



Stichting Vrouwen voor Vrouwen

Women for Women Foundation





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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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Preface

The Foundation Women for Women (VvV or WfWF) has been working since 2002 to improve the health of women in Nepal. The focus has been on Pelvic Organ Prolapse (POP), a condition that makes daily life difficult for many women in Nepal. The transfer of knowledge and skills to Nepalese health workers is central to all of our activities in Nepal. Despite challenging circumstances, we have been able to fulfill this goal of VvV over the years.

At the end of 2021, we made plans for the practical implementation of our activities in 2022 with caution, given the ongoing coronavirus pandemic and its restrictions at the time. After a first POPgynocamp in Gorkha with limited Dutch support in March 2022, it became clear that there were no longer any coronavirus-related obstacles in the way of further implementing our 2022 plans in Nepal.

The chapter "Activities" shows what actually happened under the VvV flag. A major development in 2022 was that in addition to the focus on POP, we also paid attention to other gynecological problems. On the one hand by expanding the theoretical education for health workers, but also by giving appropriate attention to women who come to the gynocamp without POP-related problems. The recent research carried out by employees of the Department of Medical Anthropology of Tribhuvan University has also stimulated us in this direction.

In the spring of 2022, we entered into an agreement with Fundatie Charitas for 3 years with the aim of supporting the care for mother and child at Scheer Memorial Hospital (SMH) and the rural areas around SMH: "Comprehensive Women's Health Initiative". The first results are described in this annual report.



You can read it and convince yourself: a lot has been done and a lot has happened in 2022.

But we can't do that without our volunteers, our donors, our sponsors and others who creatively support our work.

Many thanks for realizing the saying MITINI

Mitini: a connection between sisters and brothers, they exchange gifts and help each other when needed

Women for Women Foundation

Loes Harmsen, chairperson

Februari, 2023

Activities in 2022

1. Fieldwork POP

In collaboration with SoDeSi Nepal, our local partner NGO, WfWF held gynecamps in Gorkha, one of the districts in Gandaki Province, both in the spring and fall of 2022. The population of Gorkha consists of 72,968 households, consisting of 252,201 individuals (119,811 men and 132,390 women).



In the spring of 2022, WfWF first carried out the community training (February 2022) in the Gaun Palika (municipality) **1: Ajirkot**, and a month later the gynecamp.



According to the CBS of Nepal, there are 3,667 households with a total of 13,002 individuals, including 6,389 men and 6,613 women, in Ajirkot GP. This GP was established in 2017 as part of the restructuring of Nepal. In addition to the main town, there are a number of wards: Hamsapur, Kharibot, Ghyalchhowk, Semjung, and Mucchowk.

The community training in the 5 wards was carried out by Bishwa, Bhesh and Deepa (counselor). The health workers and FCHVs in all these wards were informed about the upcoming gynecamp and the counselor provided information to all concerned parties about POP and treatment options. In March 2022, the gynecamps were held consecutively in Hamsapur, Kharibot, Ghylalchowk, Semjung and Mucchowk. The board of the GP and the chief of the ward were present at the opening of the gynecamp, as well as the Chief Medical Officer of the GP who was present daily. The mayor of the GP called on all women daily: "open up, speak, don't hide yourself."

. In Hamsapur, 164 women were seen and 3 ANMs were trained. In addition to POP, there were relatively many women with other gynecological problems at the gynecamp.

. In Kharibot, 100 women were seen and 3 ANMs were again trained in POP-related issues.

. In Ghylalchowk, 77 women were seen, but there was virtually no POP problem. Here, there was ample attention paid to "discharge" and menstrual problems.

. In Semjung, 102 women were seen despite the Holi festival, and 3 ANMs were trained.

. In Mucchowk, 114 women were seen and 3 ANMs were trained. Again, other gynecological problems were seen relatively frequently here.

Below is a summary of POP in relation to the age of a total of 557 women seen in Ajirkot in the gynecamp. Of these, 124 women (22.2%) have a relevant POP.

March 2022							
Age	Total		pop0	pop1	pop2	pop3	pop4
<25	37		30	6	1	0	0
<45	260		116	113	31	0	0
<65	489		195	192	93	7	2
≥65	67		27	18	10	10	2
<25	37		30	6	1	0	0
25-44	223		86	107	30	0	0
45-64	229		79	79	62	7	2
≥65	67		27	18	10	10	2
Total	556		222	210	103	17	4

A total of 47 women got a pessary; 17 women are selected to undergo surgical correction of the POP.

