

Comprehensive Health Promotion Programme Dakshinkali/Chhaimale

SUMMARY OF EVALUATION FINDINGS

Background:

GTN with support from GTT/UK implemented a comprehensive health promotion programme in Dakshinkali and Chhaimale Village Development Committees (VDC) of Kathmandu district in 2007-2012. The evaluation study conducted in 2012, had shown a promising result which led to continuation of the project in the similar modality until 2015. The VDCs are recently upgraded into Dakshinkali municipality and these VDCs lie in ward no. 14-16. The fundamental objectives of the programme were to improve maternal and child health and to empower women and communities to sustain this improved behaviour.

Intervention:

The intervention started with a community-based needs assessment, social mapping and consultation by Green Tara working with local policy makers and participatory activity. Where possible, throughout the life of the program, Green Tara incorporated the diverse/changing needs of the local communities and made best use of the existing resources whether these were delivered by the government or by NGOs. Helping to improve the local maternity service provision and advocate its uptake makes it much more likely that the intervention becomes sustainable compared to the introduction of an expensive external intervention which is new to the community.

Objectives:

- Improve reproductive health knowledge of women
- Promote positive behaviours in women and communities
- Mobilize women and adolescent groups for promotion of healthy behaviours in the communities
- Support to strengthen existing public health facilities for improving maternal, neonatal and child health services;
- Scale up activities into places with similar needs.

Project area and beneficiaries:

The programme primarily was targeted mainly towards marginalized and poor women and young girls; who were unable to access key health services and were less empowered at the family and societal level.

- ✓ VDC: Daxinkali and Chhaimale VDCs
- ✓ Total Population: 10,000 Women and children: about 7,500
- ✓ Married Women of Reproductive Age: 2,000
- ✓ Adolescents: 900

Non-intervention area: Bajra yogini VDC and Suntol VDC- Total population: 10,000

Key strategies:

- Facilitation and mobilization of women groups as a part of group-based empowerment model that supports health promotion activities and rights based advocacy;
- Home visits to reach women and their families isolated within their homes;
- Coordination with stakeholders;
- Organization of mass events and public awareness activities to promote positive behaviours;
- Support to strengthen health services at local level through support of human resources, and capacity building of staff

Key Activities conducted:

- **Health promotion group meetings:** Health promotion was implemented in 60 groups (reaching over 2000 people) and visited 134 households to support women in need who were unable to attend groups. About 32 group meetings continue to be conducted each month. Annually, over 600 women had monthly contact with health promotion staff through groups and home visits. In addition, staff regularly provided technical assistance, support and training to PHC/ORC in four localities.

Table 1: Summary of group meetings from July 2014 to June 2015

	Groups	Dakshinkali		Total
	# of group meetings	DXN	CML	
1	Mothers group meeting	70	90	160
2	Mother in law group meeting			
3	New mothers/pregnant group meeting	93	51	144
4	Women with child above 5 years			
5	Adolescent girls group meetings	9	27	36
6	Adolescent boys group meetings			
	Total # of people reached by area			

1	Mothers group	1442	1873	3315
2	Mother in law group			
3	New mothers/pregnant group	1087	656	1743
4	Women with child above 5 years group			
5	Adolescent girls group	96	504	504
6	Adolescent boys group			

Source: Monitoring data 2014/15

- **Distribution of health promotion materials:** To promote good essential newborn care baby blankets were distributed to pregnant women in their 9th month if they had attended 4 or more antenatal checkups.
- **Home visits and inter-personal communication:** GTN health promoters make regular home visits especially to reach that part of the community which is not reached by group meetings. Home visits are targeted at hard to reach population such as newly married, pregnant, lactating women. Over 300 home visits had been conducted.
- **Mass events:** These events mainly emphasize the importance of women empowerment, discourage any sort of discrimination and encourage women to participate in community activities.
- **Support to local health facilities:** Local health facilities were supported by Green Tara health promoters (also trained to ANM level of above) to deliver antenatal outreach clinics on the back of immunization clinics\ to run primary health care outreach clinics (PHC/ORCs) for pregnant women, who had difficulties visiting the sub-health posts in every month due to distance.
- **Coordination meeting with local health facilities representative and FCHVs:** GTN conducted regular coordination meetings with the local health facilities (HP and SHPs) including Health Facility Operation and Management Committee (HFOMC) of the entire project areas. GTN also engaged FCHVs in regular basis for community mobilization.
- **Meeting local stakeholders and officials:** In order to ensure their full support and to update about program ongoing activities as well as sought for possible coordination, GTN staffs regularly meet with the local stakeholders and government officials at VDC and district level.

Evaluation of comprehensive health promotion programme in 2012

Green Tara aimed to deliver a range of programmes, using different health promotion methods. Appropriate interventions are trialed and evaluated within the communities to help determine what works best for whom and contribute to evidence-base health implementation in Nepal. Thus, to generate evidence for further possible extension or expansion of the programme, the comprehensive

health promotion programme was evaluated using controlled before-and-after-study (CBA) design using mixed methods approach. Both qualitative and quantitative data were collected to generate accurate and valid data. In the programme implementation Data from the intervention VDCs (Dakshinkali and Chhaimale) as well as nonintervention VDC (Bajrayogini and Suntol) were collected prior to implementation of the intervention in 2007 and after intervention was implemented in 2012. The results of both studies were compared to see the changes. The results of the study had shown significant changes in various major maternal and child health (MCH) outcomes. Table 2 presents a comparative finding from 2008 to 2012 between intervention and non-intervention projects.

