

# BLOGGING our WAY through ...

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## *A 50 Blogs Special*

*"In the space of 8 months, we have been blogging all along. We had our experiences to be shared, stories to be told, so we opted for blogs. BIG THANK YOU to everyone who spared some time reading and sharing our blogs. Our BLOGGING CONTINUES ..."* Dr Sushil Baral, Executive Chairperson, HERD

**HERD SPECIAL SERIES**

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# BLOGGING OUR WAY THROUGH ...

It was around 10 pm on May 6, 2015 that I had just completed the media monitoring report (we were conducting daily media monitoring of news and events covered by online media regarding Nepal earthquake). While I was busy working in the make-shift desk in the garage of our office building (as it was just few days after the devastating earthquake and there were some damages to our office), few of my colleagues were busy packing relief materials into a lorry for distribution the next day.

It was a routine business for us those days. We used to come to office, plan for relief campaigns to support the quake affected, gather the relief materials, pack them and load them to vehicles for distribution to affected areas. That day – we were stretched out as we were preparing around 350 packs of relief materials to be distributed to Thula Durlung, one of the remote VDCs of Lalitpur district.

As I was taking a quiet moment after a long day's work and scrolling through the social media on my phone, our Executive Chairperson Dr Sushil Baral appreciating the team's work in supporting the quake affected discussed with me about finding some new ways to share our efforts to our well-wishers and partner wider stakeholders. Though we were tweeting and sharing on Facebook and Twitter about our efforts, stories about our experiences was not told.

That very moment, at around 12 at midnight when we were having dinner at our office kitchen, our chairperson shared this plan of documenting our experiences by writing blogs.

From that day onward, the writing began. The first blog that we wrote was our experience visiting Nepal Orthopedic Hospital and the services it was providing to the quake affected. We shared our blog in social media and received good response. We were encouraged to write more. New ideas came up. We were conducting several ongoing projects and there was always a new topic to write/share about. Initially, our other colleagues were also interested in writing blogs and gradually the momentum was built.

Now, it has been 8 months and we already have 50 blogs in our treasury. We are blogging our way through to tell our stories. Hope this interesting journey continues with your support and encouragement.

**HAPPY READING!!!**

With gratitude,

Sudeep Uprety

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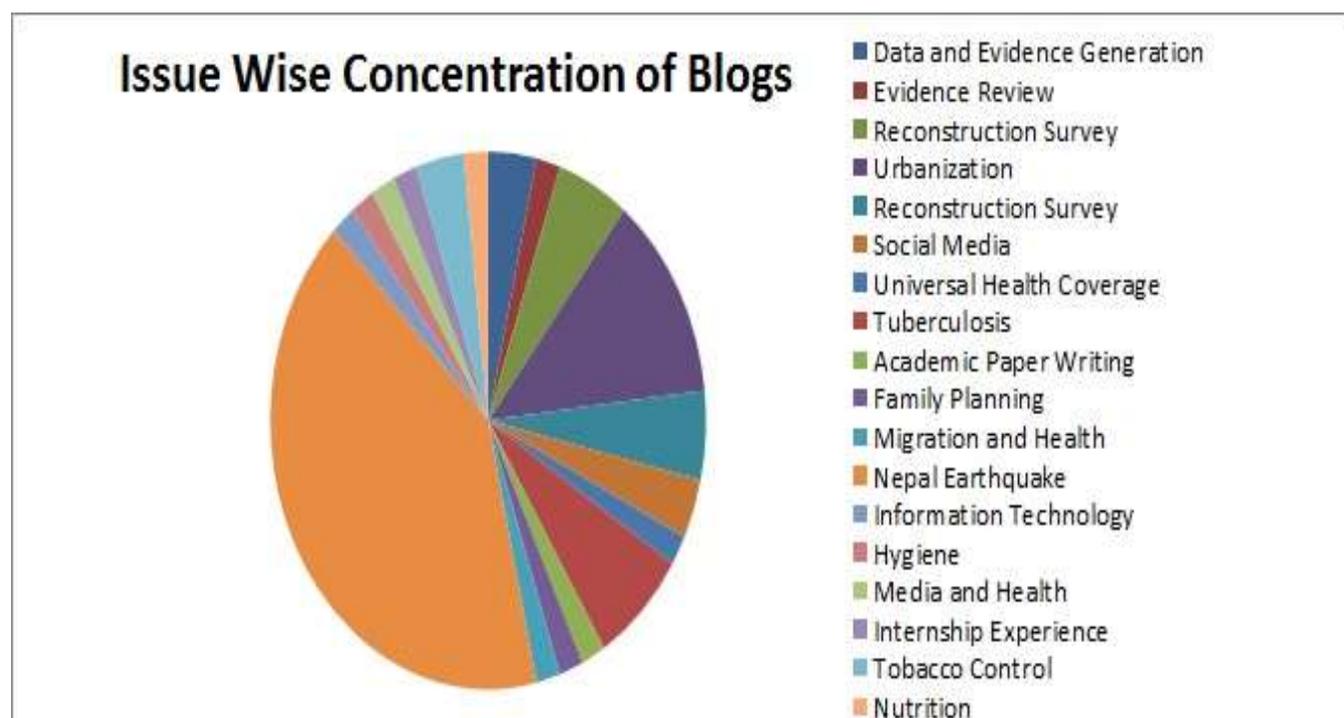
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# Data as the "NEW OIL"



## Data as Evidence for Development

In today's world, data is everything. Data informs us and helps us find solutions to our problems. It not only shows us a picture of the past and present but also guides us what our future could look like. Henceforth, there is wider attention towards collecting, extracting, synthesizing and communicating data at various levels for various purposes.

In the world of research and development, data even plays a greater significance as it is generally viewed as "evidence". Nowadays, there is a greater focus towards "Evidence for Development" or E4D concept where data is utilized for the greater good – linking towards policy for its sustainable use.

Data is now the new oil! As oil/petroleum was and is the cornerstone of energy and symbolic to economic development, richness of data has become an indicator for better development outcomes. Demographic and Health Survey is a prime example where an extensive survey of a country's demographic and health status is measured to gather disaggregated information of various variables. This information would provide a glimpse of the status of the demographics and health situation of the country – supporting the policy makers and programmers for evidence informed decision making.

## Data for Visualization and Communication

Data visualization and communication has also taken a giant leap in these recent years with the ever growing information technology industry. 'Infomatics', as the term is called is a perfect amalgamation of the latest innovative information technology guided by the principle of data management. Days are gone when the computer freaks would be just interested in high-tech games. They are also equally eager to identify and visualize data and explore various options to make users' life as easier as it can be.

Demand creates the supply. The recent earthquake of April 2015 in Nepal caused massive damage to lives and property of thousands. It was a challenge to have data from the ground as quickly as possible for informed search decision making. Some valiant efforts were made especially by

various IT and software companies, development organizations, research agencies with their own innovative and dedicated teams to come up with various real time local data of the extent of damages using various data visualization tools.

### **Data Utilization – Not Just a Process but a Practice**

In the developing world, especially in countries like Nepal, there is a greater need to realize the greater importance of data and how it actually help us improve in many ways. Data is also very much linked with how data sources are maintained. Therefore, it is not just about a process but a practice. Recording and reporting of the nature of information we are collecting needs to be strengthened at all levels for us to actually generate the expected form of data. Capacity of the data generators also needs to be thought through in order to ensure that the officials, especially at the local level are capable enough to generate good quality data and are sensible enough to realize how bigger an impact it could have, if reported wrongly.

### **Dedicated for Data Enhancement – HERD**

HERD, in this advent of supporting evidence informed decision making is advancing its steps forward with bigger and better data management. Immediately after the earthquake, we conducted a month long [media monitoring](#) of the news reported about the earthquake and produced daily media monitoring report. We also conducted a school assessment of more than 6000 schools of 11 districts highly affected by earthquake. We are also conducting a real time end-user monitoring of earthquake response programmes in all 14 districts. Likewise, we are conducting an epidemiological survey trying to understand the causes of deaths and injuries caused by the earthquake. Recently, we have undertaken a massive [national housing reconstruction survey](#) mobilizing over 2000 engineers for field enumeration.

Realizing that data is the new oil, the new energy for a better Nepal, HERD is leaving no stone unturned to improve data collection, extraction, management, visualization and uptake practice with the support of government, non-government stakeholders, development partners, community stakeholders and most importantly, the ultimate beneficiaries – the public.

***Contributors: Dr Sushil Baral and Sudeep Uprety***

# Reviewing Reviews: A Round Table Discussion with HERD Researchers



A review is generally an account of what has been published on a topic. Reviews could be of various types such as scoping review, literature review, evidence review, policy review, systematic review, document review, among others. HERD researchers have been conducting such reviews while implementing projects of various nature and scale. A round table discussion was organized on January 22, 2016 to reflect upon our practice.

## Understanding a Review

**Uden Maharjan**, Project Coordinator for Urban Health begins his understanding of review as a systematic process of exploring what's there and what's not there about a subject matter relevant to the study we are conducting. He added, "At earlier times, researchers had to 'physically be there' even for obtaining baseline/preliminary information but now that's not the case. There are lots of online platforms/sources from where a desk review could make our lives much easier."

**Shophika Regmi**, Project Manager - Monitoring and Evaluation of Nepal Family Planning Project agrees to Uden's view as she opines, "Nowadays, with many research agencies, there is a large body of work already conducted in the same area/subject matter. Therefore, an evidence review, desk review, scoping review or such reviews could be smarter ways of avoiding duplication as well as streamline/narrow down the scope of work and make the study more focused and peculiar."

## Synthesizing Evidence

**Rekha Khatri**, Manager – Qualitative Research picks up an important issue of synthesizing evidence effectively by referring to the broad aim and objectives/research questions of the study all the time to identify whether the content of the readings are really relevant for further analysis

of our review. Agreeing to this argument, Shophika Regmi adds that to avoid huge chunk of irrelevant data/evidence, developing an inclusion/exclusion criteria need to be developed. Participants also discussed about interpreting the available evidence in the review reports through a theoretical framework to structure the analysis properly.

**Abriti Arjyal**, Senior Officer – Qualitative Research also highlighted the importance of going through the findings in detail before making assumption based on abstract, conclusion or executive summary so that we are not misguided by shorter version of the readings. **Sudeep Uprety**, Senior Officer – Research Uptake and Communications opined that while conducting the programmatic and policy reviews, there is a greater need to understand the context of particular policies and programmes before going through such policies and programmes in detail.

### **Writing a review report – a challenge**

All the participants admitted to find writing a review report a challenging task firstly writing in non-native language and secondly the need to have a comprehensive understanding of the evidence generated to communicate effectively. Rekha Khatri also pointed out the mentorship playing a key role how a review gets shaped. “The timescales of studies also matters as in the short-term studies, we hardly have time to plan a report – processing and condensing the evidence we have gathered does require considerable amount of time”, Khatri added. **Machhindra Basnet**, Qualitative Research Officer shared her experience of how short-term study is being managed with taking only selected readings based on familiarity and relevance of the subject matter – based on researchers’ experience.

### **Discussion Take-Aways**

Some of the insightful suggestions provided by the discussion participants during an hour’s discussion were:

- Mental map of things to be written in the report is required to structure your report effectively. Better you are organized, better the outcome!
- Tight writing. The more you write, the more you learn!
- Think from a reader’s perspective, when you write!
- We know about the subject so much that we assume that everybody knows. Therefore, References, Footnotes and Further Reading materials are a great help to lay person.
- A reviewer tends to have a writer’s block with information saturation. In such circumstances, always wise to have reviews from a third eye!

***This discussion is a part of Discussion Series initiated by Research Uptake and Communications Unit at HERD.***

**Contributed by: Sudeep Uprety**

# A Saga of Mass Mobilization: Our Journey in National Reconstruction Survey

It has been a saga of mass mobilization. A sea of red-capped 450 committed and enthusiastic youngsters with highlighter jackets appeared on the big hall of United World Trade Centre, Tripureshwor, Kathmandu. It was not a mass political rally they were gathered for. It was for a national housing reconstruction survey.

## **Nine Weeks of Non Stop Action**

Household Registration for Housing Reconstruction Survey 2072 is being conducted since November, 2015 and ever since the inception, all the stakeholders have been heavily engaged in making the project a success. This is not just a project but a national cause, as it for national reconstruction. This project was envisaged to collect data in census model to assess the extent of damage of all households of 14 highly affected districts as well as obtain socio-economic information from these households. For this, a large number of engineers and social mobilizers were required for this extent of data collection within a short period of time so that this project could provide evidence for government's further reconstruction efforts in the affected districts. Various government and non-government stakeholders have been involved in this project. National Planning Commission led the initial design/conceptualization of the survey in order to validate the estimated information derived through Post Disaster Needs Assessment. Central Bureau of Statistics, Ministry of Urban Development and Ministry of Federal Affairs and Local Development has been instrumental in developing the implementation plan, designing and testing the survey tools, developing the survey manuals, training the master trainers and then the field investigators and social mobilizers. HERD has been supporting these government agencies to recruit and provide the required number of human resources, manage the training events and also provide logistics materials as survey kits to the field investigators and social mobilizers with the support of United Nations Office for Project Services (UNOPS).



*A meeting of Technical Committee with all involved stakeholders during the project inception.*

### **Expediting for Data Collection**

Dolakha paved the doorstep to initiation of field data collection for this project with 127 field investigators conducting the assessment currently in all households of the district. Dolakha was a great learning experience in terms of how field mobilization practice could be improved for other districts.



*A team of field investigator and social mobilizer conducting data collection at Dolakha*

As there has been wider concern from all corners about the relief packages not reaching the affected people as they are suffering a lot in the cold, the government, especially the recently formed National Reconstruction Authority (NRA) decided to mobilize other field investigators in 10 more districts simultaneously to expedite the data collection. To meet this immediate need, at least 450 field investigators had to be mobilized for next phase, which was a challenging task.

### **Managing for Mass Mobilization**

Managing mass mobilization for 450 field investigators was a daunting task. Our automated and digitized recruitment system helped us a great deal to recruit the required human resources and communicate with them for the contract agreement. Managing the logistics for such a large number was also challenging as we had to ensure that all the receiving, storing, packaging and delivering survey kits to the field investigators went through a systematic and rigorous process with the support of UNOPS.



*Logistics items being distributed to field investigators as survey kits*

Training such a large number of field investigators was another challenge. We couldn't train 100 people in a single hall as it would compromise a standard practice. So, we had to identify training venues where there would be 10 halls to accommodate these training participants. Training had to be conducted in parallel sessions so that all 450 participants could be trained at the same time. It was a Herculean task to manage 10 parallel sessions smoothly with ensuring that all sessions are conducted on time, lunch and refreshments are served properly, post training test using tablets are conducted and advanced payment and survey kits before field mobilization are provided to participants – all at the same time.



*A training session facilitated by a CBS facilitator*

We managed to complete all these preparatory tasks effectively - thanks to our dedicated team members!

#### **Jamboree for joint final orientation**

To mark this great achievement in terms of preparing 450 engineers for data collection for the survey, a joint final orientation session was organized yesterday which was chaired by Chief Executive Officer (CEO) of National Reconstruction Authority Mr Sushil Gyawali chairing the event. During the event he expressed his deep satisfaction and gratitude to the project stakeholders in successfully initiating this reconstruction survey. Explaining the need of the survey, he said, "This survey will provide the database upon which the entire reconstruction package by the government will be designed. Therefore, it bears a great national significance."



*CEO of National Reconstruction Authority addressing the mass gathering on successful completion of 5-day training*

As his words of encouragement to the field investigators, he expressed, “The time is opportune for this engineering community to show its commitment and technical expertise in national reconstruction through this data collection survey as well as other similar initiatives in other government reconstruction efforts to build back better Nepal post the devastating earthquake of April 25.”



**OUR ADVENT IN SUPPORTING NATIONAL RECONSTRUCTION CONTINUES ...**

***Contributors: Dr Sushil Baral and Sudeep Uprety***

# Scarcity in the Abundant Urban Nepal

*Pani chaina, batti chaina, tel chaina, gas chaina* (No water, no electricity, no oil, no gas): these are the common remarks that we have been recently hearing and experiencing quite intensely in Kathmandu. Demand for fuel and cooking gas is such that there is no queue that starts from the oil and gas distributors that doesn't end in a serpentine manner to another end of the road. This has been a daily-life of the people of Kathmandu valley.

Worse is the demand for electricity since the unofficial Indian embargo which led to dramatic 14 hours power-cuts in a day. Due to over use of electricity (when available) has caused the transformer explosions in every neighbourhood in the valley.

This is the present scenario after the blockade, **but how was it usually? Was it any better before?** Well, no one would take second chance to scrunch their nose while answering these questions.

It's becoming a concrete jungle. The Kathmandu city is one of the fastest-expanding metropolitan areas in South Asia. One can notice the building popping up in every inch of land. But a lot of this growth hasn't been planned or regulated. In the outskirts of the valley, satellite towns have grown without much guidance from the government. This has cost us thousands of lives in earthquake last year. Had we followed the building codes strictly, the extent of damage would have been minimal.



*A rapid urbanisation in Kirtipur Municipality of Kathmandu. Photo: Uden Maharjan/HERD*

With the uncurbed urbanisation came many inevitable challenges. The residents of Kathmandu have to wait for hours to get a pitcher full of water. Even the water they get after waiting for long hours is not safe and clean enough to drink directly and use in cooking purposes. Also, the ground water has depleted tremendously that the natural ponds around the valley have started drying up turning into a hard, cracked grounds.



*A section of the Ring Road in Kathmandu fumed with the vehicle emission and dust. Photo: Uden Maharjan/HERD*

Another common glimpse that we get without much effort to picturise the urban Kathmandu valley are the streets choked up with vehicle emissions, the dust dancing high in the air, and the narrow walking lanes, and the corners swamped with the piles of garbage lying 'unclaimed'. No doubt that these invite unfavourable health issues. Unregulated motorisation coupled with unsafe roads have led to many road traffic accidents resulting in injuries and deaths. Also, streets often turn into an overflowed bed of sewer during monsoon each year. Disappointingly, the holy Bagmati is not good anymore to praise its grace. Black sludge and streams of drainage poured down into the Bagmati's water odorises the thin and soothing Kathmandu air.

Isn't it empathetic to even imagine how the thousands of people are residing in the slums along the Bagmati banks when we are not even able to tolerate its nose-boggling scent as we swift pass by it?

All these, now, unfortunately, are the salient traits of the Kathmandu valley.

The Central Bureau of Statistics shows 4% of an annual urban population growth rate. The government's inability to provide free health care puts millions of lives into the disarrayed health condition, particularly the urban poor – the proportion which is estimated to be at least 15 % of the total 27% urban population of the country's 26.5 million people. These figures will hike if included the newly declared municipalities (making it 191 altogether). With a messy urbanisation, there is a widespread existence of slums and sprawls, particularly along the banks of rivers. This has given rise to the hidden urbanisation which is not captured by the official data. Such population density will only exert pressure on infrastructure, basic services, land, housing, and the environment – the congestion constraints that have been failed to be addressed considerably.



A slum settlement along the bank of the Bagmati River in Balkhu, Kathmandu. Photo: Uden Maharjan/HERD

All these factors add a huge pressure on the health system, too. The health care in urban areas is hugely dominated by the private sectors favouring the well-offs. A group of urban population of another end of socio-economic spectrum struggles sternly because of their inability to pay for the dear private health care services. Despite the government's effort to provide essential health services in the municipal areas through the urban health clinics, it has proved to be very ineffective and inadequate. Limited service range, poorly resourced and sparsely located, these service outlets are way out of league to address the health needs of urban population.

So the question is: **how can Nepal better manage its urbanisation to create more livable and prosperous cities?**

The Nepalese policy makers and the government, face a choice to continue the same path or undertake difficult and appropriate reforms to improve the country's trajectory of development. It won't be easy but such actions are essential in making the country's urbanisation sustainable making cities safe, secure and livable. This will only seemly appear when the government addresses the deficits in empowerment, sustainability, resources and accountability.

Furthermore, the areas of policy actions that would be instrumental to address the urban issue of congestion constraints and help leverage urbanisation to improve the country's prosperity and livability would be: sustainability; connectivity and planning; land and housing; standard services and facilities; and resilience to natural disasters and the effects of climate change. For these, it

requires more coordinated approach among the government and private sectors and increase public participation in the process of planning and resource mobilisation.

***Contributor: Uden Maharjan***

# Leaving No Stone Unturned for National Reconstruction

April 25 was a shocker for all Nepalis, in terms of the devastation it created to life and property. Devastation needs to be followed up with reconstruction and thanks to support from various national and international helping hands; the national reconstruction is gradually gaining momentum. Yes, it is late but never too late.

## **Brilliant opportunity to build back better Nepal**

When we saw the invitation to bid (ITB) from United Nations Office for Project Services (UNOPS), we were excited as we regarded it as a brilliant opportunity to build back better Nepal. We had initiated our relief programmes post the earthquake and had been carrying out some disaster assessment projects for UNICEF and Save the Children. We didn't want to miss out on this opportunity to build back better Nepal. We put all our efforts in developing a good proposal. Luckily, we were chosen by UNOPS. The rest was history.

## **Countering the challenges**

We had envisioned the challenges that we had to face to implement this project. We had a challenging scope of work to recruit about 2500 data collectors, manage various levels of trainings and also effectively handle the logistics. Apart from that, we had to coordinate with multiple agencies – National Planning Commission (NPC), Ministry of Urban Development, Ministry of Federal Affairs and Local Development (MoFALD), Central Bureau of Statistics (CBS) and other project partner Kathmandu Living Labs (KLL). Initially it was a struggle as consensus was required regarding various issues in terms of devising the implementation plan and actually implementing it.

## **Getting ready for recruitment**

Recognized as a survey agency, we did have 11 years of experience mobilizing about 10,000 young professionals. However, we were mobilizing for the first time, a large volume of data collectors of 2500 civil engineers. So, we devised a recruitment strategy with a dedicated team involved in parallel recruitment sessions almost every day. Every day became a learning experience for us. As we learnt every day, in order to make our work effective and efficient, we took support from our ever ready Information Management Unit in standardizing our recruitment process. Now, with automated recruitment system, we have taken one step further in developing ourselves into a human resource recruitment agency as well. A big leap forward was introducing the use of tablets for recruitment with objective questions for quick assessment of the technical abilities of the interested candidates. With over 40 recruitment sessions already conducted, we are now integrating our valuable experience into our organizational good practice.

## **Toiling hard for parallel training sessions**

We do conduct trainings on a regular basis to our field staff. However, we had not conducted parallel recruitment sessions before to 4-5 groups at a single time. Recently we conducted 4 parallel sessions for about 150 participants which was a new and good learning experience for us. With various lessons learnt on effective training management, we are now planning for about 12 parallel sessions for next phase of training participants. For the first time, we also introduced a post training test of training participants using tablets to assess their level of understanding about training content.

### **Managing large volume of logistics**

Logistics management was another major component of our scope of work. We had to receive, verify and store the logistics items as well as prepare sets of survey kits to be used in the field for data collection. We also had to ensure the safety and maintenance of the survey kits. Through our dedicated and efficient logistics team, we have been able to successfully deploy logistics items for Dolakha and standardizing our logistics management practice, we are receiving, verifying, storing, packaging and preparing survey kits more efficiently than ever.

### **Destination Dolakha as Initial Doorstep**

We started with Dolakha as a pilot district and we have reached almost to the half stage of data collection. We did struggle in the initial days in terms of local coordination and communication and now we are gradually making our lives easier for other districts learning from Dolakha experience.

### **Leaving No Stone Unturned**

We are leaving no stone unturned to support the Government of Nepal in informing the reconstruction programme. Now, with the green signal from National Reconstruction Authority to put in all efforts to make this project, 'Household Registration for Housing Reconstruction Programme' a successful one, we hope to bring some smiles back to the saddened souls!

**Contributors: Dr Sushil Baral and Sudeep Uprety**

# 1K Likes and Counting ...

## The Inception

It all began on the evening of March the 27<sup>th</sup> of 2015. It was nothing so special about the day ; a normal Friday evening when a small team including Executive Chairperson – Dr Sushil Baral, a member of Board of Directors – Rajesh Ghimire and myself were having a formal-cum-informal discussion about finding ways of increasing our organization's visibility. We had just started Twitter and thought if we were to reach out to young, budding enthusiasts who would be interested in our work, we should start using Facebook, the most common social media, at least in Nepal. So, that evening I started a page with our organization's logo and a panorama shot of our office setting (which even foreigners acknowledge to be of international standard) clicked by Santosh (our Data Management Officer) as cover page of our Facebook page.

## The Zeal

We had recently established a separate unit – Research Uptake and Communications that would be dedicated to highlighting various activities of our research/programme projects through various communications channels and Facebook page certainly opened doors for us. Facebook also provided an 'extra word count facility' where we could explain a bit more about our activities. We gradually started posting various news and stories related to our projects. I also began realizing that as a Communications professional, you got to **know how to produce your own stories rather than just wait for any event to be organized**. Then, my mobile phone became my best friend and most supportive tool. As I saw any team members busy preparing themselves to go to the field, I would click their photos, I would just pass by any training event and interview a participant randomly to get their opinion about the programme. I would also request my fellow colleagues to send me pictures and texts of some events where I could not participate so that all events go noticed in our page.

## From Being Good to Being Better

We were doing pretty fine with our posts and likes but something wasn't clicking properly. I was gradually realizing it as the momentum was constant and not picking up. I then thought of getting some professional advice. These days, online sources are a great help and free of cost! I started taking up **free webinars on social media**. It was particularly tough physically and mentally to be awake and attentive as the webinars would take place during odd hours (12 midnight to 2 am) and during week days. However, the webinars were such a great source of learning that I couldn't afford to miss. The tips that I gained from those webinars showed me the way. I learnt from these webinars various tips such as the appropriate times for the likelihood of more reachability of the posts, what sort of content is most liked by the readers and the right frequency of posts depending upon the type of organization. I started practicing the tips that I learnt from the webinars and they were effective indeed. It was definitely an off-office hour to post about an event early morning (about 7 am), during lunch (about 1 pm) or late evening (about 8 pm) on Facebook but interestingly it was an ideal time to post on Facebook as it would have probability of maximum reachability during those time-scales.

### **The Mentorship**

While I was developing posts for Facebook, I was getting continuous guidance and suggestions from my mentor and my boss Dr Sushil Baral. With his support, I was able to understand what sort of content needs to be highlighted in social media and to what extent. He would always make me wary of the **thin line between 'under-publicity' and 'over-publicity'** of the organization so that the intended messages do not get misinterpreted. At this point of time, I would also like to thank COMDIS-HSD Research Uptake Unit, especially my communications manager Dr Nilam Ashra McGrath for her constant support and encouragement.

### **270 days and 1K Likes - The Journey Continues**

Every post had a purpose. It was not just a matter of having an additional like to the page or the post but the message it would carry. We are thankful to each and every one who have supported us in this journey. We are glad that in the space of 270 days, we were able to reach the 1000 Likes Landmark. We believe that we can achieve much more with our continuous effort and your overwhelming support.

***Contributor: Sudeep Uprety***

# Bringing Under the Umbrella: Universal Health Coverage in Nepal

Universal Health Coverage (UHC) is a health care system providing health care and financial protection to all its citizens. The World Health Organization (WHO) defines UHC as a health care system with a motive of equity in access through promotive, preventive, curative and rehabilitative health interventions.

With regards to the evolution of this concept, Germany, in the 19<sup>th</sup> century had already come up with a health policy for all its citizens. The policy was very much in line with the current notion of equity in access to health services. In the modern context, New Zealand (1941), UK (1948), Sweden (1955), Iceland (1956) and Norway (1956) were the countries to have health care policies aligned with the equity in access model.

Under UHC policy, everyone is allowed treatment, but it does not mean everyone receives health care as some may choose not to receive treatment or may be ignorant about the availability of health care services. UHC is not a logical successor to the concept of Health for All. UHC is both a possible target and an input to the achievement of health outcomes. For the most part the MDGs defined the goals and targets but not the means necessary for their achievement. UHC could be the means for the achievement of goals and targets set out by Millennium Development Goals (MDGs). UHC should be understood as a direction rather than a destination. No country - not even the richest one - is able to fully close the gap between the need for and use of services, but all countries want to reduce that gap, to improve quality and improve financial protection. Context-specific policy measures addressing the health and development priorities of a given country then become possible.

According to the World Bank, 22 countries namely Argentina, Brazil, Chile, China, Colombia, Costa Rica, Ethiopia, Georgia, Guatemala, India, Indonesia, Jamaica, Kenya, Kyrgyz Republic, Mexico, Nigeria, Peru, Philippines, Thailand, Tunisia, Turkey and Vietnam have expanded their access to health care in the last decade. Drawing from the case studies of these countries, it has come up with some essential requirements to have an effective UHC Policy:

- Empowering users to demand the benefits promised to them;
- Strengthening the capacity of ministries of finance to ensure that promises of benefits are realistic;
- Strengthening the capacity of ministries of health to oversee the improvement of quality;
- Introducing systems that incentivize higher productivity and control costs;
- Ensuring that public subsidies prioritize the poor and vulnerable; and
- Requiring periodic reporting of the achievement of health coverage and health outcome milestones

With regards to availability of fund for operating health care policies, health care provisions of some Asian countries are presented below:

- **Vietnam** has Compulsory and Voluntary Health Insurance Schemes where the primary source of funding is the general government revenues. Revenues are collected from the formal sectors and monetary contributions are made in terms of paying the premiums. The entire cost of the scheme, which is 4.5% of minimum wage, is covered by the state budget.

- **Indonesia** has a scheme named *Jamkesmas* which collects fund through general government revenues. This scheme covers the entire population and contribution is made through co-payments of premiums. As funded by the central government, the beneficiaries are not responsible for premium payments nor are charged copayments at the time of visit.
- **Kyrgyz Republic** has devised a policy of Mandatory Health Insurance Fund collected through payroll tax and general government revenues, contributed by the formal and informal sectors as well as government employees through co-payments. Under this fund, employed population need to pay 2% of their income as roll tax, followed by farmers who pay 5% and payable for the employers.
- In **Mali**, there is a policy named *Mutuelles* which collects fund through general government revenues and member contributions. Informal sector is mainly responsible for collection of fund through premiums and co-payments.
- **Taiwan's** National Health Insurance policy has provision of contributions from members and employers as well as general government revenues. The formal and the informal sector along with the government employees contribute in the form of premiums and copayments.
- **Thailand** has a Universal Coverage Scheme which gathers fund from general government revenues. This scheme is financed through general tax revenues paid to local contracting units on the basis of population size.

These country-specific cases reiterate the fact that for a country to have a UHC policy, several arrangements need to be made in terms of recognizing the sources of fund to provide health services to all its citizens, the mechanisms and the institutions involved in collection of the fund and the methods of payment to be made by the contributors.

UHC as a health policy has received both accolades and lack of support owing to agreements and disagreements regarding its effectiveness. In order to advocate that UHC is a necessity, health policy makers have come up with the following advantages of the implementation of UHC policy:

- Due to increasing unaffordability of health care, free medical services would encourage the patients to practice preventive medicine and inquire about their problems early so that the treatment becomes much easier.
- Investments in businesses and productive sectors would be high owing to the assurance that their health insurance is covered.
- It extends care to anyone, regardless of social status or bank account.
- Overall costs of treatment would be reduced with reduction in tests, hospital stays and other procedures.
- The establishment of universal public systems early on will avoid stigma associated with public/private systems and facilitate more equitable provision.
- UHC ensures fairness, addressing the concept of imperfect competition, increase profitability among hospitals and lowers administrative costs.
- There is increased efficiency and decreased medical errors.

The Interim Constitution of Nepal, 2007 recognizes health as a fundamental right of the people. In terms of the development of health policies in Nepal, the 1975 health policy talked of providing minimum services to

the maximum number of people followed by declaration of Health for All strategy in 1978. The 1991 National Health Policy focused on effective service delivery of primary health care in the rural areas of Nepal. Successive eighth (1992-1997), ninth (1997-2002) and tenth (2002-2007) five year plans followed by interim periodic plan (2007-2010) and second long term health plan (1997-2017) were formed as development to the National Health Policy of 1991.

