting of 6,5 and 2 kits as detailed in this infographic. Individual kits in some cases consist of up to 12 boxes of equipment.

SEXUAL REPRODUCTIVE HEALTH CARE SERVICES FOR YOUNG PEOPLE/ADOLESCENTS

UNFPA recognizes the pivotal role that young people must play in Nepal's development and as such has played a lead role in youth engagement for several years in the country, strengthening national and district level youth networks in its programme districts. UNFPA's focus through these platforms was to capacitate young people with skills and tools for them to participate in decision-making processes in their communities. Adolescents and young people are thus a key target group for UNFPA. They were both recipients of aid and crucial actors in better coordinating life-saving responses on the ground and expanding the reach of UNFPA's relief work. By engaging its existing youth network partners, UNFPA helped ensure youth participation in the humanitarian response. UNFPA maintained the focus on youth and adolescents throughout its humanitarian response by implementing a four-pillared approach:

1) Training youth facilitators to run adolescent corners in RH camps

UNFPA set up adolescent friendly corners in its mobile RH camps with trained youth staff in order to create an appropriate environment to provide ASRH information. The topics covered in these corners included: consequences of child marriage and adolescent pregnancy, childbirth, danger signs during pregnancy, family planning methods, issues relating to menstrual hygiene, consequences of unsafe abortion, GBV and risk of STIs, HIV and AIDS. 13,117 adolescents aged under 20 received ASRH services through the RH camps.

2) Conducting activities targeted towards adolescents in FFS

To meet the needs of adolescent girls, the FFSs ran a variety of activities specifically aimed at them. These included yoga and dance classes, as well as discussion groups and drama sessions aimed at creating awareness on gender based violence, menstrual hygiene, and other relevant issues.

Adolescent girls at an adolescent corner in an RH camp in Nuwakot. © UNFPA Nepal

3) Including adolescents as a target group in Dignity Kit distribution

Over 5000 adolescents aged under 20 received dignity kits

4) Establishing 'Youth Leads in Emergencies' project for 19-24 years

In June 2015, UNFPA launched it's Youth Leads project in response to the earthquake, aimed at empowering youth living in the displacement sites across the 14 most earthquake affected districts.

In the pilot phase, 133 young people, were trained on need assessment, leadership and life skills, peer education, ASRH and menstrual hygiene. They in turn carried out the initial phases of the project, including a comprehensive need assessment focused on displacement sites in the Kathmandu Valley, that included focus group discussions with 108 female and 64 males, and In depth interviews with 400 youths. The aim was to better understand the daily situation for this group and their knowledge and attitudes towards ASRH, GBV, migration and other topics, so as to inform the next project phase. They then raised awareness and disseminated in RH and GBV-related information through camps and schools.

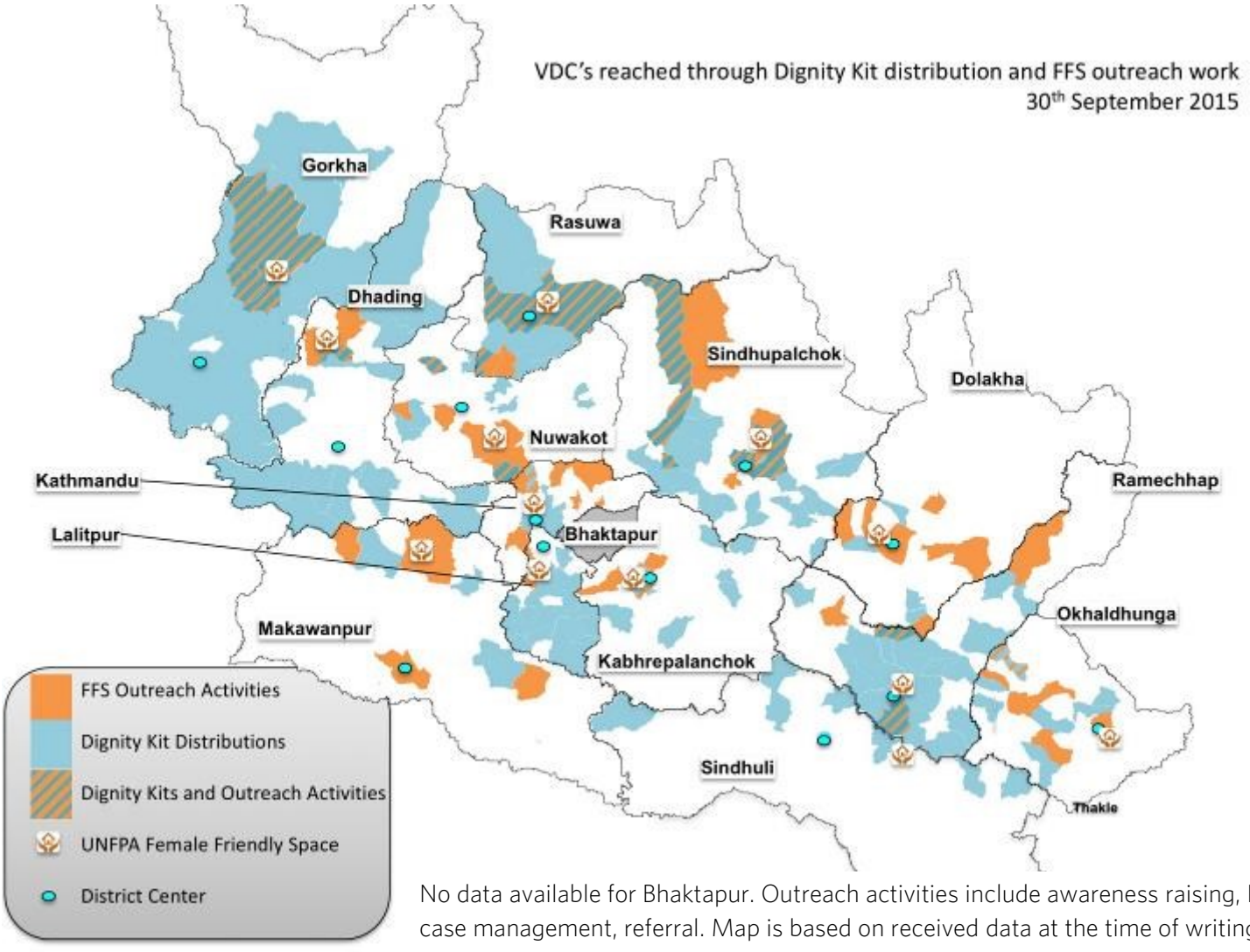
433 trained youth facilitators delivered adolescent sexual and reproductive health awareness-raising sessions through RH camp outreach to around 3,000 youths (10-24 years) in 14 districts.

