



Stichting Vrouwen voor Vrouwen

Women for Women Foundation



# ANNUAL REPORT 2023



Stichting Vrouwen voor Vrouwen

Women for Women Foundation

The Women for Women Foundation is registered with the Chamber of Commerce (Chamber of Commerce Tiel 11057489). The Tax and Customs Administration has designated the Women's Foundation as a Public Benefit Institution (ANBI, RSIN 813138590).

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For data on population: Nepal Statistical Year Book 2021-Central Bureau of Statistics (<https://cbs.gov.np/wp-content/uploads/2022/09/Statistical-Year-Book-Final.pdf>)

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## Preface

The Women for Women Foundation (VvV or WfWF) has been dedicated to improving the health of women, particularly in rural Nepal, since 2002. Throughout these years, our focus has been on Pelvic Organ Prolapse (POP), a condition that greatly affects the daily lives of many women in Nepal. Central to all our efforts in Nepal is the transfer of knowledge and skills to Nepalese healthcare workers. Despite often challenging circumstances, we have been able to fulfill this objective of VvV throughout these years.



In the remote areas of Nepal, many women also suffer from other gynecological conditions such as incontinence, discharge, and menstrual disorders. These issues often remain hidden due to shame. WfWF is increasingly equipped to provide support, education, and medical assistance for these problems and to break the stigmas that prevent them from receiving the care they deserve. By collaborating with local authorities, we aim to improve the health and well-being of women in rural Nepal and create a community where women feel supported and free to discuss and address their health issues.

In the chapter 'Activities,' we extensively showcase what actually happened in 2023 under the VvV banner. Our Nepalese representative also provides an impression of all the work in Nepal in his own words.

In 2022, we entered into an agreement with Foundation Charitas with the aim of supporting maternal and child care at Scheer Memorial Hospital (SMH) and the rural areas surrounding SMH: the "Comprehensive Women's Health Initiative." In 2023, we were able to translate this collaboration into numerous activities in and around SMH.

Together, we accomplished a lot in 2023: let this Annual Report convince you!

We thank all our volunteers and donors for their contributions: dedication, expertise, enthusiasm, and let's not forget the donations..

*Women for Women Foundation*

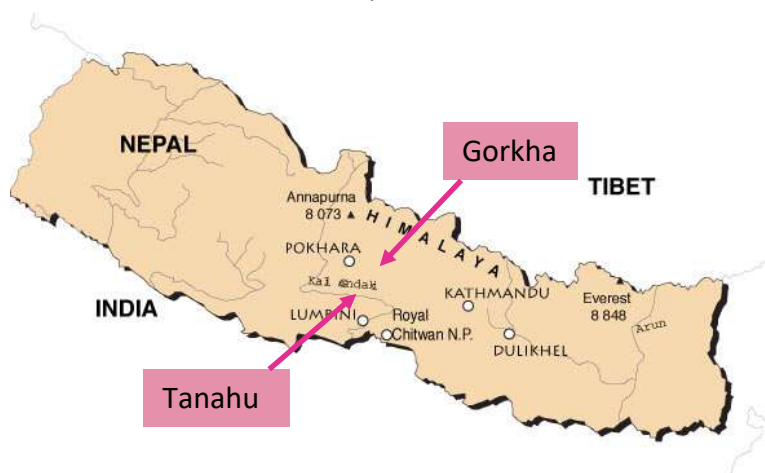
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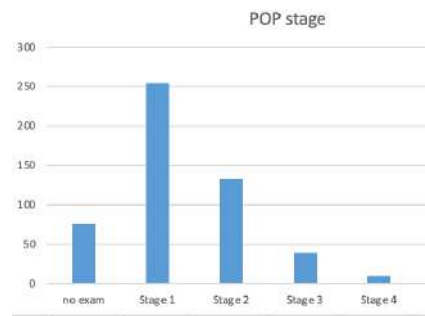
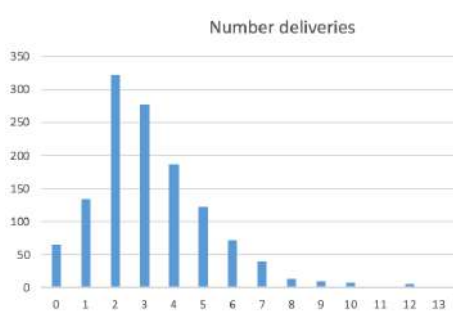
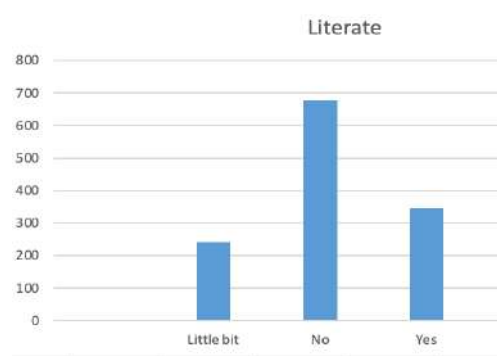
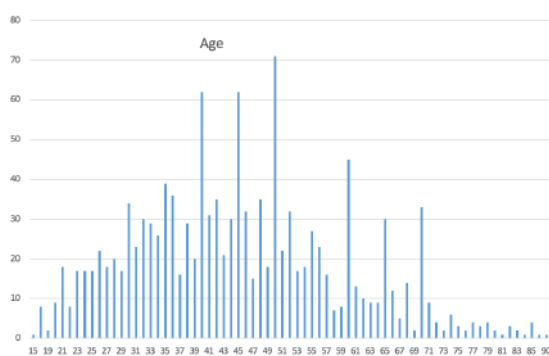
# Activities in 2023