The UHC policy can only be implemented if there are supportive mechanisms. First and foremost, Nepal should have adequate physical and human resources to provide health care services to all the citizens. Secondly, there needs to be a proper system designed to recognize how the government fund is to be collected in terms of taxes to be borne by the citizens and revenues collected from various sources. To make UHC a meaningful and 'practical' concept, there should be a well-functioning health system with trained staff, equipment and drugs as well as preventive and rehabilitative services. There is a sizeable number of private health care institutions in the country. When the UHC policy is to be implemented, particularly in the context where there is more government presence in providing the health facilities, there is requirement of public-private partnership so as to keep private institutions within the framework of UHC policy. To ensure that there is maximum cooperation from the private sector, some incentives also need to be provided to the private sector.

From the 'public need' perspective, universal health coverage provides much public value as people are assured that health service is affordable and available to them when they are in need. This will reduce the morbidity, disability and mortality of the entire population ultimately resulting in healthy human resource. The 'humanitarian' model of global health ethics also extends this notion of moral obligation to assist less fortunate population in their desirability to reduce their disease and suffering.

The essence of UHC is to ensure that no citizen is deprived of health care. For a state, this concept moves beyond the understanding of right to health as a political right to being a social responsibility of ensuring that all citizens are provided with health care as means of social security. This gives an opportunity for better health outcomes as the success stories of several developing countries adopting UHC policy reveal that trend. Therefore, Nepal should seriously start considering adopting the UHC policy.

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**Contributors: Dr Sushil Baral and Sudeep Uprety**

# Recruitment for Reconstruction: Engaging Engineers for Household Disaster Assessment

HERD International is collaborating with National Planning Commission (NPC), Ministry of Federal Affairs and Local Development (MoFALD), Ministry of Urban Development (MoUD), Central Bureau of Statistics (CBS), The World Bank, United Nations Office for Project Services (UNOPS) and Kathmandu Living Labs (KLL) to implement a National Housing Reconstruction Programme (NHRP) from December, 2015. NHRP has been envisaged to conduct a comprehensive assessment of all households in the districts highly affected by the earthquake in order to identify the extent of damage to the households using uniform engineering criteria. The outcome of this assessment would be a robust database to inform reconstruction programme of the Government of Nepal ultimately enhancing the capacity of the government to quickly respond to future disasters through risk reduction efforts and support long-term social protection efforts. In simple terms, this programme is a follow-up validation survey to the Post Disaster Needs Assessment (PDNA) study conducted by NPC.

HERD is responsible in recruiting human resource, training and logistics and transport management under this project. Currently, we are recruiting engineers on a daily basis as we need to recruit about 2500 investigators and about 150 senior engineers in a short period of three to four weeks. Vacancy Announcement about the recruitment was published in HERD's social media accounts as well as posted in HERD's website since October. An online application was created and interested candidates filled the form online which automatically is stored in HERD's central server. Once received, the information are extracted in the EXCEL file and the HR and Communications team at HERD conduct the screening as per the requirement. HERD has a dedicated team consisting five people who are responsible in selecting the candidates.



*Dr Sushil Baral, HERD Executive Chairperson orienting interviewees about the project and HERD's Scope of Work under the project*

Sushila Moktan, Office Executive at HERD informed that the team has been communicating with around 200 engineers on a daily basis. The eligible candidates are shortlisted by the preferred districts, permanent address and submission date and called for an interview. Considering the huge number, group interview is conducted in several batches where 40 to 45 interviewees participate in a single batch. The session is facilitated by a team of four experienced people - 3 HERD members and one senior engineer. Per day, two to three interview sessions are organized. During the session, an overview of the project is given to the applicants and their detailed scope of work is mentioned. The interviewees are informed about the potential hardships as well as benefits of their involvement in such a programme of national significance.

### **Innovativeness using Information Technology**

The interviewees then appear an online objective test. A set of objective questions has been developed by HERD recruitment panel. They appear the test using tablet PCs. HERD IT team orient about using tablet before they appear the test. The result of the test is received immediately. This is a new system introduced at HERD for recruitment. HERD IT team is well resourced in terms of adequate number of tablet PCs and developing various survey tools using Kobo Collect application. HERD introduced tablet based survey data collection since 2014.



*Interviews appearing online test using tablets*

Post the online objective test, the recruitment panel also asks the interviews various subjective questions related to survey data collection, coordination, field management and other technical aspects in a group discussion. During this process, the panel closely observes attitude, etiquette and confidence of the interviewees. The recruitment panel takes joint decision about the selection of the interviewees based on the results of the objective test and rating of the subjective questions.



*A recruitment panel member asking subjective questions to the interviewees*

The interview is followed by administrative procedures. Once the interview is over, the applicants' information is verified and uploaded with the pictures and a temporary ID is generated with a reference number for further communication if they are selected and contacted for contractual purposes.



*An Applicant's information being recorded by HERD HR team member*

Rajeev Dhungel, IT Manager at HERD shares, “This is the first time HERD has practiced the online recruitment system. It has been very effective as we do not have to spend more time updating each information from paper based documents into an EXCEL file. The information is already recorded in our system and can be accessed from anywhere. If we would have taken the whole recruitment system manually, more time and effort would have been required. Now the online system has reduced almost 50 percent of our time.”

### **Interviewee and Interviewer Insights**

Ajit Khanal, Civil Engineer and an applicant shares his experience - “I found the whole recruitment process as rigorous and systematic. Considering the large number of applicants, even during the group recruitment, I thought our individual assessment was done very smartly by the recruitment panel. Appearing online test using tablets and recording our personal information online also make things very clear and simple as all our information are verified and recorded”. Sudeepa Khanal, Manager – Health Systems Research at HERD and one of the recruitment panel members opines, “We have been dealing with a large number of human resource this time. The interview dates are planned with first come first serve basis according to their time availability. This whole e-recruitment system is new for us. If it turns out to be effective, we will institutionalize this practice at HERD”.

In a week's period, more than 500 engineers have been selected in 16 batches of recruitment session. The interview process is scheduled to continue at least for 2 more weeks.

**Contributors: Dr Sushil Baral, Sudeep Uprety and Kritagya Regmi**

# #ChangeTB: Changing the Course in Tackling Tuberculosis

With the motive of ending Tuberculosis, one of the world's leading causes of death, #ChangeTB campaign was launched on November 20, 2015 by Stop TB Partnership. The campaign was launched to spread awareness about tuberculosis or TB in a global scale.

"The campaign is simple - we know we need to change the way we act on TB if we are to succeed in ending TB, and change starts with us. Join us in telling the world what you plan to do in the fight against TB using the #ChangeTB hashtag", Mark Dybul, Executive Director, GFATM and Lucica Ditiu, Executive Director, Stop TB Partnership stated in the [campaign website](#). Stop TB Partnership has also launched its next 5 year strategy, '[Global Plan to End TB 2016-2020: The Paradigm Shift](#)'. Specifically, this 5-year implementation plan talks about "preventing TB, active case finding and contact tracing, focusing attention to key vulnerable and marginalized groups, developing and roll out of new tools, and implementing TB services packages that are comprehensive and work in different type of epidemic and socioeconomic environments". Supporting the cause, Health Research and Social Development Forum (HERD) family sent messages via Twitter to the global community to change our approaches of tackling TB. Some of the messages as commitments were:

- Pragya Karki, "I will take care of my health and inform those around me about my health."
- Shophika Regmi, "I will speak more about TB."
- Rekha Khatri, "I will share findings from TB related research projects."
- Santosh Gyawali, "I will promote TB awareness programmes."
- Jyoti Limbu, "I will act as what I learnt about TB."
- Deena Giri, "I will always come forward and give a helping hand."
- Shyam Kandel, "I will advocate private health care providers about TB."
- Sudip Jung Karki, "I will make environment tobacco free."
- Bhagiman Lingden, "I urge the global community to work towards making DOTS universal."
- Abriti Arjyal, "I will not discriminate people with TB."
- Prabin Shrestha, "I will advocate on the rights of TB patients."

HERD, has been actively involved in tackling TB. It has been involved in active TB case finding in Nepal using innovative GeneXpert technology and mobile vans through 'TB REACH' project, which was initiated in 2013. Two mobile vans have been deployed to various places of 22 districts of Nepal targeting unreached population – slum dwellers, people living with HIV (PLHIV), household contacts of TB patients, factory workers, refugees and monasteries, diabetic patients and prisoners. Post-earthquake, the mobile vans have been deployed at some places of Kathmandu targeting displaced people living in various camps.

Currently, HERD is providing technical support to National Tuberculosis Programme in developing 5-Year 'National TB Strategic Plan 2016-2020'.

***Contributors: Dr Sushil Baral, Sudeep Uprety and Kritagya Regmi***

# Writing Rigorously: Paper Writing Workshop in Amsterdam

Writing is about communicating our work to our intended audience effectively. COMDIS-HSD with the support of International Union Against Tuberculosis and Lung Disease (IULTD), Medecins Sans Frontieres (MSF) and Luxembourg Operational Research (LuxOR) organized a Paper Writing Workshop for researchers from November 9 to 14, 2015.



This event was organized to orient researchers about various principles and tips of writing for publication. The sessions included:

- Writing in clear, scientific English
- Choosing a journal and identifying guidelines for choosing a journal
- Principles and examples of writing Introduction
- Principles and examples of writing Methods
- Literature search and using PUBMED
- References and styles
- Principles and examples of writing Results and Discussion
- Principles and examples of writing Abstract, Title, Authors, Acknowledgements, Conflict of Interest
- Principles and examples of Final Submission and Peer Review

This was based on a '**mentorship model**' where the mentors guided the researchers through the paper development process. The intended outcome of this workshop was to a draft paper ready by the end of the workshop period followed on by distant supervision and support from the mentors until the paper publication period in the respective journals.

Antonia James, Consortium Manager of COMDIS-HSD, the main organizer of the event regarded this workshop as a **Capacity Development Initiative** of COMDIS-HSD partners in the lines of needs assessment that COMDIS-HSD carried out where the partners had highlighted the need for close technical support in developing papers of high quality that could be published in reputed peer reviewed journals. Antonia was very pleased with the way the sessions were conducted: “I am delighted to see that our decision to select Anthony Harries and his group as mentors for this workshop has paid off as they have done a fantastic job in giving precisely the right kind of technical support that the researchers had desired for.” She added, “The level of intensity that the mentors have shown to orient the researchers practically about the nuances of publication and the interest shown by the participants has already shown early signs of the workshop being a successful one”. Antonia highlighted that these sorts of coordinated efforts bringing in expertise from MSF and IUTLD apart from stand-alone COMDIS-HSD events have really upgraded the standards of mentorship with **‘blended’ technical expertise**. She also stressed on the need to continue the momentum whereby the participants could replicate similar sorts of workshops in their own country settings to provide similar opportunities to their colleagues to have practical understanding on various aspects of paper writing and publication.



Anthony Harries, one of the five facilitators of this workshop expressed his satisfaction the way the participants have come up in terms of developing their papers. Harries and his team have already conducted about 30 similar courses with a very high success rate (about 90 percent) of the papers being published in peer reviewed journals. Harries regards that the principle of **‘tailored approach’** is important to provide the participants with the exact nature of support they require as the ability of participants varies to a great extent. Harries spells out the need for promoting such tailored paper writing workshops as he opines, “Research Programme Consortiums such as COMDIS-HSD should understand the added value of workshops such as

these whereby their work has great potentiality to be cited and acknowledged by the broader research community through peer reviewed journal publications and the developed capacity of their researchers to develop high quality journal papers in the process.”

Ajay Kumar, another facilitator considers this workshop as one of the very few workshops of its kind where the mentors involve with participants in such an extensive manner providing dedicated technical support which would have been difficult from a distance. “The uniqueness of our workshop is that we are **‘product –oriented’**, time-bound and following ethical standards and therefore our output – a high quality journal paper can only be achieved with dedicated involvement of both the researchers and the mentors”, Ajay added.



Shaheer Ellahi, one of the participants shared about how the ‘interactive’ and ‘shared-learning’ approach of the workshop has helped him to understand the broader picture of research in different settings. Nida Khan, another participant was very impressed about how very complex research components and perspectives were dealt with in such ease by the mentors. She opined, “I have realized how important and how easy it is to go through a simple, step by step gradual systematic process can lead to you developing a high-quality journal paper.” Professor Xiaolin Wei from China, highlighting the very informative and insightful session that facilitators Anthony Harries and Rony Zachariah took the participants through as a **“contemporary art”** of responding to reviewers’ comments while they review the paper submissions for journals. Deepak Joshi from Nepal shared how delighted he was to actually see being able to produce a draft paper in 6 days during this workshop which he felt earlier as **"Mission Impossible"**.



Nilam Ashra-McGrath, Research Uptake Manager of COMDIS-HSD and the coordinator for the event wrapped up the 6-day workshop with a take-home message, “There are **NO SHORT-CUTS** to writing a good paper. As researchers, we all need to go through the painful process of understanding, analysing and writing up our paper keeping in mind all minute details.” Overall, thanking all the mentors and participants, she expressed her deep satisfaction for the workshop being ‘OUTSTANDING’ in all terms.

Through this workshop, the 8 participants were able to draft 8 papers on 6 different topics: Cardio Vascular Diseases, Antibiotics Use, Media Coverage on Health, Community Health Clinics, Malaria and Maternal-Child Health.

*HERD Researchers Sudeep Uprety and Deepak Joshi are following up upon this workshop finalising their paper with respective mentors as well as conducting a similar workshop sharing their learning to colleagues at HERD.*

***Contributed by: Sudeep Uprety***

***Photo Courtesy: COMDIS-HSD***

# Focus on Family Planning: Marking National Family Planning Day

September 18 is celebrated as National Family Planning Day in Nepal – marking the foundation day of Family Planning Association of Nepal. Family Planning has been a priority component of Ministry of Health and Population (MoHP) reflected through national policies, plans and programmes.

## Family Planning Advances in Nepal

Family planning in Nepal was introduced in the late 1950s and since then, family planning components have been included in the national programmes and national periodic plans. WHO has also acknowledged key policy advances in terms of family planning in Nepal – with national reproductive health strategy integrating elements of family planning, safe motherhood, and prevention and management of abortion complications and launching of National Family Health Programme.

Similarly, Ministry of Health and Population has come up with National Family Planning [Costed Implementation Plan](#) 2015-2021 to articulate national priorities for family planning and to provide guidance at national and district levels on evidence-based programming for family planning so as to achieve the expected results, as well as to identify the resources needed for implementation of the plan. To address the existing challenges and opportunities for scaling up rights-based FP in the country, the implementation plan focuses on the following five strategic areas – enabling environment, demand generation, service delivery, capacity building, research and innovation by:

- strengthening enabling environment for family planning
- increasing health care seeking behavior among population with high unmet need for modern contraception
- enhancing FP service delivery including commodities to respond to the needs of marginalised, rural residents, migrants, adolescents and other special groups
- strengthening capacity of service providers to expand FP service delivery network
- strengthening evidence base for effective programme implementation through research and innovations

Some of the [FP related policies](#) have also targeted towards addressing the needs of the marginalised population. Nepal Health Sector Programme Implementation Plan 2004-2009 aimed to eliminate disparities in utilisation of health care services across social groups, geographic regions and gender; outlines the systems for priority access for poor and vulnerable groups. Equity and Access Programme launched in 2006 targeted poor, marginalised, and socially-excluded groups to make free and informed choices, and access SRH information, sexuality education and high quality services, including family planning. Similarly, Remote Area Guidelines, 2010 outlined ways to get long-acting reversible contraceptives to people in remote areas.

## Major Findings from Nepal Demographic and Health Survey 2011

[Nepal Demographic and Health Survey 2011](#) highlight these issues of family planning in Nepal:

- One in two currently married women is using a method of contraception, with most women using a modern method (43 percent)
- The three most popular modern methods used by married women are female sterilisation (15 percent), injectables (9 percent), and male sterilization (8 percent).
- Use of modern methods has increased by 66 percent in the past 15 years. However, there has been little change in the last five years.
- The government sector remains the major provider of contraceptive methods, catering to more than two in three users (69 percent).
- Overall, 51 percent of contraceptive users discontinued using a method within 12 months of starting its use. Twenty-six percent of episodes of discontinuation occurred because the woman's husband was away.
- Twenty-seven percent of currently married women have an unmet need for family planning services, with 10 percent having an unmet need for spacing and 17 percent having an unmet need for limiting.

## HERD and Nepal Family Planning Project

Under the support from DFID and USAID, Ministry of Health and Population (MoHP), Family Health Division (FHD) is implementing Nepal Family Planning Project as pilot programme in few selected districts of Nepal. The overall objective of the Nepal FP project is to develop, test and inform evidence-based and locally appropriate interventions which will strengthen national FP programme for Nepal Health Sector Programme (NHSP) 3 reaching the unreached groups. HERD with technical support from Mott MacDonald is monitoring and evaluating the pilots. Apart from the pilot studies, HERD is also conducting Analytical Reviews of 4 major unreached population – migrants, Muslim, young and urban poor population.

**Contributors: Dr. Sushil Baral and Sudeep Uprety**

# Healthy Migrants for a Hopeful Future



Migration has been a feature of Nepal's social landscape since the early 19<sup>th</sup> century. From Gurkha recruitment to the current outflow towards Gulf countries and Malaysia, labour migration is an important and unavoidable development phenomenon in Nepal's current context.

Labour migration – in pursuit of economic gain and remittance generation has been a forced choice for many Nepalis due to various push factors such as unemployment, gender discrimination, social exclusion, conflict, displacement, population growth and livelihood insecurity. Cultural differences in the destination countries, in terms of difficulty in communication and understanding rules and regulations have also added complexities for the labour migrants. Despite large volume of remittance gain through labour migration, the push factors or the “drivers” of migration have also been the leading causes for health vulnerabilities of migrants during the periods of departure, transit and stay in the destination countries.

## **Migrants and Health Vulnerabilities**

Prevalence of diseases such as HIV, tuberculosis, mental health issues and occupational hazards are some of the health vulnerabilities that the labour migrants have been facing. Lack of proper legal arrangements, lack of proper monitoring and regulation system during the periods of departure, transit and stay in destination countries, lack of enough preparation in terms of thorough orientation on health vulnerabilities during pre-departure orientation sessions, poor education and knowledge of the labour migrants and lack of robust diplomatic relationship to

address problems of labour migrants have been the major barriers towards the health vulnerabilities of migrants not being addressed adequately.

### **Efforts to address the problems**

Global organisations such as International Organization for Migration (IOM) along with various other stakeholders working in areas of labour and migration are mainstreaming this important agenda into local, national, regional and global platforms.

An initiative was launched by IOM in March 2013 with a multi-country project in Nepal, Bangladesh and Pakistan titled, 'Strengthening Government's Capacity of Selected South Asian Countries to address the health of migrants through a multi-sector approach'. Under this project, HERD has been the national partner for Nepal to generate the national evidence regarding situation of health vulnerabilities of Nepali migrants with the study, 'Baseline Assessment of Health Vulnerabilities of Inbound and Outbound Migrants in Nepal'.



*Dr. Sushil Baral, HERD Executive Chairperson - presenting major findings from the baseline assessment during the National Validation Workshop conducted in July 9, 2014*

### **From Evidence to Policy and Practice**

Based on the national report prepared by HERD with the support of IOM, a 3-year National Strategic Action Plan on Migration and Health (2015/16 to 2017/18) has been drafted by the Ministry of Health and Population (MoHP) with former MoHP Secretary, Dr Praveen Mishra, IOM's national consultant leading the action plan development process. National Consultation Meeting on Migration Health National Strategic Action Plan was held on September 1, 2015 at Hotel Himalaya, Kathmandu to share and discuss about the draft plan among national stakeholders.



*Mr. Maurizio Busatti, Chief of Mission, IOM addressing the national consultation meeting held on September 1, 2015*

### **Major highlights of Draft National Strategic Plan**

- With Ministry of Health and Population as focal point, getting various national agencies on board by forming an inter-ministerial committee represented by – Ministry of Foreign Affairs, Ministry of Labour and Employment, Ministry of Federal Affairs and Local Development, Ministry of Home Affairs, Ministry of Women, Children and Social Welfare
- Getting support from various External Development Partners and other national stakeholders
- Ensuring decent and productive employment conditions of freedom, equity, security and human dignity
- Ensuring health and wellbeing of migrants' families
- Ensuring support and creating of enabling environment for migrants during 3 phases of migration cycle: pre-departure, during travel, at destination and upon return.
- Developing and implementing comprehensive and standardized health assessment for outbound migrants at pre-departure stage
- Formalizing migrants' protection through bilateral agreements and memorandum of understanding
- Ensuring widespread access to pre-departure health related information through different government and non-government channels
- Offering voluntary health assessment for returnee migrants
- Providing physical and mental health support to migrants and their families
- Developing social protection mechanism for internal migrants
- Improving access to primary occupational health care to all internal migrant population
- Improving access to health information for internal migration through life course approach
- Strengthening and implementing system for monitoring, assessment and surveillance of migrants including conducting death audit

Dr. Sushil Baral, HERD Executive Chairperson delighted about the progress made at the policy level regarding migrants' health shares, "The draft strategic plan is really a positive move

particularly in the context of Nepal where day by day the number of labour migrants planning to go abroad for employment is increasing. While the migrants would be focusing towards earning as much as they can, their health conditions could be compromised. Therefore, targeted interventions are required to address their specific health needs to avoid or reduce such their health vulnerabilities. A strong national and country-specific legal framework is also essential so that all responsible bodies comply with legal standards that ensure health and wellbeing of migrants and their families.”

Rekha Khatri, Senior Qualitative Research Officer at HERD who also led the national baseline study from HERD building upon Dr. Baral’s views opines, “Along with focusing our attention towards building strong legal frameworks, attention should also be given to female migrants and cross border migrants developing a special mechanism to address their issues.” She also emphasizes on the need for having clarity in roles and responsibilities between various ministries from local to national level in order to implement multi-sectoral coordination strategy effectively.

***Contributors: Dr. Sushil Baral, Sudeep Uprety and Rekha Khatri***

August 2015

# Recovering from Grief

*Shalabh Shah and Dipendra Singh*



During our stay in Kavrepalanchowk for Rapid Structural (Technical) School Assessment, our team assessed 61 schools of the three resource centres. In those two weeks, I experienced what many don't get to experience in a lifetime. We witnessed a totally flattened village, slept in barns, and heard stories of hopes. In the fourth day of our assessment, we assessed Shree Pulchowki Primary School.

Shree Pulchowki Primary School is located in Kushadevi resource centre—a remote location bordering Pulchowki hill of Lalitpur. The school was on the top of a hill and had three blocks of steel frame and walls of stone and mud. After observing the school blocks, the engineer in our team placed red flags on all the three blocks as it was not safe for conducting the classes. We also saw that one of the blocks was displaced from its foundation because of large fissure in that part of the hill. We noticed that there was no space for a temporary learning center (TLC) as the area was surrounded by steep hills and there was no flat land nearby. Most of all, we observed that the school was highly vulnerable to landslide and something had to be done urgently.



After having a conversation with the head teacher Mr. Keshav Humagain, we placed red flags in all the three blocks. This made him emotional and after a moment he shared his hardships in building that school. He said, *“We flattened the hills ourselves and had to manually carry the steel structure for hours. The cost of blocks when it was completed was almost double of the allocated budget because of poor road access”*. When our engineer advised Mr. Humagain to relocate the classes, his eyes were filled with tears. Our resource person Mr. Maheshwor Jangam also suggested him to merge the school with another lower secondary school in the same region. With confused and worried look, Mr. Humagain said, *“I have no problem with the merger but the villagers won't send their kids to that school because students have to walk more and also due to some cultural differences”*. After hearing him, I came to know that in remote Kavrepalanchok, families send their children only to those schools where most of the students are from same ethnic background. After few days, we received a call from Mr. Humagain mentioning that he had demolished the walls of the blocks with the help of villagers and Nepal Army. Though TLCs were established by District Education Office, he said that due to lack of space, they were not functional in several areas. This case might be identical to some of other schools as well so it is very imperative for District Education Offices in those districts to support such schools so that they can sustain in the coming days.

August 2015

# Encountering Bereavement

*Pavitra Babu Soti and Sujan Bhatta*



Nepal was struck by an earthquake on Baisakh 12, 2072 that was measured as 7.8 Richter scale. It turned out to be one of the most devastating earthquakes recorded in the history of Nepal where more than 8 thousand people lost their lives. As the epicenter for earthquake was Gorkha district, its effect was high in that area. The fear of earthquake is still looming, and in the mean time we were called upon by HERD to work as a field researcher in Gorkha district for Rapid Structural (Technical) School Assessment project. As it was a wonderful opportunity, I decided to be the part of the project.

Juna Devi English Boarding school is one of the private schools of Gorkha which used to conduct their classes on Saturday and was closed on Wednesday. When we observed the building, we came to know that earlier the school had two floors and was made up of brick and mud. When we reached the school and met the principal, he recalled the terrifying moment when the disaster took place, *“We were running regular classes that day, but all of a sudden everything started to shake. All the students and teachers were inside the classroom and staff room”*.



The situation was even worse as the young children in the classroom were not aware about what was happening and how to react. All they could feel was a quiver. So, the staff members without losing their confidence helped the students to come out of the building and gathered in the ground. After a minute, the walls and the roofs of the school building started to collapse. However, no one was hurt and all the students were safe. The young children were frightened and started to cry while other students and staffs were stunned. After sometime, the parents came and took their children and were very happy to see them safe. With a sigh of relief, the principal said, *“May be God was with us. If we would have been a minute late, then we would have lost many lives. We are lucky that we survived”*.

# 100 Days of Devastation, Endless Hopes for Reconstruction



A hundred days have passed since the country witnessed a devastating earthquake of 7.8 magnitude. In the afternoon of April 25 lives of numerous Nepalis changed. Over 8,700 people died while many are still unaccounted for. Over 20,000 people have sustained injuries among which many require long-term rehabilitation. On May 12, a strong aftershock of 6.8 magnitude hit the country causing more damage. As strong aftershocks continue to jolt the nation, people are still struggling to get back to normal life and meet their basic necessities. Rebuilding and resettlement has become a major concern for many.

HERD, on April 27 made an appeal through its social media sites for **'Pledge for Public Health Action'** and coordinated with the volunteers with the support HERD staff and began relief campaigns. The team began exploring affected areas for relief distribution and started collecting materials.

An **'Emergency Earthquake Communications Desk'** was established in the ground floor of HERD office. A fund raising initiative; **Helping Hands for Humanity** was developed in our website with the slogan, **"Every dollar raised on relief, community gets 100 percent"**. HERD management decided that whatever amount of money comes to the fund, all goes to the needy people and all management costs (transportation, logistics, food for the volunteers and the staff) will be borne by HERD. From April 30, **daily media monitoring** of earthquake related news was initiated for a period of one month. A summary report of the media monitoring has also been prepared.

The relief operation began from May 2 one week after the disaster. It was carried out in coordination with the District Administration Office, Village Development Committee, District Health Officials, Nepal Army as well as local leaders. Basic health facilities were provided by

trained health professionals in various places. Other organisations such as UNICEF, UNFPA, DFID, PSI, FNCCI (Federation of Nepalese Chamber of Commerce and Industry) among others also provided us relief materials. The relief operation was carried out at Jhangajhiti, Shankharapur, Lapsiphedi-Sankhu, Bimire-Kavre, Thuladurlung-Lalitpur, Devitar-Kavre, Dhusa-Dhading and Gairibisauna Deupur - Kavre. Through our relief efforts, we reached close to **1800 households** and served about **9000 needy people**.

With the support of Ministry of Education and UNICEF, HERD also conducted Rapid Structural (Technical) **School Assessment** in 11 of the 14 highly affected districts (excluding Kathmandu, Bhaktapur and Lalitpur). The assessment was done using the green or the red flag to assess whether the schools are safe or unsafe to be used for teaching-learning purposes. HERD's media monitoring team also conducted an observation visit to different areas of Kathmandu – observing the displaced settlements and emergency health services provided by hospitals. HERD team also provided its technical support to Ministry of Health and Population by deploying 2 public health officers for information collection to develop Health Emergency Operation Centre (HEOC). The **HEOC** produced a comprehensive Situation Update on a daily basis for 2 months.

HERD officials have been actively involved in various relief activities. Here is what they had to say recalling back the dreadful 100 days:



***Dr. Sushil Baral – Executive Chairperson***

The devastating earthquake not only tested our emotional resilience but also tested our strengths on handling emergency situations. As an immediate response to the disaster, the government led the relief efforts. The non-state sector namely the civil society organisations, the private agencies and development partners also contributed to the response but the efforts should have been a consolidated response.

During the early days of the response, the relief activities were conducted based on desperate need. Somehow the response was managed, but we could have done better to meet the expectations of the real need. The Post Disaster Needs Assessment (PDNA) though gave a preliminary picture of the extent of damage and provided some base to inform the reconstruction efforts, the credibility of the assessment also needs to be reviewed thoroughly before solely relying on one source of information to design our next rebuilding strategies.

Regarding the health sector response, we are in a desperate need to implement the health sector recovery plan. The Constitution of Nepal has safeguarded health as a fundamental right of citizens and therefore, government should consider providing basic health services to the affected people as its top most priority. Health service delivery institutions have been heavily damaged and been non-functional so immediate action is required in terms of adequate resource

allocation to resume essential health care services. Efforts from several development agencies are really commendable. However, a consolidated health sector recovery plan is a need of the hour as there are several efforts from the government and non-government sector.

Health workers have been the real heroes at this difficult time. They have been risking their lives and serving the needy with limited resources, being less concerned about their own lives and whereabouts of their families. Special programmes should be initiated in order to award and motivate these health workers to create conducive environment for them to work with the same spirit in the coming days as well.

As a civil society organisation, HERD is fully committed to join hands with the government, supporting in government's rebuilding efforts at this hour of dire need.



***Rekha Khatri – Senior Qualitative Research Officer***

It has been very distressing. It all happened in the beginning of the year it was like going bad to a non-pleasant day. I was away when the disaster took place. Personally, when I saw the disaster on news, it was like an era ended. But when I came back to Kathmandu, I realised it wasn't as bad as it was shown. Our country has been pushed behind as there was no preparedness. When I returned, HERD had already begun relief operations so I participated in it. It took quite some time to get back to normal life. Yes, we all have been affected by it somehow but there are numerous people whose life has changed. Still numerous people are living under the tents; landslide has started occurring which has affected them even more. It is heart breaking seeing places like Sindhupalchowk and Dolakha losing its identity.

I feel that the people who haven't had infrastructural or personal damage, their knowledge have started fading. They have stopped thinking about the preventive measures. The government did

respond to this crisis but the response could have been better. It is high time that we move forward in our rebuilding efforts focusing on sustainability of rebuilding efforts.



***Hom Nath Subedi – Programme Manager***

When the earthquake occurred, I was out of valley, I didn't feel the earthquake. When I heard about it, I was worried for my family and colleagues. After several attempts, I contacted with the family and some colleagues, it was a relief hearing that they are safe. The people were terrorised and some of the information was exaggerated by various media agencies as well which created fear among people.

We completed field work of our project and then returned to Kathmandu. Preparations for relief work were underway at HERD and we are glad we reached places where there was actual need of relief materials. Personally, I was happy we did something because it would not have been possible if I had attempted it individually. It also gave a message that the organisation can work on the humanitarian ground as well. Now we should be prepared and stay cautious as disaster is a natural phenomenon and it can occur anytime. If we can create emergency fund in any organisation it will be very useful. A communication tree should also be developed so that we can stay in touch with everyone. We should be alert on an individual level. We cannot expect much from the government. If the government could create a high level, regional level and local level committee and provide funds according to the risk of disaster, it can help a lot. In the past 100 days, a massive amount has been spent, now the government should review at all levels, whether the support has reached the real needy of the affected areas or not.

