# Nepal Safer Motherhood Project

## Needs Assessment Report

## Phase 2

## October 2000

By

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## Needs Assessment Report
## Phase 2

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# Nepal Safer Motherhood Project
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### Acronyms

| | |
|---|---|
| AHW | Auxiliary Health Worker |
| ANC | Antenatal Care |
| ANM | Auxiliary Nurse Midwife |
| BBLL | Bridge Building At Local Level |
| BEOC | Basic Essential Obstetric Care |
| CEOC | Comprehensive Essential Obstetric Care |
| EOC | Essential Obstetric Care |
| DFID | Department for International Development |
| DDC | District Development Committee |
| DHO | District Health Office/Officer |
| DPHO | District Public Health Office/Officer |
| DHSP | District Health Strengthening Project |
| FPAN | Family Planning Association of Nepal |
| FCHV | Female Community Health Volunteer |
| HMG | His Majesty's Government of Nepal |
| INF | International Nepal Fellowship |
| HICODEF | Himalayan Community Development Forum |
| MCHW | Maternal Child Health Worker |
| MDGP | Medical Doctor General Practitioner |
| NSMP | Nepal Safer Motherhood Project |
| PHCC | Primary Healthcare Centre |
| PHO | Public Health Officer |
| PDDP | Public District Development Programme |
| VDC | Village Development Committee |
| WHO | World Health Organisation |
| WDO | Women's Development Organisation |

# Nepal Safer Motherhood Project

## Needs Assessment Summary Report
## Phase 2

## I. Introduction

### A. Project Background

The DFID-supported Nepal Safer Motherhood Project (NSMP) aims to support the National Safer Motherhood Programme of His Majesty's Government of Nepal (HMG) by contributing to improved maternal health in selected districts. The project has two components:

- *'Service provision'*, which aims to improve the quality of normal and essential obstetric care (EOC), and
- *'Increasing access'*, which works to overcome barriers to women's timely use of these services.

The project's inception phase was completed in December 1997. The first phase has been completed, and was independently evaluated in June 2000. For the second phase of the project, six districts have been selected. The purpose of this paper is to present the needs assessment findings in these new districts.

### B. Needs Assessment Surveys

Needs assessment surveys were conducted between the 8th and 26th September in Dailekh, Jumla, Myagdi, Nawalparasi, Parbat, and Rupandehi districts.

NSMP staff, first phase hospital staff, MDGP students and consultants visited each district to evaluate the existing situation and to determine how the project could best support the district to improve this. Teams worked to assess health facilities, equipment, staff skills and management capacity, and to identify the strengths of local structures for improving access. Assessments were made based on observations, skill assessment[1], client and health staff interviews, organisational interviews, and group discussions in workshops. Following are the findings and recommendations.

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[1] Technical skills of health staff were assessed against the national Reproductive Health Protocols and Quality of Care was assessed against nine WH elements of Quality of Care 1996.

## II. Dailekh District

### A. The District

Dailekh is a mountainous district with altitudes up to 4,168 metres. The nearest urban area is Surkhet, 67 kilometres away with a journey time of four to five hours by jeep in good weather. For four months, during the monsoon, the road is usually closed due to landslides. There are 55 Village Development Committees (VDCs)[2] in the district, which according to Nepal's Human Resource Development index, is the least developed district in the country. The literacy rate of the district is low: 38% overall (female: 30%; male: 46%).

| | |
|---|---:|
| Total Population | 224,463 |
| Reproductive Age Women (15-48): | 48,638 |
| Annual expected number of Live Births: | 7,732 |
| Annual expected number of Maternal Deaths: | 42 |

The district is insecure due to political activities.

### B. Service Provision — The District Health System

The district has one hospital (Dailekh, located in the district headquarters), two primary healthcare centres,[3] nine health posts, and 49 sub-health posts.

#### 1. Dailekh District Hospital

This hospital has fifteen beds and provides antenatal and basic midwifery care. At present women from 18 VDCs, walk up to 2 days to utilise the hospital, mainly for antenatal care (ANC). Between 180 and 200 women a month seek antenatal care (ANC), whereas only three or four attend for delivery. All obstetric complications are referred to Surkhet hospital.

#### 2. Summary of Dailekh Hospital

a. Strengths
- Many women use antenatal care services.
- A referral system to Surkhet Hospital is already well established.

[2] A VDC is an administrative unit comprised of nine wards (villages).
[3] The first is Dullu (located a seven-hour walk from district headquarters), and the second is Athabisdhara (inaccessible from district headquarters during the monsoon).

- The medical doctor is available and interested in developing his skills to deliver comprehensive EOC.
- The two nursing staff are motivated to improve services.
- CEOC was provided six years ago.
- There are strong opportunities for private practice, which help to retain medical staff.
- The Red Cross is committed to starting a blood bank.
- The DDC is committed to putting pressure on HMG to provide an EOC-skilled doctor.
- The DDC, DHO, and Red Cross are very motivated to support CEOC.

b. Weaknesses
- Only ANC and basic midwifery care are provided; there is no obstetric first aid and no postnatal care.
- The quality of midwifery care is poor.
- Antenatal care does not include information on obstetric complications.
- There are only two permanent auxiliary nurse midwives (ANM); no staff nurses. Two additional ANMs are on deputation from health post.
- The physical facility is poorly designed and inappropriate for staffing levels.
- The doctor and nursing staff have poor obstetric knowledge and skills.
- The Hospital Support Committee is unsure how to operate in their role.
- Referral to Surkhet can take more than 15 hours during the monsoon.

c. Opportunities
- To integrate a maternity unit into the existing ward.
- To improve nursing staff and doctor skills to provide midwifery and basic EOC.
- To advocate to the Regional Director to fill sanctioned nursing posts.
- To better utilise antenatal appointments for health education about complications.
- To work with the Hospital Support Committee to raise funds for an exemption scheme for poor women.

d. Threats
- Women die during referral to Surkhet in monsoon and this has a negative effect on the community's faith in

allopathic services and on district-level support for the safe motherhood strategy.

