

नियमित जीवनतर्फ पुनरागमन

Bringing Back Regular Life



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प्रकाशक: ग्रामीण महिला सिर्जनशील परिवार

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१. परिचय

ग्रामीण महिला सिर्जनशील परिवार महिला तथा बालबालिकाको मानव अधिकार रक्षा र संरक्षणका लागि सिन्धुपाल्चोकमा रहेर काम गर्दै आएको संस्था हो । यो संस्थाले सन् १९९३ देखि नै स्थानीय महिलाहरू परिचालन गरेर उनीहरूको शोषण र उत्पीडनको विरुद्ध समाजमा विद्यमान जातीय, लैंगिक, वर्गीय भेदभाव अन्त्य गर्न अभियान सञ्चालन गरिरहेको छ ।

संस्था संघ संस्था दर्ता ऐन, २०३४ अनुसार २०५० श्रावण ३२ गते सिन्धुपाल्चोक जिल्ला प्रशासन कार्यालयमा दर्ता भएको हो । यस संस्थाले महिलामाथि हुने भेदभाव, हिसा र दुरुपयोग संग सम्बन्धित सबै खालका घटनाको दस्वावेजीकरण गरेर उनीहरूलाई आवश्यक सहयोग प्रदान गर्दछ ।

यसले महिला समूहसंग मिलेर मानव बेचबिखन विरुद्ध लड्नका साथै महिला र बालबालिकाको रक्षा र संरक्षण गरेर समातामूलक समाज निर्माण गर्नका साथै खाद्यसुरक्षा, स्वास्थ्य र शिक्षाको क्षेत्रमा पनि काम गर्दै आएको छ ।

परिकल्पना (Vision)

सकारात्मक, समतामूलक र सशक्त समाजको निर्माण गर्नु यस संस्थाको परिकल्पना हो ।

मिसन (Mission)

सिन्धुपाल्चोक जिल्लाभित्र प्राकृतिक स्रोत र साधनको संरक्षण, सम्बद्धन र उपयोगमा समान अवसरको विकास गर्दै स्वास्थ्य, शिक्षा, सांगठनिक भौतिक र बौद्धिक विकासका निष्ठि एकीकृत कार्यक्रम गर्दै समाजमा भइरहेका भेदभावको अन्त्य गर्ने वातावरण सिर्जना गर्दै जानुका साथै चेतनाको विकासका लागि

एकीकृत कार्यक्रम गर्दै समुदायलाई नै सशक्त बनाउँदै जाने, मानव बेचबिखनको अन्त्य गर्ने र महिलालाई विभिन्न क्षेत्रमा पहुँच बढाउन सहयोग गर्ने ।

लक्ष्य (Goal)

महिला अधिकारवादी सोचमा आधारित विकासको माध्यमबाट संस्थागत सुदृढीकरण र मानव बेचबिखन, हिसा र द्वन्द्व प्रभावितहरूको सशक्तीकरण गर्दै कार्यक्षेत्रभित्रका विभिन्न तहमा रहेका मानिसलाई चेतना, संगठन र जीविकोपार्जनको माध्यमबाट परिचालित गर्दै ती क्षेत्रलाई मानव बेचबिखन र महिलाविरुद्ध हुने सबै किसिमका हिसाबाट मुक्त बनाउने ।

उद्देश्य

- बेचबिखन, द्वन्द्व र हिसाबाट प्रभावित महिला, पुरुष, किशोरी, बालबालिकाको सशक्तीकरणका लागि परामर्श सहयोग, सामाजिक एकीकरण तथा क्षमता अभिवृद्धि गर्दै समान अवसरको वितरण, सञ्चालन निर्माण र परिचालन गरी समाजमा उनीहरूले सम्मानित जीवनयापन गर्ने वातावरण सिर्जना गर्ने ।
- प्रभावित र जोखिममा परेका महिलालाई हेर्ने सामाजिक दृष्टिकोणबाट परिवर्तन गर्न चेतना अभिवृद्धि गर्ने, शैक्षिक विकास समुदायमा आधारित संगठन, सञ्चालको निर्माण र परिचालन गरी उनीहरूलाई जिम्मेवारीको हस्तान्तरण गर्ने प्रक्रिया थालनी गर्नु ।
- महिला, बालबालिकाहरू, गरिब तथा विपन्न वर्गलाई आयआर्जनका कार्यक्रम सञ्चालन गरी उनीहरूको जीवनयापनलाई सहज र सम्मानित बनाउँदै बेचबिखनको जोखिमलाई कम गर्नु ।
- संस्थाको उद्देश्य हासिल गर्नका लागि विभिन्न सरकारी एवम् गैरसरकारी संघसंस्थाहरू संग समन्वय र सहकार्य बढाउने
- प्राकृतिक साधनश्रोत, पर्यावरकीय प्रणाली र जीवनप्रणाली संग सम्बन्धित विभिन्न कार्यक्रमहरू सञ्चालन गर्ने ।
- स्वस्थ र समुन्नत जीवनका लागि पानी, स्वास्थ्य र सरसफाई सम्बन्धित कार्यक्रम सञ्चालन गर्ने ।
- स्तरीय सिद्धान्तहरू स्वीकार गरी विपद् न्यूनीकरण सम्बन्धित कार्यक्रम सञ्चालन गर्ने

- मानव बेचबिखन, लैंगिक हिसा दासत्वबाट पीडितहरूको उद्धार, पुनर्स्थापना र समाजिक समायोजनका लागि कार्यक्रमहरू सञ्चालन गर्ने
- समुदाय विकासका लागि पुर्वाधार निर्माणका विभिन्न कार्यक्रमहरू सञ्चालन गर्ने ।

कार्यक्षेत्र

ग्रामीण महिला सिर्जनशील परिवारको मुख्य कार्य क्षेत्र सिन्धुपाल्योक जिल्ला हो । तर संस्थाले आफ्नो लक्ष्य र उद्देश्य प्राप्त गर्न राष्ट्रिय तथा अन्तराष्ट्रिय स्तरमा समेत सञ्चालको सहकार्यको माध्यमबाट कार्यक्रम सञ्चालन गर्न सक्नेछ ।

संस्थाका सिद्धान्तहरू

कुनै पनि सेवा प्रवाह गर्दा ग्रामीण महिला सिर्जनशील परिवारका सदस्यहरू, यससंग आवद्ध कर्मचारी, स्वयम् सेवक र समुदायमा लाभान्वितहरूका लागि निम्न बमोजिमका सिद्धान्त अबलम्बन गर्दै आएको छ :

- संस्थाले समुदायका कुनै पनि लाभान्वित समूहलाई सेवा प्रवाह गर्दा सम्मान सहित गर्ने छ ।
- संस्थाले सामाजिक, धार्मिक, लैंगिक, आस्था, शारीरिक, मानसिक अवस्था, भौगोलिक अवस्थिति, जात लगायत अन्य कुनै खालका भेदभाव गर्ने छैन ।
- ब्यक्तिको मानवअधिकार संरक्षण संस्थागत निती र कार्यक्रमको आधार हुनेछ ।
- संस्थागत विकास र सहभागिताको क्रममा राज्यको समावेशी नीति कार्यान्वयन गरिने छ ।
- संस्थाको लक्ष्य एवम् उद्देश्य अनुरूपका कार्यक्रम र गतिविधी तय गरिने छन् र ती कार्यक्रमहरू महिला र बालबालिकाहरू संग सम्बन्धित हुने छन् ।
- कामको सिलसिलामा अधिकार संग सम्बन्धित विभिन्न पक्षको गुनासो सुनिने छ ।
- कुनै पनि कामको सामाजिक उद्यमशीलता र दिगोपन बाहेक संस्थाले सेवा प्रवाह गरे वापत समुदायबाट कुनै प्रकारको आर्थिक शुल्क लिने छैन ।
- संस्थाका सबै काममा पारदर्शिता र जवाफदेहीताको नीति अपनाइने छ जसमा सुशासन कार्यक्रम पनि रहने छ ।

- समुदायलाई संस्थाले गरेका कामको बारेमा जानकारी दिन र उनीहरूका उचित सल्लाह सुझाव लिनका लागि नियमित रूपमा सामाजिक लेखापरीक्षण गरिने छ ।
- संस्थामा कर्मचारी भर्ना गर्दा समान अवसरको नीतिलाई प्राथामिकता दिइने छ ।
- परियोजना क्षेत्रमा काम गर्दा स्थानीय र सरकारी निकायसंग समन्वय र सहकार्य गरिने छ ।

रणनीतिहरू

- आवश्यक संगठनात्मक नीति र तिनको कार्यन्वयन गर्ने प्रणाली(हरू)को स्थापना गर्ने
- प्रभावकारी दस्तावेजीकरण प्रणाली स्थापना गर्ने
- सूचना प्रविधीको अधिकतम प्रयोग गर्ने

- प्रणालीगत अनुगमन प्रक्रिया
- संस्थाको भौतिक संरचना निर्माण गर्ने
- आमसञ्चारको प्रयोग
- संगठनात्मक विषयमा अध्ययन तथा अनुसन्धान गर्ने
- दिगो आर्थिक श्रोतको पहिचान एवम् उपयोग
- संस्थाको सुशासन नीति
- सरोकारवालाहरूसंग सम्बन्ध विकास, सम्पर्क र समन्वय गर्ने
- कार्यक्षेत्र बिस्तार
- कृषिमा आधारित जीविकोपार्जन, परिस्थितिकीय प्रणाली र अनुकूलन
- हिंसा, बेचबिखन र दासत्व विरुद्ध अभियान
- बाल अधिकार र गुणस्तरीय शिक्षा
- मनो सामाजिक परामर्श सहयोग र पुर्ननिर्माणको निरन्तरता

संस्थाद्वारा संचालन भएका

तथा हाल संचालित कार्यक्रमहरू

क्र.स	परियोजनाको नाम	मुख्य कार्यक्रम		परियोजना अवधी	वजेट	सहयोगी संस्था	कार्यक्षेत्र
१	एकीकृत सामुदायिक प्रकोप जोखिम न्युनिकरण तथा स्वास्थ्य सरसफाई कार्यक्रम	<ul style="list-style-type: none"> स्थानीय बिपद जोखिम व्यवस्थापन योजना तर्जुमा निर्देशिकाको आधारमा बिभिन्न समितिहरू गठन परिचालन तथा क्षमता विकासका कार्यक्रमहरू प्रकोप जोखिम न्युनिकरणका कृयाकलापहरू स्वास्थ्य तथा सरसफाईका कृयाकलापहरू 		१ नोभेम्बर २०१६ बाट ३० अप्रिल २०१८	२,४५,८६,३६८।	द जोहानिटर	५ गा.वि.स.

क्र.सं	परियोजनाको नाम	मुख्य कार्यक्रम		परियोजना अवधी	वजेट	सहयोगी संस्था	कार्यक्षेत्र
३	मागमा आधारीत सामुदायिक संरचना तथा जीविकोपार्जन सहयोग कार्यक्रम	<ul style="list-style-type: none"> गरिब तथा जोखिमसन्मुख परिवारलाई आय आर्जन सहयोग । समुदायको मागमा आधारीता सामुदायिक भवन सहयोग 		२३ मे २०१६-३१ डिसेम्बर २०१६	१,२०,५६,१००।	पिपुल ईन निड	२ गाविस
४	भुकम्प प्रभावित समुदायको पुर्नलाभ तथा प्रतिरोध क्षमता प्रबद्धनको लागी संचार र सामाजिक परिचालन कार्यक्रम (विकासको लागी संचार)	<ul style="list-style-type: none"> युवा समुह तथा सामुदायिक समुहरूलाई मानव बेचबिखन तथा ओसारपसारको जोखिम तथा संरक्षणको बारेमा क्षमता विकास । मानव बेचबिखन रोकथामको लागी सामुदायिक सहभागीता र समुदाय परिचालन । 		१५ अप्रिल २०१६ देखी ३१ डिसेम्बर २०१७	८२,२१,७००।	युनिसेफ	७ गा.वि.स.
५	जीवनका लागी जिविकोपार्जन कार्यक्रम	<ul style="list-style-type: none"> वन नर्सरी निर्माण तथा व्यवस्थापन प्रविधिक व्यावसायिक दक्षता तालिम पशुपालन व्यवस्थापन आयआर्जन तथा महिला सुरक्षा 		नोभेम्बर २०१५ देखी जुलाई २०१७	४८,९९,८३०।	विश्व शिक्षा नेपाल	७ गाविस
६	नियमित जिवन तर्फ पुनरागमन	<ul style="list-style-type: none"> मनो सामाजिक परामर्श सेवा जिविकोपार्जन सहयोग कार्यक्रम वाल तथा महिलामैत्री कृयाकलापहरू सञ्चालन 		अक्टोबर २०१५ देखी डिसेम्बर २०१६	४,७०,९९,६५०।	जोहानिटर	३ गाविस
७	बालवालिकाहरूलाई निकृष्ट प्रकारको श्रम शोषणगाट रोकथाम	<ul style="list-style-type: none"> सामुदायिक निगरानी समुह गठन तथा क्षमता विकास गाविस स्तरीय वाल संरक्षण समितिसंग समन्वय लक्षित वर्गका यूवा हरूको क्षमता विकास तथा जिविको पार्जन सहयोग वालवालिकाहरूका लागी शैक्षिक सामग्री सहयोग 		सेप्टेम्बर २०१५ देखी अगस्ट २०१६	१,०४,६३,०००।	जेनेभा ग्लोबल	५ गाविस

क्र.सं	परियोजनाको नाम	मुख्य कार्यक्रम		परियोजना अवधी	वजेट	सहयोगी संस्था	कार्यक्षेत्र
८	महिला सहभागीता का लागी कार्यमुलक अनुसन्धान	<ul style="list-style-type: none"> • अनुसन्धान • समुह क्षमता अभिवृद्धी • सवालगत वकालत 		अगस्ट २०१५ देखि जुलाई २०१६	७,९८,०००।	बृद्धि८	जिल्ला भर
९	बेचबिखन बिरुद्ध अनुसन्धान तथा तालिम	<ul style="list-style-type: none"> • तालिम तथा क्षमता विकास • महिला सुरक्षा • अनुसन्धान तथा प्रकाशन 		जुलाई २०१५ देखि डिसेम्बर २०१५	९,९०,०००।	फ्रिडम फण्ड	जिल्ला भर
१०	स्थानिय शासन तथा सामुदायिक बिकास कार्यक्रम	<ul style="list-style-type: none"> • वडा नागरि मञ्च गठन तथा परिचालन • गाविसको योजना तर्जुमा अनुगमन तथा मुल्यांकन • वडा नागरीक मञ्चका पदाधिकारीहरूको क्षमता अभिवृद्धी 		जुन २०१५ देखी जुलाई २०१६	९९,३०,०००।	जिल्ला विकास समिति सिन्धुपाल्चोक	१० गाविस
११	भुकम्प प्रभावित समुदायका लागी पुनरलाभ सहयोग कार्यक्रम	<ul style="list-style-type: none"> • खानेपानी तथा सरसफाई कार्यक्रम • जिविकोपार्जनका लागी आयआर्जन कार्यक्रम • अस्थाई तथा स्थाई आवास निर्माण सहयोग कार्यक्रम • मनो सामाजिक परामर्श सहयोग कार्यक्रम 		जुलाई २०१५ देखी अप्रैल २०१६	४,९५,२४,७२९।	लुधन विश्व फेडेरेशन नेपाल	४ गाविस
१२	भुकम्प प्रभावित समुदायको लागी पुनरलाभ तथा पुनर्निर्माण कार्यक्रम	<ul style="list-style-type: none"> • स्वास्थ्य सरसफाई, आवास, स्वास्थ्य शिक्षा र जिविकोपार्जनमा सहयोग 		जुन २०१५ देखी डिसेम्बर २०१७	५२,००,०००।	टी.डि. ए.च. जर्मनी (हुरेन्डेक संगको साफेदारितामा)	३ गाविस
१३	सिन्धुपाल्चोकका भुकम्प पिडित समुदायका लागी आपतकालीन सहयोग कार्यक्रम	<ul style="list-style-type: none"> • राहात तथा पुनरलाभ सहयोग (खानेपानी तथा सरसफाई, आवास निर्माण सहयोग, जिविकोपार्जन र लैंड्रिक सचेतना) 		मे २०१५ देखी अप्रैल २०१७	७,४६,०९८५।।।	अक्सफाम	७ गाविस

क्र.सं	परियोजनाको नाम	मुख्य कार्यक्रम		परियोजना अवधी	वजेट	सहयोगी संस्था	कार्यक्षेत्र
१४	उनको सुरक्षा कार्यक्रम	<ul style="list-style-type: none"> समुदाय तहमा महिला सुरक्षा समिति गठन तथा परिचालन सुरक्षा समुहको क्षमता विकास तथा सहयोग 		जुन २०१५ देखी डिसेम्बर २०१५	३३,५५,०००।	पिपुल इन निड (पिन)	१० गाविस
१५	सुनौलो भविस्यका लागी शिक्षा कार्यक्रम	<ul style="list-style-type: none"> गाउँ वाल संरक्षण समितिको क्षमताविकास, बिद्यालय र बालवालिका सहयोग वाल विवाह विरुद्ध सहजिकरण अस्थाई शिक्षण केन्द्र निर्माण सहयोग 		सन २०१३ देखी निरन्तर	३३,९६,२५०।	चाइल्ड फण्ड जापान	३ गाविस
१६	गरीवि निवारणका लागी आय आर्जन बृद्धि कार्यक्रम	<ul style="list-style-type: none"> सामुदायिक सस्था निर्माण तथा क्षमता विकास आयआर्जन तथा जिविकोपार्जन समुदायको मागमा आधारीत भौतीक पुर्वाधार निर्माण 		सन २०१३ देखी निरन्तर	१६,९५,०००।	गरीवि निवारण कोष नेपाल	३ गाविस
१७	मानव बेचबिखन तथा दासत्व बिरुद्धको कार्यक्रम	<ul style="list-style-type: none"> बेचबिखन विरुद्ध महिला समुह निर्माण तथा नेटवर्किङ आर्थिक तथा मनोपरामर्श सहयोग महिला अधिकारका लागी वकालत तथा लविड 		सन २००६ देखि निरन्तर	४९,३६,५३।।	फ्रि द स्लेभ्स, अमेरिका	६ गाविस
१८	स्वदेश फर्कका चेलीहरूको पुर्नस्थापना कार्यक्रम	<ul style="list-style-type: none"> पिडितहरूका लागी पुनर्स्थापना केन्द्र सञ्चालन शिक्षा तथा कानूनि सहयोग प्रभावित हरूकालागी मनोपरामर्श तथा स्वास्थ्य सहयोग क्षमता विकास तथा आयआर्जन कार्यक्रम 		सन २००९ देखी २०११	३१,४०,०००।	महिला तथा बालवालिका कार्यालय सिन्धुपाल्चोक	मध्यमाञ्चल विकास क्षेत्र

क्र.सं	परियोजनाको नाम	मुख्य कार्यक्रम		परियोजना अवधी	वजेट	सहयोगी संस्था	कार्यक्षेत्र
१९	बिवाह गर्ने उमेर बढाई युवा किशोर किशोरीहरूको प्रजनन स्वास्थ्यमा सहयोग कार्यक्रम	<ul style="list-style-type: none"> युवा समुह गठन, यूवा मुख्य स्वास्थ्य सेवा, यूवा सुचनाकेन्द्र स्थापना शिक्षक तथा बिद्यार्थीहरूको लागी तालिम तथा क्षमता विकास 		सन २००९ देखी २०१३	३,९०,००,०००।	यूरोपियन युनियन/ सोलिड नेपाल	१६ गाविस
२०	स्थानिय शासन तथा सामुदायिक बिकास कार्यक्रम	<ul style="list-style-type: none"> वडा नागरि मञ्च गठन तथा परिचालन गाविसको योजना तर्जुमा अनुगमन तथा मुल्यांकन वडा नागरीक मञ्चका पदाधिकारीहरूको क्षमता अभिवृद्धि 		सन २००९ देखी २०१३	३२,००,०००।	जिल्ला विकास समिति, सिन्धुपाल्चोक	६ गाविस
२१	सिमान्तकृत समुदायको पहुँच बृद्धि कार्यक्रम	<ul style="list-style-type: none"> प्रजनन स्वास्थ्यको प्रचार प्रसार तथा सवाल पहिचान कार्यक्रम 		सन २०११ देखी २०१३	८,७५,०००।	कृपा	५ गाविस
२२	नयाँ बाटो नयाँ पाहिला कार्यक्रम	<ul style="list-style-type: none"> श्रोतकेन्द्रहरूमा शैक्षिक आदान प्रदान व्यावसायिक कक्षाहरू सञ्चालन आयआर्जन कार्यक्रम सञ्चालन गाउँ वाल संरक्षण समिति निर्माण तथा क्षमता विकास तालिम सञ्चालन 		सन २०१० देखी २०१३	१,१५,००,०००।	विश्व शिक्षा नेपाल	७ गाविस
२३	हामी सक्छौं अभियान	<ul style="list-style-type: none"> महिला विरुद्ध हुनै सबै हिसाहरूको अन्त्य गर्न : महिला हिसा विरुद्ध सचेतना विस्तार, वकालत, पैरवी, कानुनी सहयोग र संजालीकरण 		सन २००५ देखी २०११	७५,००,०००।	अक्सफम जिवी नेपाल	रामेछाप दोलखा र सिन्धुपाल्चोक जिल्ला

क्र.सं	परियोजनाको नाम	मुख्य कार्यक्रम		परियोजना अवधी	बजेट	सहयोगी संस्था	कार्यक्षेत्र
२४	संबिधान निर्माण प्रकृयामा जनसहभागिता कार्यक्रम	<ul style="list-style-type: none"> संजाल गठन, तालिम तथा पैरवी महिलाको सवाल पहिचान, तथा जनताको मौलिक हकका वारेमा बहस पैरवी 		सन २००७ देखी २०१०	४८०००००	ऋक्षम्बर ऋक्षम्ब	रामेश्वाप दोलखा, काभ्रे र सिन्धुपाल्चोक
२५	सुरक्षीत वैदेशिक रोजगार सहयोग कार्यक्रम	<ul style="list-style-type: none"> सामाजिक परिचालन, महिला समुह निर्माण, क्षमता विकास सुरक्षीत वैदेशिक यात्राका लागी सचेतना तथा मनोमरामर्श सेवा एच.आई.भि एडस र स्वास्थ्य परिक्षण वारे सचेतना 		सन २००७ देखी २००८	१०,००,०००।	नियदबाँगलम आयच ध्याभल	४ गाविस
२६	दिगो भु व्यवस्थापन कार्यक्रम	<ul style="list-style-type: none"> कृषक समुह गठन, गोठेमल, कोसेबाली तथा नगदेबाली र तरकारी खेती तालिम, अगुवा कृषक निर्माण, व्यवसायिक योजना तयारी, तरकारी बजार व्यवसाय बिस्तार र प्रवर्द्धन 		सन २००६ देखी २००९	५९,६०,०००।	हेल्मेटास नेपाल	३ गाविस
२७	समुदाय सहयोग र पुर्नस्थापना कार्यक्रम	<ul style="list-style-type: none"> समुह गठन र परिचालन, शान्ति समति गठन र प्रवर्द्धनका काम 		सन २००४ देखी २००६	२६७५०००	सि.सि.ओ	३ गाविस
२८	मानव बेचबिखन बिरुद्ध महिलाई संगठीत गर्ने कार्यक्रम	<ul style="list-style-type: none"> महिला समुह निर्माण धारणा परिवर्तनका लागी सचेतना 		सन १९९७ देखी २००४	४९,९७,०००।	अक्सफास	५ गाविस

१२. नियमित जीवनतर्फ पुनरागमन : सिन्धुपाल्चोक जिल्लाको कर्थली, मार्मिङ र पेट्कु गाविसमा भूकम्पबाट प्रभावित महिला र बालबालिकाहरूका लागि सुरक्षित स्थान निर्माण तथा मनोसामाजिक परामर्श सहयोग परियोजना

नियमित जीवनतर्फ पुनरागमन परियोजना

परिचय

नेपाल सरकार गृह मन्त्रालयका अनुसार २०७२ साल वैशाख १२ र २९ गतेको विनाशकारी महाभूकम्पका कारण कूल जनसंख्याको एक तिहाई अर्थात नौ लाख मानिस प्रभावित भए । भूकम्पले दुइ लाख ६० हजार घर पूर्णरूपमा र अन्य आशिक गरी ७५०८९६ घर ध्वस्त भए भने ८८९६ व्यक्तिले ज्यान गुमाए । नेपाल विपद् प्रतिवेदन २०१५ का अनुसार २२३०२ व्यक्ति भूकम्पमा परेर घाइते भए ।

भूकम्पबाट अति प्रभावित ९४ जिल्ला मध्ये सबैभन्दा धेरै क्षति सिन्धुपाल्योकमा भयो । सिन्धुपाल्योकमा मात्रै ३५७० जनाले ज्यान गुमाए भने कुल आवास मध्ये ९९ प्रतिशत अर्थात ९० हजार घर भत्किए । यहाँका धेरै स्थानीय घरवारविहीन भएका छन् । विद्यालय, स्वास्थ्य चौकी लगायत सरकारी संरचनाहरू ध्वस्त भएका छन् भने खाद्यसुरक्षाको अभावमा जीविकोपर्जनमा समेत समस्या देखिएको छ । बिनासले गर्दा स्थानीय समुदायमा मनोसामाजिक समस्या देखिएको छ ।

यही अवस्थालाई मध्यनजर गरेर ग्रामीण महिला सिर्जनशील परिवारले सन् २०१५ को अक्टोबर देखि २०१६ डिसेम्बर सम्म सिन्धुपाल्योकको कर्थली, मार्मिङ र पेट्कु गा.वि.स.मा मा भूकम्पबाट प्रभावितहरूका लागि द जोहानिटर संगको सहकार्यमा नियमित जीवनतर्फ पुनरागमन कार्यक्रम सञ्चालन गरेको थियो । जस्मा ६२२५ घरपरिवारको १२३२९ जनसंख्या रहेको यस परियोजना क्षेत्रमा

सञ्चालित कार्यक्रमका मुख्य उद्देश्य कार्यक्रमको सेवाग्राहीहरूको मनो सामाजिक अवस्थामा सुधार ल्याइ आगामी दिनमा यस्ताखाले समस्याको समाधानका लागि समुदायलाई सक्षम बनाउनु थियो ।

कार्यक्रमको उद्देश्य हासिल गर्नका लागि महिला एवम् बालबालिका मैत्री स्थानको निर्माण, जीविकोपर्जनमा सहयोग, रेडियो कार्यक्रम, मनोसामाजिक परामर्श शिविर, सचेतना कार्यक्रम, सडक नाटक लगायतका कार्यक्रमहरू सञ्चालन गरिएका थिए ।