***Contributors: Dr. Sushil Baral, Sudeep Uprety and Kritagya Regmi***

# Strengthening Systems Administration with Technology

Marking the *System Administrator Appreciation Day*, HERD would like to acknowledge the System and IT department for its contribution towards organisational development. Key officials at HERD working in systems and IT development share their views to mark this day:



**Dr. Sushil Chandra Baral, Executive Director**

Technology is the cornerstone of development. We advance due to effective use of efficient means of technology. In the development world, technology has a greater importance as it brings services closer to the beneficiaries. As an organization, we envision a high degree of professionalism - in our work by developing and utilising our systems to the full potential. We have been gradually shifting our work from being paper-based to e-based. This has been quite an investment for the organization. However, we realize that this investment is worth enough as we look forward not only to build capacity of our organization, but also contribute in capacity building of all our concerned stakeholders.



**Rajiv Dhungel, IT Officer**

In my opinion it is a system which guides to run an organisation in an effective and efficient manner so as to create an IT-friendly environment. The server should be developed and updated in such a way that it benefits all users. We have successfully developed the system at this preliminary stage and we are still in the process of full system structure development.



**Santosh Giri, Data Management Officer**

We began e-data management from 2014. Till now, we have practiced it on two of our projects and are applying it in three on-going projects. Since we began our own e-data management system, we are gradually becoming self-sufficient. We are confident that we can expand it. The administrative and IT system at HERD are gradually being improved over time. Compared to earlier days, a lot of advancement has been made. Online attendance, registration, recruitment, logistic management among others has been a lot easier through the standardised IT systems. This has made the entire organisational system functions and practices efficient.



**Sushila Tamang, Office Executive**

To run an organisation it is important to have a system, the system should be enhanced and made staff-friendly. HERD has a very effective IT as well as administration system. If it is improved further, it will benefit a lot. Recently, we applied our recently developed IT systems for recruitment of field researchers. The interested applicants filled the form online. It was easier and saved a lot of time as we didn't have to go through all the CVs and manually entered the key competencies and skills of the applicants. If improved further, we will be able to get more qualified professionals. It will not just make our work much efficient and standardized.

*System Administrator Appreciation Day is celebrated worldwide in the last Friday of July every year. The day is also known as SysAdminDay, initiated by system administrator Ted Kekatos. It is celebrated to show appreciation for the work of system administration and IT workers. The first System Administrator Day was celebrated in July 28, 2000.*

**Contributed by: Sudeep Uprety and Kritagya Regmi**

# Risk of TB Transmission in Mass Settlements: A Post-Earthquake Vulnerability



Numerous people have been affected by the earthquake which hit the nation on April 25. They lost their loved ones, their house has been damaged and still after two months thousands of people are residing at the temporary camps. The TB patients are no different.

People living at the camp at Kamalbinayak of Bhaktapur complained that they are scared of sharing tents with TB patients. Bhaktapur is one of the worst hit districts of the quake, still many people are sleeping under tents. About 10 people sleep under a single tent which has the capacity of only 6 people.

When the team from Health Research and Social Development Forum (HERD) went to observe the site, few women with small kids were curious to know about TB and whether it easily transmitted or not. Dilu Bashyal, outreach worker of the TB REACH project gave them some information. One of the women said, “We have no option than sharing the tents as our house is destroyed. We don’t want the disease to be transmitted to our kids; we will use all the preventive measures but would want the TB patients to be alert too”.



Sitaram Dhatuwa, 43 has been under MDR (multi-drug resistant) TB medication since the last 13 months. He has been living under the big tent with 48 other people. Although he is unaware, the people sharing the tents are scared of the transmission of the disease, especially to children. Sitaram was diagnosed of TB when he visited the clinic after his skin became dark and he started losing weight. He was unaware about the disease. The doctors immediately began treatment. He said that he is quite satisfied

with the treatment and visits the clinic in every 3, 4 days to receive the medicine.

On April 25, Sitaram only had medicines for two days. His house was damaged but he made sure that the earthquake terror didn't affect his medication. He said, "I have felt a lot of difference in my body since I started the medicine. My appetite has improved and I feel healthy. I feel that whatever occurs, anyone undergoing MDR medication must make sure that it is not hampered because if so we will be so weak that we won't be able to tackle it".

Similar is the case with Ram Gopal Hyonjaju, 42 who is also under MDR medication. The locals including his family members were terrified to share the tent with him. He has been sleeping alone in the tent which has the capacity up to 6 people.

Since the earthquake, "District Public Health Camp" has been launched in various places of Bhaktapur. Radheshyam Karmacharya, Health Worker at Katunje Health Centre has been providing service through the camp at Kamalbinayak. Sharing his experiences he said, "Few TB patients come to the camp but most of them are neglecting its outcomes. Even if they notice symptoms, they only visit the camp if someone guides them". He informed, "Some of the people residing at the camps have been looking for other places as they don't want to share it with the TB patients. The locals are scared of its transmission".



*HERD Assistant Communications Officer Kritagya Regmi talking to Radheshyam Karmacharya, health worker at Katunje Health Centre*

Except for few TB patients, patients with common cold and few suffering from diarrhoea visit the camp for treatment. Various health-related awareness campaigns are being run. Every Saturday, the people living in the camp clean the area. Radheshyam highlights, “All things are well managed except the place where the food is distributed. There are flies all over”.

The outreach workers of the TB REACH project have been actively involved in tracing the TB cases. They coordinate with the local bodies of the area and help run the screening effectively. Experiences of outreach workers in their own words:

“Currently it has been very difficult for us as maximum people go to the field to plant paddy. Last week we went to the camp at Kamalbinayak, Bhaktapur at 6 so that we don’t miss any case. It is not always easy as some understand the seriousness of disease while some are ignorant. The public is gradually getting information regarding the TB screening, its cost and importance. The level of awareness has increased to some extent compared to the initial days”- Maya Ghising



*TB REACH outreach workers recording information of the screening*

“We have reached all 35 wards of Kathmandu. People are being aware about the programme and various offices and hospitals have been sending patients for sputum test at HERD. The services available here is very expensive and we feel proud that we are contributing in providing free and quality service to TB patients” - Dilu Bashyal

The TB REACH project is being conducted by HERD since April, 2013. Two mobile vans have been deployed to various places of 22 districts namely Kathmandu, Lalitpur, Bhaktapur, Kavre, Chitwan, Makwanpur, Bara, Parsa, Sarlahi, Rautahat, Mahottari, Dhanusa, Kaski, Rupandehi, Kapilbastu, Dang, Banke, Bardiya, Doti, Acchaam, Kailali and Kanchanpur. The targeted population are slum, people living with HIV (PLHIV), household contacts of TB patients, factory workers, refugees and monasteries, diabetic patients and prisoners.

In the post-earthquake situation, the mobile vans have been deployed at some places of Kathmandu where target groups are displaced people living at camps. 600 screenings were conducted at Tundikhel camp with the support of Nepal Army. Likewise, 1500 and 500 screenings were conducted in temporary camps in Chucchepati and Bhaktapur respectively.

***Contributors: Dr. Sushil Baral, Kritagya Regmi and Sudeep Uprety***

# Spreading Awareness about TB



Emphasising on the need of spreading awareness regarding tuberculosis, an orientation programme was organised at Central Police Dog Training School (CPDTS), Maharajgunj, Kathmandu on 15th July, Wednesday. The orientation was organised by HERD following the request made by CPDTS officials. The officials showed interest on the issue as they train dogs and live in crowded camps where the risk of transmission is high. Two sessions were conducted during the event - Orientation about TB as a disease; and TB screening.

The first session focused on conveying information regarding the disease. The signs and symptoms of TB, its diagnosis, treatment, prevention and

transmission among others were highlighted. Detailed information about the National Tuberculosis Programme of the government and the Gene-Xpert test was also provided. It was an interactive session where numerous officials raised their queries. Total 75 officials had participated at the programme.

The event was organised in coordination with NTP. Two officials from HERD, Dr Manoj Pandey and Prabin Shrestha involved in TB REACH project facilitated the orientation sessions. In the second session, TB screening was conducted. Sputum of all the officials were collected which is currently being tested. TB related Information, education and communication (IEC) materials were also distributed at the event.



*Dr. Manoj Pandey, facilitating a session about basic information on TB*  
Prabin Shrestha said, “We are confident that the perception of the participants regarding TB has changed after the orientation session”. Dr

Pramod Raj Bhatta, Deputy Superintendent of Police acknowledged HERD for the support and said, “It is necessary to conduct orientation about TB as well as TB screening in every police unit so that the disease doesn’t remain an unknown topic/issue to any official”. Keshav Gautam, Police Inspector said, “The orientation was very effective and our knowledge regarding the disease has increased”.



*Mr. Prabin Shrestha, during the orientation session*

Meanwhile, TB REACH is exploring new slum areas which might be at higher risk of TB. It is also preparing to conduct follow up at various slums. The team has further decided to focus on People Living with HIV (PLHIV) as they belong to a higher risk group. The team is coordinating with Teku Hospital as it has an antiretroviral therapy (ART) centre and PLHIV visit the hospital. The hospital will be collecting sputum and the test will be conducted at HERD. It is important that PLHIV conduct TB screening in every three months as TB is a major opportunistic infection in HIV.



*TB REACH team collecting sputum samples from police officials*

The team is gearing up in distributing IEC materials to PLHIV and the collection will begin as soon as possible.

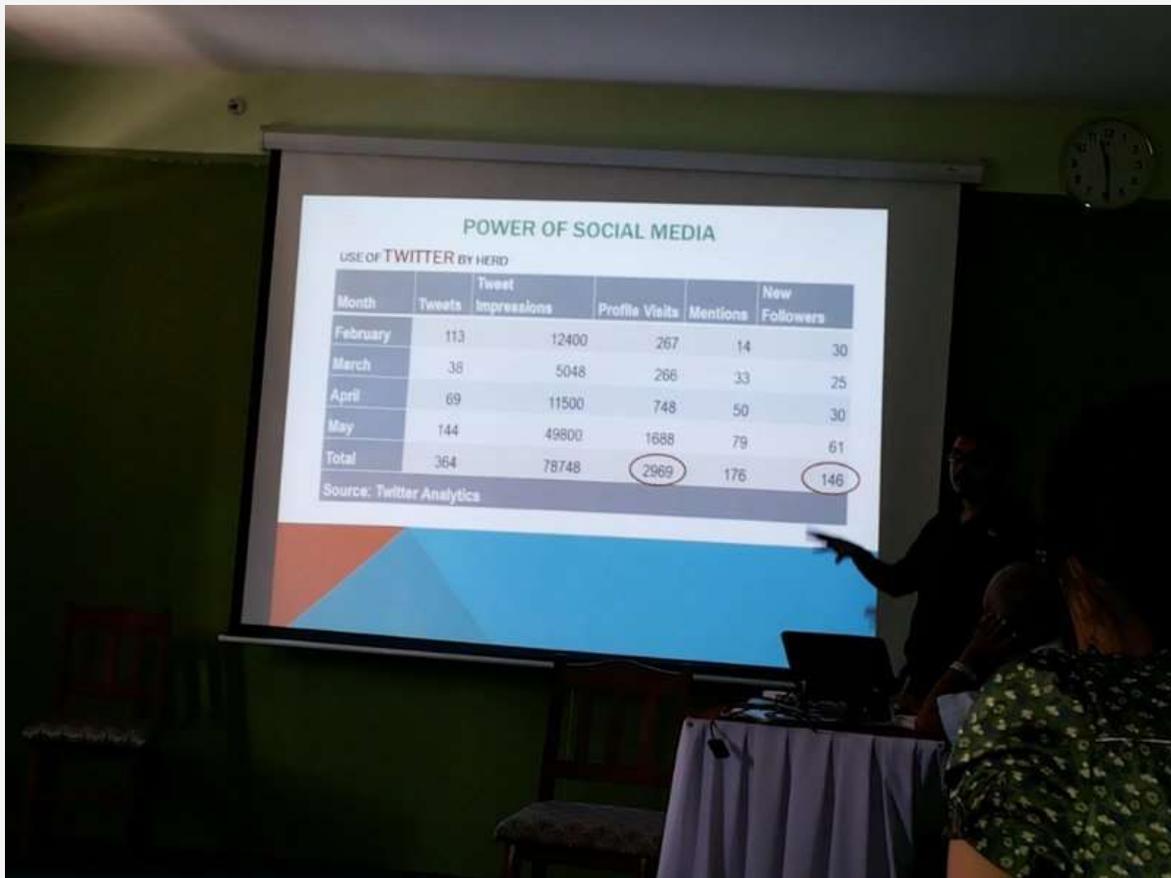
*HERD would like to extend its heartfelt gratitude to Dr. Deuti Gurung, Superintendent of Police; Dr. Pramod Raj Bhatta, Deputy Superintendent of Police, Dr. Ram Chandra Satyal, Police Inspector; Mr. Keshav Gautam, Police Inspector and Mr. Buddha Bahadur KC, Police Inspector for their kind support and coordination to conduct this event.*

**Contributors: Dr. Sushil Baral, Sudeep Uprety and Kritagya Regmi**



As a development communications professional, it has been about 15 months of my engagement into the world of websites – trying to understand the ‘context’ of communications – what it entails and how it is done. Using social media to highlight HERD’s work has been a wonderful and fulfilling journey so far. It all started in early 2015 when we facilitated the Joint Annual Review of the health sector in February, 2015. Using Twitter to cover the major highlights of the event was an instant hit. That’s when I realised the power of social media.

Recently, we did an analysis of HERD’s performance in social media of 4 months (February, March, April and May) using various online analytical tools. Our efforts of working almost 16 hours every day yielded good results: in the four months, we were able to gain 146 new followers on Twitter with 2969 profile visits and about 80,000 tweet impressions. On Facebook, we received a page rank of 71 – considered above average rank for NGOs (average rank for NGOs is 58). On LinkedIn too, we had a limited network constraint (2.82 out of 100 points).



### **‘Institutionalising’ Social Media**

Sustainability of success always remains a major challenge. So, we felt the need of ‘institutionalising’ our good practice. So, a sharing session on ‘Using Social Media Professionally’ was conducted on June 29, 2015 with the purpose of orienting HERD staff members about the benefits of professional use of social media – both for the institutional and individual benefit. In order to ensure that the orientation was need based, I requested HERD staff members to fill up an online form to express their expectation for the orientation session and which social media site they would prefer learning about. Based on their responses, I designed the orientation session and focused more on using LinkedIn and Twitter professionally. I

practically displayed them how to manage social media accounts. The orientation session included the following content:

- Why professionals use LinkedIn?
- Getting started on LinkedIn
- Managing LinkedIn profile
- How to write a LinkedIn profile summary
- Developing and expanding networks through LinkedIn
- Things not to do on LinkedIn
- Why professionals use Twitter?
- Getting started on Twitter
- Key messaging is the key
- Whom to follow and why to follow on Twitter?
- The Hashtag
- Retweets, Favourites and Direct Messages
- What not to do with Twitter
- Using Facebook professionally



### **Feedback for Improvement**

After the orientation was over, the obvious question that struck my mind was – “was it useful?” I could ask some of the participants but I also wanted to ensure that I get an honest opinion. So, I developed an online feedback form to hear from them.

As per their responses (8 staff members had responded out of 18 who had attended the orientation session), in the scale of 1 to 10, the effectiveness of the training was 9. All respondents opined that the session improved their current knowledge about professional use of social media. As I had developed my session focusing especially on LinkedIn, they found the session on LinkedIn most effective. In terms of my performance as a

facilitator/trainer, I received the score of 9. Some of the reactions to my facilitation skills by the participants were:

- “Brilliant. May be we can add Q&A session at the end. Though it was least required today. Thank you for your sharing. It was very useful.”
- “I think it was perfect and would like to suggest for some more information in the future.”
- “Need to manage time of orientation. Timely completion should also be considered while conducting such sessions.”

The participants also expressed their interests in learning about other topics/issues during future orientation sessions such as:

- Improving writing and best documenting our work without exaggeration
- Using Google+ and its effectiveness
- Innovative ideas related to health, research findings and how to explore and write creative articles on health

Effectiveness of any orientation can be evaluated only when it comes to real practice. Hope the session instigates the change in a positive way.

The presentation can be viewed and downloaded from [this link](#).

# Hygiene Promotion through Routine Immunisation in Nepal



‘Baseline Survey on Hygiene Promotion through Routine Immunisation in Nepal 2015’ is envisioned to define, test and implement a simple and scalable hygiene promotion package in different districts of Nepal as a pilot project in the first phase. This programme is being implemented by Ministry of Health and Population in collaboration with WaterAid and other key stakeholders through routine immunisation to demonstrate, with the view to expand and scale-up, the promotion of safe hygiene practices in Nepal.

In this regard, Health Research and Social development Forum (HERD) is conducting a baseline survey in order to scale-up the hygiene promotion

activities and assess the hygiene and immunisation status of the pilot districts - Jajarkot, Bardiya, Nawalparasi and Myagdi. The main outcome of this survey is to assess the feasibility of integrating hygiene promotion into the immunisation programme under normal service delivery circumstances by ensuring the achievement of hygiene behaviour change and strengthening the immunisation programme in a cost-effective way.

A debriefing session was organised on June 22, Monday with presence of WaterAid representative, HERD staff and the field researchers. The researchers shared their experiences, learning as well as provided suggestions to the improvement of the programme.



***Binod Dulal, Myagdi***

The experience was one of a kind, we had some good memories. The people were very supportive; still there were issues which created hurdles. We had difficulty in finding households and respondents due to poor recording in EPI register. We were not able to collect secondary data. The respondents felt uneasy during observation due to various cultural, religious and hygienic reasons. We were even scared to go and check toilets in some places as it smelled bad and we could see sewage outside the toilets; it

further created fear of various diseases among the researchers. But at the end we successfully completed the task which was an achievement.



*Jay Krishna Neupane, Jajarkot*

It was a different experience as we had to adjust ourselves in an unhygienic environment. There was no practice of sanitation and hygiene in Jajarkot. When we left from Kathmandu, we were haunted by the rumour of swine flu, but it was not as scary as it was rumoured to be. Working in such geographical and unhygienic setting was a challenge which developed team spirit and confidence among the team members.



Dr. Khakindra Bhandari, representative from WaterAid also thanked the field researchers for their commendable work of data collection despite several obstacles in the field.

HERD team is currently analysing the collected data and preparing report of the study.

***Contributors: Nabita Sharma, Anju Bhatta and Kritagya Regmi***

# सिन्धुपालचोकमा महाभूकम्प : एउटा अकल्पनीय अनुभव



सिन्धुपालचोकमा नेपाल परिवार नियोजन परियोजनाका लागि कार्यरत **समिता श्रेष्ठ** को महाभूकम्पका भोगाई, उहाँकै शब्दमा :

## **बैशाख १२ गते**

हेल्थपोस्टको अ.न.मी र म बिहानै ७:०० बजे नै खोप क्लिनिक चलाउन माथि माहाभिर भन्ने ठाउँ गयौं । अर्को अ.न.मी परिवार नियोजनको तालिमको लागि मेलम्चि गएको थियो । बाटो एकदमै सागुरो थियो, अ.न.मी. पनि पहिलो पटक त्यो ठाउँमा जान लागेको भएर उनलाई बाटो थाहा थिएन । बाटो सोध्दै सोध्दै लगभग २ घण्टा उकालो चडेपछि खोप क्लिनिक सञ्चालन हुने ठाउँ पुग्यौं । गाउँ अलि सुनसान थियो, बुढापाका र बालबच्चाबाहेक

अरु देख्न पाइदैन थियो । एउटा गाउँको दिदीको घरमा चलेको खोप क्लिनिकमा आमाहरु आएका थिएनन्, भोक पनि लागिसकेको थियो, क्लिनिक सकाएर मात्र खाना खाने सोच थियो । अचानक NTC को नम्बरमा साथीको कल आयो । CDMA मात्र नम्बरमा लाग्ने ठाउँमा NTC रिड बज्दा अचम्म लाग्यो, साथीसँग गफ गर्न घरबाट आँगनमा निस्के । लगभग १० मिनेट कुरा गरेपछि मलाई रिङ्गटा लागे जस्तो महसुस भयो, तर अलि छेउ उभिएकी अ.न.मी. भागेपछि बल्ल भुकम्प आएछ भन्ने भान भयो । भुकम्पको बेला घर छेउछाउ बस्नु हुन्न भन्ने मात्र सुनेकी थिएँ, त्यही सम्झेर घरबाट पर त भागे तर पहाडका ढुङ्गाबाट बच्न झन गाह्रो भयो । सबै गाउँलेहरु एक ठाउँमा भेला भएछन् । म, अ.न.मी. र खोप लगाउन आएकी सानो २ जना बच्चा बोकेकी महिला हामी सबै अलमल्ल परेर मकैबारीमा उभिरह्यौं ।

सबै गाउँले एकातिर हामी तीन जना एकातिर, नयाँ ठाउँ भएकोले पनि कहाँ भाग्ने, कुन ठाउँ सुरक्षित छ भन्ने कुरा थाहा पाएनौं । पहाड हल्लिएको आवाज, अनगिन्ति खसेका ठूला ठूला ढुङ्गा, माटाको गन्ध, घर ढलेपछिको माटोको बाक्लो मुस्लो, सब हेर्दा लाग्यो कुनै फिल्मको सुटिङ स्पटमा उभिएकी छु । बाक्लो मुस्लो धुलोले अन्धकार छायो । मलाई अब कसरी घर फर्कने भन्ने मनमा लाग्यो । गाउँलेहरु रुन थाले, बच्चाहरु आफ्नो आमालाई च्याप्दै रुन थाले । म र अ.न.मी. अलमल्लमा पर्यौं । हामी उभिएको ठाउँको माथि ठूलो भिर रहेछ, गाउँलेहरु एकै स्वरमा चिच्याए, ए नानी त्यहाँ नबस त्यहाँ ढुङ्गा खस्छ यहाँ आउ, गाउँले उभिएको ठाउँसम्म पुग्न ३-४ घर पार गरेर जानुपर्‍यो । घरको छानो ढुङ्गा खसिरहेको थियो । हामी तीन जना दुईवटा बच्चा बोक्दै मकैको बारीबाट तल हामफाल्दै गाउँले उभिएको ठाउँमा पुग्यौं । हामी त्यहाँबाट भाग्ने बितिकै माथिबाट ठूलो ढुङ्गा खस्यो । मनमा लाग्यो, मेरो जीवन अझै बाँकी रहेछ । त्यो बेला मनमा एक प्रकार आत्मविश्वास थियो, त्यो भुकम्प आउँछ जान्छ । आफुलाई पनि केही हुदैन र परिवारलाई पनि केही हुदैन । एउटा भत्केको घरबाट एउटा दाईले रेडियो निकाल्नुभयो, रेडियोमा काठमाण्डौ र भक्तपुर ध्वस्त भएको खबर बज्यो, बीर अस्पतालमा १ घण्टामा ६० वटा लास जम्मा गरेको खबर बज्यो त्यसपछि घर परिवारसँग छुटिएर बसेको क्षण, आफुलाई एकदमै लाचार महसुस गरे, त्याँहाबाट तल गाउँ झर्ने निर्णय गर्यौं । लगभग ४:४५ बजेतिर भत्केको घरको छानो

माथिबाट कुल्चिदै तल गाउँ झर्यो । तल गाउँ सबै ध्वस्त थियो सबै मान्छे घाइते थिए, बाटोमा रुदै कराउदै लडिरहेका थिए, हामी त्याहाँ पुगेपछि सबैले उपचार गर्न पर्यो भनेर घेरे । म र अ.न.मी. त्यो जिर्ण अवस्थामा पुगेको हेल्थपोस्ट छिर्यो । सबै दराज औषधी छरपुष्ट थिए ।

सुआहाराले दिएको रातो रडको बाल्टिनमा उपचारका लागि चाहिने सबै औषधी राख्यो । त्यो रातो बाल्टिन बोक्दै, अ.न.मी. र म बिरामीहरु भएको ठाउँ पुग्दै उपचार गर्न थाल्यो । परिस्थितिले मान्छेलाई जे गर्न पनि प्रोत्साहन गर्दो रहेछ । अवस्था अनुसार मान्छेहरु जसरी पनि जहाँ पनि चलन सकदो रहेछ भन्ने कुरा त्यो दिन बुझो । सुरुमा घाउ र रगत देखिएर आत्तिकी म, पछि बिरामीको घाउ सिलाउन र सफा गर्नमा ब्यस्त भएँ । गाउँका सबै पुरुषहरु भत्केको पसलबाट रक्सी निकाल्दै खाइराखेका थिए । त्यहाँका मानिसहरुमा सहयोगको भावना कसैमा पनि देखिन । बिरामीलाई सहयोग गर्ने, बस्ने ब्यवस्था मिलाउने, खाने ब्यवस्था मिलाउने भावना कसैमा पनि देखिन, उल्टो सबै रक्सीले मातेर खेतमा पल्टिरहेका थिए । आफन्त गुमाउने परिवार रुवाबासी गर्दै थिए । घरको अवस्था बुझ्न मन आतुर भइसकेको थियो तर नेटवर्क नलागेकोले सम्पर्क गर्न पाइन । लगभग नौ बजेसम्म हातमा टर्चलाइट र औषधीले भरिएको रातो बाल्टिन लिएर उपचार गर्नेतिर लाग्यो । बल्लतल्ल कोशिस गरेर घरमा एक कल फोन गर्न पाएँ । त्यो दिन भरी भोकै भयो, केही खान पाएनौं एउटा बुवाले सानो गोठ बनाउनु भएको थियो । त्यसमा हामी बास बस्यौ । कसैको हात भाँचेको, कसैको ढाड, कसैको खुट्टा । घाइते बच्चाहरु रातभरी रोए, रक्सीले मातेका केटाहरु घरमा पुरिएर मरेको आफ्नो साथीको कुरा काट्दै थिए, बारम्बार आएको पराकम्पनले निन्द्रा हराएको थियो, घरको पिरले सताएको थियो । आफू कहाँ आएर फँसियो, अब घर कसरी जाने, दुई जना साथी अर्को गा.बि.स. मा गएका साथीहरुको खबर कसरी पाउने भन्ने अनेक कुराले मन खाएको थियो । त्यो रात यत्तिकै बित्यो ।

### **बैशाख १३ गते**

बिहान सुनौलो घाममा आफुलाई जिउँदो महसुस गर्न पाउदा नया जिबन पाए जस्तो लाग्यो । अब त जसरी भए पनि बाँचिन्छ भन्ने आत्मबिश्वास बढ्यो । गाउँका आईमाईहरु हरेस

खाएर केही गर्ने जाँगर गरेका थिएनन् । गाउँलेहरूलाई जाथाभावी दिशा पिसाव नगर्न भन्दै थिए, तर कसैले माने पो । दिशा गरिसकेपछि माटोले छोप्न भने तर कसैले सुनेनन्, गाउँलेको ब्यावहार देखेर अचम्म लाग्यो । अघिल्लो दिन गोठ बनाउने बुवाले जसोतसो गरेर पानी ल्याउनु भयो र आफ्नो भत्केको घरबाट चामल, आलु, गोठबाट भाँडाकुडा निकाल्नुभयो । कसैले पनि अब त बाचिन्न भनेर केही चाँजोपाजो मिलाएनन् । अ.न.मी. र म मिलेर आगो बालेर खाना पकायौं । केही पनि नपाउने ठाउँमा त्यो नून मात्र भएको गुन्द्रुकको झोल र आलु अति नै मीठो लाग्यो । ३-४ घरका परिवारलाई खाना खुवायौं । सबले हामी दुइलाइ धेरै आशिस दिए । आशिस् पाउदा खुशी लाग्यो । खाना खाएर अघिल्लो दिन सिलाएको घाउलाई dressing गर्ने हामी दुई जना बाल्टिन बोक्दै बिरामी भएको ठाउँमा गयौं । एउटा सानो नानी लगभग १०-१२ बर्षको आँखा दुइगाले लागेर फुटेको र निधारमा गहिरो चोट लागेर ८ ९ टाँका लगाउनु परेको थियो । त्यो नानीलाई dressing गर्दै थियौं, असहिय पिडाले रुन थालिन । उसँग बसेको अर्को सानो बाबु लगभग १२-१४ बर्षको उसको दाजु रहेछ । घाउँको पिडाले रोएकी बहिनीलाई छेउमा बसेर कराउदै थियो । केटी भएर रुन्छेस, केटी भएर त सहनु पर्छ बुझिस् नरोउ । त्यो सानो बाबुको त्यस्तो प्रतिक्रिया देखेर अचम्म लाग्यो । गाउँ घरमा सानो नानीहरूमा पनि त्यही मानसिकता गढेको रहेछ । महिलाहरू त्यसरी नै मुठी भित्र च्यापिएका रहेछन् । ३ जना जतिको घाउ सफा गरिसकेपछि फेरी अर्को ठूलो झटकाले हान्यो । सबै गाउँले भागाभाग गर्न लागे । हेल्थपोस्ट माथिको सबै डाँडाहरू खसे, घाइते ब्यक्तिहरू आफू बसेको ठाउँबाट हल्लिन पनि सकेनन्, माथिबाट दुइगाहरू खसिरहे । कसैले घाइते ब्यक्तिलाई उठाएर सुरक्षित ठाउँमा लान साहस् सम्म देखाएनन् । फेरी रुवाबासी चलन थाल्यो । सबै आत्तिए, अब त बाँचिन्न भन्ने लाग्यो । आँखाबाट आँशु खसाल्दै घरमा फोन गर्न खोजें तर नेटवर्क लागेन । अपरिचित गाउँ, अपरिचित मान्छेहरू बीचमा, साथीहरू र परिवारबाट टाढा, म आफूलाई लाचार महसुस् गरें । घर सम्झेर भक्कानु फुट्यो । त्यो दिन महसुस् भयो जीवनको अर्थ, परिवार र साथीभाईको महत्व । आफ्नो झोला र रातो बाल्टिन् लिएर यताउती भाग्न थाल्यौं । त्यो बेला बाँच्ने आशा मनबाट हरायो । आकाशमा उडेको हेलिकेप्टरबाट सहयोग पाइन्छ कि भनेर हात हल्लाउदै गुहार्न थाल्यौं । तर कुनै पनि सहयोगको हात पुगेन । आफ्नो साथीहरूलाई भेट्ने इच्छा थियो मनमा । आफ्नो साथीहरू जीउँदो छ वा छैन भन्ने पनि थाहा नहुँदा अझ मनमा

भक्कानु फुट्न थाल्यो । घरमा आमा बुवा भाइ दिदीहरु मेरो पिरले रात दिन रुनु भएछ । साथी र आफन्तहरु कसरी खोज्ने भन्ने अन्योलमा rescue team सँग गुहार मागेछन् । एउटा बुवाले आफ्नो भत्केको घरबाट छोरा र नातिनीको लास निकाल्नु भन्दा पसलबाट सामान निकाल्दै बेच्दै हुनुहुन्थ्यो । त्यो दृश्यले मन छोयो, अचम्म लाग्यो तर पछि फेरी सोचें, उहाँले आफ्नो पसलको सामान (खानेकुरा) नबेचेको भए अरु गाउँका जिउँदो मान्छेहरु भोकभोकै मरिन्थ्यो होला । छोराको आदि शरिर बाहिर देखिएको भग्नावशेषबाट निकालिएको खानेकुराहरु मैले पनि किनेर खाएँ । के गर्नु बाध्यता थियो, पेटमा भोक थियो ।

