

Emergency Final Report

MEETING THE ESSENTIAL SRH NEEDS OF COMMUNITIES AFFECTED BY FLOODS IN NEPAL



INTERNATIONAL PLANNED PARENTHOOD FEDERATION

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Implementer Agency:	Family Planning Association of Nepal (FPAN)
Location, Country name:	Nepal
Reporting Period	20/10/2024- 30/12/2024
Project period covered by the Agreement:	20/10/2024- 30/12/2024
Total Expenditure against the Budget:	Budget: AUD 51,674 Expenditure: AUD 48,578 Balance: AUD 3,096
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1. BACKGROUND

Incessant rain for 36 hours from 27th September 2024 across Nepal triggered floods and landslides in many parts of the country, which caused widespread damage and disruption, affecting people in multiple districts. As of 1 October (Sit. Rep.#2), according to the Ministry of Home Affairs (MoHA), 224 people were reported to have died, 158 were severely injured and 24 people were missing while 12,586 people had been rescued. 44 districts across the country were affected by the casualty. More than 5000 people were reported to be displaced due to loss and damage of their houses¹.

The government mobilized a team for a rapid assessment, and management for temporary settlement of displaced and affected people. As the local government requested assistance from the Family Planning Association of Nepal (FPAN) for sexual and reproductive health (SRH) services, FPAN requested SPRINT support, and a two-month emergency response was conducted, focused on the provision of Minimum Initial Service Package (MISP) services to those affected people.

2. SUMMARY OF ACHIEVEMENTS

Overall, FPAN team organized 25 mobile SRH camps in this response, reaching 3,000 people with direct services (2,706 women and 294 men) in three Municipalities of Dachainkali Municipality (Kathmandu district), Lalitpur Municipality ward no 4, 13, 14, 25 and Godawari Municipality (Lalitpur district) i.e. 100% against the approved target of 3,000. Most clients were women in 25+ years age group (Figure 1). Beneficiaries reached included 124 persons with disabilities (121 women, 3 men) (Figure 2) and 149 pregnant and 55 lactating persons.

Further, 32 health information and education sessions were organized, reaching 843 people, including 103 adolescent boys and girls.

Table 1: Key achievements

Key achievements	Women	Men	Nonbinary	Total
Number of clients receiving clinical services (SRH and non-SRH) throughout the response	2,581	270	0	2,851
Number of clients receiving SRH services	2,581	270	0	2,851
Total SRH services provided	27,150			
Number of clients receiving non-SRH services	20	64	0	84
Total non-SRH services provided	504			
Number of people attending information and education sessions throughout the response ²	789	54	0	843

¹ <http://www.drrportal.gov.np/>

² Out of 843 persons who attended the information sessions, 149 persons did not receive clinical services, making the total number of people reached with direct services (clinical services and information sessions, taking into account the overlap) 3,000.

