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The Rural Health Development Project (RHDP)
Community Empowerment for Health

Sharing Experiences of Phase VI
(January 2006–July 2009)

Rural Health Development Project (RHDP)
ग्रामिण स्वास्थ्य विकास परियोजना
Government Of Nepal / Swiss Agency For Development And Cooperation

The Rural Health Development Project (RHDP)

The Rural Health Development Project (RHDP) empowers communities particularly women and people from disadvantaged groups to enhance their health status and improve their quality of life. It also works to build the capacity of the local health system. RHDP is a bilateral project of the Government of Nepal and the Swiss Agency for Development and Cooperation (SDC). The project began in Dolakha district in 1990 as the Primary Health Care, Mothers and Child Health and Family Planning Project, becoming the Rural Health Development Project in 1997. RHDP expanded its services to Ramechhap in 1996 and to Okhaldhunga in 2006. Phase VI ended in July 2009. RHDP has now entered Phase VII, and will continue in Dolakha until 2011 and until 2013 in Ramechhap and Okhaldhunga.

In line with the Government of Nepal's National Health Policy (1991) and Second Long-Term Health Plan (SLTHP, 1997–2017), RHDP's focus has shifted from a broad range of health issues towards a greater emphasis on Safe Motherhood. RHDP's work supports the Government's efforts towards better reproductive health. Phase VI's themes targeted:

- Safe Motherhood: reducing maternal mortality and poor health
- Adolescents' Sexual and Reproductive Health: breaking the taboo on talking about HIV and AIDS amongst young people to raise awareness and promote positive behaviour
- Governance: strengthening the capacity of local Health Facility Operation and Management Committees (HFOMCs), encouraging public auditing for transparent use of funds and working with local bodies to increase accountability towards the local health system
- Uterine Prolapsed (when the female pelvic organs fall from their normal position, sometimes completely out of the body): through awareness raising for prevention and through treatment / surgery

Inclusion is a theme that cuts through each level of the project. RHDP is committed to ensure the inclusion of women and men, disadvantaged groups and the poor in project activities. It involves Mother's Groups, Mother's Group networks, HFOMCs along with health promoters such as Female Community Health Volunteers, teachers, health service providers and even traditional healers. RHDP develops the capacity of these various groups to achieve health improvements for their communities.

Diversity is another core principle of RHDP. Its team represents a wide range of ethnicities and communities, with both men and women equally represented. In 2008, RHDP even received SDC's award for 'best performance in managing diversity', recognizing its commitment to inclusivity and diversity.

At district level, Community Health Facilitators are the front line field staff, empowering communities towards a healthy future. The Project Support Unit and District Prject Offices work closely with their Government counterparts.

The RHDP Team

Safe Motherhood

Nepal has made considerable progress in Safe Motherhood towards achieving Millennium Development Goal. Nepal received the MDG Award in September 2010. Nepal was selected for the award from among 49 Least Developed Countries. The Maternal Mortality Ratio (MMR) in Nepal reduced from 415 deaths per 100,000 live births in the year 2001 to 229 deaths in the year 2009. However it has to be reduced by three quarters by 2015.

With still one of the highest maternal mortality rates in the world, Safe Motherhood is a Government priority in Nepal. One of the Government's initiatives to protect mothers' health was the Safe Motherhood Program, begun in 1997, aimed at reducing mothers' mortality in line with Millennium Development Goals. RHDP supports this through promoting Safe Motherhood in its project districts. Phase VI Safe Motherhood activities focused on empowering target communities to demand the right to Safe Motherhood while at the same time supporting the provision of services.

RHDP addresses three 'delays' which contribute to maternal mortality before or during childbirth. These delays are:

- Delay in the decision to seek care due to socio-cultural and cost factors
- Delay in arrival at health facility due to distance and lack of appropriate means of transportation
- Delay in the provision of adequate care due to lack of skilled providers and / or adequate resources

Addressing the Issues

Delay in the decision to seek care due to socio-cultural and cost factors

The first delay usually occurs at home when making the decision to choose professional support. To address this, RHDP conducted awareness raising activities through health promoters such as Female Community Health Volunteers, Mother's Groups members, traditional healers and teachers. Volunteers were trained and given Birth Preparedness Package toolkits to effectively communicate health messages to Mother's Group meetings and at the homes of expectant mothers. Husbands were included, too. Key messages of the package were passed on directly to the pregnant mother and her husband through couple trainings. Traditional Healers also received orientation on the importance of referring mothers to health facilities. There was also the added benefit of revitalizing the Mother's Groups, which are part of the national Female Community Health Volunteers program, by helping reform their committees and building their capacity to promote Safe Motherhood in an organized way.

