

# **Proceedings on Formation of Uterine Prolapse Alliance Workshop**

**6 April 2007  
Falcha, Babar Mahal, Kathmandu**

**Organized by**



**Safe Motherhood Network Federation-Nepal  
Kupondole, Lalitpur**

## **1. Background of the Safe Motherhood Network Federation**

The Safe Motherhood Network Federation-Nepal (SMNF-Nepal) is a federation of 476 networks from 59 districts in the country (as of June 2007). It has been implementing programs in the field of maternal and neo-natal health through continued advocacy and awareness creation activities with various stakeholders both at community and national levels according to the Safe Motherhood Guideline prepared by Government of Nepal. The Federation has also been reinforcing and supporting the government's efforts to reduce maternal mortality and morbidity rates in the country according to Nepal's commitment to the Millennium Development Goals (MDGs).

Since its inception and more recently following the legalisation of its status as a Federation, one of its primary objectives has always been to promote safe motherhood and neonatal health through a network of governmental and non governmental organisations from grassroots to programme level. It has also been prioritising critical health issues affecting women and children, which however have been overlooked in the development process. One such issue is uterine prolapse which has been afflicting Nepali women in a huge number; but shame and stigma have compelled them to quietly bear the suffering. Feeling the need to highlight the morbidity issue, the SMNF undertook a nationwide research-cum-health camps in 10 districts of the country with support from the British Embassy in 2004-2005. The outputs from the programme played a critical role in highlighting the issue at national and international level.

## **2. Uterine Prolapse Alliance: How Did the Idea Generate?**

On 28 and 29 August 2006 the SMNF Nepal organised the Second National Conference on Safe Motherhood with the objective of reviewing the situation relating to maternal mortality and morbidity in Nepal by bringing together varied stakeholders under a common platform. Based on its previous experience on uterine prolapse and the need identified by its various network members such as the Rural Women's Development and Unity Centre (RUWDUC), Centre for Eco-Agriculture Development (CAED), COSAN, and others priority was given for separate sessions focusing on uterine prolapse. Six different papers highlighting diverse programmes and experiences were presented by various organisations during the conference. The session also included group works involving the participating organisations, groups and individuals to discuss and identify current gaps and challenges and future steps. One core output was the need for an alliance on uterine prolapse which would help address the issue on a large scale. It was also noted that mobilising the alliance through the SMNF could prove more effective due to its wide reach right down to the grassroots level.

It is as a follow-up to these recommendations that the SMNF together with other concerned organisations initiated the process of forming an alliance of committed organisations involved on the issue. A series of meetings were organised and it was concluded that a workshop on uterine prolapse, with the objective of establishing an Alliance consisting of various organizations, individuals and experts working in the country was a necessity.

### 3. Uterine Prolapse Alliance (UPA) Workshop: The Process

A one day workshop (*Annex 1: Workshop Agenda*) on uterine prolapse was organised on 6 April 2007 in Kathmandu. The workshop was attended by some 42 participants (*Annex 2: List of Participants*) from various NGOs, INGOs and individuals. The workshop started with the brief introduction of the distinguished guests and participants. The workshop was divided into four sessions, namely, Inaugural Session, Mapping Session, Group Discussion and Closing Session.

**Inaugural Session:** The session began with the plenary session with a welcome note from Ms. Surya Kumari Shrestha, General Secretary, SMNF as well as a presentation on the workshop objectives which were as follow:

- To build an alliance of organisations involved in uterine prolapse
- To advocate for inclusion of uterus prolapse issues on prevention and curative programmes in the mainstream government health programme
- To contribute to the creation of a national fund for uterine prolapse problems
- To support the government in formulation and implementation of a national programme on uterine prolapse
- To contribute to the monitoring and evaluation of uterine prolapse programmes

Following the inauguration by lighting a lamp by the Chief Guest Dr. Sarala Malla, Director General, Department of Health a presentation of a comprehensive literature review of uterine prolapse took place. Dr. Bimala Lakhey, Executive Member/Chairperson of Technical Committee, SMNF prepared and presented the review (*Annex 3: Detailed Presentation*). Other speakers during this first session were Dr. B. K Subedi, Director, Family Health Division, Dr. Sarala Malla, Director General, Department of Health (*Annex 4: Details of Remarks by Dr. Subedi and Dr. Malla*) and Dr. Arzu R. Deuba, President, SMNF. All the speakers noted the importance of workshop to address the needs of Nepali women, underscoring the need of the hour and the required initiatives for supporting needy Nepali women from a curative as well as a preventive aspect.

#### **Mapping Session**

The second session of the workshop was focused on a mapping exercise. The objective was to help initiate a process to identify programmes being implemented at various levels by the participating organisations. This would be a step towards determining the geographical focus for future relevant programmes. The session was facilitated by Ms. Pinky Singh Rana, Executive Member/Chairperson, Capacity Building Committee, SMNF.

The exercise helped identify that of the 21 organisations present during this exercise some 45 districts had been covered fully and/or partially by them. The participants also stated that more than 45 districts may have been covered, as other organisations involved on uterine prolapse issues were not currently present during the workshop. This exercise was followed by the distribution of a Uterine Prolapse Information Format which participants were requested to complete based on their past, present and future planned activities (*Annex 5: Organisational Information on Uterine Prolapse Activities*). An analysis of the mapping exercise indicated the following information:

