

Post- Emergency Review Report: Meeting the essential  
Sexual and Reproductive Health needs of communities  
affected by (COVID-19) in Nepal

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## List of Acronyms

ANC	Antenatal care
DFAT	The Department of Foreign Affairs & Trade, Government of Australia
FPAN	Family Planning Association of Nepal
FSW	Female Sex Workers
GBV	Gender-Based Violence
HO	Head Office
IAWG	Inter-Agency Working Group for Reproductive Health
IPPF	International Planned Parenthood Federation
LGBTI	Lesbian, gay, bisexual, transgender, intersex,
MISP	Minimum Initial Service Package
OCMC	One-stop Crisis Management Center
PLHIV	People Living with HIV/AIDS
PNC	Postnatal care
PPE	Personal Protection Equipment
PWD	People with Disability
RH	Reproductive Health
SDP	Service Delivery Point
SRH	Sexual and Reproductive Health
UNFPA	United Nations Population Fund

# *Post Emergency Review Report: Meeting the essential Sexual and Reproductive Health needs of communities affected by (COVID-19) in Nepal*

## 1. Background

The nationwide lockdown imposed for 4 months - from 24 March to 21 July 2020 - in response to the COVID-19 pandemic in Nepal yielded a huge impact on every sector be it economy or tourism or agriculture. Among all sectors, the health sector undoubtedly bore a profound brunt as the healthcare services, both private and public, were severely disrupted, throughout the country.

During the early days of lockdown, challenges to the delivery of health care were stemming from both the service provider side as well as from service seekers causing disruptions of health care services across the country. Due to movement restrictions, physical access to health care became extremely difficult for the average person. Delivery of healthcare services from the provider's perspective was confronted with several problems including inadequate supplies of personal protective equipment, fear of COVID-19 infection instilled in the mindset of health care workers. As a result, healthcare workers across the country not only experienced a disproportionate exposure to COVID-19 infection, and but also had to work in under-resourced conditions, in particular, lack of Personal Protection Equipment (PPE) especially at beginning of COVID-19. Lack of transportation to facilitate the movement of people requiring critical health services, including pregnant women and new mothers, was one of the critical concerns at that time.

In regards to sexual and reproductive health (SRH), the COVID-19 pandemic coupled with the extended period of lockdown hampered access to life-saving SRH services, as health system resources and capacities became stretched. Compounding the matter further, resources allocated for SRH care were diverted from various programmes to address the pandemic. A vast majority of emergency service delivery facilities such as birthing centers were closed during the initial days of the lockdown. Likewise, provision of SRH services, in particular, prevention of unintended pregnancy, safe abortion as well as prevention of Sexually Transmitted Infections (STIs) and HIV also faltered during the early days of the pandemic in Nepal.

The Family Planning Association of Nepal (FPAN) also experienced significant impacts of the COVID-19 pandemic in the early days of lockdown. For the first fifteen days of lockdown, the majority of FPAN Service Delivery Points (SDPs) were closed, barring two clinics notably: the birthing center at Sarlahi Family Health Clinic (FHC), and the community clinic in Nawalparasi. From March 2020 to April 2020 FPAN was facing the dual major challenges of: a) delivering SRH services without any disruptions and b) protecting its workforce and service recipients from COVID-19<sup>i</sup>. This problem was further exacerbated by a critical shortage of personal protective equipment (PPE) in the global markets endangering health workers in the entire country. Moreover, those FPAN clinics operational during the lockdown were overwhelmed by clients seeking services, consequently these clinics found their service delivery capacity extremely stretched as other nearby SDPs providing SRH service were closed. This entire situation called for FPAN to deliver SRH care not in a "business as usual" of normal times but also responding to the emergency of the COVID-19 pandemic in Nepal. The prevention of and response to gender-based violence (GBV) further burdened the SRH-related responsibility of FPAN during the pandemic. From global experience, GBV incidence has generally surged during lockdown periods, <sup>ii</sup>.

Taking the COVID-19 emergency into consideration, FPAN implemented a project titled: "Meeting the essential Sexual and Reproductive Health needs of communities affected by (COVID-19) in Nepal"<sup>iii</sup>, from

1 April to 1 September, 2020, with financial support from SPRINT III Project<sup>1</sup>. This project was designed to address gaps in Minimum Initial Service Package (MISP) implementation identified in a global evaluation undertaken by the Inter-Agency Working Group (IAWG) on Reproductive Health.

## **1.1 PURPOSE OF THE REVIEW**

Post- Emergency Review Exercise Objectives

IPPF commissioned the Post Emergency Review exercise in December 2020 with the following objectives:

Objective 1: To evaluate whether the SPRINT's Emergency Response Project and the stakeholders were able to respond effectively and in a timely manner during a crisis;

Objective 2: To assess the SPRINT's Emergency Response Project and the stakeholders' contribution to progress towards increasing timely access to life saving sexual and reproductive health services as outlined in the MISP/MISP checklist;

Objective 3: To determine whether, how, and to what extent SPRINT funding and support enhanced or strengthened FPAN-led emergency response with support from Health/ SRH and Protection/ GBV clusters.

Apart from the objectives, the review will also provide feedback to FPAN for the next emergency response.

## **1.2 METHODOLOGY**

The Post Emergency Review exercise was done through: a) literature review inter alia, FPAN Monitoring and Evaluation (M&E) data and project related documents, b) qualitative method using semi-structured interviews with staff from the SPRINT project implementing organizations, FPAN, and focus group discussions with beneficiaries, SPRINT staff members and other stakeholders. The list of persons interviewed is attached in Annex 1.

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<sup>1</sup> supported by the Department of Foreign Affairs & Trade (DFAT), Government of Australia, under the auspices of the International Planned Parenthood (IPPF)

## 2. Findings of the review

Aligning with the objectives of the review, the findings of the review have been partitioned into three sections:

### 2.1 EFFECTIVENESS AND TIMELINESS OF THE SRH RESPONSE DURING THE COVID-19 EMERGENCY

The review observed that through the support of SPRINT's Emergency Response Project, FPAN took two key initiatives for the resumption and continuity of SRH services (which were severely disrupted during early days of COVID at government as well as private health care facilities) in the context of the COVID-19 emergency.

1. FPAN involvement in the National Emergency Response Clusters for building a coherent national response to COVID-19 in Nepal
2. FPAN response to COVID-19 emergency through the implementation of the Minimum Initial Service Package (MISP)

#### Timeline of response

The timeline of the activities performed for these two initiatives is as follows.

	April	May	June	July	August	September
Lockdown						
Disruption of services in SDPs						
<b>Activities</b>						
Agreement signed						
Coordination work with Emergency Clusters						
Preparation of the national interim directive on delivery of reproductive healthcare services during the COVID-19 pandemic by RH cluster.						
Preparation of the organizational directive on delivery of essential reproductive health services during the COVID-19 by FPAN						
Procurement of PPE						
Orientation on MISP to Manager						
Awareness on availability SRH services in COVID-19 crisis						
Resumption of service delivery in all SDPs						



This timeline also shows the period of lockdown enforced due to COVID-19. Important to note that service delivery was disrupted in all excluding two SDPs. By end of April, all the SDPs of FPAN started to resume the delivery of essential reproductive health services after obtaining the organizational directive on delivery of essential reproductive health services during the COVID-19 by FPAN by the end of April. After immediately signing the contract for the emergency response, FPAN immediately initiated the procurement process of PPE. Within seven- ten days of the signing of the contract, PPE were procured and distributed to districts chapter of FPAN making the resumption of delivery of essential reproductive health services possible in all SDPs.