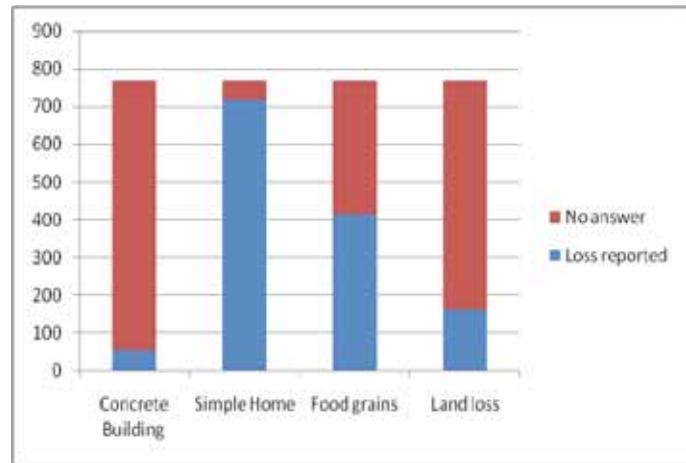
२ परियोजना कार्यान्वयन भन्दा पहिलेको समुदायको अवस्था

परियोजना कार्यान्वयन भन्दा पहिले ग्रामीण महिला सिर्जनशील परिवारले परियोजना क्षेत्रको आधारभूत सर्वेक्षण सम्पन्न गरेको थियो । सर्वेक्षणका मुख्य निष्कर्षहरू निम्न बमोजिम छन् :

२.१. विपद्मा नोक्सानी

विपद्मो बेला परियोजना क्षेत्रमा भएको क्षति बारेसबै जानकार भएपनि नियमित जीवनतर्फ पुनरागमन कार्यक्रम (बीबीआरएल) मार्फत संस्थाले परियोजना कार्यषेत्र लाई आर्थिक अवसर र मनोसामाजिक दृष्टिकोणबाट हेर्न खोजेका थियो । यसमा संस्था सबैभन्दा पहिले अङ्गभड्ग, मानसिक रूपमा विक्षिप्त र परिवारका सदस्य गुमाएको पीडाले तनावमा रहेकाहरूमा केन्द्रित भयो । दोश्रो चरणमा चौपाया र तेश्रो चरणमा घर, जग्गा, खाद्यान्न, अन्न र अन्य आम्दानीका श्रोतमा भएको क्षति बारे जानकारी लिइएको थियो । सर्वेक्षण गरिएका ७६९ घरपरिवार मध्ये ३१ ले विपद्मा घरपरिवारका सदस्य गुमाएको बताए जुन कुल सर्वेक्षणको ४ प्रतिशत मात्रै हो । त्यस क्रममा ५२ घरपरिवार (६.८ प्रतिशत) ले शारीरिक चोटपटक लागेको बताएका थिए भने ६५ घरपरिवार (८.५ प्रतिशत) ले परिवारमा मानसिक समस्या रहेको बताएका थिए । शारीरिक चोटपटक भन्दा मानसिक रूपमा प्रताडित भएको बताउनेहरूको संख्या ठूलो रहेको थियो जुन परियोजनाको प्राथामिकता पहिचान गरेर मनो सामाजिक विषयमा केन्द्रित हुन महत्वपूर्ण थियो । सर्वेक्षणका क्रममा ३२ घरपरिवार (४.२) ले शारीरिक चोटपटक लागेको बताइएको छ, जुन शारीरिक र मानसिक रूपमा अशक्त रहेकाहरूको तुलनामा कम हो ।

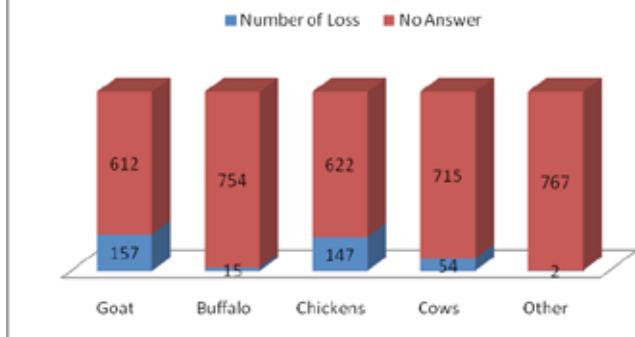
Figure 2 Livestock loss by earthquake



सबैभन्दा धेरै अर्थात ९३४ (७९८ घरधुरी) को घरमा क्षति भएको थियो । क्षतिग्रस्त घर मध्ये केही पक्की भवन रहेका थिए भने ५३ वटा भवन (६.९ प्रतिशत) पूर्ण रूपमा क्षतिग्रस्त भएका थिए । समग्रमा ५३८ प्रतिशत (४१ घरपरिवार) ले संकलन गरेर राखेको अन्न गुमाएका थिए । सर्वेक्षण गरिएका मध्ये १६३ घरपरिवार (२१.२ प्रतिशत) ले जग्गा पनि गुमाएको बताएका थिए । जग्गा गुमाएको बताउनेहरूले पहिले जस्तो जग्गा उपभोग गर्न सकिने अबस्थामा नरहेको बताएका थिए । जम्मा ७६९ घरपरिवारहरू मध्ये ११ घरपरिवार अर्थात १.४ प्रतिशतले हिउदमा हुने उनीहरूको आम्दानी गुमेको बताएका थिए ।

सर्वेक्षणमा सहभागी सबै गाविसका स्थानीयहरू मध्ये १५७ घरपरिवार (२० प्रतिशत) ले बाखा र १४७ घरपरिवार (१९ प्रतिशत) ले कुखुरा गुमाएको बताएका थिए । विपद्मा परेर तीन गाविसमा ५५० वटा बाखा र ११३४ कुखुरा मरेका थिए । ४० घर परिवारले कम्तिमा एउटा देखि धेरैमा २५ वटा सम्म बाखा मरेका थिए । त्यसैगरी ११ घरपरिवारको कम्तिमा एउटा कुखुरा देखि अधिकतम ५० वटा सम्म मरेका थिए । ती घरपरिवारमा ११ घरपरिवारले प्रति परिवार १० देखि अधिकतम ५० वटा सम्म कुखुरा गुमाएको बताएका थिए । यी अबस्थामा ११ परिवारले १० कुखुरा १० कुखुरा मरेको बताएका

Number of HH : livestock loss



थिए जुन संख्या सबभन्दा धेरै थियो । यी तथ्यहरू विपद्ले गरेको क्षति भल्काउने सशक्त आधारहरू थिए । गाइ र भैसी अत्याधिक प्रोटिनको मात्रा भएको दुध र आयश्रोतको हिसाबले महत्वपूर्ण श्रोतको रूपमा रहेकोमा विपद् पछि धेरै घरपरिवारले घरपालुवा जनावर गुमाएका छन् । कुल ५४ घरपरिवारले उनीहरूको कम्तिमा हरेक घरपरिवारले एउटा र दुई घरपरिवारले अधिकतम सातवटा गाइ गुमाएको बताएका थिए । यसर्थ, जम्मा ९६ गाइ मरेका थिए । भूकम्पमा ९६ भैसी मरेका थिए जसमध्ये नौ घरपरिवारले कम्तिमा एउटा र एक घरपरिवारले ७ वटा भैसी गुमाएको बताएका थिए । माथि उल्लेखित तथ्यहरूले परियोजना क्षेत्र रहेका तीन वटै गाविसमा बाखा पालनका साथै सानो संख्यामा कुखुरा एवम् र गाई पालन लोकप्रिय रहेको देखाउँछन् ।

आयकोश्रोत

आम्दानीको श्रोत	व्यवसाय	सार्वजनिक सेवा	वैदेशिक रोजगार	कृषि	अन्य
Number	62	52	139	685	306
Percent	8.1%	6.8%	18.1%	89.1%	39.8%

२.२. आयश्रोत र पेशामा आएको परिवर्तन

आय आर्जनलाई सघाउने परियोजनाको स्पष्ट लक्ष्य निर्धारणका लागि सम्बन्धित घरपरिवारको आय आर्जन र पेशाको अबस्थामा आएको

परिवर्तन हेर्न जरूरी थियो । जम्मा ७६९ घरपरिवारहरू मध्ये ६२ घरपरिवारले भूकम्प पछि पेशा परिवर्तन वा निरन्तरता बारे केही जवाफ दिएनन् ।

यस विषयमा कुल घरपरिवारको ८७४ प्रतिशतको पेशा र उस्तै आम्दानी भूकम्प भन्दा अगाडिको जस्तै थियो । यो संख्या प्राप्त जायज संख्याको तुलनामा ९५ प्रतिशत थियो । भूकम्पपछि ३५ प्रतिशतले मात्र पेशा परिवर्तन गरेका थिए । यो तथ्यले दिर्घकालिन रूपमा कृषिको विकास गर्नु पर्नेमा सशक्त सुभाव थियो । कुल संख्याको आठ प्रतिशत अर्थात ६२ घरपरिवारले कुनै जवाफ दिएनन् ।

२.३. राहत

भूकम्प गए लगतै र त्यसको केही महिना सम्म प्रदान गरिएको राहत पीडितहरूका लागि ठूलो सहयोग थियो । राहत संकलन, ढुवानी र वितरणमा लगायतका अन्य विषयमा सञ्चार माध्यायमले निरन्तर समाचार प्रवाह गरिरहे । धेरैजसो संघ संस्थाको राहत वितरण उनीहरूको संस्थागत नीतिमा आधारित भएकाले वास्तविक पीडित सम्म पुग्न केही समस्या भएको थियो । यस आधारभुत सर्वेक्षणका क्रममा राहतको रूपमा चामलनै ठूलो मात्रामा रहेको थियो ।

२.४. हरेक परिवारको राहत विश्लेषण

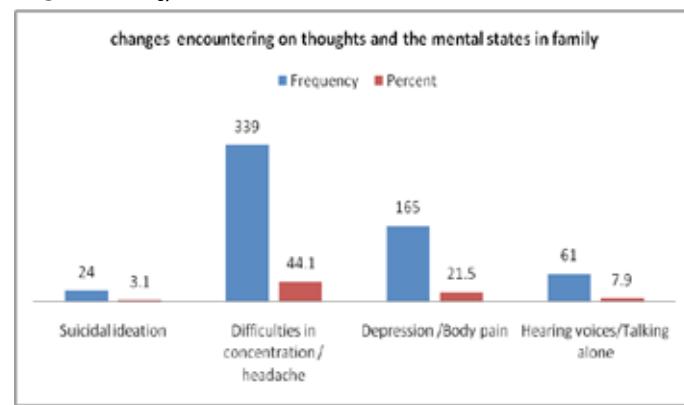
जम्मा ७५९ (१८.७) परिवारले अधिकतम रूपमा एकै प्रकारको खाद्यान्नको प्राप्त गरेका जवाफ दिएका थिए । थोरै मात्र अर्थात १० घरपरिवार मात्र यस प्रक्रियामा छुटेको बताएका थिए जुन संख्या १.३ प्रतिशत मात्रै हो । त्यसैगरी, नगद, निर्माण औजार र निर्माण सामाग्री सहयोग पनि सबैतिर पुगेको थियो । सर्वेक्षण गरिएका ७४५ घरपरिवार मध्ये ९६.९ प्रतिशतले सरकारबाट पहिलो किस्ताको रूपमा १५००० रुपैयाँ आर्थिक सहयोग पाएका थिए । यसबाहेक निकै थोरैले मात्र थप आर्थिक सहयोग प्राप्त गरेका थिए । कुल घरधुरी मध्य ७५४ अर्थात ९८ प्रतिशतले निर्माण औजार राहतको रूपमा पाएका थिए । यस खालको सहयोग सबैतिर थियो र स्थानीय बासिन्दाहरू सम्म सहयोग पुगेको देखिन्थ्यो । तीन वटै गाविसका ५७९ घरधुरीले उनीहरूले निर्माण

सामाग्रीको सहयोग प्राप्त गरेको बताएका थिए । आश्चार्य नै मान्युपर्दृ एक घरपरिवारले कार्ड र राहत नपाएको गुनासो गरेका थिए । जम्मा ५४४ घरपरिवारले सरसफाई सामाग्री प्राप्त गरेको बताएका थिए भने जस्ता र त्रिपाल जस्तो राहत सामाग्री प्राप्त गरेको बताउनेहरूको संख्या निकै कम थियो ।

२.५. मनोसामाजिक चुनौति (बालबालिका र परिवारका सदस्यहरूको व्यवहार परिवर्तन)

सुरुमा जीवनको मानसिक स्वास्थ्य र मनोसामाजिक पक्षको विषयमा त्यति धेरै जवाफ नआउला भन्ने हाम्रो अपेक्षा विपरित ठूलो संख्यामा प्रतिक्रिया आए । व्यवहार परिवर्तन सम्बन्धि केही पनि प्रतिक्रिया नजनाउनेमा १८० घरधुरी (२३.४ प्रतिशत) मात्र थिए । प्रश्नावलीमा आत्महत्याको संकेत, एकाग्र नहुने, वितृष्णा, जीउ दुख्ने, आवाज सुनेर एकलै बर्बाउने लगायतका विकल्प दिइएको थियो । ती मध्ये २४ घरपरिवार (३.१ प्रतिशत) ले विपद्पछि आत्महत्याको लक्षण देखिनुका साथै बाँच्न मन नभएको बताएका थिए । उपर्युक्त मनोसामाजिक उपचारको अभाव खड्किएको ठूलो समूह थियो । सबैभन्दा ठूलो संख्या अर्थात ३३९ घरधुरी (४४.१) प्रतिशतले एक ठाउँमा ध्यान केन्द्रित नहुने, टाउको दुख्ने लगायतका समस्या भएको बताएका थिए । भूकम्प पछिको तनावका कारण धेरैमा मानसिक समस्या देखिएको थियो । यसको समस्या सामाधानमा सम्बन्धित निकायबाट ढिलाई भएमा यसले अर्को चरणमा प्रवेश गर्न सक्थ्यो । वितृष्णा दोश्रो ठूलो समस्याको रूपमा रहेको थियो । १६५ घरपरिवार (२१.५) प्रतिशतले वितृष्णा भएको बताएका थिए जुन निकै ठूलो संख्या हो । एकान्तमा गएर आफै बर्बाउने अर्को मुख्य समस्याको रूपमा रहेको थियो । यसरी एकान्तमा बर्बाउने हरूको संख्या ६१ घरपरिवार अर्थात ७.९ प्रतिशत रहेको थियो । विपद्पछि ७६.५१ प्रतिशतले कुनै न कुनै प्रकारको मानसिक रोगका लक्षण देखिएको वा मानसिक अबस्था परिवर्तनको अस्थामा रहेको बताएकाले मनोसामाजिक समस्या निकै गम्भीर चुनौतिको रूपमा देखा परेको थियो । भण्डै ५२ प्रतिशत जनसंख्या भूकम्प पछिको मानसिक तनावबाट गुजिरहेको थियो । यसमा उनीहरूको जीवनलाई

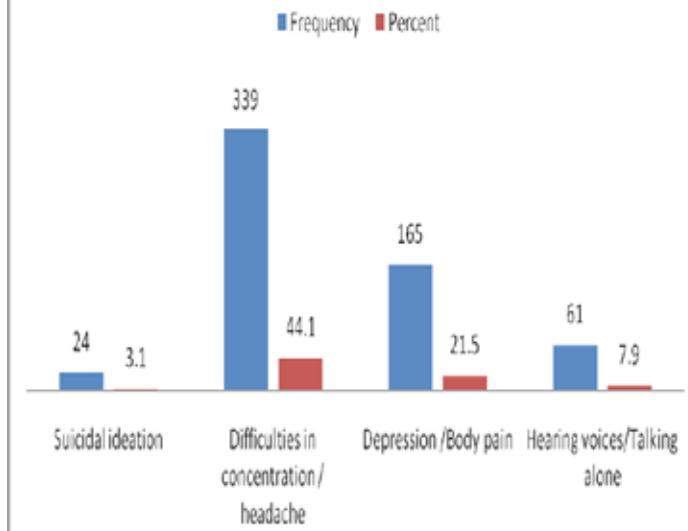
Figure 5 भूकम्पपछाडिका मनोसामाजिक समस्या



समान्य तर्फ फर्काउन मनोसामाजिक परामर्श लगायतका उपाय अवलम्बन गर्नुपर्ने अवस्था थियो ।

बालबालिकाहरूको व्यवहार परिवर्तनको सम्बन्धमा पनि आश्चार्यजनक विश्लेषणहरू प्राप्त भएका थिए । सर्वेक्षण गरिएका ३४९ लाई भूकम्पपछि बालबालिकाहरूको रिस, उग्रता, निद्रामा चिक्काउने, विद्यालय नजाने, गएपनि बीचमै फर्कने वा अन्य समस्या भए नभएको बारेमा जानकारी लिइएको थियो । ती मध्ये ९० जनाले रिसाउने तथा आक्रोशित हुने समस्या रहेको बताएका थिए जुन कुल जनसंख्याको ११.७ प्रतिशत हो । यो ठूलो संख्या हो । सबैभन्दा धेरै १०० घरपरिवारले बालबालिकाहरू एकहोरो हुने समस्या रहेको बताएका थिए । २७ जनाले मानसिक रोगका लक्षण देखिएको बताएका थिए भने १० जनाले अन्य समस्या रहेको जनाए । यस क्रममा धेरैले भविष्यको बारेमा चिन्ता व्यक्त गर्नुका साथै फेरि पनि भूकम्प लगायतका विषद् आउने संभावना, असुरक्षा लगायतका विषयले विन्तित बनाएको बताएका थिए । यसका साथै उनीहरू संग अन्य मानसिक समस्याहरू पनि देखिएका थिए । केही मानिसहरूले जीवन बर्बाद भएको महसुस हुने तथा भूकम्प भन्दा पहिलेको जस्तो काममा जाँगर नभएको बताएका थिए । उनीहरूलाई बालबालिकाहरूको व्यवहारको बारेमा सोधिएकोमा टाउको दुख्ने, विद्यालयमा जान डराउने, गएपनि बीचमै फर्कने नजाने र निद्रामा बर्बाराउने जस्ता समस्या भएको उल्लेख गरेका थिए ।

changes encountering on thoughts and the mental states in family

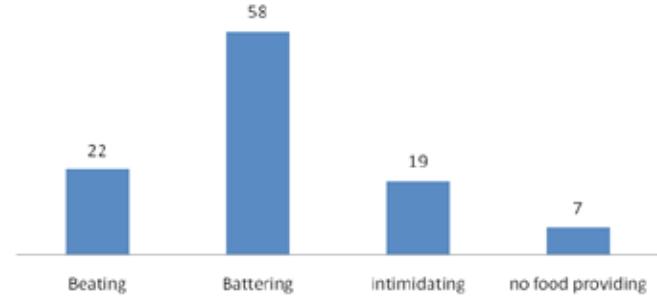


समग्रमा वयस्कहरूले पनि भूकम्पपछि व्यवहार परिवर्तन भएको बताएका थिए । ती मध्ये सबभन्दा धेरै अर्थात ४४ प्रतिशतले काम गर्ने जाँगर नभएको बताएका थिए । त्यसैगरी २८ प्रतिशतले त्यतिकै रिसाउने, २५ प्रतिशतले चिक्काउने र बाकी ३ प्रतिशतले व्यक्तिगत सरसफाइमा ध्यान नजाने बताएका थिए ।

२.६ मनोसामाजिक र लैंगिक हिंसा सम्बन्धि ज्ञान र सचेतना

१३ प्रतिशत जनसंख्याले मात्र मनोसामाजिक सहयोगको उपलब्धता बारे जानकारी भएको बताएका थिए । आधारभूत सर्वेक्षणका क्रममा संस्थाले उनीहरूलाई भूकम्प पछिको तनावका कारण कुनै खालको मनोसामाजिक समस्या भएको भए उल्लेख गर्न भनेका थियौ । सर्वेक्षण गरिएका घरधुरी मध्ये १०६ ले मात्र यस सम्बन्धि जानकारी भएको बताए भने बाँकी ६६३ घरपरिवारले कुनै जगाफ दिएनान् । उत्तरको लागि प्रश्नहरू निकै सरल बनाइएको थियो । उनीहरूलाई खाना खाए नखाएको, काम गरे नगरेको, रिसाएको वा काममा जाँगर

Domestic violence



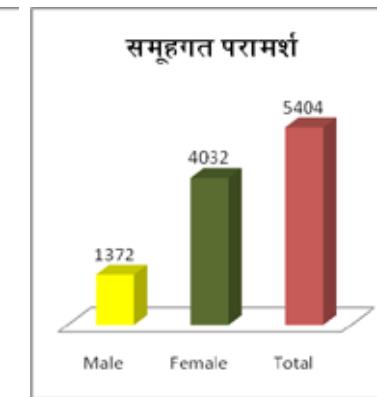
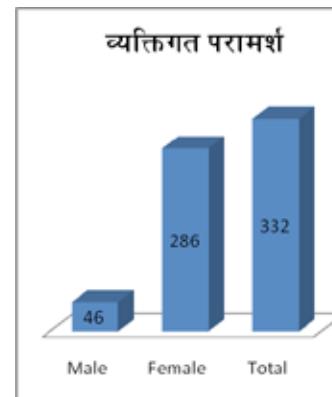
भए नभएको जस्ता प्रश्नहरू सोधिएको थियो । ती प्रश्नहरूको जवाफ धेरै थोरै (१३ प्रतिशत) ले मात्र दिएका थिए । यस्तो जवाफमा केही समस्या देखियो किनकी व्यवहार परिवर्तन सम्बन्धि सोधिएको प्रश्नमा ७६.५९ प्रतिशतले जवाफ दिएकोमा कस्तिमा एउटा अवस्थामा परिवर्तन भएको वा समस्या आएको बताएका थिए ।

घरेलु हिसा सम्बन्धि सोधिएको प्रश्नमा संयोगवश मनोसामाजिक अवस्थाको बारेमा प्रश्न नं ३६ मा सोधिएको जत्तिकै संख्याका जवाफ आएका थिए । लैगिक हिसा र मनोसामाजिक समस्याको अन्तर सम्बन्धित छ । यहाँ लैगिक हिसा सम्बन्धि तथ्यको विश्लेषण गर्न तथ्यांक त छैनन् तर नियमित रूपमा कुटपिट, धम्की, खाना नदिने लगायतका समस्या भएको सुनाइएको छ । यस सम्बन्धि २८ घरपरिवार (२.९) ले घरेलु हिसा महसुस भएको बताएका थिए (हेन्रुहोस तालिका नं. २७) । सबैमन्दा धेरै ५८ घरधुरी (७.५ प्रतिशत) ले हिसाको रूपमा कुटपिट गरेको बताएका थिए । १९ घरपरिवार (२.५ प्रतिशत) ले धम्की दिइएको बताएका थिए भने सात प्रतिशतले खानपिनबाट समेत बजियत गरिएको बताएका थिए ।

परियोजनापछि समुदायमा भएको प्रगति

३.१ मनोसामाजिक

समुदाय मनोसामाजिक विषयबस्तु र समस्याको बारेमा सचेत भएको छ । मानिसहरू मनोसामाजिक समस्याका विषयमा खुला रूपमा प्रस्तुत हुन थालेपछि यसलाई वर्जित विषयको रूपमा हेर्न सोचमा परिवर्तन आएको



छ । सार्वजानिक रूपमै यस विषयमा छलफल हुन थालेपछि उनीहरूमा सकारात्मक प्रवृत्तिको विकास भएको छ । सामूहिक परामर्श, व्यक्तिगत परामर्श, सडक नाटक लगायतका गतिविधीहरू गरेपछि उनीहरूमा यस प्रकारको परिवर्तन आएको हो । नियमित जीवनतर्फ पुनरागमन कार्यक्रम लागु भएपछि समुदायका मानिसहरू निरन्तर यस कार्यक्रमको सम्पर्कमा छन । यसले उनीहरूलाई एक प्रकारको राहत, आशा, सकारात्मक सोच, आत्मविश्वास र विषयबस्तुमा केन्द्रित हुने बनाएको छ । सस्थाले कार्यक्रम मार्फत संचालन गरेका व्यक्तिगत तथा समुदायमा आधारित मनोसामाजिक परामर्श सहयोग निम्न अनुसार रहेको छ ।

Figure 8 व्यक्तिगत तथा समूहगत परामर्श



समूहगत परामर्श



समूहगत परामर्श

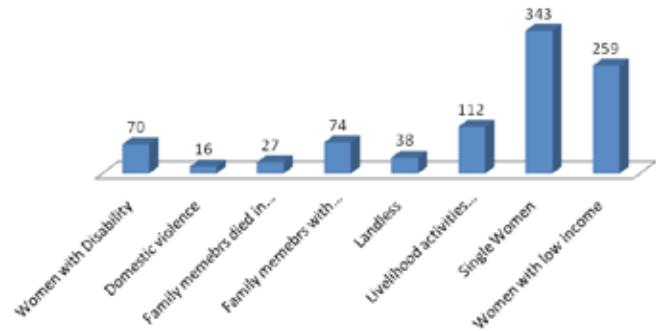


३.२ जीविकोपार्जन

तीन गाविसका कुलमा १३१ लाभग्राही (२४६ पेट्कु, ३८० कार्थाली र ३१३ मार्मिड) ले जीविकोपार्जनका लिगे २० हजार रुपैयाँ आर्थिक सहयोग प्राप्त गरेका छन्। आफ्नो रोजीरोटीको स्रोतलाई फेरि सुरु गर्नका लागि प्रदान गरिएको आर्थिक सहयोग उनीहरू आफैले माग गरे अनुसारको व्यवसायिक योजनालाई सहयोग गर्ने छ। सामाजिक आर्थिक अवस्थामा जीविकोपार्जनको प्रभाव भएकाले यो जीवनस्तर र मनो सामाजिक अवस्था सुधारका लागि पनि अति जरूरी भएको छ। एकल महिला, अश्क्त, न्यून आम्दानी भएका व्यक्ति, भूकम्पका कारण आफ्नो व्यवसाय गुमाएका साना व्यवसायीलाई जीविको पार्जनका लागि सहयोग उपलब्ध गराइएको छ। परिवारको महिलाको नाममा उपलब्ध गराइएको यो सहयोग सम्बन्धित गाविस र गाउँ समितिको सामूहिक बैठकको छनौटमा नपरेकाहरूलाई यो सहयोग उपलब्ध गराइएको छ। यसलाई स्थानिय सहकारी र बैंकको