Figure 1: Clients receiving clinical services by sex and age groups

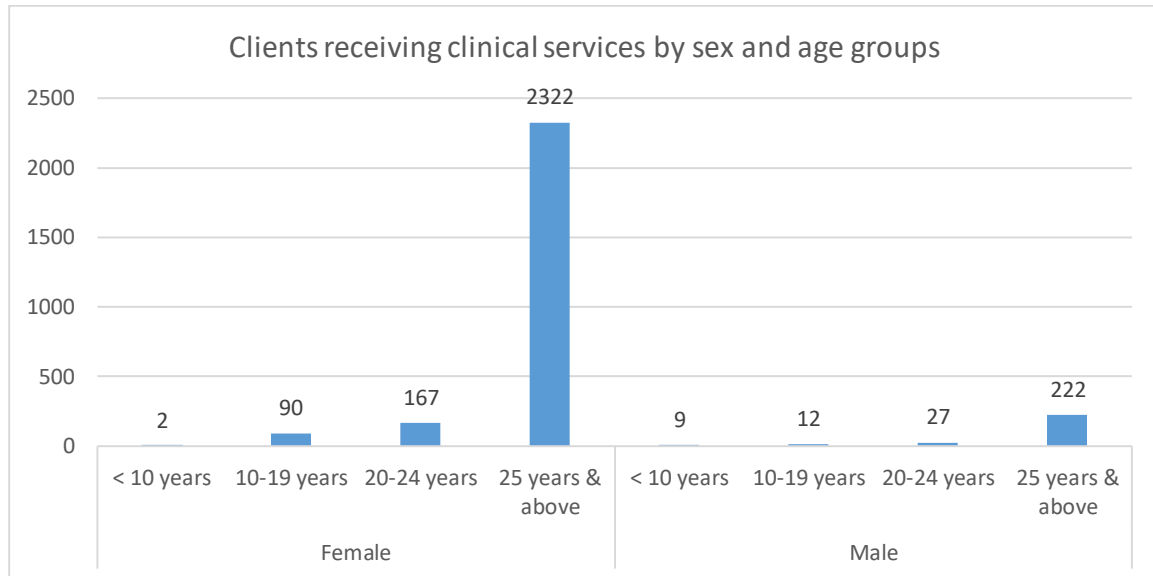


Figure 2: Persons with disabilities reached

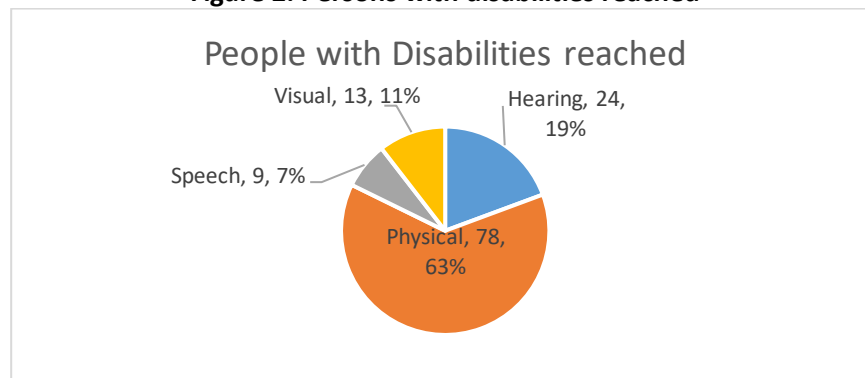


Table 2: Impact indicators³

Impact	Impact indicators	Achievement
Demographic impacts	Unintended pregnancies averted	155
	Abortions averted	108
Health impacts	Maternal deaths averted	0.06
	Child deaths averted	0.47
	Unsafe abortions averted	63
Economic impacts	Direct healthcare costs saved (AUD)	11,276
Couple Years of Protection (CYPs)	Total CYPs provided	1,426

3. ACHIEVEMENTS AGAINST THE MISP

³ The impacts reported in the table are *estimates* that are calculated with the MSI Impact Calculator (<https://www.msichoice.org/who-we-are/our-technical-expertise/impact-2/>) which uses country-specific data and the number/type of family planning services provided to estimate the impact of the response.

MISP Objective 1: Ensure the Health Sector/Cluster identifies an organization to lead implementation of the MISP:

National level

Immediately after the devastating flood, FPAN participated in different coordination meetings. These included a reproductive health (RH) sub cluster meeting organised by Ministry of Health and Population (MoHP). Others were a virtual meeting at the national level organised by Disaster preparedness network (DPNet) and GBV national sub cluster meetings.

Local level

FPAN Central office, Valley and Kavre branch coordinated with local health authorities including District Health Office (DHO) of Kavre, Lalitpur and Kathmandu and mayors of the affected districts on the provision of essential SRH services before organizing the camps. These include:

Kavre district:

District Health Office, Kavre District, Panauti Municipality, Timal Rural Municipality, Roshi, Municipality, Bethanchok Rural Municipality, Namobuddha Rural municipality, Banepa and dhulikhel Municipality, and Mahabharat Rural Municipality, Kavre district.

Kathmandu district:

District Health Office, Kathmandu District, and Dachainkali Municipality

Lalitpur district:

District Health Office, Lalitpur District, Lalitpur Municipality- ward no 4, 13, 14, 25, Godavari Municipality, Kaleshwor Rural Municipality, Lalitpur district

FPAN regularly shared updates on SRH camps and services conducted at Kathmandu, Lalitpur and Kavre with local government and humanitarian partners. Local media also highlighted SRH services provided by FPAN in their coverage (please see 6. Communication section)

FPAN collaborated with other partners to provide quality services in the SRH mobile camps as follows:

CMC Nepal⁴

FPAN conducted two camps in Ryale and Balthali health facility in collaboration with Centre for Mental Health & Counselling-Nepal (CMC-Nepal) in Kavre district. CMC-Nepal is a national non-governmental organization (NGO) promoting mental health and psychosocial wellbeing by working with government, non- government and community-based organizations. In these camps, CMC Nepal provided psychosocial counselling by trained counsellors.