#### 1. FPAN involvement in the National Emergency Response Clusters for building a coherent national response to COVID-19 in Nepal

There were 11 clusters, led by the Government of Nepal and co-led by UN agencies/NGOs, in operation to prepare and operationalize the emergency response plan to COVID-19<sup>iv</sup>. FPAN was involved in three of the 11 clusters, namely: 1) Health, and 2) Protection and 3) Logistics. The Health Cluster further constitutes of nine sub-clusters including the Reproductive Health (RH) sub-cluster, which FPAN was involved in. Engagement in these clusters meant hosting of participants in regular meetings COVID-19 as well as designing the MISP response plan as well as coordination for the implementation of the plan. Gender Based Violence falls under the domain of the Protection Cluster. FPAN involvement in the abovementioned clusters/sub-cluster yielded several outcomes (elaborated in section 3 of Findings of the Review). This section will focus on the leverage that FPAN was able to take from RH sub-cluster during the COVID-19 situation.

#### **Resumption of FPAN Helpline service during COVID-19 pandemic**

Three years previously, FPAN was running very smoothly a telephone helpline service catering to the callers inquiring about RH services and counselling. For the last three years, however, this helpline was not functioning regularly owing to a financial problem of paying the salary of counsellors working at the helpline center. UNFPA supported the salary of the counsellor for the resumption of helpline operated by FPAN. Since then, FPAN has been providing this helpline service from 9 AM to 5 PM daily. Apart from counselling, the hotline service also shares information on the availability and location of SRH services and commodities during the COVID-19 crisis.

The Reproductive Health Sub-cluster had the objective of providing helpline services during the COVID-19 crisis. In this context, RH sub-cluster including of FPAN and UNFPA, the co-lead sub-cluster finalized a guideline for operation of helpline on RH services. Putting this guideline into the implementation, Marie Stopes, Maternity Hospital and FPAN, each, currently operate helpline services in Nepal.

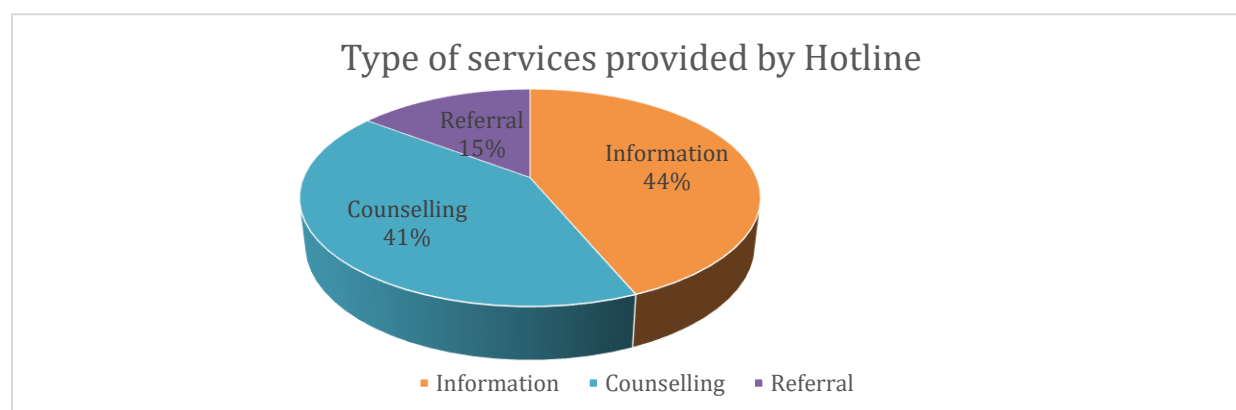
## Helpline Services provided by FPAN during COVID-19 crisis

A total of 2,113 calls was received during the project period, details of which are provided in Table 1 and Figure 1 Below.

Table 1: Purpose of call received by FPAN helpline service during April 1-September 30,2020

Purpose of Call to helpline service	Number of calls	%
MH (ANC, PNC, delivery)	70	3.3
Safe abortion	329	15.6
Family Planning	718	34.0
COVID-19	65	3.1
Adolescents/youth issues	77	3.6
Immunization	48	2.3
Gynaec. problems	152	7.2
Infertility	82	3.9
Sexuality issues	309	14.6
Information on service centers	83	3.9
GBV	7	0.3
HIV/STI	91	4.3
Others	82	3.9
<b>Total</b>	<b>2113</b>	<b>100%</b>

Figure 1: Nature of Service Provided by FPAN hotline service April 1-September 30,2020



## 2.2 FPAN response to COVID-19 emergency through the implementation of the MISP

### **Preparation of national interim directive on delivery of reproductive healthcare services during the COVID-19 pandemic**

Under the leadership of government organizations (Department of Health Services, Family Health Division), with inputs from other members of the sub-cluster, (UNFPA, UNICEF, WHO, FPAN, FHI360) a national interim directive on the delivery of reproductive healthcare services during the COVID-19 epidemic was rapidly developed. The objective of this national interim directives is to ensure quick essential reproductive health services to women and new born babies during the pandemic. This directive came at the time in which health care services across the nation were disrupted due to the pandemic. As such, this directive, in particular, has made stipulations of precautionary measures on COVID-19 that should be taken protection in health care facilities. This national directive has clearly emphasized for telephonic ANC service. During the conversation with other members, FPAN was lauded for its input on the preparation of this directive. This, in turn, led to the issuance of operational guidelines from FPAN for the delivery of essential reproductive healthcare services delivery during COVID-19. The operational guidelines focus on delivering mainly essential reproductive healthcare services adhering to the COVID-19 precaution protocol of maintaining social distance, mandatory use of a face mask as well as sanitizing hands among staff, patients, and accompanying family members at health care facilities of FPAN while delivering services.

### **FPAN response to COVID-19 emergency through the implementation of MISP**

One of the objectives of SPRINT's Emergency Response was to ensure MISP related services run smoothly during the time of crisis. To this end, FPAN took the following steps for ensuring the delivery of MISP related services through its SDPs.

1. Provision of PPE kits to staff member
2. Training on the Minimum Initial Service Package (MISP)
3. Adaptation of M&E system accounting for MISP indicators as well as orientation on reporting system and M&E tools
4. Ensuring the supply of essential commodities for Maternal Health (MH), Family Planning (FP) and Safe Abortion Care (SAC) services without any disruption
5. Participation of vulnerable populations in designing of the MISP plan
6. Awareness program through IEC, Radio Program and TV on availability and location of SRH services and commodities during the COVID-19 crisis.

1. Provision of PPE Kits

The review noted that PPE kits were procured through the financial support obtained from SPRINT Emergency Response and provided to the 15 districts branches of 12 family health clinics, 17 community clinics and 148 Community Based Distributors (CBDs). The below is the list of PPPE and hygienic materials which had been distributed to these 15 districts by the second of April. Ambulance FPAN to ferry the materials to districts.