Table 2 shows some major changes in MCH outcomes from 2008 to 2012 in programme implementation sites. For instance the proportion of women who took iron during pregnancy was 96% in 2012. This is 9% increase from 2008 whereas in control sites where no health promotion was implemented, proportion of change is only 3%. Similarly there was over 20% increase in the proportion of contraception use in intervention areas from 2008 to 2012 while this was only 10% in control areas.

Table 2 Major changes in Maternal, Neonatal & Child Health behaviours

Activities	Intervention		Control	
	2008	2012	2008	2012
Women took iron during pregnancy	86.5%	95.5%	76%	79.3%
Taken Tetanus injection	29.0%	99.0%	29.1%	94.0%
Seeking health care during pregnancy	84.6%	98%	80.4%	88.7%
Receiving post natal care	51.4%	85.4%	42.6%	72.3%
Receiving essential newborn care	4.9%	32.4%	11%	9.3%
Use of contraception	4.3%	24.6%	6.4%	16.9%
Home	39.4%	18.0%	44.6%	26.6%
Postnatal Health check up	51.4%	85.4%	42.6%	72.3%
Planned pregnancy	74.5%	86.5%	69.1%	82.3%
Use of contraceptives	4.3%	24.6%	6.4%	16.9%

Conclusion:

The evaluation study conducted in 2012 showed that the intervention is very effective in improving maternal and child health outcomes in rural communities. This study provided an evidence for project continuation and expansion in other similar settings. Previous studies and evidences indicate that outcome might be easier to achieve, however, follow up or continuity is needed to see actual impact

of the programmes. Considering this fact, GTN did not phased out its comprehensive health promotion programmes from Dakshikali and Chhaimale. The program continued in similar modality, approach and activities on the field. Regular monitoring of the programme has been continued. In 2015, GTN has not conducted in depth evaluation study but has kept up-to-date with program progress using monitoring data (quantitative and qualitative). From December 2015, GTN will be rolling out exit plan in Dakshinkali and Chhaimale. One major activity will be handover of the programme to the local government and/or local women network.

SUCCESS STORIES

Case 1: Ratnamaya Waiba

Ratnamaya Waiba of Chhaimale VDC-5 is 24 and has 2 children, a 6 yr-old daughter and 1 yr-old son. Her husband works as a helper on a truck. During her last pregnancy she had no antenatal check-ups, and when a health worker first spoke with her, had no understanding of the importance of antenatal care. During her second pregnancy, she joined a group, and as a result was examined for the first time during a pregnancy. She also received a baby blanket and a safe delivery kit, which she used for the delivery of her son, who she had at home.

Ratnamaya stated that, “After joining the Green Tara Nepal’s group meetings, I have learned a lot about child care and it was much easier than with my previous child. I have learned about how to care at home for my child, which was difficult with my first one.” Ratnamaya is very enthusiastic to learn new things, and has been attending the group meetings regularly for the last 19 months.

Ratnamaya added that women in her area consider there is no need to go to a health facility for delivery, despite the risks of child birth at home. While Ratnamaya gave birth at home, she told us that she is now much more aware of the danger signs and complications that need a prompt referral to a health facility. Before her birth, she had arranged transportation with the local taxi driver in case of any complications. Ratnamaya also told us, “because of joining your group, I learned a lot about how to care for myself during and after the pregnancy. Getting enough food, rest, care for my child including essential newborn care. I also

learned about Family Planning. Attending the meeting has been very helpful to me and my son.”

Case 2: Sabitri Pudasaini

Sabitri Pudasaini is a 34 years old a resident of Chhaimale VDC ward no.6. She has been an active member of one of GTN’s HP Groups for 4 years. She has a 17-year-old son and recently decided to have a second child. During her pregnancy she followed the advice suggested by the health promoters e.g. avoiding heavy work, taking iron folic acid, and having antenatal checks.

Two weeks before her delivery date Sabitri began experiencing pain. She felt the baby was not moving and so visited a doctor. Because of her participation in the health promotion group, Sabitri was aware of the danger signs in pregnancy, and had got some money together in case there was an emergency; in Nepal, families have to pay costs associated with visits to hospital, and this is often why pregnant women don’t receive the urgent care they need. Visiting hospital is a significant change for women in these communities since GTN began working there.

As her pain increased, Sabitri was taken to another hospital where comprehensive emergency obstetric care services were available. There, it was discovered that the condition of the baby was critical and she was admitted for close observation. Over the next 4 days, Sabitri’s health deteriorated and became life-threatening. Doctors performed an emergency caesarean section. If she had not accessed care, Sabitiri would inevitably have died in childbirth. She says “Because of the information in the group, and the preparation of money for emergency, I got a new life. If I had not done this, I would have died.” She is grateful to GTN staff and supporters. GTT and GTN feel proud that their services have saved at least one life.