अचानक दूर्इवटा मोटरसाइकल हर्न बजाउँदै आए । गाउँलेहरु सहयोगी हातहरु आएका होलान भनेर सबैजना भेला भए । एकछिन त लाग्यो मेरो साथीले मलाई लिन आएको भनेर । तर मान्छे हेर्दा जेलबाट भागेर आएको जस्तो देखिन्थ्यो । मलाई झन आफ्नो छुट्टिएको साथीको खबर पाउन आतुर भयो । त्यो दिन भागाभागमै बित्यो । साँझ ठूलो पानी पर्न थाल्यो । आकाश गर्जेको आवाज बारम्बार आईरहेको, पराकम्पन् को झटका, पारी डाँडाबाट झरेका ढुँगाका आवाज, खोलाको ठूलो डरलाग्दो आवाज, बच्चा रुएको आवाज, आईमाईहरु भूत आयो भन्दै डराउँदै चिच्याएको आवाज यी सबै आवाजले जीवनको अन्तिम क्षणको भान गरायो । अब त काठमाण्डौं पुँगिदैन भन्ने भयो । आफ्नो परिवार साथी भाइ सबैलाई सम्झें, जिवनमा बिताएका रमाइला क्षणहरु आँखा अगाडि घुम्न थाले ।

अ.न.मी. बहिनीलाई जसरी पनि त्यहाँबाट सुरक्षित ठाउँमा जानु पर्छ भनेर सम्झाएँ । बिचरी जिल्ला स्वास्थ्य कार्यालयको डरले त्यही बस्ने कहिं नजाने भनेर जिद्दी गर्न थालिन । मैले भने अरुलाई बचाउन पहिले आफू सुरक्षित हुनु पर्छ । आफूसँग उपचार गर्ने औषधि र समानहरु तयार हुनु पर्छ । अ.न.मी गाउँलेको मायाँले गर्दा पनि त्यहाँबाट जान मानेकी थिइनन् । धेरै सम्झाएपछि हुन्छ भन्ने जवाफ दिइन । मैले सबै गाउलेहरुलाई पनि सुरक्षित ठाउँमा जान आग्रह गर्ने तर सबैको एउटै उत्तर आउथ्यो “मरे पिन यही मर्ने बाँचे पनि यही बाच्ने” । रात भरी आँखामा निन्द्रा परेन । घाँटी सुक्न थाल्यो, सबैको यादले सताउन थाल्यो ।

## बैशाख १४ र १५ गते

बिहान ५:३० बज्ने वित्तिकै एक बोतल पानी भरें, बाल्टीनमा भएको ग्लोव, सिरिञ्ज अनि अरु औषधि आफ्नो झोलामा राखें । झिसमिस उज्यालोमा झोला बोकेर अ.न.मी. र म त्यहाँबाट हिड्यौं । बाटो एकदमै डरलाग्दो थियो । बाटो छेउछाउमा भत्केका घर, मरेका जनवार, भिरबाट खसेका ठूलाठूला ढुंगा, बिचबाट एकअर्काको हात समाउँदै एक मिनेट पनि नरोकिंदै लगातार भाग्यौं । मेरो जुत्ता च्यातिन थाल्यो, झोलामा जहिले पनि बोक्ने गरेको सियो धागो त्यसबेला काम लाग्यो । बैशाख ११ गते बिहान त्यही बाटो हिंड्न ४५ मिनेट लागेको थियो तर त्यो दिन १५ मिनेट मात्र लाग्यो । के कसरी कहाँबाट भागीरहेका छौं दिमागमा केही पनि थिएन, मात्र बाच्नु पर्छ भन्ने कुरा थियो । १५ मिनेटमा ढाँडे भन्ने ठाउँमा पुगेपछि अलि शाहस आयो । बाँच्ने आशा आयो, त्यो ठाउँ अलि सम्म थियो र सुरक्षित पनि थियो । एउटा महिला भूकम्प आएको बेला पर्खालबाट हामफालेका कारण बेला नपुग्दै सुकेरी ब्यथा लागेको रहेछ । २ दिन देखि ब्यथाले थला परेकी उनीलाई हामी देखे पछि आशा जाग्यो । हामी त्याहा पुगेको १० मिनेटमा एउटा सानो स्वास्थ्य बाबु जन्मियो । त्यो दुखको क्षणमा सबै परिवारको आखामा खुशी झल्कियो, जीवनमा पहिलो चोटी delivery attain गरे, सबै भगवानको योजना जस्तो लाग्यो, हामी बिहानै भाग्नु, मैले झोलामा gloves राख्नु सबै क्षणको आफ्नै उद्देश्य थियो, खुशिले गढगढ भएर त्यही बास दिए र आशिस दिन थाले । नानीहरु त भगवान नै हुन भन्ने शब्द सबैको मुखमा झुण्डिएको थियो । त्यो दिन त्यही वित्तार्यौं ।

जथाभाबि गरिएको दिशा पिशाबले माहामारी फैलिने डर लाग्यो र गाउका मान्छेहरुलाई अस्थाइ चर्पि बनाउन आग्रह गरे । २१ बटा चर्पि बनायो । मध्य दिनमा एउटा हेलिकप्टर बिरामी लिन अबतरण गरे, ६७ महिनाको गर्भवती महिला, भाचिएको ढाडले मुर्ति सरि पल्टिएकी थिइन, त्यो दृश्य देखेर मन रोयो । सबै बिरामी उपचार को लागि लागि पछि बल्ल सास फेरे ।

एउटा पाल मुनी सात आठ घर बसेका रहेछन् । हामीलाई पनि त्यहीं बस्न ब्यवस्था मिल्यो । गाउँलेहरुको आँखामा झल्किएको खुशीले अनगिन्ती पाएका आशिसले सबै दुख विर्सिए । बाच्ने आशा अझ मनमा बढ्न थाल्यो ।

## बैशाख १६ गते

बैशाख १६ गते, हामी, काठमाण्डौं को लागि हिड्यौं । बाटोमा काठमाण्डा , आफन्त भेट्न आएका मान्छे हरु अनगिन्ती भेटे, हरेक बटुबासग एउटै प्रश्न सोध्थे “ दाइ मोबाइल मा चार्ज छ, टावर छ ?” सबै बाट एउता मात्रै उतर पाए “ छैन”। जिरो किलो पुगिसके पछि बल्ल तल्ल मा मोबाइलमा टाबर लाग्यो र घरमा कुरा गर्न पाए, भाइहरु मेरो फोटो लिएर मलाइ खोज्न हिडेका रहेछन्, म सग कुरा भएपछि बिच बाटो बाट नै फर्के छन् । घर पुगे पछि आफु बाचे भनेर एक छिन बिश्वास लागेन।

जीवनमा नै पहिलो पटक भोगिएको महाभूकम्पले धेरै कुरा सिकायो । इच्छा शक्तिको अर्थ बुझायो, जीवनको महत्व झल्कायो, परिवार र साथीको मायाँ र ममताको महसुस गरायो । मान्छेले आफूलाई आपत परेको बेला जस्तो पनि अवस्थामा बाच्न सक्ने रहेछ भन्ने पाठ पढायो । घाइते ब्यक्तिलाई मदत र सेवा गर्न पाउँदा मनमा आएको आनन्द र शान्ती अब जिन्दगीमा सायदै फेरी आउँछ होला । महाभूकम्पले ल्याएको भौतिक क्षतिलाई मान्छेहरु बीच बढाएको आत्मियतासँग तुलना गर्न शायदै मिल्छ होला ।

# Build Back Better: Raised Hopes after ICNR 2015



The International Conference on Nepal's Reconstruction 2015 with the slogan, 'Towards a Resilient Nepal' was held yesterday with a huge gathering of foreign government representatives and donor agencies in order to raise money and hopes for Nepal's reconstruction.

The conference was planned to fulfill **4 major objectives**:

- Appraise friendly countries and development partners of the socio-economic situation in Nepal in the aftermath of the massive earthquake and share international best practices and experiences on institutional arrangements
- Disseminate the findings of the Post Disaster Needs Assessment (PDNA)
- Update government's policies and institutional mechanism for post-earthquake reconstruction and new construction
- Seek technical and financial support for reconstruction and express solidarity of all friends and partners

Honourable Prime Minister Sushil Koirala in his speech informed that a fully empowered agency will lead the reconstruction effort. Affirming Nepal's commitment to good governance practices amidst wide skepticism of misutilisation of the fund, he stated, "This agency will be efficient and fully transparent and will keep all stakeholders regularly informed of progress."

Finance Minister Ram Sharan Mahat, the architect of this conference emphasised on the need of strengthened governance for economic reform as he opined, "We are absolutely clear that Nepal is not going to graduate out of under-development because of foreign aid alone. At best, this can be a catalyst. The ordinary process of development has to be pursued on the strength of economic reforms initiated and facilitated by the government to mobilise huge amounts of private capital, creativity, and entrepreneurship. It needs for an enabling climate for private sector investment in world class infrastructure and production."

Through the conference, **4.4 billion USD** was raised which was almost 66 per cent of the country's total recovery and reconstruction needs of \$6.7 billion.

**PDNA as a 'DNA' of needs**



Post Disaster Needs Assessment (PDNA) served as a DNA – exploring the needs of disaster effect and the extent of resources required for rebuilding Nepal. This assessment was carried out by National Planning Commission with various sector specific experts and PDNA Core Partners – ADB, European Union, JICA, United Nations and World Bank Group.

According to the assessment, the earthquake will end up pushing an additional 2.5 to 3.5 percent Nepalis into poverty in 2015-16 which translates into at least 700,000 additional poor. Similarly, the Annual economic growth in FY 2014-2015 is expected to be the lowest in eight years, at 3 percent (basic prices). The earthquakes suppressed an earlier projection of 4.6 percent by over 1.5 points.

The assessment displays that the disaster has had a humongous effect with 7065 million USD worth of losses and damages. Social Sectors (housing and human settlements; health, education, cultural heritage) seem to be mostly

affected with 58% effect followed by 25% effect in the Productive Sectors (agriculture, irrigation, commerce, industry, tourism, finance).

In terms of estimated needs for reconstruction, 6695 million USD is required among which 61% should be spent in the social sectors.

### Statements of Support



John Kerry, [US Secretary of State](#), in a press statement stated how US government and citizens expressed their support to support the earthquake affected. He told that U.S. businesses have pledged over \$20 million in cash and in-kind contributions in support of relief and recovery efforts in Nepal. U.S. NGOs have provided assistance worth more than \$150 million. For further rebuilding plans, he revealed that US government will help rebuild seismically stable houses; construct temporary learning centres; strengthen agricultural systems; protect against human trafficking; and build foundations for effective disaster response in the future. [India's External Affairs Minister](#) Sushma Swaraj pledged US\$ one billion, one fourth of which would be provided as a grant and the remaining would be given as a concessional loan. She said, "We expect that these amounts will

significantly help the quickest possible recovery and reconstruction efforts of the Government and people of Nepal.” President of [Asian Development Bank](#), Takehiko Nakao in his speech focused on 5 principles of reconstruction: Building Back Better, Inclusiveness, Robust Institutional Setup, Capacity and Governance and Donor Coordination and Government Ownership.

### **Reactions to ICNR and collected fund**

Skepticism surrounds ICNR and its collected fund as responses flew in in social media sites, especially Twitter – mostly describing how ineffective the conference could be as most of the commitments were just in the form of pledges to add to the question marks on government’s capacity to mobilise funds effectively. Some of the interesting remarks made by individuals on Twitter are:

- Billions of dollars pledged at ICNR 2015 for Nepal's reconstruction. Emergency grant of 15000 hasn't reached hundreds of thousands
- We have become such helpless that even when we invite donors with red carpets, offer all sorts of hospitality and even then the donors put forward their terms and conditions, so this conference doesn't do any good for us
- Success of ICNR 2015 depends upon our competence, efficiency, honesty and level of negotiation. Let's critically support government's endeavor
- The fund flow is great. I think the need here is more of ability to manage the collected fund.

### *Media Reactions*

Media outlets in Nepal have also reacted to the conference. The Kathmandu Post writes, “International development agencies have also failed to

convince Nepalis that a significant portion of their money reaches the affected populations, the intended beneficiaries. Now the focus should be on rebuilding both infrastructure and people's lives." Similarly, The Rising Nepal writes, "The government has already constituted a powerful authority under Prime Minister Sushil Koirala. Now it should not delay to move the task of reconstruction and rehabilitation in a planned way."

### **Another Haiti misery in the making?**

Emily Troutman strongly argues that Nepal – given its current context, would repeat the [Haiti misery](#) as she says, "Five years after the earthquake in Haiti, the international community has rebuilt only 9 per cent of the houses that were destroyed. It will happen in Nepal too, and it is happening now." She predicts that humanitarian projects in Nepal will have anywhere from 10% to 50% [administrative costs](#), plus the administrative costs of the subcontractors. Many projects list multiple subcontractors. She backs this prediction by providing an evidence of an INGO's cost for the "Temporary Learning Centers," which are actually just tents, to be \$76,174. The INGO plans to erect 26 tents at an estimated cost of \$2929 for each. According to Troutman, this amount could build a permanent classroom, but the plan is for tents instead.

### **Build Back Better**

Despite the skepticisms, predictions and arguments about the fundraising initiative becoming a failure, the National Planning Commission through the PDNA report has highlighted upon short term as well as mid and long-term goals as strategies for Nepal's reconstruction.

### *Short Term Priorities*

- reconstruction of damaged DRR assets and improvements on BBB principle;
- measures to improve preparedness, response, relief and logistics systems;
- measures to strengthen information and communication capacities for relief, response and recovery; and
- measures to enhance multi-hazard risk monitoring, vulnerability assessment, risk information dissemination and awareness

### Long Term Priorities

- improvements in legal and institutional arrangements;
- measures to mainstream DRR into the developmental sector, particularly housing, private and public infrastructure, social sectors (health and education), and livelihood; and measures to improve integration of climate change adaption and DRR

It is in our best of interests to build a strong mechanism to implement these priorities in the interest of Nepal's development.

***Contributors: Dr. Sushil Baral, Sudeep Uprety and Kritagya Regmi***

# रसुवा रोदन : विकट जिल्लाको भूकम्पपश्चात् विकाराल स्थिति



नारायण पौडेल, जिल्ला स्वास्थ्य कार्यालय, रसुवामा कार्यरत कार्यसम्पादनमा आधारित मुल्याङ्कन प्रणाली अर्थात Performance Based Management System (PBMS) का लागि जिल्लाका श्रोत व्यक्ति हुन् । काठमाण्डौमा हिजो मिति २०७२ साल आषाढ १० गते आयोजित विश्व स्वास्थ्य संगठन र स्वास्थ्य मन्त्रालयको स्वास्थ्यकर्मीहरूको कार्यसम्पादनको गुणस्तर वृद्धि गर्ने उद्देश्यले सञ्चालित २ वर्षे परियोजनाको स्टेरीड कमिटिको बैठकमा उनले रसुवाको भूकम्पपश्चात् विग्रदो स्वास्थ्य स्थितिको बारेमा यसरी बताए:

वैशाख १२ गतेको भूकम्पले देशभरमै ठूलो क्षति पुर्यायो । रसुवा त एक हिसाबले ध्वस्तै भयो भन्दा पनि हुन्छ । म लगायत धेरै स्वास्थ्यकर्मीहरू माथि ठूलो विपद आइपर्यो । मेरो जीवनमा त झन् एउटा ठूलो घटना घट्यो । मैले मेरो बुवा गुमाउनुपर्यो । रसुवा जिल्लामा

मात्रै ७ जना स्वास्थ्यकर्मीहरूको मृत्यु भएको छ । लाइटाइ स्वास्थ्य चौकीमा १ जना कार्यालय सहयोगी र २ जना नर्सिङ् स्टफको मृत्यु भयो भने जिल्लाभरमा ४ जना महिला स्वास्थ्य स्वयम्सेविकाहरूको मृत्यु भएको छ । त्यसगरी ११ जना स्वास्थ्यकर्मीहरू घाइते भएका छन् । रसुवाका केही गाविसहरू जस्तै हाकु, यार्सा, टिमुरे, वृदिम, थुमङ, गतलाङ र श्रमथली अति नै प्रभावित भएका छन् । यस्तो अवस्थामा जिल्लावासी र हामी स्वास्थ्यकर्मीहरूमा डर, भय, त्रास, चिन्ता र अनिश्चितताको कालो बादल ढाकिरहेको छ ।

यस्तो हुँदा हुँदै पनि हामी हाम्रो कर्तव्यबाट हटेका छैनौ । हामीले निरन्तर दिनुपर्ने आधारभूत स्वास्थ्य सेवा जिल्ला स्वास्थ्य कार्यालयको समन्वय, सक्रियता र अन्य संघसंस्थाको सहयोगमा दिइने रहेकाछौ । म स्वयम् बुवाको १३ दिनको काम सकिने बित्तिकै स्वास्थ्य सेवामा लागेको थिएँ । भूकम्पपछिको तीव्र व्यवस्थापनमा हाम्रा थुप्रै स्वास्थ्यकर्मीहरू लाग्नुभएको छ । एउटा उदाहरण दिनुपर्दा हाकु स्वास्थ्य चौकीकी अ.न.मि राधिका पौडेलजी भूकम्प आउँदा स्वास्थ्य चौकीमै हुनुहुन्थ्यो । उहाँ भूकम्प आएपछि आफ्नो कर्तव्यबोध गर्दै ५ बजेसम्म त मेरो ड्युटी अवधि नै हो भन्दै उद्धार कार्यमा लाग्नुभयो र प्राथमिक स्वास्थ्य उपचार दिनुभयो । उद्धार कार्य सकेर ३ दिनको बाटो हिँडेर दिन रात नभनिकन खटेर मात्रै आफ्नो घर फर्किनुभयो । यस्ता उदाहरणीय कार्यहरू हाम्रा थुप्रै स्वास्थ्यकर्मीहरूले गर्नुभएको छ । यस्ता स्वास्थ्यकर्मीहरूलाई राज्यले कदर गर्नुपर्छ अनि बल्ल यस्तो विपदमा पनि दत्तचित्त भएर स्वास्थ्य सेवामा लाग्न प्रोत्साहन मिल्छ ।

नारायण पौडेलजीले यी घटना र अनुभवहरू सुनाउँदै गर्दा उच्च स्तरीय बैठकमा परियोजनालाई रसुवाको वर्तमान स्थिति र स्वास्थ्य संस्थाहरूको क्षतिलाई ध्यानमा राखेर PBMS कार्यक्रम स्थगन गर्ने कि नगर्ने भन्ने विषयमा छलफल भइरहेको थियो ।



*स्टेरीड कमिटिको बैठकमा सहभागिहरु*

आफ्नो धारणा राख्दै पौडेलले भने, “रसुवामा स्वास्थ्य संस्थाहरु भक्तिएका होलान् । तर हाम्रो आत्मविश्वास र हाम्रो द्रिढता भक्तिएको छैन । रसुवामा कार्यक्रम स्थगन भन्दा पनि परिस्थिति अनुकूल हुने गरी कसरी फरक ढंगले लैजान सकिन्छ भन्ने बारेमा सोच्नुपर्छ ।”

# Media as a Medium: Engaging Journalists for Improved Health Coverage



Phase II of Media Workshop Series on Urban Health was conducted by Health Research and Social Development Forum (HERD) from March 8 to March 22, 2015 in 4 different urban locations (Nepalgunj, Dhangadhi, Hetauda and Bhedetar) of Nepal. These workshops were organised as part of an innovative project titled, “Strengthening Media’s Response to Urban Health Issues in Nepal” in collaboration with Primary Health Care Revitalisation Division (PHCRD) – a division under Department of Health Services, Ministry of Health and Population; and COMDIS-HSD (Communicable Diseases – Health Service Delivery) – a research consortium working in 7 countries and based in University of Leeds, UK. Phase I of the workshops were conducted during December, 2013 and January, 2014 in 3 urban locations (Kathmandu, Pokhara and Biratnagar).

Phase II of the workshop series involved 66 journalists who were oriented on various conceptual issues of urban health, practical tips on health reporting and field visits to the urban slums to understand the real situation. The facilitation of the workshops was done by HERD team comprising of Executive Director (Dr. Sushil Baral – a noted public health expert with over 2 decades of experience in health policy and health system development), Media Adviser (Mr. Rajesh Ghimire – seasoned media expert with over 2 decades of experience in media and communications) and Research Uptake and Communications Officer (Mr. Sudeep Uprety – media researcher).



*Dr. Sushil Baral discussing role of state in providing health services with the journalists*

## Highlights from the Workshop

Some of the highlights of the recent workshop series held with journalists are presented below:

**Presentations on Better Packaging for Greater Impact:** HERD team oriented the journalists about how better packaging could have a greater impact. Video presentations were made about better ways of story-telling to capture the attention of the audience. There was also a session on correct use of data and information to ensure that the information is not interpreted in a wrong fashion. Examples of Open Nepal's initiative of collating different information into a common platform (website) and making them reader friendly were provided to the journalists as how efficient data management could be done.



*Mr. Rajesh Ghimire demonstrates how simple images could have meaningful messages.*

**Perception versus Reality:** An interesting session was conducted with the journalists where the journalists were asked to mention any significant health related incident that occurred in their lives (could be of their family members as well) in the last 5 years which had a significant impact on them. Then in another session, journalists were asked to mention the titles of the health related news/articles they had published. These two exercises were really helpful for HERD team to understand health issues considered 'important' by the journalists and the actual health problems faced by the general people from the public health lens as a discipline.

**Patient-Journalist Interaction:** An interaction session of tuberculosis patients and journalists was also held in one of the workshops where the patients expressed their difficulties of suffering from the disease and particularly problems they faced due to poor economic condition, not being able to afford to go for treatment early on and then diagnosis being very late when their conditions were already worse. The journalists covered their stories immediately post the workshops in their media outlets.

**Field Visits to Slum Areas:** In all four locations, field visits were arranged for the journalists in order to provide practical orientation to the journalists to observe any health situation, particularly those of unreached population from a public health perspective. HERD team led the field observations where the journalists were particularly encouraged to observe the situation from a 'development' angle – trying to understand the root causes behind the problem and identifying possible ways to address it rather than just documenting about the problem.



*Journalists interacting with residents of a slum settlement in Hetauda*

**Social Determinants of Health:** HERD team also encouraged the journalists to make reporting comprehensive – broadening the analysis by also taking into account social determinants that affect health behaviour such as poverty, lack of accessibility due to social inequality, pollution, among others. The orientation on social determinants was particularly important in the case of urban settlements where there are many factors affecting health such as unhealthy and tiring lifestyle degrading health conditions.

**Interaction with Health Workers and Journalists:** Interaction sessions were also held with health workers (Medical Officer from Seti Zonal Hospital and Senior Auxiliary Health Worker from District Hospital, Makwanpur) to reflect on major health problems faced by the urban population and how to address those issues with the support of the media



*Medical Officer from Seti Zonal Hospital interacting with the journalists.*

**Engaging Policy Makers for Improving Media-Health Relationship:** Policy makers responsible for devising urban health strategies and implementing them were extensively involved in the workshops with representation from key government officials (Chief of Policy Planning and International Cooperation Division and spokesperson for Ministry of Health and Population; Director of Primary Health Care Revitalization Division; and Regional Health Director of Far-Western Development Region) who presented their views on behalf of the ministry about the government's vision of improving relations between the media and the health sector.



Dr. Padam Bahadur Chand emphasising on equity and access for quality in health services

### **Nepal Earthquake and the Way Ahead**

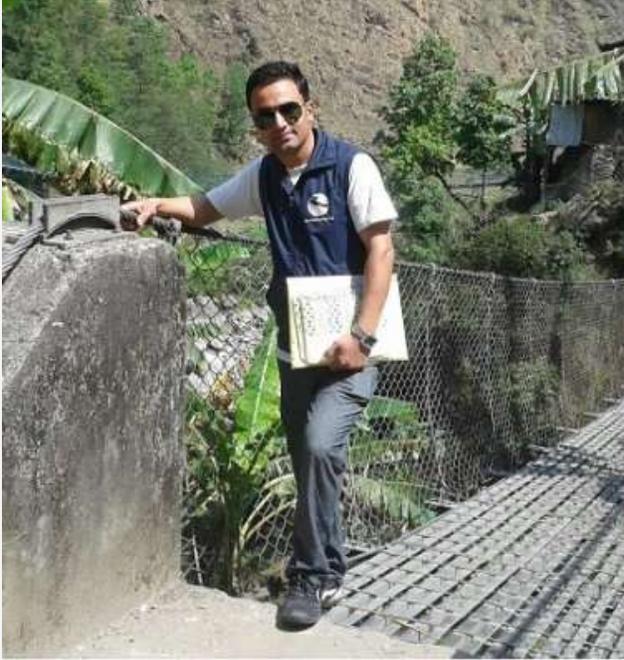
Following the devastating damages caused by the earthquake, a lot of areas have been badly hit including health. Therefore, spreading awareness especially on epidemic outbreaks, hygiene and sanitation maintenance need to be prioritised. The media sector plays a major role communicating such messages. It is a good initiative by the Ministry of Health and Population on a rapid emergency health response.

Responding to this emergency situation, we will be engaged more with the journalists to document stories public health conditions in the earthquake affected districts through our 3 key approaches:

- **EVIDENCE GENERATION** – assessing the knowledge, health needs and factors affecting the health conditions of the earthquake affected
- **UNDERSTANDING POLICY** – documenting the bottlenecks and possible way forward to address those bottlenecks
- **AGENDA SETTING** – generating stories about the current practices of health services availability, accessibility and quality

*Contributors: Dr. Sushil Baral and Sudeep Uprety*

## शोकाकुल सिन्धुपालचोक र भावुक मनहरु



**Chetendra Raj Joshi expresses his emotions fearing and facing the earthquake**  
वैशाख १२ गते सिन्धुपालचोकको गोल्चे गा.वि.स को गोल्चे भन्ने गाउमा नियमित रूपमा चलने खोप क्लिनिकमा जानुपर्ने थियो । विहान सवेरै उठेर पाडताडको कात्तिके भन्ने ठाउँबाट साथी सुदेस लाई बेलुका भेट्ने बाचा गरी म गोल्चे उप-स्वास्थ्य चौकीका साथीहरुसँग गोल्चे गाउँ पुगे । बिहानैबाट सिमसिम पानी परिरहेको थियो , करिब ८ बजे

हामी त्यहाँ पुगेका थियौं । साथीहरूले नियमित काम शुरु गर्नुभयो । म पनि मेरो काम गर्न थाले, करिब १० बजे हामी सम्पूर्ण काम सकेर त्यहाँबाट फिर्ता भयौं । करिब २० मिनेटको बाटोपछि म एकलै आउनुपर्ने थियो । नयाँ बाटो, नयाँ ठाउँ अनि बेलुकी साथीहरूसँग भेट भएपछिको हाम्रो छलफलका बारेमा सोच्दै म ओरालो लागे । एकलै बाटो हिँड्न पनि सुनसान लाग्ने हुँदा मेरा सहकर्मी साथीहरू सुदेस र समितालाई फोन गरे, र म आफ्नो काम सकेर फर्किरहेको जानकारी दिए । त्यसपछि उहाँहरूसँग बेलुका भेट्ने ठाउँमा योजना बनाए । घरमा बुवालाई फोन गरें, आफु सञ्चै रहेको र कामको सिलसिलामा फिल्ड तिर रहेको जानकारी दिए । त्यसपछि मैले निशा (श्रीमति)लाई फोन गरें । उनी चौताराबाट काठमाण्डौं जाने तयारीमा थिइन् । मैले उनीलाई पनि समयमै पुग्ने गरी राम्रोसँग जानु भन्दै फोन राखे ।

त्यस पछिको १० मिनेटको हिँडाई सहज थियो । तर एक्कासी चक्कर लागेर आयो, थामिन गाह्रो भयो । मैले सोचे आफ्नो प्रेसर कम भएर समस्या भयो तर त्यति सोचन नभ्याउँदै इन्द्रावती खोलाको दुई छेउका भिरहरू एक्कासी गर्जनुका साथै खस्न थाले अनि खोला छेउको सुन्दर बस्ती त हेर्दा हेर्दै कुहिरोले ढाक्यो । मानिसहरूको चिच्चाहट सुनिन थाल्यो, गाईवस्तुहरू कराउन थाले, चराचुरुङ्गीहरू कराउन थाले । अब बाँच्दिन आज यो बिरानो ठाउँमा मेरो यस्तो मृत्यु लेखेको रहेछ भन्ने मनमा लाग्न थाल्यो । आफूलाई सम्हाल्ने प्रयास गरे र बाटो छेउको रुखमुनि त्यो रुखलाई समातेर बसिरहे । ढंगाहरू छेलिन्छन् भनेर त्यो रुखले नै मेरो ज्यान बचायो । करिब १५ मिनेट जति त्यो ठाउँमा नहल्लिकन बसिरहे अनि मानिसहरू त्यहाँबाट २०० मिटर जति टाढा खोलाको छेउमा जम्मा भए र मलाई सिट्टी काडेर त्यहाँ नबस पहिरो जादैछ भनी बोलाउन थाले । तर मलाई आँट आएन, ढुंगा खसिरहेको अवस्थामा अगाडी बढ्न । करिब आधा घण्टाको त्यस ठाउँको बसाईपछि अब जे पर्ला यहाँबाट निस्कनु पर्छ भन्दै साहस बटुलेर निस्किए । गाउँलेहरू जम्मा भएको ठाउँमा पुगें । त्यहा रुवाँबासी चलेको थियो । कसैले आमावुवा खोज्दै थिए, कसैले छोराछोरी खोज्दै थिए, एक जना वृद्ध आमाको मृत शरीर त्यहीं राखेका थिए, यसको घरमा यतिजना पुरीए, उसको घरमा यतिजना पुरीए भन्दै आफन्तजनको खोजतलास गर्दै थिए ।

मलाई त्यहाँ एक जना व्यक्तिले कताबाट आएको कहाँ जाने अनि घर कहाँ हो भनि सोध्नुभयो । बावु घर त हाम्रो रहेन, अब एतै बसौ सगैँ जसोतसो रात काटाँैला आज नजानुहोस् भन्नुभयो । तर मैले आफूलाई सम्हाल्न सकेको थिइन, आफ्नो घर परिवार कसैको केहि खबर पाएको थिइन, फोन लागेको थिएन त्यसकारण म त्यहाँबाट निस्किए । सकदो चाँडो चौतारा पुग्नुपर्छ भन्ने सोचमा थिएँ । त्यहाँबाट भत्किएको पुल तर्दै म बाराम्चिको ढाँडे भन्ने ठाउँमा पुगे जहाँ दुई दिन अगाडि साथी सुदेस र म बास बसेका थियौँ । म सुदेसको बाटो हर्दै थिए तर सुदेस अबेर सम्म आएनन् । त्यहाँको पनि अवस्था त्यस्तै थियो – रुवाबासी चलेको, लाशहरुलाई कपडा नओढाई सुताएको घाइते रोइरहेको । म त्यो रात त्यहिँ ठाउँमा काट्ने योजना बनाई त्यहाँ भेटिनु भएका नागरिक अस्पतालका साथीहरुसँग अब के गर्ने भनि छलफल गर्न थाले । बेलुकीको ५:३० बज्यो म निशाासँग फोनमा कुरा गर्न सफल भए र परिवारमा सबैलाई ठिक छ भनेको थाहा पाई अब राम्रोसँग बस्नु म पनि ठिक छ भनि फोन राख्ँे । त्यो दिन न भोक लाग्यो न प्यास, मन एकदम आत्तियो । दुनियाँको आखामा आँसुभन्दा अरु देखिएन, दुःखभन्दा अरु देखिएन, सबै जना त्रासमा थिए, सायद बाँचेकाहरु अझै पनि बाँचिएला भन्ने साहस बटुल्न सकेका थिएनन् । त्यहाँ एक रात काटि विहान ४ बजे म चौताराको लागि निस्किए । करिब ६ घण्टाको पैदल यात्रा पछि म चौतारा पुगे ।