चित्र नं. ६ जीविकोपार्जन सहयोग लाभान्वितका आधारहरू

जीविकोपार्जन सहयोग लाभान्वितका आधारहरू तथा सो आधाराभूत परेका सेवाग्राहीहरू



माध्यमबाट उपलब्ध गराइएको छ। यस किसिमको सहयोगले स्थानीयलाई उनीहरूको जीवनस्तर सञ्चालन गर्न आफ्नो व्यवसाय विस्तार गर्नका लागि आशावादी हुन सहयोग गरेको छ। आफ्नो व्यवसायमा संलग्न हुने, जीविकोपार्जनको लाभ बाँड्न यस सहयोगले लाभान्वितहरूको मनोबल उच्च गराइको छ। उनीहरूलाई बचत गर्न पनि यसले सहयोग गरेको छ।

जीविकोपार्जनका लागि नगद सहयोग वितरण



पसल सञ्चालन



बाख्यापालन



किवी खेती



बाँसको सामग्री

३.३ बालबालिकाको व्यवहार

भूकम्पपछि विशेषगरी विक्षिप्त भएका बालबालिकाहरू सुरक्षित स्थान र सहयोगी वातावरणको अभावमा विद्यालय जान आनाकानी गर्दै आएका छन् । बाल मैत्री स्थानको निर्माण र सञ्चालनले बालबालिकालाई नियमित रूपमा विद्यालय जानका लागि प्रेरित गरेको छ । उनीहरूले सुरक्षित र बाल मैत्री वातावरण पाएकाले उनीहरू विद्यालय जान प्रेरित भएका हुन् । यो बालबालिकालाई खेल्न र समूहमा बसेर सिक्ने ठाउँ भएको छ । उनीहरू विभिन्न खालका सिर्जनशील गतिविधिहरू चित्र कोर्ने, नृत्य, गायन, कथा भन्ने र अन्य समूहगत कार्यमा लेख्ने जस्ता कार्यमा सहभागी हुन पाएका छन् । यसले उनीहरूको भावना अभिव्यक्त गर्न र भूकम्पले दिएको चोट कम गर्न सहयोग गरेको छ । यसले अभिभावकहरू आफ्नो बालबालिकाको स्वास्थ्य विकासप्रति आश्वस्त भएका छन् । बाल मैत्री गतिविधीका कारण उनीहरूको शिक्षामा योगदान गरेको छ । विभिन्न चार्ट र सिकाइका सामग्रीहरू उपलब्ध भएकाले यसले बालबालिकाको शिक्षामा सहयोग पुऱ्याएको छ । भूकम्पपछि उनीहरूले कक्षा कोठामा यी कुराहरूको अभाव रहदै आएको थियो । उनीहरूले हात धुने, शौचालयको प्रयोग, आसपासको क्षेत्र सफाइ गर्ने जस्तो स्वस्थ आनीबानीको विकास गरेका छन् । अन्य सिर्जनात्मक काम बाहेक सहजकर्ताले बाल मैत्री स्थान (सीएफएस) मा यी कुराहरू सिकाएका छन् । परामर्शदाताले सीएफएसमा दिएको सल्लाह र मनोसामाजिक शिविरसंचालनले पनि उनीहरूको मनोसामाजिक समस्या कमि गर्नमा सहयोग पुऱ्याएको छ ।



ग्रामीण महिला सिर्जनशील परिवार • ३०

सीएफएस गतिविधिका कारण बालबालिकाहरू खुसी र तनावमुक्त भएको पाइएको छ ।



बालबालिकाको सिर्जना

३.४ महिलाहरूको गतिविधि

हाम्रो समाजमा विद्यमान सामाजिक भूमिका र मूल्य मान्यताका कारण महिलाहरू सधै नै प्रभावित हुदै आएका छन् ।

०७२ साल बैशाख १२ मा आएको विनासकारी भूकम्पपछि तुलनात्मक रूपमा महिलाहरू बढी निराश भएका छन् । उनीहरूलाई आफ्नो दुःख व्यक्त गर्नका लागि पनि सुरक्षित स्थान उपलब्ध भएको छैन । नियमित जीवनतर्फ पुनरागमन कार्यक्रम अन्तर्गत प्रत्येक ३ गाविसमा महिला मैत्री स्थान को निर्माण र सञ्चालन भएपछि उनीहरूलाई मानसिक रूपमा आनन्दको महसुस भएको छ । महिलाहरूलाई उनीहरूको भावना पोख्ने केन्द्र भएको छ । यो उनीहरूको आधातलाई कम गर्नका लागि पनि सहयोगी भएको छ । उनीहरूको भेला भएको र चित्र रंगाउने, गाउने, नाच्ने, खेल्ने, समूहमा सिक्ने काम गर्नका लागि विभिन्न खालका गतिविधिहरू गर्नका लागि यो उपयोगी भएको छ । अन्य कार्यक्रमका साथ महिला मैत्री स्थान मा सञ्चालन गरिएको समूह परामर्शले उनीहरूलाई विभिन्न खालका सामाजिक समस्याको सामना गर्नका लागि प्रेरित गर्नुका साथै सबल पनि बनाएको छ ।

महिला मैत्री स्थान ले महिलालाई एकिकृत गराउनुका साथै सिक्न, वृद्धि गर्न र विभिन्न समुदायका विभिन्न सवालहरूको समाधान गर्नका लागि सुरक्षित स्थान उपलब्ध गराएको छ ।

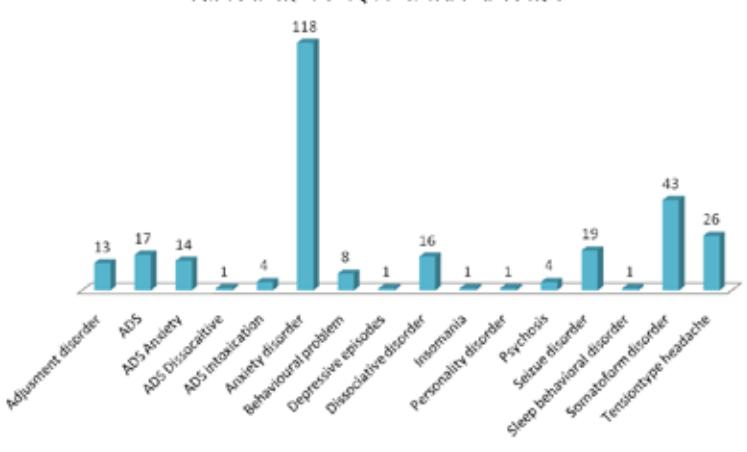
नियमित जीवनतर्फ पुनरागमन • ३१



३.५ मनोसामाजिक सहयोग शिविर :

जटिल किसिमका मनोसामाजिक समस्या भएका मानिसहरूको समस्या पहिचान गरि औषधी तथा मनोचिकित्सको माध्यमद्वारा उनिहरूको उपचार गरिएको छ । यस ऋममा निम्न सोव्हग्राहीहरू लाभान्वित भएका छन् ।

शिविरमा पहिचन भएका मानसिक समस्याहरू



समूह केन्द्रित छलफल

नियमित जीवनतर्फ पुनरागमन परियोजना अन्तर्गत पेट्कु, कर्थली र मार्मिङ गाविसमा लक्षित समूह छलफल सञ्चालन गरएको छ । यसले परियोजना कार्यका समग्र प्रभावलाई थाहा पाउनका लागि सहयोग गरेको छ । परियोजनाको अन्त्यमा विभिन्न छ स्थानमा आयोजनाको ६ समूह केन्द्रित छलफल सञ्चालन गरिएको थियो । यसले परियोजनाको उपलब्धी, समुदायमा पारेको प्रभाव तथा समुदायको दृष्टिकोण बुझनका लागि सहयोग गरेको छ । यसका लागि परियोजनाको विभिन्न पक्षलाई आधार मानेर १३ प्रश्न समेटिएको प्रश्नावली बनाइएको थियो ।

जीविकोपार्जनका लागि लाभान्वितहरूको छनौटको बारेमा जनताहरू अत्यन्त स्पष्ट भएको पाइयो । परियोजनको रकम सीमित भएको हुदा सेवाग्राही छनौटका लागि आधारहरू तयार गरियो । यसका आधारमा सहयोग पाउनेहरूमा एकल महिला, असक्त, समुदायमा विपन्न स्तरमा रहेका मानिस र भूकम्पका कारण आफ्ना व्यवसाय गुमाएका तथा सानो व्यवसय सञ्चालन गर्दै आएका हरू छन् । उनीहरूलाई सहयोगका लागि २० हजार रुपैयाँ उपलब्ध गराइएको छ । सामाजिक आर्थिक स्तरको तथ्यांक संकलन घरधुरी भेटघाट गरेर गरिएको थियो भने गाउँ विकास समितिको बैठकबाट अनुमोदन गरिएको हो । यसैका आधारमा लाभग्राहीको नाम चयन गरिएको छ ।

ग्रामीण महिला सिर्जनशील परिवारले प्रक्रियालाई सहयोग गरेको छ । कुनै लाभग्राहीलाई संस्थाले प्रत्येक छनौट गरेको छैन र यसको लागी वडा नागरिक मञ्च र यसका बैठकबाट वास्ताविक आवश्यकता भएका मनिसहरूलाई जीविकोपार्जन सहयोगको लागी छनौट गरिएको हो ।

भूकम्पको तत्कालपछि मानिसहरूले आफ्नो राजगारी गुमाएका छन् । उनीहरू आधारभूत आवश्यकता मानिएका गास, बास, कपास र पानी जस्ता कुराका लागि चिन्तित भएका छन् । तर, उनीहरूले आफ्नो जीवनयापनको स्रोतको सुरुवात गर्न सुस्त र ऋमिक रूपमा आफ्नो प्रयासलाई अगाडि बढाएका छन् । यस कार्यक्रमले सहयोगको सर्वाधिक आवश्यकता भएकालाई उपलब्ध गराएको रोजीरोटीको सहयोगले सानो आशालाई ठूलो आशामा परिणत गराएको छ । यसले राहतको महसुस गरायो र उनीहरूको आशा र विश्वास बढाउनका लागि सहयोग गन्यो । यसले उनीहरूको रोजीरोटीको स्रोत पुनः प्राप्त गर्नका लागि पनि सहयोग गन्यो । समाजका बाँकी

अन्य सदस्यहरू पनि आशावादी भए । पुरै जीविकोपार्जनको सहयोगले मानिसलाई आफ्नो व्यवसाय गर्ने विषयमा सहभागी गरायो । उनीहरूले आफ्ना विद्यारहरू आदान प्रदान गर्न, उपभोक्ताको समितीको बैठकमा प्रचारको अनुभव महसुस गर्न, आशा र विश्वास बढाउन पनि यसले सहयोग गन्यो । समुदायका अन्य बाँकी सदस्यहरू पनि आशावादी भए । रोजीरोटीको सहयोगले मानिसलाई आफ्नो व्यवसायमा रहिरहन र हेरचाह गर्नका लागि सक्रिय रूपमा सहभागी हुन सहयोग गन्यो । उनीहरूले उपभोक्ताको समूहको बैठकमा आफ्ना धारणा, भावनाको अनुभव आदान प्रदान गर्ने कामको सुरुवात गरे । यसले उनीहरूलाई मनोसामाजिक रूपमा सहयोग गन्यो । उनीहरूको सामाजिक सञ्चालनलाई बलियो बनाएर र सहयोग गरेर उनीहरूलाई सबल बनायो । यसले लाभग्राहीलाई उनीहरूको चोट र पीडा सार्वजानिक गर्न मात्रै सहयोग गरेन कि उनीहरूलाई मनोसामाजिक रूपमा सुधार हुनका लागि पनि सहयोग गन्यो । समूहको प्रोत्साहन र परामर्शले उनीहरूलाई सबल बनायो । उनीहरूकै भनाइमा उनीहरूल ३ देखि ६ महिनाको खानाका लागि अन्न उपलब्ध भयो । यसले उनीहरूलाई सुरक्षित रूपमा खानाको व्यवस्था गन्यो ।

भूकम्पको सुरुवातको तुलनामा आफ्नो मनोसामाजिक अवस्थामा ठूलो अन्तरले सुधार आएको आफूले महसुस गरेको समुदायका सदस्यहरूले गरेका छन् । उनीहरू आफ्नो मनोसामाजिक समस्याबाट बढी चिरपरिचत भएका छन् । उनीहरू भूकम्पको समयमा बढी नै मानसिक रूपमा डराउका थिए ।

नियमित जीवनतर्फ पुनरागमन कार्यक्रमले विभिन्न गतिविधि जस्तै बाल तथा महिला मैत्री स्थान संचालन, कतिपय अवसरमा सञ्चालन गरिएका पुनर्तज्जीय गतिविधि, सामूहिक/व्यक्तिगत परामर्श, मनोसामाजिक शिविर, जीविकोपार्जनका लागि गरिने गतिविधि र अन्य लगायतका कारणले भूकम्पमा पुगेको चोटको अवस्था न्यूनीकरण गर्न सफल भए । उनीहरू नियमित तर्फको पुनरागमन कार्यक्रम संग सम्बन्धित गतिविधिमा नियमित रूपमा सम्पर्कमा आउनाले आफ्नो मनोसामाजिक अवस्थामा सुधार आएको उनीहरूले पाए । सल्लाहकारले दिने गरेको सल्लाह, मनवैज्ञानिकीशिविर, सबै किसिमका मनोसामाजिक कार्यक्रमहरू जस्तै सामूहिक/व्यक्तिगत परामर्श उनीहरूको मनोसामाजिक समस्या न्यूनीकरण गर्नका लागि उपयोगी सावित भए । उनीहरू कलाको काम, खेलकुद, गायन, नृत्य, अनुभवको आदान प्रदान, कथा भन्ने र सामूहिक छलफलमा सहभागी भए । यसले उनीहरूलाई थप राप्रो महसुस गर्नका लागि सहयोग गन्यो । उनीहरू घर फर्कसँगै लाभको अवस्था महसुस गर्न सफल भए । तर अफै पनि बसोबास टाढा भएकाले कतिपय महिलाहरू यस किसिमको महिला मैत्री स्थान गतिविधिमा अनुपस्थित रहदै आएका छन् । बाल मैत्री स्थानले बालबालिकालाई विद्यालय आउनका लागि प्रेरित गरेको छ । उनीहरूले पूर्ण रूपमा आनन्दको अवस्था महसुस गरेको र सिक्न थालेकाले पनि



उनीहरूले आनन्दको अवस्था महसुस गरेका हुन् ।

३ गाविसमा गरिएको समूह केन्द्रित छलफलबाट बालबालिकाहरूले विभिन्न तरीकाबाट लाभान्वित भएका छन् । बालबालिकाहरू खेलकुद, कलाको काम, पढाइ र लेखन, कथा भन्ने आदी काममा संलग्न भएको पाइएको छ । यसले उनीहरूको भौतिक र मानसिक विकासमा योगदान पुऱ्याएको छ । उनीहरूले विद्यालय जाने बानी, सरसफाई र सिकाईका बानी र सामूहिक कार्यको बानीको विकास गरेका छन् । उनीहरू र उनीहरूको अभिभावकले सुरक्षाको अवस्था महसुस गरेका छन् । जुन कुरा उनीहरूले आफै घरमा पनि गर्न पाएका थिएनन् । उनीहरू बोल्न सक्ने र रचनात्मक कार्यमा लागेको पाइएको छ ।

रेडियो कार्यक्रमको माध्यमबाट समुदायका मानिसहरू मनोसामाजिक जानकारी तथा समुदायका अन्य सवालहरूमा जानकारी पाइ त्यसवाट लाभान्वित भएका छन् । उनीहरूले कार्यक्रेत्रमा रेडियो पत्रकार आउदै गरेको विभिन्न अवसरमा उनीहरूको आवाज रेकर्ड गरेको पाएका छन् । विभिन्न समूह वैठक तथा अन्य भेलाहरूमा पनि यसवारे छलफल गर्ने गरेका छन् । सडक नाटकलाई सामाजिक सन्देश फैलाउन र मनोरञ्जनका लागि प्रभावकारी माध्यम मानिएको छ । बाल विवाह, रक्सीको सेवन, लैगिक भेदभाव, घरेलु हिसा, सफा सुग्गर, बैदेशिक रोजगारी जस्ता सामाजिक विषयमा नाटकले उनीहरूलाई सचेत गराएको उनीहरूले बताएका छन् । यसले उनीहरूको समाजमा विद्यमान गलत अभ्यासमा विपरित प्रभाव पार्नका लागि सहयोग गरेको छ । मनोविकित्सक, मनोसामाजिक, सल्लाहकार र नर्सहरूको विज्ञहरूको मनोसामाजिक शिविर आवश्यक मानिएका मनोसामाजिक सुधारका लागि विशेष किसिमको सेवा उपलब्ध गराउन अत्यन्त प्रभावकारी मानिएको छ ।

औषधी उपचार र मनोसामाजिक परामर्शले मानसिक रूपमा अस्वस्थ भएका मानिसमा परिवर्तन ल्याउनका लागि प्रभावकारी भूमिका निर्वाह गरेको छ । मनोसामाजिक शिविर ले सेवाग्राहीमा ल्याएको परिवर्तनले उनीहरूको छिमेकीलाई शिविर सेवामा ल्याउनका लाग उत्प्रेरकको काम गरेको छ ।

कार्यक्रम लागु भएका गाविसमा समूह केन्द्रित छलफल सञ्चालन गरिएको छ । यसले प्रकोपको समयमा आवश्यक मानिएकाहरूलाई मनोसामाजिक सहयोग गर्नेछ । समुदायमा बीबीआरएलको सकारात्मक प्रभाव रहेको छ । तर समग्र समुदायलाई लाभ दिनका लागि यस किसिमका आयोजनाको निरन्तरता दिनु आवश्यक मानिएको छ । भूकम्प वाह्य प्रभावित समुदायलाई मनोसामाजिक सेवा प्रदान गर्नका लागि यस्ताखाले परियोजना दीगो रूपमा सञ्चालन गर्नपर्न आवश्यकता महसुस भएको छ ।

१. कार्यक्रमका प्रमुख सिकाइहरू

- मनोसामाजिक समस्या एउटा महत्वपूर्ण विषय हो । यो बारेमा सुचना नपाउदाको अवस्थासम्म मानिसले यसलाई ठुलो समस्याको रूपमा लिने गरेका छन् । यदि उनीहरूलाई यसवारे आधारभूत सूचना उपलब्ध गराइ मनोसामाजिक परामर्श समेत गरियो भने मनोसहरू यसको सामना गर्न सक्षम हुने छन् ।
- जिविकोपार्जन लाभग्राहीबाट व्यवसायीक मोडलतर्फको रूपान्तरण आर्थिक रूपमा राख्ने हुनका लागि प्रमुख तत्व मानिएको छ ।
- अझैपनि मनोसामाजिक समस्या समुदायमा व्यापक रहेको छ । सरस्थाले सञ्चालन गरेको अनुसन्धानमा आधारित भएर हेर्दा ८० प्रतिशत मानिस अझैपनि पीडाकै अवस्थामा देखिएका छन् । त्यसैले मनोसामाजिक सहयोग कार्यक्रमका अझैपनि आवश्यक छ । यो समुदायका लागि पनि महत्वपूर्ण रहेको छ ।
- जीविकोपार्जनको क्रियाकलाप को अझै प्रभावकारी कार्यव्यनका लागि उद्यमशील मोडेलमा सामूहिक लगानीको आवश्यकता छ ।
- महिला मैत्री स्थानको स्थायित्वका लागि सामुदायिक क्षेत्रमा महिलालाई सक्रिय वनाउन आवश्यक छ । कुल बजेटको केही अंश गाविसले महिलाका लागि छुट्याएको छ । यसलाई महिला मैत्री स्थान संचालनका लागि लागि प्रयोग गरिनु पर्छ ।
- सैद्धान्तिक सचेतनाको तुलनामा समुदायका मानिसमा प्रदर्शनात्मक सचेतना आवश्यक छ । सडक नाटक, सास्कृतिकाका कार्यक्रम जस्ता क्रियाकलापहरूले मनोसामाजिक समस्या व बुझ्न र समुदायका मानिसको सामना गर्न प्रभावकारी भूमिका निर्वह गर्न सक्छ ।
- समुदायका मानिसलाई सचेत बनाउन रेडियो कार्यक्रम प्रभावकारी संयन्त्र भएको छ । यसले सम्बन्धित सरोकारवालाई समुदायमा देखा परेका विषयमा जिम्मेवार बन्नका लागि समेत सचेत गराउछ ।
- भूकम्पले व्यक्ति लगायत समुदायको पूर्वधार नष्ट गरेको छ । पुनर्निर्माणका लागि आर्थिक स्रोतको आवश्यकता छ । यो अवस्थामा फैसा र रोजगारीको उच्च महत्व

रहन्छ । यसरी स्थानीयले कसैको प्रस्तावमा सहजै विस्वास गर्न सक्छन् । मानव तस्करीहरूले यो अवस्थाबाट लाभ लिन सक्छन् । यसले समुदायको क्षेत्रमा मानव बेचविश्वन, बाल मजदुर र दासताको सम्भावना बढाउँछ ।

- भूकम्पको धक्काले समुदायको क्षेत्र अझैपनि जोखिम अवस्थामा रहदै आएको छ । समुदायमा अझै पनि प्रकोपको जोखिमको अवस्था छ । त्यसैले समुदायका मानिसलाई प्रकोप जोखिम घटाउन र प्रकोप व्यवस्थापन गर्न सचेत गराउनु आवश्यक छ । समुदायका मानिस अझैपनि अस्थायी बासमा बस्दै आएका छन् । स्वास्थ्य तथा सरसफाई सम्बन्धित सचेतना स्वस्थ र राम्रो जीवनको सुनिश्चितताका लागि सचेतनाको आवश्यक छ ।
- समुदाय क्षतिगस्त्र संरचना पुनर्निर्माण गर्न गइरहेको अवस्थामा उनीहरूलाई लैगिक मैत्री, बाल मैत्री र असक्त मैत्री संरचनाप्रति सचेतना जगाउन आवश्यक छ ।
- संघ सरस्थाहरूले गरेको प्रयासका साथसाथै सरकारी निकाय पनि जिम्मेवार हुनु आवश्यक छ । अझै महत्वपूर्ण कुरा के छ भने सरकारी निकाय मनोसामाजिक विषयमा अझै जिम्मेवार हुन आवश्यक छ ।

निश्कर्ष

भूकम्पबाट समुदायका मानिसमा भएको भौतिक र मानसिक क्षतीबीचको गहन सम्बन्ध थाहा पाउनु आवश्यक छ ।

नियमित जीवनतर्फ पुनरागमन कार्यक्रमले जनतालाई यस किसिमको क्षतिबाट सुधार गर्नका लागि सहयोग गरेको छ । यो पनि विशेषगरी मानसिक क्षति । तर, सीमित समयका कारण पुरै समुदायमा यस किसिमको क्षतिलाई सामान्य तर्फ लैजान समय अपर्याप्त भएको छ । भित्रका सबै गतिविधि प्रभावकारी भएको देखिएको छ । यसलाई समुदायको अन्तरक्रियाको माध्यमबाट परिक्षण गरिएको छ । तर, स्रोत, समय र भौगोलिक कठिनाइका कारण सबै मनिसलाई कार्यक्रमामा समावेश गर्न सकिएको छैन । अझैपनि धेरै मानिसलाई नियमित अवस्थाको जीवनमा फर्काउनका लागि नियमित जीवनतर्फ पुनरागमन कार्यक्रमको आवश्यकता छ । त्यसैले यस किसिमका मनोसामाजिक हस्तक्षेपको आवश्यकता छ । अझैपनि सिन्धुपाल्चोकमा विभिन्न खतराको जोखिम रहेको छ । उनीहरूले भूकम्पपछि पहिरो र बाढीको समस्या खेप्दै आएका छन् । यस किसिमको संकट उनीहरूका लागि अझैपनि रहदै आएको छ ।

नियमित जीवनतर्फ पुनरागमन कार्यक्रम सफल भएको प्रमाणित गरेको छ र समुदायको तहमा थप आवश्यकता भएको सार्वजनिक गरेको छ । उनीहरूमा मनोसामाजिक सुधारको आवश्यकता छ ।

मनोसामाजिक सहयोगले ल्याएको सुधार

मनोसामाजिक सहयोग शिविर भुकम्प प्रभावितहरूलाई सामान्य अवस्थाको जीवनयापनमा फर्काउने आयोजना अन्तरगतको कार्यक्रम हो । यो कार्यक्रमले लागू गरिएका गाविसहरू कर्थली, पेट्कु र मार्मिङ्गमा मानसिक रूपमा प्रभावित भएकाहरूलाई विशेष सहयोग र उपचार उपलब्ध गराउछ । यस अन्तरगत मानसिक चिकित्सक, मनोसामाजिक परामर्श बाहेक नर्स, स्वास्थ्य कार्यकर्ता र सामाजिक परिचालकको टोलीमार्फत मनोसामाजिक सहयोग उपलब्ध गराइदै आइएको छ । परियोजनामा स्थानीयसँगको सहकार्यमा संचालनमा छ । कार्यक्रमले सामान्यतया समुदायको पहुँच भएको स्थानमा विशेषज्ञको समूहले महिनाको दुई पटक सञ्चालन गर्दै आएको छ । यो कार्यक्रमलाई पालैपाले गरी तीन गाविसमा व्यवस्थित रूपमा सञ्चालन गरिए आएको छ ।

महिनाका दुई पटक मनोसामाजिक सहयोगको कार्यक्रम सञ्चालन गर्नुको मुख्य उद्देश्य भूकम्पपछिको चरणमा मानसिक रूपमा बिरामी भएका मानिसहरूको पहिचान गरिनु रहेको छ । यसले सम्बन्धित मनोसामाजिक सेवा, मनोरोग विशेषज्ञको परामर्श, मनोवैज्ञानिक हस्तक्षेप, परामर्श र संवेदनशील विषयमा थप उपचारको सिफारिस गर्ने गरिन्छ । यस किसिमका शिविरको नियमित सञ्चालनले विशेष गरी मनोरोगको सम्बन्धमा जनचेतनाको अभिवृद्धि गर्ने गर्दछ भने विज्ञहरूले सञ्चालन गर्ने क्याम्प भएकाले गलत बुझाइलाई निराकरण गर्न पनि सहयोग गर्दै ।

मनोसामाजिक सहयोग शिविर सेवा सहयोग आवश्यक भएका मानिसहरूलाई यो भन्दा पहिले संकलन गरिएको जानकारीमा आधारित भएर छनौट गरिएको छ । यसमा सल्लाहकारहरूको सुझावलाई पनि समावेश गरिएको छ । बिरामीले मनोवैज्ञानिक परामर्श पाउने छन् भने उनीहरूलाई मनोवैज्ञानिक सहयोगी टोलीले मनोवैज्ञानिक सल्लाह र सामाजिक सहयोग उपलब्ध गराउने छन् । यस किसिमका कार्यक्रमको पुनः सञ्चालनले बिरामीमा भएको सुधार बारे थाहा पाउन सहयोग गर्नेछ । यो समुदायका बिरामीका लागि पूर्ण अवस्थाको मनोवैज्ञानिक सेवा हो ।