Pessary						
Total	pop0	pop1	pop2	pop3	pop4	
0	0	0	0	0	0	
7	0	0	7	0	0	
26	2	1	19	3	1	
13	0	0	4	8	1	
46	2	1	30	11	2	

With only a few exceptions, the ANMs from Ajirkot have learned a lot, from basic research (and medical history) to POP research. The theoretical education at the beginning of the workday during the gynecology camp can be a maximum of 1 hour, which means that many aspects of POP are under-addressed and almost no attention can be paid to other gynecological problems. The local governing board of the GP and the ward presidents are universally very positive about the gynecology camp, with the attention and time given to women and the education of ANMs frequently cited as a distinguishing factor compared to other health camps held in the region. The GP governing board has made a request for a follow-up gynecology camp in the near future.

In the fall of 2022, WfWF in the Gaun Palika (municipality) **2: Barpak Sulikot** first conducted the community training (October 2022) and a month later the gynecology camp.



According to the CBS Nepal, there are 6,583 households in Barpak Sulikot GP, with a total of 23,222 people, including 10,921 men and 12,301 women. This GP was created in 2017 as part of the reorganization of Nepal. The GP consists of 8 wards: Sulikot 1 and 2, Saurpani, Suwara, Takumaj, Tukakot, and Pandrung 1 and 2.

The community trainings in the 8 wards of GP Barpak Sulikot were conducted by Bishwa, Bhesh, Deepa (counselor), and the NL-WfWF representative. In all these wards, the health workers and FCHVs were informed about the upcoming gynecology camp and the counselor provided information to all parties involved about POP and treatment options. Additionally, this community training was expanded with theoretical education for local health workers on POP and other gynecological issues. Instead of an hour of education at the beginning of the workday during the gynecology camp, 4-5 hours of daily education was now provided to local health workers, allowing for more attention to be given to other gynecological issues such as discharge and menstrual disorders, which often come up during the gynecology camp.

. In Sulikot 1 and 2, 204 women were seen along with 4 local health workers. The presence of a Dutch pediatrician at the gynecology camp led to immediate action from the GP governing board, resulting in children also visiting this gynecology camp.

. In Saurpani, 46 women were seen. A low number of women came because, according to the health coordinator, it was mandatory for all residents to go get an ID card elsewhere that day.

. In Suwara, 80 women visited the gynecology camp. In particular, non-POP problems received a lot of attention here.

. In Takumaj, the day started quietly due to the upcoming rice harvest festival. But by the end of the day, 74 women had visited.

. In Takukot, 104 women, many in festive clothing due to the rice harvest festival, were seen. After visiting the gynecology camp, they immediately went to the temple on the nearby hill. . In Pandrung 1 and 2, 115 women were seen, including a relatively large number of women with severe POP.

Below is a summary of POP in relation to the age of a total of 619 women who were seen in Barpak Sulikot during the gynecology camp. Of them, 177 (28.6%) had a relevant POP.

November 2022							
Age	Total	pop0	pop1	pop2	pop3	pop4	pop1-4
<25	43	39	2	2	0	0	4
<45	345	209	58	67	10	1	136
<65	553	310	97	112	30	4	243
≥65	66	30	5	12	15	4	36
<25	43	39	2	2	0	0	4
25-44	302	170	56	65	10	1	132
45-64	208	101	39	45	20	3	107
≥65	66	30	5	12	15	4	36
Total	619	340	102	124	45	8	279

A total of 53 women got a pessary:

November 2022 Pessary						
Age	Total	pop0	pop1	pop2	pop3	pop4
<25	0	0	0	0	0	0
25-44	8	0	0	4	4	0
45-64	28	2	0	11	13	2
≥65	17	0	0	3	12	2
Total	53	2	0	18	29	4

An indication for surgical treatment has been established for 25 women. Mostly for POP, but now also for a few other gynecological procedures. During the community training, the Gorkha Hospital was visited, and it was determined that there are enough possibilities (OKs, gynecologists, blood bank, lab, surgeon, anesthesiologist) to operate on women from this nearby GP. These surgeries will be performed in the spring of 2023.