## 1. Fieldwork WfWF

In collaboration with SoDeSi Nepal, our local partner NGO, WfWF conducted a gynecological camp in Gorkha in the spring of 2023, one of the districts in Gandaki Province. The population of Gorkha comprises 71,826 households consisting of 251,027 individuals (118,155 men and 132,871 women). In the fall of 2023, a gynecological camp was held in Tanahu, another district in Gandaki Province. The population of Tanahu consists of 88,583 households comprising 321,153 individuals (150,094 men and 171,059 women).



In total, 1273 women were seen in both gynecological camps with the following characteristics:



In the spring of 2023, WfWF conducted the community training in the Gaunpalika (municipality, GP) Gandaki in March 2023, followed by the gynecological camp a month later.



According to the Central Bureau of Statistics (CBS) of Nepal, there are 5,659 households present in Gandaki GP, comprising a total of 21,394 individuals, of which 48% are men and 52% are women. This GP was established in 2017 during the reorganization of Nepal. In addition to the main town of Gyalchowk, there are several other wards: Bhumlichowk, Darbung, Phujel, Tanglichowk en Makaising.

The FCHVs, medical coordinator, and teachers received training from Bishwa. The ANMs and health assistants underwent a pretest for the first time and then received training from the NL-WfWF representative (Greepa, translator/nurse) on three topics: POP, discharge, and menstrual disorders. In all these wards, health workers and FCHVs were informed about the upcoming gynecological camp, and the counselor provided information to all parties involved about POP and treatment options. In April 2023, the gynecological camps were successively held in Bhumlichowk, Tanglichowk, Makaising, Phujel, Darbung, and Gyalchowk. A representative of the GP board and the chief of the ward were present at the opening of each gynecological camp, as well as the Chief Medical Officer of the GP who was present daily.

Out of the 633 registered women, 631 were seen by a doctor. Remarkably, there was openness in the discussions. Only a few refused examination, possibly due to the extensive precounseling. Many discharge complaints were assessed as 'normal discharge.' Five women were diagnosed with lichen sclerosis, one woman with an evident cervical carcinoma, and four with a suspicious cervix.

The table below shows a summary of POP in relation to the age of a total of 663 women seen in the gynecological camp in Gandaki GP. 101 women (16%) had relevant POP (>POP 1).

April 2023								
Age	Total	POP0	POP1	POP2	POP3	POP4	POP1-4	
<25	47	40	7	0	0	0	7	
25-44	283	179	78	26	0	0	104	
45-64	229	118	68	39	4	0	111	
≥ 65	74	26	16	17	13	2	48	
Total	633	363	169	82	17	2	270	



In total, 41 women received a pessary, and 9 women were selected to undergo surgical correction of POP.

April 2023	Pessary					
Age	Total	POP0	POP1	POP2	POP3	POP4
<25	0	0	0	0	0	0
25-44	7	0	1	6	0	0
45-64	18	0	1	14	3	0
≥ 65	16	0	0	7	8	1
Total	41	0	2	27	11	1

With few exceptions, the ANMs from Gandaki have learned a lot, as evidenced by the pre-test and the practical and theoretical exams at the end of the gynecological camp.

Evaluation at the end of the entire gynecological camp in Gyalchowk with the GP chair and ward chair: The GP chair is impressed by the quality of WfWF's work: there is a lot of attention to the women, comprehensive service, and education. A visibly moved GP chair was present all day to observe everything, contrary to his original plan to leave within the hour. The GP will conduct follow-up research on women with POP2 or more and on women referred elsewhere.



In the fall of 2023, WfWF conducted the community training in the district of Tanahu in the Gaunpalika (municipality) Bandipur in October 2023, followed by the gynecological camp a month later.

In Bandipur GP, according to CBS Nepal, there are 4,853 households with a total of 20,013 individuals, of which 45% are men and 55% are women. This GP was established in 2017 during the reorganization of Nepal and consists of 6 wards.