जोखिमपूर्ण भ्रमणका बावजुद कर्थलीमा हालै मात्र ७ औं मनोसामाजिक सहयोग शिविरसञ्चालन गरिएको छ । मुसलाधारे वर्षाले ल्याएको पहिरो र सङ्क बिग्रेपछि यस किसिमको क्याम्पको निर्वाध सञ्चालन बाधा पुन्याएको छ । यति हुँदाहुँदै पनि हामीले कार्यक्रमलाई निरन्तरता दिन र हाम्रा बिरामीलाई सेवा दिनका लागि

मनोवैज्ञानिक सहयोग क्याम्प सञ्चालनमा सक्ने जति प्रयास गरेका छौं । यसले उनीहरूलाई मनोवैज्ञानिक समस्याबाट बाहिर आउनका लागि सहयोग गर्नेछ ।

हाल प्रत्येक गाविसमा शिविर दोहोरिएको छ । हाम्रो मुख्य उद्देश्य भनेको अधिल्ला बिरामीहरूलाई पछ्याउनु र सफल सुधार गर्नु रहेको छ । कर्थलीमा आयोजना भएको यो सातो शिविर अनुगमन गरिएका ११ घटना मध्ये ९ मा मनोवैज्ञानिक समस्या भएको पाएका छौं । यो मध्ये ५ मा सुधार भएको हामीले पाएका छौं ।

परियोजनासँग सम्बन्धित घटना अध्ययन निम्न छन्,

- १) **निरमाया तामाङ** (नाम परिवर्तन गरिएको), कर्थली १ स्थित धुरुपथलीकी १२ वर्षकी किशोरीमा अस्वभाविक रूपमा बेहोस हुने समस्या आएको मनोचिकित्सकले पाएका छन् । उनलाई चिकित्सकहरूले ०.२५ एमजका टाफेल र १० एमजीको ट्रिपलिन सिफारिस गरिएको छ । उनलाई पनि उनको पहिला पटकको उपचारको क्रममा मनोवैज्ञानिक परामर्श अर्थात (बोलीचालीको विधि) को उपचार गरिएको थियो । शिविरमा उनको दोस्रो भ्रमणको बेलामा उनी अलिक बढी स्वस्थ भएको पाइयो । उनले पनि क्याम्पले आफूमा ल्याएको सुधारको बारेमा बताएकी छन् । उनी बेहोस हुन छाडेको उनले बताइन् । उनले सुरुमा बताएका समस्याहरू नाटकीय रूपमा कम भएको उनले अनुभव छ । उनी बिस्तारै विद्यालय जाने र आफ्ना कामहरूलाई पनि निरन्तरता दिन थालेकी छिन् । उनलाई नियमित रूपमा ट्रिपलिन २५ एमजीको ट्याबलेट लिनका लागि भनिएको छ । उनलाई हाम्रो शिविरमा नियमित रूपमा आउन पनि सुभाव दिइएको छ ।
- २) **नविना तामाङ** (नाम परिवर्तन गरिएको), कार्थली १ का ४ वर्ष बालकलाई उनका अभिभावकले जुन ११ मा हाम्रो क्याम्पमा मनोसामाजिक परामर्शका लागि ल्याएका थिए । उनलाई क्याम्पमा ल्याइएको यो पहिलो पटक हो । उनमा पनि सिजर गडबडी आएको हाम्रा मनोचिकित्सकले फेला पारेका थिए । उनलाई चिकित्सकले नसिलो औषधी दिएका थिए । उनलाई मनोविद्हरूले परामर्श दिएका थिए र सोही दिनमा थप अनुसन्धानका लागि सिफारिस गरिएको थियो । शिविरमा उनको दोस्रो भ्रमणमा औषधी सेवन गरेपछि सातामा ५ देखि ७ पटकसम्म देखिएको सिजरको समस्या आउन छाडेको उनका अभिभावकले बताए । तर औषधी लिन छाडेपछि पुनः यस किसिमको समस्या देखा पर्न थालेको उनका अभिभावकले बताका छन् । औषधी लिंदाको अवस्थासम्म रोगमा सुधार आएको थियो । उनलाई ६० एमजीको फेनो ट्याबलेट दिइएको थियो । उनलाई मनोचिकित्सकहरूले नियमित रूपमा क्याम्पमा आउनका लागि आग्रह गरेका छन् ।
- ३) **पेम्बा डोल्मा शेर्पा** (नाम परिवर्तन गरिएको), उनी पहिलो पटक क्याम्पमा आएको समयमा मनोविद्हरूले उनलाई डिससोसियटिभ डिसअर्डर आएको पाएका

छन् । उनी पनि कार्थली १ को धुरुमथलीकी ११ वर्षीय किशोरी हुन् । दोस्रो पटक क्यामपमा आएको समयमा उनको रोगमा पनि सुधार आएको उनका अभिभावकहरूले बताएका छन् । तर औषधीको केही असरहरू देखिएको उनका अभिभावकहरूले बताएका छन् । उनलाई १० एमजीको ट्रिपलिन सिफारिस गरिएको थियो । उनी कुनै धक बिना बोल्न थालेको र खुसी हुन थालेको पाइएको थियो । उनमा अन्य कुनै किसिमका यस किसिमका समस्याहरू देखा परेका छैन ।

४) **देबकी भण्डारी** (नाम परिवर्तन गरिएको), कर्थलीमा उनको दोस्रो भ्रमणमा उनले आफ्नो समस्यामा केही कमी आएको बताइन् । उनी कर्थली-६ कि महिला हुन् । उनलाई उनको श्रीमानले छोडेका थिए । हाल उनी आफ्नो आमासँग बस्दै आएकी छन् । उनलाई व्यक्तित्व सम्बन्धि समस्या आएको मनोचिकित्सकहरूले पहिलो परामर्शको समयमा बताएका थिए । उनी पहिलो पटक क्यामपमा जुन ११ मा गएकी थिइन् । उनलाई क्याम्पको पहिलो भ्रमणको समयमा उपलब्ध गराइएको औषधीले वाकवाकी लाग्न र टाउको दुख्ने समस्या आएको उनले बताएकी छन् । उनमा हतारिने समस्या देखा परेको र हाल आएर भने यसमा केही हदसम्म नियन्त्रण भएको उनले बताइन् । उनलाई मनोचिकित्सकहरूले टक थेरापी प्रयोग गरेका थिए । हाल मनोवैज्ञानिक उपचारपछि उनको अवस्थामा सुधार आएको देखिएको छ । उनलाई अनुगमनका लागि अर्को शिविरमा पुनः आउनका लागि सुभाव दिइएको छ ।

५) **सानुमाया बिक** (नाम परिवर्तन गरिएको), क्याम्पको दोस्रो भ्रमणको समयमा आफ्नो समस्यामा कमी आएको र अवस्था सुधारोन्मुख भएको उनले बताइन् । उनीपनि कर्थल-६ कि २४ वर्षीया महिला हुन् । उनमा पनि डिससेप्शनिटिभ समस्या देखिएको मनोविदहरूले फेला पारेका छन् । उनलाई ०.२५ एमजीको सिजोडोल सिफारिस गरिएको थियो । उनलाई पनि दुवै भ्रमणको समयमा बोल्ने विधि प्रयोग गरिएको थियो । दुवै औषधी र विधि उनको सवालमा प्रभावकारी भएको पाइयो । उनले शिविरको अवधिमा आफ्ना धारणाहरू राखेकी थिइन् ।

मनोसामाजिक सहयोग शिविरमा भएको क्रमिक सुधारका यी घटनाहरूले अन्यमा पनि यसको प्रभाव सकारात्मक हुने देखिएको छ । तर यसलाई व्यवस्थित रूपमा नियमित रूपमा सञ्चालन गरिनु पर्छ । यो भन्दा पहिले समुदायको तहमा यस किसिमकमा सेवा उपलब्ध नभएको र यस किसिमका विषयमा भएको बुझाइ नकारात्मक रहेको थियो । तर नियमित मनोवैज्ञानिक सचेतना र उपचारको कार्यक्रमले मानिसहरू यो विषयमा खुलेर बोल्न थालेको र मानसिक कार्यक्रमप्रति सकारात्मक धारणाको विकास भएको छ । त्यसैले स्थायी सेवा र असाधारण अवस्थाको सुधारका लागि यस किसिमको मनोवैज्ञानिक क्याम्पलाई निरन्तरता दिनु आवश्यक छ ।

मानसिक स्वास्थ्य बिना स्वास्थ्यनै नरहने भएकाले यस किसिमका समस्याहरूको सुधारका लागि पनि यस किसिमका क्याम्पहरूलाई निरन्तरता दिनु आवश्यक छ । स्वस्थ मानसिक स्वास्थ्यको माध्यमबाट समृद्धि पनि प्राप्त गर्न सकिन्छ । स्वस्थ मानसिक अवस्थाको माध्यमबाट आशाका साथ मानिस आफ्नो नियमित जीवनमा फर्कन सक्छन् ।

कलंकको विषय होइन मानसिक स्वास्थ्य

मानसिक स्वास्थ्य यस्तो अवस्था हो जसमा जो कोहीले पनि आफ्नो क्षमता महसुस गर्न सक्छन् । उनीहरूले जीवनमा देखा पर्ने सामान्य तनावको सामना गर्न सक्छन् । उत्पादनशील तरीकाबाट काम गर्न पनि सक्छन भने उनीहरूले समाजमा पनि योगदान दिन सक्छन् । मानसिक समस्या भएका जो कोहीलाई पनि पृथक रूपमा लिने गरिएको छ र यसलाई समाजमा पनि कलंकको रूपमा हेर्ने गरिएको छ ।



यसैका कारण सामान्य वा कठिन किसिमका मानसिक समस्या भएकाहरूले मानसिक स्वास्थ्यको सेवा लिन आउदैनन् । उनीहरूलाई परिवारले पनि उपचारका लागि ल्याउने गर्दैनन् । मानसिक समस्यालाई शारीरिक समस्याको रूपमा लिने गरिएको छैन । समाजमा विभिन्न किसिमका मानसिक स्वास्थ्य देखिएका छन् । तर धेरजसो मानिसलाई यस किसिमको समस्यालाई कलंकको रूपमा हेर्ने गरिएको छ । यसले उनीहरूलाई उपचारमा जानबाट रोकिराखेको छ र प्रताङ्गित हुवै बस्नुपर्ने अवस्था छ । यो मानसिक स्वास्थ्यका पेशाकर्मीहरूका लागि ठूलो चुनौतीको रूपमा रहदै आएको छ ।

बैशाख १२ को विनासकारी भूकम्पपछि धेरै मानिसले आफन्तहरू गुमाएका छन् । उनीहरूले सम्पत्ति र जिविकोपार्जनको स्रोत पनि गुमाएकमा छन् । भूकम्पले प्रभाव पारेका क्षेत्रहरूमध्ये सिन्धुपाल्चोक सर्वाधिक क्षति पुगेको क्षेत्रको रूपमा रहेको छ । बृहत क्षतीपछि धेरै मानिसहरूमा एउटा वा धेरै किसिमकमा मनोवैज्ञानिक समस्याहरू देखा परेका छन् । संकटका समयमा यस किसिमका समस्या देखिनु विश्वमै स्वभाविकै हो । हामीले कर्थली, पेट्कु र मार्मिङ ३ वटै गाविसमा 'ब्रिडिगिड ब्याक टु रेगुलर लाइफ' आयोजनाको माध्यमबाट मानसिक स्वास्थ्यको

समस्या देखेका छौं । यो आयोजना पूर्ण रूपमा मनोसामाजिक आयोजना हो । जसमा प्रभावित मानिसहरूलाई परामर्शको माध्यमबाट मनोसामाजिक सहयोग गरिएको छ । उनीहरूलाई उपचार र जिविकोपार्जन सहयोगको माध्यमबाट प्रारम्भिक चरणमा आधारभूत आवश्यकता पुन्याइएको छ ।

सामुदायिक तहमा नियमित रूपमा सल्लाह दिई मनोसामाजिक सहयोग शिविर महिनाको दुई पटक सञ्चालन गर्ने गरिएको छ । यो शिविरमा मनोचिकित्सक, मनोवैज्ञानिक, परामर्शदाता, नर्स, स्थानीय स्वास्थ्य कार्यकर्ता, रेडियो पत्रकार र सामाजिक कार्यकर्ता सहितको विशेषज्ञ टोलीले मानसिक रोगको परामर्श र औषधी, मनोवैज्ञानिक सल्लाह र सामान्य स्वास्थ्य सेवा उपलब्ध गराउने गर्दछन् । यस किसिमको संकटको समयमा मनोसामाजिक समस्या आउनु सामान्य भएपनि समस्याको असामान्य अवस्थालाई खुला राख्नुपर्छ । त्यसैले सुरुको अवस्थामा आधारभूत तह को सर्वे सञ्चालन गरिएको छ । ३ गाविसमा अवलोकनको काम पनि सञ्चालन गरिएको छ । समुदायको तहमा परामर्शदाता र मनोवैज्ञानिकहरू सहभागी भएका छन् । यसले प्रभावित मानिसहरूसँग सम्पर्क बढाउनुका साथै यस किसिमको विषय बुझ्नका लागि सहयोग गरेको छ ।

मानसिक शिक्षा, परामर्श, पुनर्ताजगी गतिविधिमा सामुहिक संलग्नता र रेडियो सचेतना कार्यक्रम जस्ता मनोसामाजिक प्रयास नियमित रूपमा आयोजना गरिएको छ । यो बाहेक समय समयमा गरिने मनोसामाजिक सहयोगले मानिसहरूको बुझाइ, धारणा र व्यवहारमा परिवर्तन ल्याउनका लागि सहयोग गरेको छ । महिला मैत्री र बाल मैत्री कार्यक्रमले सबै उमेर समूहका पुरुष, महिला र बालबालिकामा मनोसामाजिक सुधार ल्याउन सहयोग गरेको छ । यसमा विभिन्न किसिमका मनोरन्जनात्मक सामग्रीलाई प्रयोगमा ल्याइएको छ । समुदायको तहमा गरिने यस किसिमका नियमित प्रयाले नाटकिय रूपान्तर आएको हामीले पाएका छौं । धेरै भन्दा धेरै मानिसहरू आफ्नो मनोसामाजिक समस्याप्रति खुला हुदै आएका छन् ।

छोटो अवधिमै मानिसहरू बढी सचेत भएको अवस्थाले मनोविद्हरूलाई आश्चर्यमा पारेको छ । उनीहरू मनोसामाजिक समस्याप्रती बढी सचेत र सक्रिय भएका छन् । मानिसहरूले मानसिक समस्यालाई शारीरिक समस्या जस्तै गरी बुझ्न थालेका छन् । यसको उपचार हुन्छ र सुधार गर्न सकिन्छ भन्ने बारेमा उनीहरूले बुझ्न थालेका छन् । बहुसंख्यक मानिसमा चिन्ता, समायोजन, निद्रा नलाने, सिजर, सामान्य अवस्थाबाट बदलिने र तनावको समस्या देखिएको छ । नियमित उपचारले यी क्षेत्रमा पनि प्रगती भएको देखिएको छ । यस किसिमका विषयमा मानिसहरूले खुला भएर कुरा गर्न थालेको र मनोसामाजिक परामर्शका लागि आउन थालेकाले यसर किसिमका रोगलाई कलंकको रूपमा हेर्न छोडिएको छ । उनीहरूल मानसिक समस्या जो कोहीमा पनि देखा पर्न सक्छ भन्ने बुझ्न थालेका

छन् र मनोसामाजिक उपचारका लागि आउन थालेका छन् । द जोहानिटरको सहयोगमा ल्याइएको मानसिक स्वास्थ्य सेवा र जिविकोपार्जनजको सहयोगले मानिसलाई नियमित जीवनमा फर्काउन केही हदसम्म सफलता मिलेको छ । अब मानसिक स्वास्थ्य कलंकको विषय नभएको बुझाई स्थापित भएको छ ।

महिला मैत्री स्थान बन्यो छलफल गर्ने स्थान

“यो गाविसका महिलाको हालसम्मकै पहिलो निर्माण हो । धेरै अवरोधका सामनाका बावजुद हामीहरू महिला मैत्री स्थानको निर्माण गर्न सफल भएका छा ।” महिला मैत्री स्थान व्यवस्थापन समितिका अध्यक्ष पासाड तुटी तामाड भष्टिन । “यसले मामिडका महिलाहरू सशक्तिकरण तर्फ गएको संकेत गरेको छ ।” उनि थप्छिन ।

मार्मिड सिन्धुपाल्योकको दुर्गम गाविस हो । उर्बर क्षेत्र कम भए पनि बहुसंख्यक घरधुपी आफै पनि कृषिमा निर्भर रहदै आएका छन् । त्यसैले बहुसंख्यक मानिस अफैपनि

गरिबीको जीवनयापन गर्न बाध्य हुदै आएका छन् । केही मनिसहरू नेपाल चीन सीमामा सानो व्यवसायमा संलग्न हुदै आएका छन् । विनाशकारी भूकम्पपछि नेपाल र भारत बीचको सीमा बन्द गरिएका कारणले उनीहरूको यो व्यापार पनि ठप्प भएको छ । केही वैदेशिक रोजगारीका लागि विदेशिएका छन् । यो गाविसका बहुसंख्यक मानिस जनजाती समूहका छन् । पासाडका लागि मात्रै नभएर रक्सी सांस्कृतिक अभ्यासनै बनेको छ । योनै लैगिक आधारित हिसाको कारण बनेको छ । कृषि र बस्तुभाउको क्षेत्रमा महिलाहरू मुख्य सहयोगी देखिएका छन् । परिवारको पुरुष विदेशी रोजगारीमा गएकाले घरेलु, कृषि र पशुपालनको क्षेत्रमा महिलाको भूमिका बढेको हो । केही महिलाहरू पनि बैदेशिक रोजगारीका लागि बाहिरिएका छन् ।

बहुसंख्यक महिलाको अवस्था पासाडको जस्तैनै देखिएको छ । पासाड भूकम्पपछि दुखित भएका छन् । भूकम्पले उनीहरूका सम्पति नष्ट गरेको छ, उनीहरूको जिविकोपार्जनको गतिविधि रोकिएको छ । भूकम्पपछि धेरै कारणल आफूहरू दुखित भएको पासाड बताउछिन् । उनीहरूमा यस किसिमको प्रकाप फेरि आउछ भन्ने त्रास बढेको छ । उनीहरूले आफ्नो चेतना गुमाएको, ढाड दुख्ने समस्या आएको, टाउको दुख्ने जस्ता समस्या आएको उनी बताउछन् । यस किसिमको संघर्षपूर्ण जीवनमा जीएमएसपीले विभिन्न





क्षेत्रमा सहयोग गरको उनीहरूले बुझेका छन् । आफूहरूको सहयोगका लागि महिला मैत्री स्थान निर्माण गरिएको र यसले फुर्सदको समयमा महिलाहरू माफ आफ्नो अनुभव साटासाट गर्न, एक अर्काबाट सिक्न र मनोरन्जन गर्नका लागि यसले सहयोग गरेको छ । यसको बारेमा थाहा पाउदा आफू खुसी भएको र जीएमएसपीको बैठकमा गएको उनी बताउँछिन् ।

बैठकको समयमा मैले समुदायका महिलाले ग्रामीण महिला शृजनशील परिवार बैठकमा योगदान गर्नु आवश्यक भएको मैले थाहा पाएको छु ।

योगदान पुन्याउन समितीको निर्माणका लागि सहभागीतामुलक प्रक्रिया निर्माण गर्न र महिला मैत्री स्थानको निर्माणमा सहयोग पुन्याउनका लागि मलाई अध्यक्षको रूपमा छनौट गरिएको छ । महिला मैत्री स्थान निर्माण गर्दा हामीले सशक्त हुनुपर्ने कुरा सिक्यो । यो तार्किक पनि छ । हाल महिला मैत्री स्थान मनवैज्ञानिक परामर्श र आफूलाई मनोरञ्जनका लागि प्रयोग गरिएको छ । महिला मैत्री स्थानमा टेलिभिजन, सिकाइको चार्ट/नक्सा लगायतका सामग्रीहरू राखिएको छ । म ग्रामीण महिला शृजनशील परिवार र दातालाई वास्तवमै धन्यवाद दिन चाहन्छु । उनीहरूले यसको सहयोगका लागि वित्तीय सहयोग पुन्याएका छन् ।

महिलाले निर्माणको गतिविधिमा योगदान गर्न सुरु गरेको उक्त समयलाई सम्भन्ना गरेको उनले बताइन् । उनले भनिन्, “हामीसँग नौ सदस्यीय व्यवस्थापन समिती छ । यसको लागि आवश्यक ठाउँ निर्माण गर्नका लाग हामीले स्थानको बारेमा छलफल गर्न सुरु गरेका छौ । हामीले गाविसको अगाडिनै यसको निर्माण गर्ने सोच बनाएका छौ । जमिन थोरै भिरालो भएकाले यसलाई सम्म बनाउने कामाको सुरुवात गरेका छैं ।” उनीहरूले निर्माणका लागि नौ सदस्यीय व्यवस्थापन समिती बनाएका छौ । उनीहरूले गाविसको कार्यालय अगाडि नै महिला मैत्री स्थानको निर्माण गर्न निर्णय गरेका छन् । तर जमिन मैदानको अवस्थामा थिएन । त्यसैले उनीहरूले जमिनलाई सम्म बनाउने कामको थालनी गरे ।

हामीले भिरालो जमिन खन्न सुरु गरेसँगै निर्माणको नजिकको क्षेत्रमा रहेका एकजना पारिवारिक सदस्यले उक्त भूमिमा दावी गरे । हामीले निर्माणको गतिविधिलाई रोक्यो । जमिनलाई सम्म बनाउन ७० महिलाले पहिलैनै योगदान

गरिसकेका थिए । त्यसैले हामी दुःखी भयौ । मैले धेरै संघर्ष गरेको छु । भूमिमा दावी गर्ने मानिसलाई मैले मनाउने प्रयास गरे । तर यी सब व्यर्थमा गए । मैले दीर्घकालिन अवधिका लागि जमिन भाडामा दिने प्रयास पनि गरे । तर उपयुक्त जमिन फेला पर्न सकेन । त्यसपछि गाविससँगको परामर्शबाट हामीले जिल्लाको सरकारी अमिनलाई बोलायौ । अमिनको नापर्जाँचपछि उक्त जमिन दावी गर्ने मानिसकै भएको पाइयो । त्यसपछि सबै महिलाहरू एकसाथ गाविसमा गए र गाविस सचिवलाई भूमिको व्यवस्था गर्न अनुरोध गरे । त्यसपछि गाविसकै पछाडिपछि रहेको जमिन उनले उपलब्ध गराए ।



“हालका लागि हामी महिला मैत्री स्थानको स्वामित्व प्राप्त गर्दा खुसी भएका छौ । यो स्थानमा हामी चाहे अनुसार भेला हुन सक्छौ । आफ्नो अनुभाव र भावनाहरू आदान प्रदान गर्नका लागि यो सुरक्षित थलो भएको छ ।” पालुडले भनिन् ।

मार्मिङ्का महिलाहरू एफएफएसमा आएर भेला गर्न पाउने भएका छन् । “कुनै संकोचबिना आफ्ना अनुभव र भावना साटासाट गर्नका लागि यो सुरक्षित ठाउँको रूपमा स्थापित भएको छ । यसबाट हामीले धेरै कुरा सिक्न पाएका छौ,” मार्मिङ्का ५ कि चियु तामाडले बताइन् । यो भन्दा पनि एफएफएस एकता र खुसीको संकेत भएको छ । याहाँ हामी नाच्छौ, चुट्किलाहरू भन्द्यौ, गीत गाउँछौ र टेलिभिजन पनि हेँर्द्यौ । यो बाहेक महिला मैत्री स्थानका सहजकर्ता र अन्य महिलासँग अनौपचारिक रूपमा कसरी लेख्ने पढ्ने भन्ने पनि सिकेका छौ । खेलनका लागि भिन्न खालका खेलहरू क्यारोम बोर्ड, चेस र लुडो जस्ता सामग्री उपलब्ध गराइएको छ । यसले मनोरन्जको क्षेत्रमा र विश्वासका साथ आनन्द प्रदान गर्नका लागि सहयोग पुन्याएको छ ।

उनले माइति मायाको बारेमा भनिन् । माइतिमाया मुसिकलले आफ्नो नाम नेपालीमा लेख्ने गर्थिन् । हाल उनले आफ्नो नाम नेपाली र अंग्रेजी दुवैमा लेख्न सक्ने भएकि छन् । कसरी लेख्ने भन्ने सम्बन्धमा सहजकर्ताहरूले सहभागीलाई सिकाएका छन् । ज्ञान र सचेतनाको माध्यमबाट उनीहरूले आफ्नो नाम लेख्न सुरु गरेका छन् । सीएफएसमा आउनुपूर्व माइतिमायालाई आफ्नो नाम लेख्नका लागि गाहो हुने गरेको थियो । हाल उनले नेपाली र अंग्रेजी दुवैमा आफ्नो नाम लेख्न सक्ने उनले बताइन् । उनले महिला मैत्री स्थानमा गीत रचना पनि गरेकी छन् ।

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निरन्तर उपेक्षा

राजधानी काठमाण्डौसंग जोडिएको छिमेकी जिल्ला सिन्धुपाल्योकमा गएको विनाशकारी भूकम्पले मानवबस्ती, जीविकोपार्जनका आधारहरू ध्वस्त हुनुका साथै हजारौले ज्यान गुमाएको डेढ वर्ष पुगे पनि यहाँको अवस्थामा केही फेरिएको छैन । भूकम्पपीडितहरू अहिले पनि कर्त्याङ्गिग्रने चिसोमा जस्तापाताबाट चुहिने शीतमा बसेर रात कटाउनु पर्छ । रातभर चिसोमा जाग्राम बसिसकेपछि दिउसो खेतीपातीको काममा जान्छन र फेरि साँझ त्यही नर्क जस्तो जीवन बिताउन टहरोमा फर्कन्छन् । जिल्लाका धेरै भूकम्पपीडितको अवस्था यस्तै छ ।

‘चिसोले मेरी एक वर्षकी छोरी बिहान उट्दा आँखा सुन्निएको हुन्छ,’ जिल्लाको सबैभन्दा प्रभावित मार्मिङ गाविसकी बिटु तमाङ्गले भनिन, ‘सरकारले घर बनाउने भनेर ५० हजार दिएको छ । म संग आयश्रोतको अर्को उपाय छैन । त्यति पैसाले घर बनाउन सकिदैन ।

सरकारले केही गरिदेला भन्ने आशा मारेर टहरोमा दिन काट्दै गरेका सिन्धुपाल्योकका हजारौ पीडितको अवस्था तमाङ्गको भन्दा फरक छैन । उनीहरूकले सरकारप्रति विश्वास गर्न छाडिसकेका छन ।

भूकम्प गएको डेढ वर्षमा पुर्ननिर्माण सकिएको हुनु पर्ने थियो । तर भूकम्पले भक्तिएको घर बैशाख १२ मा जस्तो अवस्थामा थिए अहिले पनि त्यही अवस्थामा छन । सरकारले घोषणा गरेको पहिले किस्ताको रकम भर्खरै दिइएको छ तर पीडितहरूलाई दोश्रो र तेश्रो किस्ताको रकम कहिले वितरण हुन्छ भन्ने केही पत्तो छैन ।

पैसा नभएका कारण घर बनाउन नसकेका उनीहरूलाई तीन लाख रुपैयाँ एकै पटक दिएको भए अहिले सम्म उनीहरूले घर बनाइसकेका हुने थिए ।

सरकारी आश्वासनका कारण आफैले घर बनाउन सक्ने हैसियत भएकाहरू पनि यत्तिकै बसिरहेका छन, सरकारी रकम पाउने आशाले । घर बनाउन ढिलाई बारे सोध्दा उनीहरू दातृ निकायले भूकम्प पछिको पुर्ननिर्माणमा पैसा दिएका छन भने हामीले किन आफ्नो पैसा हालेर घर बनाउने भन्ने जवाफ दिन्छन् ।

यसले गर्दा भाग्यलाई धिक्कार्दै बसेका छन । ‘भूकम्प नआएको भए मात्र पनि हाम्रो संसार त अहिले बेर्गलै हुन्थ्यो, तमाङ्गले भनिन् ।

एक जना विकास अभियन्ता भएको नाताले मैले धेरै पीडितहरू भूकम्पपछि मानसिक असुन्तलनको शिकार भएका छन । उनीहरू निद्रा र भोक नलाग्ने, वितृष्णा, निराश हुने जस्ता मानसिक समस्याको शिकार भएका छन । उनीहरू मध्ये धेरैले मदिरा र चुरोट सेवन गर्द्धन, पीडा भुल्ललाई । केहीले भने आत्महत्याको

प्रयास पनि गरेका छन । ‘यस्तो हुनुभन्दा त म पनि मेरै परिवारसंग मरेको भएपनि हुने रहेछ । जिन्दगी जीउन त मर्तु भन्दा पनि कठिभइरहेको छ, एक जना पीडितले मसंग भनेका थिए ।

उनीहरूले योगा र अन्य औषधी उपचार गरेको भए शायद विगतको दुख पीडा भुल सक्थे होला । तर यो सबै गर्न लाग्दा उनीहरूको गाइबस्तु र परिवारको हेरचाह कसले गरिरदन्छ र ?

