

BEST PRACTICES CASE STUDY

The Nepal Safe Motherhood Network



**Partnerships
for Health
Reform**

Abt Associates Inc.
4800 Montgomery Lane
Suite 600
Bethesda, MD 20814

www.PHRproject.com
Tel 301-913-0500



The PHR Project is funded by the
US Agency for International Development

The Nepal Safe Motherhood Network

March 2000

Prepared by:

Pamela Putney
Abt Associates Inc.



Partnerships
for Health
Reform

 Abt Associates Inc. ■ 4800 Montgomery Lane, Suite 600
Bethesda, Maryland 20814 ■ Tel: 301/913-0500 ■ Fax: 301/913-0562

In collaboration with:

Development Associates, Inc. ■ Harvard School of Public Health ■ Howard University
International Affairs Center ■ University Research Co., LLC



Funded by:
U.S. Agency for International Development

“The Network should be replicated in other countries.”

Dr. William Piggot, WHO/Nepal Representative



Partnerships
for Health
Reform

Mission

The Partnerships for Health Reform (PHR) Project seeks to improve people's health in low- and middle-income countries by supporting health sector reforms that ensure equitable access to efficient, sustainable, quality health care services. In partnership with local stakeholders, PHR promotes an integrated approach to health reform and builds capacity in the following key areas:

- > *Better informed and more participatory policy processes in health sector reform;*
- > *More equitable and sustainable health financing systems;*
- > *Improved incentives within health systems to encourage agents to use and deliver efficient and quality health services; and*
- > *Enhanced organization and management of health care systems and institutions to support specific health sector reforms.*

PHR advances knowledge and methodologies to develop, implement, and monitor health reforms and their impact, and promotes the exchange of information on critical health reform issues.

November 1999

Recommended Citation

Putney, Pamela. November 1999. *Best Practices Case Study: The Nepal Safe Motherhood Network*. Bethesda, MD: Partnerships for Health Reform Project, Abt Associates Inc.

For additional copies of this report, contact the PHR Resource Center pub_order@phrproject.com or visit our website at www.PHRproject.com.

Contract No.: HRN-C-00-95-00024
Project No.: 936-5974.13

Submitted to: Robert Emrey, COTR
Policy and Sector Reform Division
Office of Health and Nutrition
Center for Population, Health and Nutrition
Bureau for Global Programs, Field Support and Research
United States Agency for International Development

TABLE OF CONTENTS

I.	SUMMARY	1
II.	INTRODUCTION.....	3
III.	COUNTRY CONTEXT.....	4
IV.	BACKGROUND	5
	A. Events that Led to the Network	5
	B. Developing the Concept.....	6
	a. The First Planning Workshop.....	6
	b. “Teej” Event.....	7
	c. First Annual Meeting	8
	d. Second National Event.....	8
	e. Intersectoral Workshop.....	9
	f. Other Events.....	10
V.	HOW THE NETWORK FUNCTIONS.....	11
	A. Mandate, Purpose, & Role.....	11
	B. Partnerships & their Evolution.....	11
	a. Local NGOs.....	12
	b. Government/Public Sector	15
	c. Private Sector/Professional Agencies	15
	d. Donor Agencies, INGOs.....	16
	C. NETWORK’S ORGANIZATIONAL STRUCTURE	17
	a. Structure, Decision Making & Human Resources	17
	b. Budget, Financial Structure, Funding.....	19
	c. MIS, Evaluation & Monitoring	20
VI.	POLICY EFFORTS & IMPACTS.....	20
	A. Strategies & Activities.....	20
	B. Impact & Outcomes.....	22
	a. Policy Changes	22
	b. Impact on NGOs, INGOs Other Sectors	25
	c. Other Outcomes.....	27

C. Obstacles.....	28
D. External Circumstances.....	29
VII. LESSONS LEARNED	30
VIII. POTENTIAL FOR REPLICATION	35

BEST PRACTICES CASE STUDY SERIES

One of the objectives of the Partnerships for Health Reform (PHR) is to disseminate information about successful field approaches to health reform in developing countries. The USAID-funded project's Special Initiatives group takes particular interest in public/private partnerships that expand the access to health care services, and that increase the coverage and quality of health services to underserved populations. Special Initiatives seeks to “improve the policy environment for more effective use of resources devoted to key maternal and reproductive health services” and “increase the collaboration between NGOs and governments in policy dialogue, policy formulation, and implementation for health sector reforms affecting priority services.”

PHR's *Best Practices Case Study* series presents successful practices, methods, and tools that can inform and instruct policymakers, the NGO community, and reproductive health specialists. The first issue in this series focuses on the Nepal Safe Motherhood Network (NSMN). NSMN is supported by USAID in conjunction with other donor organizations. This report is adapted from a presentation made before the American Public Health Association's 127th Annual Meeting and Exposition, November 7-11, 1999, in Chicago, IL.

ACKNOWLEDGEMENTS

This case study is dedicated with sincere admiration to the founders and members of the Safe Motherhood Network who have worked together so skillfully and tirelessly over the past few years to reduce maternal and neonatal deaths in Nepal.

The study could not have been carried out without the exceptional support and hospitality of Christa Skerry, Country Director of CEDPA/Nepal. The entire CEDPA/Nepal staff including, Kalpana Chitrakar, Deepak Bajracharya, Arun Shresta, Tshering Dolma and Dibya Rai, Dilraj Basnet, and Manisha Bajracharya all provided the author with invaluable assistance in conducting the study (always graciously and with a smile).

For their support and contributions, PHR also thanks: Dr. Glenn Post, Chief, Health Office, USAID/Nepal and his staff, particularly Anne Peniston; Dr. Baburam Marasini, Director, Family Health Division, Safe Motherhood Program, Ministry of Health; Dr. May Post, co-author of the Assessment of the NSMN conducted in 1998; Marcy Ramsey and Nancy Russell from CEDPA/Headquarters in DC; and all the Network members who kindly took time out of their busy schedules.

Thanks also to Mark McEuen, Kathy Krasovec, Charlotte Leighton, and Derick Brinkerhoff from PHR/Abt Associates who provided important insights and valuable technical support.

ACRONYMS

ADRA	Adventist Development and Relief Agency
CEDPA	Centre for Development and Population Activities
CHDK	Clean Home Delivery Kits
DFID	Department for International Development (Great Britain)
DHS	Demographic Health Survey
FPAN	Family Planning Association of Nepal
HKI	Helen Keller International
HMG	His Majesty's Government (Government of Nepal)
ICPD	International Conference on Population and Development (United Nations Population Funds' 1994 world conference held in Cairo in 1994 in conjunction with an international NGO meeting.
IEC	information, education and communication
INGO	international non-governmental organization
JHU/PCS	Johns Hopkins University Population Communication Services
MOH	Ministry of Health
MRH	Maternal and Reproductive Health
NFHS	Nepal Family Health Survey
NGO	non-governmental organization
NSMN	Nepal Safe Motherhood Network
TBA	traditional birth attendants
UMN	United Missions of Nepal
WHO	World Health Organization

I. SUMMARY

Five years ago, the Nepali Ministry of Health and non-governmental organizations (NGOs) were not working cooperatively to address maternal health issues. The Government of Nepal had signed the 1994 International Conference on Population and Development (ICPD) plan of action in Cairo. In 1993, the Family Health Division of the Ministry of Health (MOH) had already adopted a Safe Motherhood Program but the government was unable to implement this program. In 1996, the government moved to adopt a set of National Maternity Care Guidelines to combat the high maternal mortality rate. Meanwhile, several NGOs had independently published and disseminated information on safe motherhood and began distributing Clean Home Delivery Kits (CHDKs) to reduce maternal/neonatal sepsis and tetanus at prices most families could afford.

However, despite these efforts, there was a growing sense of frustration within the government and many communities that the government's Safe Motherhood Program had not been effectively launched. This was exacerbated by the fact that differing, and sometimes confusing, messages on safe motherhood were being disseminated; donor and local resources were being used inefficiently; important information materials were not being distributed; and action plans were not being implemented. Though a number of bi-lateral and multi-lateral donors and NGOs had been putting tremendous amounts of human and financial resources into reproductive health issues, demand creation, and service delivery efforts, these independent efforts were unfocused and largely ineffective.

“What does safe motherhood mean? No one was clear. The Network brought people together to discuss these issues, especially at the district level.”

- *Dr. Hari Kbanal, Executive Director, Family Planning Association of Nepal (FPAN)*

Scope of the Problem

Maternal deaths are an every day event in Nepal. The lifetime risk of maternal death is 1 in 10 (WHO/UNICEF 1996). Approximately 4500 women a year (12 each day, or one every 2 hours) die of pregnancy-related complications, the vast majority of which could be prevented. According to 1996 Nepal Family Health Survey (NFHS) estimates, the country's population of more than 21 million has an annual birth rate of nearly 800,000, more than 10 percent of which die in the first year. Many deaths of newborns and mothers have been directly attributed to tetanus and sepsis. The vast majority (92 percent) of births take place at home under unhygienic conditions with untrained attendants. NFHS also reveal that only 10 percent of all births are attended by skilled health personnel, 5.8 percent by physicians, and 3.2 percent by nurses.