Delay in arrival at an appropriate health facility due to distance and / or lack of skilled providers

Having made the choice to seek care, the expectant mother needs to get to professional support quickly and safely. RHDP introduced an emergency health fund in each project Village Development Committee to support this. With the support of different agencies and I/NGOs, the Government of Nepal (GoN) is supporting an Emergency Obstetric Care (EOC) Fund to overcome the barrier of timely arrival at health facilities. Mother's Groups were given stretchers to allow them to transport mothers-to-be. Likewise, GoN has also begun providing a limited number of stretchers to manage emergency transportation.

Mother's Group refresher training in Okhaldhunga

Delay in the provision of adequate care due to lack of skilled providers and / or adequate resources

The third delay can occur at the health facility itself, where having the right equipment and trained staff present are essential. To address this, RHDP provided equipment to the health facilities including outreach clinics as well as giving the necessary training to health workers.

Management capacity was also addressed. RHDP supported the reforming of HFOMCs. As a result, in Dolakha the Namdu and Fasku Health Posts run a 24-hour birthing center, as do those at Bamti, Khimti and Thosey in Ramechhap and at Pokali in Okhaldhunga.

"RHDP trained the Female Community Health Volunteers and Mother's Groups. This has empowered them on maternal and neo-natal health. They also supported us in establishing a separate Safe Motherhood room with examination screen, delivery bed and equipment, saving many rural women's lives."

Kamala Gurung, Maternal Child Health Worker, Dolakha

The Results

Results were positive. An RHDP regular monitoring survey of 345 mothers in the three districts showed that:

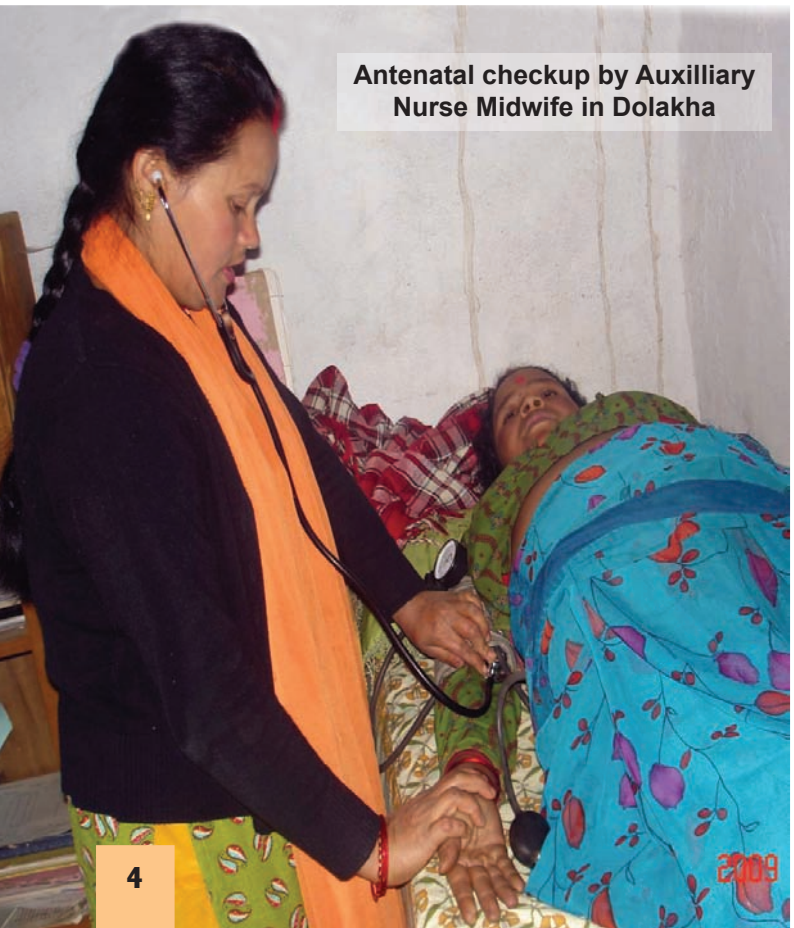
- Health worker supported delivery rose by 15% (against the baseline of 29% to 44%)
- Mothers completing four antenatal care visits increased by 40% (against the baseline of 25%) to 65%

"Earlier when anyone of us felt ill or had labor pain we used wicker basket or 'doli' for carrying patients, which used to take 1–2 hours just to get ready for taking to the health facility. Most of the time, patients lost their lives on the way. But now RHDP has provided stretcher in every ward, which has become most convenient in reaching the health facility in time".