2. Surgical treatment POP

In the fall of 2021, a gynecology camp was held in Siranchowk GP (see Annual Report 2021), where indications for surgical treatment were established for 6 women. The **Amp Pipal Hospital** is located near Siranchowk, and after consultation there in 2021, it was decided to operate on these women together with the Nepalese doctor from Amp Pipal. The planned operation with WfWF support was carried out on 3 women in April 2022; a 4th woman was operated on by a Nepalese gynecologist from Patan University Kathmandu on his own initiative. The other 2 women declined the procedure or were possibly operated on elsewhere.

Upon arrival at the **Scheer Memorial Hospital** in November, it was found that the SMH teams had selected 50 women for surgical treatment of POP. The largest contribution came from women from the 2 earlier gynecology camps held by Cosan. In addition, women also spontaneously reported to SMH when it became known that there was a WfWF gynecology surgery project in Scheer. A small number of women were rejected for surgery because there was no significant POP present upon admission to SMH. Some surgeries also did not take place due to the physical condition of the women who required treatment first. Eventually, 32 women were operated on by 2 young gynecologists from SMH with the support of the WfWF gynecologists in the week of November 27th to December 9th. 23 women were operated on in the first week and 9 women in the second week. A sacrospinal fixation was performed on 21 women, 2 vaginal hysterectomies with pelvic floor repair were performed, 4 colpocleisis were done, a front and/or back wall plasty was performed on 4 women, and 1 abdominal hysterectomy. There were no complications during the procedure or hospital stay. Unfortunately, 1 woman returned within 3 weeks of the operation (sacrospinal fixation) with a recurrent POP and underwent a vaginal hysterectomy.

3. Comprehensive Women's Health Initiative

In 2018-2019, various international NGOs (including WFWF) working in SMH (Scheer Memorial Hospital) developed a plan to support "Women's and Childcare" in SMH and surrounding rural areas. Unfortunately, the COVID-19 pandemic has hindered the realization of these plans. Meanwhile, 2 NGOs have withdrawn from SMH due to the COVID-19 pandemic, which has greatly limited the financial support for this program. Due to a possible expansion of financial opportunities through an annual contribution from Fundatie Charitas, there have been various discussions between the management of Scheer Memorial Hospital and the board of WfWF (Women for Women Foundation) in 2021.



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."

In April 2022, the parties involved signed a three-year contract: Comprehensive Women's Health Initiative. Over the next three years, attention will be paid to several topics:



1. SMH plays an important role in obstetrical care in the region. In recent years, there has been a significant increase in the number of women with pregnancy problems, as well as an increase in the number of hospital births from rural areas surrounding SMH. SMH considers training of rural health workers in newborn care, breastfeeding and postpartum depression in mothers to be an important task.

2. A severe shortage of good care for newborns is the result of this increase in the number of births. SMH wants to create

a separate department in the hospital for this, for which extra personnel must be trained and equipment must be acquired.

3. Cervical cancer is a relatively common disease and is a serious threat to women's health. Early detection and treatment is possible in a relatively simple way, also for women in remote areas. SMH wants to make this possible in its region by screening women in rural areas for cervical cancer with a team of specially trained nurses.

4. SMH sees POP (Pelvic Organ Prolapse) as a major problem for women and wants to provide care for those who cannot pay. Cooperation with local health workers is particularly important for POP diagnosis and treatment, with SMH providing leadership.

From July to December 2022, various components of the 3-year plan were carried out in cooperation with WfWF (Women for Women Foundation) and COSAN (a Nepalese NGO). An example of these activities is the training of ANMs (Auxiliary Nurse Midwife) from rural areas in the Comprehensive Women's Health Initiative program.



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A training program was held on 28 and 29 August, 2022 for the local health workers from Mandandeupur Municipality at Scheer Memorial Adventist Hospital.

A total of 21 participants including 3 senior ANMs were present for the training.



The training was conducted by the OBGYN doctors from Scheer Memorial Adventist Hospital. The topics discussed were Anatomy and Physiology of human reproductive system, Pelvic organ Prolapse- causes and treatment, Pelvic Inflammatory Disease and Sexually Transmitted Diseases and Cervical cancer. The trainees were given theoretical knowledge on the topics as well tested with pictorial slides.