## Outputs Based on Mapping Exercise

- a. Total organizations currently involved in uterine prolapse related activities: 21
- b. Type of activities currently being undertaken:
  - Advocacy and awareness based activities: 13 organisations (including media and legal rights focused)
  - Health Camps (screening, pessary ring insertion, and referrals): 7 organisations
  - Health Camps and Operations: 5 organisations
- c. Districts Covered:
  - *Eastern Region districts(9)*:Jhapa, Morang, Dhankuta, Khotang, Panchthar (2), Sankhuwasabha, Siraha (2), Udaypur, Saptari (2)
  - *Central Region Districts (7)*: Dolakha, Ramechhap, Okhaldhunga, Kathmandu (5, including Kirtipur), Kavre (3), Chitwan (3), Lalitpur (2)
  - *Western Region Districts (6)*: Kaski, Lamjung, Rupandehi, Rautahat, Mahotari, Kapilvastu
  - *Mid Western Region Districts (6)*: Dailekh, Jajarkot, Surkhet, Banke (2), Bardiya (2), Dang,
  - *Far Western Region Districts (5)*: Doti, Accham, Kailali, Dadeldhura, Kanchanpur
- d. Analysis and Suggestions Based on Mapping Exercise:
  - ***Focus of Organisations:*** Focus of organizations working in this area has primarily been on the Eastern region district. Out of the 16 districts, some 9 have already been worked upon by various organizations. Here too it is the terai and the mid-hill districts which have been repeatedly been covered by different organizations. The number of district coverage comes down as one goes further towards the Far Western. In fact the mid and far western regions, which have the lowest HDI, and some of the highest maternal mortality and morbidity have only had 11 24 districts covered thus far, as per the information provided during this exercise.
  - ***Increased Coordination:*** During the exercise it became evident that despite the large number of organizations working on the issue many were unaware of each others' activities, even when they were working in the same of closeby districts. Need for government and non government organizations to be aware of each others activities and the areas of their work. GOs, NGOs and INGOs are working in total isolation, ignorant of each other plans and strategies. These have led expenditures which could easily have been cut down with the help of close cooperation and coordination.
  - ***Networking with Local Organisations to Reach Larger Target Groups:*** Rather than duplicating activities in the same areas, a combined effort would lead towards reaching out to a larger number of affected women. To this effect, if more networking was maintained with local organizations an implementing partner would be able to reach greater number of uterine prolapse patients.

- ***Building Linkages with Medical Associations:*** A number of associations such as the Nepal Society of Gynecologists (NESoG) have been very forthcoming regarding the medical support they can provide. Therefore it is suggested close linkages with such associations be developed so that whenever any organization is undertaking relevant activity their human resource can easily be tapped upon.
- ***Awareness Raising:*** Some 13 organisations were identified as conducting awareness and advocacy based activities. Yet there is lack of information on the kind of messages that are going out. It is suggested that common messages are developed to ensure uniformity of information being disseminated.

**Group Discussion Session:** The third session focused on involving the participants in a group discussion. Facilitated by Dr. Bimala Lakhey and Ms. Binjwala Shrestha, Executive Member/Chairperson, Communication Committee, SMNF the participants were divided into two groups, namely, i) Technical Group and ii) Awareness and Advocacy Group based on expertise well as interest of the participants. The groups discussed their respective issues on uterine prolapse and also came up with action plans at the end of group work. Some key issue identified and which the groups felt the need to address were as follow:

**(i) Issues on Technical aspects**

*Preventive Aspect:*

- Awareness about the problem of uterine prolapse in the community is very low. There is a need for public awareness campaign making the people to know that uterine prolapse can be prevented and treated.
- Screening service in the community can find out the degree of prolapse and identify UP related complications.
- Preventive service includes birth spacing , limiting number of child births, avoiding smoking, delivery by skilled birth attendant to avoid mismanagement during labour which is one of the main cause of uterine prolapse, avoiding heavy weight lifting after delivery, rest for 6 months postpartum and good nutrition is important.

*Conservative Treatment:*

- Perineal exercise (Kegal Exercise) and yoga can help in first degree exercise Ring pessary can be inserted in first and second degree prolapse.
- Surgery is the only cure for uterine prolapse. For surgical treatment there is a need of good infrastructure with optimum O.T. facilities including laboratory and blood transfusion.
- Regular health camps and blood donation program needs to be arranged.
- Human resource like trained and skilled gynaecologists, anaesthetists, and paramedical staff are needed. Referral and networking mechanism needs to be developed between GO, NGO, INGO and individuals.
- Regular follow-up monitoring supervision and evaluation is to be done.

**(ii) Issues on Non-Technical Aspects (Awareness and Advocacy)**

This group identified that the alliance should mainly focus on the following preventive activities:

- Awareness raising on uterine prolapse issues to the following target groups has been found essential:
  - FCHVS/TBA/ANMs , RH/ Age Group women & other health workers
  - Newly married couples
  - Youths and adolescents etc.
  - Family (husband and mother in law)
  - Users groups & mother groups
  - Factory Women
  
- Issue to be addressed during awareness raising campaigns
  - Who are women?
  - Role of women and men
  - Reproductive health and rights
  - Self-care during pregnancy period
  - Causes and effects of uterine prolapse
  - Gender discrimination
  - Social counseling
  
- IEC methods, materials and media for awareness raising campaigns
  - FM/Radio/TV
  - Posters, pamphlets, flip charts
  - Hoarding boards
  - Street drama
  - Visual & audio visual aids
  - Advertisements
  - BCC
  - Baseline survey/ Pre-test
  - Easily approachable/friendly behaviour
  - Monitoring by the Health Facility Operation and Management Committee (HFOMC)
  
- Recommendations for policy makers:
  - Curriculum development focusing on UP issues
    - at school levels
    - HA/AHW/CMA
    - FCHV
    - NFE
  - HFOMC (Health Facility Operation Management Committee) should be mobilized to monitor UP activities closely at VDC level
  - Public private partnerships (PPP)

Based on the group work discussions as well as the issues identified, the action plans for their respective issues were also identified. The key issues discussed by the groups were as follow:

**a. Technical Aspects:**

- UPA should be they key actor for policy advocacy to the concerned authority, it should be carried out from local level to central level.