The community trainings in the 6 wards of GP Bandipur were conducted by Bishwa, Bhesh, Deepa (counselor), and the NL-WfWF representative. In all these wards, health workers and FCHVs were informed about the upcoming gynecological camp, and the counselor provided information to all parties involved about POP and treatment options. Additionally, this community training was expanded to include theoretical education for local health workers on POP and other gynecological issues. Four to five hours of education were provided daily for local health workers. This allows for more attention to gynecological issues such as discharge and menstrual disorders, which are often addressed in the gynecological camp. At one of the

secondary schools in this GP, there was a morning session for students (girls aged 12-18) on gynecological issues, with a particular focus on menstrual disorders and contraception. An extensive team meeting took place before commencing the gynecological camp in Bandipur. They are all very focused on POP, so additional training on other gynecological topics is necessary. A nurse from Bandipur Hospital is also present for the VIA examination. She attended the theoretical lessons of WfWF during the community training and now wants to fully participate in the fieldwork.

In this gynecological camp in Bandipur, many women were seen with discharge as an accompanying complaint; urinary incontinence is also frequently mentioned. Specific attention has been paid to these problems together with the health worker.

Below is a summary of POP in relation to the age of a total of 640 women seen in Bandipur in the gynecological camp. Of these, 166 (26%) have a relevant POP.

<b>November 2023</b>								
Age	Total	POP0	POP1	POP2	POP3	POP4	POP1-4	
<25	33	30	3	0	0	0	3	
25-44	273	227	31	12	3	0	46	
45-64	260	175	42	30	11	2	85	
≥65	74	42	9	9	8	6	32	
<b>Total</b>	<b>640</b>	<b>474</b>	<b>85</b>	<b>51</b>	<b>22</b>	<b>8</b>	<b>166</b>	

In total, 38 women received a pessary:

<b>November 2023</b>		<b>Pessary</b>					
Age	Total	POP0	POP1	POP2	POP3	POP4	
<25	0	0	0	0	0	0	0
25-44	6	0	0	4	2	0	0
45-64	21	2	0	12	7	0	0
≥65	11	1	0	4	5	1	1
<b>Total</b>	<b>38</b>	<b>3</b>	<b>0</b>	<b>20</b>	<b>14</b>	<b>1</b>	

Indications for surgical treatment have been made for 17 women. Mostly for POP, but also a few other gynecological procedures. These women will undergo surgery at Scheer Memorial Hospital in Banepa in the spring of 2024.



## 2. Surgical treatment POP

In late November/early December, a POP surgery program was held at Scheer Memorial Hospital in collaboration with two Dutch urogynecologists. In the first week, 30 women underwent surgery. Every two days, a rotation occurred among the 4 SMH gynecologists, with 2 operating rooms being utilized for WfWF work. This ensured an equal distribution of surgeries among the 4 gynecologists. The same process was followed in the second week, with a total of 63 women operated on by SMH gynecologists, assisted by the WfWF gynecologists. None of the surgeries were taken over by the WfWF gynecologists.

The POP stages of the operated women were recorded as follows: POP 1: 2, POP 2: 20, POP 3: 31, POP 4: 1, vault prolapse: 9. The majority of women (n=37) underwent sacrospinous fixation with or without anterior-posterior wall repair, and Manchester repairs were performed on 20 women. Two vaginal hysterectomies were performed. One patient had a rectal lesion detected and repaired in time. There were no reported complications during surgery, and all patients have since been discharged from the hospital, one with a catheter. Emphasis was placed on education, particularly one-on-one instruction in the operating room. Organizing a meeting for all gynecologists proved too complex during these busy weeks. Some selected patients were excluded due to POP 1 or marginal POP 2, and a few women were excluded due to poor overall health.

At the end of the period, it was determined by all involved parties that the gynecologists at SMH gained valuable experience in POP surgery, and all 4 are capable of independently performing the mentioned procedures.

## 3. Comprehensive Women's Health Initiative

Due to an increase in financial opportunities, thanks to an annual contribution from Fundatie Charitas, a relaunch has been initiated for the "Women's and Childcare" program in SMH and the surrounding rural areas.



*The Fundatie Charitas is an institution of the Roman Catholic Church. It is based on the Congregation of Franciscan Sisters of Charity. The Foundation continues the life's work of the sisters with financial support for initiatives that endorse the ideas of the Congregation. Mother Theresa Saelmakers founded the Congregation in 1834. She expressed her drives as follows: "To help others with joy, simplicity, and especially with love, praying and offering one's own happiness among the sick and the needy."*

*The life of the sisters of the Congregation was also characterized by simplicity and a practical approach to the world. Their motto was, "Help first and then pray." Fundatie Charitas is een instelling van de Rooms-Katholieke Kerk. Zij komt voort uit de Congregatie Zusters Franciscanessen van Charitas. De Fundatie geeft het levenswerk van de zusters door met financiële ond ondersteuning van initiatieven die het gedachtengoed van de Congregatie onderschrijven.*

For the period 2022-2024, attention is focused on several topics:

1. SMH plays a crucial role in maternal care in the region. There has been a significant increase in the number of women with pregnancy-related issues and deliveries at the hospital from the rural areas surrounding SMH in recent years. SMH considers it an important task to educate rural health workers on newborn care, breastfeeding, and postpartum depression in mothers.
2. A critical shortage of adequate neonatal care facilities has resulted from this increase in the number of deliveries. SMH aims to establish a separate department in the hospital for this purpose, which will require additional staff training and equipment procurement.
3. Cervical cancer is a relatively common disease and poses a serious threat to women's health. Early detection and treatment are relatively simple and can be made accessible to women in remote areas. SMH aims to make this possible in its region by screening women in rural areas for cervical cancer using a team of specially trained nurses.
4. SMH sees POP as a significant problem for women and aims to provide care for those who cannot afford it. Collaboration with local health workers, coordinated by SMH, is particularly important for POP diagnosis and treatment.