### 3. Dullu Primary Healthcare Centre

This Primary Healthcare Centre (PHC) is a seven-hour walk from the district hospital. It serves 34,440 residents from the eight VDCs within a three-hour walk. Of these, 6,738 are women of reproductive age. It was upgraded from a health post to a PHC in July 2000.

### 4. Summary of Dullu Primary Healthcare Centre

a. Strengths
- The support staff and AHW are motivated to learn.

b. Weaknesses
- There are no ANMs, staff nurses, or doctor.
- It is a PHC in name only: the building, equipment and staffing remain as a health post.

c. Opportunities
- To advocate to the Regional Director to fill sanctioned posts.

## C. Increasing Access Provision

### 1. Access Barriers

During the workshop, secondary stakeholders identified physical access and lack of faith in allopathic services (due to the irregular presence of health personnel) as the major barriers to utilising obstetric services. In addition, they felt that women's lack of decision-making power and men's economic migration (with its resultant heavy workload for women and absence of men to transport the sick) often prevented women from seeking care at distant health facilities. Traditional healers are still preferred as they are perceived to be easily available, inexpensive, and part of the community.

All the participants felt that people had little information about safe motherhood and knew only about the importance of safe delivery and regular antenatal check-ups. In addition pregnancy is not a matter of discussion in the family.

## 2. Analysis of Potential to Work to Improve Access in Dailekh District

a. Strengths
- The District Development Committee is supportive and is willing to co-ordinate a safe motherhood strategy.
- The DDC has incorporated safe motherhood activities into its five-year plan.
- A Health and Social Welfare Committee is established and interested to work with NSMP.
- The DDC has a Village Development Programme in five VDCs in partnership with PDDP. They have selected another five VDCs under the poverty alleviation programme.
- There is strong leadership in both the DHO and DDC, and they have a good relationship.
- In partnership with Helvetas, four NGOs are supporting income-generating groups in 17 VDCs.
- The Junior Red Cross works in 20 VDCs using street dramas and singing for HIV/AIDS awareness raising.
- The DDC has a one-party majority.
- Helvetas/BBLL are working with the DDC to build bridges throughout the district.

b. Weaknesses
- No vehicle roads or tracks go beyond district headquarters. Further, steep inclines make travel slow and carrying patients difficult.
- The DDC appears reluctant to discuss their abilities and constraints.
- People expect free health services because of their poverty.
- The district has limited financial resources to contribute to access improvements.
- Staffing levels at peripheral health institutions are low.
- Due to lack of a Public Health Officer, the DHO has limited time to manage the public health system.
- There is no PHO and the acting PHO is not respected by other DPHO staff.

c. Opportunities
- To support the Health and Social Welfare Committee to improve cross-sectoral health planning and management.

- To work through established NGO networks for behavioural change.
- In partnership with local NGOs, to influence local groups to develop their established income-generating funds to allow immediate loans for all in emergencies.
- To co-ordinate with Helvetas/BBLL to improve access to health services.
- To support DHO/DDC co-ordination and joint leadership.

d. Threats
- Increased insecurity that prevents travel to working areas, causes NGOs to withdraw, or discourages women from using services.
- The reserved nature of the DDC may prevent an open, active partnership.
- Jealousies within DPHO may create difficulties working with the public health system.

## D. Proposal

NSMP proposes working initially to strengthen the Health and Social Welfare Committee and, building on the new 5-year district plan, to support development of a cross-sectoral safe motherhood strategy which draws on already established NGOs and government networks. Central to this strategy NSMP will upgrade Dailekh Hospital's physical facilities and support staff to provide quality midwifery services and basic EOC. Because of community enthusiasm and willingness to support CEOC services, NSMP will support CEOC skills training for the medical officer. However, due to the poor staffing situation, the project cannot support Dullu PHC. Maternal Child Health Workers (MCHWs) should receive skills-based training in Surkhet Hospital.

## III. Jumla District

### A. Jumla District

Jumla is in a remote valley in an inaccessible mountain district at an altitude of 2493 metres. Most places are covered by snow during the winter; a few are snow-covered year round. There are no motorable roads and the nearest urban areas (Nepalgunj and Surkhet) are only accessible by air, and that erratically and costly[4]. In addition, the district is extremely insecure due to political activities.

There are 30 Village Development Committees, all a one-day walk from district headquarters over good track roads; however, the trails within VDCs are poor in most cases.

According to the Human Development Index, Jumla is one of the top 14 underdeveloped districts. The literacy rate of the district is low: 24.8% overall (female: 8.4%, male: 41.2%). More than 74% of the women are pregnant by age 19; less than 9% have antenatal check-ups; and, only 2% are assisted by trained traditional birth attendants during childbirth.

| | |
|---|---|
| Total Population[5] | 90,183 |
| Reproductive Age Women (15-48): | 19,083 |
| Annual number of expected Live Births: | 3,106 |
| Annual Number of expected Maternal Deaths | 17 |
| Estimated Annual Need for Caesarean Sections: | 155 |

### B. Service Provision — The District Health System

The district has one hospital (Jumla District Hospital, located in Khalanga Bazaar, the district headquarters), nine health posts, and 20 sub health posts. Most sub health posts do not have physical facilities; therefore, there is no privacy for medical examinations. There are no posts for ANMs at the health posts.

