# AT THE HEART OF THE EARTHQUAKE EPICENTER

## Addressing Reproductive Health Needs in Gorkha




**May-September 2015**

UNFPA

Kabita BK got married at the age of 16. At only 17 she gave birth to her first child at home with the help of a traditional birth attendant. Now at 20 Kabita is pregnant with her second child, but this time she wants to give birth in a health facility. She lost her house in the devastating earthquake and has been living in a temporary shelter since. In preparation to her baby's arrival Kabita visited the reproductive health camp in Gankhu Village Development Committee (VDC) of Gorkha, close to her current shelter, which was carried out in the aftermath of the earthquake.

After a medical consultation with a gynecologist and a series of tests she says cheerfully: "This is the first time that I am having an ultrasound done and I am very happy to see that my baby is healthy. It's convenient to have a maternal facility in our own village". "The long distance to the hospital in our district headquarters makes it difficult to get check-ups and medical services in those facilities are too expensive."

At the time of the earthquake there were over 78,000 women of reproductive age (15-49) with different reproductive health needs[1] in Gorkha district. Gorkha was one of the most affected districts with 449 deaths, 1,348 injuries and 67,397 households destroyed out of 72,075[2]. Kabita is one example of early childbearing who was deprived of basic reproductive health (RH) services.

*A reproductive health camp in Saurpani.*

More than 60 humanitarian agencies have been operating in the district since the earthquake to provide support mainly focusing on temporary resettlements[3] and interventions covering general health services. However, with a large number of birthing facilities damaged, the specific needs of many women of reproductive age could not be met. While such services were being restored, a total of 10 reproductive health camps were conducted in 10 VDCs in the district by the District Public Health Office (DPHO) and CARE with technical and financial support of UNFPA, the United Nations Population Fund.

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[1] *HMIS 2014/2015, Gorkha. The total population of Gorkha is 260,509.*
[2] *OCHA: Humanitarian Profile as of 13 July 2015.*
[3] *OCHA: Gorkha Humanitarian Profile (as of 31 July 2015)*

## Comprehensive RH services

"I am glad to see that my baby is healthy and to have access to RH services in my own village" says nine-month pregnant Monika Shrestha, 25, who had her ultrasound and laboratory tests done in Gankhu Health Facility during the RH camp. She was one of the beneficiaries who was referred through the RH camp to the birthing center and was directed to the hospital.

*Women queuing up to receive RH services at Gankhu.*

The camp offered a whole range of sexual and reproductive health (SRH) services including family planning and integration of GBV counseling. A list of services was written at the entrance gate such as Ante-natal care, referral for complicated pregnancies, post-natal care, tetanus toxoid, iron prophylaxis, sexually transmitted infections, screening and treatment of uterine prolapse, gynecologic services, hemoglobin, blood count, urine routine, pregnancy testing, delivery, miscarriage management, counseling for birth spacing and different types for contraceptives, permanent methods, condoms, oral contraceptives, emergency contraception, injectable, IUD insertion, trauma/injury care, post-exposure prophylaxis, psychosocial counseling, referral services, general health care services, health education, distribution of materials and awareness sessions, distribution of dignity kits, etc.

As stated by Mahendra Dhoj Adhikari of DPHO, such camps brought comprehensive RH services to the remote areas in the district and should be continued as a model. Health authorities have asked other humanitarian agencies to use the same model if such programmes would be required in future.

## Keeping them informed

The District Hospital was partially damaged by the earthquake and most of its services were interrupted, but shortly thereafter services were implemented in temporary facilities such as tents to ensure continuation of services.

However, many people from the community were not aware or convinced about such resumption and in several instances sought services from

other services, including in the RH camps supported by UNFPA. While visiting such camps, communities were informed that the local health facilities were working again and were thus able to visit their regular health facilities following the RH camps.

### Family planning services

Bimala Shrestha, 28 of Gankhu VDC of Gorkha, had to have her implant removed and a new one inserted, however, as the services nearby had not yet resumed, she came to an RH camp that allowed her to finalize the procedure. This enabled her to save time and money on the travel and receive the services needed.

Family planning services such as counseling sessions, different contraceptives, IEC materials were made available in the entire 10 camps.