Table 2: List of PPE and hygienic materials procured

Item	Unit	Quantity
PPE set with Boot Cover	Set	198
Disposable Masks (50 pieces packet)	Packet	454
Hand Sanitizers (500 ml jar)	Container	54
Boot	Pair	85
Surgical Cap	Piece	1,017
KN 95 Mask	Piece	456
Thermo gun	Piece	48
Sterile Latex Gloves	Packet	396

In addition, FPAN also provided PPEs to all other medical staff of its entire program through its own resources. The review found that PPEs and hygienic materials had been used by clinical staff whereas CBD workers found to have used only hygienic materials such as masks, gloves, and hand sanitizers adhering to precautionary measures that should be taken for COVID-19. The review did not reveal any disruption of services once the MISIP was implemented in any of the FPAN districts, noting that the procurement of the first batch of PPE was done by FPAN Head Office (HO). Having said that, staff members of Family Health Clinic, at times of the COVID-19 pandemic, also reported that they had to do with a limited supply of PPE, as such they faced of a shortage of gloves and masks for a short period. The shortage of commodities however did not disrupt any services that FPAN clinics were delivering to its clients. An exception to this temporary shortage was the FHC Biratnagar, which had adequate provision of masks, gloves and sanitizer provided to volunteers as well as its staff members throughout the implementation period.

After receiving a request for PPE from the government agencies through branches, FPAN also provided PPE to the government health facilities in the high-risk districts such as Kailali, Kanchanpur, Baitadi and Doti, where more than 100,000 of migrants returning from India were at the high risk of COVID-19. Similarly, it was also noted that FPAN, through its Morang Branch, even supplied some PPE supplies including hand sanitizer to Morang District Health Office (DHO) responding to the demand from this DHO.

## 2. Training on Minimum Initial Service Package (MISP)

It was also observed that on-line training on MISP was conducted to 27 Branch managers who found the online training helpful. The review showed that other branch staff members were neither oriented about MISP nor knowledgeable about the on-going emergency response. Staff members at FHC, Itahari as well as the FHC Biratnagar did not receive any training during this COVID-19 pandemic period.

Interviews with staff members pointed to the need for online refresher sessions on infection prevention and control among staff, patients, and accompanying family members at health facilities. Similarly, the review also observed that online sessions on the rational use of PPE for COVID-19 would be useful during the pandemic <sup>v</sup>.

## 3. Adaptation of M&E system accounting for MISP indicators

To monitor the number of beneficiaries and type of MISP services provided, FPAN not only adapted its M&E system accounting for MISP indicators but also conducted one event of virtual training to some selected staff members including branch managers on the newly adapted M&E reporting system on 23<sup>rd</sup> and 29<sup>th</sup> April 2020. Interviews with these Staff members indicated that this virtual training helped with progress reporting.

4. Ensuring the supply of essential commodities for Maternal Health (MH), Family Planning (FP) and Safe Abortion services without any disruption

The review noted that a continuous supply of essential commodities for Maternal Health, Family Planning and Safe Abortion services were maintained to all branches of FPAN, i.e., without any stockout of essential commodities during the project period of the SPRINT Emergency Response. Having said that, the review also observed a stockout of HIV test kits in many of their SDPs, due to FPAN not receiving adequate test kits from the National Center for AIDS and STD Control for the last couple of years. As a result of stockouts at SDPs, service recipients in particular from Itahari Family Health Clinic (FHC), were referred to private clinics, forcing these clients to pay a costlier price for HIV testing. FHC Biratnagar also did not get an adequate amount of HIV test kits but managed with test kits borrowed from Koshi hospital. Similarly, pregnant women attending ANC at FHC Itahari as well as FHC Biratnagar were referred to a private clinic for an ultrasound service - a primary requirement of ANC.

As far other commodities are concerned, an adequate quantity of commodities for safe abortions as well as contraception were made available from the FPAN HO whilst, laboratory reagents, particularly for maternal and neonatal health, were locally procured through FPAN branches. For the procurement of the medical commodities, it was found that the branch office had used the budget for clinical supplies disbursed from FPAN. In case the amount sanctioned for the budget for clinical supplies became inadequate, branch offices could request further resources from FPAN HO.

For the logistics management of commodities, FPAN has a stipulation that every branch should maintain a minimum buffer-stock that should suffice for three-months while forecasting demand for six months of each commodity. This review found this norm was strictly followed by branch offices of FPAN. It was also observed FPAN HO during its meeting held for emergency management of COVID-19 also took note of the stock at hand and commodity needs, for at least, for 2-3 months. However, this review also took note of a complaint from a SDP staff member that in a rare case, commodities (mainly for safe abortion) nearing their expiry dates were supplied from FPAN HO adding difficulty in properly managing these commodities.

5. Participation of vulnerable population in designing of the MISP plan

This review found that FPAN has maintained a working tie with several Disabled Persons Organizations (DPOs) through which inputs for designing the MISP plan were sought. Their inputs were very helpful to make the posture looked disability friendly. The review also noted that the Morang branch of FPAN also regularly seeks policy guidance with the members of the Branch Executive committee through both formal meeting and informal dialogue. Many among the executive members of Morang Branch of FPAN also hold key positions of civil life such as health volunteers, municipal elected representatives, leadership of youth club. These members are in regular dialogues with their respective constituencies on the issue of reproductive and sexual health. During the Board Meeting of FPAN, acting as an interface between the demand side and the supply side, these executive members not only provide reflections on behalf supply side but also ensure accountability to service users. In this context, the review found that the executive members were first to raise their voices about the service gaps especially on ANC, ambulance services for pregnant women and vaccination due to COVID-19 in Morang District. These executive members coordinated with police and provincial authorities to ensure that clients have an unhindered access to the FPAN clinic even during the period of travel restriction. Executive members came forward and volunteered to manage the crowd of clients and family members also ensuring that other norms of the lock down such as social distance and face mask were followed.

Apart from that FPAN held communication and meetings with mayors and elected representatives with the objective of providing emergency response to COVID -19. The elected representatives during the FDG

reported they were communication with FPAN and they were ready to provide local resources such as volunteers to manage the crowd of patients if and when needed. These elected representatives in coordination with the local authority also ensured necessary travel arrangement for the staff members and their vehicles during the travel restriction of the lock down.

FPAN was also in communication with the Blue Diamond Society (BDS) (an organization of sexual and gender minorities including LGBTI) while designing and implementing the MISP response. Acting on the request of Blue Diamond Society (BDS), FPAN provided some PPE and hand sanitizers to BDS. However, this review did not find any evidence for the involvement of Female Sex Workers (FSW) in designing of the MISP plan, at least, in Itahari FHC.

The FDG with the clients, at FHC Itahari and Biratnagar revealed that the COVID-19 presented a list of challenges for them especially: a) walking up to FHC in hot summer days, b) long waiting time at FHC, and; c) scarce availability of food and water due to lockdown. They were of the opinion that more than anything else scarce availability of food and water should have been in consideration while planning response to the COVID-19 crisis.

Having said all this, it must be acknowledged that the pandemic created a hurdle for physical meetings. FPAN during the period of lockdown adopted the policy of working with a minimal number of staff members at the office. All these factors created some barriers for physical participation of vulnerable population in designing the MISP plan.

6. Awareness program through IEC and Radio Program on availability and location of SRH services and commodities during the COVID-19 crisis.

Posters highlighting the necessity of essential RH services during the time of humanitarian and natural crisis were distributed to the branches and SDPs. More importantly, the poster also encouraged people with disabilities (PWD) to access essential RH services during the crisis. The posters were well received by service providers in particular by volunteers assigned to manage the crowd at SDPs as they deemed the poster was pictorially well designed to inform clients on precautionary measures on COVID-19 that should be taken by patients and accompanying family members at health facilities. A mother of new born, who was visiting FHC, Itahari said that the posture was very helpful to educate importance of observing the rule of a six feet distance, hand washing and wearing face mask for COVID-19 especially for pregnant women and mothers of new born. However, the review also learnt that the SDPs were of the opinion they did not get adequate copies. The minimum distance of six -feet between makes a line of crowd longer than the line at normal times, thus requiring also more copies of the poster for a longer queue of crowd.