TPO Nepal⁵

Transcultural Psychosocial Organization Nepal (TPO Nepal) is one of Nepal's leading organizations focused on mental health. It was established in 2005 with the aim of promoting psychosocial well-being and

⁴ <https://cmcnepal.org.np/>

⁵ <https://www.tponepal.org/>

mental health of children and families in conflict affected and other vulnerable communities. TPO Nepal works in areas disrupted by violence and poverty. FPAN conducted one medical camp in collaboration with TPO Nepal in Bhumi Danda of Kavre, wherein TPO Nepal provided specialized counselling for SGBV survivors.

Nepal Cancer Care Foundation (NCCF)⁶

FPAN Central clinic conducted 7 SRH camps in Lalitpur districts in collaboration with Nepal Cancer Care Foundation (NCCF) in Lalitpur. These camps were conducted in Lele PHC, Ghusel, Tika bhairab, Bhardev government health facilities etc. NCCF provided cervical cancer screen for the clients in these camps. After the response, the clients will be followed up by NCCF.

MISP Objective 2: Prevent sexual violence and respond to the needs of survivors⁷

The response target areas are characterised by male-dominated culture in which employment outside the home and decision making both outside and inside the home are led by men while women are engaged in field and household work. Adults take decisions on accessing health services while youths and elders are completely dependent on them. Domestic and physical violence, and emotional abuse are some of the prevalent forms of GBV according to the existing data.

The FPAN's client-centred service includes provision of emergency contraceptives, abortion services and referral to One Stop Crisis Management Centre (OCMC) based on a client's request. These services were available in all mobile medical camps across the three districts. In this context, a total of 741 GBV services were provided in this emergency response. In most of the camps FPAN used its own SGBV trained counsellor but in municipalities like Ryale 1, Panauti Municipality, a trained GBV counsellor from Centre for Mental Health and Counselling Nepal (CMC Nepal) was arranged by local government to be part of FPAN mobile medical team to provide individual mental health counselling to the SGBV clients who came for the FPAN mobile camp.

SRH camps are conducted in collaboration with CMC Nepal which provides psychosocial counselling for GBV and post-traumatic stress disorder clients due to the flood.

Despite prevalent GBV cases in the communities, people rarely disclose their cases to counsellors or service providers. FPAN provided SGBV counselling services to clients by trained counsellors, respecting the principles of privacy and confidentiality. In total 5 out of 24 FPAN service providers (21% of the total response staff/providers) in the response had been trained on LIVES⁸, clinical management of rape (CMR) and/or SGBV fundamentals.

Distribution of dignity kits and hygiene kits

FPAN Kavre branch received 15 sets of dignity kits from Red Cross Society of Nepal, which were distributed to pregnant and lactating women in SRH camp conducted in Panchkhal municipality.

Further, 24 Hygiene kits were distributed to pregnant and lactating mothers in the SRH camps at Ryale 1 Health post, Panauti Municipality. These kits were received by Riyale health post through UNICEF.

⁶ <https://nccf.org.np/>

⁷ IPPF humanitarian team recommends against screening for SGBV in emergencies, in line with global standards. Therefore, the indicators have moved away from counting numbers of survivors to availability of services and the number of trained staff, to reflect the quality of response available to any survivor who accesses the clinic, whether or not the client chooses to disclose their experience. Where EC and PEP are able to be provided directly, the total numbers are available under other objectives, and can be used as a proxy indicator to assess uptake of services.

⁸ LIVES (Listen, Inquire, Validate, Enhance safety, and Support) is a WHO initiative to first line support to survivors of SGBV. <https://www.who.int/publications/i/item/9789241517102>

MISP Objective 3: Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs

A total of 854 clients received STI syndromic treatment services in mobile SRH camps conducted in different municipalities of Kavre Kathmandu and Lalitpur. For HIV testing and counselling services, FPAN provided HIV rapid test to 124 clients in mobile camps. All awareness sessions included topics related to HIV/STI prevention.