In 2023, various components of the three-year plan were implemented in collaboration with WfWF and COSAN (a Nepalese NGO). One example of these activities is the training of ANMs from the rural areas surrounding SMH. In 2023, three such training sessions were held at SMH.

Dr. Angela Basnet, leader of the Comprehensive Women's Health program, reports on one of these training sessions in September 2023 through a "Brief Report on Uterine Prolapse Camp at Sunpati Rural Municipality, Ramechhap".

#### *Background of the Place:*

*Ramechhap district is where Sunapati Rural Municipality is located. This municipality is 86.98 squar kilometers in size and is located 145 kilometers to the east of the Kathmandu Valley. Gunsji, Dimapokhari, Hiledevi, Bethan, and Khaniyapaani are the five wards that make up this municipality. From 600 to 2300 meters above sea level, this rural municipality is dispersed. According to the 2075 population census data, there were 27090 people living in this municipality overall, of which 13679 were women and 13403 were males. Thulo Kancha Tamang serves as the Rural Municipality current chairman. Two Community Health Units and five Health Posts are located within this municipality. A total of 27090 people must be cared for by 7 health posts, and the closest hospital is in Manthali, the districtheadquarter. For more serious medical emergencies, people must travel to Kathmandu or the Dhulikhel Hospital.*

#### **Screening Camp on Uterine Prolapse**

*In the request made by the Sunapati Rural Municipality the project of women for women foundation was carried out by Scheer Memorial Adventist Hospital in collaboration with COSAN with a three days screening camp from September 24 to September 26, 2023. Since this rural*

municipality is spreaded in 86.98 square kilometers the place of screening camp was identified by the municipality in such a way so that they could cover those areas where Uterine Prolapse problems could have higher numbers. So, the 3 days camp was done in Gunsli that is ward 1, Bethan ward no. 4 and Khaniyapaani ward no. 5.



At first the government health workers were trained at SMAH for two days on knowing the cervical cancer and women reproductive health. After the completion of the training program the same staffs are used for practical training when the screening camp is held. The screening camp was done in the three wards of Sunapati Rural Municipality: Gunsli, Khaniyapaani and Bethan. This program was done in collaboration with the Municipality together with SMAH and in the Resource support of COSAN and in the initiation of one INGO Community Development Society (CDS). The municipality provided the venue for the

screening camp and also provided the adequate manpower during the screening camp for the management and help. CDS Nepal supported in the logistics and for the food.



A total of 787 women were screened in the span of three days and in three wards.

16 women were identified for the 2nd degree and 3rd degree prolapse.

24 VIA positives were found.

20 women had ring pessary insertion

54 women were found to have uterine prolaps

#### **4. Evaluation fieldwork**

WfWF aims to understand how the gynecamps it organizes with local authorities are experienced by the health workers of the GP. What is the practical outcome of our education for health workers? What is the effect after 4-5 months? Is the knowledge still retained? Is the learning applied in practice? What works well and what doesn't? Kapil Dahal has presented a research proposal, which will be executed in Bandipur in May 2024.

#### **5. Education**

The decision to focus not only on POP but also on other gynecological complaints such as discharge and menstrual disorders means that the educational material available to WfWF has been significantly expanded. Based on manuals from the ANMs, the gynecological guidelines from NESOG, and other study materials from the Family Welfare Division of Nepal Ministry of Health and Population, and with the cooperation of Dr. Anjana Adhikari from Paropakar Maternity Hospital, the study material has been adapted for use in the rural context by the Education Working Group of WfWF.

#### **6. WfWF Website**

In the spring of 2023, WfWF faced the cessation of services for CWcms from Cre8it/Gate51/Sites51 for our website. A search for a solution to this problem led us to Hostnet, which supported the transfer of the entire website to this new environment. The website is now fully supplemented and managed by WfWF volunteers. The expansion of possibilities through this new platform has enabled us to build a third branch on the website: a "Nepali" section where part of the educational material is digitally available for health workers and other interested parties. A first WfWF video on pelvic floor functions has been included here. The enthusiasm of Nepalese health workers for these facilities is significant and inspires us to continue on this path in 2024.

In 2023, we also continued to update our English-language website based on literature on POP from 2018-2023. Articles from Nepalese journals have also been included on our website. The WfWF Research Working Group has continuously worked on this.

#### **7. Scholarship**

For WfWF's fieldwork, the assistance and dedication of Nepalese nurses are indispensable. WfWF enables a 3-year training program for registered nurses for several girls from rural Nepal. In recent years, it has become increasingly common for these nurses, once they have obtained their diploma, to move abroad. VvV is seeking a new form of education and training for health workers and nurses.