The (re)furnishing of the Neonatal Intensive Care Unit (NICU) and the Children's Department of SMH has been taken up: a Dutch-WfWF neonatologist, together with the pediatricians in SMH, intensively studied the work processes and the inventory present in the departments for 1 week.

They also looked at the facilities in the delivery room complex and in the Paediatrics outpatient clinic. Together they wrote an extensive report on desired and possible improvements in these departments.



In the spring of 2023, the management of SMH will decide how and when the recommendations from this report will be implemented.

4. Fieldwork evaluation

WfWF would like to know how the gynecamps they organize with local governments are now being experienced by the residents of the GP. Do women now dare to come to the gynecamp with their "hidden problem"? How do they experience the role of the doctor: is there enough attention given to their problem, is there enough privacy, would they go to a gynecamp again? WfWF asked a medical anthropologist from Tribhuvan University to research the barriers for women to go to a gynecamp.

In May/June 2022, Kapil Dahal and some colleagues conducted this research in Siranchowk GP. The summary as stated in this research report is included in this annual report.

Understanding Barriers to Accessing Health Care Services in Health Camps: A Qualitative Study from Gorkha District, Nepal. Kapil Babu Dahal, Ph.D. Tribhuvan University

This medical anthropological study was conducted in different wards of Siranchowk Rural Municipality of Gorkha District to assess the impact of gynecological camp held in November-December 2021. The camp was held to screen the POP situation of the women, provide them with necessary medicines and if needed support them to go for the operation. The study aimed to understand the facilitators and barriers that have supported or hindered the local women's access to the health camps held in the locality. In consultation with the local health workers the researchers selected the locality for the field study whereas research participants were selected based on the criteria to have diverse voices from the field and mainly from the beneficiary/potential beneficiary women.

The study shows that women from across the different locations, age, caste/ethnicity and socio-economic status have benefitted from the camp held in the vicinity of their residence. Women went to the camp along one their own, with their family members, or fellow women who are also going there for their medication. The camp held nearby their home has facilitated the women to visit there. As the camps were held immediate after the harvesting season of rice, they were also not restricted by the household responsibility. Most of the women visited there because they had some POP health concerns. However, we also met some women who went to the camp, even knowing that the camp is meant for specific disease, to be sure that they do not have this disease.

The study reveals some of the factors that have created barriers for the women to visit the camp or to get the satisfactory services from the camp. Some of the barriers have been related with the specific modality of the services delivered by the WfWF, mainly because the camp has targeted the women with symptoms of POP disease. As the paramedics, FCHVs and family members have to make the judgement about whether a woman has a POP symptom or not to flow information up to her, this might have curtailed the access of some women, especially the ones who has less mobility in the neighborhood and has to depend upon information from the family members.

Levels of satisfaction of the women have been found mainly directly determined by whether they are provided with any tangible medicine and/or operation or not. Most of them discount the value of counselling alone and that of the ring pessary insertion. Many others were concerned with the unrealistic suggestions of staying away from doing (heavy) works.

The recommendations described in this report have been partially incorporated into the November gynocamp, and are still the subject of discussion in part.

5. Education

The decision to pay more attention to other gynecological complaints such as discharge and menstrual disorders in addition to POP means that the educational material available to WfWF needs to be significantly expanded. A first step was taken in the fall of 2022, where the study material is adapted for use in the rural context by the Education working group of WfWF, based on the training manuals of the ANMs, the guidelines on gynecological problems of the NESOG and other study material from the Family Welfare Division of Nepal Ministry of Health and Population, with the cooperation of Dr. Anjana Adhikari of Paropakar Maternity Hospital.

6. Website WfWF

Throughout 2022, we continued to update our English-language website based on the literature on POP from 2018 to 2022, including articles from Nepalese journals. The Research working group of WfWF has continuously worked on it.

7. Scholarship

The assistance and dedication of Nepalese nurses are essential for WfWF's fieldwork. WfWF makes it possible for several girls from rural Nepal to pursue a 3-year registered nurse program. During and after their training, they participate in fieldwork to receive extensive practical training in POP. In September 2022, after a long COVID-related hiatus, the nurse and ANM programs in Nepal resumed. Barpak Sulikot GP requested that two young girls from their GP be offered a nurse training, which will be realized in 2023.