Part of the challenge of reaching people with health messages, supplies, and services is the fact that Nepal is a landlocked country of diverse geography, cultures, climates, traditions, languages, and resource availability. A high percentage of the population lives in remote rural areas, without access to a basic infrastructure of services. Only 37 percent of households own radios and fewer than 6 percent have televisions. Only 14 percent of women are literate (NFHS 1996).

NSMN is a model of how NGOs can play a major role in health sector reform using information and advocacy as a priority focus. NGO networks can form effective public/private partnerships influencing policy and its implementation at all levels of the system (central, district, community). The network has demonstrated that by simultaneously raising awareness and focusing on advocacy, a powerful connection between the grassroots and policymakers can be made to "call people into action."

The new partnerships forged through the network between the government, NGOs, INGOs, and the private sector have led to a sense of solidarity and common purpose which has been used as an effective forum for forging consensus and strengthening policies and commitment in implementing plans of action. Previously, the government was concerned that the number of NGOs implementing reproductive health-related activities was increasing uncontrollably and moving too rapidly regardless of government policy. The current government Safe Motherhood Policy encourages the active participation of NGOs in improving maternal care services at the community level.

The systematic targeting of stakeholders and policymakers has also made a difference. The network's willingness to support already existing government safe motherhood policies has resulted in more efficient use of existing resources and collaborative efforts by volunteer work in complementary geographic areas. Presently, the MOH handles clinical and medical care and service delivery while the Network reaches the grassroots with safe motherhood information that encourages people to adopt healthy practices and to utilize existing maternity services.

The network model of using volunteers in a well-organized way demonstrates that it is possible to achieve significant results with minimal resources. By sharing information, "know how," experiences, logistical systems, contacts, and ideas, the network has been able to make limited resources go farther. Expenses are kept to the absolute minimum and there is no competition for funds.

A model for other countries seeking innovative ways to address the crisis of maternal and neonatal deaths, NSMN is comprised of over 75 official members, not including those that work at the district level. There are approximately 26 NGOs, 21 INGOs, 12 donor agencies, 6 governmental agencies/departments, and 7 professional/private sector organizations. A testimony to the network's effectiveness and growing influence is the fact that its membership has tripled since its inception in 1996.

PHR found that the Network has played a unique role influencing policy and its implementation, proving that effective, high profile efforts can shape policy by reaching out and bringing together stakeholders at all levels – from national policymakers to grassroots organizations. NSMN also demonstrates that public/private sector partnerships are highly effective in reaching large target populations. For these reasons, PHR believes that the Nepal Network can serve as a model for other organizations and communities willing to work together to change attitudes and behaviors and advance health goals.

II. INTRODUCTION

One of the overall goals of PHR's (Partnerships for Health Sector Reform) Special Initiatives is to identify and disseminate successful field approaches to health sector reforms in developing countries, particularly public/private partnerships that expand the access to, coverage, and quality of priority services to underserved populations. As a part of the Maternal and Reproductive Health (MRH) and NGO (Non-Governmental Organization) Special Initiatives mandate to: "improve the policy environment for more effective use of resources devoted to key maternal and reproductive health services" and "increase the collaboration between NGOs and governments in policy dialogue, policy formulation, and implementation for health sector reforms affecting priority services," a case study of the Nepal Safe Motherhood Network was carried out between October 1998 and March 1999. During two site visits to Nepal, Network members, government officials, health care providers, community leaders, and other key stakeholders were interviewed. In addition, field observations and interviews were conducted in communities in the remote western part of the country where Network activities have taken place.

Since 1996, an estimated 500,000 Nepalese women and their families in all 75 districts of Nepal have been reached through the Network's activities, and 8 to 9 million families have listened to important safe motherhood messages aired on TV and radio.¹

The Nepal Safe Motherhood Network has played a unique role by promoting behavior change² through advocacy and awareness creation activities designed to: ensure adequate government, donor, private sector resources and services for maternal and neonatal health by sensitizing policy and decision makers about safe motherhood issues; strengthen the commitment, capacity, coordination and effectiveness of the government's, donors' and NGOs/INGOs' safe motherhood programs; establish and sustain district networks to disseminate standardized safe motherhood messages as well as advocate for safer motherhood at the family and community levels; and to positively influence the knowledge, attitudes and behavior of families, community leaders, health care providers and others for improved care for mothers during the pregnancy, delivery and postpartum periods.

The Network has successfully raised the knowledge level and awareness of policymakers, politicians, government officials, the media, health professionals, community leaders, and other stakeholders regarding the acute problem of maternal and neonatal mortality in Nepal, resulting in increased attention, support, and commitment for safer motherhood at the policy level.

¹CEDPA 1998.

²Much of the Network's strategy has been based on CEDPA's behavior change model.

“The Network has helped improve the status of women and is playing an important role in empowering them.”

Ms. Meena Sharma, Director, MOH TBA Project (Redd Barna)

III. COUNTRY CONTEXT

Located between India and China, Nepal is a landlocked country of diverse geography, cultures, climates, traditions, and languages. A high percentage of the population lives in remote rural areas, without access to basic infrastructure or services. Only 37% of households own radios and fewer than 6% have televisions. Life expectancy is one of the lowest in the world, 52 years for women, compared to 54 years for men (NFHS-Nepal Family Health Survey 1996).

Maternal deaths are an every day event in Nepal. The lifetime risk of maternal death is 1 in 10 (WHO/UNICEF 1996). Approximately 4500 women a year (12 each day, or one every 2 hours) die of pregnancy-related complications, the vast majority of which could be prevented. According to the 1996 Nepal Family Health Survey estimates, the country's total population is over 21 million, with 781,686 live births occurring every year. Maternal mortality rates vary from 539/100,000 live births (DHS/Macro International Inc., 1997) to 1,500/100,000 live births (UNICEF/WHO 1996). The official infant mortality rate is 79/1000 live births. For newborns up to age one month the mortality rate is 49.9/1000 live births (NFHS 1993). The total fertility rate in Nepal is 4.6, with a modern contraceptive prevalence rate for married women of 29%. The population has more than doubled during the last 35 years.

Nepal's high maternal/infant mortality and morbidity rates are due to a number of factors, including: early, closely-spaced and repeated pregnancies; poor health and nutritional status of pregnant women; low utilization and availability of adequate health services; harmful traditional beliefs and practices; the low status and literacy levels of women (14%); the cost of and unwillingness to pay for essential obstetrical care; and the lack of transportation, distance and accessibility to health services.

The vast majority of births take place at home under unhygienic conditions, with untrained attendants (92%). Only 10% of all births are attended by skilled health personnel, 5.8% by physicians and 3.2% by nurses. Women generally have little decision-making power over whether or not to utilize health care under normal circumstances or when complications occur. These decisions are usually made by a woman's husband or mother-in-law and a woman's health during pregnancy is rarely seen as a priority within the family.

“What does safe motherhood mean? No one was clear. The Network brought people together to discuss these issues, especially at the district level.”

Dr. Hari Khanal, Executive Director, Family Planning Association of Nepal (FPAN)

IV. BACKGROUND

A. Events that Led to the Network's Creation

In 1993, the Government of Nepal approved a National Safe Motherhood Policy and Plan of Action. By 1996, National Maternity Care Guidelines had been published, IEC materials developed and printed, and Clean Home Delivery Kits to reduce maternal/neonatal sepsis and tetanus were being mass produced by a local non-profit NGO for purchase by families at an accessible price. Despite these accomplishments, there was a growing sense of frustration within the government and development community that the Safe Motherhood Program had yet to be effectively launched.

It was the outstanding success of the first National Condom Day in 1995, which led to the creation of the Nepal Safe Motherhood Network. The idea behind National Condom day was to use low cost, entertaining local events following the important Dashain holiday (when men who migrated outside of their villages for work were home for the celebrations) to educate men and women regarding the need to use condoms for both disease prevention and birth spacing. The nationwide event, conceived and implemented by an informal group which included CEDPA/Nepal, the Nepal Red Cross Society, and 26 other NGOs/INGOs, with the support of the Ministry of Health, involved mass rallies of men and women who participated in events such as condom blowing contests, games, street dramas, and puppet shows.

In January 1996, the Nepal Save the Children Alliance and MCH Products, Pvt. Ltd., (a woman-owned and operated private firm that manufactures the Clean Home Delivery Kit), asked the organizers of Condom Day to produce a similar event to promote safer motherhood in celebration of International Women's Day on March 8, 1996.