एक आपसमा दुःख सुनाउँदा पनि उनीहरूकलाई केही राहत हुन सक्छ । सबै पीडितहरू दुःखमा भएकाले कसले अरुको पीडा सुन्न तयार होला भन्ने पनि छ ।

भूकम्पले भत्काएको घर छेउमा बनाएको सानो टहराले गत वर्ष भएको क्षति लाई भन ताजा बनाइदिन्छ । महिलाहरू सबैभन्दा बढी प्रताडित भएका छन । उनीहरू आफ्ना बालबालिकाहरूको भविष्यको बरेमा चिन्तित छन । यसका साथै उनीहरूका श्रीमान् मदिरा सेवन गर्न थालेकाले पनि उनीहरूलाई अर्को चिन्ता थपिएको छ । भूकम्पमा भत्किएको घर अब कहिल्यै नबन्ने त होइन भन्ने पनि उत्तिकै चिन्ता छ ।

यसका बाबजुद उनीहरूमा सानो आशाको त्यान्द्रो त बाँकी नै छ । आशा त्यही हो, ढिलो वा चाडो जे भएपनि सरकारले घोषणा गरेको अनुदान त आउला नि ? तर यो सबै त्यो आशा निराशामा परिणत नहुदै होला ?

त्यो आशाको किरण बचाइ राख्नका लागि पुर्ननिर्माणलाई गति दिनै पर्छ र सरकारले पनि संकटको बेलामा राज्यले पीडितको हेरचाह गर्दै भन्ने व्यवहारमै देखाउन सक्नुपर्छ ।

२०७३ पौष ५ गते रिपब्लिका दैनिकमा प्रकाशित
(<http://www.myrepublica.com/news/11444>)

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महिला मैत्री स्थान बन्यो सहमति गराउने थलो

‘महिला मैत्री स्थान को सहजकर्ता भएपछि समुदायका मान्छेका व्यवहारमा एकदमै परिवर्तन आएको अनुभूत गरेकी छु’, महिला मैत्री स्थान की सहजकर्ता पूर्णमाया तामाङ भन्छन् ।

पेट्कुमा महिला मैत्री स्थान व्यवस्थापन समितिले उनलाई छान्दाखेरि ‘काम गर्न सक्छु कि सत्तिन्हैं भनी पूर्णमायाको मनमा आशंका थियो ।

सुरुका दिनमा समुदायका महिलालाई कसरी मनोरञ्जन दिलाउने मात्रैमा उनको ध्यान थियो । जसको कारण थियो, भुइँचालोले गर्दा परेको दुख कम होस् ।



मनोरन्जन पायाँ । जब सहजकर्ताले महिला विभेदमा आधारित अपराधबारेमा जनयेतनामूलक कुरामा पनि चतनामूलक कुरामा पनि ध्यान दिन थालिन् । त्यसपछि त उनलाई सबले चिन्न थाले । पेट्कु गाविसमा बस्ने महिलाका राम्रो साथी भएको प्रमाणित गरिन् ।

पछि त पेट्कु यस्ता सामाजिक विषयमा छलफल गर्न थलो मात्र नभई लैंगिक विभेद सम्बन्धि अपराधबारे रिपोर्ट गर्न संस्था पनि बन्यो । यदि त्यस्ता समस्या आइपरेमा पेट्कुकी महिला मैत्री स्थान सहजकर्तालाई रिपोर्ट गर्न सुरु भयो । अचेल भने काउन्सिलिङ्ग गराउनुका साथै महिला मैत्री स्थान ले यस्ता समस्यामाथि महिला जम्मा गरेर छलफल पनि गराउन थालेको छ । यस्ति मात्र होइन, गम्भीर मुद्दा आए पेट्कु गाविसका गन्यमान्य तथा सम्बन्धित पक्षलाई बसाली छलफल गराउँछ । सामान्य समस्यालाई छलफलबाट आफैले समाधान निकार्त्त ।

‘एफएफस बन्नु र यसको सबै व्यवस्थापन महिलाले नै गर्नु पेट्कुका महिला सशक्तिरणको संकेत हो । अहिले त हामी आफैले महिलासित सम्बन्धित ससाना मुद्दा आफै समाधान गर्छौं । गम्भीर मुद्दा आएमा मात्र गाविसका प्रतिनिधि, राजनीतिक दलका नेता र सम्बन्धित पक्षलाई बोलाएर छलफल गर्छौं । भाग्यवस, अहिलेसम्म पुलिसलाई रिपोर्ट गर्न परेको छैन’, पूर्णमाया थिएन् ।

महिलाको सहभागिताले सहजकर्ताको आत्मविस्वास पनि बढेको छ । उनी भनिन्, ‘महिलाको निरन्तर सहभागिताले समुदायमा मेरो विश्वास पनि बढाएको छ । सुरुमा त समुदायका मान्छेले सामन्यरूपमा व्यवहार गर्थे । महिलासित छलफल, अन्तर्किर्या र समस्या पहिचान गर्न थालेपछि समुदायका मान्छेका व्यवहार फेरिएको छ । अहिले तिनले विभिन्न मुद्दाबारे सोध थालेका छन् । यस अवधिमा आठवटा मुद्दा सल्टाएकी छु । अलि गाहा मुद्दालाई मात्र गाविस तहका सम्बन्धित पक्षलाई बोलाउँछु ।

विवाद समाधान समिति पनि छ । गाविस भरका त्यस्ता मुद्दा समितिले समाधान गर्दा पनि महिला मैत्री स्थान मै छलफल गर्दैन्, जहाँ पूर्णमायाले सहजकर्ताको भूमिका निभाउँछिन् ।

यसरी पेट्कुको महिला मैत्री स्थान समुदायमा दुई पक्ष/विपक्षलाई सहमतिमा ल्याउने थलो पनि बनेको छ ।

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भूकम्पपीडित महिला सशक्तीकरणको बाटोमा

चार हजार नौ सय ४६ जनसंख्या भएको कर्थली सिन्धुपाल्चोकको विकट गाविस हो । अन्य गाविस जस्तै यो गाविस पनि भूकम्पमा धेरै प्रभावित भयो । भूकम्पमा ९९ प्रतिशत घर भत्किए भने १५ जनाले ज्यान गुमाए ।

चट्टानी जमिन त्यसमाथी भूकम्पले चिरा पारेको कारण यहाँको जीवन निकै कठिन थियो । निरन्तरको पराकम्पनले स्थानीय बासिन्दामा तनाव थपिएको थियो । भएको सम्पति र जीविकोपार्जनका गतिविधि भूकम्पबाट प्रभावित भएकाले स्थानीय बासिन्दा तनाव र मानसिक समस्या भोगिरहेका थिए । होस हराए जस्तै भएका भूकम्प पीडितहरूले के गर्न भन्ने केही उपाय थिएन । भूकम्प गएपछि मनोरन्जन, परामर्श, छलफल, बैठक जस्ता गतिविधीहरू ठप्प प्राय थिए ।



यस्तो अवस्थामा ग्रामीण महिला सिर्जनशील परिवारले नियमित जीवनतर्फ पुनरागमन कार्यक्रम सञ्चालन गरेर स्थानीयलाई मनोसामाजिक शिक्षा उपलब्ध गरायो । यस अर्थमा कार्यक्रमले समुदायलाई सचेत बनाएर मनोसामाजिक समस्याको बारेमा जानकारी दियो । यस बाहेक उनीहरूलाई नियमित परामर्श सेवा दिनका आठ वटा बालबालिका मैत्री स्थान र एउटा महिला मैत्री स्थानको निर्माण गरेको थियो ।

महिला मैत्री स्थान समुदायका लागि निकै प्रभावकारी थियो । ग्रामीण महिला सिर्जनशील परिवारले सो स्थान निर्माणका लागि महिलाहरूलाई नै जिम्मेवार बनायो । महिला मैत्री स्थान व्यबस्थापन समितिकी अध्यक्ष रेणु भण्डारीका अनुसार सो स्थान महिलाका लागि महिलाले नै बनाएका थिए । यो स्थान महिलाहरू भेला भएर उनीहरूले गरे भोगेका कुरा एक अर्कामा साटासाट गर्न थलो भयो । मनोचिकित्सकहरूले नाच,



गान, योग, कथा वाचन र मनोसामाजिक शिक्षा प्रदान गरेर महिलाहरूलाई उनीहरूले भोगिरहेको पीडासंग जुझ्न सक्षम भए ।

परामर्शका साथै महिलाहरूलाई समाजमा जोखिमयुक्त भएकाले महिला बेचिखन, लैगिक हिसा, असुरक्षित रोजगारीको बारेमा सचेत बनाइएको थियो । यस्ता खालका परामर्शहरू महिला मैत्री र बाल मैत्री स्थानहरूमा मात्र सिमित गरिएको थिएन समुदायका सबै तहमा पनि पुरोगो थियो ।

एक वर्षको परामर्श र मनोरञ्जनात्मक गतिविधी पछि कर्थलीका महिलाहरू सामान्य जीवन तर्फ फर्किएका छन् । उनीहरू सामाजिक कार्यमा संलग्न हुन थालेका उनीहरू सहकारी मार्फत नियमित बचत गरेर जीविकोपार्जनका कार्यमा संलग्न हुन थालेका छन् । उनीहरूले नियमित बैठक गरेर समूहमा जीविकोपार्जलाई संधाउने काममा व्यस्त हुन थालेका छन् । ग्रामीण महिला सिर्जनशील परिवारले सहयोग गरेको तीज कार्यक्रम उनीहरू सामान्य तर्फ फर्किएको प्रमाण थियो । कर्थलीक धेरै महिला त्यस कार्यक्रममा सहभागी भएका थिए । हामीले भूकम्पमा सबैथोक गुमायो । पुरानो कुरा सम्फेर मात्र केही हुने थिएन । त्यसैले हामीले विपत्तिसंग जुझ्न सामान्य तर्फ फर्कदै छौ ।

त्यस अवसरमा गाइएको गीतले पनि उनीहरूको आशावादी सोचलाई देखाउँछ ।

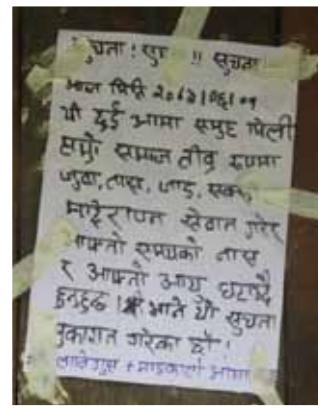
हामी महिला मैत्री स्थानमा बैठक गर्नेछौं देशको लागि अघि बढ्ने छौं
दुःख पीडा भुल्ने छौं
महिला माथि दमन गर्न विरुद्ध लड्ने छौं

त्यस अवसरमा महिलाहरूले गाएको अर्को गीतको एउटा टुक्का

सचेतना छ घर दैलामा परिवर्तन आउदैछ
महिलामा छ

महिलाहरू परिवर्तन भएको महसुस गर्दैछन्

सबैभन्दा महत्वपूर्ण त कर्थलीका महिलाहरूले समाजलाई विकृतिमुक्त बनाएर समाज सुधारको सुरुवात गरेका छन् । रक्सी महिला माथिको हिसा र समृद्धिको बाधक भएको महसुस गर्न थालेका छन् । त्यसैले कर्थली वडा नं. ५ र ६ का महिलाहरूले मदिरा विरोधी अभियान थालेका छन् । स्थानीय पसलमा मदिरा विक्री तथा सेवन नगर्न सूचना टास गरिएको छ । हामीले हाम्रो



समुदायबाट सुरुवात गरेका हौ । अब यसलाई पुरै गाविसभर बिस्तार गर्न चाहन्दै, भण्डारीले भनिन् ।

मोतीको जीवनमा संस्थाको सहयोगले आशा जन्मायो

‘यो संसारमा मलाई आड भरोसा दिने कोही छैन । दस बर्ष यता सुन पनि सक्तैन्, मोती नाउँले चिनिने सिन्धुपाल्चोक जिल्ला कर्थली -२, की ढोक्सी थामी, ७४, ले भनिन् ।

उनका पति र परिवारप्रति पनि भगवान् दाहिना भएनन् । पति चमार र एक मात्र छोरो १६ बर्ष अघि एकै सालमा बिते । दिवंगत उनको छोरो काठमाडौंस्थित एउटा मोटर ग्यारेजमा काम गर्थ ।

उनको परिवार कर्थलीको छिमेकी चोकटी गाविसबाट चाहना नहुँदा नहुँदै पनि विहेपछि वसाइ सरेको थियो ।

संयोग, बसाइ भएको नयाँ ठाउँमा पनि कमलो मन भएका मान्छे भेटिए । एकजना गाउँले उनलाई जग्गा दिए भने अर्को एकजनाले घर बनाउन सहयोग गरे । जुन घर २०७२ को विनाशकारी भुइँचालोले भत्कायो ।

दुखजिलो गरी चलिरहेको उनको जीवनमा भुइँचालोले भन अप्तेरा थप्यो । एकातिर भुइँचालोले तिनको खुसी लुट्यो भने अर्कोतिर अपाङ्ग । गाउँले र सहयोगीहरूले एक महिनाको लागि खाने र अस्थायी बासको व्यवस्था गरिदिए ।

सहयोग गर्नुपर्ने प्राथमिकताक्रममा गाविसले मोतीलाई पनि छान्यो । मोती भन्छन्, ‘हाम्रो लागि जीएमएसपीले धेरै सहयोग गरेको छ । यो नै हामीलाई सहयोग गर्ने पहिलो संस्था हो । हामीलाई यसले खाद्यान्त तथा अन्य सामग्री दियो । जीविकोपार्जनका लागि सहयोग उपलब्ध गरायो ।

गाउँले जंगलबाट बाँस ल्याइदिए । बाँसका सामग्री मात्र नबनाई बाखा पनि पालेका छन् । जो आयआर्जनका लागि भविष्यमा लाभदायी हुने उनीहरूले विश्वास गरेका छन् ।

‘तीनवटा बाखी पाल्न सक्छु । एक दिनमा प्रत्येकको एक सय पचास रूपैयाँ हुन्छ जसको लागि असी रूपैयाँ मात्र लगानी हुन्छ । प्रत्येकबाट सतरी त नाफा हुन्छ, उनका पतिले थप्ये ।



बचत पैसाबाट बाखा आफ्नो बनाउने छन् ।

‘चालीस बर्षदेखि यो ठाउँमा छैँ । अहिलेसम्म कुनै सहयोग पाएका थिएनै । सहयोग अत्यावश्यक भए पनि भूकम्प प्रभावितलाई राहत दिने सरकारी कार्यक्रममा हाम्रो नाउँ थिएन । यो परियोजनाले हाम्रो आर्थिक हैसियत भविष्यमा राम्रो गराउनेछ भन्ने विश्वास छ, मोती भन्निन् ।

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जीविकोपार्जनमा सहयोग



बैशाख १२ को विनाशकारी भूकम्पपछि प्रभावित क्षेत्रका अधिकांश बासिन्दाले जीविको पार्जनको श्रोत गुमाएका छन् । यसले धेरै समुदायमा दुःखन र दिक्दारी लाग्दो अवस्था सृजना गरिदियो । भूकम्पबाट सबैभन्दा बढी प्रभावित सिन्धुपाल्चोकमा यस्ता धेरै उदाहरणहरू देख्न सकिन्छ । धेरै परिवारले आफन्तजनका साथै सम्पति र जीविकोपार्जनका श्रोतहरू गुमाएका छन् । यसले प्रभावित क्षेत्रका बासिन्दाहरूलाई जीविका धान्न र पुरानै अवस्थामा फर्क्न मुस्किल भएको छ ।

यसैकारणले भूकम्प प्रभावित क्षेत्रमा काम गरिरहेका संघसंस्थाहरूले यस्ता जीविकोपार्जन सम्बन्धी यस्ता कार्यक्रम सञ्चालन गर्न आवश्यक थियो जसले गर्दा पीडितहरू संकटको बेला पनि उनीहरूको गुजारा चलाउन सक्नु । यही परिस्थितिलाई महसुस गरेर

ग्रामीण महिला श्रसजनशील परिवारले सामान्य परामर्श र सहयोगका साथै नियमित जीवनतर्फ पुनरागमन कार्यक्रममा जीविकोपार्जन सम्बन्धि विषयलाई समेटिएको थियो । जीविकोपार्जन सम्बन्धि यस कार्यक्रमले भूकम्प प्रभावितहरूलाई पुनः जीविकोपार्जन तर्फ फर्केर जीवनयापनलाई पहिले जस्तै सामान्य बनाउन उत्प्रेरित गरेको छ ।

भूकम्प प्रभावित पेटकु गाविस वडा नं ३ की सानुमाया तमाड, ४५ नियमित जीवनतर्फ पुनरागमन कार्यक्रमबाट लाभान्वित यस्तै एक पात्र हुन । उनको घरमा श्रीमान्, एक छोरा र एक छोरी गरी तीन जनाको परिवार थियो । गाउँमै तीन वर्ष देखि किराना पसल चलाएर गुजारा चलाउदै आएको सानुमायाको घर र पसल दुबै भूकम्पले भत्काइदियो । साठी हजार मूल्य बराबरको पसलको सामान भूकम्पमा पुरियो । खेतीबाट मुस्किलले तीन महिना खान पुग्ने उनको परिवारलाई भूकम्प पछि जीविकोपार्जनमा भन्नै समस्या थपियो । संकटपछि उनका श्रीनले काठमाण्डौमा होटल गरेका थिए भने भएको एक मात्र छोरा पनि कामको

खोजीमा एसएलसी पास हुने बित्तिकै रोजगारीको खोजीमा बिदेश गएका थिए । यसले गर्दा छोरालाई पढाउने उनको धोका पुरा हुन पाएन । बिदेश पठाउदा पनि उनले सोये जस्तो भएन । बीस हजार खान बस्न नै खर्च हुने ठाउँमा उनले १६ हजार मात्रै कमाउन सके । यसले उनी आफैलाई पनि खान पुग्दैस्थ्यो ।

त्यसपछि उनले भूकम्पले भत्काएको किराना पसल चलाउन ऋण लिइन र पुरानै व्यबसायमा फर्किइन ।

एक पछि अर्को समस्या आएकाले उनलाई असन्तुष्टि

मात्रै भझरहेको थियो । त्यही बेला उनी जीविकोपार्जन कार्यक्रमको सहयोगका लागि छनौट भइन । नियमित जीवनतर्फ पुनरागमन कार्यक्रम मार्फत आर्थिक सहायता प्राप्त हुने भएपछि उनको जीवनमा केही आशाका किरण देखा परे । अन्ततः २० हजार रुपियाँ जीविकोपार्जनका लागि सहयोग प्राप्त गरेपछि उनलाई सन्तोष मिल्यो ।

आहिले जीविकोपार्जन सहयोगका कार्यक्रम अन्तर्गत किराना पसल सञ्चालन भएपछि विस्तारै उनको आर्थिक समस्या सामाधान हुदै आएको छ । उनका श्रीमान पनि परिवारलाई सघाउन गाउँमै फर्किएर बाखा पालन गर्दै आएका छन् । दुबै जनाले एकले अर्कालाई सघाएर परिवारलाई राम्रो संग चलाएका छन् । उनको परिवारको बारेमा सोध्दा गाउलेहरूले पनि राम्रो गरिरहेको सुनाउँछन् । श्रीमान श्रीमति दुबै मेहनेती छन् । राम्रो गरिरहेका छन्, उनीहरूको प्रतिक्रिया हुन्छ ।

तमाङ परिवारले ग्रामीण महिला सिर्जनशील परिवार र द जोहान्निटरलाई धन्यबाद दिएका छन् ।



अलैची खेतीको नेतृत्व गर्दै महिला

कर्थलीकी सीतादेवीले नयाँ खेती सुरु गरेका छिन् । उमेरले ४८ वर्ष लागेकी उनी संगै घरमा श्रीमान, एक छोरा र छोरी सहित तीन वर्षका नाति छन् । तर घरमा श्रीमान् र श्रीमति मात्रै बस्न्छ । उनको गाउँमा रहेको खेतीले उनको परिवारलाई नौ महिना त्राप्ति पुग्ने अन्न फल्छ । घरमा खानकै समस्या भएपछि उनको छोरा बैदेशिक रोजगारीमा गएका छन् । थोरै जनशक्ति र सानो परिवारले पनि गर्न सकिने भएकाले माइतीघरमा गर्दै आएको अलैची खेती गर्न थालिन । रोपेपछि अलैची राम्रै फल्यो र उनको थप विरुवा ल्याएर रोपिन । बजारमा प्रति किलो ३००० रुपियाँमा बिक्री हुन्छ । व्यापारीहरू किन्नका लागि घरमै पुग्ने भएकाले बिक्रीको खासै समस्या छैन । गत वर्ष मात्रै उनले आठ किलो अलैची बिक्री गरिन । सीतादेवी कर्थली बुदेपामा अलैची खेती गर्ने सम्भवतः



पहिलो महिला हुन ।

तर भूकम्पले आम्दानीको मुख्य श्रोतको रूपमा रहेको अलैची, गाइबस्तु र घर सबै नाश भयो । त्यति हुदा पनि उनले विदेशमा रहेका छोरालाई आर्थिक विषयमा कुनै दवाव दिइनान् । भएको सबै सम्पति भूकम्पमा गुमाएकाले समस्या परेको थियो । संकटको बेला पनि उनले राहत महसुस गरेर नियमित जीवनतर्फ

पुनरागमन कार्यक्रम अन्तर्गत छनौटमा परिन । कार्यक्रमले नगद सहयोग स्वरूप २० हजार सहयोग गरेपछि उत्साहित भएर उनले अलैची खेतीलाई निरत्तरता दिई ७०० विरुद्धा रोपिन ।

त्यस अवसरमा उनले उनले जीविकोपार्जन अधिकृत संग नियमित रूपमा आफ्नो खेतीको विषयमा जानकारी लिन पाइन । धेरै वर्षा भएकाले खेती भित्रयाउन केही ढिला भएपनि उनको बारीमा १० किलो अलैची फल्यो । उनको घरमा यस पटक पुग्दा घाममा अलैची सुकाएर बसेकी थिइन । तीन रोपनी जग्गामा लगाएको अलैचीबाट उनले एक लाख जति कमाउने अपेक्षा गरेकी थिइन तर वर्षाको कारण आशातित सफलता हात लाग्न सकेन ।

उनले नियमित जीवनतर्फ पुनरागमन कार्यक्रमको अभै ७०० अलैचीको विवा रोजे योजना बनाएकाले अगामी वर्षहरूका अफ धेरै आम्दानी गर्नेमा आशाबादी छन । सौभाग्यवश उनले कार्यक्रमको सहयोगमा एकिकृत हातेमालो ग्रामीण विकास संघबाट अलैची खेती सम्बन्धि प्राविधिक तालिम लिने अवसर प्राप्त गरिन ।

उनले अहिले सम्म ७०० अलैचीको विरुद्धा रोज्नका लागि विरुद्धा, कामदार र अन्य खर्च समेत गर्दा ३५ हजार लगानी गरिसकेकी छन । अहिले व्यवसायिक हिसावले धेरै जग्गामा अलैची खेती गरेकाले उनले अफ धेरै आम्दानी गर्नेमा उनी आशाबादी छन् । उनको मेहनेत र कमाइले अरु गाउँलेहरूलाई पनि एक वर्ष मेहनेत गरेर दशौ वर्षसम्म आम्दानी गर्न सकिने अलैची खेती तर्फ लाग्न प्रेरित गरेको छ । अहिले उनको समुदायका सबैले अलैची खेती सुरु गरेका छन । यसरी द जोहन्टियर आर्थिक सहयोगमा सञ्चालिन कार्यक्रम नियमित जीवनतर्फ पुनरागमन मार्फत कर्थलीकी सीतादेबीले अलैची खेतीको अगुवाई गरेकी छन ।

1. Introduction

Gramin Mahila Srijanshil Pariwar (GMSP) is an NGO based in Sindhupalchowk that works for the protection and promotion of human rights of women and children. Working with grassroots women's in their empowerment since 1993, GMSP mobilizes women to campaign for elimination of exploitation and oppression on the basis of caste, class and gender. GMSP was registered with Sindhupalchowk District Administration Office on August 16, 1993 as per the Organization Registration Act-2034. GMSP documents all cases of abuses, violence and discrimination against women and provides necessary supportive measures.