In the medical camps conducted, FPAN distributed 17,356 condoms to 182 male clients to prevent HIV/STIs. As the provision of PEP is the government’s mandate, FPAN established referral pathways to the district hospitals for PEP. However, during the reporting period, there was no PLHIV client identified for referrals. While providing SRH services, especially surgical procedures, all service providers follow standard infection control precautions to protect clients and service providers. Used and contaminated material such as gloves, gauge piece and syringe are disposed in the safety box and further treated as per the safe disposal management. Similarly contaminated instruments like sponge holders, scissors, small bowl etc. are sterilised. FPAN ensured sufficient PPEs for service providers and put in place measures in response to the recent COVID-19 surge locally.

FPAN provided 5,016 STI services (4,788 services to female clients and 228 services to male clients), and 1,827 HIV-related services including counselling, harm reduction, and lab investigations. The summary of the service provision is shown below.

Table 3: HIV/STI services

SEXUALLY TRANSMITTED INFECTIONS & HIV	10-19 Years			20-24 Years			25+ Years			TOTAL
	M	F	NB	M	F	NB	M	F	NB	
Treated for sexually transmitted infection (other than HIV)	0	9	0	0	57	0	29	759	0	854
Referred out for STI Treatment	0	0	0	0	0	0	0	0	0	0
Treatment for HIV with ARVs	0	0	0	0	0	0	0	0	0	0
PLHIV treated for opportunistic	0	0	0	0	0	0	0	0	0	0
Referred out for HIV Services	0	0	0	0	0	0	0	0	0	0

MISP Objective 4: Prevent excess maternal and newborn morbidity and mortality

Obstetric services provided to women across different age groups in this response are summarised below.

Table 4: Obstetric services

Service type	10-19 years	20-24 years	25+ years	Total
Antenatal	32	73	298	403
Postnatal	8	122	545	675
Postnatal-Post Partum Depression	1	3	13	17

Antenatal (ANC) care 1st Visit	8	17	37	62
ANC-4th Visit		1	17	18
ANC-Ultrasound	5	10	47	62
Total	54	226	957	1,237

Pregnant women were counselled about the development of a baby, received advice on exercise, information on nutrition, diet and breast feeding and discussions around mental health. Among 403 pregnant women who received clinical services and one to one counselling, some of them also attended awareness sessions. In total 62 women received information on maternal health (includes danger signs in pregnancy, importance of skilled birth attendance, and available services including first referral point and contact details) in health information sessions. Accompanied referral to a district hospital was provided to one client based on her complications.

FPAN provided ultrasonography (USG) services, leveraged from rural government, to check the foetus development and help pick up any foetal abnormalities. FPAN used trained doctors on government rural ultrasonography program which FPAN got support from local government of Kavre. FPAN provided USG services to 62 pregnant women. These clients were mobilized through health workers to FPAN medical camps since the camp was held close to their location.

While it would be ideal to provide USG services in all mobile camps, FPAN was unable to access a USG trained doctors and USG machine in all camps. In locations where FPAN did not provide USG services, FPAN referred the clients for USG to nearby health care centre where USG services would be available free of charge.

MISP Objective 5: Prevent unintended pregnancies

Throughout the response, FPAN provided different methods of family planning (FP) services. Among the services offered, there was equal demand for both long-acting reversible contraceptives (LARCs) such as implants and short-acting reversible contraceptives (SARCs) such as injectables, pills and condoms. The detailed contraceptive service statistics are presented in Table 5 and 6:

Table 5: Contraceptive services

Contraceptive type	First time user/New user				Returning Clients/Continued users			TOTAL Clients
	10-19 yr	20-24 yr	25+ yr	Total	20-24 yr	25+ yr	Total	
Oral contraceptive pill	0	1	2	3	3	27	30	33
EC pills					0	12	12	12
Injectable contraceptive	2	27	60	89	7	38	45	134

Contraceptive implant	1	6	58	65	2	34	36	101
Intrauterine device	0	1	19	20	0	11	11	31
Male voluntary surgical contraception (MVSC) - vasectomy	0	0	27	27	0	21	21	48
Male Condoms	0	4	0	4	7	171	178	182
Female condoms	0	0	0	0	0	3	3	3
TOTAL	3	37	164	204	21	326	347	551

FPAN had sufficient quantity of contraceptive stock provided by UNFPA Nepal.

