

## Brief description:

The primary objective of situation analysis and need assessment was to conduct a need and feasibility assessment, defining and analyzing the needs of the target groups, stakeholders involved, activities planned, prerequisites for successful project implementation, and potential risks associated with the action. It provides baseline data on socioeconomic conditions, prevalence, and risk factors, explains the underlying causes, and identifies significant disparities among women suffering from POP and CC. It also includes an evaluation of advocacy packages and strategies for local civil society, communities, and government, as well as an examination of health facilities' technical capabilities and fundamental characteristics.

Center for Research on Education Health and Social Science (CREHSS) carried out this situation analysis and need assessment study for ADRA Nepal from December 2022 to January 2023.

## Methodology:

This was a qualitative study that employed qualitative methods- Key Informant Interview (KII) guidelines and Focus Group Discussion (FGD) guidelines for collecting necessary data/information. A total of 46 KIIs and 2 FGD were conducted. The study was conducted in 3 districts of Madhesh and 1 district of Province 1. The KII and FGD participants were the relevant community stakeholders who could provide the necessary information for the situation analysis and need assessment, and they were selected purposively.

A total of 7 researchers were involved in the data collection of four districts. A full-day training was conducted by the core team member of CREHSS to the field researchers and ensured that each of them clearly understood the study objectives and the data collection process. The data quality was managed via the use of social media, telephone check, and cross-validation was done. The data was analyzed thematically. The study team adhered to the existing social and research ethics. Informed consent was obtained from each of the study participants prior to the interview.

## Key Findings:

The cases of POP and CC are more prevalent among women aged 35 and later. However, there are certain cases where the conditions were even observed among women of younger age. In terms of residence, the case of POP and CC are common among women in rural areas. The predominance of POP and CC in rural women was understood to be due to their lack of education and unawareness about their health issues and they do not seek care in the early stages of the development of symptoms. Moreover, more cases are seen among women from marginalized communities such as Dalits, Mashurs, and Muslims, and for those women who get married early, have too many children, and

do not have appropriate birth spacing between their children.

The findings revealed that lack of knowledge about POP and CC is the main cause and driver of POP among women. Women are not well-informed about the prevention and treatment of POP and CC. Furthermore, they are unaware of the services available in healthcare facilities. Women, especially those from marginalized and disadvantaged groups like Mushars, Dalits, and Muslims, are less aware of these issues. In addition, various individual, family, socio-cultural and religious beliefs are associated with the occurrence of the conditions among women. These beliefs also play barriers to health service utilization among women.

At an individual level, POP is caused by the low socioeconomic condition of the family that ultimately result in insufficient nutrition and lack of access to health care services. Moreover, lack of utilization of FP services, a lack of birth spacing, poor hygiene and sanitation practices add the risk factors to POP and CC.

At a family level, poor and rural women are often restricted from autonomy in making decisions for themselves and their families. They require permission from their husband or in-laws to do anything, including seeking health care. As a result, women often hide their problems (especially reproductive health problems) due to shyness and fear of humiliation from family members and remain untreated. Also, the social norms in Nepalese societies have defined specific roles a woman must play in a family. This social construct has deeply affected women since they are the ones to do all the household work, including taking care of their children and all other family members. Heavy workload, lack of self-care, lack of family support, and social stigma are the main reasons for the occurrence of POP and CC.

Meanwhile, socio-cultural and religious beliefs among certain groups prohibit women from utilizing health care services. For instance, the Muslim community's rejection of family planning services complicates the POP issue even more.

The findings showed that women initially seek community care for POP and CC through FCHV. Some clients seek service at the government hospital and few seek support at the private hospital as they do not trust the services provided by the government. The POP and CC services are inadequate and inappropriate. There aren't enough screening facilities and trained personnel. Furthermore, the structure of SDPs falls short of the requirements. Many health facilities do not provide services due to a lack of human resources to manage the cases of POP and CC.

Moreover, even if the services are available, many women reported that they do not prefer to go to the health facilities due to a lack of privacy.

Unfortunately, confidentiality in healthcare settings cannot be guaranteed. There are no separate screening areas for POP and CC in the healthcare setting.

The current level of treatment and service delivery is inadequate. Clients usually visit the health centre with their chronic issues and they are usually referred to a tertiary centre. In some cases, clients visit the government hospital for services, but in many cases, clients visit the private hospital. The local level does the screening of the cases, but for the treatment, the clients are referred to further treatment at the provincial level. The clients have to visit the provincial level of higher for treatment as the treatment are technique sensitive procedures, and services such as Vaginal Hysterectomy (VH) and Visual Inspection with Acetic acid (VIA) are performed by specific human resources. The campaign regarding advocacy and awareness has been limited in cases of POP and CC. Especially in Madhesh province, the campaigns are very limited, and females need to be made aware of the POP and CC. The challenges in providing POP and CC screening is due to a lack of human resources. Meanwhile, the trained human resources at the government hospital are transferred after the training. Therefore there is a lack of trained human resources. The role of government plays an integral part in managing the cases of POP and CC. The government should allocate the budget for the campaign, screening, and case identification at a different level of government.

### Conclusion:

To summarize, the state of women's health in the designated four districts (Siraha, Mahottari, Dhanusha, and Morang) is not satisfactory. Early marriage was common in these districts resulting in childbearing in a very young age. Furthermore, the birth spacing between two children is minimal; giving birth every year results in women's health deterioration.

Mostly women residing in rural areas and belonging to a marginalized group; those who have poor socioeconomic conditions and lack of education are the ones who have limited knowledge and awareness of the POP and CC. They are often unaware of the health care services that are available to them. Moreover, the awareness and advocacy programs were unable to reach the women in these areas resulting in a lack of knowledge about the preventive measures and health-seeking behaviors about POP and CC.

Furthermore, various socio-cultural barriers as well as inadequate health services, contribute to worsening the conditions of POP and CC by limiting the health-seeking behavior of the sufferers.

As a result, there is a wide range of possibilities to respond to cases of POP and CC. The role of local government in improving women's health is critical, as evidenced by awareness campaigns, camps, screening and treatment, and referrals.

### Recommendation:

The recommendations are based on the need assessment that was conducted in the four districts. It is based on the finding from the interviews.

- As the knowledge and awareness of women in these districts are limited, a program should focus on awareness and knowledge dissemination, especially targeting rural and marginalized women.
- The women in rural areas should be taught about following proper postural activity such as proper squatting during lifting of heavy objects and performing their activities in a way that would give a low strain to their uterus and abdomen.
- Women should be taught about reproductive health. There should be a focus on birth spacing and early marriage and its consequences. Furthermore, women should be taught about treatment-seeking behavior related to various women's health issues.
- As women need to be made aware of the service availability in health facilities, women living in rural areas should be made aware of the services available in different health facilities. The availability of screening, preventive, and treatment services should be shared through social media, jingles in radio, newspaper, and other pamphlets and brochures. Furthermore, the FCHV should be mobilized to share the information at the local level.
- As women have a barrier to seeking healthcare due to obstacles of the family, the family members, especially the husband, should be taught about their integral role in supporting their wives to do household chores and seek health services if required.
- As per the stakeholders, there are limited human resources to provide reproductive health services, especially human resources who are trained for screening and treatment of POP and CC at the primary level of the health facilities. Therefore, adequate human resources to respond to the cases of POP and CC should be managed at all levels of health facilities. At least identification and screening facilities should be available at the community level, and a proper referral mechanism must be in place to manage critical cases.
- The advocacy campaign should reach rural areas. The study found that the people have yet to hear about the POP and CC; there should be a vigorous campaign to reach the rural population.

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