5. PREVENTION & RESPONSE TO GENDER BASED VIOLENCE

14 FFS ESTABLISHED; 100% of TARGET (14)

UNFPA's response focused both on prevention and response to GBV in the 14 most affected districts. The objective was to ensure a coordinated GBV response (under the Protection Cluster) to establish and scale up life-saving GBV services through a multi-sectoral approach, establish referral systems and implement prevention initiatives within an integrated RH/GBV humanitarian response.

GBV is a sensitive and very underreported issue, with adequate services often lacking or non-existent. GBV survivors can feel they have little or no incentive to report incidents; hence it was essential for UNFPA to treat availability of quality services and effective referral systems as a matter of absolute priority. In this context, the Clinical Management of Rape was a cornerstone of UNFPA's GBV programme, supported by the key activities of establishing Female Friendly Spaces, distributing Dignity Kits, co-leading the GBV Sub Cluster, provision of psychosocial support and deployment of GBV Specialists to district coordination hubs.



No data available for Bhaktapur. Outreach activities include awareness raising, PSS, case management, referral. Map is based on received data at the time of writing.

MULTI-SECTORAL RESPONSE TO GBV: FEMALE FRIENDLY SPACES

Over 40,000 services delivered to women and girls (20,382 within FFSs and 22,364 via outreach work)

UNFPA supported a multi-sectorial response to GBV through the establishment and operationalization of 14 FFSs in 14 districts out of the total 97 supported across the overall response. Located within a short distance from health facilities and/or next to child friendly spaces, FFSs provide a multi-sectoral response to GBV survivors as well as guidance on SRH services. FFSs support the resilience and well-being of women and girls through community organized activities conducted in a friendly and stimulating environment. FFSs mobilized communities around the protection and well-being of women and girls, providing services ranging from psychosocial support, individual case management, recreational services, awareness raising sessions on SRH and GBV, referral to legal aid, health response, police and socio-economic support.

UNFPA also trained and mobilized 12 Psychosocial Counselors (PSC), 14 Case Managers (CM) and 65 Psychosocial First Aid volunteers (PFA). 283 survivors of GBV were referred for various multi-sectorial services from 14 earthquake-affected districts. In addition, FFSs also served as an entry point for distributing dignity kits. Subject to availability of funding, UNFPA is planning to continue supporting FFSs as part of the transition into recovery and rehabilitation

UNFPA's multi-sectoral response to GBV was linked with its RH camps and maternity spaces as part of its integrated humanitarian response approach. UNFPA encouraged its mobile RH teams to integrate psychosocial counseling and conduct treatment and referral for GBV survivors by training 130 health service providers on CMR. In addition, UNFPA strengthened the response to GBV by enabling access to multi-sectoral services through links with Women Service Centers and other service providers.

FEMALE FRIENDLY SPACES SERVICES

While service provision was responsive to demand in many cases, a few core services were consistently supplied through the FFS:

- Case Management and Referral for GBV
- 'Safe Space' to rest, talk etc.
- Psychosocial Counseling
- Awareness raising and outreach activities

Other services included:

- Recreational activities such as Yoga, Dance, Henna
- Livelihoods activities , Film Screenings
- Information on the humanitarian response
- Accommodation
- Dignity kit distribution

FFSs providing shelter:

While not intended to provide emergency accommodation initially, the FFS did in fact accommodate several women and girls (mostly GBV survivors) for varying amounts of time throughout the reporting period. This highlighted a clear need for long-term solutions to house GBV survivors on a short and long term basis. In many cases, the districts where FFS were set up previously had no safe house facilities. Many of the GBV cases seen through the FFS stemmed from incidents occurring before the earthquake; the FFSs have highlighted a major gap in services that pre-dated the earthquake. UNFPA responded to the emerging need by coordinating with DWC and GBV Sub Cluster partners to create a transition plan and secure funding commitments to establish more permanent housing.

SERVICES PROVIDED THROUGH FFS ACTIVITIES

- 3389 Psychosocial counseling sessions delivered to women and girls **
- 29.422 Women and girls reached through awareness raising activities **
- 119 Women and girls provided with life-saving emergency shelter
- 50 Percentage of women and girls reached through outreach work with "extra vulnerabilities"^^

DEMOGRAPHICS OF WOMEN REACHED THROUGH MULTI-SECTORAL FFS ACTIVITIES**

- 45 Women and girls from female headed households
- Disabled women and girls 68
- 673 Pregnant/lactating women and girls
- Adolescent girls (aged under 20) 11,59

**numbers include those reached by FFS outreach workers as well as those vising the FFS

^^Extra Vulnerabilities: Pregnant, lactating, disabled or from a female headed household

"My visits to the FFS have been therapeutic, after all those abrupt changes in the past months, it's been calming to come here and helped me to stay together", FFS beneficiary, Lalitpur. *© UNFPA Nepal*

FEMALE FRIENDLY SPACES (FFS) EXIT STRATEGY

As mentioned above, the establishment of the FFS highlighted pre-existing service gaps, and the potential dangers brought about through a sudden cessation in service provision. UNFPA responded to this emerging need by facilitating a two day workshop with the DWC, international and national partners to establish the real need, and lobby on a coordinated basis for additional funding to ensure continuity. The DWC agreed to set up a OCMC in each of the 14 districts as a direct result of the increased focus on the issue through earthquake response activities. Dolakha, Ramechhap and Sindhulpalchok are considered priority districts for OCMC establishment.