- Programs on UP, such as preventive and curative, need to be continued by I/NGOs and GoN with expansion of nation-wide program.
- A core group of experts will be formed for strengthening health facility services on UP. I/NGOs and GoN need to implement or continue to provide curative and preventive skills to service providers.
- I/NGOs and GoN are to join hands together for increasing access of curative services for women suffering from uterine prolapse by collecting funds from I/NGOs and GoN, Bilateral Agencies, UN, concerned groups and individuals.
- A core group of experts will be formed for monitoring and supervision UP management programs for all parts of the country.



**b. Non-Technical Aspects (Awareness and Advocacy)**

- The non-technical group discussed that GoN, I/NGOs, UN Agencies, UP Alliance, organisations associated with media, such as Sancharika Samuha should play the role to communicate the message of uterine prolapse. GoN-Ministry of Health and Population is the key body to mobilize the media to spread the issues of uterine prolapse. Similarly, I/NGOs, UN Agencies and GoN can take up the mass campaign on preventing the problem of Uterine Prolapse.
- It was also discussed that one of the major roles of UP Alliance should be to lobby and advocate the issue of uterine prolapse to policy makers and political parties. For instance, discussion with MPs including women MPs, with concerned Ministers (Health & Population and Social Welfare Council), with concerned organisations - NESOG, National Planning Commission, Family Health Division and Donors can be organised regularly to make the influence on both preventive and curative parts of uterine prolapse issues. The recommendations for policy makers have been mentioned earlier in the issues of uterine prolapse brought up by the non-technical group.
- NGOs who are involved in uterine prolapse issues have been organising communities, raising awareness and providing trainings in the districts. These programs will be continued as their ongoing programs until they work in the area.
- In terms of increasing access to services, GoN, Donors, INGOs



Non-technical team in a group exercise

should play key role to make the access of curative services for UP sufferers.

- Any new programs should be started by next fiscal year, i.e. from July 07, as it has been seen possible for the GoN to allocate the required budget for next year. However, it is necessary for UP Alliance, I/NGOs to lobby to incorporate both the preventive and curative programs as per requirement.

The groups also worked on the action plans which should be undertaken for implementing relevant activities.

**Closing Ceremony:** The Closing Ceremony commenced with welcome remarks to Indira Shrestha, National Planning Commission from Dr. Ava Darshan Shrestha, Vice President, SMNF. A highlight of the day's activities focused on underscoring the need to address uterine prolapse was also presented. These remarks were followed by a presentation by Dr. Arzu R. Deuba on the proposed ideas for the Uterine Prolapse Alliance (UPA) formation. Following a presentation of the proposed vision and objectives, an extensive discussion by the participants was facilitated. Finally, necessary revisions to the presentation were made and the following were agreed upon:

#### **Finalised Facts for Uterine Prolapse Alliance**

**Vision:** To reduce the prevalence of uterine prolapse in Nepal.

**Mission:** To work in a collaborative manner to reduce the prevalence of uterine prolapse amongst Nepalese women of all age groups and diversities.

**Overall Goal:** To support the government in drawing up a National Action Plan on uterine prolapse.

#### **Objectives:**

- To create awareness on uterine prolapse at household and community level
- To create national consensus on the issue of uterine prolapse.
- To advocate with the government and its stakeholders for focus on uterine prolapse as an issue of national concern for Nepalese women.
- To lobby with the government and concerned authorities for clear technical guideline for care and management of uterus prolapse.
- To lobby with the government to establish an effective monitoring and evaluation system for uterine prolapse programme in partnership with the alliance and other stakeholders.
- To coordinate activism between all stakeholders and document progress and plans for regular updates and information exchange.

A presentation of the action plans which had been prepared by the technical and non-technical groups during the Group Discussion Session were also presented. These were:

## Proposed Action Plans

### A. Technical Activities: Curative Aspect

Activities	Who?	Where?	When?
<b>1. Preventive aspects</b>			
<b>2. Advocacy</b>			
2.1 Policy Parliament Government (Executive) Judiciary	SMNF with GO UPA UPA	Community to Centre Level	Now
2.2. Programs	GO, NGO, INGO, alliance	Community to Centre Level	Now
2.3. Strengthening of health facility service for quality of care	Formation of core group of experts	Community to Centre Level	Now
2.4 Additional skill training/awareness to service providers	GO, NGO, INGO	Community to Centre Level	Now
2.5 Set-up nation-wide referrals	Alliance and GO, INGO	Zonal, regional, central, medical colleges	Now
<b>3. Increasing access</b>			
3.1. Fund for service use, 3.2. Fund for Transportation 3.3 Other preparation for operation (blood, counseling) 3.4 Provide information about camps and services to community, woman/man/family	GO, NGO, INGO, individual  Alliance group, Red Cross	District to central level  District to central level	Now  Now
<b>4 Curative Aspects</b>			
4.1.Screening guideline	GO, Alliance core group		
4.2.Protocol for case management 4.3 M&E System	core group of experts  core group of experts	central level	Now

### B. Non-Technical Aspect: (Awareness and advocacy Activities)

Activities	Who?	Where?	When?
<b>1. Preventive aspects</b>			
1.1.Communication Campaign Audience Messages Medium Radio; TV; print; alternative;bill-boards	GoN - Ministry of Health & Social Welfare, I/NGOs, UN Agencies, UP Alliance,	Nation-wide	By July 07
1.2. Media mobilization	GoN, I/NGOs, UN Agencies, UP Alliance, Organisations associated with media, such as Sancharika Samuha	Nation-wide	By July 07
1.3.Community mobilization	NGOs	45 districts	On going
<b>2. Advocacy</b>			
2.1 Policy Parliament Government (Executive) Judiciary	I/NGOs, UN Agencies UP Alliance,	At all levels (Districts, Region and National)	June 07