FPAN, through Radio Audio, a popular FM radio station in Nepal, aired 30 episodes about the continuation of essential RH services at FPAN's SDPs during COVID-19. The review did not get enough information to make an assessment on the full reach of the radio program and its effectiveness, however, it did come across a few clients who attended ANC services at FHC as a result of hearing the program. Moreover, in addition to the radio program, a scrolling message on the provision of RH services at FPAN's clinics was aired in the program "Yuddha Corona Biruddha" of the TV Channel 24.

### **Overall outcomes**

The review found that almost all FPAN service delivery points were able to resume essential services by May 2020 i.e., the end of the first month of the SPRINT emergency response project. Some FHC clinics were closed for a week and two FHC, however, managed with provide services with their own resources. These essential services were delivered in line with the organizational directive of FPAN on delivery of RH

services during COVID-19 pandemic, adhering to the national COVID-19 precaution protocol of maintaining social distance, mandatory use of a face mask as well as sanitizing hands among staff, patients, and accompanying family members at health facilities while delivering services.

“That was a very troubling time as all the healthcare facilities were closed due to COVID, vaccination service was stopped for some time during Chaitra – Baishakh (April) in Morang, although people were demanding vaccination. As soon as the ministerial approval was obtained FPAN was the first organization to resume the vaccination service in Morang”

Ram Nandan Yadabh, Vaccination Officer, Health Office, Morang

Alongside the continuation of essential health services, FPAN also conducted public awareness programs through IEC and a radio program on the availability and location of SRH services and commodities during the COVID-19 crisis. This was also coupled with the resumption of the FPAN helpline service after three years of irregular service.

The review found the resumption of essential health services facilitated clients to access the FPAN clinics to a considerable extent as many FPAN clinics including at Itahari and Biratnagar were crowded despite the imposition of travel restrictions. So overwhelming were the clients numbers that FHC Itahari had to limit the number of clients to be served per day and FHC Biratnagar had to extend the service hours from eight to ten hours per day.

FPAN also managed to mobilized resources including of financial, human and in-kind resources in response to COVID -19. FPAN was the first organization to resume the essential reproductive health services in Covid-19, where most of other health care facilities remained closed. It resulted in client overload in the some of the clinics of FPAN. Rising to the occasion, FPAN was able to mobilize additional staff including from government to manage the high client load. Apart this, National Innovation Center donated some sets of PPEs to FPAN, which were provided to the drivers of ambulance vehicles of FPAN. Likewise, Biratnagar Sub Metropolitan endorsed a financial support of NRS 250,000 to Morang FPAN through its budget of the current fiscal year 2021/2022. All these added to the complementarity to the emergency COVID1-19 response initiated by the SPRINT funding.

## 2.2 ASSESSMENT OF EMERGENCY RESPONSE PROJECT AND THE STAKEHOLDERS' CONTRIBUTION TO PROGRESS TOWARDS INCREASING TIMELY ACCESS TO LIFE SAVING SEXUAL AND REPRODUCTIVE HEALTH SERVICES

MISP Objective	IPPF MA Planned Activities	Achievements
Ensure the health sector/cluster identifies an organization to lead coordination and implementation of the MISP	FPAN headquarter will actively engage with the partners and participate in the Cluster / and SRH sub cluster meetings at national, provincial and local levels	<p>Outcome of the FPAN participation in the meetings of this cluster includes</p> <ul style="list-style-type: none"> <li>• Preparation of national interim directive on delivery of reproductive health services during COVID-19 pandemic, this led to development of FPAN directive</li> <li>• Resumption of FPAN Helpline Service during COVID 19 pandemic</li> </ul>
Prevent and manage the consequences of COVID-19	<p>FPAN participated in the Protection cluster meetings at national level to prepare guideline and protocols to GVB during COVID-19</p> <p>FPAN also participated in meetings of Logistic cluster to discuss on emergency response preparedness on logistic issue</p>	<p>Outcomes of these clusters meetings include:</p> <ul style="list-style-type: none"> <li>• Protocol to run safe shelters during COVID - 19 developed</li> <li>• One-stop Crisis Management Center (OCMC) guideline developed to address GBV during COVID-19</li> <li>• Contingency plan for Logistics Arrangement for COVID-19 response was prepared.</li> </ul>
Ensure FP services run smoothly at the time of Crisis	<ul style="list-style-type: none"> <li>• Distribution of Clean delivery kits to visibly pregnant women</li> <li>• Raise awareness and distribute IEC materials on danger signs in pregnancy, childbirth and newborns</li> <li>• Provide and distribute FP services including availability of free condoms through help desk and clinics</li> <li>•</li> </ul>	142,232 beneficiaries proved with FP services.
Objective	Indicators	Achievements
Monitoring the Response	With support from the hub, MA to review SPRINT Emergency Response program data on a regular basis to track and assess the results of the interventions and adjust program activities accordingly.	Virtual training was conducted for branch staff including managers and service providers on reporting system and M&E tools on April 23 and 29. A total of 31 staffs were participated in the training. Weekly reviews were conducted by the Branch Managers, while HQ reviews the performance on monthly basis through CMIS and DHIS2, which is reported to Humanitarian Hub
Timely implementation of SRH activities to reach affected populations	The SPRINT supported emergency responses reach to the affected population with quality SRH services in timely manner (initiated within two to three months)	A total of 182,790 clients were screened for COVID- 19 as well as provided various SRH



		and non-SRH clinical services within the project period.
Lifesaving quality essential SRH care provided in a timely and inclusive manner (with an emphasis on women, girls and marginalized people of Nepal)	Percentage of beneficiaries satisfied with services	Avg. 85% of clients reported satisfaction with the services <sup>vi</sup>
	Number of marginalized persons reported access to SRH services under COVIT 19 response	A total of 18,540 beneficiaries (10% of total beneficiaries served during the project period) were marginal persons comprising of 18,328 adolescents, 164 PLHIV and 48 PLWD
	Number of beneficiaries with a disability reached	A total of 48 PLWD were reached with FPAN services
	Percentage of female members in response teams	A majority of FPAN health workforce are female
	Did the response have community feedback mechanisms in place? Please highlight yes/no	Feedback box was maintained at SDPs however during the lockdown such feedback mechanisms did not work effectively. Regular interactions with FSW, PHIV and LGBTI – that were happening before COVID also did not take place to COVID-19 situation
	Was this response designed and implemented in partnership with groups working with marginalized communities.	Involvement of the network of sexual and gender minorities and associations of persons with disability in the designing and implementation of the response, however PLHIV and FSW were missing

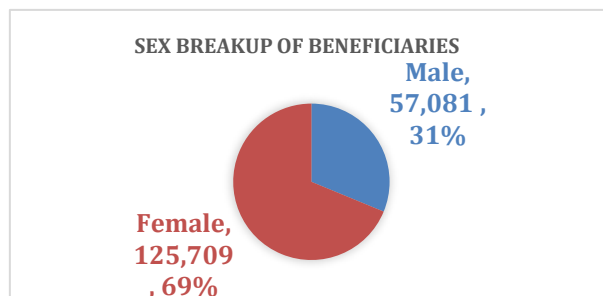
The SPRINT Emergency Response Proposal had envisaged to set up help desks targeting migrants in the border areas. This activity was dropped because the international borders were sealed prohibiting migrants to enter in Nepal. The budget for this purpose was reallocated to other activities such as support for safe delivery cases, ambulance services, medical allowances and incentives for medical and clinical staff including the CBD workers and female RH volunteers.