Table 6: Contraceptive supplies

CONTRACEPTIVE CONSUMPTION	VALUE	UNIT
Combined oral contraceptive pill	83	Strips / Cycles
Progestin-only oral contraceptive pill	0	Strips / Cycles
Injectable contraception	134	Dose
Contraceptive implant	101	Piece
Copper IUD	31	Piece
Hormonal IUD (LNG-IUS)	0	Piece
Condoms	17356	Piece
Emergency Contraception Pill	12	Packet

MISP Objective 6: Plan for comprehensive SRH services, integrated into primary health care as soon as possible.

In order to support smooth recovery in the affected areas, FPAN has developed a recovery plan, and planned capacity building activities for the local government health care providers on technical topics such as implant and medical abortion, through its SPRINT annual workplan 2025. In addition, FPAN has already shared with the local health authorities the list of 62 pregnant mothers who received USG services as part of antenatal (ANC) care.

Additional MISP Objective: Ensuring safe abortion care

As per the national abortion guidelines, health care centres and providers need to be approved and licensed by the MoHP to provide abortion services (medical and surgical). During the SRH camps, one client was provided medical abortion service out of the total 23 clients counselled, and a total of 26 abortion services were provided during the reporting period.

Table 7: Abortion services

Comprehensive Abortion Care	10-19 Years	20-24 Years	25+ Years
Provided counselling on abortion	1	3	19
Provided misoprostol and/or mifepristone for uterine evacuation	0	0	1
Provided MVA for uterine evacuation	0	0	0
Provided D&C for uterine evacuation	0	0	0
Treated for complications of abortion	0	0	0
Received contraception method before discharge	0	0	0
Referred for comprehensive abortion care	0	0	0

OTHER: Treatment of other SRH issues and general health conditions

While the focus of the response was to provide lifesaving MISP services, FPAN provided different kinds of health services upon request with available human resources. These included non-MISP SRH services such as ANC, postnatal care (PNC), 1,868 cervical cancer screening by visual inspection with acetic acid (VIA), out of which 16 were positives who were provided Thermo coagulation therapy locally. There were cases of 38 uterine prolapse and 1084 manual breast cancer examinations were provided at the response site. In addition, 504 non-SRH services were provided including paediatrics services.

4. ACCOUNTABILITY TO AFFECTED POPULATIONS

	<i>SPRINT M&E Framework indicators</i>	<i>Achievement</i>
3.2.1	Percentage of beneficiaries satisfied with services and how it was measured (e.g., exit interviews)	NPS ⁹ =80.7 (exit interview)
3.3	Percentage of marginalised persons reported access to SRHiE services under SPRINT response	21% (people with disabilities- 124, LGBTQI-0, PLHIV-0, young people- 307, pregnant- 149 & lactating mothers- 55=635)

⁹ Net promoter score (NPS) is calculated based on clients' feedback at the exit using a scale 0 (unsatisfied) to 10 (highly satisfied).

3.3.1	Number of beneficiaries with a disability reached	124
3.3.2	Percentage of female members in response teams	54% (13 out of 24)
3.3.3	Community feedback mechanism in place (e.g. exit interview, suggestion box, FGDs, etc.) to provide feedback	Yes (client exit interviews, FGDs, complain box, social media)

5. COST SHARING / RESOURCE ALLOCATION FROM OTHER SOURCES

Strong partnership with other actors enabled FPAN to leverage resources to support the response efforts. The estimated cost was as follows:

- 24 Hygiene kits was distributed to pregnant and lactating mother. These kits were received by Riyale heath post through UNICEF which cost around AUD596.
- FPAN Kavre received 15 pieces of Dignity Kits from Nepal Red Cross Society of Kavre which cost around AUD799.
- FPAN received required SRH medicines from DHO and rural municipality of Lalitpur, Kathmandu and Kavre, which cost around AUD3,342.

The total estimated cost for these items is AUD4,737.

5. CHALLENGES AND LESSONS LEARNT

The main challenges faced by the emergency response team are as follows:

1. Lack of adequate budget for medicines and medical supplies

As FPAN planned to conduct 25 camps within limited budget, it was challenging as compared to the previous response, to manage the medicines and other required medical supplies like gloves, betadine solutions etc within the budget. In this situation, FPAN's partnership with other partners was pivotal, as FPAN was able to receive required medicines from district health office (DHO) and local government for the support.