Discussion with MPs including women MPs Discussion with concerned Ministers (Health & Population and Social Welfare) Discussion with concerned organisations - NESOG, National Planning Commission, Family Health Division and Donors			
2.2. Programs	I/NGOs, GoN	45 identified districts	On going
2.3. Strengthening of health facility service for quality of care 2.4 Additional skill training/awareness to service providers 2.5 Set-up nation-wide referrals	GoN, INGOs, UN Agencies GoN, I/NGOs, GoN	45 identified districts 45 identified districts Nation-wide	From next fiscal year ( July 07) From next fiscal year ( July 07) From next fiscal year ( July 07)
<b>3. Increasing access</b> 3.1. Fund for service use, 3.2. Fund for Transportation 3.3 Other preparation for operation (blood, counseling) 3.4 Provide information about camps and services to community, woman/man/family	GoN, I/NGOs, UN Agencies GoN, I/NGOs GoN, I/NGOs, UP Alliance,	Nation-wide Nation-wide Nation-wide	From next fiscal year ( July 07) From next fiscal year ( July 07) From next fiscal year ( July 07)
<b>4 Curative Aspects</b>			
4.1. Screening guideline			
4.2. Protocol for case management			
4.3 M&E System			

The presentations were also followed by discussions on possible roles and responsibilities of the UPA. The recommendations which came from the floor in this regard are as follow:

### **Roles and Responsibilities of UPA**

#### *a. Make uterine prolapse a national issue*

- Take up the UP issue a nation-wide campaign through various preventive and curative programs to bring out the issue of uterine prolapse as a national issue.
- Make the linkage and coordinate among all the concerned stakeholders, implementing organisations from district, region and central level to create a strong solidarity and alliance on uterine prolapse issue.

#### *a. Policy level advocacy*

- Support GoN in preparing Strategy on uterine prolapse and implement it from community to central level.
- Lobby and advocate regularly with government representatives, Policy Makers, Members of Parliament, Party members, Concerned Ministers to address the uterine prolapse issue.
- Work with media by providing them information on uterine prolapsed issues and opportunity to bring out the issue in mass and to influence the policy makers to address the problems of uterine prolapsed.

#### *c. Awareness and Advocacy*

- A need assessment is necessary in order to find out prevalence and severity of uterine prolapse. Thus it is recommended to undertake a need assessment nation-wide which can represent the uterine prolapse situation of Nepal. Based on the need assessment, priority areas will be identified to carry out programs on uterine prolapsed.
- There are a few IEC materials developed and used by various organisations. However, IEC materials are necessary to develop to make it as nation-wide campaign, eg., campaigns on HIV AIDS.
- The UPA members (organisations involved) are to continue working both on preventive and curative aspects by increasing the geographical coverage.

#### *d. Linkage and Coordination*

Coordination among the implementers and stakeholders is necessary, it can be done making linkages with RH committees, existing networks working on safe motherhood, UP Advocacy Forums in districts and region.

#### *e. Core Team Formation*

- It is recommended to form a core group of experts for strengthening health facility services on UP. This can be done in association with Nepal Society of Gynecologists (NESoG). A standard guideline is needed to be prepared for the curative team who are involved in curative camps.
- It is recommended to form a core group of experts for monitoring and supervision UP management programs for all parts of the country.

*e. Basket Fund*

It is recommended to create a basket fund (Trust fund), collecting funds from individuals, groups, national and international donors, government in order to cover the hysterectomy expenses of needy women during hysterectomy camps.

At the end of the workshop, Dr Arzu Rana Deuba formally declared the formation of the alliance, which would be called Uterine Prolapse Alliance, where all the participants present during the workshop are the first members of the UPA. The workshop concluded with remarks from the Hon'ble Dr. Indira Shrestha, Member, National Planning Commission, Chief Guest of the Concluding Session. Congratulating the SMNF and all the participants in establishing the Uterine Prolapse Alliance, she assured all she would make effort in bringing the issue as a national agenda. Stating she had also been in discussion with UNFPA on this matter, Ms. Shrestha shared her experiences on the observation of uterine prolapse cases in Mahottari, Saptari and Rasuwan districts. She suggested that I/NGOs, CBOs, Self-help groups, eight political parties should have solidarity on the issue for it to become a national agenda. She also remarked it was necessary to conduct exercises in different ways and make it meaningful and pointed that 49,000 Community Health Workers from all over the country should be mobilised to provide the preventive and curative services at grassroots level. The issue could also be addressed by quality education, life-skill values and by taking it as civil responsibilities. Indicating she was responsible for incorporating gender, health and education within the three year interim plan, Ms. Shrestha concluded by stating she was optimistic of reducing the prevalence of uterine prolapse and maternal morbidity.

Dr Arzu Deuba, President, Safe Motherhood Network Federation expressed her gratitude to the Chief Guest and expressed her pride as a Nepali woman in having such a distinguished, knowledgeable and 'good' person in the apex planning body of the government working on gender and social issues. She provided a few introductory words about the SMNF and the idea behind the formation of the Alliance. She also remarked that the presence of the Chief Guest was vital to the success of issue, the SMNF and the alliance was about to work on. She also shared the directions given by the Director General for a Joint National Action Plan on uterine prolapse. The workshop then concluded with closing remarks from Ms. Shobha Basnet, Treasurer, SMNF.