Women take part in yoga classes at an FFS. *© UNFPA Nepal*

GBV INFORMATION MANAGEMENET SYSTEM (GBVIMS) AND GBV CASE DATA

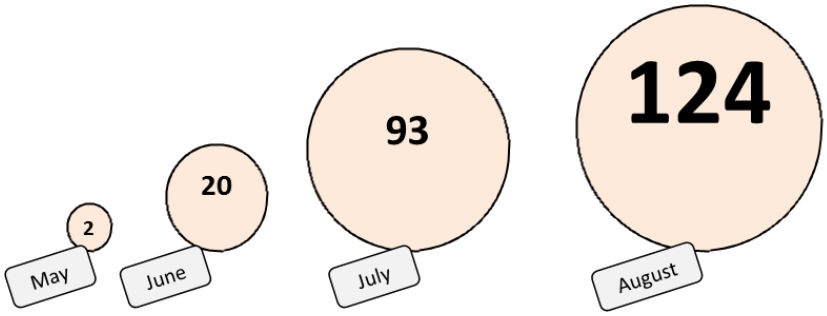
UNFPA was actively supporting the National Women's Commission (NWC) pre-earthquake in the roll-out and management of the GBV IMS in partnership with eight national partners. During the Emergency Response several new actors in the sector arrived in country, and via the GBV Sub-Cluster the need to enroll more agencies in the system became clear. Thus, UNFPA conducted a **comprehensive 3 day training for 25 International and National partners** on the GBV IMS, placing them in the position of being able to sign the Information Sharing Protocol with the NWC, and roll out the globally endorsed system through their emergency response. In addition, the UNFPA IP's used the system through the FFS services, and were able to provide some data incidence of GBV. It should be noted that these figures **do not indicate prevalence**, and should not be taken as such.

283 GBV cases responded to through FFS

7% GBV survivors are adolescents (<20)

38% Cases reported within 7 days of incident

Number of GBV cases reported through FFS each month **



** at the time of writing data was not yet compiled for September

THE RIGHT TO DIGNITY FOR WOMEN AND ADOLESCENT GIRLS

Over 56,000 dignity and motivational kits procured for the emergency response

88 Respondents rated dignity kits as "useful" or "very useful"

75 Respondents said there were enough kits distributed to meet the need

(Above) Results from Post Distribution Monitoring by CARE; data not verified by UNFPA

The provision of dignity kits is an essential component of UNFPA's humanitarian response. By providing women with essential hygiene and safety supplies, UNFPA has helped to create an enabling environment in which women are supported to maintain a sense of security and well-being and to participate more actively in the response. Women and girls of reproductive age are often neglected in their needs especially as it relates to menstrual hygiene. Without access to sanitary supplies, women and adolescent girls are severely restricted in their mobility, unable to seek basic services – including humanitarian aid.

Dignity kits help address these hygiene needs and provide an entry point to raise awareness on GBV. In line with this vision, UNFPA procured and is **distributing approximately 56,000 dignity and motivational kits in the worst affected districts including about 3,000 motivational kits for FCHVs in Sindhuli, Okhaldunga and Kathmandu.** In addition, it is **prepositioning dignity kits** in several of its programme districts through its regular programme. The content was agreed by the Government taking into account Nepal's sociocultural context. The kits included a sari, petticoat and shawl, or kurta as well as sanitary pads, other hygiene items and a flashlight for protection purposes.

In addition to being a set of supplies, the kits were also used as an entry point for dialogue and messaging around key protection issues such as GBV prevention, referral to services including CMR, psychosocial support, trafficking prevention, dangers of child marriage, where to seek RH care and other.

UNFPA distributed dignity kits through the local government, its mobile RH camps, FFSs, and partners. Planning and distribution was conducted in coordination with the Department of Women and Children at the central level, the Women Children Offices at the district level and also as part of the GBV Sub-cluster (co-led by UNFPA) to ensure that the most affected areas were covered.

In a joint effort with the Ministry of Women and Children and Social Welfare, UNFPA launched the Dignity First campaign on 23rd May 2015. This advocacy campaign aims to ensure that the special needs of earthquake-affected women and adolescent girls are not forgotten in the humanitarian response.

The Secretary of the Ministry of Women and Children and Social Welfare, Dhana Bahadur Tamang, UNFPA Nepal Goodwill Ambassador Manisha Koirala and UNFPA Representative for Nepal Giulia Vallese jointly launched the campaign by pronouncing "Dignity First" and its Nepali version "*Vipatma parda jahile; Mahila ko maryada pahile*".

Affected women with their newborns and dignity kits. *© UNFPA Nepal*

CLINICAL MANAGEMENT OF RAPE (CMR)

It is widely recognized that in the aftermath of a crisis, incidence of GBV, in particular sexual violence, can dramatically increase.

In June 2014, as part of its regular GBV response and prevention programming, a working group began supporting the process of developing a protocol on the Clinical Management of Rape. The group was led by the Population Division, MoHP, with substantial support from UNFPA and Jhpiego. Consultants were hired to develop the guideline and a technical working group was formed under the leadership of Population Division. The protocol was finalized through an extensive consultative process with a range of different stakeholders, such as Family Health Division, National Health Training Centre, National Health Information Education Centre, Child Health Division, Curative Division, UNFPA, UNICEF, WHO and Nepal Health Sector Support Programme, DFID. The clinical protocol is expected to help service providers at various levels of health facilities to follow rigorous criteria for choosing appropriate procedures for management which include providing immediate health care, adequate psychosocial counselling, appropriate collection and preservation of medico -legal evidences (where relevant) and developing systems for proper follow up and reporting.