The theme chosen for the first safe motherhood event was "National Clean Delivery Awareness Day." Supported by the Ministry of Health's Family Health Division, a coalition of 26 NGOs/INGOs mobilized their field staff and a network of volunteers to organize programs to promote "Clean Delivery" at the village level in 41 districts around the country. The then Prime Minister's wife, a new mother herself, was asked to be the event's Honorary Chairperson. An activity guide was developed and distributed to enable the organizers of the events to effectively use creative communication strategies such as street dramas, puppet shows, rallies, exhibits, discussions, and demonstrations of the Clean Home Delivery Kit to promote "clean delivery" messages. Complementary posters, stickers, flash cards, Clean Home Delivery Kits and other promotional materials depicting safe motherhood messages were also distributed during all the events.

"The Nepal Red Cross has played an important role."

Sandra MacDonagh, Nepal Safer Motherhood Project, DFID/Options

The “National Clean Delivery Awareness Day” gathering at a historic site in the Kathmandu valley was attended by over 4,000 people, including families, community leaders, high level politicians, government officials, ambassadors, and representatives of donor agencies. A press packet was developed and distributed, resulting in extensive coverage by newspapers, radio and television at the national and local levels. The coalition also placed a full page promotional announcement in the national newspaper.

Through the use of already existing and local materials, volunteers, as well as local NGO/INGO and government networks, the entire cost of the national event was only \$4,000.

“The ability to motivate and inspire people and the initial enthusiasm was key to the successful collaboration.”
Sandra MacDonagh, DFID/Options

B. Developing the Concept

The huge success of National Clean Delivery Awareness Day on March 8th, 1996, inspired the organizers of the event to form a network to enable them to work together more effectively to address the acute problem of maternal and neonatal deaths in Nepal.

“From the beginning the Network has involved the Government and the activities have been of common interest, based on national policies.”

Ms. Manu Thapa, Reproductive Health Expert, Primary Health Care Project, GTZ

a. The First Planning Workshop

In collaboration with the Ministry of Health, the Network held a planning workshop in June 1996 to determine how the Network could support and compliment the government’s Safe Motherhood Program.

The participants came from diverse sectors, including representatives from: non-formal education, family planning, agriculture, nutrition, income generation, and traditional birth attendant (TBA) programs; health care providers from the district and central levels; the private for profit and not for profit sectors; mothers’ groups; the MOH; donors and international agencies; INGOs; and NGOs.

During the workshop the participants agreed to work together to implement the government's National Safe Motherhood Policy to:

- Raise the awareness of safe motherhood issues
- Coordinate program efforts to avoid duplication
- Standardize safe motherhood messages
- Utilize a standard set of statistics for program purposes
- Identify and map resources at the district and local levels

“The Network is the only forum where you can find organizations from all sectors participating. The multisectoral approach is key.”

Meena Sharma, MOH/TBA Project

The Action Plan developed during the workshop identified 6 priority areas:

1. Intersectoral collaboration for safe motherhood at the community level.
2. Strengthen and expand basic maternity services at the family and community levels.
3. Develop referral systems between homes and the nearest health facility.
4. Disseminate safe motherhood messages to families and communities using the “enter-educate” approach, as well as traditional and modern communication.

5. Raise the status of women.
6. Use social marketing to increase the availability and utilization of the Clean Home Delivery Kits, as well as other safe motherhood products.

“Drama is an effective advocacy tool.”

Dr. Ava Shresta, Chairperson of the Network’s Advocacy Committee

b. Using a Woman’s Festival (“Teej”) in Kathmandu to Promote Safe Motherhood Messages

The Network’s second big event was carried out during the annual “Teej” festival in September 1996. “Teej” is an important religious festival where women gather together to visit temples, to pray, sing and dance for the health, well-being and long life of their husbands. Because the organizers were concerned that using a religious event to promote safe motherhood might be considered by some as offensive, a decision was made to hold the event only in Kathmandu.

A number of religious organizations were asked to “lend their support” and participate actively in the event as a strategy to involve and avoid alienating this important group of stakeholders. Three key safe motherhood messages were chosen. These messages were then printed on banners and on five thousand handkerchiefs to be given to each woman to remind her and her family of the importance of safe motherhood. Songs with the three messages were also written and sung by professional singers outside the temples where the women were gathered.

Rather than offending families and religious leaders, using the religious festival to promote safe motherhood turned out to be a powerful and effective way to inspire and unite people to work together to improve the health of women and newborns. Women waiting in line at the temples to pray for their husbands were so moved by the songs that they began to dance and sing along. The Network’s 1996 “Teej” experiment was a huge success.

“There were huge crowds at the events that attracted a lot of attention and the membership grew.”

Christine Preston, United Missions of Nepal, Original Founder/Member

c. The First Annual Meeting of the Safe Motherhood Network

National Clean Delivery Awareness Day and the “Teej” Event were so effective in raising the interest and awareness levels regarding the importance of safe motherhood as an issue that by the first annual meeting in November 1996, the Network’s membership had almost doubled (26 to 45).

During the meeting the members formed sub-committees to carry out the Network’s two-year plan and decided upon a theme for the next major event: “Safe Motherhood-It’s a Family Responsibility.” A special committee was created to plan and implement the event, which was to be the second Network program to be held on International Women’s Day.

“The Network helps the Ministry make sure that there is no duplication of efforts and they support the Government’s policies.”

Dr. Baburam Marasini, Director, Family Health Division,
Safe Motherhood Program, Ministry of Health

d. The Second National Safe Motherhood Event-A Milestone

The Network’s second national safe motherhood event was a particularly important milestone because it was launched simultaneously with the official inauguration of the Ministry of Health’s National Safe Motherhood Program. The Network worked hand-in-hand with the Ministry to ensure the success of all the events which took place over several days in all 75 districts of Nepal.

Seven “life-saving” messages were selected, posters were printed for national distribution and on International Women’s Day the countrywide events to promote “Safe Motherhood-It’s a Family Responsibility” were initiated with a march through the streets of Kathmandu, led by an elephant displaying the seven safe motherhood messages.

An estimated 50,000 people actively participated in the events, including TBAs, health professionals, high level politicians, Ministry and other government officials, ambassadors, donor agency representatives, students, and families. Again, all forms of the media (i.e.; newspapers, radio, TV) were used very effectively to ensure that the “life-saving” messages were repeated and reinforced. Guides, along with promotional safe motherhood materials, were distributed to communities through the Network’s extensive grassroots partnerships on how to use creative, local materials and activities such as street dramas to get the “life-saving” messages across to families, health workers, local leaders and politicians.

With the huge success of the second national event the Network was able to demonstrate:

- Effective, high profile results could be achieved at low cost.
- Extensive national interest existed to address the problem of maternal deaths-people did care.
- Stakeholders at all levels, grassroots to high level national officials, could be reached.
- Public/private sector partnerships were not only possible, but highly effective.
- Small and large, local and international NGOs, agencies and government officials can all learn from each other and share experiences.

After the second national event the Network held a meeting of its members to assess its activities and impact to date and to discuss “next steps.” During the meeting four new priorities were identified.

“The ultimate goal of the Network is for clients to advocate for changes.”

Dr. May Post, co-author 1998 Safe Motherhood Network Assessment

The new Network priorities were to:

Expand the focus of network activities at the district level.

Build on the successful “awareness raising” activities to now focus on advocacy.

Increase the knowledge base and understanding of safe motherhood among member organizations and other key stakeholders.

Increase the interest and participation of non-health sector organizations and professionals for safer motherhood, particularly at the community level.

The Network also committed to continue its link/collaboration with national and local Condom Day activities.

“The multisectoral approach is a major factor in the Network’s success.”

Dr. Glenn Post, Chief, Health Office, USAID/Nepal

e. “Understanding Safe Motherhood”-The National Intersectoral Workshop

A decision was made to hold a one-day intersectoral workshop to celebrate International Safe Motherhood Day, on May 28, 1997. The theme of the workshop was “Understanding Safe Motherhood.” Utilizing a combination of presentations, focus group discussions, films, and visual exhibits, the 100 participants, from 60 organizations from diverse sectors (i.e.; agriculture, justice and law enforcement, education, women’s development and health, industry), analyzed the situation in safe motherhood at all levels of the system (i.e.; family, community, district, hospital).

The intersectoral workshop was a public “call for action,” where each participant was challenged to become an advocate for and to carry out programs to address the acute problem of maternal deaths in their communities.

An important outcome of the workshop was an impressive handout which outlined clear, simple, and effective steps that each sector could take to make motherhood safer. Entitled “What the Non-Health Sectors Can Do for Safe Motherhood,” the chart was printed and distributed widely.

“The Network took risks-there was the freedom to be creative.”

Christine Preston, United Missions of Nepal , Original Founder/Member

f. Other Important Network Events

Since the May 1997 Intersectoral Workshop, a number of Network events have taken place, the most important are: The Second “Teej” 1997 Festival; the International World Health Day Event in April 1998; and the National Poster Competition in November 1998.