WfWF representative Nepal

Current Situation

There are not enough doctors in Nepal's health care system (0.8 per 1000 population in 2019) to support the public. People living in hills and mountainous region are geographically challenged, and their access to the already scarce health service is limited. In addition, women health care service is hindered by sub-optimal facilities like the inadequate range and quality of diagnostic services, leading to public distrust in the system.

More, due to low national enrollment in universal health coverage expensive health care service, are available mostly through 'out of pocket' payments. This discouraged the rural patients from seeking medical care. Particularly women health issue, women often prefer to seek medical advice from traditional healers and pharmacies rather than consulting a medical doctor. These practices are not just limited to rural settings; they are also common in metropolitan cities like in Kathmandu. As women try to avoid costs of consultation, investigation and treatment, long awaiting time, privacy, the fear and embarrassment associated during health checkups.

Therefore, WfWF has started to offer POPcare services in conjunction with municipalities in Nepal after identifying the service needs in co-working with our local partner (SoDeSI). And I, as a WfWF Nepal representative, boosting support in Gorkha, building capacity, attempting to reach unreached places and individuals, and promoting the implementation of POP care field camps by mobilizing Nepali gynecologists with the assistance of a Dutch team. However, this year has been a challenging one for all of us. The ongoing pandemic as well as the disaster caused by landslide has affected a lot of northern rural wards of Gorkha in an unpredictable way. While we are still coping with this new normal, the natural disaster on the other hand affected marginalized communities jeopardizing women's health. And WfWF had supported women's health during pandemic prioritizing the need of these community level organizations to mitigate the adverse effect of the pandemic. We continue to organize POP care and management services many wards of Gorkha. During the period we reached 12 hard to reach wards of 2 urban municipality of Gorkha and more than 1000 women direct beneficiaries get benefitted.

Here are few highlights I made and supported from January to December 2022.

- After running the 2021 November POP care field camp, concerned municipal officials in Gorkha were given a summary of the results to increase their responsiveness to the POP care needs and priorities of communities. By utilizing local knowledge, we hope to create long-lasting change in the communities. And promoted local ownership of POP care interventions for their viability.
- On-demand coaching sessions set up for nurse staffs at below municipal level health centers who will be classifying POP and managing discharges.

- Ongoing assistance to run community-level trainings on POP care and its consequences base to capacity building of FCHVs and local influential personnel.
- Participated in technical forums run by the National Health Training Center, Family Welfare Division, and Epidemiology and Disease Control Division under the direction of performance plans created in collaboration and specifically tailored to the WfWFs requirements.
- Supported monitoring of public health activities at provincial and district level, jointly with officials from federal level and supported development of municipal health policies, acts and guidelines for arranging and convening meetings to share recommendations for actions.
- Led discussions on lessons learned and experiences from meetings on annual reviews held at the provincial, local health sector levels.
- Providing families with information on pre- and postpartum care and connecting mothers and elderly women with healthcare professionals according to the WfWF mission objectives.
- Engaging HFOMCs (Health Facility Operation Management Committee) and local leaders and teachers and built capacity on POP care and management.
- Learning and adjusting - helped SoDeSI (local program implementing partner) conduct POP community level training based on performance improvement in 16 sites.
- Systematic capacity building - Arrange for 24 nursing staff members of Gorkha's 16 health centers to get POP care education and clinical exposure.
- In-kind support - Ring pessaries, speculums, and other supplies to regularize and improve the quality of POP care at 16 chosen health service facilities.
- Communication: Aided NGO in identifying POP-related information using local FM stations. IEC items with a similar use of POPs (> 2000).
- Backing to embed research on POP intervention planning to reform the WfWF required system.
- Work together, pick up new skills, and adapt: WfWF coordinated with intervention (PAP smear) carried out by other organizations (Cancer Care Foundation) who complements WfWF aims.
- Logistics Support for planning, facilitation for vaccination, nutrition, and infection prevention.
- Executed periodic meetings with the president of WfWF. Additionally, meetings with the program's implementation partner, with hospitals to manage the camp's gynecologists and nursing staffs, and with the team members are required in order to create a cohesive team approach to provide high-quality POP care services.
- Coordination with nursing schools and students for scholarships, hospitals to perform POP surgery, NGOs, municipalities and wards, and supporting local bodies for understanding, application, and training for learning events to encourage behavior change for localization.
- Management of POP camp supplies, including both consumable and non-consumable supplies to run the Gynae field camp.