Besides working closely with women's groups to combat human trafficking and for formation of an equitable society through promotion and protection of women's and children's rights and overall human rights, it also works on areas of food security, education and public health.

Vision

GMSP envisions a more just, empowered and equitable society.

Mission

Managing the natural resources appropriately, building infrastructure including human rights, health, education and appropriate economic opportunities, by organisational, physical and intellectual development ending all form of discrimination exist in society; and making community prosperous.

Goal

To eliminate human trafficking and all kinds of violence and prevent discrimination in the region through empowerment of the communities with awareness and livelihood programme, and focusing women's rights based approach of development.

Objectives

- a) To end different form of discrimination and violence against women and children, social and professional capacity of women and holistic development of the child through social empowerment.
- b) To contribute to abolish human trafficking and all form of slavery through organised movements and raise awareness against human trafficking and slavery.
- c) To undertake different programs for the economic prosperity of the rights holders.
- d) To raise cooperation and collaboration among other I/NGOs attaining the objectives of the organisation.
- e) To conduct activities related to the natural resources management, ecosystem and lifecycle.
- f) To conduct WASH program for the better quality and healthy life.
- g) Conducting programs on disaster risk reduction (DRR) by accepting standard principles.
- h) To conduct different programs for the rescue, rehabilitation and social reintegration of people affected of human trafficking, GBV and slavery.
- i) To conduct different programs of infrastructure building for the community development.

Working Area :

The major working area of GMSP is Sindhupalchowk District. But the organization would also collaborate with other relevant networks at national and international level to achieve its aims and objectives.

Principles of the organisation:

GMSP is undertaking following general principles, to be applied to its organisational family members, staffs, volunteers, and community beneficiaries while providing any services:

- Organisation will deliver any services to the community beneficiaries with due respect.

- Organisation do not do any (Social, religious, gender, belief, physical/mental status, geographical location, caste or other) form of discrimination.
- Human rights protection of individuals will be basis of organisational policies and programs.
- Inclusion policy of state will be implemented for the participation and organisational development
- Programs and activities will be developed base on the mission and objectives of the organisation; and will be based on the women and children issues.
- Complains from the rights holders coming through the process will be heard.
- Except social entrepreneurship and sustainability of any action; organisation will not charge any money from the community its rights holders for the provided services.
- Organisation will not force community and or individuals to take/offer any services/ materials, and will not be provided any services against any existing laws.
- Every actions of the organisation will be applied transparency and accountability; in which good governance programme will be applied.
- To inform outcomes of the organisational to the communities and to get appropriate feedback on the actions; periodic social audit will be organised.
- Equalization of the opportunities will be applied while fulfilling human resource of the organisation.
- Principles of coordination and cooperation will be applied in the project area with local and other government agencies.

Strategies:

- Preparing needed organisational policies and establishing implementation system/s.
- Establishing efficient documentation system

- Maximum utilisation of ICT
- Systematic monitoring process
- Inclusive development principle will also be principle of the organisation
- Set up physical infrastructure of the organisation
- Mass media utilisation
- Study and research in the organisational issues
- Identification and utilisation of the sustainable funding sources
- Good governance policy of the organisation
- Relationship development, contact and coordination among stakeholders
- Expansion of working area
- Agro-based livelihood, ecosystem, and adaptation
- Campaign against violence, trafficking and slavery
- Child Rights and quality education
- Psychosocial help and continuation of rebuilding

S.N.	Name of the Project	Key Activities		Project Duration Status	Project Budget (NRS)	Supporting agencies	Covering VDC/ District
1	Integrated DRR and WASH Project in Sindhupalchok	<ul style="list-style-type: none"> • Formation, mobilization and capacity building of disaster risk reduction group based on the LDRMC guidelines • WASH awareness activities • Disaster preventive activities 		November 2016 - September 2018	2,45,86,368.	The Johanniter	Karthali, Marmiling, Ghumthang, Gati and Mangkha
2	Nepal Earthquake Recovery, Reconstruction and Resilience Program	<ul style="list-style-type: none"> • House construction • Psychosocial support 		July 2016-Oct 2017	6,01,03,774.	Lutheran World Federation	Baramchi and Seleng
3	Community Driven Public Infrastructure and Livelihood support	<ul style="list-style-type: none"> • Livelihood support • Community infrastructure building 		Up to Dec 31, 2016	1,20,32000.	People In Need	Baruwa and Selang
4	Communication and social mobilization for promoting recovery and resilience among earthquake affected communities.	<ul style="list-style-type: none"> • Youth mobilization • Protection • Awareness raising 		April 2016-Dec 2017	82,21,700.	UNICEF	Mankha, Phulping Danda, Tekanpur, Tauthali, Lisankhu, Gathi, Ghumthang

S.N.	Name of the Project	Key Activities		Project Duration Status	Project Budget (NRS)	Supporting agencies	Covering VDC/ District
5	Jivan Ko laagi Jibikoparjan Program	• Afro Forestry Nursery , Technical Vocational Skill training , Livestock Improvement, Microfinance support to woman groups and Protection		15 Nov 2015- 31 July 2017	48,99,830.	World Education	Dhulodhading, Thumpakhar, Mankha, Atarpu, Jethal, Pedku, Piskar
6	Bringing Back Regular Life	• Psycho social Activities • Livelihood activities. • Child and women friendly activities.		Oct 2015 to December 2016	49,156,882	The Johanniter	Pekku, Marmiing, Karthali
7	Prevention of the trafficking and commercial sexual exploitation of the children in Nepal (The part of prevention)	• Formation of the vigilant committee. And Capacity building to them. • Revitalize the Village child protection committee (VCPC), Village coordination committee against Human trafficking (VCCHT). • Livelihood support to vulnerable family, Skill development to young people. • School item support to children.		Sep 2015- Aug 2017	44,63,000.	Geneva Global	Gati, Tatopani, Phulpingkatti, Listikot, Maneswara,
8	Feminist Participatory Action Research	• Research • Capacity building of the group • Evident bases advocacy.		Aug 1015- July 2016	7,98,000.	Asia Pacific Forum on Women Law and Development Forum	Chokati, Pangretar, Thulopakhar

S.N.	Name of the Project	Key Activities		Project Duration Status	Project Budget (NRS)	Supporting agencies	Covering VDC/ District
9	Research and training on anti-trafficking measures within relief /recovery efforts in Nepal	• Training , Scoping , Document Publication and Research		July 2015 - Dec 2015	9,90,000.	Freedom Fund	Pangretar, Thulopakhar, Tauthali, Dhuskun
10	Local Government and community Development program	• Mobilization of Ward Citizen Forum • Planning and monitoring the program of VDC. • Capacity building to WCF and DAG mapping		June 2015 July 2017	11,30,000	GON District Development committee	Thulopakhar, Sunkhani, Kalika, Thokarpa, Phulpingdada, Mankha, Pangretar, Thumpakhar Yamunadada, Ramche
11	Nepal Earthquake Response Program	• Livelihood , WASH, Counseling, Shelter and Health support of 4 VDC in Sindhupalchowk		2015 July 2016 April	4,22,00,000.	Lutheran World Federation (LWF)	Baramchi Selang, Gumba Golche
12	Rebuilding and Reconstruction of affect area of Nepal	• WASH, Shelter, Health education and livelihood support in 3 VDC of Sindhupalchowk		June 2015 Dec 2017	52,00,000.	Led by HURENDEC support There Des Home (TDH)	Dhuskun Thulopakhar, Pangretar
13	Emergency Response to Earthquake victims in Sindhupalchok	• Relief and recovery on WASH , Shelter Livelihood and Gender issue to the earthquake victims of 7 VDC of Sindhupalchok district .		1 May 2015 -31 March 2017	5,08,55,043.	OXFAM	Tatopani , Pangretar, Sunkhani , Kalika,Barabise Ramche,
14	Her safety Program	• Formation and Mobilization of safety committee in 10 VDCs of Sindhupalchowk. • Capacity building of safety committee and support 10 safety project.		June 2015 31 Dec 2015	33,55,000.	People In Need (PIN)	Chokati karthali, Ichok,kiul,Golche Gumba,Baramchi pangtang, Hagam Phulpingkot

S.N.	Name of the Project	Key Activities		Project Duration Status	Project Budget (NRS)	Supporting agencies	Covering VDC/ District
15	Education For Hope	• VCPC strengthen, school support, student support, prevention of early marriage, Temporary Learning Center (TLS) construction in 2 VDC of Sindhupalchok.		2013-till date	33,96,250.	Child Fund Japan	Dhuskun, Pangratar, Piskar
16	Poverty Alleviation through income generation and infrastructure development Program .	• Formation of community based organizations, run income generation activities at community level, resource mobilization in 3 VDC of Sindhupalchok.		2011 –till date	16,15,380.	Poverty Alleviation Fund, Nepal	Dhuskun, Piskar, Chokati, Marming
17	Prevention of Trafficking and Social Reintegration and Empower of the Survivors Program	• Formation and functioning of women groups' survivors group, intergroup and network, financial and counseling support to the survivors, advocacy and campaign for women rights.		2006 – till date	41,36,531.	Free the Slaves, USA	Golche Gumba Chokati, Ghorthli, Tatopani Marming
18	Rehabilitation and reintegration program	• Shelter for survivor, Education and legal support for survivor. • Counseling and health support for survivor. • Skill development and IG support for survivor		2009-2011 Past	31,40,000.	GooN ,MCSWM	Sindhupalchok
19	Improving Reproductive and Sexual health of Young People by increasing the age at Marriage in Nepal	• Formation of and functioning of youth groups. • Establishment of Youth Information Centers (YIC) and Youth Friend Health Service Centers (YFHS), counseling on reproductive health to youths via health service centers.		2009-2013 Past	3,10,00,000.	European Commission, MAMTA , SOLID Nepal	Mankha, Barabise, Maneware, Ramche, marming, Karthali, Chokati Dhuskun,

S.N.	Name of the Project	Key Activities		Project Duration Status	Project Budget (NRS)	Supporting agencies	Covering VDC/ District
		<ul style="list-style-type: none"> • Training and capacity building, youths, teachers. In 16 VDCs of Sindhupalchok. 					Piskar Tauthali, Tekanpur Jethal, Pedku Thulopakhar, Thumpakhar, Pangretar
20	Local Governance and Community Development Program	<ul style="list-style-type: none"> • Formation of ward citizen forum and mobilization, participation of disadvantaged group in governance process, demand/ development planning collection from the ward to the village council. 		2009-2013	32,00000.	Government of Nepal , District Development committee	Dhuskun, mankha Pangretar, Ramche, Thulopakhar, Thumpakhar
21	Enable Program	<ul style="list-style-type: none"> • Awareness raising on the issue of reproductive health in 5 VDC of Sindhupalchowk 		2011-2013	8,75000.	CREHPA	Marming , Thulopakhar, dhulodhading
22	Naya Bato Naya Paila Program	<ul style="list-style-type: none"> • Information sharing on 19 Resource Centers in the district. • Business class for 2000 people. • Microfinance program for 450 families. • VCPC formation and training, • IG support, coaching class and prevocational classes conduction, training and interaction in Sindhupalchok district. 		2010-2013	1,15,00000	World Education	Chokati, Dhuskun, Marming, Pangretar, Mankha

S.N.	Name of the Project	Key Activities		Project Duration Status	Project Budget (NRS)	Supporting agencies	Covering VDC/ District
23	We can Campaign	<ul style="list-style-type: none"> Raising awareness in the areas of gender inequality and violence against women, identification and development of change makers, capacity building, networking and coordination, advocacy campaign. 		2005-2011	75,00,000.	OXFAM	Kavre, Dolakha Ramechhap Sindhupalchok district
24	People's Participation in CA making process	<ul style="list-style-type: none"> Civic education, networking, Identification of women's issues- including Reproductive health, Rights of People Living with HIV etc. 		2007-2010	18,00,000.	CIDA/CCO	Kavre, Dolakha Ramechhap, Sindhupalchok
25	Safe Foreign Employment Program	<ul style="list-style-type: none"> Social Mobilization with Women's Group formation, Capacity building for safe foreign employment, HIV/ AIDS and STI prevention and awareness program, counseling for legal procedures for survivors, counseling with women/spouses for condom negotiation and VCT 		2007-2008	10,00000.	Global Fund for Women	Marming Golchhe, Thumpakhar, Thulopakhar,
26	Sustainable Soil management program	<ul style="list-style-type: none"> Organic Matter management, Training to Leader farmer. Formation of Farmers group Farmer Led experiment 		2006-2009	59,60,000.	HELVITAS	Dhuskun, Pangratar Thulopakhar
27	Community support and rehabilitation program	<ul style="list-style-type: none"> Formation of Peace group. Support to Internal Displace Family 		2004-2006	26,25,000.	CIDA/CCO	Sindhupalchok
28	Women in politics for prevention of the trafficking	<ul style="list-style-type: none"> Formation of women's group. Conceptual clarity on right and awareness raising 		1997-2004	41,97,000.	OXFAM	Sindhupalchok

1.2 Bringing back regular life: A project for psychosocial support and safe space for earthquake affected women and children in Karthali, Marming and Petku VDC of Sindhupalchok (BBRL Project)

Introduction/Background:

The devastating earthquakes which hit Nepal between 25th April and 12th May are estimated by Nepal's Ministry of Home Affairs to have directly affected nine million people, a third of the population, and have destroyed over 750,000 houses while damaging some 2.6 million dwellings in all. 8896 people are known to have died, and 22302 (*Nepal Disaster Report 2015*) were injured.

Among the 14 earthquake affected districts, the largest devastation happened in Sindhupalchok district. In Sindhupalchok alone, 3570 people died and around 90000 thousand houses (99.7% of total houses) damaged and many villages are inhabitable. The affected communities have been damaged beyond repair, government structures such as schools health post were destroyed, livelihoods have been lost and food security was a growing problem. This loss has the direct impact to the psychology to create the psychosocial problem of the community people.

Considering this context, GMSP implemented BBRL Project in partnership with The Johanniter from 1st October 2015 to 31st December 2016 in 3 VDCs of Sindhupalchok namely Karthali, Marming and Petku. The total population of the program area comprises 12329 (6225 female and 6204 male) and 3064 households. The main objective of the project is to contribute to improve psychosocial wellbeing and coping mechanism among earthquake affected population.

Various activities such as construction of Female Friendly Space, child friendly Space, Livelihood support, Radio program, psychosocial camps, awareness programs, street theatre were carried out to meet the objective.

Situation of the community before project implementation

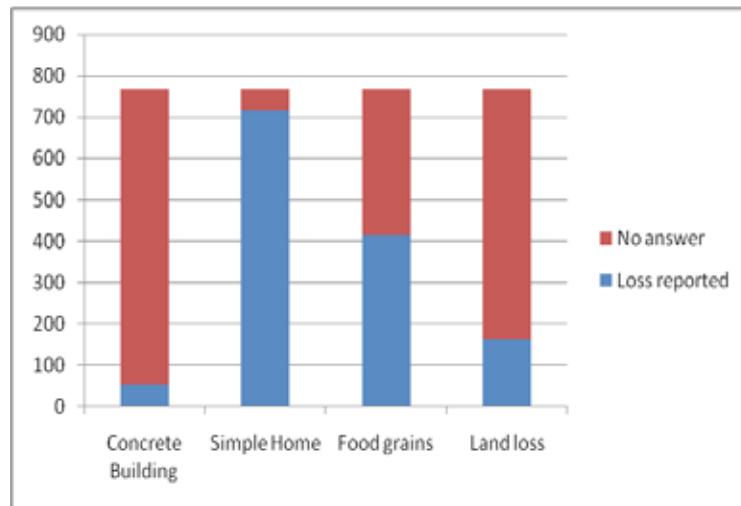
GMSP conducted base line survey before the implementation of the BBRL project to know the real scenario of the community. The major findings of the baseline survey are as follows:

2.1 Losses in disaster

As GMSP is aware of the losses due to the disaster in overall picture; from BBRL baseline study GMSP wanted to see impact of losses in economic opportunities and psychosocial perspective. Here first we were focused with physical injuries, mental injuries, death of family member/s to map trauma of a family in terms of difficult loss. Second part of this was about the losses of livestock and third was building, land, food and grains and any income sources.

Out of 769 HH taken for baseline study, only 31HH (not the total number of death) reported they had loss of family member due to disaster, which was 4% of the total sample size. There were 52HH (6.8%) reported physical illness and 65HH (8.5%) answered as they had mental illness in family. The number of mental illness was greater than physical illness which was an important information regarding project priority and its' core focus in psychosocial issues. Here, only 32HH (4.2%) reported Injuries and that was less than physical and mental illness.

Figure 1 Household destroyed by earthquake



There had been bigger loss reported by 93.4 % (718HH) lost their home, and some of the HH had their concrete building as well and 53 concrete buildings (6.9%) were reported vanished. In total 53.8 % (414HH) lost their stock food items and grains due to the disaster. There were 163HH (21.2%) reported, they lost their land. Land loss was based on the answer from each respondent that their land was no more usable as before.

Number of HH : livestock loss

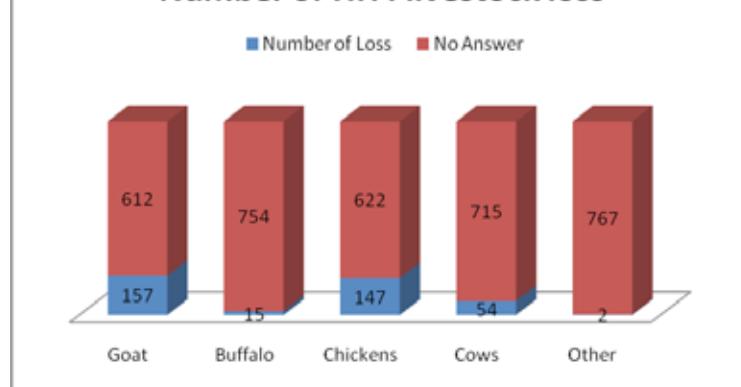


Figure 2 Livestock loss by earthquake

Out of 769HH only 11HH (1.4%) were mentioned lost of their source of income (in amount). This was indicating people were hesitant to tell figures; especially when they were thinking of possible help from NGOs in coming future.

From the all VDCs' responses there were total 157HH (20%) reported lost of their goats and 147HH (19%), their chickens during the disaster. Total number of goat lost was 550 in 3 VDCs and total 1134 chickens lost. There was at least 1 goat lost by 40HH and 25 goats of maximum of one HH were mentioned. Similarly, at least 1 chicken lost by 11HH, and maximum of 50 chickens (1HH). In this case there were 11 families who lost their 10chicken each; that was the highest figure in total. These figures were strong evidence of the loss of side income of each household due to disaster. Cows and buffalos are the source of rich-protein milk and income for many families; due to the disaster many families lost their domestic animals. Total 54 families reported loss of their cows and minimum 11 HH lost at least 1 cow and maximum of 7 cows by 2HH, here the total loss of cows were 96. There were in total 26 buffalo killed by the disaster, and at least 1 buffalo lost by 9HH, where one HH had lost their 7 buffalo. By this figures we could tell goat-keeping, poultry (small scale- free range) and cows are popular among most of the HH in these 3 VDCs.

2.2 Change trend in income pattern/occupation

Source of Income	Business	public service	Foreign emp.	Farming	Other
Number	62	52	139	685	306
Percent	8.1%	6.8%	18.1%	89.1%	39.8%

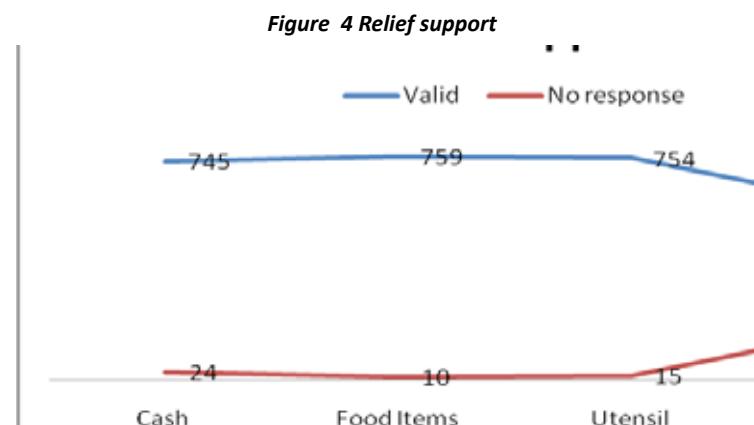
To make clearer project target of the income generation support it was necessary to see the trend of change in occupation and or the change in the pattern of income by the HH. Out of 769 HH, 62 did not give any answer on their change or continuation of the work after the disaster. In this case 87.4% of the total HH was in same occupation and or of their source of income before the disaster. This number in comparison to the total valid answer was 95%. Only 35 HH had changed their

occupation after the disaster; this case was strongly suggesting that further input to the needy family needed to be focused with farm/agriculture as their long run source of income. In total 8% (62HH) did not answered this question.

2.3 Relief

Relief action just after the disaster and continuity for the months had been a real support to the people, there had been many news coverage with critic of the collection, delivery, distribution and many other issues regarding relief action. Relief action of the most of the organisations were based on the organizational policies to make clearer 'gate-keeping' for the best distribution of limited resources, in many case it might had some weaknesses to reach to real need. In this base line one example of 'rice of relief' as food stock had a significant number and amount; with the time frame that baseline was being going through.

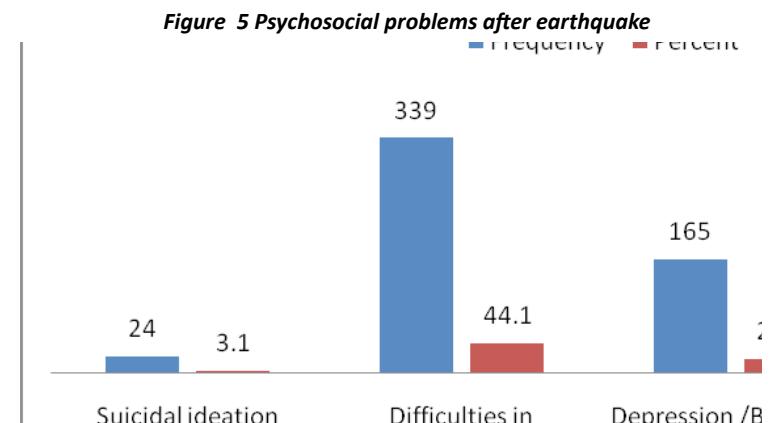
2.4 Analysis of relief to each family



In total 759 (98.7%) families received one category (Food item) of support as maximum answered, only few HH (10) were missing out from getting this, which was 1.3%. Similarly, cash support, utensils and construction material support were also wider by reach. Here 96.9% of HH (745) reported they received cash support from government as relief (15000NPR) as first

installment. In this case very few cases reported additional amount on the top of this. Out of total, 754HH (98%) reported they received utensils as relief support. This reach was very deep and seemed people might not be out from radar of support mechanism. From all VDCs total 597HH (76.6%) had answered they received construction materials as relief support. Very interestingly one household had responded as "No card-no relief" in the any other option. Total 544 HH reported that they received hygiene kit (some mentioned sanitary items) and there were few responses mentioned about galvanized sheet and tarpaulin.

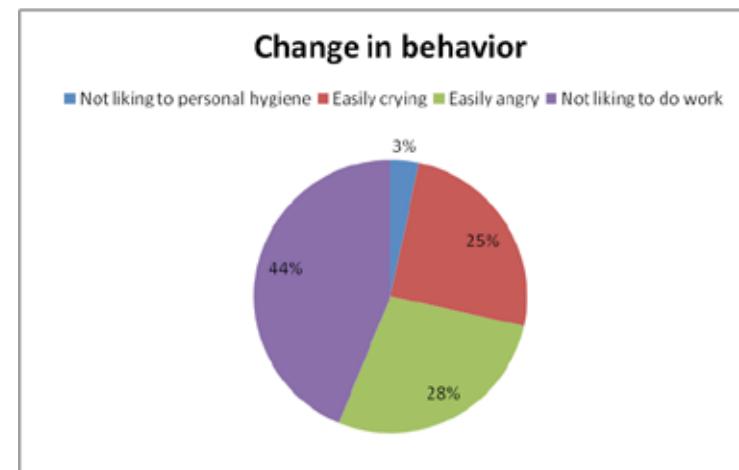
2.5 Psychological challenges (Changes in behaviors of family members/children)



There were quite a big number of responses came through the data opposite of our expectation that people might not talk about the mental health conditions, and or psychosocial aspect of the life. There were only 180 HH which was 23.4% in total did not answered this question about the behavior change after disaster. Options were given as suicidal ideation, difficulties in concentration / headache, Depression /Body pain, and Hearing voices/Talking alone. There were 24HH (3.1%) responses that had answered as they had feeling of suicidal ideation, and did not want to live alive. This was a significant number of populations at large to be addressed properly and dealt with appropriate

intervention of psychological treatment. The largest number of the responses was- difficulties in the concentration/ headache which was 339HH (44.1%) responded on it. As a result of the post traumatic disorder /stress (PTD/S) first stage of the psychological changes. Any prolonging in support provisions from the agencies could have added more pressure and this could have lead towards another stage. Depression was the second largest answer which was 165HH (21.5%), this was significantly high number. Another serious symptoms of the changes in mental states of the family members which was hearing voices and talking alone, it was mentioned by the 61H(7.9%) of the population. This was quite demanding and serious need regarding psychosocial challenges after the disaster that 76.59% had reported at least one symptom and or at one stage of mental states changes. Almost 52% of the population was in the stage of PTDS, where people need therapeutic input including counseling, and other approaches to bring them back to the normal life. On the similar question regarding change in children in families answer was quite interestingly indicative. Out of total there were 349 responses recorded on that question; about changes in child behavior after earthquake, the answer patterns were as follows: Anger/aggression, staring, shouting during the sleep, not going to the school and any other. There were 90 cases regarding answer one (anger/aggression), which was 11.7% of total. It was quite a big number. The largest answer was o the answer two (Staring); there were 100HH response recorded on its; which was 13% of the total. In total 27 responses answered that they had symptoms other ten that were given in the option. The largest mentioned other form of symptoms of possible mental health challenges were: people were worried about their future, they still fear about possible other disaster(earthquake) and they had fear, tension and were feeling insecure from many prospective. There were other typical problems they were facing and they believed that it might be mental health challenges. Some people mentioned about the nightmare, and mostly people were not fresh to continue their work as it used to be before disaster. When there was other problems

Figure 6 Change in Behavior



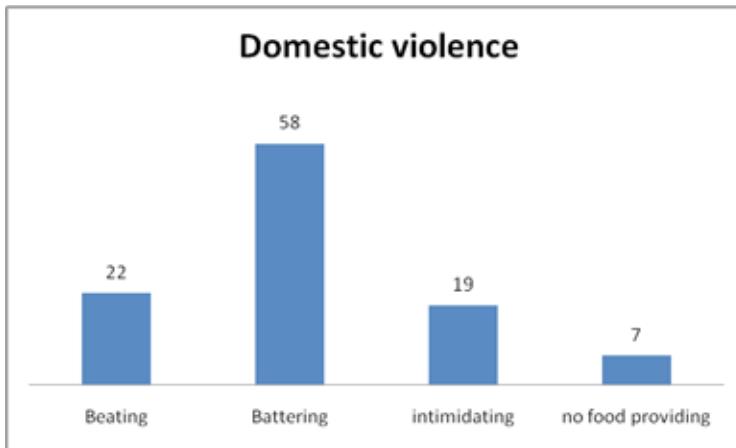
mentioned on the responses of children's behavior changes; they mentioned about headache, school dropout, fear to go to school, talking during the sleep were mostly mentioned.