[4] The approximate cost is US$30-70 return for one person.

[5] There is also the potential to attract patients from Mugu (population 42,120), as well as parts of Kalikot, Jajarkot, and Dolpa (an estimated additional population of 50-60,000.)

## 1. Jumla District Hospital

The hospital has 15 beds. Twelve VDCs are within a six-hour walk of the hospital. Between 180 and 200 women attend for ANC monthly as compared to only 1-2 attending for delivery. Women who appear at the hospital for obstetric complications are referred either to Surkhet or Nepalgunj hospitals due to the unavailability of essential obstetric care.

## 2. Summary of Jumla District Hospital

a. Strengths

- Jumla hospital receives patients from Mugu and parts of Kalikot, Jajarkot, and Dolpa.
- There is a medical officer in post.
- One staff nurse, three ANMs, and a public health nurse are in post.
- Ninety-five percent of the staff are local residents including all nursing staff.
- Many women use antenatal care services.
- The public health nurse is dynamic and interested in women's health and holds a regular maternal-child health (MCH) clinic.
- There are experienced female support staff who assist nurses with delivery.
- The nursing staff are motivated to improve maternal health services.

b. Weaknesses

- The only doctor is the DHO and he is expected to be frequently out of the district.
- The doctor is not skilled in obstetrics and is uninterested in skills development.
- The nursing staff have poor obstetric knowledge and skills.
- Health education and antenatal care sessions do not include information on obstetric complications.
- The Hospital Management Committee is inactive, the composition is very bureaucratic, and the committee members do not consider it a priority.
- During three winter months, the hospital is extremely cold and women do not attend.
- The existing maternity unit is small and poorly designed.
- There is no blood bank or skilled laboratory technician for blood transfusions.

c. Opportunities
   - To upgrade the hospital and staff skills to provide comprehensive EOC for Jumla, Mugu and parts of Dolpa, Kalikot and Jajarkot.
   - To support hospital staff's plan to develop an exemption scheme for poor women.

d. Threats
   - Little opportunity for private practice and the district's inaccessibility make it extremely difficult to retain skilled doctors/MDGPs.

## C. Increasing Access Provision — Removal of Barriers

### 1. Access Barriers

During the workshop secondary stakeholders identified barriers to accessing services as lack of awareness and poverty. In addition stakeholders felt that men's lack of support and the heavy workload carried by women often prevented women from seeking care.

### 2. Analysis of Potential to Work to Improve Access in Jumla District

a. Strengths
   - Rapid, easy access from all VDC headquarters to the district hospital.
   - Two strong established non-governmental organisations have good networks that reach every VDC.
   - DDC voiced interest to co-ordinate safe motherhood related activities.
   - All political parties are represented in the DDC.

b. Weaknesses
   - Lack of co-ordination among institutions at the district level.
   - Weak and ineffective organisational relationship between the DHO and DDC.
   - The majority of the DPHO supervisory staff inactive.
   - The DDC is very hardware orientated.
   - There is little social capital.
   - The population density is low and settlements are scattered.
   - Access to Jumla during winter and monsoon is difficult.

- Majority of line ministry staff are seeking transfers.
- There are no ANM posts at the health posts.

c. Opportunities
   - To improve motivation of and working relationships between health and local government district-level structures.
   - To support a co-ordinated approach to safe motherhood utilising NGO knowledge and networks.
   - To work through the networks of the two established NGOs to mobilise communities.

d. Threats
   - Established NGOs do not undertake safe motherhood activities.
   - Increased insecurity prevents travel to working areas, causes NGOs to withdraw, or discourages women from using services.
   - Political divisions within the DDC stagnate work.

## D. Proposal

Although the population anticipated to be covered by Jumla hospital is less than 400,000, the inaccessibility of the area, and the expense and unreliability of transport to other CEOC facilities make Jumla a priority area for development of CEOC services. This will involve substantial renovation of existing buildings, advocacy for additional staff, and staff skills-building. Recognising the time that this will require, NSMP proposes to delay initiation of the increasing access work specific to service utilisation. However, planning, advocacy and work to change social context will be initiated through development of a district forum for safe motherhood and by strengthening relationships between government health and non-health structures.

## IV. Myagdi District

### A. The District

Myagdi is in a hilly district. Beni Bazaar, the headquarters, is an hour away from Baglung District Hospital[6] by motor vehicle over a mud road.

The district is one of the richest in Nepal and has many resources at its disposal. The majority of the men work out of the country, leaving women with access to money and opportunities for independent decision-making in their absences.

There are 40 Village Development Committees in the district.

| | |
|---|---:|
| Total User Population: | 116,228 |
| Reproductive Age Women (15-48): | 26,000 |
| Annual expected number of Live Births: | 4,023 |
| Annual expected number of Maternal Deaths: | 22 |

### B. Service Provision — The District Health System

The district has one hospital (Myagdi District Hospital), one primary healthcare centre, eight health posts, and 30 sub health posts.

#### 1. Summary of District Hospital

a. Strengths

- The nursing staff provide 24-hour midwifery care and obstetric first aid, conducting 10-15 deliveries per month.
- Referral links with Baglung and Pokhara are already well established.
- Sanctioned posts are nearly 100% filled.
- The nursing team has good midwifery knowledge and skills and is motivated to start providing 24-hour basic EOC.
- The community has some faith in nursing staff to deliver maternal health services.
- The medical officer is willing to support the safe motherhood programme and to support the nursing staff to provide basic EOC; however, he is not interested to develop his own clinical skills.