The Second “Teej” Festival was held nationally this time, with events carried out in 37 districts in collaboration with 86 NGOs and INGOs and their grassroots partners. To highlight the activities, a national safe motherhood song contest was held. Nepali mothers were asked to submit songs about their personal experiences during pregnancy and childbirth, with the best ones to be recorded and distributed as cassettes. UNFPA contributed funds for the event in honor of the anniversary of the Cairo conference.

The International World Health Day event was celebrated with a march by over 3,000 people through the streets of Kathmandu, each one with a number pinned onto his or her front to symbolize the Nepalese women who had died in childbirth during the past year (approximately 4,000 women die every year in Nepal due to pregnancy-related complications). The Minister of Health inaugurated the event, which was attended by many other prominent people. At the end there was a moment of silence to honor all Nepalese women who had died giving birth. Hillary Rodham Clinton, the First Lady of the United States mentioned the march in a speech given at the World Bank in Washington, DC, that same day to acknowledge the important work of the Nepal Safe Motherhood Network in making motherhood safer.

“The Network members are committed and they work mostly on a voluntary basis.”

Dr. May Post

V. HOW THE SAFE MOTHERHOOD NETWORK FUNCTIONS

A. Mandate, Purpose and Role of the Network

The original vision of the Network was 1) to prevent maternal deaths by implementing safe motherhood awareness campaigns throughout Nepal at the grassroots level in collaboration with community-based organizations; and 2) to focus on advocacy at the policy and district levels in order to create an environment to generate quality services and meet the demand created by the awareness campaign.

In May 1998, the goal and objectives of the Network were refined to keep pace with the evolving needs and experiences of its membership. The new goal is: *To improve the status of women by contributing to safe motherhood through advocacy and awareness creation.*

The *refined objectives* are:

1. To sensitize policymakers about the importance of safe motherhood as a priority to ensure adequate government, donor, and private sector resources/services for maternal health.
2. To strengthen commitment, capacity and coordination between HMG, donors, and NGOs/INGOs for greater effectiveness towards achieving the objectives of the Safe Motherhood Network.
3. To establish and sustain district networks to advocate for safe motherhood, and to disseminate safe motherhood messages at the family and community levels.
4. To contribute to the dissemination of standardized messages (using HMG guidelines) at the family and community levels.
5. To positively influence knowledge, attitudes, and behavior (intentions) for improved safe motherhood (pregnancy, delivery and postpartum care).
6. To manage the finances of the Safe Motherhood Network and to raise funds to support Network activities.

“The Network has improved the working relationships between all the groups working in safe motherhood and we are all trying to achieve the same goal.”

Meena Sharma

B. The Partnerships and Their Evolution

A testimony to the Network’s effectiveness, growing influence and strength is the fact that its membership has tripled since its inception in 1996. The initial coalition of 26 NGOs, INGOs, donors, governmental agencies and professional organizations has grown to include 75 official members, not including organizations which participate in Network activities at the district level. The membership mix when broken down consists of approximately 26 local NGOs, 7 professional/private sector organizations, 6 governmental agencies/departments, 21 INGOs, and 12 donors.

Initially most of the Network’s committees were chaired by expatriates and the meetings were held in English. As a direct result of the capacity-building and leadership development that has taken place through the Network, today all committees are chaired by nationals and the majority of meetings are conducted in Nepali.

“The Network provides a chance to get together with other NGOs, help each other out, exchange ideas and skills, experiences and materials. We enjoy going to meetings and its become an important support group.”

Karuna Onta, Nepal Senior Program Officer, JHU/PCS

Through its partnerships the Network has been able to take full advantage of the skills, experience, expertise, and resources of the diverse professionals from its member organizations.

The successful interplay and balance between the government, local and international organizations, and the private sector—each making a unique contribution, has enabled the Network to achieve results in a short period of time.

“Before the Network, NGOs worked in isolation —now they are coordinating.”

Ms. Manu Thapa, Reproductive Health Expert, Primary Health Care Project, GTZ

a. Local NGOs/Local Administrative Systems

Since the restoration of democracy in Nepal in 1990, the number of NGOs has grown dramatically. Over the past 5 years HMG has increasingly sought partnerships with NGOs and recognized the important role they play in development. However, the role of NGOs and their relationship with the government has been somewhat constrained by the slow emergence of a democratic institutional culture in the government, social sector and the community, as well as a lack of transparent and explicit terms of reference for NGOs to act as catalysts for development. According to estimates, there are currently around 15,000 NGOs operating in Nepal among the various sectors. The majority of NGOs operate under the Societies Registration Act, however, there are a total of 13 different existing Acts or Regulations pertaining to NGOs.³ The size of NGOs range from small local grassroots operations of 2-3 people with minimal resources to NGOs such as the Nepal Family Planning Association which has over 4,500 employees, 13,000 volunteers and provides services in over 30 of Nepal’s 75 districts.

Local NGOs play a vital role in the Network. The NGOs represent diverse sectors (i.e.; health, education, advocacy, agriculture) and provide a critical link to the communities the Network is attempting to reach. NGOs contribute “know how” and diverse experience to the Network partnerships. They also are often the most efficient and effective partners through which to implement activities at the community level.

The Network meetings and activities have provided the important opportunity for local NGOs to build their capacity to establish effective collaborative relationships with other NGOs, the government, donors and other international agencies.

The Government of Nepal has formally acknowledged the contribution that NGOs make towards improving the access, quality and coverage of reproductive health/safe motherhood services in a number of ways. The MOH’s 1998 Safe Motherhood Policy states as one of its five policy directives that the MOH will expand and improve maternity care services at all institutional levels by “encouraging the active participation of NGOs at the community level.”

“NGOs have more of a sense of ownership and are more active in safe motherhood because of the Network.”

Dr. May Post

The government’s five year plan also cites an expanded role for both NGOs and the private sector, which supports its trend towards more liberal economic policies. NGOs have been asked to participate in key MOH strategic discussions and are playing a larger advocacy and IEC role in women’s issues since the Cairo Conference in 1994 (ICPD).⁴

“Now the Minister of Health and the Ministry staff are really talking and working with NGOs, INGOs, and others on safe motherhood issues.”

Dr. Ava Shrestha, Chairperson, Network Advocacy Committee

³Non-Governmental Organizations in Development: Search for a New Vision, Bishwa Keshar Maskay, Center for Development and Governance, Kathmandu, Nepal, 1998.

⁴Nepal Reproductive Health Case Study, the Policy Project 1998.



A Network member reading a safe motherhood message. [CEDPA/Nepal]

The 1998 National Reproductive Health Strategy developed by the MOH Family Health Division, Department of Health Services, states:

- “In order to ensure that NGO and private sector activities supplement and complement the national reproductive health program, the national Reproductive Health Strategy for Nepal should be the guiding document for all partners in this initiative;
- The need for strengthening NGO/private sector partnerships with HMG has been identified as a sustainable mechanism to expand coverage and quality reproductive health services. Therefore, clear operational linkages should be outlined between NGO/private sector partners and the Government Health services in all project documents and workplans;
- In order to monitor the performance of participating NGOs/private sector, it will be required to report activities to the District Health Office on the standard HMIS reporting format to ensure NGO/private sector inputs are reflected in the district report; and
- To ensure maximum complementarity between reproductive health activities, selected NGO representatives and private practitioners will be invited to attend the trimesterly Reproductive Health Coordinating Committee meetings held in the Department of Health Services.”

The role of NGOs will most likely continue to grow and expand as the Network attempts to increase its activities and influence in the districts and as NGOs play an ever-increasing role in expanding essential reproductive health services to underserved areas of Nepal.

“The Network has used local organizations effectively.”

Sandra MacDonagh, DFID/Options

“The Network supports Government activities through NGOs in their own districts and is helping to translate the Government’s policies into action.”

Ms. Manu Thapa, GTZ

b. Government/Public Sector

From the beginning, close collaboration with the government at the central, district and local levels has been a high priority for the Network. The 1996/97 Annual Report of the MOH Department of Health Services, Family Health Division, states that safe motherhood is to be achieved (among other strategies) through “promoting intersectoral collaboration by ensuring advocacy and commitment for reproductive health, including safe motherhood at central, regional, district and community levels.”

As in most collaborations between governments and NGOs/private organizations worldwide, the partnership between the Government of Nepal and the Nepal Safe Motherhood Network has not been an easy one. However, the results have been very positive and the partnership has continued to evolve and strengthen over time.

“The Network has been very effective in working with the Government.”

Ms. Sudha Pant, Program Assistant, UNFPA

The Network recognizes and builds upon the fact that the MOH sets national safe motherhood policies and guidelines. HMG is (and will continue to be for the foreseeable future), the most important provider of health services in Nepal, especially in the underserved rural areas.