In overall scenario adult population reported changed behavior after the disaster; the highest was people were not in real mood of work which was 44% responses. After that people were being easily angry; which was reported 28%. There were 25% of total answers as easily crying, and 3% did not like to do personal hygiene and cleanliness.

2.6 Knowledge and Awareness on Psychological challenges and Gender Based Violence

Only 13% of the population answered as they were aware of the psychosocial support available. There in the baseline we had also asked question about psychosomatic symptoms of the family members if any; as a result of the added psychological problems (PTD/S). There were total 106 responses on this and rest of other (663HH) did not answered. Answers options for this question was simplified as these major three category not taking food, not going to work, feeling bored and anger, and if any other symptoms they had. This question was poorly answered 13.3% total, where there was no reason to have such response (could be something from enumerators). As we had

Figure 7 Incident of the domestic violence



76.59% response in the question related to behavioral change; as at least one symptom and or at one stage of mental states changes.

There question about domestic violence encountered (Known about); was answered (Possibly coincidently) equal number as the psychosomatic (Q36); There were multi dimensional relationship between gender based violence and psychosocial problems. Here we had no such hard data to analyze the GBV as such to give multi dimensional information. However, information we had was telling regular stories related to the domestic violence, such as beating, battering, intimidating and exclusion from food. Out of total responses 28HH (2.9%) had experience of violence in the form of beating. Largest response 58HH (7.5%) replied as they had experienced battering as form of violence. There some 19HH (2.5%) responses had mentioned about intimidating. There were 7 responses on the food exclusion in total.

Major Changes After the Project Progress in The Community

3.1 Psychosocial

The community has become more aware regarding psychosocial issues and problems. The stigma regarding mental health has been changed as people have become more open to such issues. They have started talking in mass openly about psychosocial problems and developed a positive attitude towards such cases. This has been realized by them due to participation in group counseling, psychosocial camp, and street-drama and FFS activities. Community people in regular touch with BBRL activities have experienced a sense of psychosocial relief, hope, optimism, resilience, self-efficacy and subjective wellbeing.

Along with the recreational activities individual and group counseling was also held in the community people. In this regard, group counseling has been conducted to 5406 beneficiaries and individual to 332 beneficiaries. The following diagram depicts the detail of the group and individual counseling conducted in the community.

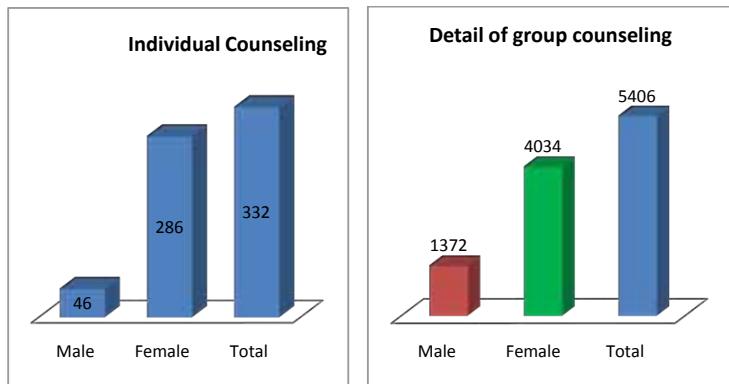


Figure 8 Total Counseling Records

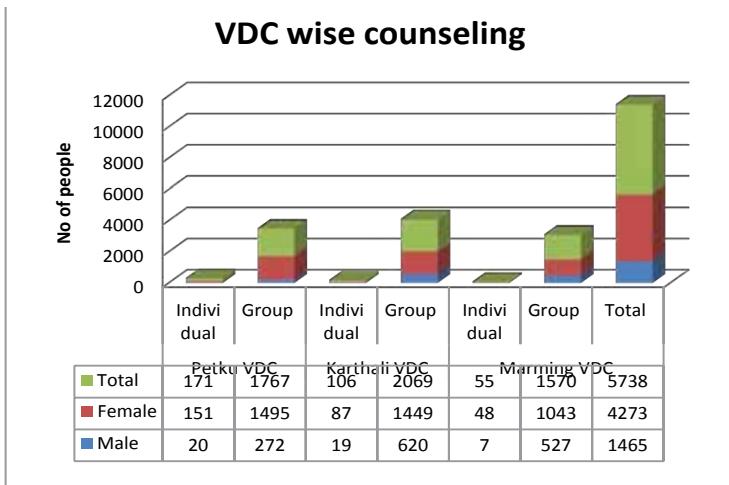


Figure 9 VDC wise counseling



Group Counseling



Group Counseling

3.2 Livelihood

939 beneficiaries (246 from Petku, 380 from Karthali & 313 from Marming) in total from 3 VDC got Rs 20,000/- cash each as livelihood support to restart their source of livelihood according to the business plan format they filled. As livelihood has great impact on socioeconomic condition; it is one of the major factors to improve quality of life and psychosocial wellbeing. Livelihood support was provided to single women, people with disability, person with very low economic status, small business holders who lost their business in earthquake etc. The support was provided to the women of a particular family member basis on the criteria set by GMSP and approval made by community and VDC. Moreover the support was provided through local cooperative and bank. Such support has

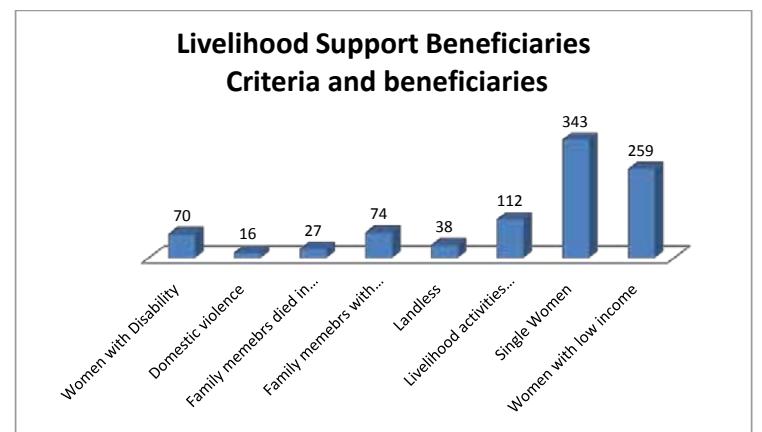


Figure 10 Livelihood support based on the criteria

helped people to become hopeful and expand their business for running their livelihood. It also has contributed to raise the morale and foster psychosocial wellbeing of the beneficiaries due to involvement in their respective business, sharing in "livelihood beneficiaries" meetings and making savings.



Water mill in Marming



Tailoring in Karthlai



Shop operation with livelihood support



Goat farming with livelihood support



Kiwi farming with livelihood support



Bamboo crafting with livelihood support

2.3 Children's behaviors

Children after earthquake were specially traumatized and were reluctant to go to school due to lacking of safe space and supportive environment. The construction and operation of CFS has motivated students to come to school regularly as they got safe and child friendly environment. This became a place for children to play and learn in peer group. They also got involved in various creative activities such as painting, dancing, singing, story-telling, and writing along with other group works which helped them to express their emotions and reduce the trauma. They are found more active and refreshing due to CFS which has assured parents about their healthy development.



Children in CFS



Children work in CFS



CFS has also contributed children in their education due to availability of various charts and learning materials which they find missing in their classrooms. They have also developed some healthy habits such as hand washing, use of toilets, cleaning their surrounding and helping each other which are taught in CFS by facilitators besides other creative works. Counseling in CFS by Counselors time and again and visit to psychosocial camp for referred cases has also helped them to

come out of their psychosocial problems. Children are found happier and tension free basically due to CFS activities.

Women's activities

Women's are always vulnerable in our society due to social roles and social norms-values. After devastating earthquake of April 25 and May 12; women were found to be more depressed comparatively and had no safe place for them to release their trauma. But the construction and operation of one Female Friendly Space (FFS) in each 3 VDCs under this project brought a great sense of relief to them. This became a hub place for women to ventilate their emotions and minimize trauma as they gathered time and again there and carried various activities such as painting, singing ,dancing, playing, sharing, group learning etc. Individual as well as group counseling carried out in FFS time to time along with other celebrations further motivated them to recover and empower to resolve various social problems faced by them in community. FFS united females and provided safe space to learn, grow and resolve various issues.



Female Friendly space and counseling



Research Conducted within the project

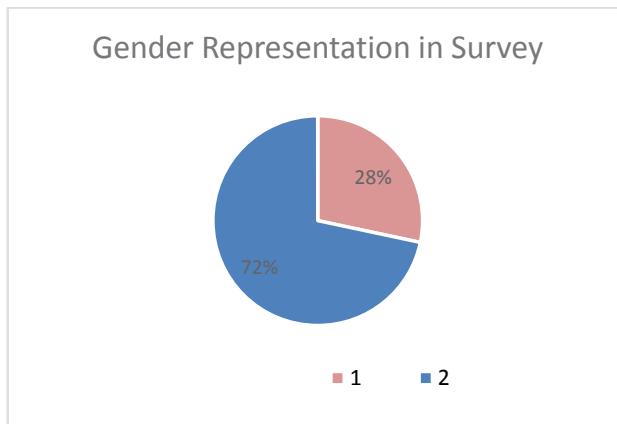
4.1 Trauma Research

Psychologist had conducted a research to analyze the trauma and its level among the community people of 3 VDCs.

Method:- To collect the data regarding trauma among communities of Petku,Karthali and Marming VDC : a questionnaire having two sets were designed; one set included 15 yes-no questions regarding traumatic events(TE) whereas the other set include 15 yes-no questions regarding traumatic symptoms(TS).Both sets were made for initial phase and termination phase of project. Then these questionnaires were asked to be filled or helped to fill by respondents after debriefing about this study and taking their consent along with ethical considerations. The data was collected on the basis of convenient probability sampling where sample size was 100 from each VDC . The total sample size taken for the study was 300 comprising people of 10years of age and above. To make the sample representative of whole VDC, the data from each ward was collected. The data gathered was a primary source as it was collected on first hand. The data collected was further analyzed by the help of Excel & SPSS software package. The following considerations are made for determining trauma risk level:-

Total no. of Traumatic Events/Symptoms given in questionnaire	No. of Traumatic Events/Symptoms experienced by individual	Considered Risk Level
15	0	No Risk Level
15	1-3	Low Risk Level
15	4-6	Moderate Risk Level

Figure 12 Participation of male and female in the research



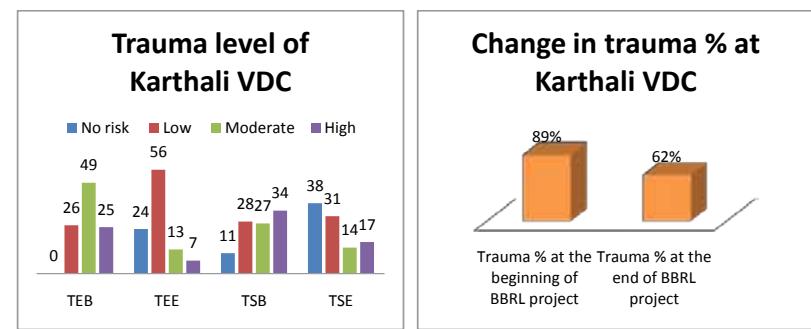
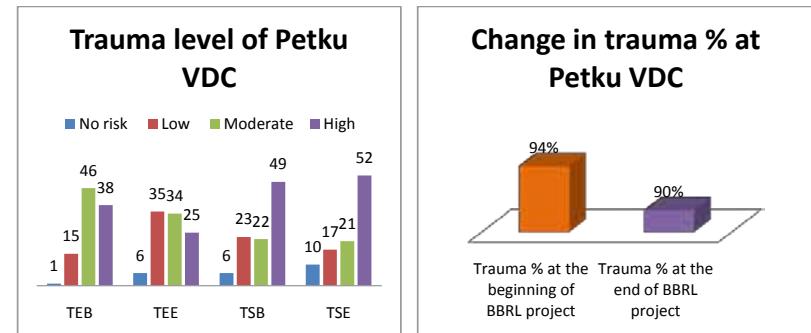
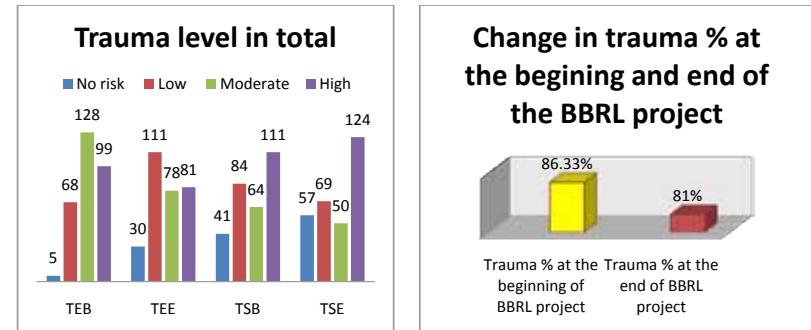
15	7 and above	High Risk Level
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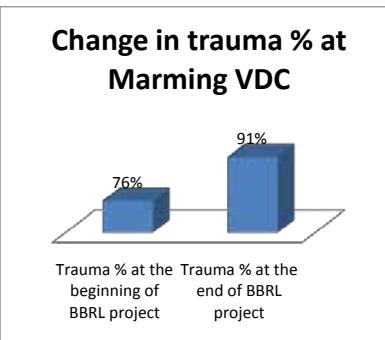
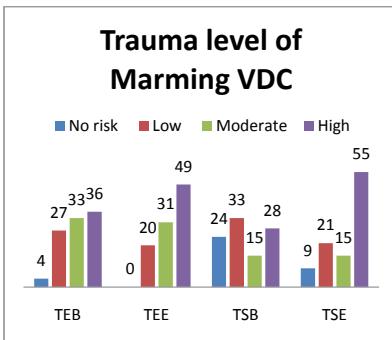
Limitations:- This research was conducted by the interest of Psychologist out of the log-frame of project which had no budget and time allocated for it. Due to this there were time and effort constraints as every staffs being busy with their own planned work.

Results:- Out of 300 persons selected for study from Petku, Karthali and Marming; the number of persons who experienced- Traumatic Events at the Beginning phase of the project(TEB), Traumatic Events at the End phase of the project(TEE), Traumatic Symptoms at the Beginning phase of the project(TSB) and Traumatic Symptoms at the End phase of the project(TSE) having No Risk Level, Low Risk

level, Moderate Risk Level and High Risk Level in combined form of 3 VDCs and isolated form of each VDC are as follows:-

3 VDCs Result				
	TEB	TEE	TSB	TSE
No risk	5	30	41	57
Low	68	111	84	69





Moderate	128	78	64	50
High	99	81	111	124

Conclusion & Discussion:-

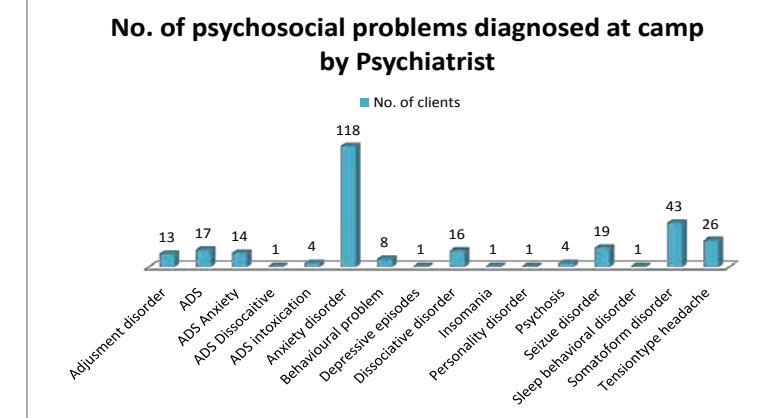
On the basis of results of the present screening research it can be said that the trauma level of community people of Petku, Karthali and Marming VDCs was found to be high at early phase of earthquake (111 persons were found to be at high risk level having traumatic symptoms on average from 3 VDCs out of 300 persons taken for study). But after one year of earthquake i.e nearly at the end of the BBRL project, the number of persons at high risk level having traumatic symptoms have increased (124 persons were found to be at high risk level having traumatic symptoms out of same 300 people taken for study). This discloses the fact that at the early period of earthquake though people had trauma it was in latent form that could not be realized due to various relief packages. People had feeling of collective losses and similar fate for all but with the time as everybody had to manage their own, it might have become more difficult to do so and the latent trauma got exposed. The beneficiaries of BBRL project who were in regular touch with the psychosocial interventions such as counseling, psychosocial camp, livelihood support, CFS/FFS activities etc have expressed a greater sense of psychosocial relief as the evidences from time to time feedback. But some people still could not remain in touch with BBRL activities on regular basis due to distant areas and various social issues. The sample for study was not taken from only BBRL beneficiaries but from overall general population of each wards of

3 VDCs. The psychosocial camp conducted once a month in each VDC has also revealed newer clients coming for services nearly at the end of project who were reluctant before. The research has been able to signify the need of psychosocial intervention for some more duration to address the trauma of overall community people of various age, caste, ethnicity, religion and socioeconomic status of Sindhupalchok (3 VDCs being sample) as it takes time to develop psychosocial wellbeing of people of such area which possess vulnerability to multiple hazards.

4.2 Psychosocial Camp

Altogether 16 camps were conducted by a psychosocial team which comprised of Psychiatrist (Dr. Basudev Karki of Patan Mental Hospital), Psychologist(Tilak Thapa of BBRL project), Counselors(Jayanti Nepal , Sunita Karki & Puspa Bhandari of BBRL project), Nurse(Pragyashree Dallakoti/Manish Pokhrel of GMSP's other projects) and Social Mobilizers(Sushila Lama,Rajini Timilsina & Manju Subedi of BBRL project). This was a screening research led by Psychiatrist which focused on prevalence of mental illness in 3 VDCs. The findings are based on records of each camp.

Method:- The records of clients in each camp was maintained along with copies of prescriptions. Finally, the clients having psychiatric conditions an only i.e real beneficiary for whom the camp was targeted was considered excluding all non-psychiatric cases (Physical illness). The following diagram



Focus Group Discussion

Focus Group Discussion was conducted in 3 working VDCs (Petku, Karthali & Marming) of BBRL project so as to know the overall impact of the project work. At the end of the project, 6 FGDs were conducted with 8-15 beneficiaries of the project at different places. This has helped to generate following facts and ideas (both strengths and weakness) on the basis of experiences of community people to whom the project was targeted. A questionnaire was developed having 13 questions regarding different aspects of BBRL project which were discussed and asked during FGD. Then responses were archived with photos and short videos as per the need.

The people are very clear about the selection of beneficiaries for livelihood. They say that at first, as per limited livelihood support budget; the criteria were set. According to the criteria, the real beneficiaries of livelihood support of Rs 20,000/- were single women, people with disability, and low status people of community and small business holder who lost livelihood activities in earthquake. The data regarding socioeconomic status were collected by home visit and then mass meeting at ward level and VDC level and selected the name of beneficiaries had nominated the names or beneficiaries. GMSP had simply facilitated the process but not selected any beneficiaries as the stakeholders were made responsible for the selection.

Immediately after earthquake though people had lost their livelihood, they were concerned with their basic needs only such as food, shelter, cloth, water etc. But slowly and gradually they made a minor effort to

restart livelihood source with little hope. This little hope transformed into great hope when BBRL project provided livelihood support to the neediest ones of community. This brought a sense of relief and helped to boost their hope and confidence to regain their livelihood source. Along with the livelihood activities and the confidence of women due to the support, women in the FGD said that their status and self esteem in the family has been increased as they have become a owner of their business. It has helped them to be healed from the psychosocial trauma. The beneficiaries gather in the consumer's group formed by GMSP and exchange their ideas, feelings etc. It has helped them psychologically by strengthening their social network and support. It had not only helped beneficiaries to release their trauma and pain but also helped to recover psychologically due to group encouragement and counseling. According to their saying they had grains for 3-6 months to feed them on average safely stored in the present tin cottage house.

Community people are now familiar with psychosocial problems as they realize that their psychosocial state has improved a lot now in comparison to the early earthquake phase. They assure that they were much traumatized in the beginning of earthquake. But due to the activities of BBRL project such as FFS/CFS operation, recreational activities on several occasions, group/individual counseling, psychosocial camp, livelihood activities and others, they were able to minimize their trauma level. They find their psychosocial wellbeing improving as they were in regular touch with BBRL activities. They are not sure about others who were not in regular touch of the project. All the psychosocial programs such as group/individual counseling by Counselors, psychosocial camp by psychosocial team and recreational activities of FFS are found fruitful as they have jointly been more effective for minimizing their psychosocial problems. As they were involved in art work, games, singing, dancing, sharing, story-telling and group discussions in FFS; gave an outlet to their emotions and made them feel better as they returned back to their homes. But still many females were found to be irregular to such FFS activities due to distant walk. Community people who were out of reach of BBRL activities might have worsen their psychosocial wellbeing as this was only the project focused to revive the psychosocial wellbeing of community after earthquake in these 3 VDCs.

Child Friendly Space (CFS) has energized children to come school as they find it full of refreshment and learning. FGD done in 3

VDCs have confirmed that the children have been benefitted in numerous ways by CFS. Children are found involved in games, art work, reading-writing, singing-dancing, story-telling etc which have contributed in their physical and mental development. They have developed school going habit, hygiene habit, learning habit and most importantly group work habit. They and their parents have experienced a sense of safety which they find missing even at their homes. They are found being more expressive and creative which can be verified by their works pasted on the walls of CFS.

The radio programs aired have no doubt brought synergy through multi folded issues covering all project activities to bring beneficiaries to normal life. According to the group discussion, the expansion of radio up to more beneficiaries and to FFS and CFS, would have supported achieving more impacts. Further monitoring of radio listener club's members to find frequency of listening radio and sharing habit would be highly fruitful to excel achieving goal.. As far as street drama is concerned they have found it very powerful to disseminate social message and worth entertaining. They shared that drama had made them aware about several social issues such as child marriage, alcoholism, gender discrimination, domestic violence, Hygiene-sanitation, foreign employment etc. It helped to experience the adverse impact of wrong practices existing in their society.

Psychosocial camp by team of experts –Psychiatrist, Psychologist, Counselor and Nurse was found to be very effective for providing specialized service to the needed clients for psychosocial recovery. Medication and psychological intervention had jointly helped to bring outstanding changes in case of mental disorders. Such changes in clients due to psychosocial camp had motivated their neighbors to come for camp services.

In overall FGDs conducted in 3 working VDCs of BBRL developed the insight on the need of psychosocial support at the time of disaster. The BBRL project had positive impact on the community but the continuation of such project was felt for some more duration to benefit overall community. It was felt to make people independent and active for sustainable benefits of such project right from the beginning so as to erase the feeling of dependency on others for their wellbeing and development.



Major lessons learned

- Psychosocial problem is an important issue. People think it a big problem until they don't have information on this. If the basic information is provided to them, along with counseling, people will be able to cope it.
- Gradual shift form livelihood beneficiaries to the entrepreneurship model are a key element of the financial well being of the livelihood supported people.
- Still the psychosocial problem is rampant in the community. Based on the research conducted by GMSP, 80% people are still in trauma. So the psychosocial support program is still needed and important in the community.
- For the proper implementation of the livelihood activities, collective investment in the entrepreneurship model is necessary.
- For the sustainability of the Female Friendly Space, women in the community area should be made proactive. Some part of the total budget allocated for the women by VDC should be used for the Female Friendly Space operation.
- Rather than theoretical awareness, the demonstrative awareness made to the community people such as street theatre, cultural performance will be more effective to understand the psychosocial issues and cope to the community people.
- Radio program is an effective tool to make the community people aware and to make the concerned stakeholders (government and non government bodies) responsible for the issues found in the community.
- The disaster has destroyed all the infrastructure of community including individuals. People need financial resource for the

reconstruction. 'Money' and 'employment' is in high value in this situation. Thus, people can be easily convinced of somebody offers them money and employment. Human trafficking agent can get benefit of this situation. so there is the possibility of human trafficking, child labor and slavery in the community area.

- Due to the vibration caused by the earthquake, the community area is still vulnerable. There is still risk of disaster in the community. So it is important to make community people aware on disaster risk reduction and disaster management. Likewise, as the community people are still living in temporary shelters, WASH awareness is also important to ensure healthy and hygienic life of the community people.
- As the communities are going to restructure the destroyed structure, it is important to make them aware on the gender friendly, child friendly and disable friendly structures.
- Along with the efforts made by the organization, government bodies should also be made responsible. Most importantly, government bodies should be made responsible for the psychosocial issues.

5. Conclusion

There is deeper relation between physical damages and mental damages of community people due to earthquakes. The BBRL project has helped people to recover from such damages especially from mental damages but still is insufficient to meet such loss of whole community due to limited time of project i.e one year. All the activities within BBRL project are found to be effective which are verified by the feedbacks of the community. But as all people could not be covered by programs due to resource, time and geographical constraints; there are many people who still need services of BBRL to bring them back completely in regular life. So, such psychosocial intervention is further needed in community as people are always at the risk of various forms of hazards in Sindhupalchok. They have so far experienced landslides and flood after devastating earthquake because of which trauma still exists among people. Thus, BBRL has proved to be successful project and has revealed further need of it at the community level for holistic psychosocial recovery.