## Annex 1

### *List of Participants*

SN	Name	Organization	Contact Address/Email
1.	Archana Khadka	STEP Nepal	
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**Annex 2**

**Workshop Agenda**

Workshop to Form Uterine Prolapse Alliance (UPA),  
**Safe Motherhood Network Federation Nepal**

**Plenary # 1: Inaugural Ceremony**

<b>Chairperson:</b> Dr. Arzu Rana Deuba, President of SMNF Nepal		<b>Chief Guest:</b> Dr. Sarala Malla, Director General, Department of Health, Teku
9:00 – 9:30 am	Registration	
9:30 – 9:35 am	Call upon Dais	
9:35 – 9:50 am	Welcome and Objective of workshop and SMNF	Ms. Surya Kumari Shrestha, General Secretary of SMNF
9:50 – 10:15 am	Presentation on Literature Review of Uterine Prolapse	Dr. Bimala Lakhe, SMNF Central Board Member and Chairperson of Technical Committee SMNF
10:15 – 10:35 am	Special Remarks	Dr. B.K. Subedi, Director , FHD
10:35 – 10:55 am	Inauguration by Lighting Lamp & Inaugural Speech by Chief Guest	Dr. Sarla Malla, Director General, Department of Health, Teku
10:55 – 11:15 am	Remarks from Chair	Dr. Arzu Rana Deuba, President of SMNF
<b>Master of Ceremony:</b> Ms. Binjwala Shrestha, Executive Member/Chairperson of Communication Committee, SMNF		
<b>11:15– 1:45am</b>	<b>Tea Break and Press Conference</b>	
<b>Time</b>	<b>Agenda</b>	<b>Facilitator</b>
11:45 – 12:10 pm	Mapping Exercise of work on Uterus Prolapse of all Participants	Ms. Pinky Singh Rana, Chairperson of Capacity Building Committee, SMNF Nepal
12:10 – 12:35 pm	Identifying Vision, Mission, Objective and Broad Programme Areas of UPA	Dr. Arzu Rana Deuba, President of SMNF Nepal
12:35 – 1:35 pm	<b>Group Work</b> Break Out into Group on Different Identified Programme Areas	Dr. Bimala Lakhey, Chairperson of Technical Committee of SMNF / Ms. Binjwala Shrestha, Chairperson of Communication Committee
<b>1:35 – 2:20 pm</b>	<b>Lunch Break</b>	
<b>Time</b>	<b>Agenda</b>	<b>Facilitator</b>
2:20 – 2:40 pm	Continuation of group work exercise	Dr. Bimala Lakhey, Chairperson of Technical Committee of SMNF / Ms. Binjwala Shrestha, Chairperson of Communication Committee
<b>Plenary # 2: Action Planning</b>		
<b>Time</b>	<b>Agenda</b>	<b>Facilitator</b>
2:40 – 3:40 pm	Preparation and Formation of Joint Action Planning	Dr. Bimala Lakhey, Chairperson of Technical Committee of SMNF / Ms. Binjwala Shrestha, Chairperson of Communication Committee
<b>3:40 – 3:55 pm</b>	<b>Tea Break</b>	
<b>Plenary # 3 Closing Session</b>		
<b>Chairperson:</b>		
<b>Chief Guest:</b> Hon. Dr. Indira Shrestha, member NPC		
3:55 – 4:10 pm	Welcome of Chief Guest	Dr. Ava Darshan Shrestha, Vice President of SMNF Nepal
4:10 – 4:35 pm	Presentation of Vision, Mission and Objectives of Uterus Prolapse Alliance and Action Plan	Dr. Arzu Rana Deuba, President of SMNF Nepal
4:35 – 4:50 pm	Remarks by Chief Guest	Hon. Dr. Indira Shrestha, member NPC
4:50 – 5:00 pm	Vote of Thanks	Ms. Shobha Basnet, Treasurer, SMNF Nepal

**Presentation on Overview of Problem of Uterus Prolapse in Nepal**

*Prepared and Presented by Dr. Bimala Lakhey, Safe Motherhood Federation Nepal, 06 April, 2007*

**Introduction**

- Uterine prolapse is a major Reproductive health problem in Nepal
- Affects general health and quality of life in women
- It is a consequences of negligence during delivery and post partum period

**What is Uterine Prolapse**

- Descent of cervix into vagina or beyond
- Result from weakness of pelvic support
- Usually results from trauma during labour and delivery

**Prolapse of the uterus may be one of three types, depending on severity**

- First-degree prolapse occurs when the uterus sags downward into the upper vagina.
- Second-degree prolapse occurs when the cervix is at or near the outside of the vagina.
- Third-degree prolapse (sometimes referred to as total prolapse) occurs when the entire uterus is outside the vagina.

**Maternal Morbidity in Nepal**

- For every maternal death, 16 to 25 women experience short or long-term illness in developing countries such as:
- Fistulas, Laceration
- Infections, Anemia
- Uterine prolapse
- With 12 maternal deaths a day in Nepal--translates to 4,380 maternal deaths a year,
- Maternal morbidity estimates fall between 70,080 to 109,500 per year!

**Magnitude of Problem**

- Exact numbers are difficult to obtain because women with prolapse often remain silent about their problem and do not report to health care providers.
- However, it is estimated that a half of parous women lose pelvic floor support, resulting in some degree of prolapse and that of these women 10-20% seek medical care. Relatively, little is known about prolapse.
- In the 1960's, of 1500 prolapse cases that were examined at Shining Hospital, nearly 100% presented as 2nd and 3rd degree prolapse. Ten percent of the women were below 20 years of age thereby radically diverging from the common assumption that uterine prolapse mainly affects elderly women.

*(Dangal G. 2006).*

### **Causes of Uterine Prolapse**

- More commonly, caused by
  - damage to the pelvic floor during vaginal deliveries, instrumental deliveries, and vaginal delivery of large babies.
- ↑ intra-abdominal pressure on a long-term basis
- Weakness of the supports and muscles
  - Chronic ill health, malnutrition, dysentery, anemia
  - Inadequate rest during puerperium
  - Ageing & Menopause due to decrease in estrogen

### **Effects of Prolapse: Physical**

- NO SYMPTOM
- Bulge
- Discomfort & disability.
- Painful coitus
- Deteriorated sex life.
- Urgency and frequenc of urination
- Difficulty with initiation of urination
- Incontinence: stress or urge type
- Recurrent urinary tract infections

### **Problems with bowel movements**

- Painful defecation
- Constipation
- Backache.
- Discharge.
- Ulceration & Infection.