### GBV services

Kamala Thapa, a trained psychosocial counselor highlighted that gender-based violence (GBV) survivors do not usually seek support. However, while seeking RH services, very often issues related to GBV surface. Women from remote communities in particular are not aware that GBV related issues are tackled by health service providers. Most of them are in need of psychosocial support.

"The same phenomenon happens in other villages of Gorkha," says Kamala. GBV cases received professional psychosocial counseling during the RH camps. In addition, survivors were provided with legal counseling and referred to other services if needed. Besides intensive cases requiring individual counseling, psychosocial first aid services to manage trauma such as fear or anxiety were administrated in groups. In total 200 GBV survivors have received services throughout 10 camps. At the same time dignity kits were distributed to pregnant women and lactating mothers.

### Health education

A large number of beneficiaries received basic health education during the RH camps. Two trained educators were assigned to educate people with basic health tips, focusing on prevention. The health messages covered

*A social mobilizer sharing health education information.*

antenatal, neonatal and postnatal care, menstrual hygiene, sexually transmitted infections and HIV/AIDs, personal hygiene, sanitation, messaging on uterine prolapse, fistula, adolescents reproductive health and sexual education, early pregnancy and its consequences.

**Management of camps**

"I am glad to have been part of the camp management and to have been able to bring help in various ways. I have informed the community, screened and guided patients. It was encouraging to see how those services were appreciated by women in the community," says Tika Khadka, a 61-year old female community health volunteer.

Despite bad weather conditions and overall daily difficulties, UNFPA, CARE, SSICDC and Global Hospital Kathmandu were pushing the limits of their efforts in the forefront while DPHO, Health Cluster and Reproductive Health Cluster, Gorkha were providing significant support to ensure that the required medicine and supplies were available in the camps. Gynecologists, medical officers, staff nurses, health assistants, psychosocial counselors, local health workers and communities, all contributed to successful conduct RH camp operations.

**Unsettled challenges**

"The health facility was completely damaged as a result of the earthquake and even though some services have been temporarily resumed, the services offered are still scarce due to a lack of staff. In addition the lack of knowledge about health services, sanitation and personal hygiene and their importance among underprivileged and traditional communities adds up to an increase of risks of health issues or complications during home deliveries" said Ram Maya Thapa, an auxiliary nursing midwife, Gankhu Health Post.

Dr. Bhishal Khania, Gynecologist of the RH camp, found out that several pregnant and lactating women stopped their intake of iron, calcium and TT due to lack of knowledge and not because of a shortage of supply. (Many cases he managed of missed abortions, dealt with majority of uterine prolapse and STI cases in the camps).

Poor health education, including reproductive health, personal hygiene, early pregnancy were causing complications that could have been easily avoided, such as the valve prolapse in the mountainous region which is becoming a serious concern for young gynecologists nowadays.

**Annex 1. Services provided from RH camps between May and September**

| SN | Location | Number of beneficiaries | No. of services provided | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Total service | SRH | Family planning | GBV | Others | Awareness |
| 1 | Warpak | 390 | 1,197 | 365 | 201 | 44 | 339 | 248 |
| 2 | Laprak | 169 | 644 | 185 | 60 | 47 | 223 | 129 |
| 3 | Aaruchanaute | 280 | 1,061 | 398 | 116 | 0 | 350 | 197 |
| 4 | Masel | 269 | 970 | 385 | 110 | 0 | 245 | 230 |
| 5 | Darbung | 274 | 570 | 181 | 107 | 0 | 199 | 83 |
| 6 | Jaubari | 210 | 465 | 181 | 61 | 24 | 156 | 43 |
| 7 | Simjung | 349 | 816 | 302 | 80 | 23 | 307 | 104 |
| 8 | Saurpani | 377 | 828 | 332 | 69 | 28 | 310 | 89 |
| 9 | Gankhu | 413 | 755 | 242 | 65 | 19 | 289 | 140 |
| 10 | Dhuwakot | 561 | 813 | 297 | 64 | 15 | 330 | 107 |
| | Sub-total | 3,292 | 8,119 | 2,868 | 933 | 200 | 2,748 | 1,370 |