Livelihood support created hope in Life

"In this world, there is no voice for me as I have not been able to listen any sound properly for ten years" says Dhoksi Thami (People of her village call her Moti Thami), 74 years, resident of Karthali -2, Sindhupalchok.

Like Moti, the god has become unfair to her husband and family. Chamar Thami (husband of Moti Thami, lost her slighthess in 2001 and in the same year, they lost their only one son, who had been working in Kathmandu in Motor garage.



They were the inhabitants of Chokati VDC, neighboring VDC of Karthali. Just after their marriage, they migrated to this place as they were not interested to live in the place.

Unlike Chokati, there were lots of loving hearts for them in newly migrated area. One of the villagers provided them land and other assisted them to build their house which was destroyed by the devastating earthquake by 2015.

The life has become more difficult for them. In one hand earthquake has looted their happiness and on the other, both of them were disable, again there were the supporting hands for them as a result, the villagers managed to feed them for one month and construct the temporary shelters also.

During the time of livelihood support, Moti was selected as beneficiary by the VDC. Moti says" the assistance provided by GMSP has become very much important for us. It is the first organization we have ever got support, beside the food and other



materials, the livelihood support provided by this organization has become very much supportive for us in order to revive our previous life"

Even the villagers support them to bring bamboo from the jungle. They not only conduct the bamboo craft from the granted money, they are also conducting goat rising activities which they believe will be beneficial for future also. Moreover, her husband added, " I can make 3 *Bhakaris*, in one day and each cost NRS 150, where he

has to invest only NRS 80, so 70 will be profit in each. From the remaining money, they have purchased goats also.

"We have been in this place for 40 years and we have not got any support. We are not even listed for the government supported program for earthquake relief. And the support is very much important for us. I hope to have better economic status in future by this project." Says Moti

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FFS Petku: a place for consensus

"I feel the drastic change in the behavior of the community people to me after being a facilitator of Female Friendly Space (FFS). " Says Purna Tamang, Facilitators of FFS.

Purnamaya had doubt in her mind when she was selected as facilitator by FFS management committee in Petku whether she will be able to work properly or not. In her initial days as a FFS facilitators, she was only concentrated on how to give entertainment to the community women so that they can be reduced from the trauma. Along with the entertainment, she also began to make the women aware on the issue of WASH, human trafficking



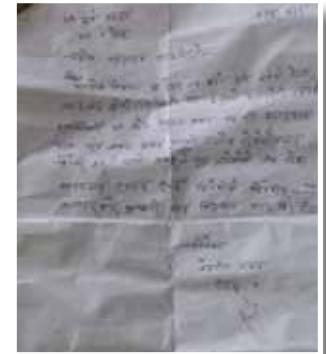
and gender based violence. Within the short span of time, she along with FFS of Petku become very much popular. She proved to herself as a good friend of all the women residing in Petku VDC.

"We had lots of fun and entertainment in FFS, but when the facilitator began to make us aware on the issue of gender based violence, WASH and human trafficking, we began to discuss about this issue among the women participated there. In this process, many women began to tell the sufferings they have been facing in their house by the male members of family and society. And we began to discuss about this. " Says Chandra Kumari Tamang, chairperson of FFS.

Not only counseling, FFS of Petku has become a place to discuss the social issues, and miseries of women of Petku, it has become an institution where women can report the cases they have been suffering from. It has become a place to discuss the cases related to gender based violence . if a women on VDC suffers from gender based violence and other social issues, they use to report it in FFS (facilitator). Along with the counseling, FFS facilitatos has now begun to discuss such cases among women gathered in FFS. Not only this, if the case is critical she uses to make a meeting of the VDC level stakeholders and other key person and have discuss on it. In such conditions some minor cases such as rebuke, quarrels has been resolved in the FFS in the presence of both parties.

"The construction of FFS and its overall management of women itself is the symbol of women empowerment in Petku. Now we can resolve ourselves the minor cases related to women. If the case is critical, I use to call VDC representatives, political parties leaders, and other stakeholders. Luckily, such cases that requires police has not been reported yet." Adds Purna Maya.

The regular involvement with women has increased self confidence of the facilitator. She adds" the regular involvement with women has increased my credibility in the community. In the beginning, the



community people used to behave me commonly. As I have more and more interaction with the women and tried to find out problem they have, the behavior of the community people have been changed. Now they have begun to ask me about the cases. During this period, I have resolved 8 cases. For the complicated cases only, I call VDC level stakeholders."

There also exists the dispute resolution committee. If this committee has to resolve the cases within VDC also, they also chose FFS as venue, where Purnamaya facilitates.

So the FFS of Petku has not only has therapeutic importance in the community, it also has become a place to make consensus of two disagreed parties.

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Gradual recovery with psychosocial support camp

Psychosocial Support Camp of "Bringing Back To Regular Life" project is the program to provide special support & treatment to the mental clients of our working VDCs-Karthali, Petku & Marming by a psychosocial support team that comprises of Psychiatrist, Psychologist, Counselor, Nurse, Health Worker and Social Mobilizer along with local authority. This program is conducted twice a month generally by a group of specialist in the accessible place of community. It is conducted in a systematic rotation fashion turn by turn in these 3V.D.Cs.

The main objective to conduct psychosocial support camp twice a month is to screen out mental clients in post disaster phase and to provide respective psychosocial services- psychiatric consultation, psychological intervention, counseling and referral for further treatment in critical cases. The regular conduction of such camp will also raise public awareness regarding mental health and help to remove misconception and stigma because of dealing by experts.

The clients for psychosocial support camp service are selected on the basis of previous information collected and recommended by counselor. The clients get progressive psychiatric consultation, psychological intervention, counseling and social support by

psychosocial support team. Time and again conduction of such program with regular monitoring by this team help to know the client progress. It's a complete psychosocial service for community clients.

7th psychosocial support camp was conducted successfully recently at Karthali despite of risky journey. Landslides and road destruction due to heavy rainfall has hindered the smooth functioning of camp. But still as the possibility is noticed; we are trying our best to conduct the psychosocial support camp to give regularity and provide services to our clients so as to help them to come out of their psychosocial problems.

Now as in each V.D.C; the camp is being repeated; our main intention is to follow up our previous clients for their successfully recovery. In this recent 7th camp held at Karthali; Out of 11 follow up cases; 9 of them came for psychological intervention where 5 cases were found to have improvements. The cases in brief are as follows:-

- 1) Nirmaya Tamang (name changed):-** A girl of 12 years from Dhurumthali(Karthali-1) was diagnosed to have dissociative disorder by Psychiatrist and prescribed- Tafel 0.25mg & Triplin 10 mg tab. She also had psychological intervention(Talk therapy) on her 1st visit. In her 2nd visit at this camp she was found to be very refreshing & sharing. She shared that she has not fainted anymore and problem that she complained previously have lessen drastically. She has started going to her school and continue her normal activities. She is told to continue Triplin 25 mg tab and come for regular follow up in our camp.
- 2) Nabin Tamang (name changed):-** A little boy of 4 years of age from Maajhakharka (Karthali-1) was brought to our psychosocial support camp by his parents on 11th June for the 1st time where he was diagnosed by our Psychiatrist to have seizure disorder. He was given psychotropic medicine by Dr. and had consultation with Psychologist for further exploration on the issue on the same day. On 2nd visit at this camp; his parents told that after taking medicines from our camp, a boy who had 5-7 times seizure in a week had no seizure but as medicine was over it started again. They assured that till medicine was taken the problem was controlled and case had improvements. He was

given Pheno 60mg tab and was told to continue and have follow up in camp by Psychiatrist.

- 3) **Pemba Dolma Sherpa(name changed):-** This case is of dissociative disorder as diagnosed by psychiatrist in the camp when came for the 1st time. She is a girl from Dhurumthali(Karthali-1) who is of 11 years. On her 2nd visit to the camp as follow up case, her case was also found to have improved as told by her parents. But they too said that medicine had slight sight effect. She was given Triplin 10 mg by Psychiatrist this time. She spoke very frankly and was found to be cheerful telling that she has no such symptoms these days to Psychologist.
- 4) **Devaki Bhandari(name changed):-** In her 2nd visit to the camp at Karthali, she admitted that her problem is minimized. She is a lady from Karthali-6 who is left by her husband who lives with her mother. She was diagnosed to have personality disorder by Psychiatrist on her first consultation to our camp on 11th June at Karthali. She said that medicine prescribed and given at camp on her 1st visit caused nausea and headache. She shared that she had impulsive behavior which is controlled to greater extent these days. A talk therapy was used by Psychologist where she was observed to have calm behavior and insight regarding her problem. It was noticed that her case had improved than before after psychological intervention. She was asked to come to next camp again for follow up.
- 5) **Sanumaya B.K(name changed):-** A lady admitted that her problem was minimized and case was improving at her 2nd visit to our camp. She is from Karthali-6, 24 years of age diagnosed with dissociative disorder by Psychiatrist on her 1st visit to camp. She was prescribed cizodol 0.25mg on her 1st visit but with case improvement and further details now she is given klozep 0.25mg. A talk therapy was used on both visit by Psychologist. Both medication and therapy was found to be effective for her case as she shared her idea on therapy session on this camp.

These improved cases have verified that many such other psychosocial cases can have gradual recovery with psychosocial support camp if conducted systematically with such expert team on regular basis for reasonable period of time. The first thing is

that people at community level had no such services before and moreover the perception towards such issues were negative but with regular psychosocial awareness and intervention program; people are being more open and have started developing positive attitude towards mental problems. It is therefore necessary to continue such psychosocial camp for sustainable service and outstanding recovery from such problems so as to have good health because no health without mental health. And then wealth can be regenerated with sound mental health so that people can return back to their regular life with hope and resilience.

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Empowering Women Through Recreational Activities in Karthali

Karthali VDC is one of the remote VDC of Sindhupalchok comprising 1262 household and 4946 population. Like the other VDC of Sindhupalchok, this VDC was also severely affected by the earthquake resulted in the destruction of almost 99% household and 15 of human causalities.

Life was very much difficult in Karthali because of its landscape as the most of the land comprises the cliffs and mountain, which are cracked by the earthquake. The frequent aftershocks added the trauma and fear to the community people. The immense lost of the property and livelihood activities have rampantly spread trauma and psychosocial problem in the community people.



People were perplexed and did not have any idea to cope with this tragedy. The activities like involving in recreational activities, psychosocial counselling, discussion on the meeting and sharing of



each other's problem was totally closed during that time.

In such context GMSP implemented BBRL program and provide the psycho education to the community people. In this regard it made the community people aware about the psychosocial problems caused by the disaster the ways to stop this. Moreover, constructed 8 child friendly spaces and 1 female

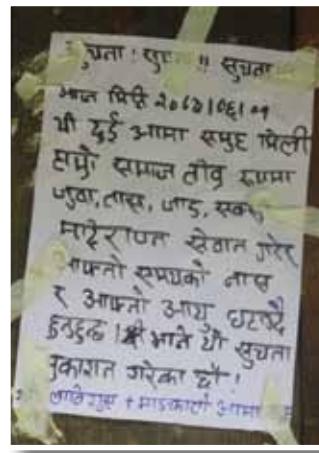
friendly space for the purpose of the counselling and making the people aware.

The female friendly space was very much effective to the community people. GMSP made women responsible for the construction of the space. According to the FFS management committee chairperson, Renu Bhandari, this is the first construction ever made in this VDC by the women and for the women.

FFS become a hub place for the women where they can assemble and share the experience that they have been going through. The various recreational activities such as art therapy, drawing and painting, singing and dancing, story telling, jokes cracking, yogas, massage therapies and psycho education provided by the counsellors and psychologist made the women stronger to cope the tragedy they have been facing through.

Besides the counselling, the women of the community were also made aware on the other issues such as human trafficking, gender based violence, unsafe foreign employment as the community is most vulnerable of it after the disaster. The counselling and the awareness were not only limited in CFS and FFS. It was conducted in the community level also.

After one year of the counselling and the recreational activities, the women of Karhtali are on the way to the normal life. They have begun to involve in the social works and engage themselves in the livelihood activities and also began the regular saving in the cooperatives. Even they have began to conduct the regular



meeting of their groups (livelihood supported) groups in the community. And exchange their feeling and pain.

The Teej Program, which was supported by GMSP-JUH and conducted by the women itself is an evidence to their attempt for the normalcy. Many women of Karthali participated at that time. " we have lost everything in the earthquake and simply become nostalgic to the loss in also not a solution . So we are trying to cope with this tragedy and make our life normal" says Sanumaya Bhandari. Likewise, The

songs they sang during this time itself depicts the optimism in their life such as:

We will do meeting in FFS

We will move forward for the country

We will endure rain and pain

And fight against the suppressor of women

Some clips of the another song presented by the women at the same program:

There is awareness program in door to door,

Women are feeling change

Most importantly, the women of Karthali have begun to take

initiation to improve their society and make the society evils free. They have realized that alcohol is the main cause of the women violence and barrier to the prosperity in their life. So, in the initiation of the women group of Karthali 5 and 6, they have begun a



community and even pasted the notice to the local shop for not selling alcohol in the community. " we have begun this campaign from our community and we have a plan to spread this campaign in all over the VDC". says Renu Bhandari, chairperson of FFS, Karthali.

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Empowering women through FFS in Marming



"This is the first construction made by the women of this VDC ever. Through facing many hurdles we succeeded the construction of FFS. This indicates that the women of Marming are empowering." Says Pasang Buti Tamang, chairperson of the Female Friendly Space Management Committee, Marming.

Marming VDC is one of the remotest VDCs of Sindhupalchok. Majority of the households are still depending on agriculture, despite of having less fertile land. So the majority

of the people are hitting hard with poverty . Beside the agriculture, some of the people found engaged in small trade in Nepal China boarder. This is stopped now as the boarder is sealed after the massive earthquake. Some have gone abroad for foreign employment., The majority of the people of this VDC are ethnic group. Not only Pasang, alcohol is the cultural practice for which is the main cause behind the gender based violence. Women are the main supporter of the agriculture and livestock farming as male members of the household go for the foreign employment though, some women have measured the way of foreign employment also.

The situation of majority of women like that of Pasang became more wretched after the earthquake. The earthquake destroyed their properties, hhsand livelihood activities. Pasang said that after earthquake we were facing various problem like we frightened with the terrific earthquake that may occur again, we lose our conscious, we felt back pain, headache, Amidst such struggling lives, we came

to know that GMSP is supporting us in our community in various issues. We get to know that FFS is being constructed at our place to help us gather in our leisure time to share our experience among women, learn from each-other, have fun and entertainment. I became happy to know this and went in the meeting of GMSP. During that meeting I know that the community women need to contribute for the construction of FFS.

The participatory process of making committee to contribute and look after the construction of FFS selected me as the Chairperson. While constructing the FFS , we learnt to be empower, and responsible. FFS is now being used for psychosocial counseling, entertaining ourselves. The materials placed at FFS like Television, Flex with learning Chart/map, I really thanks to GMSP and the donor who provided financial support to us for this support.

Recalling those days when women started contributing construction activities, she said " we have 9 membered management committee. We have started to discuss on the location to construct the space, and decided to built in front of VDC. As the ground was a bit sloppy , we started to make it plain ourselves."They even formed 9 member management committee for the construction. They decided to construct the FFS in front VDC office. But the ground was not plain. So, they began to make the ground plain.

As we started to dig the slope, the neighbor , one family member near the construction land claimed the land.

We stopped construction activities, and we were very upset as 70 women have already devoted their contribution making the land plain.

I have struggled hard I tried to convince the person who claimed the land but in vein. I also tried to lease a land for long term but we did not find a proper place." Then with the consultation of VDC, we called government Amin (the one who measures lands) from District. The amin measured and found that the land really belongs to the person who claimed it.Then all women went together to VDC and requested VDC secretary to manage the land, he then provide us the public land behind the VDC.

"Now we are happy to own the FFS where we can gather when we want. It is one of the safe place to share our feelings and emotions,



without hesitation," Said Palung. the women of Marming come and gather in FFS. "It has become a safe place for us where we can share our feelings and emotions without any hesitation. We have learnt many things from this" Says Chheju Tamang, resident of Marming -5.

Moreover our FFS is the symbol of unity and happiness. We dance here, share jokes, sing a song and also watch Television.

Besides, we learn how to write and read informally with the FFS facilitator and other women. Different games, like carom board, chess and Ludo are provided to us for playing. I found this tremendously good for us to be absorbed into the world of entertainment and scaled up our relaxation along with confidence.

She further uttered that Maitimaya, who hardly could write her name in Nepali, now learned to write her name both in Nepali and English .facilitator has taught the participants on how to write also. Along with the knowledge, awareness the women have began to write their name. Maitimaya Moreover adds, "Before coming to CFS, it was even difficult for me to write my name in Nepali language, now I can write my name even in English language" She even composed a song in FFS

Motimaya have also composed a song which has the essence of busy life The translated version of her song is as:

Lets farm sugarcanes, GMSP will provide us the mill support

Let's make Happy life in barren land in our Marming and,

Let's make in our Marming,

Hardwork lead us to good future of our children

A women if developed

Mental health- No more a matter of stigma

Mental health is a state where one can realize his or her capacity; cope with general stresses of life and work productively so as to contribute to a society. When one has mental problems; he/she is perceived differently and is stigmatized in a society. Because of this most of them having any sorts of mental problems right from mild to severe don't come to take mental health services and as well as not brought for treatment by families too. Mental problems are not taken like physical problems. There are so many mental health issues noticed in society but most of the people having such problems are suffering as it has become a matter of stigmatization which prevents them from treatment and recovery. It's a big challenge to mental health professionals.



After the devastating earthquake of April 25 & May 6; many people lost their loved ones, property and livelihood source. Among these earthquake hit areas Sindhupalchok is one of the most damaged district of Nepal. Because of massive destruction; most of the peoples have one or more psychosocial problems. This is natural at the time of crisis anywhere in the world. We have observed and screened out so many issues regarding mental health in 3 V.D.Cs –Karthali, Petku & Marming of Sindhupalchok through "Bringing Back To Regular Life" project. This project is completely a psychosocial project where people are supported psychosocially through Counseling, Treatment and Livelihood support along with basic needs in the initial phase.

Along with counseling in a community level on regular basis; psychosocial support camp is conducted generally twice a month where people get psychiatric consultation and medication, psychological intervention and general health services by a team of specialist which comprises of Psychiatrist, Psychologist, Counselors, Nurse, Local Health Worker, Radio Journalist and Social Mobilizer. As it was common to have psychosocial problems in such a crisis period; the uncommon thing was to be open up regarding such problems. So, on first stage baseline survey was carried out and observation was done in these 3 V.D.Cs. Then counselors and psychologist were involved in community field work so as to get close to

the people and understand such issues. Then psychosocial intervention was done on regular basis with psycho education, counseling, group involvement in recreational activities and radio awareness program. Besides this; operation of psychosocial support camp time to time could bring the change in people's perception, attitude and behaviors regarding mental health. Regular operation of female friendly space and child friendly space also has helped a lot to have psychosocial refreshment to males, females and children of almost all age groups where various entertaining materials and activities are used. With such regular effort at community level drastic transformation is noticed as more and more people are being opened up regarding their psychosocial problems. It's a surprise to psychologist that in such a short period of time people has become more conscious, aware and active regarding psychosocial problems. People have started accepting mental problems like any physical problems which can be treated and have recovery. Majority of people are found to have anxiety, adjustment, insomnia, somatoform, seizure, conversion and stress problems which are in progress with regular intervention. There is no more stigma problem in a community as people openly talk about such issues and come for psychosocial intervention. They have understood that mental health problems can occur to anyone but can be treated and recovered with timely consultation. This is how at community level bringing back to regular life is happening through mental health services and livelihood support with the assistance form "The Johanniter". It would be therefore reasonable to say "mental health-no more a matter of stigma".

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On the Brink

One and a half years after the devastating earthquakes destroyed their settlements and ravaged their lives, thousands of earthquake survivors in Sindhupalchok district, which is but a few miles from the country's capital, are precarious as ever. They have to bear with freezing cold at night, with dew dripping through the corrugated tin roofs they have built to protect themselves. They shiver from the cold for the whole night, go to till their land for the whole day, and return to same shoddy shelters to re-experience hell. For the earthquake victims of this district, it is the daily routine.

"My one year old daughter gets up in the morning with swollen eyes

due to extreme cold," says Buti Tamang, a resident of Marming VDC, one of the worst affected places in the district. "I have received Rs 50,000 for rebuilding from the government. But this is not enough to rebuild my house. I don't have any other income."

Tamang is only just one of the thousands of earthquake victims in the district who are putting up in makeshift tents and those who have stopped trusting the government to take care of them.

One and a half years after the earthquakes, reconstruction should ideally have been complete. But houses destroyed by earthquakes remain as they were back in 2015. The first tranche of the promised reconstruction funds have just been made available; the quake victims don't know when the second or third installments will come through.

The irony is they cannot rebuild houses on their own because they don't have enough money. But it could be years before they get the entire promised grant of Rs 300,000.

Even those who can afford to rebuild without the government grants are sitting idle. 'If donors are going to fund reconstruction, why should we spend our own money?' they ask. So the victims look back and curse their fate. "Only if the earthquakes had not come, our world would be a different place today," shares Buti Tamang.

As a development worker, I have witnessed many quake victims become afflicted with post traumatic stress disorder. They suffer from insomnia, hypertension, loss of appetite, depression and hopelessness. Many have taken to alcohol and tobacco; some have even attempted suicide. "It would have been better if I too had died along with my family. Life has become more difficult than death," one victim shared.

If they practiced yoga or meditation, it could perhaps help them come to terms with their painful past. But if they do so, who will take care of their livestock and family farms?

If they shared problems with each other, it could also help them cope. But who would the victims share their experiences with when all are battling with the same fate?

The sight of destroyed houses and small congested shelters brings to their mind memories of last year's enormous loss. Women have suffered the most. They are worried about their children. They are

worried about their husbands becoming alcoholic. They are worried that they will never be able to rebuild their houses.

Despite this, a faint ray of hope keeps them alive. The hope that government grants will come, sooner or later. But what will happen when this hope is extinguished?

The only way to keep this hope kindling is by expediting reconstruction and show that the state cares about them in this time of need.

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Livelihood Recovery



After the earthquake of April 25 and May 6; most of the people from earthquake hard hit areas have lost their source of livelihood. This has created a gloomy and frustrating scenario in many communities. Sindhupalchok, being one of the highly damaged district by recent earthquakes; many such examples can be observed. Many people have lost their source of livelihood along with their property and loved ones. This has made a challenging situation for community people to run their life and recover

back. Because of this, it was necessary for helping organizations to incorporate livelihood support program so that it can help people to run their life in such a period of crisis. As this scenario was realized by GMSP; "Bringing Back To Regular Life" project has a livelihood support program along with counseling and other basic support program. This livelihood support has motivated people to regain their livelihood source and run their life as like before.

Sanumaya Tamang: a women of 45years of age from Petku V.D.C, ward no-3, Sindhupalchok is the example of such beneficiaries of livelihood support program of BBRL project. She has only 3 members in her family- husband, son& own self. She used to run grocery shop in her community since 3 years but the devastating earthquake destroyed her

house as well as her shop. The goods worth of Rs 60,000/- of her grocery shop was buried in this earthquake. She had run this as it was difficult to bear the family expenses and the agricultural land was just enough to support for 3 months only. Because of such economic problem her husband had run the hotel in Kathmandu before and her only one son also had to leave for abroad to earn money after passing S.L.C. Though she had a desire to educate her son to college; he was compelled to discontinue his studies due to economic crisis of the family. But things didn't go well as her son could earn just Rs 16,000/- to Rs 20,000/- which was just enough to live for himself. Her husband also couldn't run the hotel properly in Kathmandu. And then she took a loan to run the grocery shop which also was finally destroyed by earthquake. This had disappointed her a lot as nothing was going in her favor one after the other. But as she was selected for the livelihood support; she had a last hope to overcome her economic burden. Finally, when she got Rs 20,000/- as a livelihood support, she gained a sense of relief.

Now, she has started her grocery shop again with a livelihood support amount hoping to expand it slowly and solve her economic problem. Her husband is also with her in the community and has started rearing goats for business purpose so as to support the earning of his family. Both of them are working together helping each other for smooth running of their family. When asked about them to community people, they say "Both husband and wife of this family are laborious and doing well." She express her thanks to GMSP and The Johanniter for such a significant support.

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Female leading in cardamom farming

Sita Devi Neupane, a resident of Karthali V.D.C has started a new farming. She is 48 years by age and has husband, son and daughter in law with a granddaughter of 3 years in her family. But only husband and wife stay in home. She has a farm in her village which is sufficient to feed her family for only 9 months. As it was difficult to manage the family expenses, her son had left for abroad employment. Because of shortage of manpower and small family; she started cardamom farming which she had done in her maternal home. She had just grown one cardamom plant which she had brought from her maternal home. As she found it grown well giving a good yield, she brought ten more cardamom seedlings



and planted them with intention to carry cardamom farming. Cardamom has a good market value –approximately Rs 3000/- per kilo and business person come to village to buy them so there is no problem to take to market for selling. Last year Sita Devi sold 8 kilos of cardamom made a good earning. She is probably the 1st lady in Budepa to do cardamom farming.

But due to earthquake, house was damaged as well livestock was also damaged which was one of the main source of earning.

She thought not to give any economic pressure to her son who had a struggling life in foreign employment. She was having a tough time due to devastating earthquake as she had lost her source of livelihood. But she got a sense of relief and energy in this time of crisis when she got selected as the livelihood support beneficiaries of BBRL project from Karthali V.D.C.. She became hopeful with the livelihood support cash of Rs 20,000/- and continued her cardamom farming by planting 700 such seedlings more from the cash received. During door to door livelihood follow -up, she shared with Livelihood Officer, this time due to high rainfall than last year it was delayed to harvest the crops due to which nearly 10 kilos of cardamom had decayed. She was drying the harvested cardamom in sun during the follow up visit at her home. She had expected to earn nearly only lakh this year by selling cardamom which she had grown in her 3 roppanis of land but unfortunately things didn't favor her.

She is still very hopeful to earn more in coming years as she could plant 700 additional seedlings with the livelihood support of BBRL project as well as luckily she also got the training of cardamom farming from ISARD which had made her technically more skilled in such farming. She had altogether made the investment of Rs 35,000 for additional 700 plantations which comprised seedlings cost, manpower cost and other cost. She is very hopeful to earn more as now she has done cardamom farming commercial with massive plantation and has developed skilled to look after it. Her hard work and earning has inspired other community members to go for cardamom farming as one can earn for 10 years from hard work of 1 year from the same crops. Now community has started doing such cardamom farming. Thus, female is leading in cardamom farming with the support of BBRL project funded by "The Johanniter".