2. Need to receive approval from District health office and local government

In the first month while conducting SRH camps FPAN faced some difficulty in conducting camps. However, in the second month with improved coordination and collaboration with partner organizations, District Heath offices (DHO) and local government, FPAN was able to conduct the SRH camps as per the planned timeline.

3. Lack of infrastructure and facilities for vasectomy services

In this response, FPAN conducted voluntary surgical contraceptive (VSC) services in many mobile SRH camps. A total of 48 vasectomy services were provided in different areas of rural municipalities of Kavre and Lalitpur district, a significant achievement in an emergency response. In many of the camps, there was no standard operation theatre set up in the government health facilities for providing surgical procedures. To overcome the challenge, FPAN took OT table and necessary equipment and instrument for sterilization for surgical procedures to maintain infection prevention, in order to provide VSC services.

4. Geographically remote

In a few places of southern parts of Lalitpur and Kavre district where FPAN conducted SRH camps, the road was very risky and the places for the accommodation of the response team was not easily available.

However, the local level rural health coordinator of rural municipality helped FPAN team, by facilitating the arrangement of local home stay.

6 COMMUNICATIONS AND CASE STUDIES

FPAN's SRH camps conducted in different districts were covered in local news and social media platforms. Below are a few links.

Kavre camps

https://www.souryaonline.com/2024/11/625992.html?fbclid=IwY2xjawHY_XxleHRuA2FlbQIxMAABHXtY2rBp9KtHXF_wqwmtjWh7QhEEwiWFiP94aQyElvDsgQUB2ZtYeP8Eag_aem_fdQ7hnEKImPAemhtEQjilw

https://www.naulosamachar.com/2024/12/22/19337/?sfnsn=mo&fbclid=IwY2xjawHY_G9leHRuA2FlbQIxMAABHdHoCSsbzZtA-WhKQfsK2vN6rJX_EbhIrSxt_9uwQcb6JNmtMORd3lzuW_aem_RnDQIHwlocv0GFqaY--9Pw

https://newspolar.com/archives/300710?fbclid=IwY2xjawHiOqFleHRuA2FlbQIxMQABHRXG5SQ1YUGJNVLGglgKijJ_bjBa6encbyLHOuRv2Qyt0mwDpwkh4mwWRg_aem_JLnDIZP3CFBWZs_4ec9pmA

Collaboration with Nepal Cancer Care Foundation (NCCF)

SRH camps in Lalitpur districts in collaboration with Nepal Cancer Care Foundation (NCCF)

https://www.facebook.com/story.php?story_fbid=977371181090261&id=100064521647241&rdid=iAD CkxeaoButTjM#

<https://www.facebook.com/org.nccf/posts/pfbid02Ha6SLuf7sTTXf4Zbu3iZqAGv273261RYEh76H1UonA8Q6jhrNwd8iNWUiv5BfKmfI?rdid=8bS9ToEtzs0FF6p7>

Social media link

https://www.facebook.com/story.php?story_fbid=977371181090261&id=100064521647241&rdid=iAD CkxeaoButTjM#

<https://www.facebook.com/org.nccf/posts/pfbid02Ha6SLuf7sTTXf4Zbu3iZqAGv273261RYEh76H1UonA8Q6jhrNwd8iNWUiv5BfKmfI?rdid=8bS9ToEtzs0FF6p7>

FPAN, in coordination with IPPF, commissioned award-winning national photographer Uma Bista to gather stories and photography. A selection is below. A link for her full photos will be shared once ready.



Dr. Kripa Chhetri conducts a prenatal examination for Parbati, 27, at the SRH comprehensive health camp in Lalitpur.



Parbati, 27, at her home in Lalitpur, on December 16, 2024. Parbati is 26 weeks pregnant and lives with her two-year-old daughter.



Nirmala, 26, receives temporary family planning services at the SRH health camp in Lalitpur



Dr Kripa Chhetri in the operating theater while she waits to give vasectomy services to Naresh at the SRH comprehensive health camp in Lalitpur.