Krishna Hari Shrestha, Teacher and Health Facility Operation and Management Committee member, Ramechhap

This demonstrates the active participation of communities themselves in promoting Safe Motherhood. Mother's Groups have begun discussing Safe Motherhood issues in their regular monthly meetings, bringing positive behavioral change. The groups have now emerged as a new social capital, lobbying for female health workers at health facilities and supporting pregnant mothers with innovative initiatives of their own such as Kosheli Bhet (see opposite) and a Safe Motherhood fund. Female Community Health Volunteers reach each pregnant mother's home and provide information, offer advice and help her prepare for delivery.

HFOMCs have shown their responsibility, too, by channeling Village Development Committees' budget towards health. This money is being used to establish birthing centers, to hire local health workers and also to mobilize emergency health funds.



Antenatal checkup by Auxilliary Nurse Midwife in Dolakha

Lessons Learned

Community commitment, ownership and involvement are valuable tools for long-term, sustainable change. Participation also empowers communities, leading to innovations such as Kosheli Bhet that might not have been achieved otherwise. RHDP also observed the positive attitude that can turn concepts learned through training and orientation into real results more mothers seeking support in giving birth. It was through the 'want to' and 'can do' attitude of the community and Health Workers that the Safe Motherhood indicators were so positive.

More Work to be Done

RHDP has contributed to reducing Nepal's maternal mortality ratio. However, there is still more to be done, especially when looking at how this positive trend will be maintained and how the gaps between different regions, castes and economic groups will be reduced. In the final phase of the program – Phase VII, running from 2009 to 2013 RHDP will be focusing even more on sustainability.

Kosheli Bhet for the Promotion of Safe Motherhood

Talking about safe motherhood is easy enough, but making it happen is another story. However, members of Sarashwoti Mother's Group in Okhaldhunga are about more than just words. As well as counseling expectant mothers, they will also dig deep into their pockets if financial support is needed.

As soon as they received training on the Birth Preparedness Package they were enthusiastic, active and creative. They soon came up with a great idea of if any mother gave birth, they would collect nutritious items like mustard oil, spices, ghee and chicken and bring them to her on behalf of the group. This act of support was called Kosheli Bhet ('Gift Visit').

However, there was one condition. The new mother would only get the gift if she had followed the advice in the Birth Preparedness Package, including four antenatal check-up visits and Safe Delivery with the support of a trained health worker. Dipa Sunuwar, the first mother to receive Kosheli Bhet, was delighted. "What a good practice you have started!" her family members told the Group. "How did you come up with such a marvelous idea?" Female Community Health Volunteer Bidhya explained, "if our tradition when someone dies is to show our condolence through Bheti (a donation), why can't we offer Kosheli Bhet to a mother and her new-born baby?"

Birth is now a social event. The community has become more aware of its responsibility to protect the lives of the new mother and her child. HFOMC member Chandra Kanta Sunuwar, describing his experience, said "since they started Kosheli Bhet, more mothers are getting antenatal check-ups and consulting with Health Workers for Safe Delivery".

Mother's Groups in other Village Development Committees in all project districts are now using Kosheli Bhet. With such innovative ideas coming from the communities themselves, fewer mothers will lose their lives needlessly.

Kosheli Bhet program in Okhaldhunga

Mother's Group Network members

A new mother receives Kosheli Bhet from a Female Community Health Volunteer

Adolescent Sexual and Reproductive Health

The welfare of adolescents and youths is a major concern for the Government, policy makers and the service providers. Nepal faces the growing HIV and AIDS risk for this vulnerable age group, but taboos make seeking advice difficult.