The protocol was endorsed by Ministry of Health and Population in August 2015 and shortly after a Training of Trainers was conducted by UNFPA for 12 doctors on CMR, preparing them for conducting CMR training in the 14 most affected districts. So far close to 100 health workers have been trained on CMR in 8 districts: Kavre, Ramechhap, Dhading, Nuwakot,

Rasuwa, Sindhuli, Sindupalchock and Gorkha. The training is aimed at capacitating health-care providers on how to provide quality care to rape survivors in humanitarian settings. In addition to the training, each district hospital was provided with a post rape treatment kit. One kit is sufficient to cover a population of 10,000 for a period of 3 months, and contains emergency contraception, Post-Exposure Prophylaxis, several other items, and comprehensive instructions on usage.

In addition to the work on the clinical protocol, UNFPA supported a series of orientation sessions for implementing partners who were conducting the RH mobile camps on GBV in emergencies, including clinical management of rape. UNFPA, in partnership with ADRA, the Family Health Division and the Population Division is also working to strengthen the capacity of district health workers to provide quality care to survivors of GBV.

** 130 trained immediately through the Emergency response with 100 trained on the Endorsed Protocol

230	Health workers trained on CMR and GBV**
8	Districts started rolling out the Protocol
53,000	Population covered by distribution of 53 rape treatment kits

Women taking part in knitting and yoga workshops in FFS's. © UNFPA Nepal

6. REPRODUCTIVE HEALTH SUB-CLUSTER

The RH Sub-cluster was activated within days of the earthquake disaster under the overall leadership of the Family Health Division, Ministry of Health and Population, as part of the Health Cluster. UNFPA co-led the RH Sub-cluster at the central level and with the respective District Health Offices in the two humanitarian hubs set up in Gorkha and Sindupalchok (Chautara).

A total of 32 partners participate in the RH Sub-cluster meetings held regularly at the central level (Kathmandu) and in the humanitarian hubs.

The RH Sub-cluster has been vital in promoting coordination amongst the various humanitarian actors in the 14 most-affected districts. It successfully led the implementation of the MISP for RH in crisis. The Sub-cluster has developed checklists, flowcharts and simple guidelines to ensure implementation of the humanitarian RH response and provision of quality care in accordance with national standards and protocols. Its meetings have proved to be valuable platforms for sharing of findings, updates and experiences from the field, while ensuring that the overall RH response is coordinated and aligned with national needs and priorities.

In line with its integrated humanitarian response approach to prevent and respond to GBV, the RH Sub-cluster established close linkages with other clusters, in particular, the GBV Sub-cluster.

16 Sub-Cluster meetings to date in Kathmandu

32 Participating agencies

4 Days after the earthquake first meeting held

Key achievements:

- Identification of a focal partner organization for each affected district facilitated effective coordination and implementation of the RH, MNH & Child health services.
- Supported district health offices rehabilitate damaged health facilities ensuring rapid re-establishment of health services even while functioning under tents.
- Motivational packages containing personal items as well as supplies and job-aids distributed to FCHVs in 14 districts to enable them to reinitiate/continue their community-based services.
- Based on the national standards simplified algorithm of care and job-aids were developed/ reprinted and distributed to service providing agencies, including FMTs, and other sub-clusters.
- Program Plan on Menstrual Health Hygiene Management developed and is being implemented.
- An operational guideline on Transitional Homes is being finalized.
- Developed key RH and ASRH messaging to be aired through the local FM radio in the districts, including on preparedness for accessing RH services during the monsoon.

7. GENDER BASED VIOLENCE SUB CLUSTER

Under the direction of the Department of Women and Children, UNFPA co-led the GBV Sub-cluster both at the central level and in the two humanitarian hubs at Gorkha and Sindupalchowk (Chautara). The Sub-cluster coordinated the GBV humanitarian response in the 14 most affected districts. It mapped available services in all 14 districts, and identified gaps in service delivery, enabling partners to focus more effectively on the Village Development Committees where services and support were needed most. Using the protection mechanisms at district level, the Sub-cluster helped to identify emerging recurrent issues that could then be addressed at national level, and encouraged participating agencies to adhere to globally recognized standards of confidentiality.

Additionally, the Cluster developed key messages to be aired on national and local radios about where to seek services, as well as key safety messaging. prevention and response to trafficking and GBV. The Government endorsed these messages as well as the referral guidelines. In addition, the sub-cluster supported the use of GBVIMS that had been re-launched in 2014 by the National Women Commission and already used by a number of service providers from different partners to collect, store, analyze and to enable the safe and ethical sharing of reported GBV incident data for broader trends analysis and improved coordination.

In line with the Inter Agency Standing Committee guidelines outlining procedures for providing an integrated humanitarian response, the Sub-cluster advocated for gender, protection and GBV mainstreaming, supporting the Protection Cluster and the Gender Working group. Furthermore, links were strengthened with the education, shelter, nutrition, food security and WASH Clusters, enabling an integrated response that prioritized needs of men, women, boys and girls.

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36 Meetings to date in 6 districts

8 Districts received training in GBV

30 Participating agencies

Key achievements:

- Endorsement of Key documents by DWC: GBV Messaging, Referral Pathway, Emergency GBV IMS intake and consent form.
- Mainstreaming of GBV through the CCCM Displacement Tracking Matrix.
- Advocacy with WASH and Shelter clusters.
- Drew focus to lack of GBV services and increased risks in the under-served displacement sites.
- Trained 292 men and women from 31 agencies across 8 districts on GBV in Emergencies.
- Focus on service gaps led to drive for continuation of FFS services into 2016 and beyond.

8. OTHER ACTIVITIES

5,110 EPISODES ON SRH, GBV & ASRH MESSAGING AIRED ON LOCAL FM RADIOS; 122% of TARGET (4,200) ESTABLISHED

In addition to its field based and coordination interventions, UNFPA reached out to the most vulnerable affected population by airing radio messages related to SRH, GBV and ASRH on 18 FM stations and in local languages (including Tamang). Over 5,110 messages in 14 districts were broadcasted.