[6] Baglung District Hospital provides CEOC and receives support from NSMP.

- The Red Cross supports one functioning ambulance and has initiated an exemption scheme for poor patients' transport and blood costs.
- A skilled lab technician is available.
- The International Nepal Fellowship (INF) supports the hospital with surgical camps, maintenance, and training.
- The public health nurse is motivated to work on maternal health and actively supports peripheral staff through frequent supervisory visits.

b. Weaknesses
- There is no postnatal care.
- The physical facility is poorly designed, dark, and congested.
- The DHO is passive.
- The Hospital Support Committee are unwilling to work actively whilst DHO remains passive.
- There is a poor relationship between DHO and PHO.
- No PHC is capable of being upgraded for EOC.
- The public health nurse has poor midwifery knowledge and skills.

c. Opportunities
- To strengthen the referral system for comprehensive EOC to Baglung, utilising the Red Cross ambulance.
- To ensure a small supply of blood from Baglung blood bank and utilise the lab technician to provide blood transfusions.
- To develop nursing staff skills to provide quality midwifery care and basic EOC.
- To upgrade the existing maternity block.
- To develop skills and knowledge of the public health nurse to better support and train MCHWs and FCHVs.
- To support hospital initiatives to develop an exemption scheme for poor women.
- To support the DHO to actively work with the Hospital Support Committee and explore opportunities to raise financial resources from wealthy communities.

d. Threats
- Transfer of skilled nursing staff.

## C. Increasing Access Provision — Removal of Barriers

### 1. Access Barriers

Secondary stakeholders identified lack of awareness and of financial resources as the two most significant barriers to access. In addition they commented that economic migration means that women are commonly alone during pregnancy and childbirth. Other barriers identified were lack of roads and bridges, and the perceived poor quality and irrelevance of maternal health services.

### 2. Analysis of Potential to Work to Improve Access in Myagdi District

a. Strengths

- DDC chairman is dynamic, supportive, and committed to co-ordinating safe motherhood.
- INF has a long history of working in Myagdi and has good relations with the DHO, PHO, and DDC.
- There is a long history of fund collection and women's groups within the district.
- INF provides support to the DPHO for re-establishing and strengthening Mothers' Groups.
- UNDP's PDDP is supporting the DDC.
- This is a rich and resourceful district.

b. Weaknesses

- The DDC is divided and is inactive when the DDC chairman is absent.
- Only one strong I/NGO, INF, exists within the district and currently works directly in only six VDCs.
- There are language barriers in communicating with the people in the north.
- The PHO is often out of the district.
- The relationships between the PHO and the DDC and DHO are not good.
- The relationship between the DHO and the DDC is not effective.
- There is no co-ordination of health activities. Personal and political rivalries exacerbate the problem.
- Physical access throughout the district is difficult as the district headquarters is very near the district border. There is no motorable access beyond district

headquarters and the district is hilly with poor track roads and few bridges.

c. Opportunities
  - To utilise the existing Mothers' Groups and the networks established by INF, PDDP in various VDCs.
  - With INF, to re-vitalise previously-formed savings groups and to mobilise them to incorporate safe motherhood.
  - To utilise the Local Trust Fund board in programme implementation through the DDC/PDDP structure.
  - To utilise INF experience and work directly through their structure.
  - To organise and develop a co-ordination committee under the chairmanship of the DDC chairperson and to mobilise local resource as available.
  - To work with the DDC to encourage wealthy community members to support safe motherhood activities.

d. Threats
  - Unseen conflicts between the DHO and PHO causes poor co-ordination in programme implementation.
  - Political conflict among DDC members affects area selection and programme implementation.
  - Unavailability of local NGOs working in the district causes partnership problems.
  - Wealthy community members' access to Pokhara or the military health services results in lack of motivation to support the Myagdi district health system or local emergency-fund scheme.

## D. Proposal

NSMP will support formation of a district safe motherhood forum and strengthen relationships between the health and non-health government structures to develop and implement a district strategy. Early work will include raising awareness of services available at Baglung Hospital and of their improved quality. The project will support the upgrading of Beni Hospital to provide quality midwifery and basic EOC services and to strengthen referrals to Baglung hospital. Opportunity should be given to MCHWs to undertake skills-based training at Baglung Hospital.

# V. Nawalparasi District

## A. The District

Nawalparasi borders India and is predominantly a Tarai district. Of the district's 73 Village Development Committees, 17 are mountainous, 20 are inner-Tarai, and 36 are Tarai VDCs. The district is home to some good-sized industries.

Parasi, the district headquarters, is located in the southwestern corner of the district, and is well connected to Bhairawa, the headquarters of Rupandehi district and to Butwal, headquarters of the Lumbini Zone, but distant from much of Nawalparasi district. A portion of the population is isolated during monsoon flooding.

| | |
|---|---|
| Total Population: | 565,616 |
| Reproductive Age Women (15-48): | 120,442 |
| Annual expected number of live births: | 19,570 |
| Annual expected number of Maternal Deaths: | 105 |

## B. Service Provision — The District Health System

The district has one hospital (Prithvi Chandra), four Primary Healthcare Centres, nine health posts, and 63 sub-health posts. Two PHCs are on the highway and refer their patients to Bharatpur Hospital, Chitwan.

### 1. The Hospital

Prithvi Chandra, a 15-bed hospital, is in Parasi and is easily accessible for people from 21 of the 73 VDCs. The hospital currently undertakes 300-400 antenatal care consultations monthly but only 6-8 normal deliveries. For EOC most women go to Lumbini Zonal Hospital or AMDA Hospital[7], which are both 30 minutes away by car even during the monsoon.