Combating HIV and AIDS is a Millennium Development Goal, and to protect the adolescents' sexual and reproductive health rights, the state has developed a number of policies. The National Adolescent Health Strategy of 2000 recommended:

- Developing school teachers' capacity to guide adolescents on their health and development
- Establishing counseling facilities within schools with privacy and confidentiality ensured
- Linking education with health service facilities

RHDP Experiences

To support these policies, during Phase VI the project helped the secondary schools in project areas through its Adolescent Sexual and Reproductive Health (ASRH) program by training health teachers and headmasters on ASRH issues. The project also supported the creation of Adolescents / Child Clubs, and these are now active in 51 schools (in Dolakha and Ramechhap) and in eight schools in Okhaldhunga. RHDP trained club members on Life Skills and ASRH to enable them to pass on health messages to their fellow students and their communities. Training included basic information on adolescence, Sexually Transmitted Infections (STIs), HIV and AIDS, substance abuse, girl trafficking and Life Skills. Teaching materials and first-aid kits were also given to the clubs.

Due to cultural sensitivity regarding sexual and reproductive health among adolescents, as well as the age group's general shyness in discussing intimate issues, RHDP, in collaboration with PHECT Nepal, introduced a peer education system so that the adolescents could discuss and share their issues in confidence. Adolescent counseling centers were also established to better deliver health services for teens.

RHDP also collaborated with other agencies to establish youth corners at health facilities. In these youth corners, adolescents were able to share information, discuss concerns and conduct sessions using health-related IEC materials with the support of health workers and peer educators.

One example of RHDP's innovative approach was when 40 students from Okhaldhunga were trained in how to prepare a wall magazine. They published this monthly, highlighting issues relevant to adolescent and community health.

Results and Lessons Learned

Adolescents' knowledge on HIV and AIDS increased. In an RHDP regular monitoring survey of over 300 adolescents, 78% correctly identified the symptoms of HIV and AIDS and 82% were able to explain how it can be transmitted / prevented. Well-functioning Adolescents / Child Clubs could be recognized from their regular meetings, use of peer education and IEC materials, dissemination of information through wall magazines and activities such as quizzes and essay competitions on ASRH.

Talking about sex is difficult for teens as there are still taboos. However, when linked with health, adolescents take it seriously. Adolescent / Child Clubs are an excellent forum to disseminate ASRH information to adolescents and, in Phase VII, coverage will expand to non-school going adolescents.

◄ **Adolescent Club members in Ramechhap performing a street drama on prevention of HIV and AIDs**

One of the major objectives of National Health Policy (1991) was to strengthen governance by increasing community participation in health services. The Second Long Term Health Plan (1997–2017) encompassed the principles of community participation, decentralization, gender sensitivity, equity and access to improve the health status particularly of "those whose health needs are not met". The Local Self Governance Act (1999) gave further emphasis to decentralization, which was later adopted by the health sector in 2002 with aim of handing over managerial and operational responsibilities to local communities / Village Development Committees. Phase VI of RHDP focused on strengthening the capacity of local HFOMCs so they could take on responsibility for Health Governance at the local level. It also contributed to increased participation of disadvantaged people and their inclusion in health activities, increasing their access to the health services.

RHDP Experiences

Bringing together various groups such as HFOMCs, Mother's Groups and Mothers Group networks was an important step. Particular effort was made to include people from disadvantaged groups such as women, Dalits and Janajatis. Although almost half of the committees can represent those from privileged social groups, 42% are Janajati, 10% are Dalits and 2% from other social groups. Mother's Groups, too, are diverse, with around 45% Janajati and 8% Dalits.

To enable the HFOMCs to take responsibility, they were provided with capacity building training using Appreciative Inquiry and Approach. As a result, they reached a common vision made concrete action plans. They were also supported through quarterly review meetings and exchange visit programs. RHDP supported the HFOMC to organize Social Auditing and Public Hearings in health and also promoted linkages and coordination to explore accessing resources from other organizations.

Orientation and facilitation support was also provided to the VDC Chair, VDC members and political representatives focusing on the importance of VDC budget allocation for health. This had very good impact on the VDCs' involvement in the programme, with the VDC budget allocation ranging from 5–8% of the total for health activities and being used towards hiring additional health staff, purchasing medicines and general repair and maintenance of health facilities.

Results and Lessons Learned

The HFOMCs showed their responsibility by using Village Development Committee budgets to build health facilities, supply medicine, for emergency health and Female Community Health Volunteer funds and for hiring local staff. They also lobbied the relevant authorities to fill vacant health worker posts.

Representing a range of political affiliations, social groups and local know-how, the committees have been inclusive and participatory throughout. HFOMCs have also introduced a citizen's charter for health facilities, organized public hearings and maintained transparency, contributing to state building from the local level. Empowered through training and regular group discussion at Mother's Group meetings, women, too, have begun to take an active role in the forums like the Village Development Committee council, strongly demanding their right to health.