Compelling stories, information and videos from the field about UNFPA's interventions can be read on:

nepal.unfpa.org, facebook.com/UNFPANepal,

twitter.com/UNFPANepal

youtube.com/UNFPAinNepal/videos

UNFPA has also played an active role ever since the Communicating with Communities group was formed under OCHA's leadership. UNFPA provided technical inputs in finalizing common messages, mapping out communication interventions in the affected districts and communicating with communities together with other partners via FM radios. The project collected data from UNFPA interventions, particularly RH camps and FFSs, hence giving a voice to many vulnerable people who may otherwise not have been heard.

UNFPA contributed to the development of the questionnaire and included questions specific to UNFPA's focus areas.

UNFPA has participated actively as a partner in the Community Feedback project which aims to gain insights into community feelings about the emergency response, and adjust accordingly. A round of questionnaires (including some additional UNFPA-specific questions) were administered at an RH camp in Dolakha; although the sample size was very small, a striking issue was the large majority (90%) of respondents who felt their voices had been insufficiently heard in the overall emergency operation. This is typical of the overall feedback across the affected districts, and tends to be more prevalent among women. In response, UNFPA is scaling up efforts to communicate via local FM stations and on local radio. Fifty percent of women stated that they felt their health needs were being met.

UNFPA trained Nepal Scout members as part of the CwC initiative. *© UNFPA Nepal*

Engaging scouts to communicate with communities

In an effort to communicate better with the earthquake affected communities, UNFPA trained 75 members of Nepal Scouts to act as enumerators in the Communicating with Communities project. Keeping in mind the increasing risks of several forms of violence which many displaced women and girls are facing in the current situation, the training was, among other things, on enhancing their skills and knowledge to prevent and respond to GBV.

9. POST DISASTER NEEDS ASSESSMENT

The key objective of the Post Disaster Needs Assessment (PDNA) was for the Government of Nepal to assess the impact of the earthquake and define a recovery strategy – including its funding implications, from restoration of livelihoods, economy and services to rehabilitation and reconstruction of housing and infrastructure.

Who led it?

It was conducted by National Planning Commission together with various ministries, the private sector and civil society as well as bilateral, multilateral and development partners

UNFPA contribution

UNFPA contributed to the PDNA in three sectors: 1) Health and Population; 2) Gender, elderly, person with disabilities, and children's welfare; and 3) Human Development Impact Assessment as a core team member in the respective sectors teams. In addition, UNFPA mobilized 42 youth in six most affected districts to collect primary data related to impact on human development from about 400 affected households.

What did it achieve?

UNFPA's involvement in the core teams contributed to the integration of population/migration/displacement, SRH, GBV and social protection issues as priority in the immediate response, recovery and reconstruction plans and strategies.

These dimensions were fully integrated in the PDNA's i) assessment of the damage and recovery needs in affected areas, ii) the socio-economic analysis of the impacts of the quake,

FFS childcare (top)
Collecting data (bottom) *© UNFPA Nepal*

iii) the summary of priority recovery and reconstruction needs in the short and medium term and iv) the long-term recovery strategy which seeks to address these needs, reducing disaster risks and promoting resilience.

10.LOGISTICS CLUSTER

UNFPA participated as an active member in the Logistics Cluster. Under the leadership of the World Food Programme, the Cluster stored (in the Humanitarian Staging Area) and transported UNFPA supplies by road from Kathmandu to target locations, airlifted staff and supplies to hard to reach areas and provided advocacy and assistance with government procedures as well as overall excellent coordination of logistical issues amongst agencies and partners. UNFPA became the 3rd agency to benefit the most from the services provided by the Cluster. The Cluster helped in the distribution of the dignity kits and motivational packages, RH kits containing life saving RH supplies, many FFSs and maternity tents as well as medical equipment in a swift and cost-effective manner.

Storage of dignity kits and UNFPA supplies prior to transporting them to targeted areas. *© UNFPA Nepal*

11. MONITORING AND EVALUATION

In order to support the earthquake response, UNFPA Nepal revisited its Country Programme Resources and results framework with a view to integrate emergency-related activities and indicators in its current country programme (2013 -2017). The office established an overall results-based monitoring and reporting system, including a mechanism for communicating with affected populations to promote participatory planning and feedback mechanisms. This was meant to improve responsiveness and adjust strategies as per the needs identified by the communities. This is particularly important in Nepal, where additional efforts must be made to ensure that support reaches the most vulnerable populations based on an analysis of caste, ethnicity, religion, geographic location etc. In addition, review meetings with implementing partners were held regularly to review progress, challenges, lessons learned and to discuss and develop an exit strategy in the transition phase. An impact evaluation is planned for 2016, with the results feeding into the overall Country Programme Evaluation. The evaluation will be conducted in close coordination with the UNFPA Evaluation Office and UNFPA's Asia Pacific Regional Office.

The RH camp team, Sindhuli district. *© UNFPA Nepal*

SURGE PERSONEL

Additional personnel were also deployed to support the work of the country office. This included staff from other UNFPA offices, temporary redeployment of national personnel to affected districts, national and international consultants as well as personnel seconded and supported by stand-by partners.

In total, UNFPA mobilized 43 surge personnel, of which 17 were existing UNFPA personnel from other offices, 5 were international consultants, 15 were national consultants and 6 were supported by partners such as the Norwegian Refugee Council (2), CANADEM (funded by DFID) (2), REDR (Australia) (1) and the Inter-Agency Regional Emergency GBV (1).

In addition, the UN Resident Coordinator's office seconded one of its staff to UNFPA while UNFPA seconded its youth officer to the UNRC office for almost 2 months respectively to support a coordinated response.

12. DONORS AND PARTNERS

UNFPA's resource mobilization and partnerships strategy facilitated the response to the immediate SRH needs of the most vulnerable and to prevent and respond to GBV right in the aftermath of the crisis. UNFPA was able to mobilize over USD 2,5 million for prevention and response to GBV and USD 2,3 million for delivery of SRH services in addition to reprogramming some of its regular programme funds and devote considerable staff time to the response. UNFPA received funding from CERF (Central Emergency Response Funds), DFAT (Australia), DFID (United Kingdom), GIZ (Germany), Japan, OCHA and SDC (Switzerland) among other development partners *(see Table next page)*. Aside from the generous contributions of these development partners, UNFPA mobilized internal support through its Thematic Trust Funds including the Global Programme on Reproductive Health Commodity Security (see table next page), and the Emergency Response Fund which were crucial in enabling a fast delivery of SRH and GBV services throughout the response.