चौतारा बजारमा प्रहरी प्रशासनले हिँड्न दिएको थिएन । तलको वैकल्पिक बाटो टँुडिखेल पुगे । त्यहाँ पनि घाइते र लाशहरु मात्रै बढि देखिन्थे अनि त्रिपाल मुनि रात काटेका मलिन अनुहारहरु केही राहतको पर्खाइमा थिए । भोकै पेट खुल्ला आकाशमुनि रात काट्ने अरु पनि कोहि आफन्त गुमाएको पीडा त कोही घर गुमाएको पीडामा छटपटाएका थिए । आज त्यो सबै घटना केवल सपना मात्र थियो कि जस्तो लाग्दै छ । आफैलाई विश्वास लाग्दैन त्यो सब आफ्नै अगाडि घटेको घटना हो भनेर । चार दिनको सिन्धुपाल्चोक बसाई पछि काठमाण्डौँ आइयो । काठमाण्डौँ आएर विभिन्न राहतका कामहरुमा जान पाइयो र खुसी लाग्यो बाचिएको हुनाले आफुले सेवा गर्न पाइयो भनेर । विपदले सानो ठूलो यो जात उ जात , अनि धनी गरिब नभन्दो रहेछ । जसलाई जुन ठाउँमा जति बेला पनि पर्न सक्छ प्राकृतिकःदैविक विपत त्यसकारण हामी जो बचेका छौँ, हामीले सकेजति पिडितहरुलाई केहि गरीदिनु पर्छ ।

यस विपदको घडिमा साथ दिने सम्पूर्ण राष्ट्र, निकायहरुलाई हृदयदेखि धन्यवाद अनि हातमा हात मिलाएर विपदको घडिमा पिडितलाई सहयोग गर्नुहुने सम्पूर्ण नेपाली युवाहरुलाई धन्यवाद । भविष्यमा पनि यसै गरी विपद न्यूनिकरण र व्यवस्थापनमा एकजुट हुनुहुनेछ भन्ने सोचका साथ सहयोगी हातहरुलाई धन्यवाद । अब आफ्नो आखाले देख्न नपरोस यस्तो विपद् ।

मृत आत्माको चिर शान्तिको कामना, घाइतेहरुमा शिघ्र स्वास्थ्य लाभको कामना र सम्पूर्ण नेपाली दाजुभाई दिदीबहिनीहरुलाई धैर्यधारण गरी बस्नु हुन हार्दिक अनुरोध गर्दछु ।

## STAY STRONG NEPAL!!!



**Sudesh Chaudhary, recollects his tough times with daily diaries of first 4 dreaded days of Nepal Earthquake**

## बैशाख १२ गते महाभुकम्पको दिन

हो, बैशाख १२ गते महाभुकम्पको दिन अझै पनि सोच्दा नयाँ जीवनको सुरुवात यस दिन म बरम्ची गा.वि.स. को ४ नं वाडमा थिएँ । आजको दिनमा साँचै भन्नु पर्दा मलाई बिहानबाटै नरमाइलो लागिरहेको थियो किनभने गएको रातमा मेरो मित्र चेतन जोशीलाई राती नराम्रो सपनाले सताइरहेको थियो र त्यसकारण हामी रातभरी नै सुतेनाँ । अझ बिहान ६ बजेतिर हामी आआफ्नो गन्तव्य तर्फ लाग्यौं । सुनसान बाटो कोही पनि नहिँड्ने बाटो पनि भरखरै बनेको सोलिड हालेको बाटो, तर बीचमा राम्रै भन्ने गाउँ परेकोले अलि आतिनु पर्ने थिएन । करिब डेढ घण्टाको यात्रा पश्चात म बरम्ची गा. वि. स. को उपस्वास्थ्य चौकीमा पुगे । त्यहाँ हाम्रो इन्चार्ज बसिराख्नु भएको थियो । एकछिन परिचयपछि म उहाँको बासस्थानमा एकछिन् आराम गर्न गएँ । केही बेर पछि इन्चार्ज सरले खानाको लागि निमन्त्रणा गर्नुभयो र खाना खाईसकेपछि हामी केही छिन् आराम । आजको दिन शनिबार परेकोले खासै बिरामी नआउलान् तर यसै सदन खोप क्लिनिक पनि परेकाले सञ्चालन त गर्नुपर्छ, आमाहरु बच्चा लिएर आउने क्रम जारी थियो ।

एकपछि पदनाम अ. न. मि. दिदि सावित्री पौडेल आउनुभयो र सामा जामा मिलाउन थाल्नुभयो । केही बेरपछि म इन्चार्ज ज्युसँग अन्तरवार्ता लिन थाले, अन्तरवार्ता लिने क्रममा म प्र.न. ७ मा पुगेको थिए, यसो हल्लाएको महसुस भयो, इन्चार्ज ज्युले भुईचालो आयो भन्नुभयो रङ्ग्यालबाट हामफाल्नु भयो र म पनि सँगसँगै हामफाले । बाहिर निस्केपछि त स्वस्वजित हे.पो. गरल्याम गुर्लुम खस्यो । ओहो ! मलाई यस्तो लाग्यो कि, सायद ढोकाबाट नै निस्किएको भए हामीलाई केही न केही क्षति हुने थियो । हामी बाहिर निस्कने क्रममै त्यस प्राङ्गण भन्दा बाहिर गयौं, त्यहाँ पनि जमिन चर्कन थालेको थियो । लौन, भुईचालो पनि आईराखेको छ, पहाडै खस्ला जस्तो छ, जमिन पनि चर्कन थालेको छ, अब कसरी बाँच्ने सोचँदै थिए । म साँचै भन्नु पर्दा भगवानमा आस्था विश्वास गर्छु । मलाई कुनै पनि आपत बिपत आईपर्दा जहिले पनि भगवानलाई सम्झिने गर्छु । यस बेला पनि म हनुमान चालिसा र महामृत्युञ्जय मन्त्र जप्न थाले । म त बाँच्ने आशै मारिसकेको थिए, मैले यतिखेर मेरो बुवा आमा र प्रिय साथीलाई धेरै नै सम्झेको थिए । अब भेट्न पाइन्छ कि पाईदैन मनमा अनेक थरी प्रश्नहरु खेल्न थाल्यो, साँचै अब त भेट पनि हुदैन भनेर । केही

बेरमा अलिक कम भयो त एकै पटक ठूलो भूकम्प आएको कारणले होला जता हिँड्यो, त्यतै हल्लाएको अनूभूति हुन्थ्यो । अब, हे. पो. ईन्चार्जले डाकन थाल्नुभयो कि मान्छे च्यापिएका छन् घाइते भएका छन्, उद्धार गर्न जानु पर्यो भनेर । साँच्चिकै, उहाँले बोलाउदा पनि म केही गर्न सक्ने अवस्थामा थिइन जस्तै लाग्थ्यो कि, म आफु त बाँचे तर मनमा दिमागमा केही पनि थिएन । प्यारालाइसिस भएको जस्तै लागेको थियो हिँड्दा खेरी । केही बेरमा गाउँलेहरु पनि भेला भए, घाइते व्यक्तिहरुलाई एकै ठाउँमा राखे र हामी इन्चार्जज्यु र म प्राथमिक उपचारको सामान लिएर घाइते व्यक्तिहरुलाई राखेको ठाउँ तर्फ गयौं ।

त्यहाँ पुग्दा त सबैले भन्छन्, अब बाँच्ने आसै छैन । धन, जन सबै क्षति भयो अब, बाँचेर के गर्ने भन्दै रुन थाले, अब, मैले के भन्नु चुपचाप लागेर प्राथमिक उपचार गर्न थालें । मलाई त ठिकै छ, घरमा कस्तो भयो होला सम्पर्क पनि छैन, केही बेरमा मेरो फोन लाग्यो, बूवा पनि आत्तिदै फोन उठाउनु भयो र म सन्धै छु चिन्ता नलिनु भनें र बुवाले पनि उताबाट हुन्छ सुरक्षित बस्नु भन्नूभयो, मम्मीले पनि फोन तान्नु भयो र रुनथाल्नु भयो । केही बेर त म पनि रोएँ र म ठिकै छु चिन्ता नलिनु भनि फोन काटें । केही बेरमा आजको दिन गाउँलेहरु सबै मिलेर बास बस्नलाई टहरा बनाउन थाले कोहीले बाँस ल्याउँछन् कोहीले छाप्रो ल्याउँछन् त कोही दाउरा चिर्छन् । महिलाहरु पनि खानको लागि केही बन्दोबस्त गर्न थाले । सबै खाद्यान्नहरु पुरिएकोले खानलाई त केही थिएन । अझ खानेकुरा किन्नलाई पनि उहाँहरु उधारो ल्याईरहनुभएको थियो । मनमा चस्स लाग्यो गाउँलेहरुको घर, धन, जन सबै नास भयो । मसँग ४÷५ हजार जति पैसा थियो, उहाँहरुको दुःख देखेर मैले पनि एक कार्टुन चाउचाउ र एक कार्टुन बिस्कुट दिए । उहाँहरु धेरै नै खुशी हुनुभयो । त्यस दिन म पनि चाउचाउ र बिस्कुट खाएँ । के गर्नु निन्द्रा त छदै छैन, एक एक छिनमा पराकम्पनहरु आउँछन् फेरी बिउँझाउँछन्, त्रासपूर्ण मेरो बेशाख १२ गते बित्यो यसै गरि अर्धनिन्द्रा मै ।

### **बेशाख १३ गते**

१३ गतेको दिन, मौसम पनि खासै राम्रो थिएन । चारै तिर हेर्दा केही पनि थिएन, मान्छे बाहेक, केही मान्छेहरु जलाईराखेका छन् त केही गाउँ गाउँ डुलेर आफन्तहरुलाई भेट्न गईरहेका थिए । यस दिन मलाई किन हो किन कस्तो नरमाइलो लागिरहेको थियो, मलाई

उठ्ने बित्तिकै मेरा साथीहरुको याद आयो, लौन म त बाँचे मेरा मित्रहरु झन अष्टयारा ठाउँमा हुनुहुन्थ्यो होला, उहाँहरुलाई केही भएको त छैन भनि मनमा प्रश्नहरु खल्न थाले । यता उता हिड्ने मान्छेहरुलाई मैले सोध्थे सेलाङ्ग, गोल्चे मेरा साथीहरु जानुभएको थियो, त्यस ठाउँको खबर के छ भनेर । ओहा ! उता त झन केही बाँकी छैन रे, अझ उहाँहरुसँग सम्पर्क पनि भएको छैन । यहाँ पनि न बिजुली छ न मोबाइलमा चार्ज छ न टावर छ, कहाँबाट कसरी सम्पर्क गर्नेहोला, मनमा सोचीरहेँ । दिउसोतिर एक ठाउँबाट फोन आयो म पनि एक कल गर्नुपर्‍यो भनि आग्रह गरेँ । मैले सुरुमा घरमा खबर गरे र मेरो लाईन मेनेजर सोफिका दिदिलाई खबर गरेँ । म ठिक छु दिदि, अरु साथीको खबर के छ, सम्पर्क पनि छैनन् भने दिदि पनि आँतिदै, एउटा परिवार न हो, कोही कुनै सदस्य सम्पर्क बिहिन हुँदा कति पिडा हुन्छ । वहाँले पनि आँतिदै सुरक्षित बस्नु भन्नुभयो । साँच्चै भन्नुपर्दा दिदिसँग कुरा गर्दा आँखाबाट आँसु खस्न थाल्यो, म अलि पर गएर एकछिन् फ्रेस भएर आएँ । मनमा त्यस्तै कुराहरु खेल्नै रहयो, मलाई त चौतारा सदरमुकाम जाने बाटो पनि याद आईराखेको थिएन । बाटोको बारेमा सोध्दा तल बाटो मै लास राखेको छ, बाटो सबै चर्केको छ, भोली जानुहोला गाउँलेहरुले भने । ल ठिकै छ, जाने त भनें तर म एकलै जाने अवस्था पनि त थिएन । बाटै थाहा पाइन्न । खै अब हेरौं सदरमुकाम त पुग्नै पर्‍यो सोचें । सायद, यस्तै १ बजेतिर होला फेरी भुकम्प आयो, माथिबाट पहिरो खस्न थाल्यो चर्केको जमिन अझै चर्कियो । ओहो, अब त साँचै बाँच्ने आस नै रहेन । सबै गाउँले लगायत आफ्नो मनलाई समालेर भने की हिजो आएको भुकम्प फर्केको भनेर । तर मन कहाँ मान्छ र ! आफैँलाई त डर छ, आजको दिन पनि नराम्ररी नै हल्लायो । यसैगरी गाउँलेहरु सबैजना कहीं नगईकन सँगै बस्यौं । अलि रात छिप्पन थालेपछि पानी पर्न थाल्यो । अब कहाँ बस्ने, कहाँ सुत्ने, हिजो सुतेको ठाउँ त सबै भिज्यो । गाउँलेहरुले पानी अलि कम भएपछि व्यवस्था मिलाउन थाले । सुत्नु भन्दा पनि बिरामीहरुलाई पनि धेरै गाहो भड्राखेको थियो । स्वास्थ्य स्थिति बिग्रदै जादै थियो । अब, भोली केही न केही उपाय अपनाउनु पर्छ भनि साथीहरुसँग सल्लाह गरियो । यसरी नै आजको रात आगोको छेउमा नै बित्यो ।

## बैशाख १४ गते

बैशाख १४ गते केही सम्म मनमा आँट र केही गरौं भनि लागेको थियो । बिहानदेखि बेलुकासम्म रेडियोको सहारा बाहेक केही थिएन । बिजुली टेलीफोनको लाइन पनि केही चलिरहेको थिएन । गाउँलेहरु आआफ्नो घरमा पुरिएको सामान निकाल्न लागिपरेका थिए । हिजो आएको भुकम्पले मुलको पानी पनि धमिलो भईसकेको थियो, पराकम्पनहरुको आउने जाने क्रम निरन्तर नै थियो । कुनै ठाउँमा टावर टिप्थ्यो त म घरतिर खबर गर्थेँ । बुवा आमासँग केही बेर कुरा गर्न पाउँदा पनि केही साहस आउँथ्यो । बुवाले भन्नुहुन्थ्या, े छोरा मान्छे साहसी र निडर हुनुपर्छ । सबैको स्थिति यस्तै छ, सहयोग त गर्ने पऱ्यो नि । त्यस दिन दिउसोतिर म सुतिरहेको थिएँ, एउटा हेलिकप्टरको आवाज आयो, खै मनमा साँच्चै नि उद्धारको लागि आएको हो भनि भान भयो । हामीले छेउमा एउटा लामो बाँसको रातो झण्डा गाडेका थियौं । हेलिकप्टर पनि हाम्रो माथि माथि नै आईरहेको थियो, मैले एउटा दाईंलाई झण्डा हल्लाउनु भने माथिबाट देख्छन् कि भनेर, केही बेरमा हेलिकप्टर पनि हामी नजिकै आइपुग्यो र म पनि हेलिकप्टर अलिक नजिक थिएँ । हेलिकप्टरबाट पाइलट र जिल्लाको एकजना प्रतिनिधि हुनुहुन्थ्यो । वहाँले बोलाउनुभयो र बिरामीको र राहतको बारेमा केही कुरा गर्नुभयो । उहाँले ३÷४ बोरा चामल र चाउचाउको काटुनहरु छन् । व्यवस्था मिलाउनु र बिरामीलाई ल्याउनु भन्नुभयो । गाउँले साथीहरुले सबै घाइते बिरामीहरुलाई बोकेर ल्याउनुभयो । मलाई के पनि आशा थियो कि बिरामीहरु सँगसँगै म पनि वहाँहरुलाई लिएर जान्छु तर सानो ठाउँ भएको कारण म जान पाएन । ल ठिकै छ, पहिले घाइतेहरुलाई उद्धार गरौं पछि ब्यवस्था मिलाउला भनी सोचेँ । त्यस दिन मौसम पनि खासै राम्रो थिएन, पानी पर्ने जस्तो थियो अझ पानी परेपछि एक त पहिरोको डर बाटो पनि सबै चर्किएको, पराकम्पनले साथ छोडेको छैन । ओहो ! मनमा तनावै तनाव, अझ खानलाई चाउचाउ बिस्कुट, त केहीले डा.साहेब दुखसुख गरि खाना खानुहोस हुनुथ्यो । खानामा वरिपरि झिंगा भन्केका हुन्थे र सबैलाई बनाएको दालसँग खानुपथ्यो, साँच्चिकै त्यो बेला मलाई भोक प्यारो नै थियो आफ्नो स्वास्थ्य भन्दा । जे होस्, दुखसुख गरी बाँच्नलाई खाना र पिउनलाई रेडबुल थियो ।

मनमा सोच्थे सायद अरुले त यति खान पाइराखेका छैनन् होला, मैले गाउँलेलाई धन्यवाद पनि दिन छोडेका थिएनन् । यसैगरि साथीहरुले पानीबाट बच्नलाई अलि दरो टहरा बनाउनु

पञ्चयो भनी व्यवस्था मिलाउन थाल्नुभयो । म सँगसँगै सहयोग गरिरहे र बेलुकातिर मैले गाउँले दाजुभाईसँग सल्लाह गरें कि एक त बिजुली छैन सञ्चार माध्यम ठप्प छ, घाइते बिरामीको अत्तोपतो छैन, पानीबाट जोगिने त्रिपाल छैन, राहतका लागि केही पनि आएको छैन, हामी चौतारा सदरमुकाम जानुपर्छ र केही पहल गर्नुपर्छ भनें र उहाँहरूले ल ठिकै छ, भन्नुभयो र बिहान सबैरे तिन चार जना जाने निर्णय गऱ्यौं । यसरी नै हामी त्यस दिन छेउमा आगो बालेर सानो टहरा बनाएर सुत्थौं ।

### बैशाख १५ गते

हामी बिहानै चार जना चौतारा सदरमुकाम जाने तयारी गऱ्यौं । म चाँही ३÷४ दिन यस यस बस्तिमा बिताए सबैलाई बिदा माग्नु गए, म पनि उता पुगेपछि आफ्नो काम पनि छ केही ब्यवस्था मिल्छ कि भनेर हिँड्ने निर्णय गरें । साँचै भन्नुपर्दा मलाई त्यस ठाउँ छोडेर जाँदा पनि कस्तो नरमाइलो लागेको थियो । ४ दिन उहाँहरूले धेरै नै सम्मान गर्नुभयो । टाढाबाट आएको पाहुनालाई आफ्नै परिवार जस्तै मानेर राख्नुभयो सायद, म जीवनभर नै याद गर्ने छु, मेरो नयाँ जीवनको सुरुवात । यस्तै ६:१५ तिर हामी ४ जना सदरमुकामको लागि हिँडियो । गाडि चल्ने बाटो लामो परेकोले उहाँहरूले गोरेटो बाटो लग्नुभयो, गोरेटो बाटो पनि चर्किएको छ, भिरको बाटो कुनै बेला खेतै खेत हिँड्नु पथ्र्यो वरिपरि घरहरू सबै पुरिएका थिए । कोहीले पुरिएका आफ्ना सामान निकालीरहेका थिए । यस बेला मेरो मनमा गन्तब्य स्थान पुग्ने बाहेक केही पनि थिएन । हामी यस्तै ४ घण्टाको हिँडाई पछि केही बेर बिश्राम गऱ्यौं र ब्यागमा बोकेको चाउचाउ र रेडबुल खायौं र फेरी गन्तब्य तर्फ लाग्यौं । बाटोमा वरिपरि सबैतिर घर भत्केका थिए, कोही आफ्नो आफन्त गुमाएर क्रिया बसिरहेका थिए त कोही आफ्ना बच्चा सामान निकालीरहेका थिए । केहीबेर आगाडि हिँडेपछि हामी नौबिसे पुग्यौं र त्याँहाबाट चाँही गाडीहरूको आवत जावत भड्काखेको थियो र मैले सहयात्री दाईसँग ब्यवस्था मिलाउन भनि आग्रह गरें, उहाँले हुन्छ भनि ब्यवस्था मिलाउनुभयो र हामी सायद, १२:२० तिर चौतारा पुग्यौं । लौन ! त्याहाँ गाउँमा माटोको घर मात्र हेरेका थियौं तर त्याहाँ त हिँडी नसक्नु थियो वरिपरिका घर सबै भत्केको थियो । म सबैप्रथम हाम्रो अफिस हेर्न गएँ, सबै वालहरू चिरा परेको थियो बस्न लायक त कुनै घर थिएन । मैले घरवेटी बालाई पनि भेटें उहाँले मानवीय क्षति नभएको बताउनु भयो र मेरो साथीलाई देख्नुभयो

भनि सोधें, बिहान आउनुभएको थियो भन्नुभयो । मलाई लागेको थियो वहाँ त काठमाण्डौं जानुभयो भनेर तर यतै हुनुहुँदो रहेछ । हामी फेरी टुँडीखेलतिर लाग्यौं र त्यहाँ हेर्दा झन नाजुक स्थिति रहेछ । हामी सिधै गाउँबाट आएका घाइते बिरामीलाई खोज्दै हिँड्यौं । जिल्ला अस्पतालको क्याम्प पनि टुँडिखेलमा नै रहेछ, त्यहाँ हाम्रो सबै जिल्लाको कर्मचारीलाई भेटें र दुखेसो पोखें । यता गाउँबाट आएका घाइते बिरामीहरूलाई काठमाण्डौं लगेको रहेछ, उतै उपचार भैरहेको रहेछ । ठिकै छ, जे होस बिपतको बेलामा सहयोग गर्नु नै त हो ।

हामी फेरी माथितिर सिन्धु एफ एम तिर लाग्यौं, त्यहाँ गएर बरम्ची गाउँको स्थितिको बारेमा तथ्याङ्क दियो र एक दिन मोबाइल चार्ज गऱ्यौं । त्यहाँ जेनेरेटर चलाईरहेका थिए, सदरमुकाममा पनि बिजुली नभएको कारण सञ्चार माध्यमलाई जिल्ला भरिको खबर प्रदान गरिरहेका थिए । मसँग आएका दाईभाईहरूले यता त झन बिजोक छ, खान बस्नलाई झन गाह्रो छ, हामी फर्कन्छौं भन्नुभयो । अलि आधा दिन ढल्किसकेको थियो, मैले आज नजानु भोली बिहानै जानु भनि आग्रह पनि गरे तर यहाँ अब खासै काम छैन हामी बीचतिर आफन्त कहाँ बास बसौंला भनि बिदा माग्नुभयो । त्यसपछि म आफ्नो मित्र चेतेंदलाई खोज्दै हिँडे, साँच्चै त्यो बेला एउटा कपडा ३÷४ दिन लगाएकोले मलाई चिन्न नसकिने अवस्था थियो, त्यस्तो पनि दिन आउदोरहेछ, आफ्नो पहिचान नै दिन नसकिने । साँझतिर एउटा बहिनीसँग भेट भयो र तपाईंको साथी हाम्रो काकाको घरमा बस्नुभएको छ भन्नुभयो ल, म ढुक्क भएँ । साथी त भेटियो भनेर र म काकाको घर तर्फ नै लागे र वहाँहरू त्यही हुनुहुन्थ्यो । भेट्ने बित्तिकै म त भावुक नै भएँ, बोली नै फुट्न गाह्रो परेको हामी भेटघाट पछि धारातिर गयौं । कुरा गर्दै अफिसमा खबर गऱ्यौं कि हामी सँगै छौं अब आउने ब्यवस्था मिलाउनु पऱ्यो भनेर । अफिसबाट पनि भोली नै गाडि पठाइदिने कुरा भयो । यसैगरि नै आजको दिन बित्यो र राती समय समयमा पराकम्पन आइरहेको थियो । एकतल्ले घर भएको कारण नडराए पनि जोरकै हल्लाउथ्यो, रातभरि निन्द्रा परेन हौं !!

**साँच्चै भन्छन् सम्पति भएमा मात्तिनु हुँदैन बिपत परेको बेला आत्तिनु हुँदैन । अब यस बाहेक के नै छ त, बाँचिए छ, केही न केही त गर्नुपर्छ भनि आशा लिएको छु ।**

धन्यवाद । सबैको नयाँ जीवनको सुरुवातको लागि बधाई छ ।

## Stories of Sorrow: Efforts for Happiness



Mithu Shrestha, 24, sustained injuries while absconding with her two children, a 3-month old and a 3 years old son out of the house safely when the devastating earthquake of 7.8 magnitude hit the country on April 25. Her younger son was getting an oil massage at the first floor while the elder

was playing, when the house started shaking. Recalling the moment she said, “It was horrible, the house started shaking, I took both of them and tried getting down from the stairs. It got scarier, as the house stopped shaking and the walls started to fall. I don’t know how I managed to get them out. I am glad that even though I sustained injuries, they were safe”. The fear doesn’t end here for Mithu, as she is concerned about her children’s health. “I have been trying my best to feed them and meet the nutritional requirement, but we are surviving on the relief aids. I don’t know how we will manage in the days ahead as we don’t have shelter and other basic necessities”, she added.

Shobha Shrestha, 21 whose 4 year old daughter got diarrhoea last week expressed similar concerns. She said, “I am feeding whatever is available, it is difficult. She has not been eating properly and her health might deteriorate. As monsoon is approaching my fear has risen even more”.



*Shoba anxiously looks on with uncertainty of future and concern about her child*

After the devastating earthquake, only about 20 houses of the total 496 are standing strong in Gairibisauna, Deupur VDC wards no 3,4,5 of Kavre district. After the disaster the locals of have been sleeping under the tents and temporary houses. The only thing that can be seen in the beautiful village is the debris of the houses. When the earthquake was hit, one person died but many people were rescued alive from the debris by the locals. Many cattle died while some were saved.



*Devastating scenes of houses destroyed in ward number 4 of the VDC. A television set is seen among the debris.*



Seti Neupane, 52 recalls the moment, “I was sitting with my family when the earth started to shake, we anyhow managed to flee but we couldn’t save our goats. In the first week we were even forced to sleep under the open sky with empty stomach. It was difficult very difficult”.

The people were lucky as the health post was not damaged and the service wasn’t halted. After few days, the locals got some relief materials including tent. The locals expressed joy on getting some relief materials but are worried for a longer term as resettlement is a difficult task. They even expressed fear as the village is said to have a problem of drinking water as well as sanitation. The locals are using water purifier to avoid water borne diseases. But that’s not enough, as the toilets have also been damaged along with the houses. Some have built a temporary one but many are still defecating in the open, which has increased the risk of many diseases as

monsoon is approaching. Few cases of diarrhoea, common cold and vomiting have been reported especially among children.

The children of the village are still said to be traumatised. Rajesh Purakutti, 12 shared the experience of his first day at school after the earthquake. “All my friends were scared just like me. We didn’t study. We learned about preventive measures that should be applied during earthquake. We do not want to study now, we want to play and have fun in the open so that we don’t remain scared”.



*Rajesh, responding to queries posed by HERD relief team member, Kritagya Regmi*

With reports on considerable damage of Gairibisauna Deupur, due to the earthquake, HERD team initially contacted with the Village Development Committee (VDC). The VDC had authorised a person as a relief coordinator who prepared the list of the affected. Based on the data provided, we prepared the relief materials. The relief materials included rice, lentil, oil, salt, chikpea and mattress to 250 households of wards 3, 4 and 5 of the VDC.



*HERD team busy distributing relief materials for the Gairibisauna Deupur residents*

Smile on the faces of the people after getting the relief materials is after all what we hoped for. It reminded us of how a small effort could give us great joy and meaning to life.

*Contributors: Dr. Sushil Baral, Sudeep Uprety and Kritagya Regmi*

# An Overwhelming Odyssey: A Quake Relief Memoir



Events bring about experiences. Sudeep Uprety - Research Uptake and Communications Officer at HERD shares his experiences being a part of relief distribution campaign.

I could not sleep well as I just kept waking up at 3, 4 and 4:30 in the wee hours of the morning of June 16, the D-Day to go for another relief materials distribution for the earthquake affected to Gairibisauna Deupur VDC of Kavre district on the way to Melamchi. I reached HERD office at 6 – the scheduled time for us to move. After managing all the distribution materials, a small team of 8 members set off for the odyssey. We had a pick-up truck, which we had named as “TUCSON” (borrowing the name from Hyundai TUCSON SUV) as the vehicle was used extensively for our relief distribution campaigns; and another vehicle Scorpio for us. Our ever energetic team member, Sudesh volunteered to be with the ‘TUCSON’ pickup along with the driver.



*Our 'TUCSON' - loaded with relief materials ready to head towards the destination*

We were taking a 'chill pill' with Chetana ma'am (Ms. Chetana Thapa, coordinator for the day's relief campaign) sitting in the front seat playing some rocking music. As we reached Jagate (Bhaktapur) and saw some damaged chimneys, we started discussing about the destruction and the aftermath of earthquake. We stopped by Banepa to buy some dry snacks as Chetana ma'am informed us that the community people at Gairibisauna Deupur are waiting for us as during the day, they need to go to their maize fields to work.

So, without any further delay, we reached our destination at around 9 am. On the way, we saw contrasting images of beautiful scenes of the greenery –

the landscape and the corn field while on the other, complete destruction of the houses. We had initially coordinated with the VDC officials and one of the community leaders, designated as Relief Coordinator was waiting for us. The community people had already gathered in anticipation and hope for sustained survival – even only for a few days. Ashit, our ‘relief man’ (as he has been involved in all the relief campaigns – managing all the relief items and distributing them) and our very own *dactor saab* (medical doctor) Dr. Manoj started distributing the packets as the names were called out by the Relief Coordinator. Their job was commendable as literally sweat was raining down from their bodies in the scorching heat.



*Dactor saab, Manoj sweating it out in the scorching heat*

It was heartening to see smiles of the needy after distributing relief materials to about 250 households. We interacted with the community

people about the effect of the earthquake; the damages to their family and property and the way they are managing this devastating disaster. My colleagues – Kritagya and Pragya also collected similar stories of sorrow visiting nearby neighbourhoods. I was looking for a case study and the locals informed that there is a pregnant woman who has become 'handicapped' as she was trapped in the earthquake rubble of her house. Two locals helped me to take her to her home. For a city dweller, who does not walk up and down the hill and to add to my leg problem, it was an 'uphill' task. I somehow managed to reach the woman's house. Her condition was pitiful. After interacting with her and her family members about her problems, I stepped down the hill with a heavy heart and a wishful thought if I could do anything for her.



*Santoshi Sarki, 27 in her 7th month of pregnancy is left bed-ridden with injured limbs after being trapped in the earthquake rubble*

Ms. Chetana Thapa after distributing the relief materials expressed her immense pride as a woman being able to play a part in helping other women at this time of dire need.



After staying at the community for 4 hours, we decided to return back. We were hungry by then and stopped by *Dhulikhel Chhapro*. (a famous stop-by eatery at Dhulikhel) for our lunch. It was a feast – on all accounts with delicious meal. The place had its own story. It was also destroyed by the earthquake and was rebuilt. With our stomachs full, we headed back to our

office. Our day got a perfect end when Chetana ma'am offered us ice-creams.



It was an eventful day on all accounts. There is nothing gratifying in this world than seeing smiling faces after doing some noble work.

# Interesting Internship - Reflections by HERD Interns



Govinda Prasad Pant and Seema Giri from B P Koirala Institute of Health Sciences recently completed their three months of internship/elective placement at HERD. They reflect upon their work experience at HERD



**Govinda Prasad Pant**

My internship at Health Research and Social Development Forum (HERD) was initiated through an email (to HERD's Executive Director & Operations Team). I was previously involved with HERD as a Field Researcher, immediately after completing my Bachelor in Public Health. With lots of fond memories at HERD, I chose HERD for my internship/elective posting while I was undergoing my MPH from School of Public Health & Community Medicine, BPKIHS, Dharan, Nepal.

My elective posting/internship at HERD spanned three months (March to June, 2015). During the period, I was involved in range of projects at HERD namely: Empowering District Level Manager to Improve Health worker Performance in Nepal; The Urban Health Project: Developing Strategy to Improve Health Care Services in Urban Areas of Nepal; and Rapid Structural (Technical) School Assessment.

