Background

A powerful 7.8 magnitude earthquake struck Nepal on 25th of April 2015, with the epicentre in LAMJUNG District (north-west) of Kathmandu. Government of Nepal confirms that 39 out of 75 districts in the country have been affected. This has already been declared as a national emergency. It is becoming evident that a scale-up of operations is required to meet the immediate need of affected people within the next few weeks, in advance of the monsoon season.

As per MIS calculations, there are about two million women in reproductive age who have been affected by the earthquake in Nepal. Out of which there should be about 126,000 women who are currently pregnant and are in the need of clean delivery and reproductive health kits. Also, there should be about 2,100 women who may be suffering from obstetric complications. UN estimates put about 40,000 women at the increased risk of sexual and gender based violence.

IPPF Response

IPPF|SAR along with SPRINT was among the first international agencies to be on the ground and started its response on the devastation. The IPPF South Asia Regional Office and the SPRINT Hub with its technical and managerial expertise, proximity to ground zero and the fact the Indians don’t need a visa to travel to Nepal, have been able to contribute effectively in delivering Humanitarian Response. Our Member Association, Family Planning Association of Nepal (FPAN) has also been able to successfully mobilise its staff and volunteers to spring into action.

Within a day of the earthquake, IPPF|SAR has immediately committed USD 50,000 for an immediate response and this was also matched by an additional USD 50,000 grant from the Department of Foreign Affairs and Trade (DFAT), Government of Australia. The target is to reach out to at least 18,000 affected people who will be provided with humanitarian assistance with focus on medical and reproductive health [Minimum Initial Service Package] services. Till date, within 5 days of operations, the mobile teams of IPPF|FPAN have served more than 1,500 people through ten different locations in BHAKTAPUR, KAVRE LALITPUR, SINDHUPALCHAWK and KATHMANDU Districts. More than 4,000 services have been provided to the people. “But there are miles to go before we sleep.”

IPPF and SPRINT Initiative are reaching the affected population through mobile camps in remote locations to provide basic health care and reproductive health services. At the same time,
the static clinics are being made operational. Now, more focus will be given to strengthen the MISP response by orientating the team members on MISP and the various RH kits. Now it is important to focus on static clinics and reach the unreach through mobile camps.

Expanding the IPPF Response

UNFPA and IPPF have already entered into a partnership to ensure that the need for sexual and reproductive health care of young girls, pregnant women and lactating mothers is urgently met in the wake of the devastating earthquake. UNFPA has pledged a support of USD 300,000 to IPPF’s Member Association, FPAN to expand and strengthen the mobile medical camps. Safe delivery and reproductive health kits have also been provided by UNFPA through IPPF to FPAN for providing services and distribution among the women in reproductive age. Through this initiative IPPF aims to reach out to another 20,000 people.

IPPF has also submitted a proposal worth USD 300,000 to the European Commission – Directorate General – Humanitarian Aid and Civil Protection – ECHO. IPPF already has a Framework Partnership Agreement (FPA) with ECHO. In this, the target is to address immediate medical and health needs (including reproductive health) and the water-sanitation-hygiene needs through service provision, distribution of supplies, awareness along with capacity building of service providers and youth volunteers in communities. If approved, IPPF, through this project aims to reach out to 14,000 affected people.

Future Plan of Action

- Function in close collaboration within the Health Clusters, RH Sub-cluster and other Interagency Coordination Mechanisms
- Strengthen the response building upon existing global / county partnerships – Health Communication Capacity Collaborative – HC3 (USAID), IPAS, Voluntary Service Overseas (VSO) and others
- Integrate MISP in RH response and build the capacity of other partners, wherever needed
- Strengthen the monitoring mechanism, inventory and emergency data management system
- Adapt the Quality of Care (QoC) protocol and reach out to hard-to-reach locations

“I have lost my house in the earthquake, and right now my family is staying in a camp. I have seen the devastation right in front of my eyes. I know many young girls like me are right now in dire need of reproductive health services, but they do not know where to go. Hence I am still working to provide and make the services available to these young girls as this is my own community which is in need” – said a young volunteer from FPAN in the BHAKTAPUR Branch

For more information about IPPF’s Emergency Response to the #NepalEarthquake please be in touch with:

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