### 2. Summary of Prithvi Chandra Hospital

a. Strengths

- An MDGP is present, supportive to nursing staff, and motivated to develop skills even up to CEOC.

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[7] AMDA is a private hospital located in Butwal.

- The hospital has shown initiative in establishing an effective referral system with Lumbini Zonal and AMDA Hospitals in Butwal.
- A well-managed Red Cross ambulance service is available at all times for transfer to Butwal or collection of women from peripheral areas[8].
- The community is supportive, as evidenced in their construction of a maternity block.
- The Hospital Support Committee actively generates funds to employ additional staff and purchase drugs.
- The Red Cross is actively supporting the hospital, providing 24-hour blood bank service and supplies during epidemics.

b. Weaknesses
- There is no EOC, obstetric first aid, or postnatal care.
- Antenatal consultations do not include health education on obstetric complications.
- The quality midwifery care of poor.
- Nursing staff have poor obstetric knowledge and skills.
- The MDGP has good obstetric knowledge but is not skilled.
- There is disharmony between the District Health Office and the District Public Health Office.
- The hospital staff refer patients rather than utilising the blood bank.

c. Opportunities
- To improve the nursing staff midwifery and EOC skills.
- To develop the MDGP's EOC skills.
- To strengthen the referral link to the Butwal hospitals.
- To better utilise the antenatal consultations and include information on obstetric complications.

### 3. Chormara Primary Healthcare Centre

The PHC serves a population of 6,255, from five surrounding VDCs. The PHC is located on the East-West Highway equidistant from Parasi and Bharatpur; however most patients are referred to Bharatpur because there is a direct bus service.

[8] Dependent on access to telephone and knowledge of service availability.

### 4. Summary of Chormara PHC

a. Strengths

- Provides regular antenatal care and 24-hour midwifery care.
- An integrated doctor is present, has good knowledge of obstetric care, and is interested to develop his skills further.
- The nurses and doctor make home visits for normal deliveries.
- Almost all sanctioned posts are filled. Three ANMs, a staff nurse and a laboratory technician are present.
- The PHC runs its own medical shop, bringing income to the PHC and providing drugs at low profit rates.
- The building is of good quality and is well equipped.

b. Weaknesses

- Midwifery care is of poor quality.
- Postnatal care, EOC, and obstetric first aid are not provided.
- Information on obstetric complications is not given during antenatal consultations.

c. Opportunities

- To upgrade staff skills to provide quality midwifery care and basic EOC.
- To strengthen referral links with Bharatpur Hospital.
- To develop links with Lumbini Zonal Hospital for ongoing technical support.

## C. Increasing Access Provision — Removal of Barriers

### 1. Access Barriers

The major barriers, identified by secondary stakeholders, as prevalent in this district are lack of awareness, lack of finances, traditional attitudes and beliefs about childbirth, lack of transportation and insufficient healthcare services.

### 2. Analysis of Potential to Work to Improve Access in Nawalparasi District

a. Strengths

- Most of the Tarai VDCs are soon to be connected to the district headquarters by all weather roads; the national

highway runs through 26 VDCs linking them to the hospitals in Butwal and Bharatpur.

- The DDC is ready to take a lead to co-ordinate a district safe motherhood strategy and integrate safe motherhood as a priority programme in upcoming district planning.
- All political parties are represented in the DDC and all voice support for safe motherhood.
- The Women's Development Organization and HICODEF cover 26 VDCs, including some remote VDCs.
- The Family Planning Association of Nepal (FPAN) runs reproductive health clinics with community networks in 19 VDCs.
- There is a UNICEF-supported NGO working on the Integrated Management of Childhood Illnesses programme in 10 VDCs and linked to 22 others. UNICEF's community-based safe motherhood project and community drug programme are due to start.
- Staffing levels throughout the DPHO structure are good.
- There is heavy industry within the district that is recognised by the DDC as potential source of income.
- Police posts with mobile phones are present in most VDCs. Many VDCs also have telephone lines.

b. Weaknesses

- The district headquarters is located close to the district border and does not function as the centre of district activities.
- There are language barriers between Tarai and hill populations.
- There is no history of co-ordination between the DHO, DDC, and NGOs.
- There are many NGOs, but their offices are scattered throughout district.
- There is conflict between DHO and FPAN.
- There are poor relations between DHO and PHO.
- The DPHO supervisory system is weak.

c. Opportunities

- To support development of a district level co-ordination forum, linking into established NGO networks and with safe motherhood working group.
- To provide technical assistance for development of a safe motherhood strategy within the district plan (due for completion by next year).

- To work closely with UNICEF at the district and national levels.
- To support peripheral health facility staff to recognise and refer complications.
- To encourage DDC to consider safe motherhood in its negotiations with heavy industries.

d. Threats
- The co-ordination body is overwhelmed with other health and NGO issues.
- Organisations do not see the co-ordination body worthy of the investment of travel time to district headquarters.
- Already existing conflicts negatively affect co-ordination.
- The district may become too politically-influenced to allow project implementation.

## D. Proposal

In co-ordination with UNICEF, NSMP will support the formation of a district-level forum for safe motherhood and will provide technical support for the integration of a comprehensive safe motherhood strategy into the district health plan. The project will facilitate a provision of basic EOC at both Prithvi Chandra Hospital and Chormara PHC and will strengthen referral and technical support links with Lumbini Zonal Hospital and possibly with AMDA hospital in Rupandehi district.