I also got an opportunity to work on a humanitarian work through earthquake relief campaigns with the energetic HERD team at different places; reaching the unreached. My capacity as a public health researcher was also enhanced as I also had the opportunity to attend training on Human Resource Planning and Management, Advanced Microsoft Excel training, Research Ethics online course, Workshop on Qualitative Research, Enhanced Capacity and Learning (ECL) sessions. I also learnt a lot during interactions such as staff meetings and field visits for different projects.

The experience has given me a thorough understanding of the employer etiquette - working in an organization with diverse professionals and insight into the operation of projects. I enjoyed the opportunities to learn from and work with individuals of a variety of backgrounds with lots of experiences.

I would like to thank the entire HERD team, on behalf of School of Public Health & Community Medicine, BPKIHS and myself, for being so supportive and giving me such a considerable learning opportunity. I enjoyed being a part of such a diverse, friendly, energetic and motivating team. It was so nice to meet such a motivating and inspiring faces at HERD.

HERD is a wonderful place to intern/contribute in the sector of health research and social development sector. Thank You HERD!!! Wishing the organization progress ahead!!!



### **Seema Giri**

Based on the reference of one of my friends, I got an opportunity to work at HERD as a field researcher in Nepal Household Survey 2012 after completion of my Bachelor degree. For my internship, I was searching for a suitable organisation and consulted Dr. Suresh Tiwari. He suggested me that HERD is the best learning place and will help for my career development. As I am interested in health systems research, I joined HERD for my internship.

The period of 3 months was very fruitful as I learnt many things. It helped me to uplift my theoretical knowledge, made me more responsible and hardworking. I got an opportunity to take part in training and learn about tool design, research methodology, report writing, analysis and many other nuances of research.

I found HERD team hard working, responsible and energetic with an inspirational and motivating leader. I would like to thank my supervisor Ms Nabita Sharma who guided and supported in my whole internship period along with WaterAid team.

HERD is a good platform for the new learners. Thank you very much HERD team, you all made my internship period worthy.

# Ensuring Quality in Qualitative Research: Data Management Practice at HERD



Sangeeta Khimbanjar - Assistant Research Officer at HERD shares how she and her team engages to maintain quality in qualitative research studies through effective data management practices.

Data management and documentation is a backbone for any research. Good documentation provides context to the data, tracks its provenance and makes it easier to find and use it in a longer term. Henceforth, data management and documentation should be done systematically to minimise the errors and misplacement of the data.

In order to trace the record of the entire data for various projects at HERD, we prepare a log sheet. Qualitative data (transcriptions, recording, consent forms) are managed in a systematic way so that it can be found and understood whenever needed.

For the qualitative data management, we follow a standard recruitment process at HERD. Our quality output is a loyal echo of our recruitment process. To maintain our quality standards, we have formulated stringent recruitment process, where applicants go through a round of performance tests as we assess them on their writing skills, speed and proficiency of language. Getting through a round of tests is just the beginning, as especially for the newly recruited translators, we closely monitor them at least for a week.

After hiring the translators, orientation session is organised by the project team. We use a total of 3 forms for translation. The first form is the 'Daily Work Activities Sheet' in which the translators write down their incoming and outgoing time. They also sign on it as evidence. The second form

'Translation Progress Sheet', maintains record regarding what type of qualitative data is being translated and the number of words translated per day. Cross verification is done by opening the file created by the translators in the computer and the Microsoft Word count is also checked. The progress sheet is signed by the verifier after the verification. The third form is the Log Sheet for keeping record of translated transcription. A separate log sheet has been made in Microsoft Excel before distributing the copies to the translators. It contains details such as to whom transcription copies belonging to specific districts has been assigned as well as the time expected to complete that assignment.

**TRANSLATORS' TALE**



**Sangeeta Koirala**

*I have worked for translations in few projects for HERD earlier as well. I feel like I have learned a lot during each project. We come across new words, technical terms everyday which is very exciting, as I have gained knowledge about various issues. While translating the interview transcripts, along with the knowledge of the subject matter, I have also learned about the nature and pattern of interviews which has also oriented me more on qualitative research.*



**Sunita Neupane**

*This is my first experience as a translator. Initially it was difficult as every now and then I came across new words. Initially I felt pressurised but now gradually I have started enjoying it as I get to learn new things.*

The details of the transcribers are also maintained to distinguish the translators during data analysis. The log sheet is to be filled by the supervisor on a daily basis which makes it easier to inform the research

team about the progress of translation. The supervisor is responsible for monitoring the working hours of the translator. Regular interactions take place between the translator and the research team to identify the problems, mitigate those problems effectively and document the lessons learnt.

Though many issues and challenges arouse, with an efficient system in place – we will be on track with efficient and effective data management and documentation.

## महाभुकम्प - मेरो भोगाइ, मेरो सिकाइ



Sudeep Uprety, Research Uptake and Communications Officer at HERD shares what he gained from the loss of #NepalEarthquake

करीब ३ बर्ष अघि भुइचालोको एउटा ड्रिल मैले पढाउने स्कूलमा गरिएको थियो । त्यतिखेर मलाई लाग्थ्यो के वहियात नाटक गरेको होला । बैशाख १२ गते को महभुकम्पपछी मैले वहियात भन्ने शब्द मेरो शब्दकोशबाट delete गरेको छु ।

बैशाख १२ गते, १२ बजे साथी अशिमको घर कोटेश्वरमा हामी केही पुराना साथीहरु भेटेर, पुरानो संकल्पलाई निरन्तरता दिने अठोटका साथ भेला हुने योजना थियो । १२ बज्न् लागेको थियो, म घरबाट खाना खाएर कोटेश्वरको डाँडा उक्लदै अशिमको घर पुग्ने लागेको थिए । अचानक गढ्याइ गूडुड आवाज आयो। मेरो पहिलो प्रतिक्रिया थियो – कत्रो प्लेन उडेछ ! कोटेश्वरमा ठुलो प्लेन उढ्दा तेस्तै आवाज आउछ । मैले पनि त्यही सम्झे। तर जब हिंड्ने गार्हो भयो, तब बल्ल मैले थाहा पाए, भुकम्प आएछ! एउटी महिला खाली खुट्टामा दौडिन थालिन । उनी चिच्याएको अहिले सम्म मेरो कानमा गुन्जयमान छ । छिन भरमै जमिन हल्लियो, म पनि बेस्सरी हल्लिए। सडकमा हिडिरहेको हुँदा, मैले react गर्नलाई भुइमा बसे । मानिसहरु सबै घरबाट बाहिर आए । कोटेश्वर वरपर कुनै घर ढलेको देखिन।

कोटेश्वर डाँडाबाट आँखाले भ्याएसम्म हेर्दा पनि खासै घर ढलेको देखिन । त्यसैले मलाई ठुलो आकारको भुकम्प गएको त भान भयो तर क्षति ठुलो भएको जस्तो लागेन । भुकम्प आएपछी फेरी फर्किन्छ रे, त्यो पनि तेत्रै आकर को भनेर, अलिक डर लाग्यो । एक छिन घर फर्किने आट आएन । एक छिन साथी अशिमको घर अगाडि गएर बसे । घरमा फोन गर्ने धेरै प्रयास गरे तर लागेन । अलिक साम्मे भएपछी बिस्तारै घर फर्के । घरमा सबै सकुसल भएको देखेर ढुक्क लाग्यो ।

मध्य दिनको त्यो त्रासदी युक्त घटनाले सारा मानसिक स्थिती खल्बलियो । मनमा डरको डेरा बाकलै थियो । काठमाडौंको हबिगत देख्दा बिरक्त लाग्यो । फेरी सबैले FM सुन्दै यो पनि ढलेछ, त्यो पनि ढलेछ भन्दा झन तनाब भयो । त्यो रात हामी घरको ग्यारेजमा सुत्थौं । भोली फेरी मज्जाले भुकम्पजीको आगमन भयो । त्रास मरेन, उल्टै बढ्यो । दोस्रो दिन पनि परिवार, आफन्त र छर छिमेकको त्रासमा त्रास मिलाएर कट्यो ।

यि सब घटनाबिच मेरो मनमा अर्को कुराले बिस्तारै प्रवेश गर्दै थियो । म भिडमा पनि एकलो महसुश गर्ने मान्छे भएकाले एक छिन सोचमा डुबे । त्यो सोच मैले थाहै नपाई मेरो जीवनमा परिवर्तनको प्रतिक बन्यो । मैले सोचे, म भर्खर २६ बर्ष काटेको युबक, अहिले सम्म दुःख देखेको छैन । मेरा बा, आमा, गुरु, गुरुआमाहरुले बढो लालन पालन गरेर हुर्काउनुभएको, राम्रो शिक्षा, दिक्षा दिएर आफ्नो खुट्टामा उभिन लायक बनाउनु भएको मान्छे । म आज आएर एउटा भुकम्प आउँदैमा, त्यो पनि मेरो परिवार र घरलाई केही पनि नहुँदा, किन ठुलै बिपत आएजस्तो गर्दै छु? मलाई पिर गर्नुपर्ने केही पनि त भएको छैन! म किन एती सारो डराएको छु? यति मानिसहरुको मृत्यु हुँदा, घर बार नस्ट हुँदा मैले त आफुलाई भाग्यमानी ठान्नु पर्छ भन्ने सोचे । यो मेरो लागि त एउटा नाफाको जिन्दगी हो । यो bonus को life मा त मैले हरेक पल जिउनु पर्छ । हरेक मिनेटलाई meaningful बनाउनुपर्छ । हरेक दिन मेरा लागि उपलब्धिपूर्ण हुनुपर्छ ।

यही सोचका साथ मैले भुकम्प पीडितहरुको सहयोगकोलागि HERD को राहत कार्यक्रममा आफ्नो सहयोगी हात अगाडि सारे । मेरो भूमिका राहत कोश को स्थापना, त्यसको प्रचार र

प्रसार र राहत कार्यक्रमहरूको बारेमा सुचना प्रदान गर्ने थियो। भुकम्प सम्बन्धी मिडियामा प्रकाशन भएका समाचारहरूको संकलन, बिश्लेशन र रिपोर्ट एक महिना सम्म दैनिक रुपमा लेखियो, जुन आफैमा चुनौतिपूर्ण थियो। मैले यस्तै कठिन दिनहरूलाई उपलब्धिपूर्ण बनाउन, कठिनाईहरूलाई चुनौती भन्दा पनि अवसरको रुपमा हेरे।



*मिडिया अनुगमन गर्दाका मेरा सहयोगी हातहरू - कृतज्ञा र सन्तोष*  
बैशाख १२को महभुकम्पले म मा केही सकारात्मक परिवर्तन ल्याएको छ। अब देशमा पनि सकारात्मक परिवर्तन ल्याउन हाम्रा हरेक सामुहिक प्रयासहरू उपलब्धिमुलक बनाउनु पर्छ ।

# Tobacco Control: Behaviour Change for Systemic Change



As human beings, we have good habits and bad habits. We have categorised and internalised our habits as ‘good’ and ‘bad’ based on our societal norms and values. From the very small age, we are taught and reminded that tobacco consumption is a bad habit and is injurious to health. However, people do smoke and consume other forms of tobacco. Tobacco consumption is instigated by many factors. Young people and adolescents start smoking in order to look matured, due to peer pressure as well as out of curiosity. Adults may smoke due to mental stress caused by economic and personal problems while some may smoke to control weight or even for the sake of sheer pleasure.

### **Changing Behaviour for Change in Behaviour**

Is it that people who consume tobacco are not aware of its hazards?

Certainly that's not the case. It is one of people's inhibitions that need to go through a complex process of realisation, will power and dedication. In some instances, smokers are looked down upon and constantly pressurised by the family members, in the neighbourhood and by the colleagues as it is considered a 'social evil'. As a result, the users are left in a dilemma of the quick realisation to quit tobacco but not being able to take the next but very important step forward – the process of quitting. The BIG change required here was the BEHAVIOUR change. Changing behaviour for the change in behaviour was envisaged through a behaviour change intervention for smoking cessation.

### **From Individual Change to Systemic Change**

For the BIG change, transformation in behaviour can only be possible if it is integrated within the government health system. For that, HERD started this 2-year feasibility project, 'Development and Implementation of Behaviour Change Intervention for Smoking Cessation' with the support of Ministry of Health and Population and COMDIS-HSD, a research consortium based in University of Leeds, UK. The modality was based on providing individual counselling to patients visiting the Primary Health Care Centres through the health workers and support staff from HERD. Counselling was provided through IEC materials and conducting follow up visits. This way, the project was designed not just to instigate the positive impact within the project time frame but to integrate the behaviour change intervention within the primary health care settings so that the behaviour change intervention packages continue even after the project ends.



*IEC materials developed by HERD with the support of National Health Education, Information and Communication Centre (NHEICC) and COMDIS-HSD.*

**World No Tobacco Day Award 2015**



HERD was awarded with World No Tobacco Award 2015 by WHO Acting WHO Representative of Nepal on June 5 at WHO Nepal Headquarters in Kathmandu.

Dr. Sushil Baral, Executive Director of HERD after receiving the award on behalf of HERD reflects back to earlier days how mission tobacco control began: “We have been working very closely in the sector of tobacco control in close coordination with the Ministry of Health and Population since our establishment in 2004. We started with the inter-linkage of tobacco users being vulnerable to tuberculosis. That was the inspiration for us to start the self-initiation towards working more in tobacco control activities. Our approach basically has been generating the evidence, informing the policy and changing the practice. We are proud that our small effort through the feasibility study intervention in the primary health care settings has been acknowledged by the ministry and the WHO.”

“It is a great moment for us as all the effort we have put in for tobacco control initiatives has finally paid off”, Sudeepa Khanal, Project Coordinator for tobacco control related projects at HERD said. Shraddha Manandhar, Research Officer, who observed and monitored the intervention in one of the primary health care centres in Kathmandu shares her experience, “It was challenging as it was behaviour change and we had to counsel the patients and at the same time coordinate with the health workers in their health facilities. We had to conduct several meetings and follow up sessions to finally come up with a successful result - 37% quit rate among smokers who received the intervention support. The wait has been worthwhile.”



*Shraddha Manandhar and Sudeepa Khanal, all smiles receiving the award.*

### **Our Efforts Continue**

“The award gives us zeal to work all our available resources furthermore in the sector of tobacco control”, Dr. Baral stated as he shared about HERD planning to come up with more innovative projects on tobacco control particularly targeting for supporting government in effective implementation of banning tobacco consumption in public places.

*Contributors: Dr. Sushil Baral and Sudeep Uprety*

# My Earthquake Experience: The Terror Tale



Shradha Manandhar, Research Officer at HERD shares her experience of **fearing** and **facing** the earthquake. Read and share!

I was in a tempo on my way to Patan to join the *Saturday Mahotsav*. The tempo had just reached Ratnapark when it happened. The tempo was shaking and the passengers were bumping against each other when the driver suddenly stopped. I was furious at the driver for driving so rashly. What was he thinking? Driving a tempo like that. He slammed the brakes so hard that we were all pushed forward. Some of the passengers screamed at the driver. Some had already realised that something had gone wrong. It was an earthquake. A big one! The driver said, “The ground is shaking. I could not balance the tempo.” The passengers started panicking. Call me slow, but I was still just processing what others had already comprehended.

The tempo was still shaking. By then, even I had realised that we were middle of an earthquake.

“Just a long one. Nothing to worry about”, I thought. I turned around to see a cloud of dust rise from Durbar High School, Jamal. One side of the school building had completely collapsed! I realised with sickening urgency and a heavy heart that there were shops and a footpath full of people where the rubble had just landed. I froze. The passengers had started getting out of the tempo. I looked around and saw people crying, kneeling down and praying while the ground continued to tremble. I looked back at the rubble from the school and was a little relieved to see that policemen and some other people were helping the injured. I wanted to help too. I really did. But for some reason, I couldn't.

I was scared. I wasn't prepared for this. What was happening? I saw people frantically trying to call their loved ones. My family was home. Mom, Dad and my brother. We live in a crowded area! I took out my cell phone and dialled my Mom's number. Network busy!

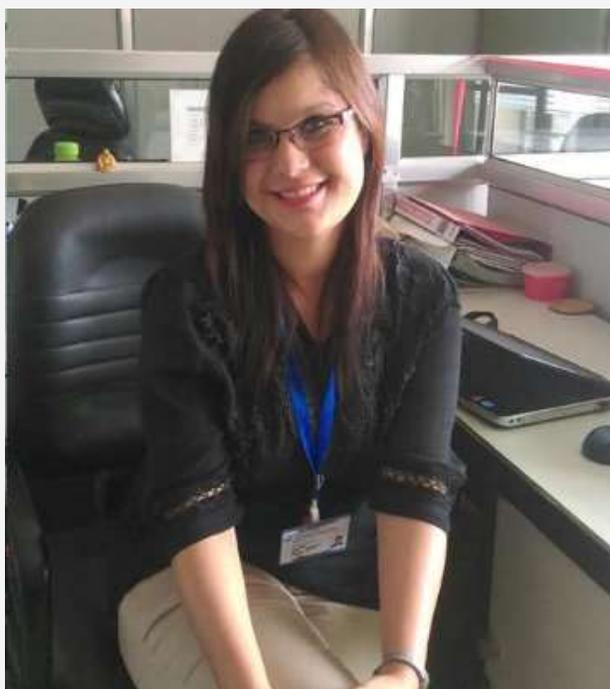
I realised I had walked towards Rani Pokhari from Ratnapark. I kept calling my family members one by one but couldn't get through. Dazed, I began walking home. My phone beeped. A text from home. “We are safe. Are you okay?” Relief surged through me. “I am safe too”, I texted back.

I reached home and found my family was in an empty space behind a neighbour's house. “Phew! It's over”, I thought, with absolutely no idea that the terror had only just begun.

A month has passed. We haven't slept in our house in a month out of fear. We've experienced hundreds of aftershocks. I am sometimes more scared than I was on that day. I experience intermittent episodes of fear. I get nervous while walking the streets. I realise I am often conscious in the office, scared of the next aftershock. The thought of bathing gives me the same feeling in my stomach that I used to get when I thought about 'bungee jumping'. I do realize that we are lucky. I am luckier than many others who've lost their homes, lost their loved ones. Their pain is much worse and unimaginable for me. Yet, I am fighting my own silent battle with the disaster.

I am gradually leaving April 25th behind. I hope to see my family and the country at peace again.

# महाभुकम्प र मेरो अनुभव



Anju Bhatta, Research Officer at HERD shares her personal experience of the devastating earthquake. Expressed in Nepali language, she reflects back on those dark days and the satisfaction she received after being engaged in relief works. Anju prefers sharing her experience in Nepali language, her mother-tongue.

जीवनभनेको नै सुख र दुःख मिलेर बनेको दुई वटा पाटोको समिश्रण हो । त्यसैले भन्ने गरिन्छ “Life is Unpredictable” । कसैले सोचेको थिएन होला वैशाख १२ गतेको दिन, यस्तो पनि होला भनेर !

शनिबारको दिन, छुट्टीको दिन, सबैजना आफ्नो हप्ताभरिको थकाई मेट्न केही न केहीगर्दै हुनुहुन्थ्यो होला.... या परिवार, आफन्त या साथीहरूसँग रमाइलो गर्दैहुनुहुन्थ्यो होला... त्यसैगरि म पनि बर्दिया जिल्लामा अफिसको कामले गएकी थिएँ । अघिल्लो दिन काठमाण्डौँबाट बर्दियातिर लाग्दा सोचेको पनि थिइन कि फर्केर आउँदा काठमाण्डौँको मुहार नै फरक देख्न पाईन्छ । मान्छेहरू घरबाहिर पालमा बसेर आफ्नो दिनचर्या बिताइरहेका होलान् अथवा बच्चादेखि बुढो मान्छे सबैको अनुहारमा खुसीको ठाउँमा एक किसिमको डर, त्रास देखिन्छ ।

यस्तो समयमा आफन्त, साथी-भाइहरूबाट टाढा भएर होला म आफूलाई “unlucky” ठान्छु । वैशाख १२ गतेको दिन मेरो लागि पनि नयाँ दिन जस्तै थियो । म बर्दियाको मोतिपुर भन्ने गा.वि.स. जाँदै थिएँ । मनमा नयाँ किसिमको हलचल भइरहेको थियो । तर यो मनले बुझ्न सकिन के भइरहेको छ भनेर । १२ बजेको त्यो टनटनापुर घाममा एउटा लोकल जीपमा बसेको बेलाभुइँचालो आयो, जीप हल्लायो अनि एकछिनको हुरी जस्तै उडेर गयो । तर एकछिनको हुरीले मान्छेको जिन्दगी नै फेरेको रहेछ त !

मनमा त्रास र डर केही थिएन । तर मनको एउटा कुनामा कुनै किसिमको चञ्चलता भने भइरहेको थियो । छोटो दुरीको यात्रापछि गन्तव्य पुगियो र एउटा पसलको भाइले भन्यो, “काठमाण्डौँ त खत्तम भयो रे दिदी ।” एक्कासि मन र दिमागले काम गर्न छोड्यो ! घर,

आफन्त, साथी-भाइहरूलाई फोन गर्न खोजें तर फोन लागेन । मनमा एक किसिमको डर र त्रासले ठाउँ लिन खोज्यो !

दिनभरिको प्रयास विफल भयो तर आँट भने छोडिँनँ... करिब रातीको १०.३० बजे फोन लाग्यो ! मम्मीले हेलो नभनेर सिधै “छोरी तिमि ठीक छौ” भनेर सोध्नुभयो । आँखाभरि आँसु आयो । सोचें आमा-बुवाको मन कति छट्पटिँदो रहेछ आफ्नो सन्तानहरूको लागि । मैले आफू सुरक्षित भएको कुरा गरें र उँहाहरूको बारे सोधें । उँहाहरू सकुशल हुनुहुँदो रहेछ । मनमा अलिकति भएपनि डर हरायो । त्यसपछि साथीहरूलाई फोन गरें । उनीहरू पनि सबैजना सकुशल भएकोले एकछिनको लागि भएपनि एक किसिमको मनमा राहतले कब्जा जमायो ।

फेरि मन चञ्चल हुनलाग्यो । परिवार, आफन्त र साथीहरू सुरक्षित भएपनि नेपाल त सुरक्षित छैन भन्ने आभास भयो । रातीको १२ बजिसक्यो निन्द्रा लाग्दैन.. टीभी हेऱ्यो राम्रो कुरा केही देखाउँदैन । जसोतसो गरेर रात बिताएँ र भोलिको दिनले कुन समाचार ल्याउँछ भन्ने मनमा डर थियो । भोलिको दिन आँट गरियो र काठमाण्डौँ फर्किन्छु भनेर नेपालगञ्ज पुगे । तर दुर्भाग्यवश प्लेनहरू नचलेकोले गर्दा नेपालगञ्जमै बस्ने निधो गरियो । तर केही समयपछि त्यो पनि हुन सकेन । अलि समयको बसाईमा धेरैले फोन गर्नुभयो । काठमाण्डौँ अहिले नआउन अनि घरबाट पनि नजान भन्नुभयो । मनलाई मारेर घरतिर लागियो । घरमा एक हप्ताको बसाईमा राम्रो कुराहरू केहीपनि सुन्नमा आएन । झन मनमा एक किसिमको ग्लानि महसुस हुनलाग्यो । यसो कुरा बुझ्दा आफुले काम गरिरहेको संस्थाबाट राहतको काम पनि भइरहेको रहेछ ।

यसो सोचें मान्छेहरूलाई यत्रो विपत्त परेको बेला त अरुलाई सहयोग गर्नुपर्छ भन्ने भावना छ भने, म जसले यस्तो विनाशकारी भुकम्प महसुस पनि गर्न पाइँन त्यसका लागि होला मनमा एउटा नयाँजोश र जाँगरका साथ मैले नि केहीगर्न सक्छु भन्ने भावना आयो । यसो विचार गरे साथी-भाइहरूसँग फोनमा कुरा गरेर केहि हुन्न भन्ने सोचेर काठमाण्डौँको यात्रा तय गरें ।

एयरपोर्टबाट धापाखेल पुग्दासम्म मनमा एक किसिमको डर लागिरहेको थियो । जब बाटोका ढलेको घरहरू देखें, जसरी मान्छेहरू दुःख गरेर पालमुनि बसिरहेका थिए, त्यसपछि त डर आफैँ हरायो । काठमाण्डौँ जहाँ मान्छेहरूलाई एकअर्काको दुख-सुख सोध्ने समय पनि थिएन, तर त्यो समयले मान्छेहरूलाई समुदायमा मिलेर बस्न सिकायो । त्यसैले गर्दा होला हप्ता दिनको बाहिर पालको बसाई पनि आनन्दमा परिणत भयो ।

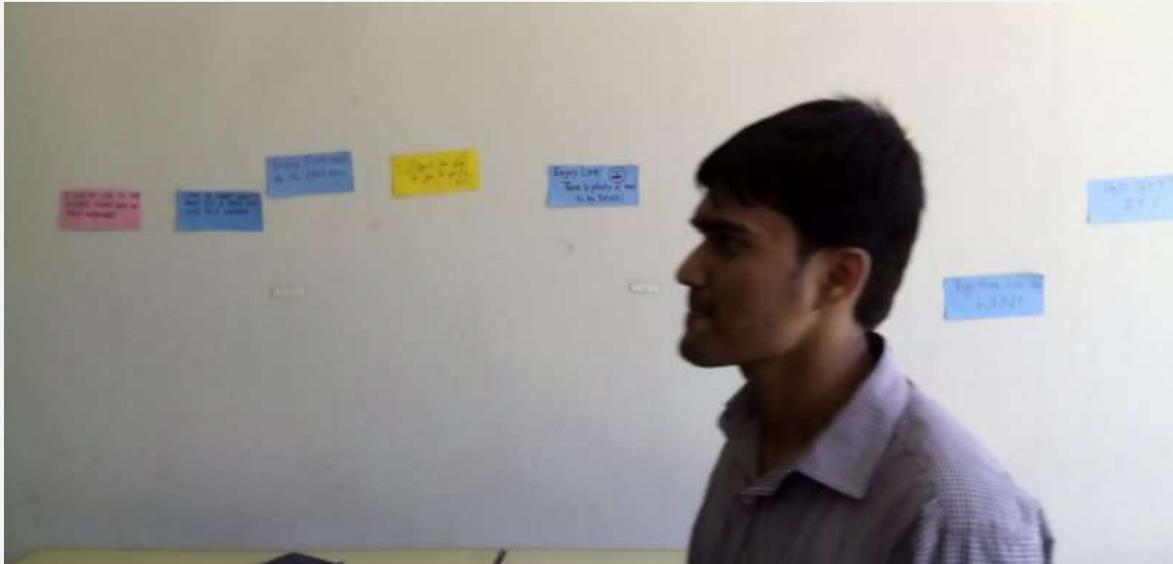
पहिला-पहिला बुढापाकाहरूले भन्थे “बाबु, राम्रो काम गऱ्यो भने पुण्य कमाइन्छ रे” । तर राहतको काममा लाग्दा जुन किसिमको मनमा सुख र आनन्द हुन्छ, त्यो कुनै पुण्य कमाउने भन्दा धेरै ठूलो हुँदोरहेछ । मान्छेको अनुहारमा हाँसो ल्याउन भनेको संसारकै सबैभन्दा गाह्रो काम हो जस्तो लाग्छ । तर यो कामपनि सजिलै गरियो । सबै नेपालीको अनुहारमा मुस्कान ल्याउन नसकेपनि केहीजनाको अनुहारमा मुस्कान ल्याउन सफल भइयो । चाहियो भने हामीले पनि गर्न सक्छौँ भन्ने भावना देख्न पाइयो ।

अहिले सामाजिक सञ्जालहरूबाट धेरै देख्न पाइन्छ सबैजनाको सक्दो प्रयास र निःस्वार्थ भावनाले गरेको सहयोग । लाग्छ म या तपाईँ एकलैले गरेर यो दुःखको समयमा केहीगर्न सकिँदैन... तर हामी सबैजना मिलेर गर्नेहो भने नेपाल र नेपालीहरूको अनुहारमा मुस्कान ल्याउन सकिन्छ । त्यसैले त भनिने गरिन्छ, जबसम्म “म” बाट “हामी”मा परिवर्तन हुँदैन तबसम्म देशले नयाँ काँचुली फेर्दैन ।

# Rewinding Ourselves for Rejuvenation



When the clock struck 10 in the morning of Monday with our Executive Director calling for the usual weekly staff meeting, we had no expectations of it being a different one. After the usual project specific summaries by project leads and operations unit, it was the turn of Sushil Sir (HERD's Executive Director) with a surprise in store for us when he uttered, "Let's play a game". Everyone was confused, could be football or some musical games as he is fond of singing and dancing. But it was something else, a mind game. He asked us to get a paper and express five inspirational messages - anything that pops up in our mind. We had to paste the paper on the walls of our partly damaged office building to rewind and rejuvenate ourselves from the earthquake aftermath.



*The Wall of Hope - HERD field researcher walks by positive messages hung on the ground floor*



Seema Giri, Intern at HERD gathers her thoughts to pen down her positive messages to motivate herself and her colleagues at this difficult time

In no time the walls of HERD office were filled with people's emotions. It was an art of expression which didn't just inspire one but many. Now that the messages are seen everywhere, it brings smiles in everyone's face and also takes away the boredom and the fear.

**Straight from the heart - HERD members pour their emotions:**

- Enjoy life, there is plenty of time to be dead.
- I am prepared for the worst thing that can happen to me. But I will always dare to live my life.
- How lucky we are, we got an opportunity again to do something good.
- Life is tough, but remember so are you.
- Life is simple, lets not make it complicated.
- I live my life to the fullest. There are no half measures.
- Don't blame situations for your failure. Blame yourself and work for its betterment.
- As aftershocks keep on reducing, our happiness will keep on mounting.
- "पराकम्पन (Aftershocks)", no way it is rather "प्याराकम्पन (lovely shock)" Lets enjoy it, shall we?
- I am going to make the rest of my life, the best of my life.

Such spirited slogans, helps to bring smiles in our face and also a glimmer of hope.

***Contributors: Sudeep Uprety and Kritagya Regmi***

# Tackling Tobacco: Nepal's Efforts towards Tobacco Control



Tobacco is one of the most preventable causes of illness and death. In addition to the direct effects on individual's health, it leads to high health care cost for the individuals as well as the health system.

## Tobacco in Nepal

Like many other countries, tobacco use is a major public health problem in Nepal. Though 52% male and 13.3% female use tobacco products (NDHS 2011), the prevalence of tobacco use has been declining over the years with prevalence being 53.4% among men and 19.6% among women aged 15-49 in 2006. The overall prevalence has also reduced to 28.5% in 2006 to 22.8% in 2011. Among various form of tobacco use, cigarette smoking is the most common. However, use of smokeless tobacco is also on

the rise and different forms of smokeless tobacco such as *khaini, zarda, gutkha, pan masala, gul, snuff* and others.

Youth have been major users of tobacco and second hand smoking. Various surveys conducted reveal a high percentage of tobacco users among youth and health professional students. Nearly 5 in 10 **school students** are exposed to second-hand smoke in public places and the tobacco industry continues to target the youth through widespread advertisement, promotion and sponsorship.

### **Tobacco Control – From Policy to Practice**

Nepal became a Party to the WHO Framework Convention on Tobacco Control on February 5, 2007. The Tobacco Product (Control and Regulation) Act, 2010 is the primary law governing tobacco control in Nepal. This act requires products to be licensed and companies selling tobacco to be registered; ban on the sale of smokeless tobacco to under-18 age group, ban on tobacco consumption in all public and work places and prohibits advertising. Pictorial health warnings were implemented in April 2014. The government has issued a directive increasing the size of the pack warnings to 90 percent of the front and back of all tobacco products packaging. Similarly, **MPOWER** policy package of WHO has been taken as a roadmap for tobacco control activities in Nepal. Policy formulation, advocacy, awareness with behaviour change and training activities have been conducted by the Nepal National Health Education, Information and Communication Centre (NHEICC), which is the national focal point for tobacco control under the Ministry of Health and Population.