Key lesson learned

- Onsite coaching and mentoring are effective for enhancing and maintaining clinical skills and can motivate healthcare providers.
- In prior to intervention supporting to NGO, municipality and wards through social maps and demographic data have been useful.

- Review meeting after each day of camp can motivate POP camp team members to boost their energy and useful to understand their success & shoot out their problems.
- Multiple approaches of communication (e.g. training, Follow up program, radio airing, IEC materials, nursing staffs exam and certification, supplies of needy commodities etc.) resulted in institutionalizing skilled human resource.
- Embedding clinical assistance is challenging, municipalities and health centers has promoted effective and improved POP care services timely resolution of problems.

Key remaining challenges

- Continuing trained nursing staffs is lacking at provincial and municipal levels to diagnose POP.
- Continuity of POP care services; access challenges in mountainous and hilly locations.
- POP care orientation sessions at health centers, at community and school health educating sessions, or other outreach planning has to organize whenever possible, regardless of site and quantity, to reinforce the POP related information.
- Inconsistent municipal support in the provision of necessary goods to manage POP, such as ring pessaries and required medicines at the health centers, which limits the ability to continue managing POP and providing discharge care.
- Difficult to find common ground between the public sector and private healthcare providers for ensuring quality and expanding access to POP care & its management through government service sites.

Way forwards

- Functionalize municipal POP care-related efforts – Health centers should take the initiative in fostering robust and efficient systems for networking and coordination between municipalities, with stakeholders like WfWF providing support.
- Enhance technical skills in municipalities to improve the technical competence of nursing staffs in health centers serving their catchment areas. Embed clinical support in potential highly populated but remotely located) but poorly functioning service sites with plan to strengthen comprehensive POP and discharge care service.
- Ensure that municipalities and wards are adequately engaged in regular POP care service with staying proper feedback loop.

Impression

I love being a Women for Women Foundation key member in Nepal. It's incredible to work with committed WfWF board and people who embody WfWF values of respect, courage, collaboration, innovation, and integrity; and who are so committed to achieving our vision. WfWF activities are designed to care and management pelvic organ prolapse by mobilizing communities most in need to break through barriers and forge their own path to a healthier future.

Thank you!

Perspectives 2023

Nepalese teams, both in the field (rural) and in hospitals, are explicitly requesting a role for WfWF in both education and the research and treatment of complex POP problems, as well as other forms of gynecological issues that require attention. Adopting the "considerations for 2020 and beyond" as indicated below in italics for the coming year remains a goal, as it was in 2022. Our objective remains to improve the health of women in Nepal, with a focus on gynecological problems like Pelvic Organ Prolapse, a condition that greatly hinders 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, in either adapted or unchanged forms!

Appendix

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

1. Board Women for Women Foundation

Chairperson	Loes Harmsen, gynaecologist n.p.
Secretary	Tineke van der Laarse, registered nurse
Treasurer	Henny van Hulzen - Berbé, accountant
Members	Vrony de Wolff, general practitioner Thierry van Dessel, gynaecologist
Advisers	Mark Vierhout, professor urogynaecology n.p. Wilma Deerenberg, specialist geriatric medicine n.p.
Fundraising	Board of Women for Women foundation
Evaluation and Research	Loes Harmsen Janny Dekker Hans Tamminga Christine Tamminga
Education	vacancy Loes Harmsen
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

- . 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 in 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 gynocamps 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. In 2018, we made progress in aligning and supporting our individual programs.

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	Database design
Majestic Products BV, Spijkenisse	Latex gloves
B.Braun Medical BV	Suture material
Medical Dynamics	Pessaries
Medical Delta	Gyne chair

Donors

Fundatie Charitas
Wild Geese Foundation/IKON, Hilversum
S.P.Y.N. Welfare Foundation, Vleuten
Pieter de Joode Stichting
Hetty Huisman
Rosemarie Smits, Schalkhaar
Zij Actief

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	Gaun Palika (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