Bibha Rai, a staff nurse, removes an IUD from Ambika's arm at the SRH health camp in Lalitpur. She had visited a nearby health clinic several times to have the IUD removed, but health workers refused due to lack of expertise and resources.



From left: Bibha Rai, Dr Kripa Chhetri, and Pushpa Karki at the SRH health camp in Pyutar, Bagmati Rural Municipality-4, Lalitpur, on December 17, 2024

Photos by FPAN team



Health Ministry Kiran Kumar Thapa of Bagmati province attending the SRH camp



FPAN central committee volunteers distributing hygiene kits to pregnant women.



Clients wait in line for SRH services



Client registration by a Female Community Health Volunteer (FCHV)



Discussing safeguarding



Helping a client with hand fracture to refer to a higher centre



USG scanning of pregnant women by a gynae doctor



Ward chairman is distributing dignity kits



Doctor is providing USG services to pregnant women (left)



Ward chairman of Panchkhal municipality distributing a dignity kit to a pregnant woman (right)

Case story 1

A client named Maya Khanal (name changed) around 40 years from Banepa Municipality, Kavre, came to FPAN's SRH camp who was suffering from itching around vaginal area, purulent discharge and lower abdomen pain for the previous three months. She had a history of multiple abortions due to unwanted pregnancies. On speculum examination, she had purulent vaginal discharge with cervical erosion. FPAN service provider counselled her, sharing that undergoing multiple abortion could harm the health of women and advised her to use long-acting reversible contraceptive (LARC) services to avoid unintended pregnancy. The FPAN service provider treated her for STI infection and provided implant services. Maya was very satisfied with the services received from the SRH camp. She came to FPAN Banepa branch after 14 days after the first visit for follow-up services. She brought some vegetables and fruits for all staff, saying that "the treatment I received from FPAN Banepa branch made my life very comfortable and relieved. I thank the entire team for SRH services, and I also recommended that my friends and families receive SRH service from FPAN Banepa branch in future".

Case story 2

While conducting SRH camps at Panauti municipality, an elderly woman in an age group of 65-70-year named Sitadevi (name changed) was brought to the camp by her family members. During a check by a FPAN gynaecologist, she was found to have third degree uterine prolapse with grade III cystocele which she had been suffering from for the past 30 years. A FPAN gynaecologist inserted ring pessary and advised her family members to follow up at the hospital for further management.

The client thanked FPAN clinical staff for the healthcare she received. "The insertion of ring pessary made my life so comfortable and thank you all for your good service which you have given to me."

FPAN team receiving appreciation letter from different rural municipalities for providing SRH services to the flood affected people from the bhatte danda, Bagnmati rural municipality, Lalitpur district.



बागमती गाउँपालिका Bagmati Rural Municipality

गाउँ कार्यपालिकाको कार्यालय
Office of Rural Municipal Executive

भट्टेडाँडा, ललितपुर
Bhattedanda, Lalitpur
बागमती प्रदेश, नेपाल



प.सं: ०८१/०८२

ब.नं: ११३



मिति : २०८०/१०/०३

ने.सं ११४५ पोहेलागा ३ विहीबार

श्री नेपाल परिवार नियोजन संघ
उपत्यका शाखा, जडिबुटी।

विषय : कार्यक्रम सम्पन्न बारे ।

प्रस्तुत विषयमा त्यस शाखाले यस बागमती गाउँपालिका, ललितपुरको दक्षिण भेगमा रहेको अतिदुर्गम तिनवटा वडाहरूमा बाढी प्रभावित क्षेत्रका समुदायमा "बृहत प्रजनन स्वास्थ्य शिविर" मिति २०८१ साल पौष १, २ र ३ गते क्रमशः भट्टेडाँडा, प्युटार र इकुडोल स्वास्थ्य चौकीहरूमा सफलताका साथ सम्पन्न गरेकोमा नेपाल परिवार नियोजन संघ (FPAN) प्रति हार्दिक धन्यवाद दिदै आगामी दिनमा पनि यस्तै किसिमको सहयोगको अपेक्षा राखेका छौं।

समिर श्रेष्ठ

स्वास्थ्य शाखा प्रमुख
स्वास्थ्य शाखा प्रमुख

CS Scanned with CamScanner

Email: bagmatigaunlika@gmail.com. Website: www.bagmatimunlalitpur.gov.np