Diversifying donor base to rapidly mobilize funds to better meet emergency SRH needs for earthquake-affected populations in Nepal.

IAWG Annual Meeting
Dakar, Senegal | March 2016

Shadie Tofigh, Anushka Kalyanpur, Kamal Gautam, Charles Silva
On April 25, 2015 at 11:56 local time, a **7.8 magnitude earthquake** struck Nepal, with the epicenter in Gorkha District, about 50 miles northwest of Kathmandu and just south of the China border.

Over **350 aftershocks** have hit Nepal over 4.0 magnitude since, including a **7.3 magnitude** quake and **6.3 magnitude** quake on May 12.
BY THE NUMBERS:

- 8,891 deaths
- 22,310 people injured
- 8 million people affected
- 2.8 million people displaced
- 894,213 homes destroyed or damaged
- 1,147 health facilities destroyed or damaged
International Medical Corps mobilized private funding for rapid response
Facebook as a unique and effective platform to create a pool of flexible funds

NUMBER OF DONORS
17,763

WEBSITE VISITS
600,956

EMAIL SIGN-UPS
2,195

NEW FACEBOOK PAGE LIKES
17,120

NEW TWITTER FOLLOWERS
606
PROMISING PARTNERSHIPS

Working with Private Donors to create a pool of flexible funds

- Rapid mobilization of private funds
- International Medical Corps Emergency Response Surge Capacity
- Flexibility to meet evolving needs along the continuum
- Multi-stakeholder partnerships

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Mapping of International Medical Corps’ Initial Response

- Health System Infrastructure
- Emergency Management
- Physical Therapy
- Gender-Based Violence and Sexual and Reproductive Health
- Mental Health and Psychosocial Support
- Water, Sanitation, and Hygiene
- Nutrition
Implementation of the MISP

Contributed to national emergency response strategy for the technical working groups

Developed multi stakeholder partnerships
- MoHP, DPHO
- UNFPA
- Local NGOs

Coordination through RH and GBV sub-clusters:
“Getting to remote areas continue to be one of the biggest challenges in the Nepal response, as there is tremendous need in the outlying areas where hard-to-reach villages have been completely destroyed. In response, International Medical Corps has deployed mobile medical units to reach remote communities, including by helicopter, and continues to expand our operations.”

INTERNATIONAL MEDICAL CORPS, FACEBOOK POST
In the first 48 hours:

Emergency Response through Mobile Medical Units
Program design in line with

**RH Sub-Cluster Strategy:**

**TWO** Mother-Baby Transition Homes embedded in two BEmONC sites in Gorkha

Increase access to health services and information for pregnant women and mother-baby pairs

Provide an emergency transition space for pregnant women and mother-baby pairs
Program design in line with

**GBV Sub-Cluster Strategy:**

**TEN** Female Friendly Spaces in Gorkha and Dhading

- Community-based, woman-centred support services
- Improved coordination and mitigation of protection risks
- Increased access to health information and services
Transitioning to Comprehensive Reproductive Health Programming

- Health facility assessments
- Community-level assessments
- RH equipment and supplies ordered
- Coordination with MoHP and DPHO
  - Aligning priorities of MoHP and DPHO
  - Site identification for programming
PROJECT 1
Reconstruction of Health Posts with Birthing Centres

LOCATION
Gorkha, Bhaktapur, Kathmandu, Nawakot Districts

COORDINATION
MoHP, DPHO, HFOMC, VDC

• 22 health posts with birthing centers
• Equipped with necessary equipment and supplies
• Provide clinical update training to healthcare providers
PROJECT 2
Strengthening the Continuum of Care through Quality Sexual and Reproductive Health Programming

IMPLEMENTING PARTNER
Nepal Fertility Care Center (NFCC)

LOCATION
24 VCDS

EXPECTED OUTCOMES
• To enhance the capacity of health facilities to provide high quality SRH services
• To build the capacity of community structures to increase awareness on SRH topics and improve health seeking behaviors

INTERVENTIONS
• mHealth
• Refresher training
• Quality improvement
• Supportive supervision
PROJECT 3
To improve access to and utilization of SRH information and services among adolescents through strengthening adolescent-friendly environments

IMPLEMENTING PARTNER
SOLID Nepal

LOCATION
24 VDCs and 1 Municipality, Gorkha

INTERVENTIONS
• Intrapersonal level: Fertility awareness, life-skills, addressing gender norms through group sessions
• Interpersonal: Peer education and engagement of parents
• Health facility level: Adolescent-friendly service provision
• Community level: Sensitizing community on ASRH needs
PROJECT 4
Integrating Menstrual Hygiene Management (MHM) into School Health Program

IMPLEMENTING PARTNER
NFCC

COORDINATION
MoHP, FHD, DEO, DPHO

INITIAL PLAN
Create 40 trainers at national level including representatives from GoN (FHD and DOE) and Civil Society
LESSONS LEARNED

EMERGENCY RESPONSE AND RECOVERY

Diverse and flexible pool of funding allowed for a need-driven response

Over-stretching of well-reputed LNGOs; Role of INGOs

Establishing and sustaining relationship with government officials

Changes in government policies between emergency and recovery phase
CONCLUSION

Innovative funding mechanisms through a pool of diverse donors is critical to adopting a flexible approach to effectively meet the evolving needs of crisis-affected populations.
Thank you