**The highlight of the SPRINT’s Emergency Response Project contribution towards increasing timely access to life saving SRH services as outlined in the MISP/MISP checklist**

**Total SRH beneficiaries**

The SPRINT Emergency Response target was 105,125 beneficiaries from 15 districts of Nepal. In this context, a total of 182,790 beneficiaries received SRH and non-SRH services from FPAN during the response. Out of the total 182,790, beneficiaries 125,709 (69%) were females and 57,081 (31%) were males (Figure 3). Adolescents made up approximately 10% (18,328) of beneficiaries (Figure 3).

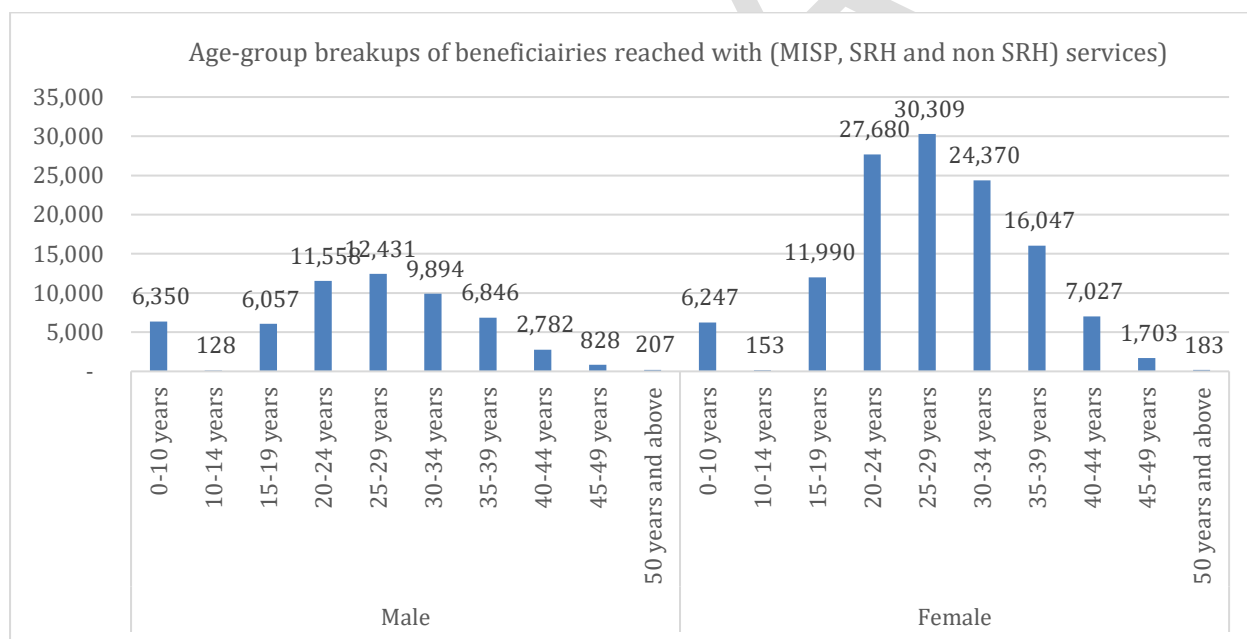
*Figure 2 Sex breakup of the total service beneficiaries*



**Beneficiaries from marginalized populations**

In addition to adolescents, clients from marginalized populations reached included People living with HIV (PLHIV) 164 (0.9%) and People with Disability (PWD) 48 (0.3%). Though migrants were deemed as target beneficiaries in the SPRINT emergency response document but the activities targeting migrants were later on dropped as the international borders were sealed.

*Figure 3: Age-group breakup of beneficiary reached with MISP, SRH, and non SRH services*



Source: FPAN SPRINT 3 Compiled Data Apr-Sep 2020

**Beneficiaries reached with MISP services**

Out of 182,790 beneficiaries, a total of 125,471 (69%) received MISP related services in the 15 districts. Out of the total of 125,471 beneficiaries who received MISP related services, 69% were females and 31% were males. The detail of types of MISP related service provided by FPAN during the project period is provided in Table 3. <sup>2</sup>

*Table 3: MISP services provided during project period (April -September 2020)*

MISP services	Male	Female	Total
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<sup>2</sup> The total MISP services (693,028) far exceeds the total clients as many clients received multiple services and many also had follow up visits, thus adding MISP related services to the total of 693,028.

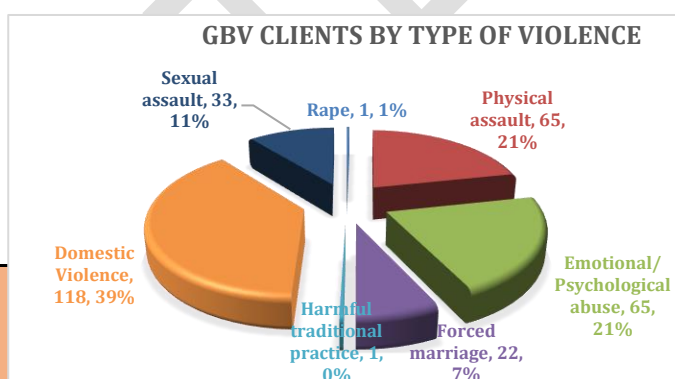
<b>Contraception Services+Referral</b>	140,693	377,653	518,346
<b>STI Services+Referral</b>	52,916	109,440	162,356
<b>Safe Abortion Services+Referral</b>	-	9,569	9,569.
<b>HIV Services (to PLHIV clients)</b>	-	164	164
<b>Obstetric Services+Referral including Vaginal delivery</b>	-	225	225
<b>Specialized-Counselling-GBV</b>	11	1,177	1,188
<b>Specialized-Prev-Screening-GBV</b>	14	1,054	1,068
<b>EmONC/ complicated cases referred</b>	-	112	112
<b>Total Number of MISP services provided</b>	193,634	499,394	693,028

Source: FPAN SPRINT 3 Compiled Data Apr-Sep 2020

### Gender Based Violence related services

A total of 305 clients reporting gender-based violence (GBV) were served during the project period. Among these 305 GBV clients more than one-third (39%) reported domestic violence, while a little more than one-tenth (12%) reported sexual assault including rape for the type of violence perpetrated against them (Figure 4). These survivors were ensured of confidential and safe spaces within the health facilities and also provided with appropriate clinical care and referral.

Figure 4 GBV clients by type of violence



### FP services

A total of 142,232 clients received FP services through its service delivery points of 15 districts from April to September 2020.

Figure 5: FP services provided during project period

Contraceptives	Clients received contraceptives	Contraceptives provided/distributed
OC Pills	42527	85,054
IUCD	536	536
Implant	2,693	2,693
Injectables	32,192	32,192
EC pills	1,517	1,517
MVSC	1	1
Male Condom	62,414	1,248,274
Female Condom	352	597
<b>TOTAL</b>	<b>1,42,232</b>	<b>1,370,864</b>

Source: FPAN SPRINT 3 Compiled Data Apr-Sep 2020

### Overall outcomes

The review team believe that SPRINT Emergency Response Proposal made a significant contribution towards increasing timely access to life saving SRH services as they relate to the MISP. This is because far more clients were reached (182,790), out of which 125,471 (69%) received MISP than the project target of 105,125 beneficiaries. Further, clients reached were provided with 693,028 MISP services during the project period. It is important to note that, 10% of these beneficiaries were members of marginalized populations.