The authors of HMG’s National Maternity Care Guidelines, who are well-known and highly respected government OB/GYNs and neonatologists, have become active members and leaders in the Network, which has enhanced its credibility.

“The Safe Birthing Kit (Clean Home Delivery Kit) helped the Network get started because we had a tangible product to sell.”

Ms. Helen Sherpa, Original Founder/Member

c. Private Sector/Professional Organizations

Private sector and professional organizations contribute among other things, critical technical expertise, experience and credibility to the Network’s activities. For example, one of the most active members of the Network since its inception has been a highly respected female obstetrician/gynecologist, who has represented the Nepal Society of Obstetricians and Gynecologists. Her vast knowledge and experience in the field of obstetrics, plus her tireless dedication to reducing maternal deaths has helped the Network to more effectively conceptualize, prioritize and implement its programs. She stated during an interview that she was moved to do something about maternal deaths when a mother-in-law in a village told her that she wouldn’t allow her son to take his wife for care during an obstetrical emergency because “it was cheaper for him to find another wife.”

MCH Products, Pvt. Ltd., the manufacturers of the Clean Home Delivery Kit, offer the Network the use of their excellent educational materials and a simple, low-cost product to promote that helps to save the lives of mothers and newborns.

Other private sector/professional organizational members include such diverse groups as: the Asmita Publication House, Contraceptive Retail Sales Company, Ltd., the Lalitpur Nursing Campus, the Maternity Hospital, the Police Wives Association, the Army Wives Association, the Tribhuvan University Institute of Medicine, journalists and media representatives.

“Even people from the biscuit company donated things to and supported events.”

Dr. Ava Shresta, Chairperson of the Network’s Advocacy Committee

These organizations provide the Network with access to diverse spheres of influence and stakeholders, as well as additional resources.

“INGOs and NGOs are now working together on safe motherhood issues instead of alone.”

Gyan Bdr. Lama, Samundra Devi UNESCO Club (local NGO)

d. International Agencies, Donors and INGOs

The expanding role of NGOs in Nepal has meant that the role of INGOs, international agencies and donors has changed. Donors fund INGOs and international firms which manage/oversee the implementation of programs through local NGOs. The INGOs play an important role in capacity building and providing technical assistance.

The Network has provided an important forum for international agencies and donors to develop unique partnerships through which they can maximize and share resources, learn together, and share expertise and experiences.

In their 1997 paper “Getting Messages Out: Partnerships and Innovative Community Mobilization in Nepal,”⁵ the founding members of the Network outlined the contributions that the Government, NGOs and INGOs made to the Network. *According to the Network founders:*

The Government of Nepal:

- Sets national reproductive health policies and develops IEC strategies and clinical guidelines with the Network partners.
- Supplies already available and existing IEC materials for the Network partners and events.
- Lends authority to events.

The NGOs:

- Provide local credibility and communications/links with local government and communities.
- Provide the majority of the logistical support for Network activities and events

The INGOs:

- Assist the Network partners to identify, analyze, and build awareness of safe motherhood issues.
- Help to identify local leaders to implement Network activities.
- Support leadership development.
- Provide links to other INGOs, donor organizations and resources.
- Provide technical assistance and capacity building.

“Every member of the Network is respected equally.”

Karuna Onta, JHU/PCS

⁵Marta Levitt, Nancy Russell, Christine Preston, Deepak Bajracharya, Arzu Rana Deuba, Helen Sherpa and Karuna Onta.

C. The Network's Organizational Structure

a. Structure, Decision Making and Human Resources

The Safe Motherhood Network is an informal association, (not a registered or legal entity), of over 70 NGOs, INGOs, government representatives, donor agencies, professional organizations, from a number of different sectors who have agreed to work together to promote safer motherhood. The structure of the Network has evolved over time to become more formal, as its membership and activities have evolved and expanded.

"The Network from the beginning was 150% participatory."

Christine Preston, United Missions of Nepal, Original Network Founder/Member

In May 1996, the Network held a workshop to develop a two-year plan of action. Exactly two years later, in May 1998, a special general meeting was held to refine the Network's vision, objectives and structure.

"The objectives of the Network are clear."

Dr. Qussay Al-Nahi, Chief, Health Section, UNICEF/Nepal

Office space and Secretariat support for the Network, including a fulltime staff person, has always and currently been provided by CEDPA. The purpose of the Secretariat is to facilitate communications and cooperation between Network members to support the achievement of the Network's goals and objectives. Other than the Secretariat staff person, all Network activities are carried out on a voluntary basis. It should be noted that CEDPA staff who work on other CEDPA/Nepal projects also spend time supporting Network activities, particularly when the activities are linked to their programs (i.e.; reproductive health and literacy training). Over the past year a number of member organizations have written Network activities into their budgets and staff scopes of work.

"CEDPA as a Secretariat has done a good job of tapping into key people."

Sandra MacDonagh, DFID/Options

Under the direction of the Core Group the responsibilities of the Secretariat are to:

- Coordinate the development of action plans to achieve Network goals and objectives.
- Document Network activities and their impact by compiling data and preparing special reports.
- Produce and disseminate a monthly newsletter for Network members.
- Produce and disseminate annual reports.
- Manage Network communications (telephone, e-mail, fax) and correspondence including maintaining document and correspondence files.
- Maintain a library of reports produced by the Network and other documents about safe motherhood and related subjects.
- Host regular meetings of the Core Group.
- Conduct annual General Meetings and other special meetings as required at the direction of the Core Group.
- Provide office space and equipment to support the operations of the Network.
- Provide supervision for Secretariat staff.
- Manage the Network's finances.

The Network is led by a Chairperson, elected during the annual meeting of the members. The current Chairperson has served in that capacity since the Network's inception. After being unanimously elected two years in a row, during the special general meeting in May 1998, the members asked the Chairperson to serve for an additional three years. The Chairperson is supported by a Core Committee,

composed of the Chairpersons from each of the other Network committees: Communication, Capacity Building, Social Mobilization, Advocacy, and Finance & Fundraising.

“The fact that the Chairperson was the Prime Minister’s wife made the press pay attention to the Network and they still do, even though the Government has changed.”

Karuna Onta, JHU/PCS

The Committees meet on a regular basis, determined by the members of each committee.

Each committee is led by a chairperson, vice-chairman and a member secretary. The member secretary is responsible for writing the minutes of the meetings, distributing them to the members and sending a copy to the Secretariat.

In addition to the committees, at the present time two ad hoc task forces have been formed: 1) a Membership Task Force; and 2) a Conference Task Force.

“The fact that no money is involved has made the working relationships more effective and less competitive.”

Dr. May Post

b. Budget, Financial Structure, Sources of Funding

The budgeting and financial systems have become more structured and open in the past year, as the management of the Network has evolved. The record keeping has been upgraded and the Finance Committee now makes regular reports to the Network members regarding the Network’s financial status.⁶ CEDPA/Nepal is responsible for the day-to-day tracking and management of the Network’s finances, in collaboration with the Finance Committee. The major contributors to the Network in terms of monetary funds thus far include: CEDPA, Helen Keller International, UNICEF, UNFPA, Save the Children, CARE, ADRA, JHU/PCS, the National Vitamin A Project, the DFID Safe Motherhood Program, the Asia Foundation, and the Canadian Cooperation Office.

The total projected Network Secretariat budget for 1998 was 891,470 NRs (approximately US\$15,000). The largest Network expense is personnel costs. The local NGOs contribute considerable resources in terms of staff time. Funds have also been received from such diverse sources as local cement factories, technical institutes, and mother’s clubs. Network events have become so important to the member organizations that many of them have allocated staff time and other expenses (i.e.; printing of IEC materials, transportation costs, secretarial support, media time) into their annual budgets.

⁶See Appendix for 1997 Budget Statement and 1998 Budget Projection.

“The Network has a small budget, but it is spent wisely.”

Christine Preston, Network Founder/Member

Every opportunity is taken to maximize resources and impact, while keeping expenses to the absolute minimum. The small amount of funds that organizations are asked to contribute are stretched as far as possible. Little or no central funds are provided for local events, rather organizations and communities are asked to raise their own funds and provide support in kind. The Finance Committee and others are responsible for obtaining resources to develop, print and distribute IEC materials, logistical and other expenses.

c. MIS, Evaluation and Monitoring Systems

Up until the present time, the Network has not had a formal monitoring and evaluation system. It is however, in the process of developing one and CEDPA/Nepal has done an excellent job from the beginning of documenting the Network’s activities, inputs and achievements. CEDPA/Nepal has been responsible for coordinating the Network’s finances. Along with that, the Network has used CEDPA/Nepal’s MIS to support many of its activities.