In addition, UNFPA forged additional strategic partnerships that reinforced its response on the ground. For instance, the WHO donated 35 tents which are being used as FFSs, maternity units and other related purposes. In order to strengthen a sense of security of women and adolescent girls residing in camps UNFPA distributed over 1,000 LuminAid Lamps - solar-powered, inflatable lights that pack flat and inflate to create a lightweight, waterproof lantern - and 1,250 Waka-Wakas, which consist of solar powered devices that provide light and power.

UNFPA will continue to work closely with the Ministry of Health and Population and the District health Offices to inter link and integrate the related GBV interventions within the RH response. In addition, coordination and cooperation with the Ministry of Women, Children and Social Welfare - and consequently the Women and Children Offices at the district level - continues to be essential for the integrated approach to preventing and responding to violence, including CMR. UNFPA is also working with national and international partners. NGO partners include ADRA, FPAN, CARE, CVICT, MIDSON and WOREC.

A representative from Midwifery Association of Nepal attending to a woman with her newborn in Nuwakot district. *© UNFPA Nepal*

In addition, engagement with youth networks is helping to increase the reach of UNFPA's humanitarian activities. RH kits were also distributed to 16 partners and different levels of health facilities in 14 districts.

Dignity kits were provided directly by UNFPA or through its implementing partners, youth networks and the Government. In addition, UNFPA also partnered with WHO in setting up and supporting Medical Camp Kits. Other collaborating partners in this initiative are AmeriCares, FairMed, WFP, UNICEF and IOM.

CONTRIBUTIONS MOBILIZED FOR THE EARTHQUAKE RESPONSE	USD
JAPAN	1,000,000
UNITED KINGDOM (DFID)	777,738
CENTRAL EMERGENCY RESPONSE FUND	753,815
EMERGENCY RESPONSE FUND	605,000
GLOBAL PROGRAMME ON REPRODUCTIVE HEALTH COMMODIY SECURITY	500,000
AUSTRALIA (DFAT)	401,606
SWITZERLAND (SDC/EMBASSY OF NEPAL)	273,973
GERMANY (GIZ)	110,645
UN OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS (OCHA)	100,000
AUSTRALIA (DFAT) REGIONAL FUNDS	56,912
WAKA-WAKA (value of in-kind contribution)	52,000
MATERNAL HEALTH THEMATIC FUND	44,950
FRIENDS OF UNFPA	48,906
UNFPA THAILAND (Country Office)	30,000
WORLD HEALTH ORGANIZATION (value of in-kind contribution)	27,405
UNITED BUDGET RESULTS ACCOUNTABILITY FRAMEWORK (UBRAF)	20,000
FRIENDS OF UN ASIA PACIFIC	10,313
LUMINAID (value of in-kind contribution)	10,055
UNFPA VIETNAM (Country Office)	5,042
GRAND TOTAL	4,822,928

** Amounts reflect contribution received based on the exchange rate applicable at the time of receipt.*

Knitting in an FFS in Rasuwa district. *© UNFPA Nepal*

13. LESSONS LEARNED

In terms of overarching **strategic issues** it is important to mention that the immediate activation and effectiveness of the different Clusters and Sub-clusters was pivotal in supporting well-coordinated and integrated SRH and GBV responses. The strategic leadership of the Government in both the GBV and RH Sub-clusters was clear and coherent, providing an important sense of ownership to the national counterpart whereas international and humanitarian partners brought specific technical know-how and tools. The collaboration between both sides therefore, was essential in the successful roll out of the SRH and GBV humanitarian responses.

Despite the clear commitment of the national partners, there remains a need to strengthen capacities at the local level to facilitate coordination both between actors at district level and between district and central levels. It will also be important, in any future emergency, to ensure adequate information management capacity on the government side in order to ensure that the often-overwhelming amount of information can be coherently handled for optimal coordination.

In terms of its **interventions**, one of the major lessons learned has been the necessity to tailor field interventions to the evolving needs on the ground. Nothing illustrates better this fact than UNFPA's **mobile RH camps**, whose budget had to be increased to attend to the ever-increasing number of people and services requested on the ground. Another example was the need to customize the original contents of UNFPA's **dignity kits** according to Nepal's sociocultural context. Hence, the kits included new items such as a sari, petticoat and shawl, or kurta, which are considered important supplies by Nepali women and adolescent girls. Aside from the fact that the items included in the kits were useful, the distribution of kits effectively also gave the Ministry of Women, Children and Social Welfare/Department of Women and Children, a more prominent role in the early days of the response. It became helpful to have a physical item for distribution as it facilitated dialogue around other interventions such as referral pathways and strengthening of the CMR services.

UNFPA also observed the need to **preposition RH kits, dignity kits and tents** to enable an even faster response in future emergencies. Due to the logistical difficulties to procure locally as a result of the destruction generated by the earthquake, prepositioning became crucial. For instance, UNFPA had already prepositioned **life-saving reproductive emergency health supplies with support from the Australian Government and** so was able to deploy these rapidly when the Earthquake struck. UNFPA later received support from other donors, enabling substantial further procurement and the distribution to numerous partners from the RH Sub-cluster, including the Ministry of Health and Population.

Packaging of UNFPA's dignity kits for earthquake -affected populations. *© UNFPA Nepal*

Setting up **transition homes** close to well-functioning birthing facilities (EmONC) allowed pregnant women, postpartum mothers and their children to access temporary shelters before being ready to return to their communities. Locating these transition homes near the health facilities contributed to preventing maternal and neonatal deaths and disabilities by allowing pregnant, postpartum women and newborns to access immediate healthcare, in case of any complications arising during their stay at the transition home. In addition, it also contributed to an increase in the number of skilled birth assisted deliveries.