## **2.3 DETERMINATION OF WHETHER, HOW, AND TO WHAT EXTENT SPRINT FUNDING AND SUPPORT ENHANCED OR STRENGTHENED FPAN-LED EMERGENCY RESPONSE WITH SUPPORT FROM SRH AND PROTECTION (GBV) CLUSTERS.**

SPRINT funding for supporting FPAN to work in coordination with the SRH sub-cluster yielded some remarkable results. The SRH cluster prepared a list of planned activities for the response to the COVID-19 crisis in Nepal. The review found SPRINT funding supported FPAN in fulfilling its roles in the following planned activities of the SRH sub-cluster. The implementation of these planned activities helped to build an effective response to the COVID-19.

### **Continuity of RH services as per the MISP**

FPAN provided its input in the preparation of the national interim directive on delivery of reproductive health services during the COVID-19. With the enforcement of the national interim directive, FPAN, along with government service providers and other partners, ensured the continuity of RH services, as per the MISP framework during the lockdown period. The MISP was implemented with attention to the needs of underserved and marginalized groups, including adolescents, migrants and persons with disabilities. SPRINT funding was used for the procurement of PPE, essential hygiene and sanitation items for health care workers (gloves, masks, gowns, hand sanitizers and thermal scanner) to ensure their protection and continuation of MISP services. FPAN also provided its PPE and other essential commodities to the government' SDPs, responding to the request from provincial governments.

### **Ambulance services to pregnant women**

FPAN through a memorandum of understanding with a several hospital i.e., Patan Hospital, Maternity Hospital, BP Koirala Institute of Health Science, Nepalgunj Medical College and others across the country, ensured pregnant women with suspected, probable or confirmed COVID-19 have access to obstetric and new-born care through a referral to these hospitals. Moreover, FPAN ensured the availability of ambulance services/transport for pregnant women/ new-born to these hospitals through the financial support of SPRINT.

### **Mobilization of human resources through Incentives of human resources**

FPAN mobilized human resources for the continuation of essential reproductive health services through static and outreach services even during the COVID crisis. Medical allowances to clinical staff members with the SPRINT emergency funding for clinical staff members were provided as an incentive to perform their duties during this crisis.

### **SPRINT funding for supporting FPAN -led emergency response in coordination with the Protection cluster**

Under the leadership of the Ministry of Women, Children and Senior Citizens, and the co-leadership of UNICEF and UNFPA, the Protection cluster prepared the protocol to run safe shelters during COVID - 19 and also the guideline for the One Stop Crisis Management (OCMC) taking consideration of the COVID crisis. FPAN provided its technical inputs for the preparation of both documents.

### **SPRINT funding for supporting FPAN -led emergency response in coordination with the Logistics Cluster.**

Under the leadership of the Ministry of Home Affairs, and the co-leadership of World Food Programme, the Logistics Cluster provided essential support to the Health Cluster, ensuring the timely and uninterrupted flow of essential, lifesaving health supplies and equipment to health facilities and clinics across Nepal. FPAN as member of this cluster participated in the meeting and also helped to Contingency plan for Logistics Arrangement for COVID-19 response was prepared.

## Overall outcome

FPAN was actively engaged by providing the technical inputs and finalized of the several directives, guidelines and protocols. The overall outcome of the SPRINT funding was very helpful for FPAN to fulfill key roles in building an effective national response to the COVID-19 crisis in its capacity as a member of the RH sub-cluster. The quick and effective response from the RH sub-cluster, in turn, facilitated FPAN and other partners to immediately resume RH services within the MISP framework as defined by the government directives.

TEMPLATE

## 3 Response Evaluation

### 3.1 WHAT WORKED WELL IN THE RESPONSE?

- **Staff motivation:**

Among all constituents that are essential for effective emergency response, staff are considered as the last mile. The review found that motivating the frontline RH service FPAN staff would yield a better outcome in terms of emergency response. The importance of motivating the frontline RH service FPAN staff was remarkable and yield a terrific outcome during the emergency response to COVID-19 crisis because it is very contagious and also compounded by the issue of discrimination attached to it. It should be also mentioned the leadership at the branch level coupled with the timely supply of PPE and monetary incentive as hardship allowance also factored in motivating staff members. Moreover, the insurance of an amount of 100,000 NRs for all staff member against COVID-19 also proved to be a major motivating factor staff motivation.

“ It was not easy to work wearing a gown for a long and stretched period while on duty. The pandemic of COVID-19 was able to instill a deep fear of contracting the disease among us. We found even our neighbors were discriminating us during early days of epidemic. In that situation, it was our strong motivation that drove us to perform our duty in the scary time of COVID-19. Our leadership also played a key role in enhancing our motivation”

A clinical staff FHC, Itahari.

- **Involvement of local stakeholders in the response to the emergency**

This review noted that the Morang Branch was able to generate an effective local response to the COVID-19 crisis. This helped FPAN to revive its service delivery within 15 days of the lockdown making FPAN one of the first organizations to deliver RH service in Morang district. Since then, there has not been any disruption of services for FHC Biratnagar. It should be highlighted that the involvement of the Morang FPAN branch committee -comprising of members of different walks of life including elected authorities of municipal wards, service recipients, and political leaders - actively came forward and mobilized local resources and volunteers, maintained needful coordination with provincial authorities helping FPAN to address any challenge that could stymie service delivery. This really helped not only to vaccinate more than hundreds of children but also cater to a huge crowd of ANC clients in a day. It is also worthy to mention that Biratnagar Sub Metropolitan endorsed a financial support of NRS 250,000 to Morang FPAN through its budget of the current fiscal year 2021/2022 .

- **Undisrupted supply of commodities**

The service recipients as well as service providers, told this review that they had not experienced any stock out of any commodities notably: pregnancy kits, safe abortion and STI reagents, at FHC Itahari and FHC Biratnagar . However, this review also took note of a complaint -from a staff member of SDP- that in a rare case, commodities (mainly for safe abortion) nearing their expiry dates were supplied from FPAN HO adding difficulty in properly managing these commodities. The review also observed a stockout of HIV test kits in many of its SDPs, this is because FPAN itself has been not obtaining adequate test kits from the National Center for AIDS and STD Control for the last couple of years. As a result of stockout at SDPs, service recipients of a number of SDPs, in particular of FHC Itahari, were found to have referred clients to private clinics, forcing these clients to pay a costlier price for HIV testing.

### 3.2 WHAT DID NOT WORK WELL IN THE RESPONSE?

- This review is well informed about there used to be regular in-person meetings at the branch level with, in particular, PLHIV and FSW before the COVID-19 crisis. However, these meetings did not take place primarily because of the travel restriction during the COVID19 emergency making these vulnerable groups oblivious into the entire crisis response.