A thoughtful, comprehensive assessment of the Network was conducted in April 1998 by Dr. Ava Darshan Shrestha, Dr. May Post, and Dr. Marta Levitt at the request of CEDPA/Nepal.⁷

VI. POLICY EFFORTS AND IMPACTS

A. Strategies and Activities for Reaching Goals

The Nepal Safe Motherhood Network has utilized a number of strategies to reduce maternal deaths in Nepal. What has made the strategies so effective is the systematic and creative way that they have been applied to capitalize upon each successful Network event or activity. For example, the awareness creation generated during the mass rallies is followed up by targeted activities to educate key stakeholders regarding the situation in safe motherhood. The impact of these activities are then used to carryout more effective advocacy targeted at policy and decision makers, which are in turn reinforced by additional mass rallies and awareness campaigns.⁸

“Safe motherhood messages can now get spread throughout the country.”

Meena Sharma

Marketing, Community Mobilization, IEC/Communication Strategies

The methodology that the Network uses to increase awareness about safe motherhood issues ensures that no two activities are alike. Each and every Network event is a unique and inspired expression of local creativity.

Most events are planned around international, religious and local holidays which enables the Network to reach large numbers of families with safe motherhood messages where mass media is largely unavailable (only 6% of households have television and only 37% have radio). The Network’s innovative approaches to communication and community mobilization are not only effective, but they are also low cost because they are implemented through coalitions of local Network partners.

⁷An Assessment of the Safe Motherhood Network, Shrestha, et al, CEDPA, 1998.

⁸See Appendix for Chart “Road Map to Success/Steps in Making the Network Effective”

This is not to say that mass media is not used by the Network, when appropriate. On the contrary, one of the strengths of the Network is its effective use of TV, radio and newspapers to promote safe motherhood. Press packets and articles are written and distributed for all major events.⁹ Radio and television talk shows are used as much as possible for publicity purposes and to convey important safe motherhood messages. INGO and Government Network members who work extensively with television and radio are designated with the responsibility for ensuring that Network activities receive high profile and wide coverage during the weeks prior to, during, and following the events. District level press conferences are held for local newspapers and newspaper advertising is sometimes used on special occasions.

“UNFPA has supported the Network in a variety of activities such as song and poster contests and they have been very worthwhile.”

Ms. Sudha Pant, UNFPA

The *strategies and tools that the Network uses¹⁰ to promote safe motherhood include:*

- Marches, Rallies, Mass Meetings on Festival, International and Religious Days
- IEC Materials (i.e.; posters, pamphlets, kits, newsletter)
- Network Newsletter
- Song Competitions with the Songs on Cassettes for Sale to Public
- Poster Competitions
- Discussion Programs and Community Forums
- Incorporation of Safe Motherhood Messages into Literacy Classes, Mother’s Groups, Income-Generating and Women’s Empowerment Programs, Family Planning Programs, and Agricultural Programs
- Street Dramas
- Puppet Shows
- Essay competitions
- Tugs of War and Other Games (i.e.; danger sign bean bag toss)

The Network calls its strategy “a six-pronged program of activities featuring awareness-creating events, IEC activities, advocacy, publicity, community mobilization, and intersectoral activities.” It is this “holistic approach,” along with the continual building upon of each accomplishment that has made the Network so effective.

“Communities know what safe motherhood means now because of the Network’s activities.”

Sandra MacDonagh, DFID/Options

“There was good liaison with the Ministry of Law and Justice, who were advised to revise the laws pertaining to women.”

Dr. Baburam Marasini, Director, Family Health Division, Safe Motherhood Program, MOH

B. Impact/Outcomes

a. Policy Changes and Legislation through Effective Advocacy

⁹See Appendix for Copy of Press Release for National Poster Competition.

¹⁰All events are based on CEDPA’s “Enter-Educate Approach.”

Since its inception, the Nepal Safe Motherhood Network has consistently emphasized and skillfully used advocacy to bring about policy changes for safer motherhood at all levels of the system-community, local, district, and central. Through high profile mass rallies and events, followed by the systematic targeting of key stakeholders, the Network has been able to call dramatic attention to and act as a catalyst for “action” on safe motherhood issues at the policy level.

“The Network has been effective at advocacy at the central and other levels for more resources for safe motherhood.”

Dr. Qussay Al-Nahi, UNICEF/Nepal

HMG established a separate Safe Motherhood Program under the Family Health Division after the 1994 Cairo Conference (ICPD). During a keynote address made by the Director General of the Department of Health during the second annual Network meeting the Director General stated that the increased knowledge, awareness and attention toward safe motherhood issues generated by Network activities and events has helped the government to advocate for and obtain substantial increases in donor funding for the expansion of its safe motherhood programs.^{11 12} At the same time the Ministry’s efforts toward decentralization and already existing programs were strengthened. The advocacy role played by the Network has resulted in HMG responding to safe motherhood issues with more serious consideration and quicker action.¹³ For the first time, the government included “advocacy” as an important component of their most recent Reproductive Health Strategy. The Network also helped HMG to maximize resources and avoid duplication of efforts in a number of ways, including the identification and mapping of programs, services and resources of NGOs/INGOs and others at the district and local levels¹⁴.

“The Network has helped the TBA project and has drawn much more attention to safe motherhood.”

Meena Sharma

The Network supported HMG to officially launch its National Safe Motherhood Program in collaboration with the large Network celebrations and events planned for International Women’s Day in 1997. The Government also passed a declaration designating World Health Day in 1998, National Safe Motherhood Day.

The fact that the then Prime Minister’s wife was not only the Chairperson, but an active and dedicated member, gave the Network ready access to resources, the media, as well as important Government officials, diplomats, and members of the international donor community.

“Advocacy” is and always has been an integral part of every aspect of the Network’s activities. From the beginning, the members were very concerned about fostering a policy environment at the district and central levels to increase access to quality services to meet “the demand” they were creating through the awareness campaigns. Particularly impressive is the way in which advocacy has been so systematically approached and applied by the Network. For example, during the Network’s 1997 Intersectoral Workshop, the materials consistently emphasized clear, concrete, and simple interventions for the participants to carryout to promote changes at the policy level.

“Network members have internalized the importance of their advocacy role in safe motherhood.”

¹¹e.g., DFID/Options Nepal Safer Motherhood Project

¹²An Assessment of the Safe Motherhood Network, Shresta et al, 1998.

¹³An Assessment of the Safe Motherhood Network, Shresta et al, 1998.

¹⁴Local funds increased for safe motherhood activities according to Nepal Red Cross Society

The recommended advocacy interventions included:

- Decide upon, develop and disseminate themes/messages for policymakers
- Create videos/films for advocacy
- Identify the roles of the government, NGOs and the community
- Lobby politicians and administrators for increased resources/services for safe motherhood
- Advocate for enactment and enforcement of laws that give equal status to and protect women
- Identify political and community leaders to target
- Advocate to reduce gender disparities
- Use the media to advocate for safe motherhood issues
- Create demand to allocate planned resources for safe motherhood
- Strengthen district health committees to act as advocates for safe motherhood
- Empower and educate women, families and communities about structure and functions of health system so that they can more effectively advocate for safe motherhood
- Develop networking mechanisms at family/community/district levels to lobby policymakers

“The Network has made planners more realistic.”

Meena Sharma

“The MOH saw that the Network could really do something and willingly joined hands.”

Karuna Onta, JHU/PCS

Another important outcome of the 1997 Intersectoral Workshop was the identification of stakeholders to target at the district level. The stakeholders identified to target at the district level included:

- Hospital administrators, committees and staff
- Civic organizations
- Religious organizations
- School and youth organizations
- Farmers associations and agricultural organizations
- Police and army
- Private sector (shops/pharmacies) and industry
- District offices and authorities (health, education, agriculture, telephone, roads & communication)
- Law office and officers
- Women’s Development Division of the Ministry of Local Development

In its on-going efforts to promote health sector reform to reduce maternal deaths, the Network plans to hold a series of half day “Advocacy and Orientation Workshops” for policy and decision makers at the central and district levels. The purpose of the workshops will be to further “shock” policymakers into mobilizing to take actions to make motherhood in Nepal safer.

“The Network has resulted in a more systematic approach to advocacy with parliamentarians.”

Dr. Qussay Al-Nahi, UNICEF/Nepal

As a result of the advocacy activities, the Kathmandu Post provides space for the Network to publish a regular safe motherhood column the last Tuesday of every month. The column is managed by Helen Keller International, an active Network member. This has become an important tool for informing policy and decision makers, families and others regarding safe motherhood issues.

“The Network has shown the Government a different approach and helped to broaden the role of the Government in safe motherhood to focus on more than just service delivery.”

Meena Sharma

b. Impact on NGOs, INGOs, Donor Agencies, the Public and Private Sectors

The Network has provided the opportunity for NGOs to build their capacity to establish effective collaborative relationships and partnerships between the government, other NGOs, donors and international agencies. The Network has created a supportive environment for working together to reduce maternal deaths.