## WfWF representative in Nepal

### **Report- Bishwa Nath Poudyal - Women for Women Foundation Country Representative**

In 2023 marked by unprecedented Nepal's events mainly local election in adjoining district with WfWF working districts, our resilience and determination have been tested like never before because we are closely working with local government. Despite the uncertainties, we remained steadfast in our commitment to delivering women's health services to our clients. Going beyond POP, we have taught health workers in our service areas of Gandaki Gaunpalika in Gorkha and Bandipur Gaunpalika in Tanahu about discharge, menstruation, and urine incontinence. As a WfWF Country Representative in Nepal, my primary responsibility involves overseeing the implementation of women's health education and service delivery, with a particular focus on POPcare and management. Additionally, I am tasked with integrating three additional educational components starting in 2023. This requires coordinating and managing numerous activities, where I must undertake various roles including problem solver, analyst, planner, solution developer, examiner, and implementation strategist. Ultimately, I am responsible for evaluating outcomes and refining strategies to ensure continuous improvement.

**Coordination & Collaboration:** Working collaboratively with the local government (Gaunpalika), from their planning and budgeting phase to program implementation, is a very challenging task, especially when operating from a distance. Time management becomes another challenge, particularly in coordinating with the local government's work schedule and the availability of the Dutch team. However, everyone from WfWF, Gaunpalika, and the rest of the team has shown flexibility and adapted accordingly. This approach promotes local ownership of our conducted women's health education and service delivery intervention. In such cases, it is necessary to work more closely with our local NGO partner.

**Trainer:** Since WfWF aims to transfer skills and knowledge locally to ensure the sustainability of health interventions, I continue to serve as a POP trainer at the facility level, engaging various stakeholders such as FCHVs, teachers, local government, influential personnel, and healthcare workers. In addition to my role, I strive to achieve successful orientation with tangible impacts. As a trainer, I have qualities such as communication skills, empathy, adaptability to diverse audiences, expertise in the subject matter, the ability to facilitate interactive learning experiences, and a commitment to empowering communities for long-term health outcomes.

**WfWF marking and branding:** Rigorous managing promotion: It's important for WfWF and individuals receiving WfWF or supporting donor funding to familiarize themselves with the specific marking and branding requirements. It ensures to strengthen the identity, transparency, accountability, and visibility, and impact WfWF supported activities. This includes WfWF logo in Power Point slides, t-shirts, Banner, examination forms, prescription, flyers, pamphlet, business

card, in radio airing, meeting, in developed video, in clear and appropriately and recognized by program beneficiaries, partners and the public.

**Management of Field Camp Logistics:** We have found that certain commodities for our POP care intervention are not readily available. Therefore, for the effective conduct of field camps over the past couple of years, we have been maximizing the use of required medicines through support from the Gaunpalika. Only those medicines and commodities which are not easily available in the local market and are very costly, are managed from our end. In addition to this, there are consumable items that are frequently used in large volumes, such as gloves, ring pessaries, tissue papers, and glycerin, prescription, forms, are managed in the required quantities.

**Support to program implementing partner:** I have provided the required assistance to strengthen our program implementing partner's ability and give it a strong foundation for success. My support includes a range of activities, starting with comprehensive communication, capacity-building efforts, strategic redesign, and the follow up of planned activity and distribution of critical information. I am carefully directing through every stage of program approval and reporting, from smooth coordination and productive cooperation to skillful negotiation and careful working site selection. Through a variety of methods, I make sure that this assistance is provided; at times, this is done by being physically present, but most of the time, it is done through the dynamic world of virtual connectedness.

**Sterilizing the Speculums:** Since 2023, we have been consistently utilizing a steam sterilizer to sterilize the used speculums at each campsite. This practice aims to reduce the reliance on imported sterile powder from abroad, thereby minimizing costs and ensuring the sustainability of this essential work. Additionally, I ensure the provision of all necessary accessories for the steam sterilization process.

**Repair and maintenance of WfWF commodities:** This includes charging and updating laptops, printing educational materials used in training. Copying forms and prescriptions, re-designing certificates, repairing speculums and headlights, refilling LPG, and laundering towels and curtains as used in camps. These activities aim to ensure the correct items are in the right quantity, condition, and place for the desired outcomes.

**Updating of Education material:** In the context of new content being added to the HWs level education POP care curriculum, such as menstruation, discharge, & urinary incontinence. I have updated the Nepali Power Point slides for community-level training. These updates include the addition of pictorial content on Pelvic Floor Muscle Functional Exercises, along with a few additional key messages on menstruation, discharge, and incontinence.

**Supported to certification to trained HWs:** After theoretical and practical training, certifying the trainees adds value to the service they deliver and enhances the authenticity of their work, as

well as benefiting their future careers. This enhances their confidence when performing their duties. Therefore, in addition to conducting exams before and after theoretical and practical training, we also evaluate their work competence in consultation with mentors and certify them. Additionally, I have managed all necessary steps for this overall process.