## TOBACCO TALES: KEY FACTS

- 6 million people die every year due to tobacco
- 10% of deaths due to second hand smoking
- Over 40% children have at least one smoking parent
- Tobacco kills up to half of its users
- Prevalence of men smoking tobacco has fallen in 125 countries between 2000 and 2010
- Nearly 80% of world's one billion smokers live in low and middle income countries
- Tobacco caused 100 million deaths in 20<sup>th</sup> century. If current trends continue, it may cause one billion deaths in 21<sup>st</sup> century
- Cigarette sales decreasing in Europe and North America; increasing in Africa
- 77 million adult smokers in Africa
- Anti-tobacco advertisements and graphic images on cigarette packs helping reduce number of smokers
- Illicit cigarette sale in Europe climbed from 0 to 37 percent in 2014

Source: WHO and Euronews.com

### Implementation Issues

Although tobacco control legislation and policies exist in Nepal, they have been found to be either inadequate or poorly implemented. Reasons for this include a lack of training of law enforcers; unclear roles within government departments; and inadequate resources for enforcement. Furthermore, illicit trade between India and neighbouring countries, and sale in informal establishments, often in unpackaged forms are other challenges. For smokeless tobacco, in addition to above, there is inadequate data on the production and distribution of smokeless tobacco products, making it difficult for policy makers to develop, implement and enforce effective control measures for these products.

### The Road Ahead

Where effective implementation of the existing policies are essential to reduce tobacco use and initiation among youth and adults, it is absolutely vital to establish new policies to reduce exposure to second hand smoke especially for the youth. Multi-sectoral efforts are needed for strengthening the enforcement mechanism on smoke-free policies.

### **HERD's Efforts towards Tobacco Control Developing a Behaviour Change Intervention for Smoking Cessation within primary care in Nepal**

Preventing tobacco use and helping tobacco users to quit is beneficial for individuals as well as the health system of any country. HERD collaborated with National Tuberculosis Centre (NTC) and NHEICC to conduct a 2 year study to assess the feasibility of a behaviour change intervention within the Practical Approach to Lung Health (PAL) programme in 2 districts of Nepal: Kathmandu and Rupandehi. Through this COMDIS-HSD project (research programme consortium operating under UKAID), all the patients in the selected primary health care centres with respiratory problems who smoked were given the counselling support by health workers to help them quit smoking. During the counselling sessions, health workers employed behaviour change techniques, addressing factors such as maintaining will power and motivation to give up smoking. Information Education and Communication (IEC) materials such as flip books and leaflets were also used during the study. 37% quit rate was seen among smokers who received the intervention. The study also demonstrated that embedding smoking cessation within routine primary care is key to successful delivery with a need of effective reporting and supervision mechanisms within the health system.



*WHO Sri Lanka team in our intervention site, Primary Health Care Centre in Kathmandu during their observation visit on effectiveness of smoking cessation in Nepal*



*The then NTC Director Dr. Rajendra Pant during Intervention Review Workshop*

## **Supply Chain of Smokeless Tobacco in Nepal: A Feasibility Study**

HERD conducted a feasibility study in 2013 to assess the feasibility of conducting a multi-country study of the production and supply chain of smokeless tobacco in South Asia. Overall, the study was successful in identifying and interviewing actors involved in the supply chain of Smokeless Tobacco (SLT), providing relevant information such as including identification of the best recruitment methods to use and how the data collection tools can be refined. A larger study using the tools and learning from this could provide important evidence for policy makers to enable them to effectively regulate SLT products.

*Contributors: Dr. Sushil Baral, Sudeepa Khanal and Sudeep Uprety*

## Seeking South-South Collaboration: Sensitising Urban Health Agenda



The 12th International Conference on Urban Health being held in Dhaka, Bangladesh from May 24 to May 27 also provided good opportunity for South Asian delegates to share their country specific experiences and find commonalities within the specific interventions for a general South Asian understanding and subsequent response.

A special session was held during the conference on May 26 titled '**Designing Household Surveys that Capture the Health and Socio-Demographic Status and Needs of the Urban Poor**'. This session was funded by University of Leeds, UK and chaired by Helen Elsey, Lecturer at the University. The session was represented by five organisations/institutions:

- Health and Social Development Forum (HERD), Nepal

- ARK Foundation, Bangladesh
- Urban Health Resource Centre, India
- Department of Global Health and Social Medicine, Harvard Medical School, USA
- University of Leeds, UK

The introductory session presented by Helen Elsey (representing University of Leeds and HERD) and Ru-yi Lin (representing ARK Foundation) discussed on the challenges and limitations of existing, large nationally representative surveys in identifying the needs of the urban poor.



The session was followed by a presentation by Siddharth Agarwal from Urban Health Resource Centre, India discussed about the sampling

strategies to identify and recruit the urban poorest as well as issues surrounding defining a household in the context of urban vulnerability and poverty.



Dana Thomson from Department of Global Health and Social Medicine, Harvard Medical School discussed about the innovative sampling and enumeration methods to measure demographic and health outcomes in the urban poor settings.



Uden Maharjan from HERD shared the Nepal experience on use of spatial mapping in an urban household survey; the challenges and the lessons learnt.



### **Commitment of Collaboration**

HERD and ARK Foundation also had an informal sharing meeting at ARK Foundation office in Dhaka on May 26 where officials from both the organisations shared their current project involvements. This briefing was particularly important for both the organisations to understand the common issues of interest and discuss possibility of collaboration through joint applications in future calls as well as sharing of any specific experience/expertise to each other for the benefit of both the organisations in terms of knowledge sharing and capacity building.

Both the organisations are funded by University of Leeds through some projects on Urban Health and Helen Elsey also opined of developing an

Urban Health Sharing Platform through the communications officials to institutionalise cross country sharing on a regular basis.

### **Sharing Session on Research Uptake and Communications**

Sudeep Uprety, Research Uptake and Communications Officer at HERD conducted a brief sharing session on Research Uptake and Communications practice at HERD. Initially, he discussed about Research Uptake (RU) through DFID lens based on the reference of Research Uptake Guide for DFID funded research programmes published in May, 2013. This document talks of understanding RU through supply and demand of research. Sudeep briefly discussed on 4 RU Strategies: Stakeholder Engagement, Capacity Building, Communication and Monitoring and Evaluation.

Furthermore, he discussed about how HERD developed its RU and Communications Unit institutionally with guidance from University of Leeds, particularly through RU Manager, Dr. Nilam Ashra McGrath. Sudeep also explained about the stages involved in RU and Communications namely Process Documentation, Write Up, Editing and Finalisation of Final Deliverables (Reports, Guides) and Development of Research/Policy Briefs.



Sudeep also gave some useful tips for organisations to institutionalise RU and Communications that are new to this concept:

- Before communicating any project related activities/events, clarity of goals and audience is required and special consideration should be given to stakeholder interests
- RU and Communications Officers should have adequate knowledge and understanding of projects – not entirely technical but at least the aim, objectives and purpose of the project
- There should be time to time discussions of Senior Management with core staff about how to highlight the organisation and its activities

- RU officers if involved in proposal writing, could be really beneficial to understand the project context
- There could be a guideline on RU is all about creativity; being well versed with development context; funder priorities and thinking about where the organisation fits in

This highly beneficial interactive and informal discussion between the two organisations ended with warm hospitality by Rumana Huque, Executive Director of ARK Foundation hosting HERD team a dinner reception serving us with mouth watering local Bangladeshi delicacies.

***Contributors: Dr. Sushil Baral and Sudeep Uprety***

# Dhaka Statement: 'Pushing' and 'Pooling' for Urban Health



Through the Dhaka Statement, the participants of the International Conference on Urban Health 2015 recognised urban health as a priority in sustainable development. The forum also raised the necessity of including urban health in the sustainable development goals, targets and indicators for the post 2015 development agenda, Third International Conference on Financing for Development, The United Nations Climate Change Conference, Habitat III and 2016 Conference on Housing and Sustainable Urban Development.

**Cities as Drivers of Development**

The Statement also acknowledged the role of cities/urban areas in national development as they provide the following opportunities:

- Potential to improve lives through economic support
- Planned environment (housing, land use and transport) can result in healthy choices of food, exercise and social engagement
- Advancement of education, child growth and human empowerment

### **Gearing Up Governance**

The Statement reiterates on strong and effective governance to promote urban health – clarifying roles and responsibilities of local bodies as well as building up strong public health infrastructure to work in partnership with other sectors, preventing and mitigating potential risks and benefits to the health of policies, programmes and investments across sectors.

### **Call for Action**

The Statement has urged for the following actions to mainstream urban health into sustainable development agenda:

- Recognising critical importance of the health of urban dwellers to achieving Sustainable Development Goals
- Mainstreaming consideration of the unique opportunities and challenges of urban environments across the SDGs
- Recognising need for evidence based and cost effective interventions to achieve health targets outlined in SDG, Goal 3: *Ensure healthy lives and promote well-being for all at all ages*

- Committing to meet the needs of SDG Goal 11 – *Make cities and human settlements inclusive, safe, resilient and sustainable*
- Developing national health policy that integrates planning for rural and urban areas
- Including urban health targets and indicators to implement SDGs at national level that reflect progress towards urban health and health equity
- Advancing health of people in cities including resource mobilisation for capacity building, applied research and strengthening governance for urban health
- Seeking suggestions for experts to define, understand and address major challenges of urban development into the intergovernmental process leading up to UN Conference on Housing and Sustainable Urban Development (Habitat –III) taking place in October 2016 in Ecuador
- Acknowledging role of health as both input and outcome of development in the New Urban Agenda emerging from Habitat III

This way, the International Conference on Urban Health brought about the Dhaka Statement not only in order to 'push' the initiative for incorporating urban health components in the sustainable development agenda but also 'pooling' the commitment and resources from the global development community to bring the UH agendas into practice.

### **Urban Health Policy Development: The Nepal Experience**

Health Research and Social Development Forum (HERD) during presented its analysis of policy development process in Nepal in a breakout session on Day 4 of the International Conference on Urban Health. The session was chaired by Anthony Kolb, Urban Health Advisor for USAID.

The presentation highlighted three major issues drawn from the study which used qualitative retrospective policy analysis:

- Actors – individuals with an interest in urban health needed to be influential positions with power and knowledge to influence others
- Context – issue felt important at this point of time needed to be tackled given the confluence of interest from governmental, non-governmental and international organisations
- Issue – clear evidence of health and service provision of urban poor and potential solutions required



Sudeeepa Khanal (on the left), Senior Research Officer at HERD during her presentation

### Q&A Session



*Mr. Hom Nath Subedi, Programme Manager at HERD and a Health Systems Expert with over three decades of experience coordinating different national health programmes responds to various pertinent queries raised during the floor discussion.*

**Q** – In this draft policy, is it addressed only for the government urban health facilities or also includes those run by the private/ non-government sectors?

**A** – There is no mentioning specifically of the private/non-government health facilities and the policy talks of developing the strategy and then making it more specific from there onward as action points for different

ministries to take the initiative forward in terms of defining roles and responsibilities of various bodies; allocating budgets and outlining the activities.

**Q** – With regards to handling urban health issues by the urban centres, are there any local government bodies (say municipalities) that are independent enough to deal with urban health problems on their own or with minimum central support?

**A** – Very few municipalities such as those in Kathmandu valley are independent enough in terms of resources to implement urban health programmes. Other municipalities require central support through the ministry and the regional offices. In that regard, the health ministry should come up with a distinct approach of categorising urban areas based on their resource bearing capacities and design tailored interventions to meet the specific urban health needs. I don't think there is budgetary constraint. I think it is more about proper planning and realisation about the problem.

**Q** – Sometimes, in sectors like health and education, it is difficult to come up with a consensus as the policies and programmes are very much donor driven and based on different interests, there are different methods of standardisation. How did you manage to cope with this trend?

**A** – It would be unfair if we do not acknowledge the contribution made by the donor agencies supporting the urban health policy development. Though they didn't have the direct involvement, their moral support and moral pressure to the government and facilitators like us was enormous for the urban health policy to come to this stage. Funding is not an issue to conduct some workshops but their contribution of sensitising the issue was strategically important for us.



*Rajesh Kumar Mishra from FHI 360 during the Q&A session*

**Q** – Doesn't it become very difficult to come up with one-size-fits-all policy to come up with the same policy for Kathmandu as well as other urban areas?

**A** – Yes, it is difficult but we are finding ways to overcome such problems. One innovative initiative that we have started is Performance Based Management System where health officials and health facilities are ranked and supportive facilities are prioritised on the basis of their performance. This has led encouragement for better health system functionality where regional and local level planning and implementation are also prioritised.

**Q** – There seems to be problem here in Bangladesh about roles and responsibilities of different ministries and ministries escaping from certain responsibilities claiming that they don't fall under their scope of work. Do

you have any specific examples/success stories of better way of handling these responsibilities?

A - I think that a costed strategy should be developed so that the ministries are more answerable to their actions. The costed strategy will help in outlining specific roles and responsibilities and therefore result in swift follow up on the actions.

### **The 'Organic' Process**

Anthony Kolb as a chair of the session congratulated HERD team for facilitating the urban health policy development process so 'organically' as compared to India or Bangladesh where it was mostly donor driven.

Supporting Anthony's views, Dr. Helen Elsey Lecturer at University of Leeds, UK remarked, “Another dimension of HERD’s role in the urban health policy development has been stimulating some actions by facilitating the Joint Annual Review meeting of health sector in Nepal. This perhaps indicates that UH policy in Nepal much more organic and less donor driven. There is therefore some distinct difference in Nepal’s urban health policy development than in other countries.”

*Contributors: Dr. Sushil Baral and Sudeep Uprety*

# Women for Women: Efforts to Empower Urban Poor



Day 2 of International Conference on Urban Health at Dhaka surrounded around discussions related to reproductive health, nutrition, child health, media engagement, health service delivery and utilisation. However, the agenda that stole the show today was ‘women’s woes’ – in terms of accessibility to various health components – sexual and reproductive health, nutrition and child health and conditions caused due to the accessibility or lack of accessibility in utilisation of those specific services.

The day was marked with a strong and illuminating statement by Dr. Kaosar Afsana, Director of BRAC Health Programme as she

opined, **“Reproductive health of urban women is a serious issue. So, it should be taken seriously.”**

Dr. Halida H. Akhtar from USAID-DFID NGO Health Service Delivery Project shared some of the innovative techniques of linking communities with the clinics providing tailor made services for the poor urban women:

- Phone Call – a helpline established where the needy would call to seek any advice on women’s health related issues or for any emergency/immediate treatment
- Savings Scheme – where women would collect some money that would go into a savings account for the treatment and care of women
- 3-Day Vigilance – to follow up on the health conditions of pregnant women
- Guidelines for Family Planning Compliance for health workers – to maintain uniformity of standards and practices of health intervention



*Dr. Akhtar during her presentation*

Dr. Reena Yasmin, Senior Director from Marie Stopes Bangladesh discussed about the six different approaches used by Marie Stopes in terms of linkage with the provision of services namely Multi-Purpose Service Delivery Models, One Stop Service Centres, Community Involvement, Partnership and Collaboration, Self-Sufficiency and Value for Money. It is highly appreciative of MSI to come up with various tools that are facilitating the intervention such as:

- Mood Meter to measure satisfaction of Health Service Delivery by urban health facilities
- Opportunity Card for pro-poor targeting

- Cost Calculator (an EXCEL base tool that estimates all sorts of costs – direct, indirect, administrative, others) to measure cost efficiency
- Impact Calculator

Ms. Alison Corlasio, Senior Project Associate for African Strategies for Health project implemented by Management Sciences for Health (MSH), with her stall at display in the conference shares her experience of implementing this project of documenting the urbanisation pattern with the help of media professionals in the corridor from Abidijan to Lagos which covers 5 countries in Africa. She claims, “Innovative projects with intensive media engagement such as these not only brings into the surface the persisting problem of the poor, but also underlines the importance of understanding the public health risks and opportunities caused by urbanisation.” Ms. Corlasio opined that such projects on urban mobility could also be matter of interest for policy makers and programmers particularly in South Asia where there is high emigration to the Gulf countries.



*Corridor of Contrasts - capturing stories of people who live and work along the road in 5 countries of Africa*

Rumana Haque from ARK Foundation shared her experience of conducting a review to assess the problems and prospects for Long Acting Reversible Contraceptives (LARC) service provision in urban areas. She recommended for strong referral process to be developed with NGO partners and private medical practitioners to increase access in urban areas.

It is a nice gesture that strong willed women themselves are coming forward to help women requiring support and encouragement, promoting women empowerment.

**Contributors: Dr. Sushil Baral and Sudeep Uprety**

# United for Urban Health: Sensitising for Sustainable Development



International Conference on Urban Health kicked off today at Bangabandhu International Convention Centre, Dhaka, Bangladesh with the theme, ‘**Urban Health for A Sustainable Future: The Post 2015 Agenda**’.

The event was inaugurated by Honourble Speaker of the Parliament, Dr. Shimin Sharmin Chaudhary. She stressed that the local governance initiatives display the interest of providing urban health services at the grassroot level as the local bodies such as Union Parishad is working closely with the community representatives. She informed that one third of health services provided at the grassroot level are free of cost. Given the context of sustainable development, she highlighted the importance of looking into the urban health context comprehensively and major challenges remain to

address urbanisation issues in the developing countries. Rapid urbanisation has resulted in densely populated areas and formulation of building construction laws to ensure more healthy dwelling. Along with the fitness of people, there is also need for 'fitness of vehicles' in order to avoid/control air pollution. There is requirement of more open space and maintenance of parks. For child-friendly urban development, there should be playing areas for children.

Secretary of Ministry of Health and Family Affairs Syed Monjurul Islam talked of mainstreaming health into global development agenda with the demarcation between urban and rural settings being blurred. He opined that there is a challenge between equity and sustainability given the complex nature of developing world. With pride, he mentioned that Bangladesh has sustained economic development over last 5 years. According to him, the vision of the government in terms of health and well being is affordable, accessible and quality treatment. "About 13000 community clinics are a prime example of urban health indicators doing well as within every 1 km range, you will find an urban health facility", Islam added.



*'Tea Talk' - delegates utilizing tea breaks, introducing each other and networking*

Founder and CEO of Eminence, Md. Shamim Hayder Talukdar opined, “When health is not prioritised, we need to mobilise our resources properly. “ He added that with a civil society response is a perfect bridge to bring along government, private sector and the community together for a common cause such as sustainable development.

With these key messages, there were other plenary, breakout and special sessions on various issues such as reproductive health, communicable diseases (TB and HIV), maternal and child health, water, sanitation and hygiene and intra-urban inequities.

Jo Ivey Buford, President of New York Academy of Medicine discussed the success story of transforming New York city into an age friendly city with great support from the government and greater involvement of private sector and the people themselves. The initiative brought in 4 major modules to 'assess', 'engage', 'implement' and 'promote' the much required change. Adaptation were made in terms of developing senior friendly streets for elders, comfortable city benches at the parks and having good lighting and comfortable city benches. Special attention was also made for elders' comfort with 'Senior Splash Programme' – making available special hours for swimming for the elders as well as providing 'personal shopper' for the elderly to assist them in the department stores. Dr. Buford owed this success to the efficient leadership from the government officials and good response from the people and the corporate sector in this cause.



*Dr. Jo Ivey Buford during her presentation*

This success story could be one of the practical way-outs for designing similar tailored interventions for ensuring urban well-being even in the context of developing world such as Bangladesh.

### **HERD at ICUH 2015**



*HERD team members – Hom Nath Subedi, Sudeepa Khanal, Uden Maharjan and Sudeep Uprety are participating in the conference to present a paper on policy development context in Nepal and for a poster presentation on Essential Health Care Services in an urban slum of Kathmandu. Excited being at the event, Dr. Helen Elsey, Lecturer of Public Health in University of Leeds and Public Health Specialist Registrar says, “It is really good to be here at ICUH. It is great to be with the HERD team. It really focuses on inequalities within urban areas.” There is a special session on ‘Designing Household Surveys that Capture the Health and Socio-Demographic Status and Needs of the Urban Poor’ on May 26.*

***Contributors: Dr. Sushil Baral and Sudeep Uprety***

## Quick TB Services for Quake Affected



Numerous people have been taking shelter at Tundikhel after the massive earthquake occurred on April 25, leaving people homeless. Around 20 people are found residing under one tent which has been increasing the risk of various diseases. The risk of transmission of tuberculosis (TB) is also higher in overcrowded places. The symptoms of TB includes cough more than two weeks, chest pain, coughing blood or sputum, weakness, weight loss, loss of appetite, chills, fever and sweating.

The TB REACH project team conducted TB screening programme in Tundikhel on May 19 and 20. TB REACH project is an innovative active case finding project using GeneXpert technology implemented by Health

Research and Social Development Forum (HERD) with the support of Stop TB Partnership

### **Initial Preparation**

With the increasing risk of TB, in order to provide free facility to the people residing at Tundikhel, the TB REACH team of HERD made a request to Nepal Army who has been handling the relief work there. In coordination with Nepal Army, outreach workers of HERD conducted TB screening and collected sputum sample of those who showed symptoms of tuberculosis.



Mr. Shyam Lal Kandel, Project Coordinator of TB REACH project shared, “A large number of people had gathered in Tundikhel – an open ground at the heart of Kathmandu where most public events are held. Being knowledgeable about the public health hazards with the spread of communicable diseases due to the overcrowding, sanitation and settlement in open spaces, we came up with this plan of conducting the TB screening camp.”

### **TB Screening**

Around 200 people were screened for tuberculosis and 35 sputum samples were collected. The collected sputum sample was put under test in the advanced HERD laboratory with GeneXpert technology. No positive cases were found. The test result will be handed to the tested person. Depending on the result if the test is positive, the patient will be counselled and referred to the DOTS centre for treatment management. Those tested negative will be suggested to consult the medical team at Tundikhel.



*"I have been suffering from coughing continuously. I have not being able to go for check up. The hospitals are so overcrowded. Therefore, I seek your help." An elderly talking to one of HERD's outreach workers.*

### **Preparation for another TB Camp**

A similar TB screening camp will be conducted on May 25 upon the request made by the Nepal Army working in Tundikhel. More than 100 Nepali Army officials are expected to be screened.

Mr. Kandel hopes that the screening camp will improve the level of awareness among the public about the necessity of hygiene maintenance and to protect themselves from communicable diseases such as tuberculosis.

*HERD has been conducting mobile screening camps in the urban settlements in 29 districts of 22 municipalities of Nepal since the last one and half year. The targeted groups within the urban settlements are: slum dwellers, People Living with HIV (PLHIV), household contacts, factory workers, refugees/monasteries, prisoners and diabetic patients. These target groups are identified as high risk group for TB. Currently mobile van screening camp is ongoing in Parsa district and will be carried out in Bara and Rautahat districts.*

***Contributors: Dr. Sushil Baral, Dr. Manoj Pandey, Kritagya Regmi and Sudeep Uprety***

## Giving new opportunities to life



Health Research and Social Development Forum (HERD) organized a training session on 'Positive Thinking and Group Counselling' on May 20 at Sap Falcha, Thapathali. 110 participants including HERD board members, staff as well as their family members attended the event.



Executive Director, Dr Sushil Chandra Baral said that the event was organised with the motive of sharing our pain and struggles and relieving ourselves from the mental stress caused by the earthquake and subsequent aftershocks.

Facilitating the event, Nar Bahadur Karki, psychosocial counsellor and life skills coach rendered a message for new hope and meaning to life. His session helped the participants to see life in a different way, which was lost somewhere, amidst fear, anxiety and helplessness.



Stating that life is very simple and we ourselves are making it complex, Karki pointed that we should not see the disaster in a negative way. He said, "Let's not brood over moments we have lost. Whatever happens, it happens for good." Thinking about something that happened and wasting all our abilities and energy in it won't help cure the disease, "We need to activate new life energy to deal with the circumference" Karki added.

Karki said, "We should not let earthquake be the 'trump card' to find excuses for failure" hinting towards lack of effort put towards overcoming the disaster. He added, "Unless you disqualify your problems within yourself, you cannot move ahead".

The second session was sharing session where most of the participants shared their experiences and thoughts:



**Kishore Dhungana**

“Please do not humiliate those who are scared; earthquake has taught us to have our house small and have our hearts big.”



**Pradip Thakali**

"Let's not be proud of our gigantic buildings; let's be proud of our land; we should not forget our land, its grace, its importance; we should also respect those who live on the streets."



**Chetendra Raj Joshi** – “I saw the tragedy in Sindhupalchowk. I have developed empathy over mankind.”



**Anju Bhatta** – “I have learnt to socialize more. Now, I even know the names of my neighbours’ pets.”



**Amrita Ghimire** – “Earthquake has taught me new meaning of life. Now I enjoy every moment to the fullest.”

### **What we gained**

Like the two sides of a coin - everything has a good and a bad aspect. We generally focus on the latter. During this time of crisis, all we did was filled our minds with the negative thoughts and rarely took out time to be grateful to what we got. Since last three weeks, all of us lived with fear. At this point of time a lot of people have lost their loved ones and their homes. Most of the people have been injured and are on the hospital beds waiting for their wounds to be healed.



We didn't give a second thought that we might be lucky than most of the people. Yes, we are scared but may be now focusing on the positive aspect

will give a new meaning. In the counselling session when Mr. Karki started speaking, it was worth all our time and attention. Most of us didn't take life that way. He showed a new light, and made us realise how lucky we are. Expressing your fear is definitely essential and most importantly learning to tackle it. Yes, we have become weak but we have become social, courageous and have started valuing our life. Now, we should be thankful that we have been able to celebrate each day as our birthday as each day we wake up with more hopes.

The session definitely inspired all of us in various ways and we are thankful to Mr. Karki for the opportunity.

**Contributors: Dr Sushil Baral, Kritagya Regmi and Sudeep Uprety**

# Seeking Survival Solutions: Urban Dwellers in the Earthquake Camps



Even though the government, various humanitarian agencies as well as foreign countries have been distributing relief aids in different parts of the country, victims are awaiting support even at the capital city Kathmandu. More than 100 people have been sleeping under torn tents at the field beside the Pasang Lamhu Sherpa's statue in Jorpati. Most of their houses outside the valley have collapsed, depriving them of shelter inside the valley.

Various organizations have visited the camp and provided tents, water as well as food. A house nearby had allowed all the victims to use their toilet

which made it easier for them. They have been cleaning the area so that no outbreak occurs. An Indian medical team had visited the camp and provided basic medical service.

The camp includes numerous elderly citizens, children as well as few pregnant women. The children have started getting common cold and have been complaining of chest pain. Some locals have complained of diarrhoea cases though the prevalence is low.

Sujeet Shrestha, 24 went to his rented room on the third day and provided tent to the victims. But various people took the tents along with them to their house. Shrestha expressing dissatisfaction states, “There are numerous people who haven’t received tent, so how can people be that insensible. Some of the people stay in their house the whole day and come here at night. This has made the condition of genuine victims more miserable”. He adds, “Most of the people whose houses have not been damaged have returned while some of them are still at the camp. They have been using the tents which have forced the genuine victims to sleep under the open sky.”

## **The Way Forward**

Managing relief programmes of such grave magnitude for a government with resource constraint (both in terms of skills set of personnel for effective mobilisation as well as managing finances) is challenging. In that case, priorities need to be set up – through immediate (short term), mid-term and long term goals to address three major issues:

- Having immediate control over the situation with proper management of wastes, toilets, hygienic food and shelter to prevent any epidemic outbreak; providing psychosocial counselling to the people suffering from trauma/psychological stress
- Setting up mid-term goals to start provisioning for resettling the displaced ones to their homes by repairing the damaged houses, providing compensation to the victims
- Devising a long term strategy for focusing on rebuilding of hard hit areas with comprehensive focus on re-functioning of elementary health services at health facilities, education, hygiene and sanitation

An observation team of Health Research and Social Development Forum (HERD) visited the camp and talked to the victims. Here is what they said:



**Raj Bahadur Chhetry, 77-** We have been staying at the open field since last 13 days. All the money I had has finished and I am still unable to take my belongings from the rented room at Chucchepati. For few days following the earthquake we managed the food from that money. Now that we don't have

money left we are relying on the relief providers. The team from the *Gurudwara* (religious site of Sikhs) has been providing food twice a day since Tuesday. “We don’t know till when they will feed us. The food has helped us fill our stomach now but we don’t know how we will manage later”, he said.



**Ram Kumar Shrestha, 35-** My wife is eight months pregnant and I have a five years old son. As our rented room had cracked we were forced to spend the night at the camp. But slowly both of them started showing health problem. Fearing that their health will worsen, I took them to my brother’s rented room at Anamnagar. “We didn’t receive any health service from the government, it would have been better if the government provided some relief at least to pregnant women and children”, he said.



**Maina Kumari Rana Magar, 55-** I started having diarrhoea since Tuesday night. As there was no free health service available nearby, I went to go the nearest pharmacy and got medicine. She said, “We are having a tough time managing as we don’t have money left. The government could not provide even basic health service, what else can we expect”.

***Contributors: Dr. Sushil Baral, Sudeep Uprety and Kritagya Regmi***

## Nutrition in Nepal: Positive Signs of Increasing Nutritional Awareness



People in rural Nepal are now more aware about nutrition. Knowledge, that green leafy vegetables, pulses, legumes, fruits and animal source of protein like eggs and meat need to be included in the diet daily, are now widespread. Communities are also practicing these principles in real life. They are using local resources and innovative approaches to ensure balanced diet for themselves and their children. Women are found to be taking a lead in this initiative. They discuss about nutrition in mother's groups and other social groups. They rear poultry for eggs and meat. They grow seasonal vegetables in the kitchen garden for consumption every day. There are various communities using organic pesticides from animal manure and household wastes in crops. They realize chemical pesticides contaminate food. Use of iodized salt has taken the form of a nation-wide campaign. The government has endorsed this campaign and the results can

now be seen. Many people prefer and use iodized salt. Awareness about preserving iodine is also gradually increasing. People store iodine in covered vessels and also cover food while cooking to prevent loss of iodine.

Child nutrition and nutrition of pregnant and recently delivered women have seen significant improvement. Many families now support women and ensure proper nutrition during and after pregnancy. The children are breastfed and given complementary food in the form of *jaulo*, *lito* and other items. Many have knowledge about *sarvottampitho* (super flour, made by grinding 2 parts pulses and 2 part whole grains) and feed the children with *lito* made from *sarvottampitho*.

The practice of feeding instant food such as biscuits and noodles to children for convenience is widespread in Nepal. However, now, many have started avoiding this practice and feeding the children with locally available nutritious food. The community is gradually becoming aware about the ill-effects of junk food. The knowledge that children also require meat and eggs is spreading and is gradually being practiced too.

These good practices reflect upon increasing nutritional awareness among Nepalese households. With initiation of specific programmes such as Suaahara (Good Nutrition) by USAID, the nutrition-specific interventions have been more targeted to underserved population with limited access and understanding on public health issues. Resting on such success stories, nutrition related programmes should be designed and implemented by the government in order to ensure sustainability and long-term positive outcomes.



**Shradha Manandhar**, Research Officer at HERD, currently Core Team Member for Process Evaluation of Suaahara (Good Nutrition) Study implemented by HERD with the support of Save the Children, Nepal.

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## Standing on ground while the ground shook: local resource mobilisation for emergency health care



“Initially it was chaotic and difficult when the earthquake happened as we had to take care of both the admitted as well as new patients”, Dr. Saju Pradhan, Medical Director of the hospital shared. After the earthquake, hundreds of people thronged to the hospital for treatment. Since, Saturday 190 people have been admitted at the Nepal Orthopedic Hospital while 1071 victims have received treatment of which 582 are male and 489 female. According to the hospital, 45 percent of the people came from Kathmandu valley, 48 from Sindhupalchowk and the rest from Lalitpur, Bhaktapur, Kavre and Dhading among others.