Prior to the formation of the Network there was little communication, collaboration or links between the government and other safe motherhood programs. Although the government has always been committed to working at the grassroots level, their programs have tended to focus on improving essential obstetrical care at the hospital level, due to a number of factors, including lack of resources. INGO/NGO safe motherhood programs have focused primarily on interventions at the community level. The Network Newsletter which is published quarterly and is widely distributed among the membership as well as to other stakeholders, has been an effective communication tool.

“The Network helps people to know who is doing what and where.”

Meena Sharma

Through the Network’s activities policy and decision makers have become better informed to make important policy decisions to reduce maternal mortality in Nepal. District and central level government staff are now much more involved in and supportive of safe motherhood programs. A general consensus has been reached on what safe motherhood is and on the priorities for action. Roles have been clarified (who is more effective at what and where).

INGOs and NGOs are now incorporating safe motherhood events and activities into their annual workplans and budgets.¹⁵ (e.g., ADRA, UMN, HKI, USC Canada, Asia Foundation, JHU/PCS) In order to improve the capacity of the members to develop and manage their budgets for Network and safe motherhood activities the Core Committee Team held a workshop on financial management.

Donor and government resources allocated towards safe motherhood programs are now used more wisely and effectively and there is less duplication of efforts. There is greater “transparency” due to the systematic mapping of programs, services, resources, and activities. The Network has provided a forum through which members can share resources, skills, “know how” and experiences. It has also become a critical source of support, ideas and inspiration for those carrying out the complex and difficult task of implementing safe motherhood programs. The importance of the fact that members “enjoy” participating in the Network cannot be overstated.

“The Network is an effective way for local and international NGOs to work together. It has contributed to the development of effective working relationships. The meetings are fun, everyone enjoys them and enjoys

¹⁵ An Assessment of the Safe Motherhood Network, Shrestha et al, 1998.

participating.”

Dr. Glenn Post, Chief, Health Office, USAID

The Network has built the capacity of the Government, NGOs, INGOs and private sector not only to work more collaboratively and effectively, but also to implement their programs. For example, following the National Clean Delivery Awareness Day event, the Nepal Red Cross Society and CRS (a social marketing company) signed an agreement to distribute clean home delivery kits nationwide. Important safe motherhood interventions were incorporated into the Khimti Hydroelectric Project as a direct result of Network advocacy activities.¹⁶

“The Network is complementing DFID’s activities.”

Sandra MacDonagh, DFID/Options

Through the Network NGOs have improved their ability to mobilize families and stakeholders, as well as to organize activities and events at the community level. HMG now accords more recognition towards the important role of NGOs and the private sector in safe motherhood and views them as partners.

¹⁶An Assessment of the Safe Motherhood Network, Shresta, et al, 1998.

“The Network is training a new generation of health workers about the importance of safe motherhood.”

Ms. Helen Sherpa, Founder/Member

c. Impact on Communities and Other Outcomes

Some of the other important outcomes attributable to the Nepal Safe Motherhood Network include: building consensus regarding what safe motherhood means and what can be done about it; the standardization of safe motherhood messages and the strengthening of IEC materials to promote behavior changes to help reduce maternal and neonatal deaths; the incorporation of safe motherhood and reproductive health messages and activities into non-health sectors; the creation of loan funds for clean home delivery kits in some communities; advocacy and awareness creation about the importance of safe motherhood at the family and community level; and achieving support from political leaders at the community level to promote safer motherhood and condoms for the first time.

“The Network supports TBAs by mobilizing them and giving them messages to use at the community level.”

Meena Sharma

The standardization of safe motherhood messages and the strengthening of IEC materials and activities to reduce maternal deaths were significant achievements. Through the formation of an IEC Subcommittee, technical experts and content specialists developed simple, life-saving messages based on HMG’s National Maternity Care Guidelines. District level guidelines were also developed using these standardized messages. A direct result of the Network’s skillful IEC strategies was that “everyone was talking the same language.”

“There was a definite increase in tetanus toxoid vaccinations and referrals for complications after the Network safe motherhood events.”

Dr. Dali, Professor Institute of Medicine, OB/GYN Society, Active Network Member

An in-depth assessment of the Network was conducted in 1998 by Ava Darshan Shrestha, Dr. May Post, and Marta Levitt.¹⁷ To determine the outcomes of safe motherhood activities at the family and community level, a survey was conducted in the command areas where the events took place and in control areas where no events occurred. The total number of respondents was 958: 638 in the command villages and 320 in the control areas. Among the results were: 97% of respondents said the events were effective in raising community awareness regarding the importance of safe motherhood; 87% of health workers, 82% of community leaders, and 67% of women who had given birth in the past 2 years attended the safe motherhood events in their areas; 93% of health workers surveyed were aware of the Clean Home Delivery messages; 70% of respondents knew about the pregnancy, birth and postpartum danger signs from messages disseminated at the safe motherhood events they attended; 94% of respondents in villages where safe motherhood events took place knew about the “3 Cleans” (clean hands, clean surface, clean cord); and 73% of respondents in the command area knew tetanus prevention as a benefit of clean delivery, compared to 41% in the control areas.¹⁸

The Network’s intersectoral approach to addressing safe motherhood in Nepal widened the range and number of stakeholders invested in and supporting safe motherhood efforts. It also led to the active involvement of the non-health sectors. The Network’s safe motherhood messages were incorporated into programs such as female literacy, and credit and income generation. Literacy classes in particular became an important place for women to discuss safe motherhood and reproductive health issues.

¹⁷An Assessment of the Safe Motherhood Network, Shrestha et al, 1998.

¹⁸See Assessment of the Safe Motherhood Network, Shrestha et al, 1998, for further details.

“We are starting to see women and men discussing their rights for the first time because of the Network’s activities.”

Gyan Bdr. Lama, Samundra Devi

C. Obstacles Encountered

The Safe Motherhood Network has had to overcome a number of significant obstacles in the process of achieving its goals. These obstacles have been logistical, cultural, bureaucratic, financial, and technical. One of the major strengths of the Network at the beginning was the fact that it was led by a group of strong, charismatic, dedicated, capable, and highly creative personalities. This became somewhat of an obstacle later on during the transition from the original leaders to new ones. As the Network has grown and evolved over the past year this obstacle has been largely overcome as the leadership has shifted to a diverse group of capable national professionals.

Some of the *logistical obstacles* encountered include:

- lack of adequate communication, transportation and infrastructure
- challenging terrain and weather conditions (i.e.; high mountains, monsoon rains)
- family decision maker (husband) often away from household for extended periods to earn income
- lack of adequate resources
- coordinating large numbers of NGOs, INGOs, donors, government officials
- population of Nepal is 20 million
- scarcity of even basic health services
- keeping costs low, while reaching a large audience effectively in a short period of time

Some of the *cultural obstacles* encountered include:

- low literacy rate, especially among women
- conservative attitudes against talking openly about reproductive health issues in public
- widespread belief that obstetric complications are caused by “witches” and/or “evil spirits”
- “willingness to pay” for health care is very low and free or low-cost services are scarce
- women have little decision making power within the family to access health care
- women are often “blamed” for causing complications and men feel little personal responsibility to see that their wives get adequate (or any) care during pregnancy and childbirth

Some of the *bureaucratic obstacles* encountered include:

- coordinating and accommodating the varying mandates, rules and regulations, and “cultures” of the donor agencies and INGOs.
- overcoming some initial distrust and concerns on the part of the Government towards the expanding role of NGOs and the private sector in health.
- finding ways to motivate Government employees who receive low pay, lack incentives and have poor working conditions
- lack of coordination between departments and levels (i.e.; local, district and central)
- duplication of efforts and resources
- no definitive membership (membership criteria not defined)
- difficult to determine whether or not to register Network formally with HMG (formal or informal association)

Some of the *technical obstacles* encountered include:

- choosing and standardizing the key safe motherhood messages
- developing culturally appropriate messages that families could relate to in their daily lives, for the different ethnic and language groups in Nepal
- making messages about safe motherhood (a sad, difficult and complex topic) entertaining and interesting
- poorly trained, equipped and supervised health care providers

Perhaps the most difficult obstacle that the Network has faced and successfully overcome is “fatalism.” Up until recently a fatalistic attitude has been pervasive, not only among families and community leaders, but among health workers, donors, NGOs, INGOs and political leaders. The Network was not only able to enthusiastically mobilize stakeholders at all levels to work together to raise awareness, increase knowledge, and change behaviors to help reduce maternal deaths, but it was able to demonstrate in a clear and tangible way that “they *could* make a difference” and they somehow also managed to make it fun.