**Developed audio health messages:** To broadcast them from local FM stations to inform people about POP service dates and sites.

**Managing to Women's health service intervention with a different approach:** This type of women's health intervention differs from our conventional POP care and management service working method. It has been successfully implemented in a new workplace and proven to be expandable to other locations as well. This approach involves a small supporting team conducting all activities as we were doing in past. To cover small catchment area this working approach is the best, it requires less time and operationalizing with fewer local resources. But requires more energy for coordination and communication.

**Developed a video:** This is aimed at educating health workers on urinary incontinence virtually by encouraging access to the WfWF website for browsing.

**Supporting to Health system:** Contributed to strengthened knowledge skills and capacity of women health service provider to deliver quality POP care service through support for formal POP training, management of onsite coaching, and quality assurance measure.

**Formation of camp team in coordination with various hospitals:** Forming a field team is a challenging task because doctors and nurses are generally scarce in hospitals. Particularly at Paropakar Maternity Hospital, uro-gynecologists are always limited. Due to patient load, they are fully occupied every day, making it sometimes very difficult to bring them outside the hospital. In the construction of a nursing team for the field camp, we are mobilizing nurse students and nurses from Bir Hospital, Maharajgunj Teaching Hospital, Chitwan Medical College, Army Hospital, etc. We are also utilizing nursing staff from local hospitals in the working district. In the last camp in Tanahu, we mobilized student nurses from Kumari Foundation. Therefore, exploring mutual benefits and establishing strong linkages with good coordination at the hospital is essential.

**Promotion of data use for planning and budgeting:** Exchanging POP care service data on a regular basis right after the service in worked Gaunpalika. This is a method to enhancing the existing health system that focuses on improving the creation and use of POP care service data for evidence-based planning and budgeting locally at the Gaunpalika for the goal of planning future POP care service.

**Thank you!**



## Perspectives 2024

Nepalese teams, both in the field (rural) and in hospitals, explicitly request a role for WfWF in both education and the research and treatment of complex POP issues. But other forms of gynecological issues also demand attention.

Adopting the "considerations for 2020 and beyond" as outlined below in italics for the upcoming year is, like it was in 2023, an aspiration. Our guiding principle remains our objective: VvV or WfWF is committed to improving the health of women in Nepal. The focus is on gynecological issues including Pelvic Organ Prolapse, a condition that greatly impacts the daily functioning of many women in Nepal.

- † strengthen and support the own activities of the Gaun Palika's for the benefit of women with POP in their own region*
- † strengthening the structure of health care in a Gaun Palika by providing support in the form of education, training and the provision of resources such as information material and pessaries*
- † improving follow-up of women with a pessary or surgical treatment using modern means of communication*
- † in addition to direct POP care offer support with other (POP-related) care questions*
- † adjusting the size and composition of a gynecamp team to the specific needs of a Gaun Palika*
- † seek cooperation and coordination with other organizations*
- † support and strengthen the important role of FCHV in Nepal's basic health care where attention must be paid to undesirable side effects such as putting a too heavy burden on their shoulders*
- † involving men and mothers-in-law in community training so that women with POP actually come for treatment*
- † making suitable brochure material available for instruction for those women who get a pessary aimed at self-management*
- † maintain operative skills by WfWF trained Nepalese gynecologists throughout the year*
- † intensify cooperation with other foreign POP teams such as Centura and coordinate surgery programs with them*
- † educating all participating volunteers about POP by trained Nepalese gynecologists year-round in order to keep up the acquired skills*

We hope to achieve what is necessary together with NL volunteers and our Nepalese staff!

### Women for Women Foundation

#### 1. A hidden problem

Life for Nepali women is very different from women in the western world. Starting in early childhood girls are required to perform the daily chores in the fields thus preventing them from going to school. They are often married off at a young age and then have their first child at a very young age. In pregnancy, prenatal care and pregnancy leave are often lacking, even assistance during labor may be absent. Usually, work resumes immediately after childbirth. This includes working in the rice fields and carrying heavy loads to the village to sell the rice. On top of that there is always the care for the other members of the family. The combination of heavy manual labor and subsequent deliveries expose these Nepalese to POP in the form of a vaginal bulge. Many women have no idea what is when it occurs and feel ashamed and dare not speak about it. Local health care providers in the Nepalese mountains are often unaware of this problem. Unfortunately, this means that they are also unaware of the often simple and practical solutions for this debilitating condition. In women whose POP is so severe that surgery is the only option the cost of an operation is often too high.

#### 2. Objectives

Women for Women Foundation (WfWF) is committed to improving the health of women in Nepal. Our focus is on prevention and treatment of Pelvic Organ Prolapse (POP), a condition that afflicts many women in Nepal

#### 3. Method

Transfer of knowledge and skills to Nepalese health workers is paramount for Women for Women in all our activities in Nepal. The Foundation cooperates with healthcare professionals from various disciplines, who donate their time and energy, often as a volunteer in Nepal. The foundation works closely with Nepalese NGOs, government and hospitals.