Uterine prolapse is not an infectious disease. It does not kill...  
...but makes women suffer physically & psychologically for years

### **Effects of Prolapse: Psycho-social**

- Stress
- Emotional isolation
- Abandonment by husband or divorce
- Ridicule and shame
- Inability to work
- Lack of economic support
- Risk of violence and abuse
- Discrimination

### **Management**

#### ***Non Surgical:***

- In mild cases - exercises to strengthen the muscles of the pelvic floor
- encourage to lose weight

- Pessary (a plastic ring) may be placed within the vagina to support the pelvic organs
- NB Acute pelvic infections and fixed uterine retroversion are contraindications
- pessaries should be removed, cleaned, and reinserted at regular intervals

***Surgical Treatment:***

- surgical repair
- vaginal route commonly performed
- Abdominal route
- or a combination of both.

**Complications of Vaginal surgery:**

- Pelvic infection
- Haemorrhage
- Injury to ureters or lower urinary tract
- Fistula formation
- Bowel injury

**Findings of the Women Screening Camps**

Place	# of patients	Prolapse	Rating	RTI	Rating	Infertility	Rating	Menstrual Dis.	Rating	Year
Jumla	720	17%	II	12%	III	27 %	I	9%	IV	1996
Panchthar	431	12%	II	4.2%	III	1%	IV	29%	I	1999
Doti	1305	25.1%	I	20.1%	II	17.1%	III	12.3%	IV	2002
Tarai	3594	27.3%	II	31.4%	I	13.7%	IV	19.1%	III	2005

(Source: *Bonetti et al, Dangal G,2005*)

**Findings of Reproductive Morbidity Needs Assessment Study Nepal 2005, IOM**

- 9%-35% prevalence--facility based data
- Population based estimates 10% prevalence
- Prolapse surgery is the 2nd in the operation list
- More prevalent in hills but this is now challenged
- Women of all ages, caste suffers
- 44% in 20-29 age group!
- 45% appear after first delivery
- 31% second and third degree prolapse

**Findings from different sources on uterine prolapse cases**

- District wise data (Among all Gynae cases)
  - Nuwakot (1993): 35.5%
  - Siraha (1996): 16.5%
  - Accham/Doti (2002): 25%
  - Age Distribution:
    - 32.2 % more than 45 years

- 17% less than 45 years
- Hospital data in Gynae OPD
  - Nepal Medical College: 9-10%
  - TUTH (1993-2000):12-17%
  - Maternity Hospital (2001): 5.3%

### **Conclusions**

- Uterus prolapse is a very common problem in rural women and a leading cause of maternal morbidity in Nepal
- Vaginal hysterectomy is done in periphery setup in camp situation
- Vaginal pessaries are popular in mobile camps .
- Camps are organized by many INGO, NGO, GO
- No clear reports on follow up and networking for referral and in case of complications

### **Needs to manage the Uterus Prolapse**

- **Preventive management**
  - Safe delivery practice (SBA/Institutional delivery)
  - 6 weeks rest after child delivery
  - birth spacing, birth limiting
  - avoid smoking
  - Prevent constipation/cough,
- **Case management**
  - Conservative method
    - Use of pessary
    - Pelvic floor exercise
  - The definitive treatment
    - Surgical management
- **Networking**
  - Multicultural problem should be address with sectoral coordination between GO and NGO
- **Fund raising**
  - to organize the preventive and curative management in different level of health facility/districts

### **Recommendations**

1. Prevention of Uterus prolapse should be organised in a comprehensive manner with inclusion of preventive and curative aspects.
2. Need for advocacy and awareness creation program to all the concerned stakeholders
3. The program should be planned in coordinated manner with all partners of government who is committed to reduce the uterine prolapse through out the country by establishing the national, district alliances in a integrated manner with multi sectoral approach.
4. There should be long term strategy and short term strategy to increase the access of health service and provide quality service to women with uterine prolapse.

**Details of Remarks by Dr. B.K. Subedi and Dr. Sarala Malla**

**Dr. B. K Subedi, Director, Family Health Division, Ministry of Health** made his deep concern on the problem of uterine prolapse among Nepali women. He stated in his special remarks, it is estimated, approximately 600,000 Nepalese women have been suffering from uterine prolapse. Out of which, 100,000 could have been suffering from third degree or procidentia of uterine prolapse. He shared the fact that due to the lack of awareness about the issue, the government do not have any specific guidelines on the Uterine Prolapse problem. He thanked the SMNF for the initiative taken to coordinate all the stakeholders and encouraged on the formation of an alliance. He stressed that such an alliance would help the government in achieving its MDGs. He made his remarks to conduct joint activities with the organisations involved in Uterine Prolapse, to respond to the severity of the uterine prolapse problem in the country.

**Chief Guest Dr. Sarala Malla, Director General, Department of Health, Ministry of Health** directed the Family Health Divison, SMNF and all stakeholders present the in the workshop to **work jointly on a National Action Plan** so that more women suffering with uterine prolapse in the country could benefit from the interest being generated on the issue at the national level. She also said that the issue of prolapse is also a national priority and the government with support of its partners has been working on a strategy and policy regarding uterine prolapse. She also remarked that government is committed to making a visible difference in maternal mortality and morbidity and to improve the quality of lives of women. She stressed that the role of all partners of the government is also very important in ensuring that all targets identified by the government were met in a timely and effective manner. She once again thanked the SMNF for taking the initiative to establish an alliance to work on the issue of uterine prolapse.