CMR needs to be strongly emphasized from the very beginning of the response, along with clear advocacy as to why services must be provided regardless of number of reported cases. This is not always clear to members of the humanitarian community, who may request 'evidence' of 'sufficient' number of cases to justify investment in service delivery. Training humanitarian actors on these issues prior to a future emergency will be helpful, as the process of advocating for the need takes up valuable time in the early phase of an emergency.

It has been observed that **FFSs** are likely to uncover service delivery gaps, which may to a great extent be unrelated to the earthquake. In Nepal, a large percentage of the women who came to the FFSs with GBV cases had experienced GBV for a long time before the earthquake happened.

Typically, a FFS will see a small number of cases initially but these will increase dramatically as the FFS becomes better known and the staff more trusted. This will tend to happen around the same time that funding is running out and the FFS is looking to close.

This situation raises ethical issues about shutting down the services at the end of the emergency phase. Hence, a discussion needs to take place with actors involved in providing services as to how these can be taken over by government/NGOs, who could own them and pay for the services. The need to establish links with **livelihoods programming** becomes increasingly apparent as time goes on, and some women desperately need alternatives to returning home. Many of Nepal's FFSs have created such linkages, however this has been somewhat limited and could be taken into account at the outset of planning an FFS.

Last but not least, UNFPA realized that to optimise the usage of RH kits, there is a **need to develop more visual materials** to explain their content and use. Furthermore, they should be opened and their content explained systematically to partners receiving it, as this was shown to encourage immediate and better use of the kits in the response.

New mothers at the Dhumkharka RH Camp in Kavre. *© UNFPA Nepal*

14. CHALLENGES

Obtaining adequate funding for SRH and GBV remains a challenge. The significant need for these services to be continued in the long-term, echoed by all partners, will place increasing demand on an ever-shrinking pot of resources. This challenge will be exacerbated in the coming months by the need for winterization activities and the on-going fuel crisis, presenting serious concerns regarding the delivery of SRH and GBV services to meet the needs of women, adolescents and youth.

The change in weather will also disproportionately negatively impact those still residing in the displacement sites throughout 13 districts (excluding Sindhuli). Currently around 60,000 people are still accommodated in 120 displacement sites (DTM round 4), with the data presenting a dire situation. 91% of sites do not have adequate lighting at nighttime, increasing the risk of GBV for women and girls (although some improvement has been seen in the availability of segregated latrines and bathing areas within the sites). In 50% of sites women and girls do not have access to feminine hygiene products, nor do they have any kind of referral system for GBV survivors.

In 37% of sites women reported having no access to antenatal care, however perhaps more poignant is the continued challenge in incorporating data collection on specific information on the availability of SRH services in DTM, such as availability of contraception, STI treatment and post-rape kits.

After the new fiscal year in mid-July, it was announced that each ministry would need to cut their budget by 15% (as opposed to the initially proposed 10% increase). In addition, 50% of the budget was to be allocated to the affected districts. Given that 17 out of 18 districts covered by UNFPA's regular programme are not among the most affected ones, UNFPA need to work closely with local authorities to ensure that related interventions won't be affected.

In addition to these issues, UNFPA had to face important logistical challenges associated with the large volume of procurement, delays in the arrival of essential supplies - due to customs clearances - and their transport to hard to reach areas as a result of the geographical complexity of the terrain. The heavy rainfalls and landslides of the monsoon season have also hampered access and delivery of supplies to targeted areas. Missions risked being trapped in between landslides or being directly caught by one. The resulting necessary careful planning and precaution often delayed the execution of activities.

Demonstrations in the Terai began at the beginning of August against the new constitution, with local strikes preventing transport and sporadic violence. The restrictions continued through September, with a blockages at the Indian border preventing fuel from entering the country.

Distributions and access continue to be severely hampered as a result. Child and neonatal health issues were affected causing long term health and social services to those with communicable diseases. The Ministry of Health and Population confirmed that several development goals in the health sector were likely to be derailed having a long-term social and economic impact.

Logistical challenges when delivering reproductive health supplies to affected communities in hard to reach areas. *© UNFPA Nepal*

15. WAY FORWARD

The Flash Appeal officially ended on 30 September. However, the response is far from over with many activities continuing given the ongoing needs. UNFPA will therefore continue to work alongside other actors to review whether new districts are to be covered as part of the 'regular' programme, in which case, additional resources would need to be mobilized.

UNFPA, in consultation with the Government, UN agencies, humanitarian partners and implementing partners, is currently in the process of determining how to move forward in the most coordinated and strategic way. This may include incorporating some of the earthquake-affected districts into the UNFPA country programme and continue certain activities for a time before phasing out and handing over to its partners.

In addition, UNFPA is undertaking considerable efforts in contingency planning, to ensure the valuable lessons from the earthquake are integrated into preparedness activities.

Delivering UNFPA's life-saving reproductive health supplies to hard to reach areas. *© UNFPA Nepal*