D. External Circumstances and Other Factors Affecting Success

There were a number of circumstances and conditions which the Network was able to skillfully build upon that improved the chances for success. Some of the most important were:

1. The Government of Nepal had appropriate Safe Motherhood Policies and Guidelines already in place, as well as a genuine commitment to reduce maternal deaths.
2. Maternal death is an every day event in Nepal and the need to address the problem was very real. The extremely high maternal mortality rates enabled the Network to call dramatic attention to the crisis and to persuade politicians, community leaders, families and others to get involved.
3. The Network was able to take advantage of the growing trend towards a larger role for NGOs and the private sector in health reform and health service delivery.
4. The Network was able to capitalize on the fairly extensive donor/INGO resources and serious commitment to safe motherhood already in place in Nepal.
5. Religious festivals, which are a common occurrence in Nepal, offered a vehicle through which large groups of men and women could be reached with safe motherhood messages.

VII. LESSONS LEARNED

Since 1996, the Network has continued to grow and evolve at a very fast pace. Fortunately, despite the daily pressures and demands of carrying out activities in order to meet its goals, the Network has done an excellent job of documenting the process. A number of important lessons have been learned.

Some of the major lessons learned include:

“The Network has advocated effectively at the central and district levels.”

Dr. Ava Shresta

6. NGOs *can* play a major role in health sector reform using advocacy as a priority focus. NGO networks can form effective public/private partnerships for advocacy and lobbying at all levels of the system (central, district, community). The Nepal Safe Motherhood Network has demonstrated that by simultaneously raising awareness and focusing on advocacy, a powerful connection between the grassroots and policymakers can be made to “call people into action.”

The new partnerships forged through the Network between the Government, NGOs, INGOs, and the private sector, led to a sense of solidarity and common purpose which was used as an effective platform for advocating increased attention and resources for safe motherhood at the policy level.

The systematic targeting of stakeholders, policy and decision makers also made a difference, as well as the Network’s willingness to support already existing Government safe motherhood policies.

“There is a strong sense of ownership and mutual respect. Everyone feels valued and important. The atmosphere

is non-competitive.”

Dr. Glenn Post, USAID

7. The “process” is as important as the “outcome.”

The high rate of maternal deaths is a very serious and overwhelming matter. However, when the process of working together to address the problem is made as “fun,” entertaining, inspiring and imaginative as possible, it motivates member partners to achieve more.

The original Network founders made the process of working together on safe motherhood issues “enjoyable.” Members not only looked forward to participating and contributing their energy, knowledge and skills, but also a strong spirit of working together towards a common goal was fostered. This minimized the potential for mistrust, misunderstandings and competitiveness that sometimes exists between organizations. A very strong and unusual sense of partnership, ownership and level of sharing was created.

“The Network’s programs are very effective.”

Dr. Hari Khanal, Executive Director, Family Planning Association of Nepal

8. It is possible to achieve significant results with a low budget.

The Network model of using “volunteers” in a well-organized, structured way demonstrates that it *IS* possible to achieve significant results with minimal resources. By sharing information, “know how,” experiences, logistical systems, contacts, and ideas, the Network was able to make limited resources go farther. Expenses are kept to the absolute minimum and there is no competition for funds—rather membership is a voluntary “privilege” which requires a contribution of time and other resources. Especially for the local NGOs, this can be a considerable burden, therefore the “rewards” or incentives to participate in the Network are few, except for the satisfaction of working together to “make a difference.”

However, it is important to recognize that the Network model needs some core funding to cover the recurrent costs of the Secretariat, which is responsible for coordinating and keeping track of the Network’s activities and budget. The model cannot be sustained without funding for at least a half-time staff person with some mid-level management skills. The model also requires fulltime access to a computer, printer, fax, telephone, e-mail and some form of transportation. The investment and recurrent costs are minimal, cost effective and certainly justifiable given the results. However, it should be acknowledged that the Network model would probably not function effectively on a strictly volunteer basis.

“The fact that the membership is intersectoral is a very important factor to the Network’s success.”

Ms. Sudha Pant, UNFPA

9. The multi/intersectoral approach is highly effective.

The intersectoral approach allows the different sectors to recognize and “exploit” their inter-relationships to work together more effectively to reduce maternal deaths. The multisectoral approach gives the Network ready access to groups that the health sector might ordinarily have little contact with. Also, given the fact that health is usually a low priority for families in Nepal, the involvement of sectors who are working in areas such as education and agriculture helps to “sell” the importance of safe motherhood to communities, their leaders and other important stakeholders.

Interventions such as incorporating safe motherhood messages into female literacy training materials and programs have not only helped to raise awareness, maximize resources, and increase the participation of community members and other stakeholders to reduce maternal deaths, but also the links to other programs have in turn strengthened the activities of the non-health sectors.

“The Network has helped to get safe motherhood messages out to the districts.”

Dr. Dali

10. Utilizing religious festivals, national holidays and events to carryout awareness creation activities is an effective way to reach large numbers of people in a short period of time, with minimal costs. It also helps to build stronger working relationships.

Using events is a low cost, effective way to raise awareness and break down barriers among large groups of people. Festivals (particularly religious) play a very important role in the community and they provide an opportunity to test new innovative and creative communication, community mobilization and social marketing strategies.

Planning for and implementing the events: generates enthusiasm; helps people to learn how to work together; builds trust between the participant partners; brings together unlikely alliances between organizations; act as a catalyst for developing new and disseminating already printed IEC materials; and provides ideas for future activities.

Difficult and sensitive messages are often more likely to be accepted and remembered when they are presented within an entertainment context (the events).

The events are also a highly effective way to call dramatic attention to issues of public concern (i.e.; safe motherhood) and are powerful advocacy tools for pressuring the Government as well as other policy and decision makers to “take action.”

“Choosing and focusing on one theme a year is very effective.”

Christine Preston, Network Founder/Member

11. Choosing and focusing on a yearly theme, having clear and well-defined goals, as well as simple, standard “key messages” are fundamental to maximizing impact.

One of the major accomplishments of the Network has been to educate/persuade the stakeholders and members to “talk the same language” and focus together on a common theme. The annual theme helps the Network to build consensus on what “safe motherhood” means between the NGOs, donors and policymakers. The clearly defined goals help keep the partners focused on the priority interventions and the standard messages make awareness creation campaigns more effective.

Standardizing the messages also maximizes resources because the development and distribution of IEC materials can be shared. The clear, well-defined goals have enabled the Network to regularly and systematically assess its progress and to reaffirm/define the “way forward.”

“The development of IEC materials has been particularly important and successful because the Government has participated actively. The materials that were developed responded to the national priorities and multiple issues.”

Ms. Manu Thapa, GTZ

12. The systematic and skillful building upon of successes, along with continuous reassessment/reaffirmation of goals and impacts, has been key to achieving greater impact.

What is unique about the Network model is the way that it has consistently and systematically built upon its successes. The attention to awareness creation (demand) and working towards ensuring that the services can respond (supply-a much longer, more difficult and resource intensive process) simultaneously has been very effective at sustaining the attention and interest of the many stakeholders to address safe motherhood issues.

The Network reinforces the interest and messages generated during events through targeted advocacy, which in turn is reinforced by more events, educational activities, and so on. These events and activities, as well as the goals, are assessed regularly which has kept the Network focused and ensured that interest and participation remains high.

“The essence of the Network is leadership.”

Ms. Sudha Pant, UNFPA

13. Strong, imaginative and creative leadership is a vital element in the development of the Network, especially at the beginning. It also helps to have a politically connected, high profile Chairperson.

The community mobilization skills, imagination, creativity, vision and energy of the original Network leader/members were exceptional by any standards. It was their infectious “genius” and skillful determination that inspired a large and unlikely coalition of organizations to a “call for action” to reduce the number of women dying of childbirth related causes in Nepal.

The Network founders were masters at using the media effectively (and teaching others how to do the same), which resulted in extensive press coverage of and interest in Network events and activities. They also inspired a high degree of country ownership and dedication among the member partners. This has been further enhanced in the past year by switching the meetings from English to Nepali.

The initial open agenda allowed for a free exchange of ideas and experiences, which helped to build strong partnerships. Everyone had their say and everyone felt important. The meetings were democratic and informal. Effective communication was ensured through the Network Newsletter. Sustained participation was ensured because the meetings and events were “fun” and members looked forward to making their contribution. CEDPA/Nepal deserves credit for not only much of the original vision, know how, and energy, but also for providing the essential support systems necessary for the Network to develop, evolve and expand at a very rapid pace.

The politically connected, high profile Chairperson was very effective in getting policymakers, other stakeholders, as well as Nepalese families to “listen” and to do something to make motherhood safer.

As the Network’s membership and activities have grown, the structure and management systems have become more formalized, the original leaders have stepped back and new ones have emerged-an “ideal” evolution.

“The Network should be replicated in other countries.”

Dr. William Piggot, WHO/Nepal Representative

VIII. POTENTIAL FOR REPLICATION

The potential for replication of the Safe Motherhood Network model in other countries is excellent, particularly in settings where: maternal mortality rates are high; multiple donors/international agencies, and NGOs are implementing safe motherhood programs; religious and other festivals are held regularly; and Government policies for safe motherhood are in place. Some examples of potential countries are: Indonesia, Guatemala, and Tanzania.