### 3.3 WHAT WAS LACKING IN THE EMERGENCY RESPONSE?

#### From the part of FPAN

- The FPAN HO conducted online session about the MISP with its Branch managers. However, orientation to entire staff of at least of the project area on the emergency response was lacking. The orientation on the emergency response clarifying on the objectives and targeted beneficiaries of the emergency response, as well as approach taken for the response, should have taken place. This orientation should have also included national interim directive and the guidelines issued by the government of Nepal or FPAN for the emergency response. The COVID-19 pandemic also called for a short online refresher session for its staff members on infection prevention and control during the emergency.
- Branch managers also opined that the constraint of financial was a major hindering factor even for initiating any emergency response at the local level.
- Interview with staff members revealed that a crucial period of time was lapsed at the beginning of COVID-19 before the top most leadership of FPAN realized the gravity of impact of the COVID-19 emergency as well as the importance of timeliness of response it required. According to the staff members it took quite an effort on the part of staff members to convince the top leadership about the impact of the pandemic on entire gamut on deliverables of FPAN. According the staff members, this had delayed the response to the emergency resulting in service disruption in many SDPs at the beginning of COVID-19 pandemic.

#### Areas that beneficiaries felt lacking

- FSWs reported that many of the sex workers and in particular those based in rural areas could not take SRH services such as emergency contraceptives and safe abortion. This was due to the travel restriction imposed during the COVID-19 crisis making a trip to FHC Itahari impossible at that time. Sex workers expressed that the the COVID1-9 crisis was the most difficult time to them, even getting out of the home to them, was extremely difficult let alone visiting any clinics as they became easy targets of the police. As such, access to emergency contraceptives, pregnancy test kits and safe abortion services were not easy at the government as well as private health care facilities they were closed especially on the early days of the pandemic. Those which remained open were reluctant to provide the services to clients being fearful to the COVID-19 transmission. This was also compounded by the fact the sex workers were reluctant to visit government health care facilities on the ground of stigma and discrimination. In this context, sex-workers during the FGDs were thankful to FPAN for providing especially safe abortion service but were also complaining that they had to come to FHC clinic to obtain emergency contraceptives, pregnancy test kits, whereas these could have been easily distributed to sex workers through the community-based distribution method.
- As mentioned earlier, ANC clients could not get several RH services in the FPAN clinics notably: HIV testing and ultrasound services. Alternatively, there were referred to private clinics. Availability of these services under one roof would have not only eased clients, lessening the risk of transmission arising out of travel from one clinics to other clinic.
- FDGs with pregnant women and mother revealed that it was difficult to travel to site because of travel restriction, and many had to walk long hours along with their babies. They found FHC overcrowded with patients and had to wait for long hours for getting the services. It was not easy for especially for pregnant women and breastfeeding mothers as markets including eateries and other shops were closed. They felt that - being among the crowd of patients at the health care facilities along with their babies for long hours -was scary at the time of COVID-19 pandemic. They suggested for the assignation of client's appointments on the basis of telephonic conversation would have eased their problems.

### 3.4 LINKS TO MISP

The review found that staff motivation stemming from the provision of PPE and monetary (hardship for clinical staff and RHFV) incentives had a direct positive bearing on the effectiveness of delivery of MISP services during the COVID-19 crisis. Involvement of the local stakeholders in the response coupled with an uninterrupted supply of PPE and other commodities also facilitated the delivery of MISP services to a greater number of beneficiaries than the estimated number of targeted beneficiaries within the program areas.

## 4. Recommendations

For IPPF and other donors

- This recommendation, however, does not hold true to SPRINT as it has earmarked 40%-50% of fund for emergencies. However, the present COVID-19 crisis is giving us a loud and clear education that in absence of emergency fund, there is a strong chance of other programmatic allocations becoming redundant yielding a low burn rate of any project's spending as well as negatively affecting overall outputs of the project. This is of strong significance, in particular, for a country like Nepal, where seasonal floods, landslides are common occurrences not only killing people annually but also destroying road networks as well as disrupting the supply of essential commodities, let alone great earthquake and episodes of a diarrheal epidemic. Alternatively, the project agreement should be flexible enough to divert a certain portion of the project budget to the response of emergency in absence of any earmarked budget for emergency response. This recommendation is only applicable to only those funding agencies/d on which does not have the provision of emergency fund.

### Recommendations for FPAN

- Similarly, FPAN should also earmark annually a minimum percentage of core fund to emergency response. This should act as a matching fund for other donors to earmark a certain percentage of their financial contribution for any emergency response.
- FPAN is a member of several clusters constituted for delivering emergency response in Nepal. it should also maintain a multidisciplinary team of expert including of procurement, logistics and supply; infection control and prevention, and; protection (GBV).
- FPAN, at its branch level including at the district level, should maintain/ set up a coordinating platform (informal/ formal), aiming at generating an immediate and local response to emergency. This coordinating platform should include but not to be limited to local government, provincial authority, and RH service providers from both government and non-governmental sector. This platform should also necessarily include representations from local (district) chapter of: a) PWD, b) PLHIV and c) FSW, d) lesbian, gay, bisexual, transgender, intersex LGBGTI and e) youth and adolescents as they are key stakeholders for strategizing the local emergency response, and this comes with the objective of ensuring meaningful participation of the vulnerable groups in the design and implementation of response. For the operationalization of the local coordination platform during an emergency, a branch of FPAN, should have immediate access to an emergency budget, at least, sufficient to initiate a series of meetings of coordinating platform.
- FPAN at its branch level should communicate, at a regular interval during the period of emergency, with the local (district) chapter of vulnerable communities i.e., a) PWD, b) PLHIV c) FSW, and d) LGBTI and e) youth and adolescents through web-based media (e.g., preferably Zoom meeting with a large number of participants, WhatsApp) or in-person. These meetings should: a) ensure the emergency needs (as they relate to SRH) of these vulnerable groups are well heard, and; b) inform them about the availability and location of SRH services and commodities during an emergency.
- Drawing an important lesson from the COVID-19 crisis it is recommended that the FPAN HO should conduct a short online refresher session for its staff members on infection prevention and control among staff, patients, and accompanying family members at health facilities periodically during the emergency. Similarly, the review also observed that online session on the rational use of personal protective equipment would be useful during the emergency.
- FPAN HO should also orient, through an online session, its entire staff members of the project areas on the emergency response, clarifying the objectives and targeted beneficiaries of the emergency response as well as the approach taken for the response. This orientation should also include national directives or guidelines issued by the government of Nepal or FPAN for the emergency response.
- FPAN HO also should maintain interactive online communication with its staff members involved in the emergency response with the intent of maintaining the highest level of motivation among them.



This recommendation comes in the context as the review is impressed by the role of District Managers both in Itahari and Biratnagar for motivating their staff members to work for extended service hour of ten hours in a day. Maintaining the staff morale is also crucial when health staff were not well treated by the larger community especially in the time of COVID pandemic - to turn toward the management during their pressing times. Apart from interactive communication for motivation, other means of motivation such as monetary incentives, training, paid leave in lieu of the period worked during off - hours or holidays etc., can also be options.