Kits #	Name of RH kit	Emergency RH kits				Profile of beneficiaries
		Kits Procured	Total Population Covered	Health Facilities benefitting from RH kits	Direct beneficiaries of RH kits	
	BLOCK 1					
RH KIT 0	Administration & Training Kit	19	190,000		0	SRH Coordinator and Health Service Providers/Workers
RH KIT 1A	Male Condoms	35.5	355,000		14,200	Sexually active men using condoms
RH KIT 1B	Female Condoms	0	-		-	sexually active women using female condoms
RH KIT 2A	Clean Delivery - Individual	105.75	1,057,500		21,150	pregnant women
RH KIT 2B	Clean Delivery - For Use By Birth Attendants	128	1,280,000		640	Birth Attendants
RH KIT 3	Rape Treatment	53	530,000		3,180	GBV survivors
RH KIT 4	Oral & Injectable Contraception	126	1,260,000		47,250	Women of reproductive age (WRA)
RH KIT 5	Treatment of Sexually Transmitted Infections	108	1,080,000		29,700	People with STIs
	Total Block One	**575**	**5,752,500**		**116,120**	
	BLOCK 2					
RHKIT6A	Clinical Delivery Assistance - Reusable Equipment	128	3,840,000	128	-	pregnant women seeking assisted deliveries in health facilities
RHKIT6B	Clinical Delivery Assistance - Drug & Disposable Equipment	128	3,840,000		5,760	pregnant women seeking assisted deliveries in health facilities
RH KIT 7	Intra Uterine Devices (IUD)	78	2,340,000		1,092	Women of reproductive age (WRA)
RH KIT 8	Management of Complications of Miscarriage	128	3,840,000		7,680	Women with miscarriage or complications from abortion
RH KIT 9	Suture of Tears (Cervical & Vaginal) and Vaginal Examination	128	3,840,000		5,760	pregnant women seeking assisted deliveries in health facilities
RH KIT 10 A	Vacuum Extraction Delivery -(JJM Healthcare model	0	-	-	-	pregnant women seeking assisted deliveries in health facilities
RH KIT 10 B	Vacuum Extraction Delivery (model Medela)	35	1,050,000	35	-	pregnant women seeking assisted deliveries in health facilities
	Total Block Two	**625**	**18,750,000**		**20,297**	
	BLOCK 3					
RH KIT 11A	Referral Level for RH - Reusable Equipment	13	1,950,000	13	-	Pregnant women and complicated deliveries in health facilities
RH KIT 11B	Referral Level for RH - Drugs & Disposable Equipment	13	1,950,000		1,365	Pregnant women and complicated deliveries in health facilities
RHKIT12	Blood Transfusion	9	1,350,000		945	Pregnant women and complicated deliveries in health facilities
	Total Block Three	35	1,950,000		2,310	
	Grand Total	**1,235**	**26,452,500**	**176**	**138,727**	

Nepal Earthquake Humanitarian Response Indicator Tracking Sheet

No.	Code	Indicators	Actual
SEXUAL AND REPRODUCTIVE HEALTH			
TEMPORARY FACILITIES			
1	*RHEQ_P1*	No. of RH camps conducted	121
2	*RHEQ_P4*	No. of individual maternity tents/units set up and operationalized (excluding MCKs)	43
3	*RHEQ_P5*	No. of transition homes set up for pregnant and postpartum women in targeted affected districts	21
		No. of pregnant and postpartum women accessing services through TH/Mt	651
4	*RHEQ_P6*	No. of maternity units set up as a part of WHO Medical Camp Kit to revitalise RH services	37
RH CAMP SERVICES			
5	*RHEQ_P7*	No. of total service provided to affected populations with SRH, GBV, FP, Other (DK, IEC/Awareness raising, PSC, General health) services through RH camps	92,907
		Women and girls	*78,778*
		Men and boys	*14,129*
	RHEQ_P8	No. of FP service users through Mobile RH camps	8,808
		Women and girls reached	*7,377*
		Men and boys reached	*1,431*
	RHEQ_P10	No. of affected population reached with awareness-raising sessions, IEC materials on SRH and GBV through mobile RH camps	8,417
		Women and girls reached	*7,042*
		Men and boys reached	*1,375*
	RHEQ_P8	No. of affected population reached with SRH servies through RH camps	28,232
		Women and girls reached	*26,219*
		Men and boys reached	*2,013*
	RHEQ_P8	No. of affected population reached with GBV servies through RH camps	2,540
	RHEQ_P9	No. of complicated cases referred for CEmoNC services from RH camps	1
RH KIT DISTRIBUTION			
6	*RHEQ_P2*	No. of partners, other than IPs and affected health facilities provided with RH KITs (disaggregated by types particularly post-rape treatment kit)	1,235

CAPACITY BUILDING		
7 RHEQ_P3	No. of HW oriented on RH kits	163
	No of Youth Facilitators, Volunteers Trained / Mobilised	433
ASRH AWARENESS RAISING (OUTSIDE RH CAMPS)		
	No. of adolescents and young people (10-24 yrs) reached with ASRH awareness-raising sessions, IEC materials (outside RH Camps)	2,993
8 RHEQ_P11	No. of episodes on SRH, GBV and ASRH messages aired in local FM rados	5,110
GENDER-BASED VIOLENCE		
FEMALE-FRIENDLY SPACE		
9 GBVEQ_P1	No. of female-friendly spaces (FFS) established	14
10 GBVEQ_P3	No. of affected women and adolescent girls in targeted districts accessing female-friendly spaces	20,736
	Psychosocial Counselling	2,754
	DK Distribution	3,291
	Awareness-raising	9,752
	Case Management	126
	Recreational	3,566
	Referral	241
	Others	1,006
11 GBVEQ_P7	No. of adolescent girls, women, survivors of GBV reached with psychosocial coun-	11,547
	RH Camp	*8,631*
	FFS	*2,754*
	PFA Volunteer, Outreach Workers	*162*
	No of women and adolescent girls reached with awarenss raising on SRH, GBV	*19,094*
12 GBVEQ_P6	No. of reported rape cases receiving post-rape care within 72 hours from RH camps, OCMC, etc.	
	No. of GBV cases referred for services (only for GBV survivors that were provided	283
DIGNITY KIT DISTRIBUTION (INSIDE AND OUTSIDE FFS)		
13 GBVEQ_P2	No. of dignity kits distributed to female vulnerable groups	22,532
	FFS	3,291
	RH Camp	3,742
	Outside FFS and Outside RH Camp, beyond IP	15,499
RH KIT DISTRIBUTION		
1 RHEQ_P2	No. post-rape treatment kit (RH Kit 3) provided in RH camps and OCMC	53
CAPACITY BUILDING		
15 GBVEQ_P4	No. of health service providers trained, oriented to implement GBV Response and Clinical management of Rape	230
1 GBVEQ_P5	No. of trained PSC, case managers, and PFA volunteers	91
	Psychosocial Counselors	*12*
	Case Managers	*14*
	PFA Volunteers	*65*