## Annex 5

### Organisations involved in Uterine Prolapse Management

SN	Who	What	No. & type of cases supported	Where	When	How	What next	Contact person
1	NCSC Group						Advocacy program in the Far-Western Dev. Region	Shyam Ojha Ambu Dutta Bhatta ojhasp@gmail.com tel 4268346 (O)
2	RHDP/S DC	Refresher training to ANM & RHDP field based staff		Dolakha	2000	by hiring consultant from teaching hospital	Continue to support on screening camps, operation camps & awareness raising at mothers group level	Harka B. Thapa Project Manager RHDP/SDC Tel No. 5522020 email : rhdppm@wlink.com.np
		Screening camp		„	„	„		
		„		Ramechhap	since 2001	with collaboration at districts, DDC, DHO, Tamakoshi Sewa Samiti CDS		
		Operation camp of Uterus Prolapse		„		„		
		Screening Camp		Okhaldhunga of 2 Ilaka Health Posts	2006	with the help of Tamakoshi Sewa Samiti		
		Operation camps		At Manthali Ramechhap district	April 2007	„		
		Support Financially on operation camp Uterus Prolapse		Dolkha	Since 2000	With coordinating DHO, DDC, Gauri Shankar Hospital		
3	CAED	<b>Preventive:</b> Raising awareness to newly married couples, mother-in-laws, husbands and other men and women in the working area.  Organizing and Networking -	UP sufferers women identified = 3,840 in 7 districts	Doti Achham Dailekh Jajrkot Surkhet Banke Bardiya	2001-2007	Preventive Training to couples  Local Resource Persons Development through training	Raise awareness to men and women in community as well in mass through media  Work more with adolescents	Samita Pradhan Moti Rai 6632942, 9851070634 caedseacow@info.com.np

SN	Who	What	No. & type of cases supported	Where	When	How	What next	Contact person
		<p>UP sufferers, UP Campaigners and NGOs working on UP issue</p> <p>Training to local UP Campaigners, local NGO representatives local resource persons (campaigners) trained on preventive aspects</p> <p>IEC material development</p>	100 Local Resource Persons or Campaigners trained	Siraha Saptari		<p>and on the spot coaching</p> <p>Sensitization, awareness on UP and gender issues through various mechanism</p> <p>Organizing women suffering from UP to claim for curative services to the concerned authority</p> <p>Sensitizing and Strengthening Local NGOs</p> <p>Posters, leaflets, VCD, Stories used for awareness raising</p>		
		<p><b>Curative:</b>  <b>Hysterectomy support</b> - on going hysterectomy camps in Nepalgunj Medical College, Kohalpur and BP Koirala Institute of Health and Science, Dharan</p>	<p>680 women supported for Hysterectomy in Nepalgunj, Dharan, Surkhet, Rukum</p> <p>698 women supported for Ring pessaries</p>	<p>Doti Achham Dailekh Jajrkot Surkhet Banke Bardiya Siraha Saptari</p>	2001-2007	<p>Support for Hysterectomy for needy women with subsidy criteria. Hysterectomy patients have to bear 1-40% cost of hysterectomy depending on their economic</p>	Train health workers	

SN	Who	What	No. & type of cases supported	Where	When	How	What next	Contact person
		<p><b>Curative Training</b> to Health Workers Health workers from local Health Posts through DHOs = 159 health workers from 7 districts trained</p>	Physical exercise and herbal therapy			<p>condition and ethnic group. Preference is given to dalit and janajati women</p> <p>Curative Training to the Government Health workers from local health posts = 159 health workers trained</p>		
		<p><b>Maya Fund Collection for Hysterectomy</b></p>				<p>Fund Collection for hysterectomy from individuals and organisations through fund raising activities</p>	<p>Identifying donors for further work on UP and fund collection</p>	
		<p><b>Advocacy and Campaigns:</b></p> <p>Campaigning and lobbying through Media</p> <p>Interactions and Delegations to DHOs, DDCs, WDO, Ministry of Health and MPs from the area.</p>				<p>Lobby and Advocacy Interaction with stakeholders Delegation to DHOs, Districts Hospitals, VDC, DDC, WDOs, Ministry of Health Interaction with MPS</p>	<p>Lobby and advocate to government &amp; donors, for basic curative services and hysterectomy camps</p> <p>UP Alliance building and Policy Advocacy</p>	
4	DWA & MASK	<p>1. Health Camp 2. Awareness programs</p>	<p>Pressary Ring + Checkup + Suggestion for</p>	35 Palpakot Kathmandu district	2007 Mar or 2063	<ul style="list-style-type: none"> <li>In joint venture with Nepal Medical</li> </ul>	<p>Awareness programs + Organizing health camps, focused on</p>	<p>Doctor's Wives Association Neelima Kafle <a href="mailto:neelimakafle@gmail.com">neelimakafle@gmail.com</a></p>

SN	Who	What	No. & type of cases supported	Where	When	How	What next	Contact person
			operation + follow-up		Chaitra 17	college <ul style="list-style-type: none"> <li>84 cases checked every out of seven one prolapse + service cancer case (7+)</li> </ul>	women	9851038363
5	FWLD Supported Planned Parenthood Federation  Center for Reproductive Rights	Awareness raising on reproductive legal rights	Worked for legalizing abortion	Jhapa, Morang Currently Kavre, Chitwan, Kaski, Lalitpur, Dhankuta	2005	Advocacy workshop for lawyers and policy makers  Victim hearing  Filing case in the court	How to bring comprehensive law to ensure women's reproductive and health rights	Purna Shrestha 4242603
6	COSAN	Curative services Surgical camps, Hysterectomy	about 3000	Sheer memorial hospital, Banepa Dhulikhel Hospital, Iwamura hospital, NMC Jorpati, Lamjung Hospital, Bharatpur hospital Miteri Hospital, Binayak Hospital, Manamohan Hospital through Medical team	From 2001-2007 March			COSAN Ph 6631284, Bhaktapur Pbox: 10279 mail : aacosam@mail.com.np