- Taking a lesson from the huge crowd of clients seeking services during the COVID-19 crisis particularly at FHC Itahari and FHC Biratnagar the review suggests for a) extension of working hours, and; b) patient visit to the clinic at the preassigned appointment (unless emergency). The review also notes that digital health interventions such as telephone consultation/ counselling with distant clients, use of phone based health applications to track and inform the clients are options which may be helpful to reduce/avoid a gathering of patients at SDPs as well as reduce the risks of transmission of COVID-19 and other infections
- FPAN should prepare a concrete action plan for emergency preparedness and response. This plan should also spell out a team entailing of responsible persons for SRH, procurement, infection control and prevention, and; protection (GBV). The plan should include logistic arrangement ensuring availability a minimum stock of PPE at the time of emergency response across the country. Moreover, the plan should consider for a meaningful participation of vulnerable communities in the preparedness and response to emergency.
- Top management should be made aware about the importance of preparedness and timely response of emergency.
- In order to strengthen role on community, the vulnerable communities should be capacitated to build resilient community response to emergency

## List of Annexes

### ANNEX 1 LIST OF PEOPLE INTERVIEWED

#### List of Person Interviewed, Itahari

##### Service Recipients, FHC

P1\_Itahari  
P2\_Itahari  
P3\_Itahari  
P4\_Itahari  
P5\_Itahari  
P6\_Itahari  
P7\_Itahari  
P8\_Itahari  
P9\_Itahari  
P10\_Itahari  
P11\_Itahari  
P12\_Itahari  
P13\_Itahari  
P14\_Itahari  
P16\_Itahari  
P17\_Itahari  
P18\_Itahari  
P19\_Itahari  
P10\_Itahari  
P11\_Itahari  
P12\_Itahari  
P13\_Itahari  
P14\_Itahari  
P15\_Itahari

##### Service Providers, FHC, Itahari ( In alphabetical Order)

Ambika Giri	Store Keeper
Ambika Koirala	Health Aid
Bimala Karki	Sr. ANM
Bimala Rai	Lab Assistant
Chandani Kumari Shah	Staff Nurse
Dev Kumar Tharuni	Health Aid
Dip Bahadur Bhandari	Watchman
Dr. Maheshwar Yadav	Sr. Medical Officer
Jhamaka Limbu	Sr. ANM
Kumar Giri	Sr. Branch Manager
Maya Kumari Bhattarai	ANM
Phandindra Karki	
Pradip Adhikari	Clinic Helper
Raju Shrestha	Accountant
Ranu Raut	Health Officer
Urmila Kafle	Health Aid

#### List of Persons Interviewed, FHC, Biratnagar

##### Service Receipts, FHC, Biratnagar

P1\_Biratnagar  
P2\_Biratnagar  
P3\_Biratnagar  
P4\_Biratnagar

P5\_Biratnagar  
P6\_Biratnagar  
P7\_Biratnagar  
P8\_Biratnagar  
P9\_Biratnagar  
P10\_Biratnagar  
P11\_Biratnagar

Community Leaders, FHC, Biratnagar  
(in alphabetical order)

Anjana Shrestha	FHV
Binod Kumar Dalit	Ward President-03
Chitrakala Acharya	Female Member
Kedar B. Thapa	Treasurer/Elite Club Biratnagar
Kumari Adhikari	FHV
Madhu Babu Tiwari	Ward President-06
Nanu Rijal	Member/FPAN
Nischal Acharya	Ward President
Pramila Niraula	
Santanu Regmi	President/FPAN/
Shashikala Shrestha	
Shila Shrestha	Municipal Member - Biratnagar
Shubh Dungana	Youth Member
Sneha Gubaju	Youth Coordinator
Subodh Niraula	C. Member/FPAN
Tek Prasad Khatiwada	Treasurer/ FPAN

Service Providers, FHC, Biratnagar

Aruna Thapa	Staff Nurse
Dr. Ritu	SMO
Jagat Shrestha	Office Assistant
Jetan Rajbanshi	Lab Assistant
Panchamaya Magar	Sr. ANM
Putam Shawal	Clinical Assistant
Sankar Dahal	Branch Manager

Policy People

Dharanidhar Neraula	Health Office (HO) Morang
Dr. Suresh Meheta	Chief, HO Morang
Jharana Giri	HO Morang
Ram Nanda Yadav	Vaccination Officer HO Morang

FPAN HO

Dr. Om Maharjan	Medical Manager
Chetraj Joshi	OLE Manager
Subash C Shrestha	DG



**परिवार नियोजन सहित यौन तथा प्रजनन स्वास्थ्य सेवाको आवश्यकता जस्तोसुकै मानविय तथा प्राकृतिक संकटको घडिमा पनि महत्वपूर्ण हुन्छ ।**



साबुन पानीले हातधुई

ज्वरो नाप गरिदै



कम्तिमा एक मिटरको सामाजिकदुरि कायमगरि पालो कुर्दै



सफा र व्यवस्थित क्लिनिक



किशोरी स्वास्थ्य परामर्श लिंदै



बालबालिकालाई खोपसेवा दिंदै



सुरक्षित गर्भपतन सेवा






परिवार नियोजनको अस्थाइ साधन लिंदै

नेपाल परिवार नियोजन संघ, केन्द्रीय कार्यालय, पुल्चोक, ललितपुर. फोन: ५०१०२४०, ५०१०२४१०. टोल फ्री हटलाईन नं. १६६००१४५०००

**सबैको सु-स्वास्थ्य र सेवामा समर्पित**

**ANNEX 3: CONSENT FORM**

 **IPPF** International  
Planned Parenthood  
Federation

 **Australian  
Aid** 

मन्जुरी फाराम  
SPRINT पुर्व आपतकालीन समिक्षा

१. मलाई यस कार्यको बारेमा जानकारी राम्ररी बुझ्ने भाषामा दिइएको छ भन्ने कुरामा म विश्वस्त छु।

२. मैले थाहापाएका जानकारीहरु, प्रश्न सोध्ने र प्रश्नको चित्तबुझ्दो जफाव दिने मौकापाउदा सन्तुष्ट छु र आफ्नो ज्ञानको सहि र ठिक ढगबाट प्रसतुत गरेको छु।

३. म बुझ्छु कि मेरो सहभागिता स्वैच्छिक हो र म कुनै कारण बिना कुनै पनि समयममा छोड्न स्वतन्त्र छु।

४. म बुझ्छु कि मैले दिएका जानकारीहरु भविश्यमा IPPF-SPRINT द्वारा प्रकाशित रिपोर्ट, लेखहरु तथा प्रस्तुतिकरणमा प्रयोग गर्न सकिन्छ, तर मेरो नाम ति प्रकाशित रिपोर्ट, लेखहरु तथा प्रस्तुतिकरणमा हुन या नहुन पनि सक्छ।

५. म मुख्य जानकरको (KI) अन्तरवार्ता/समुहगत छलफलमा (FGD) भागलिनको लागि सहमत छु।

18 Jan 2022  
Biratnagar

उल्लेख गर्नुहोस - मुख्य जानकरको (KI) अन्तरवार्ता/समुहगत छलफलमा (FGD)

रिपोर्ट गर्ने Com. Leaders

नाम: \_\_\_\_\_

हस्ताक्षर वा औठा छाप

मिति: \_\_\_\_\_

*Handwritten signatures and names:*  
जिजम्वरा तन (Kishimbari)  
बिपला  
सुमन शर्मा  
सुमन शर्मा  
बिपला  
अरुण शर्मा

## References

- 
- i Minutes of Crisis Management Team Meeting (virtual meeting), 13th April 2020
  - ii <https://blogs.worldbank.org/endpovertyinsouthasia/addressing-gender-based-violence-nepal>
  - iii SPRINT Emergency Response Proposal, IPPF and AusAID
  - iv <https://blogs.worldbank.org/endpovertyinsouthasia/addressing-gender-based-violence-nepal>
  - v [https://www.who.int/publications/i/item/rational-use-of-personal-protective-equipment-for-coronavirus-disease-\(covid-19\)-and-considerations-during-severe-shortages](https://www.who.int/publications/i/item/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages)
  - vi Emergency Progress Report 20, May, 2020