*Dr. Saju Pradhan, Medical Director, NOC*



*Hospital's main entrance*

### **Managing Resources Locally**

Dr. Pradhan said, “We fixed all the old beds so that the patients do not have to sleep on the floor. We hired some doctors, nurses as well as mobilized volunteers immediately. Only one person was allowed to stay with the patient to manage the crowd. The staff did all they can by providing service without a break.” He told that Operation Theatre (OT) was shifted at the emergency ward in the ground floor as the patients didn’t agree to go OT which is situated at the third floor. Till now, the medical expenses have been around 1 million rupees, implants expenses also 1 million and food to

the patients and family members about 300,000. All the services provided to the earthquake victims are free of cost. OPD services at the hospital have been resumed from Tuesday. The hospital has been providing free admission and consultation services. “We have also decided to provide free services to the patients of road accidents”, Pradhan added. The hospital has the capacity of only 100 beds and therefore providing services outside under the tents.

### **A Survivor's Story**



Pemba Sherpa (60) is one of the survivors of the massive earthquake that hit Nepal on April 25. Sherpa was buried under the debris of her house in Gufu Bhanjyang of Nuwakot - one of the most affected areas. She was rescued with the help of locals on the same day but had obtained spinal injuries. Recalling the terrifying moment, Sherpa said, “I was in pain and was expecting first aid from the Nepal Army, I thought they would airlift

me, but nothing as such happened. I had to suffer from pain for almost three days”. As there was no sign of even basic health facility, the family members decided to bring her to the capital. They called an ambulance from Helambu, but the journey was not easy. Walking with shaking grounds as the aftershocks were continuously occurring, the relatives carried Pemba for more than four hours to reach the ambulance. On, Tuesday 28th April, three days after the disaster Sherpa was brought to Jorpati-based Nepal Orthopedic Hospital. She is currently undergoing treatment free of cost. The doctors informed that she is recovering well.

### **Cautious Efforts towards Hygiene and Sanitation Maintenance**

Realising the potential danger of epidemic outbreak, the hospital has been providing safe drinking water and has mobilized some people for ensuring cleanliness. On the third day after the disaster, a Chinese Sanitizing Team had visited the hospital and had sanitized the whole building. The hospital has also mobilized some volunteers and outsourced few nurses and 2 doctors specifically for hygiene and sanitation maintenance. All the hospital staff are properly oriented and encouraged to maintain proper cleanliness and hygiene in the hospital premises. In order to solve the issue of drinking water, the hospital has been fulfilling its demand through the water tankers and getting the water purified through Ultra High Filtration Unit.



*Hospital staff cleaning hospital waste*



*Notice on using dustbin to throw waste*

### **Support to the hospital**

Various humanitarian agencies like Helping Hands, Urban Search and Rescue (USAR) team from UAE and have provided medical supplies as assistance to the earthquake victims. UNICEF has also been providing tents for treatment of earthquake victims. Chief of Policy Planning and International Cooperation Division (PPICD) of Ministry of Health and Population, Dr. Padam Bahadur Chand paid a visit to the hospital and

expressed his commitment on behalf of the ministry to provide support to the hospital as it has been doing some exemplary work providing free services to the needy.



*Treatment for the earthquake victims conducted outside due to lack of beds with the support of UNICEF*



*Medical supplies gifted by Helping Hands to the hospital for the quake victims*

## **Paving the Way**

Dr. Pradhan said, “This is an example how to work with least resources calmly and utilize it. Nevertheless I am happy for the fact that we did not compromise on the quality of service during this grave crisis”.

*Contributors: Dr. Sushil Baral, Sudeep Uprety and Kritagya Regmi*

# From Agenda to Action: Urban Health Policy Development in Nepal

National Urban Health Policy 2015 got finally approved by the Council of Ministers of Government of Nepal on April 21, 2015. What the policy means to Nepal and particularly the health sector, needs to be unfolded, understood, internalised and implemented for the greater cause of serving the urban population, particularly the unreached groups.

Rapid urbanisation has led to increasing burden on the municipal health care facilities. It is a bitter reality that urban poor living in slums face great health risks, especially the women and children. There is lack of clarity in policy regarding ways of handling urban health issues. With the absence of Urban Health Policy as a guiding framework to make further plans and programmes targeted towards urban poor population, there is a lack of data disaggregated by poverty level, meaning that the urban population appears to be healthy. The good health of the middle classes masked the high mortality and morbidity suffered by the urban poor. The Interim Constitution of Nepal 2007 safeguarded the health rights of the citizens under article 16 (Right regarding Environment and Health) where it is mentioned that: “every person shall have the right to live in a clean environment” and “every citizen shall have the right to get basic health service free of cost from the State as provided for in the law”. National Health Policy 1991, Interim Health Policy (2007-10), Second Long Term Health Plan (1997-2017), Second Nepal Sector Programme (NHSP-2), the recent National Health Policy 2014 along with various other policies, strategies, plans and programmes have covered various aspects of health. However, the issues related to urban health hadn't come through that explicitly, thereby making the Urban Health Policy – even contextually important.

## Journey So Far

The road to sensitising urban health in Nepal began with the devolution of authorities to health services by strengthening the role of local bodies in order to increase the accessibility of basic health services to the people through the Local Self Governance Act 1999 and Local Self Governance Regulations 2000. Municipalities thus were supported through Primary Health Care Revitalisation Division (PHCRD) in the delivery of health services to the urban population. With PHCRD taking the ownership, the urban health centres were established to provide health services to the people. Health policies and strategies have not been adequately tailored enough to meet the demands of the unreached groups in the urban areas such as slum dwellers, daily-wage labourers, factory workers and other marginalised people. Urban dwellers are at a high risk caused due to social determinants such as changing lifestyles, pollution, mass settlements, and increasingly high risk behaviours such as smoking, use of alcohol, unsafe sex and drug abuse. Despite the increased disease intensity and vulnerability in the urban areas, health policies, plans and programmes have not been focused on this rapidly growing population.

It is an encouraging sign that other agencies such as Ministry of Federal Affairs and Local Development, Municipal Association of Nepal, Ministry of Urban Development and other

development agencies (NGOs/CSOs, bilateral and multi-lateral agencies) have come on board along with the Ministry of Health and Population to take the urban health initiative forward.

## **Policy Perspectives: Translating Agenda into Action**

With the policy now being approved and the activities will gradually be implemented, there is a greater need to focus on three key policy perspectives in order to ensure that all these policy development efforts are channelised in the right direction:

- **Actors** – need to shift gears from urban health agenda being personally-driven (encouraged only by section of individuals with keen interest in the issue) instead of being institutionally-driven
- **Context** – need to address the key issues/problems faced by the urban population, prioritising upon the urban poor and unreached groups and promoting the concepts of health equity and accessibility
- **Evidence Generation** – there needs to be clear evidence of health and service provision of urban poor through institutionalised information collection, recording and reporting mechanisms that would promote evidence-informed policy and strategy formulation

## **Highlights of Urban Health Policy 2015 (Unofficial translation)**

### **Vision**

To ensure safety from the factors that adversely affects the health of the people residing in urban areas and the promotion of human development, prosperity and a healthy life in urban areas

### **Mission**

To achieve social and economic prosperity for the urban population by improving their health status

### **Goal**

Contribute to poverty reduction by improving the health status of the urban population particularly of women, children, poor and marginalised groups of society.

### **Objectives**

Increase access and utilization of quality health care services particularly of women, poor, children and marginalised groups residing in urban areas as identified by the government

### **Policies**

- Increase access to quality basic health services for people living in urban areas, especially women, children, poor, marginalized group and elderly population through modern Ayurvedic, homeopathic, unani and other treatment systems.
- Develop and scale up of integrated urban health programmes which address the factors that have a negative impact on the health of the people, particularly of the women, children, poor and the marginalised groups.
- Define specific roles and responsibilities of the organisations involved in urban health programmes to ensure uniformity in the delivery of quality-assured basic health services.

- Promote capacity building, community participation and human resource development of the related institutions in urban areas to establish a proper management system and ensure equitable distribution and utilisation of basic health services.
- Establish mechanisms for the monitoring and evaluation of services in urban health programmes and promote studies and research related to urban health.
- Manage and mobilise of the resources required for implementation of the Urban Health Policy.

### **Strategies**

- In accordance with the policy of the Government of Nepal, to provide free health care services to all, through the expansion of basic health care service delivery in urban areas to increase their accessibility
- Develop/strengthen an effective, integrated and sustainable institutional mechanism in urban areas for delivery of health services
- Set certain criteria and standards for assessing the quality of the basic health services
- Prepare a detailed workforce plan for the implementation of urban health programmes
- Development and strengthening of the referral mechanism
- Develop a system to incorporate urban health programmes in local development plans
- Develop an effective method to address the issues that have a direct impact on human health
- Development of proper management system at policy and implementation level for effective implementation of the urban health programmes and improvement of curative services
- Develop a partnership among various national local, private and community programmes for the implementation and scale up of urban health programmes

***Contributors: Dr. Sushil Baral and Sudeep Uprety***

# Tackling the Temblor



Photos and Text: *Uden Maharjan* ([uden@herd.org.np](mailto:uden@herd.org.np))

The 7.8 magnitude seism that brought the tragedy to Nepal on 25 April 2015 also united many helping hands at HERD. Series of earthquake relief works regulated at HERD. The motivation and the dedication was exemplary.

## **Quake-Shake and Relief Camp at HERD**

The training hall at HERD has been filled with the sacks of rice, beaten rice, instant noodles, salt and oil, and yes, of course, many helping hands – volunteers and staff. Some of the strong men at HERD, Ashit B.K., Santosh Giri, and Prabin Shrestha, have been extremely busy with purchasing the relief materials. Even purchasing the materials wasn't easy when they themselves had to visit go-downs and carry those heavy-weights, as all the workers had fled from the capital. Once the purchasing team got back to the office, unloading the goods off demanded more helping hands, from the Executive Director to the security staff.

The passage on the ground floor has turned into a HERD's secretariat office for the earthquake relief operation —the white board with plans scribbled on, the printer rolling, and the Earthquake Media Monitoring Team busy gathering earthquake related information from various online media publications — preparing for the next day's relief mission at Thuladurlung, Lalitpur. Staff members were all actively engaged in packaging the relief items, including medicines, and emergency

reproductive health kits. Counting of the packets went on aiming for a number of the affected families.



*HERD staff and volunteers packing the relief materials at the training hall*

### **In Preparation for Thuladurlung**

Two days before we set off for Thuladurlung, Deepak Joshi and I visited the District Administration Office (DAO), Lalitpur to get information of the relief situation in the district. They recommended us to conduct the relief mission at Thuladurlung, where very limited relief has reached. Necessary information, including the contact number of the Secretary of the VDC was noted down.

### **Up Goes the *Rahat Samagri* into the Trucks; We Lay Down our Backs**

Loading of the relief items into two trucks went till 11 PM on the night of 6 May. Ropes were tied across the piles of relief packages. We're sweating enough to drench our clothes. I presume, Santosh and I got our muscles ripped off. Our hands still hurt bad! But worth it to ascertain that nothing falls off the truck the next day on the rough and bumpy 70 km road from Thapathali to all the way to Thuladurlung. Finally, we deserved dinner; it was delicious after the day's hard work. And we (Ashit, Santosh, Bharat, and I) spent the night at the office within the cracked walls of the 'sick room'. My mom wasn't happy that I was spending another night in the office (she was very terrified after the earthquake and afraid to sleep alone!). But I reckon

she understood that there are lots of people who need help, and that I wasn't stopping from doing what I can.

### **The Journey Begins; Many Miles to Measure**

The very next morning as early as 5, I had to get home to pick up my camera. By the time I got back to the office, the team was ready to set off for the journey. The caravan included two trucks full of *rahat samagri* (relief materials), two cars, and a troop of 17 people. Deepak and I got the only front seats in one of the trucks. We hadn't taken our breakfast and kept on measuring the miles, and imagining how Thuladurlung would look like in real. It was my first time travel via Lele, and I was stunned by its beauty as we passed across it up in to the hills. It was breathtaking!

### **Empty Belly Still Can Do Much!**

Gradually, starting within a less than an hour we set off, we're starting to feel our empty belly rumble. Growling stomach can't do much, but the destination was still far flung, and we (I, Deepak, and the truck driver) were hanging tight until, we're just about an hour away from Thuladurlung, we found Chameli *didi's* a small *pasal-like hut*, where we had some cooked Wai-Wai (noodles) with pumpkin vines; no doubt it was savouring. Chameli *didi* was generous enough to offer us homemade yogurt too. It revived the worn-out young driver, and all of us.



*Chameli didi cooking Wai-Wai with pumpkin vines*

### **Treacherous Road Chills Up the Spine; thus needed to Hang on Tight!**

Treacherous road it was, winding and rambling. Despite being born and raised in the Capital, never had been to the far-flung corners of Lalitpur, and never had pictured in

my mind how remote and hard-to-access those nooks of the district are (though I've heard/read quite often in media). Rocky road was bumping the trucks, and we couldn't stop worrying whether the *rahat samagri* will fall off. I still had my doubts whether the ropes we tied the night before were perfectly knotted. Adversaries invited by that road, I suppose, can question one's ability and confidence, and chills up the spine. As hoped, the *rahat samagri* were safe; we're safe!



*One of the two trucks carrying relief materials on the way to Thula Durlung*

### ***Rahat Samagri Reaches the Unreached***

It was already half past one when we distributed the *rahat*. Many people had already assembled; their patience despite the dire need was exemplary. It doesn't mean that *rahat* we took along were a lot, but it flicked smiles in people's faces. Children were delighted. Elderly people were blessing us saying '*jay hos*' (*Let Victory be your!*). The local relief distribution networks from all the 9 wards from the VDC were handed over the *rahat* which they distributed to the earthquake stricken families.



*A Thurladurlung girl with relief material provided by HERD*

### **Broken Health Centre Functions**

The great Quake had dismantled the Sub-health Post in Thurladurlung. It possesses big risk to run the basic health services in its vicinity. It is also the birthing centre and had become functionless. The day before there was a delivery case which was performed on the ground outside. The emergency tent provided by the Unicef Nepal was set up with the support of the Nepal Army, local residents, and the HERD Staff. The delivery kit and the medical supports were handed over to the In-charge. It was hoped that at least the primary health care services would relieve many people in need.

### **Messiah of Love, Hope, and Care**

Innocent eyes of the children and blessing eyes of the elderly speak a lot. They speak the words heart hear and tell us the untold stories. The feelings they embark

with the acceptance of our helping hands mean a lot to us. What more one can ask for but smile in the faces of the children and the blessings of the elderly? Hope rebuilding is the noble thing to do and humility is the essence. The HERD team armored with passion and shielded with commitment received bountiful love and greetings of the people.



*A woman smiles while she waits to receive the relief materials at Thuladurlung*

### **Returning Back**

It was already 4 PM when we headed-out from Thuladurlung, and had another 5 hours on that crabby road. Empty trucks bounce much harder than when they are filled. Beside the driver, Deepak and I were zippy. It wasn't any jumping jacks, but we're thrown here and there, sliding down and pulling up, and again sliding further down in the front seat 'lovers seat' of the truck. We would ask the driver to slow down, but he would hardly listen. I guess he's then started to enjoy those bumps, and couldn't wait to get home to his beloved. It was already 9 in the evening when we reached back to the office. We all had a very tiring day. Despite the tiring journey, we were glad that we're able to reach Thuladurlung and successful complete the relief mission.

Four of us (Bharat, Santosh, Govinda and I) spent the night at the office enclosed in the same cracked walls of the 'sick room'. The uncertainty prevailed that night as before, but didn't feel any aftershocks. We all deserved the 'sound' sleep.

# Structural School Assessment in Earthquake Affected Districts

In order to assess the infrastructure of school buildings in hard hit districts and find out whether schools are safe or unsafe to reopen, Ministry of Education (MoE) with the support of UNICEF and Health Research and Social Development Forum (HERD) is all set to begin assessing the structural damage in school buildings. HERD has been contracted to manage the overall assessment process including collecting data from the various schools.

The assessment will be carried out at 11 districts. "In the first phase, the assessment team will be mobilised at Nuwakot, Kavre and Dhading from May 20. Total number of schools in Nuwakot is 722, Kavre 712 and Dhading 665. The second and third phase will be carried out at 4 districts each which will be finalised shortly", Sudeepa Khanal, project focal person from HERD informed. An orientation session about the project was organised at Sap Falcha, Babarmahal, Kathmandu on Monday, May 18 with 60 participants who are being deployed to the field.

Speaking at the session, Executive Director at HERD, Dr. Sushil Chandra Baral stated assessment as an opportunity as it won't just be monitoring schools but will also be contributing to the locals psychologically. Appreciating the efforts of the participants he said, "We have already realised that sitting quietly is not fine, we can't always remain in pain. We have lost our smiles but we need to overcome the fear as the life has to move on."



*Dr. Baral during the introductory session talking about the purpose of the project*

The team will be closely observing the infrastructure of the schools and then after assessing their condition, MOE, UNICEF, HERD as well as other stakeholders will then take appropriate steps. The team will first coordinate with the District Education Office and the assessment will be done together in a team comprising of official from Department of Education (DoE), engineers and enumerators.

Data will be collected by using electronic device (tablet PC) and a paper backup will also be maintained. A backup copy of the filled electronic form will be maintained on the tablet by the application. The data submitted from the tablet to the server (via the internet) will be monitored via the Kobo web application. It will be ensured that all data sent to from the tablet is received at the server.



*Enumerators during the e-data collection practice session using tablet PCs*

The tablets will be used for data collection in a close collaboration with the DoE. Landon Newby of the Education Cluster said, “We have been very lucky to get this type of exposure”. “We have developed an application called Kobo Collect from a paper form (tool). We sat with UNICEF and the team to develop a mobile form to be used for data collection through tablets. We along with HERD team developed the tool, downloaded the application and placed into the tablets. Now, we are conducting the training, so let’s see how the data collection goes” Newby added.

Communications desk at HERD will contact the team and take updates of the field on a daily basis. A final report of the assessment will be provided to UNICEF. HERD will provide a final report on the findings of the assessment, its processes and qualitative interactions in close co-ordination with the district officials.

Bimal Thapa of National Society for Earthquake Technology (NSET) - Nepal suggested the participants to be very careful while examining the buildings. He suggested them not to enter any building (even with minor cracks) alone. He informed, “Only two flags will be used - green and red. We need to figure out whether the buildings are either safe or unsafe”. Likewise, Kishore Bhattarai from Fire

Department of Kathmandu Metropolitan City (KMC) talked about the preventive measures one should adopt during the time of earthquake. He advised the participants with tips on protecting oneself on the time of danger while on field.



*Bimal Thapa from NSET-Nepal during his session on infrastructure assessment*

Arjun Shiwakoti, one of the enumerators opined that this is an opportunity to do something for the nation. He said, “It’s not the time to sit and wait for others to take a step, it is us who have to make the move and I am glad that I got the opportunity”. He said, **“It is very obvious for families to be worried as we will be away for a long time, but we have to be confident and learn to walk with the fear.”**

*On April 25, the nation witnessed a 7.8 magnitude earthquake with epicentre near Barpak of Gorkha. The death toll has exceeded to more than 8500. As the life had started becoming normal, another earthquake on May 12 affected more. Extensive damages have been caused to residential buildings, temples and roads. Numerous people became homeless. 14 districts were hardly hit by the earthquake namely: Gorkha, Sindhupalchowk, Rasuwa, Kathmandu, Bhaktapur, Lalitpur, Nuwakot, Dhading, Kavre, Lamjung, Ramecchap, Dolakha, Sindhuli and Okhakhunga. UNICEF says nearly a million children could not be able to join school due to destruction of school buildings.*

*Following the devastation from the earthquake, Ministry of Education announced that the schools will be reopened from May 15. However, after May 12 many schools were announced to be closed for additional two weeks.*

**Contributors: Dr. Sushil Baral, Sudeep Uprety and Kritagya Regmi**

# Bringing Smiles at Bimire: Relief Aids for Earthquake Affected



Massive earthquake of April 25 destroyed most of the houses of Simalchaur, Syapati-6, Bimire Village of Kavre. No human casualties have been reported. The village consists of 94 households with total of 565 people of which 305 are male, 260 female, 17 children under-5 years of age, one pregnant woman and one recently delivered woman. Total 61 houses have been damaged completely while 33 have been partially damaged.

## Initial Preparation

We coordinated with Chief District Officer (CDO) at the District Administration Office to seek approval for relief distribution. Through the CDO, VDC Secretary, local police official, local school teacher and a community member well informed about the village were pre-informed about the relief distribution programme at Bimire.

Relief items were managed through listing of required items from the local informants and then purchased and packaged the required relief items. Some of the items (5 kg rice, 1 kg lentil, 1 packet salt, 5 packet instant noodles, 2 kg bitten rice, 2 packet biscuits, 3 wafers, 1 bottle mineral water, half litre soya bean oil 1 bottle water purifier (Piyush) and mattress). Affected people were also provided with medical supplies.



### **Distribution of Relief Materials**

A team of 20 members from HERD (including staff members, medical team and volunteers) distributed the relief materials with the support from the community. To distribute the relief packages, household heads from each household were provided with a coupon in coordination with local community leaders to avoid multiple relief packages to the same household.

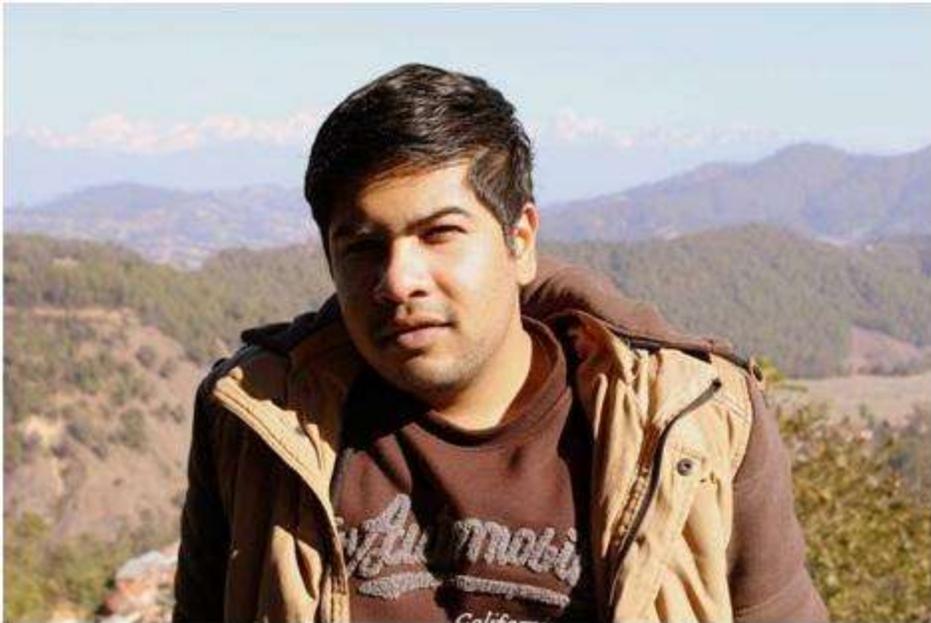


### Local Voices as Views

Locals were very much delighted to receive the relief aids as they hadn't received any relief aid prior to our distribution. They expressed that they are having a tough time to meet the basic requirements. One of the residents informed, "In these eight days the only thing we have received in the name of relief is one kilogram of bitten rice and five tents". The locals expressed dissatisfaction questioning how the entire village could live under 5 tents.



### Learning from Experience



Santosh Giri, Assistant Research Officer at HERD and a core team member of earthquake relief team in his own words - “The road was very bad and it took us more time to reach the place than we expected. As we reached late we had a little problem to coordinate with the locals. Earlier we were informed that the village consists of 60 households and to stay in a safer side we carried materials enough for additional houses. The best part was that we managed to provide relief aid to each and every household despite all difficulties.”

***Contributors: Dr. Sushil Baral, Sudeep Uprety and Kritagya Regmi***

# Developing Devitar: Integrated Efforts towards Rebuilding Post Earthquake Aftermath

## Initial Coordination at the Relief Site



With media reports on considerable damage of Kavrepalanchowk district due to the earthquake, HERD team initially contacted with the District Health Officer (DHO), Mr. Rajendra Prasad Shah and Public Health Nurse, Ms. Sita Gurung. From the District Health Office, we sought information regarding the damage at the health facilities and learnt that Devitar is one of the highly affected VDCs. We then coordinated with the Chief District Officer as well as Relief Coordinator at the District Development Committee Office (DDC) to conduct the relief activities in the affected areas. To provide relief aids, wards 1, 2, 3 and 9 were selected in discussion with District Relief Secretary (temporary appointment by the government for rescue and relief operations), VDC Secretary (Mr. Mahendra Rawat) and health facility in-charge (Mr. Netra Prasad Sapkota) of the damaged sub-health post.

## Preparation of relief materials

HERD team then listed, purchased and packaged the required relief items. Some of the items (medical tent, reproductive health kit, baby wrapper and baby set, reproductive health bag, delivery kit, sanitary pad) were also provided as support from various organizations – UNICEF, UNFPA and FNCCI.

### **Devitar Details**

- Situated approximately 35 km away from Kathmandu with 10 km of gravel road
- Has 9 wards with 572 households with a total population of 2652 (1209 male and 1443 female)
- Average household size: 4.64
- Literacy Rate (5+years): 61.73
- Major source of drinking water: Tap/ piped water (471)
- Major caste ethnic group: Tamang (2152)
- 398 households do not have toilet
- 543 households use firewood for cooking

**Source: Central Bureau of Statistics, 2011**



### **Distribution of Relief Materials**

A team of 18 members from HERD (including staff members, medical team and volunteers) distributed the relief materials with the support from the community. Prior to the distribution, we coordinated with VDC Secretary and ward representatives to generate the list of affected households in the selected wards. Nepal Army officials also extended their helping hand in unloading and distribution.



### **Resuming of Health Service at Birthing Centre**

As the two-storey building of the sub-health post was completely damaged due to the earthquake, health service delivery at the health facility was non-functional. UNICEF provided us with medical tent which was set up with the support of Nepal Army. A brief orientation was also provided for the health workers about safety measures and using ventilation at the camp. With the medical tent being set up, health service delivery at sub-health post has resumed benefiting the local community.



### **Integrated Initiation for Model Village Rebuilding**

It was a great learning with the realisation that an integrated and coordinated effort of local beneficiaries, community leaders, health workers, local government bodies and development partners could be a stepping stone for model village rebuilding.



**Contributors: Dr. Sushil Baral and Sudeep Uprety**

# Earthquake Diary



## Pragya Karki

### Day 1

Everything went on vibration and swinging mode, all day and night long with short intervals of silent mode in between. People running, crying and fainting became a common scene. Everybody on the same field, same level and same context, with continuous uncertainty of what is going to happen next and who is going to lose what.

**Learning:** In reality of natural setting, there is no hierarchy. Everybody wants to live. Fear was not of the earthquake but of death and destruction, having to struggle for yet another beginning.

### Day 2 and 3

Spent these 2 days, from early morning to late evening with some of our security personnel and few other mates, in management of over 137 dead

bodies. The task was definitely the first of its kind for me. It started when I saw an old lady crying in-front of the body of her kin at a hospital and asking for help to lift the body but nobody helped. I also came to know that our police force was having lack of manpower for getting it done. And many refused to lend a hand saying, “*Laas haru ho. Chhoyo vane asudhha vayinchha feri nuhaunu parchha.*” The entire scenario was such that I could no longer hold myself back and went on to join the police force.

We received the bodies from Dharahara area, Rasuwa, Gorkha, Sindhupalchowk, Balaju and many other places. We unloaded them, searched their body and clothes for any identification source, cleaned their hands for fingerprints, cut their clothes for identification sample, measured their height, noted down every required details, put them in a plastic bag and sealed them. Helping people coming to search for their lost ones to see the body, their pain, cry and loss of consciousness was another part of it. Those who would get identified would be repacked and we would carry and load them on the vehicles their families would bring. In case of those, who were not identified, we had to load them on another truck for mass burial since they had all started to decompose. We moved from one hospital to another, and it was same everywhere. We would clear a certain number and more would be brought in. Just didn't seem to stop. The condition of some of those bodies made us question ourselves, whether it was an earthquake or a bomb blast.

In this entire process, everything was all just cold, very deep, dark cold. The air, those mortuaries of all the hospitals, the pool of blood on floor we had to walk over, those bodies. All of it. Just cold, very cold. It rained heavy, it became stormy outside yet the coldness that we seemed to feel on the inside was something else. Questions I would be asked frequently in those two days was, “Are you a professional of this field or from police headquarters or someone from the postmortem section?”. I would either say, “No” or not reply because I was simply one Nepali being there for other Nepalese in that hour of ultimate need. I held my mother's hand that late night after reaching home. It was not for any support but to feel some warmth. My parents asked, how was I being able to do it all. But it was not about “how”, it was for the same reason above. Just being human and doing what had to be done.

**Learning:** Life is uncertain. Hope is tomorrow, Life is today.

### **Day 3 and onwards till date**

Received a message from our leader Dr. Baral to come to office to join it's preparation and movement for relief plan. We got rice, pulses, beaten rice, salt, oil, biscuits, noodles, water and some chocolate bars for food. We made packages out of them which would help sustain each family for at least 7 days. Along with this we also had foam mats, tents and water tank for distribution. With coordination with MoHP, CDO and community locals, we explored areas difficult to reach. We then formed teams for distribution, coordination and medical attention. We did not count the number of hours we were working. Everything we were doing was first for the nation and our people and then for our organization.

We visited three places in and out of valley till now, with food, water and some other basic necessities for above 130 households in each of those places. The first time I froze during the entire earthquake session was when we reached our first site and saw each and every visible household flat on ground and just so many people all swarming for food, for whatever they could get. I do not know what happened at that time. Though I was in action with rest of the team, it felt as if I was disconnected with my mind. I was functioning but I could not think. Then, the sound of some children giggling and saying, "*aaha bottle wala paani ani biscuit pani*" revived me. I turned to them, shifted my eyes from the swarming mass to the smiles and hopes on all faces. This made me go on full swing once again, in managing and supporting our team for accomplishing our mission.

We returned back to station, got more relief materials, made more packages, repeated all of the previous actions for another target area. This time we were more organized, systematic and confident about the work we were doing with our first experience. We had and have great leaders and team members and a very effective team work. While taking our relief materials to another place, our vehicles carrying those items got stuck in every other few meters due to load and disfigured road tracks. We were still about 45 minutes away from the target area and it was starting to get late. But our leader Dr. Baral and team

members, none were willing to settle there and return. They joined hands, and with everybody's strength brought together, they pushed the relief carrying vehicle all the way up the hill. They fell, they got hurt, they were all muddy but nothing stopped them. We did reach our destination, led by strong determination and team work.

After completing our task, we returned back. Dr. Baral was came along with some of us, in the same load carrying truck. On our way back we sang some patriotic songs initiated by Dr. Baral once again. We reached back at station all tired and exhausted. It was late night by then, but nothing mattered as we were all doing it for the country, for our people. Our next worry was only about managing more for yet another destination. Couple of men came along at HERD, Nepal itself next day. We spoke with them for a while and after knowing that one of the men's mother who was in process of surgery at a hospital, was now on ground, out in the open, we provided them with a tent. He cried. He thanked and we hoped things will be at least a bit better for his elderly parents. Being able to decrease some pain of at least one family, even that makes you feel something incredible.

**Learning:** Patriotism still exists. The type of leader you have matters a lot, a lot. Actual team work, main formula for satisfying success.

For all that is being done from HERD, Nepal my special thanks as a Nepalese to Dr. Sushil Baral, Mr. Sudeep Uprety, Mr. Ashit BK, Mr. Prabin Shrestha and Mr. Santosh Giri for all that they have done and their extreme involvement in all of it. I would also like to thank rest of the HERD members, volunteers and everybody else involved, for your great team work and effort without which it would not have been possible. Thank you HERD.

**One HERD, One Team, Big Change for all those differences that can be made.**