# VI. Parbat District

## A. The District

Parbat is in a hilly district. The district headquarters, Kusma, is two to three hours from Pokhara (an urban area). Transport is easily available by bus or taxi. The district has 55 Village Development Committees, six of which are on the roadside.

| | |
|---|---|
| Total Population: | 170,646 |
| Reproductive Age Women: | 38,299 |
| Annual expected number of Live Births: | 5,905 |
| Annual expected number of Maternal Deaths | 32 |

## B. Service Provision — The District Health System

The district has a hospital (Parbat District Hospital), a primary healthcare centre (Linkhu Deurali), ten health posts, and 43 sub-health posts.

### 1. Parbat District Hospital

The hospital has 15 beds and provides antenatal and midwifery care. Women from 28 VDCs, within a travel time of 13 hours, utilise the hospital for ANC. Very few women use the hospital for normal deliveries; those who seek treatment for obstetric complications are referred to other hospitals (Pokhara or Baglung) due to the lack of essential obstetric services. Women from the southern twelve VDCs are 2 days walk from Kusma and therefore do not utilise the hospital.

### 2. Summary of Parbat Hospital

a. Strengths
- All nursing posts are filled.
- Women from 28 VDCs attend antenatal care services.
- The hospital has developed referral links with Baglung and Pokhara hospitals.
- There are adequate buildings available.

b. Weaknesses
- There is no history of utilisation of in-patient maternal healthcare.

- Midwifery care is of very low quality, and nursing staff obstetric knowledge and skills are poor.
- The ambulance is not in working condition.
- The physical facility is poorly designed, wrongly utilised and often in poor condition.
- The DHO is has no obstetric skills and is not supportive to nursing staff.
- The DHO is of poor health and is frequently away from post.
- The Hospital Support Committee is active but is unclear of hospital needs.

c. Opportunities
- To rationalise use of buildings.
- To improve nursing staff skills to provide quality midwifery and basic EOC services.

**3. Linkhu Deurali Primary Healthcare Centre**

This PHC, an eight-hour walk from district headquarters, serves 13,961 patients. It operates in a rented house. Patients from six VDCs can access the centre on foot within between ten minutes and five hours.

**4. Summary of Linkhu Deurali PHC**

a. Strengths
- Seventy-five percent of posts are filled.
- An integrated doctor is present and motivated to develop his skills for delivery of basic EOC.
- Two local midwives are available.
- The nursing staff are highly motivated.
- The PHC sub-committee provides support funds and has a clear idea of PHC needs.
- The VDC in which the PHC is situated provides financial support.
- There is a good supply of equipment.
- Staff attend home deliveries when called.

b. Weaknesses
- The physical facility is very poor. Money provided by HMG for a new building was utilised to build a compound wall.
- Delivery, postnatal, obstetric first aid, and basic EOC services are not available.

c. Opportunities
   - To develop medical and nursing staff skills to provide basic EOC and to develop a referral link to Pokhara for comprehensive EOC.

## C. Increasing Access Provision — Removal of Barriers

### 1. Access Barriers

During the workshop the secondary stakeholders identified lack of awareness about danger signs, shyness and conservative traditions regarding delivery as the major barriers to seeking care. Lack of decision-making power, lack of financial resources, early marriages, gender discrimination, and perceived poor quality and unreliability of care were also identified.

### 2. Analysis of Potential to Work to Improve Access in Parbat District

a. Strengths
   - The PDDP-supported village development programme is in 17 VDCs and WDO is in a few VDCs.
   - The Public Health Officer has a lot of reproductive health experience with UNICEF.
   - The DHO is interested to have an NSMP presence in the district.
   - The district headquarters has road access to other urban areas (Baglung and Pokhara); most VDCs have all-season track road access to headquarters, and all VDCs are only a one-day walk from headquarters.
   - The female literacy rate is comparatively high.
   - There are a supportive and motivated DDC chairperson and team committed to co-ordinate safe motherhood interventions.
   - The district hospital is only 14 kilometres from Baglung hospital, which could be the first referral centre for Parbat hospital.
   - Many NGOs present

b. Weaknesses
   - The DHO is unwell and frequently out of the district.
   - The district health system is weak, functions poorly, and DHO has an ineffective relationship with the DDC.

- Most of the peripheral health facilities have no ANMs or MCHWs.
- There are no INGOs working in the district; PDDP is the only donor and NGOs are young and do not have established networks within the communities.
- The Health and Social Welfare Committee does not have an effective relationship with health institutions.

c. Opportunities
- To support a cross-sectoral safe motherhood forum under the chairmanship of the DDC and integrate this body into the newly formed health and social welfare committee.
- To work with the PDDP and DDC networks and explore opportunities to work with NGOs.
- To utilise the lessons learnt in Chuwa VDC and the enthusiasm of the Chuwa community to feed into the district safe motherhood strategy development and implementation.

d. Threats
- Domination of the DDC by one political party causes difficulties in mobilising individuals associated with other parties.
- Lack of strong I/NGO partners slows work.

## D. Proposal

With the DDC, NSMP will work to strengthen the Health and Social Welfare committee and, in co-ordination with PDDP, will support integration of safe motherhood into the district's planning. NSMP will work to support provision of basic EOC services at Parbat District Hospital and Linkhu Deurali PHC, strengthening referral links with Baglung and Pokhara hospitals for comprehensive EOC. MCHWs should have the opportunity for skills development in Baglung Hospital.

## VII. Rupandehi District

### A. The District

Rupandehi is in the Tarai and is bordered by India on three sides. There are 69 VDCs in the district, most with all-weather access to district headquarters; in addition, most are connected to Butwal, the Zonal headquarters. From Bhairawa, an urban area and the district's headquarters, there are daily flights and regular bus service to Kathmandu as well as easy access to India.