#### 4. Strategy

The Women for Women Foundation achieves its objectives by:

1. giving training and education about POP to health workers in rural Nepal
2. promoting the skills of gynecologists and gynecologists in training by guiding them during operations
3. making available pessaries and study material to trained health workers in both health posts and hospitals
4. encourage Nepalese organizations to organize projects in the field of POP

5. to develop activities in areas with health professionals and local authorities to promote cooperation in the treatment of POP
6. the provision of study grants to young women from the rural areas, in order to allow them to train as a nurse or midwife
7. evaluating activities through follow-up research
8. providing health education to women through local organizations
9. enabling and stimulating research aimed at the prevention and treatment of POP
10. providing education and further training on location
11. to cooperate with local authorities with the aim of achieving a structural approach to the problem of POP

## **Performance**

Education is an important goal for Women for Women Foundation. By promoting education, we aim to augment the awareness of POP among health workers and patients alike, thus improving the lives of those women suffering from POP.

### **1. Community training**

The local health care providers are trained in identifying women with POP and speaking to the village community about upcoming gynocamps in the region. It consists of general information about a healthy diet and the prevention of POP. Also, the importance of regular prenatal check-ups and skilled help during birth in a Birthing Centre is stressed.

In the communities Female Community Health Volunteers (FCHV) play a very important role. As from 1988, these volunteers are active in the smallest villages in Nepal. After a brief training, the FCHV provides basic care and education in the villages with a focus on mother and childcare and contraception. The short communication lines and direct peer support in these groups are of utmost importance.

### **2. Field camps**

During field camps, a team of medically trained volunteers from Nepal and the Netherlands visit a Gaun Palika to hold consultations in small villages, often located in remote areas of Nepal. Sometimes medical students accompany the field camps to gather data for scientific research and follow-up studies.

After an initial gynocamp, repeat visits are made to previously visited villages for follow-up of those women treated before. These repeat visits also allow checking whether the health professionals still possess the knowledge and skills to treat POP. For the latter, a training protocol including instruction materials has been developed. The courses are closed with a test after which the participants receive a certificate of completion. During these field camps, not only local health workers and volunteers are trained, but also gynecologists-in-training participate in the field camps during internships.

The practical implementation of field camps is now being done by local organizations. WfWF provides support in the form of transfer of knowledge, some additional manpower and money. For field camps simple materials are needed, such as rings, specula, gloves, medications. Whenever possible these materials are bought in Nepal. Additional supplies are brought in from the Netherlands by the volunteers.

### **3. Surgery Program**

Women with severe POP or an unsuccessful pessary treatment, receive surgery in one of the participating hospitals. These surgeries are performed by Nepalese gynaecologists (in training) with the support of Dutch gynaecologists. Depending on the knowledge and skill level of the trainees the Dutch trainer will be more or less intensely involved. In addition, experienced Nepalese gynaecologists who are interested in performing advanced POP surgery can be trained by Dutch urogynaecologists.

### **4. Registration and Follow-Up**

During the field camps data are collected of all women for follow-up and research purposes. The initial documentation is on paper forms. All data are then transferred to an electronic database. The data are anonymized for carrying out evaluation research.

### **5. Capacity building**

Building capacity and promoting knowledge and skills run like a thread through our entire program and is considered to be of paramount importance. The target group consists of health professionals at all levels, ranging from volunteers to gynaecologists.

#### **Scholarship**

WfWF provides a number of young low-income women with scholarships for nursing training. This project is carried out by our partner RHEST. These nurses participate in the WfWF field camps. After finding employment, they reimburse RHEST with 20% of their salary as back payment for the student loan. These reimbursements are used to fund new scholarships.

### **6. Other activities**

Yearly, a CME course (CME: Continuous Medical Education) is organized for gynaecologists in Kathmandu. The program is organized by WfWF in cooperation with Nepalese gynaecologists.

## Organisation

### Board Women for Women Foundation

Chairperson	Loes Harmsen, gynaecoloog n.p.
Secretary	Tineke van der Laarse, registered nurse
Treasurer	Henny van Hulzen - Berbé, accountant
Members	Vrony de Wolff, general practitioner Thierry van Dessel, gynaecoloog
WfWF Nepal	Bishwa Nath Poudyal
Advisers	Wilma Deerenberg, specialist geriatric medicine n.p.
Fundraising	Board Women for Women Foundation
Evaluation and research	Loes Harmsen Janny Dekker Hans Tamminga Christine Tamminga
Education	Loes Harmsen Vrony de Wolff Tonke Albers
Webmaster	Noor Hamstra
Social Media	Noor Hamstra
Datamanager	Christine Tamminga Loes Harmsen

## **2. WfWF representative in Nepal**

Since June 2015, Bishwa Nath Poudyal is the local representative of the Women for Women Foundation in Nepal. Bishwa coordinates all activities of WfWF projects in Nepal. He screens and reviews all potentially interesting projects put forward by our Nepalese counterparts with regard to practicality. Based on his analysis the WfWF board decides whether a project is doable or not. Other tasks performed by Bishwa Nath Poudyal include the gathering of information on Nepalese organizations dealing with POP and maintaining contact with these organizations. Liaising with local authorities and the national government is also part of his agenda.