Governance requires a collective approach, but communities are diverse. Each person is responsible to promote and ensure governance a challenge, yet one that can be overcome. Experience from Phase VI suggests that prompt communication, responsibility and recognition can all support good governance and generate trust. RHDP will continue to collaborate closely with VDCs, DDCs and communities as well as with other local health actors.

Village Level Health Planning ▶ at Ramechap

Uterine Prolapsed

Uterine Prolapsed is a common but widely hidden health problem afflicting mothers in Nepal. The uterus (the womb in which a fetus develops) is normally held in place inside with various muscles, tissue and ligaments. Due to different reasons such as early pregnancy, inadequate birth spacing, maternal malnutrition, difficult labor and delivery these muscles weaken. Depending on the stage, the uterus may sag or, in severe cases, come completely out of the body.

Due to its hidden nature and the social stigma and shame, women may be unaware in the early stages or may be unwilling to admit they are suffering. Estimates of how many women are affected in rural Nepal can vary widely. Anywhere from 9% to 35% of women suffer from varying degrees of Uterine Prolapsed. Of these, 40% are of reproductive age and at least 200,000 women desperately need immediate surgical treatment. Until recently, mainly non-governmental organisations had taken the initiative and addressed this issue. The Government has now considered it as a public health problem and has begun to take action.

In early 2001, the scale of Uterine Prolapsed was identified as a major health problem among the rural women of Dolakha. Participatory Rural Appraisal exercises, discussions with Female Community Health Volunteers and Traditional Birth Attendants and the records at health facilities showed that Uterine Prolapsed cases needed to be addressed urgently. Since then, RHDP has constantly sought to identify women living with this condition and help them get surgical treatment.

RHDP Experiences

RHDP has raised awareness of the condition among communities, and screening and operation camps were held to response community demand and needs. To address the prevention side, Uterine Prolapsed was incorporated in all capacity building training for local HFOMCs, Mother's Groups and other local partners to generate awareness at the grass roots level. RHDP has worked to ensure that all social groups in a given project area have equal access.

In Phase VI, RHDP, the District Health Offices and local organisations conducted 17 screening camps, benefitting over almost 3500 women. Four surgical camps organized by RHDP treated another 316 women. Prior to surgery, clients received home counseling. Information on health camps was spread through the local FM radio and via Female Community Health Volunteers.

In Ramechhap and Okhaldhunga, RHDP follows the 'Camp Pattern', where a Uterine Prolapsed (gynecological) camp is organized annually. In Dolakha, a Voucher System was initiated in collaboration with Tso-Rolpa and Gauri Shankar hospitals providing regular surgery using experts from Kathmandu. This is especially convenient for disadvantaged people as it gives them time to raise the additional costs needed, such as for transportation and food.

Since 2006 RHDP has been actively involved in the process of Uterine Prolapsed (UP) Alliance formation. RHDP joined with 32 organizations in the UP Alliance, which was formed in April 2007. Through this UP Alliance, RHDP shared its community level's experiences and practices in organizing UP screening and Surgery camp and it has contributed also in the policy formation in UP.

Lessons Learned

A huge and ever-increasing problem, Uterine Prolapsed cannot be solved by a single approach. In far-flung rural areas, getting treatment to patients is hard. While treatment is often urgently needed, education and prevention are also crucial and RHDP experience indicates this issue cannot be dealt with simply through treatment, but also requires campaigning for its prevention.

"I lived a hopelessly dead life but today, after surgery, I completely feel relieved from this problem – as if I have a new life. Today is the happiest day in my life".

Uterine Prolapsed surgery client, Okhaldhunga

Further Reading about RHDP

- Uterine Prolapsed in Nepal – The Rural Health Development Project's Response (Jan 2010. published in Journal of the Nepal Public Health Association, November 2009)
- RHDP Fact Sheet Phase VII (Jan 2010)
- Action Research Report on Health Facility Operation and Management Committee (March 2008)
- RHDP Fact Sheet Phase VI (June 2008)
- Action Research Report on Female Community Health Volunteers (May 2007)
- Action Research Report on Community Drug Programme (Dec 2006)

RHDP Phase VI at a Glance

Duration: Jan 2006–July 2009

Implementing Agency: Swiss Agency for Development and Cooperation (SDC) in collaboration with Government of Nepal and partners

Working Area: Dolakha, Okhaldhunga and Ramechhap District

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