SN	Who	What	No. & type of cases supported	Where	When	How	What next	Contact person
7	Darchula Hospital		100 ????					Dr. Pramila Pradhan Tel 4486008 drpramilapradhan@yahoo.com
8	BNMT	General health camp organized focusing in women's health and problem		Khotang Panchthar Shankuwasabha in collaboration with DHO/PHO local NGO and VDC	2006	Ring pressaries health education treatment STI referral for surgical treatment distribution of IEC materials	In districts the camp will be organized in other VDCs focusing to the disadvantaged group  Camp will be organized infive districts namely Dhankuta, Siraha, Saptari, Ilam, Morang	Ram Deo Chaudhari Programme Manager 021-532653,532305 ramdeo@yahoo.com
9	Sanchari ka Samuha (with the support of UNFPA and MWCS W	One day interaction programme on the issues of uterus prolapse: Role of media  Orientation programme on the issue of uterus prolapse for foreign media		Kathmandu ,Dec 2006  Feb 2007		Initiated local media person, media organization, policy matters and representation of various organization  Initiated various foreign media professionals to aware them about the issue and draw international attention as well as to raise fund	Developing information kit which includes fact sheet, reference book that includes all the information regarding uterus prolapse based on the research done by various organization. Guidelines for the journalists  A booklet which includes legal informaton on women health issues  Nationwide media	Yogita Rai/ Babita Basnet 5546715/ 5538549

SN	Who	What	No. & type of cases supported	Where	When	How	What next	Contact person
							campaign by inviting journalists from different districts	
10	Shreejana	Advocacy by song in Dukuchhap VDC in Lalitpur Advocacy in various places like Krishna Mandhir in Janma Asthami Awareness programme in Baglamukhi during Teej Health programme of teeth in school Scholarship programme for poor children		Lalipur	In various times	By various ways like song, IEC materials.	Have various programme in mind but lack fund	Aruna Paudel 4425144
11	Samudai k Swasthya Karyakarta, Gothatar	Safe abortion related works safe motherhood related works NAWRN programme						Laxmi Koirala 499813 9841357792
12	SOWD	Ring pessaries Gyane clinic Awareness raising Hysterectomy	about 1000				To raise awareness in uterus prolapse in 41 districts of Bhaktapur	Bimala Ghimere 5573498
13	Mahila Adarsha Sewa Kendra	Women's Reproductive health service and camps	History of the patients, checkup, ring pessure, operation, referral  84 women benefited	Palpakot	2007 March			????
14	Helping Hands, Nepal	Many health camps screening health camp medical surgical health camps eye, EN, dental, gynaec health camp	general medical cases  Vaginal hysterectomy	Khamdani Pachthar Kushma Siraha Udaypue	Since 1987	Supported by International Helping Hands Health Education USA	Continue health camp work with SMNF as partner more focus on preventive	Kalpana Shrestha 4471920

SN	Who	What	No. & type of cases supported	Where	When	How	What next	Contact person
			Abdominal hysterectomy eye surgery Dental	Phalebas				
15	STEP-Nepal	Awareness and health drama	Lalitpur : Godawari, Godamchaur, Siddipur, Bishankhu, Chapagaun			Awareness programme	Identify target groups and awareness raising	Roshani Karmacharya 5546601
16	NAHUD A	Cervical cancer and breast cancer awareness	Kathmandu, Lalitpur Bhaktapur,					5528388
17	SAATHI	Awareness programmes (Saathi had funds available to conduct 30 operations in UP)  Conducted a health camp in our shelter premises forwarded by Help Nepal, the camp helped SAATHI to gather information related to RH & UP  Health camp at Kathmandu shelter survivors of DV	32	28 cases in Nepalgunj and 4 cases in Kathmandu		We only took cases of third degree prolapse so our main focus was operating them or providing funds for operations	Plan to take up 30 cases of third degree prolapse . have the data of those in need of operations and are working with the donor agencies to carry this prospect forward. Plan to do awareness and advocacy programmes, first as a pilot project then start other activities. This is to be supported by French Agency	Sulakshana Rana 9851096689
18	FPAN	Identify UP sufferers and work on prevention		Dang Kailali Bardia Rupandehi Chitwan	2008-09	PHAL project CareNepal support		Dr Anu Kuhawaha 5524440 5524675
19	CREPA	Evaluation study of camp service		Rautahat Mahottari	2006	Doing field work during mobile	Research on UP issue to identify services of	Ananda Tamang Director, CREPA

SN	Who	What	No. & type of cases supported	Where	When	How	What next	Contact person
				Saptari Kapiulvastu		camps	the UP cases.	Ph: 5546487 chrepa@chrepa.wlink.com.np
20	Ministry of Education and Sports	Review of National Curriculum on Reproductive Health  Community Awareness Programmes  Focus specially on UP problem on non formal education School health program from MOH						????
21	PHDC	Awareness Program	Unlimited ?????	Central zone Far and Mid west region	Ongoing	Broadcasting radio programs	documentary TV spot Hoarding board	PHDC 2083162
22	Kirtipur Volunteer Society	Advocacy	4	Kathmandu (Kirtipur Municipality)	2005-006		Workshop	Rabinda B shreatha 9851046921
23	SMNF (with support of British Embassy)	P= Awareness during Health Camps (video, pamphlets) R=In 10 districts	Pessary rings used = 415 cases	Terai: Sarlahi, Banke, Kanchanpur Hill: Dhankuta, Nuwakot, Baitadi,	2004-2005	Through Health Camps	Alliance building	Shumbhu Jung Rana 5011639