## **3. Cooperation from 2002 onwards**

. *Rural Health and Education Service Trust (RHEST)*, an organization by and for Nepalese women, dedicated to promoting the health and education of the disadvantaged female population.

. *Center for Agriculture and Education Women Reproductive Rights Program (CAED-WRRP)* is an organization dedicated to women in Nepal and focuses on raising awareness of Pelvic Organ Prolaps.

. *Stichting Veldwerk Nepal*. A project in Dhading was carried out with SVN in the period 2011-2014. At the end of 2017, the recently appointed chairman proposed a new and follow-up project in Dhading.

. *Karuna Foundation Nepal* is an organization that aims to improve health care in Nepal thereby focusing on improving the lives of disabled children.

. *SoDeSi* is a Nepalese NGO in Gorkha district with a broad scope on well-being of deprived people.

. *COSAN* is a Nepali NGO that supports socially deprived women and focuses on providing assistance in women with prolapse in remote areas of Nepal. COSAN is involved in our cooperation with Scheer Memorial Hospital.

. *Scheer Memorial Hospital in Banepa*. This hospital has a longstanding relationship with WfWF (since 2005). A large proportion of the POP surgeries supported by WfWF are performed here. These surgeries are carried out with gynecologists in training at Paropakar Maternity Hospital.

. *Dhulikhel Hospital* te Dhulikhel. Initially (2004), POP surgeries were performed here by WfWF gynaecologists. In more recent years, Dhulikel gynaecologists perform the surgeries (financially supported by WfWF) in women coming from Dhulikel outreach clinics.

. *Man Mohan Teaching Hospital* in Kathmandu. Starting in November 2013, more than 450 surgeries have been performed a team of local gynecologists in collaboration with WfWF gynaecologists. These are generally more complex surgeries. In addition, basic prolapse surgery is performed by the Man Mohan team throughout the year with financial support from WfWF.

. *BP Koirala Hospital in Dharan*. The relationship started in 2008-2009 with active participation of WfWF gynecologists. In more recent years, women who need POP surgery from nearby gynecamps in Ilam and Sunsari are referred to this hospital with support from WfWF.

. *Paropakar Maternity Hospital in Kathmandu* is a very large teaching hospital in Kathmandu, Nepal. Our cooperation dates back to 2008. Since then, WfWF has contributed to the training

of gynecologists-in-training and provided training for senior gynecologists in complex surgical techniques.

. Centura Health - Global Health Initiatives. Global Health Initiatives, part of the Centura Health Group in Colorado (USA) conducts a POP project in collaboration with Scheer Memorial in Nepal. Several times a year, a team of GHI-volunteers come to Scheer Memorial in order to carry out POP surgery.

#### **4. Support**

In addition to the volunteers who take part in our activities in Nepal, there are others that offer us other equally invaluable support:

##### **Practical support**

Hans Lammers, Deventer  
B.Braun Medical BV  
Medical Dynamics  
Medical Delta Delft

Database design  
Suture material  
Pessaries  
Gyne chairs

##### **Donors**

- . Fundatie Charitas
- . Stichting Wilde Ganzen/IKON, Hilversum
- . Rosemarie Smits
- . Hetty Huisman
- . Pieter de Joode Stichting
- . Zij Actief afdelingen
- . Stichting S.P.Y.N. Welfare Foundation



## Abbreviations

ANBI	Algemeen Nut Beogende Instelling
ANM	Auxiliary Nurse Midwife
BPKIHS	B.P. Koirala Institute for Health Services
CAED	Centre for Agro-Ecology and Development
CBF	Centraal Bureau Fondsenwerving
CBS	Central Bureau of Statistics Nepal
CME	Continuous Medical Education
COSAN	Community Service Academy Nepal
DHO	District Health Officer
DPHO	District Public Health Office
DHOS	Dhulikhel Hospital
FCHV	Female Community Health Volunteer
FHD	Family Health Division
GP	Gaunpalika (gemeente)
HPW	HealthPost Worker
HW	Health Worker
KFN	Karuna Foundation Nepal
LFR	Local Fund Raising
MMTH	Man Mohan Teaching Hospital
NESOG	Nepalese Society of Obstetrics and Gynaecology
NGO	Niet-Gouvernementele Organisatie
NMA	Nepal Medical Association
PMH	Paropakar Maternity Hospital
POP	Pelvic Organ Prolapse
RHEST	Rural Health and Education Service Trust
SBA	Skilled Birth Attendant
SMH	Scheer Memorial Hospital
SN	Staff Nurse
SoDeSi	Social Development Support Institute
SVN	Stichting Veldwerk Nederland
VvV	Stichting Vrouwen voor Vrouwen
VHC	Village Health Committee
VIA	Visual Inspection with Acetic Acid
VDC	Village Development Committee
WfWF	Women for Women Foundation
WRRP	Women Reproductive Rights Program