The district, as a whole, is rich and has significant financial, human, natural, and developmental resources. According to the Human Development Index, Rupandehi is in 19th position out of 75 districts. The literacy rates for females and males are 33% and 59% respectively; overall district literacy is at 46%.

| | |
|---|---|
| Total Population: | 671,473 |
| Reproductive Age Women: | 144,702 |
| Annual number of expected live Births: | 23,208 |
| Annual number of expected maternal Deaths: | 125 |

### B. Service Provision — The District Health System

The district has a very good health structure down to the grass roots level. There are five hospitals in the district (two of these Lumbini Zonal and AMDA, provide comprehensive EOC), two nursing homes, three primary healthcare centres, eight health posts, and 58 sub health posts. However, the district health system is weakly co-ordinated.

#### 1. The Hospital

Bhim is a 25-bed district hospital in Bhairawa situated a 30-minute drive from the zonal hospital in Butwal. Although a trained obstetrician[9] and a MDGP are available, in their absence obstetric complications are referred to Lumbini Zonal Hospital. Most women chose to go to Gorakhpur, India for essential obstetric care, as India is perceived to provide better care.

[9] Since the needs assessment the obstetrician has been transferred from the district.

## 2. Summary of Bhim Hospital

a. Strengths

- Almost all sanctioned posts are filled.
- The hospital has an effective referral system to the zonal hospital less than 30 minutes away.
- There are two skilled doctors.
- Nursing staff are well oriented to the concept of safe motherhood and the HMG programme.
- The hospital has three functioning ambulances[10].
- The Red Cross is interested to open a blood bank in Bhim Hospital.

b. Weaknesses

- Basic EOC services are only sporadically available.
- The delivery room is small, dark, and inadequately designed for infection prevention.
- Although some nursing staff have received three months of EOC training, midwifery care remains poor, neonatal care is extremely poor, and provision of basic EOC is reliant on the doctors' presence.
- Personnel management is poor and staff demotivated.
- Historically the Hospital Support Committee has been very supportive but are currently demotivated due to lack of interest from the hospital doctors.
- Doctors are frequently absent.
- The hospital and DPHO are geographically distant and there is no joint planning or working.
- There is no public health nurse and the District Public Health Officer is frequently out of the district.

c. Opportunities

- To upgrade the maternity unit.
- To develop a strong nursing team with good midwifery and EOC skills.
- To orient doctors on quality of care approach.
- To improve antenatal consultations and to integrate health education on obstetric complications.
- To strengthen links between the medical superintendent and other Hospital Support Committee members.

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[10] There are additional ambulances attached to other health institutions in Bhairawa district.

### 3. Lumbini Primary Healthcare Centre

This Primary Healthcare Centre is accessible by bus, bicycle and bullcart. It serves a population of 42,000 from eight VDCs, of which 8,084 are women of reproductive age.

### 4. Summary of Lumbini Primary Healthcare Centre

a. Strengths
- Provides antenatal care and 24-hour midwifery care.
- An ambulance is available 24 hours a day.
- Seventy-five percent of staffing positions are filled including one doctor and two nurses.
- The physical facility is good and is fully equipped.
- Referrals are made from the PHC to Bhim Hospital and Lumbini Zonal Hospital.

b. Weaknesses
- Postnatal, obstetric first aid and basic EOC services are not available.
- Midwifery care is of poor quality.
- No information is given to women on obstetric complications.

c. Opportunities
- To develop staff skills to provide good quality midwifery care and basic EOC and to strengthen referrals to Butwal Hospital for comprehensive EOC.

## C. Increasing Access Provision — Removal of Barriers

### 1. Access Barriers

The exercise to identify perceived access barriers was not undertaken in Rupandehi.

## 2. Analysis[11] of Potential to Work to Improve Access in Rupandehi District

a. Strengths

- The DDC is supportive and committed to co-ordinate a safe motherhood forum at the district level.
- Most VDCs have all-season access.
- The district itself is rich in resources.
- There are many donor and INGO-supported programmes with networks at the grass roots level.
- Both municipalities (Siddharthanagar and Butwal) are strong, motivated, supportive, and rich.
- The PDDP-supported village development programme is in 27 VDCs, the West Tarai Poverty Alleviation Programme is in 4 VDCs, WDO are in 30 VDCs, and FPAN and DHSP are in 16 and 6 VDCs respectively. All have networks within the VDCs although there is some overlap in working areas.
- The Local Trust Fund board functions well.
- The district has eight ambulances.
- FPAN is interested and supportive and has a network of clinics and volunteers in more than 15 VDCs.

b. Weaknesses

- Co-ordination among and between NGOs, INGOs and government line agencies is poor.
- There are many committees with individual priorities.
- Language and traditional thinking on health behaviour are barriers in the southern part of the district.
- The DPHO is not regular in the district and there is currently no public health nurse.
- Co-ordination is difficult as the major players are divided between the two municipalities, Bhairawa and Butwal.
- The presence of two different health co-ordination committees is creating duplication and confusion amongst I/NGOs.

c. Opportunities

- To support the district Health and Social Welfare Committee in integrating safe motherhood in their planning and implementation.

[11] The final workshop in the needs assessment process was not carried out in Rupandehi. As such the analysis has been loosely undertaken based only on individual organisational interviews and interactions within the orientation session.

- To strengthen co-ordination between existing I/NGOs and donors through the Health and Social Welfare committee and to utilise established networks to work with local communities.
- To support and develop a functional co-ordination mechanism among ambulance holders in order to strengthen the referral mechanism.
- To advocate with the DDC to use available district resources for safe motherhood.
- To utilise the Local Trust Fund board in order to work through the PDDP/DDC structure for safe motherhood.
- To support and develop municipalities' existing community safe motherhood initiatives.
- To support co-ordination between the DDC and DPHO through their contact persons.

d. Threats

- Multiple agendas and the competitive, bureaucratic, and political nature of potential partners stagnate safe motherhood efforts.
- Presence of too many organisations and their different interests causes partnership difficulties.
- District governmental and non-governmental organisations do not see the co-ordination body as worth the investment in time and travel.

## D. Proposal

NSMP will support the provision of basic EOC at Bhim Hospital and Lumbini PHC. In addition the project will support Butwal hospital to improve its quality of comprehensive EOC and strengthen its role as a referral hospital and technical support unit. Further planning work will be undertaken with the Health and Social Welfare Committee and other stakeholders to fine-tune mechanisms for co-ordination and develop a safe motherhood strategy and implementation plan.

## VIII. Overview of Physical Facilities and Equipment

### A. Introduction

#### 1. Assessment Methodology

Visits were made to six district hospitals and two primary healthcare centres to determine building and equipment needs. In addition, an equipment observation visit was made to the comprehensive EOC unit in Lumbini Zonal Hospital as it is a referral centre for the surrounding proposed basic EOC facilities. A consulting architect assessed the buildings; a member of the NSMP staff and an external consultant assessed the equipment against a pre-prepared list of that required for comprehensive EOC provision.

As the Service Provision team (primarily responsible for assessing quality of obstetric care) observed the conditions of the facilities and equipment during their needs assessment work, they were consulted to confirm findings.

#### 2. Obstetric Care Service Levels

Physical facility and equipment needs were considered in light of the level of obstetric care to be provided by hospitals and primary healthcare centres. It was determined that Jumla District Hospital would be structured to provide Comprehensive Essential Obstetric Care (CEOC) and the other sites to provide Basic Essential Obstetric Care (BEOC).

### B. Equipment Needs

#### 1. Overview

Equipment existing at district hospitals was in poor condition: some rusted, some out-of-order, some inappropriate, some out-of-use. There were piles of uncategorised instruments in storerooms, their existence long forgotten by healthcare providers. Rarely were there full sets of instruments, mostly odd pieces. Even resuscitation sets were incomplete.

The primary health care centres reviewed were well stocked with new equipment recently supplied by Logistics Management Division (LMD), Department of Health Services. Essential obstetric equipment in Lumbini Zonal Hospital,

although in use, was of poor quality and much needs replacement.

Except for Bhim and Lumbini Zonal hospitals, none of the sites had separate beds for maternity care. Parbat hospital was the only site with any neonatal equipment and this was a high tech incubator and was unused.

### 2. Equipment Lists

Hospital equipment requirement lists are currently being developed from the needs assessment results, considering the anticipated caseloads and staffing levels and in light of the service level to which the facility will be upgraded. However, equipment requirements will be also affected by changes to be made to the physical facilities and the supply plan of LMD. Thus, the lists will be further refined over the coming months.

### 3. Recommendations

- Delay further work on equipment needs for primary healthcare centres until after consensus has been reached on the sites and there is fuller understanding of the service level practicable in each site.

- Avoid acquisition of general loose instruments, as there are plenty of these in storerooms.

## C. Building and Utilities Needs

### 1. Overview

All facilities are poorly maintained. Delivery rooms are small and congested. With the exception of Bhim Hospital, Rupandehi, none have separate maternity blocks. None of the sites have clean rooms for sterilisation, sluices, or clinical waste disposal facilities. As running water is not available 24-hours a day each hospital needs an improved water supply system. In addition they all need a battery-charged emergency lighting system and a waste disposal system (incinerators in Terai areas, deep pits in hilly/mountainous areas).

New maternity suites will be designed with a clean-to-dirty flow pattern and will consist of a large delivery room partitioned to

separate normal deliveries from those requiring special procedures.

2. **District Hospitals**

**Dailekh:**

The Dailekh district hospital will be upgraded to provide BEOC. This ten-year old facility has an inadequate water supply system. Further, it is difficult to manage because buildings are scattered throughout the compound.

- A new maternity suite is needed.

**Jumla:**

The Jumla district hospital will be upgraded for CEOC provision. At present it lacks a separate maternity ward, labour ward, delivery room large enough for two delivery tables, and operating theatre and the laboratory and x-ray facilities are inconveniently located.

The following improvements are needed.

- A new building for maternity, with an operating theatre and hot water supply system, connected to the existing building by a covered passageway.
- Improvements to the existing building to include: concrete washable flooring and rationalisation of building use.

**Nawalparasi:**

Prithvi Chandra Hospital (the Nawalparasi district hospital) will be upgraded for BEOC provision.

The following improvements are needed:

- A new maternity suite
- Improvement to existing building including a new roof.

**Rupandehi:**

Bhim Hospital (the Rupandehi district hospital) will be upgraded for BEOC. The hospital structure is sound and in the best condition of the six district hospitals. However, there is no

running water in the delivery area despite the existence of a hospital well and pump. Further, there is a leak in the roof over the maternity area.

The following improvements are needed.

- The extension of and improvements to the existing building to include a new roof over maternity.
- Construction of a corridor linking the maternity area to the main hospital.

**Parbat and Myagdi:**

The structures in these two neighbouring districts are similar, both being about 12 years old. Both will be upgraded for BEOC and both will require similar improvements as follows:

- New maternity suites.
- Improvements to existing buildings.

## IX. Conclusion

As the needs assessment phase is completed, the findings will be used by the project and its partners to develop district-specific plans. Planning considerations will make use of the lessons learnt from first phase experiences. Meetings will be conducted over the next three months.