



Health Sector Support Programme - Nepal
Reproductive Health Project

Healthy women mean happy families and strong communities.



Ministry of Health
Department of Health Services
Family Health Division



German Agency for
Technical Cooperation

Reproductive Health Project

Reproductive health is family health; family health is community health

The Nepal-German Reproductive Health Project (RHP) is one of four projects within the Health Sector Support Programme of the German Technical Cooperation. The others include the Primary Health Care Project, Physical Assets Management Project, and Community-Based Drug Management Project. RHP was begun in 1998 as a ten-year project to improve the reproductive health of the people of western Nepal and the overall healthcare delivery system by strengthening health services, promoting community development, and strengthening the relationship between health care personnel and the community they serve.

Following the 1994 International Conference on Population and Development in Cairo, His Majesty's Government of Nepal pledged to implement the programme of action adopted at the conference. In response, the Family Health Division (FHD) developed a comprehensive reproductive health policy and strategy. The German government was then approached by the Nepali government for assistance in implementing their national reproductive health strategy. Consequently, the German Ministry for Cooperation and Development commissioned the German Agency for Technical



Cooperation (GTZ) to support FHD in this endeavour.

The Reproductive Health Project operates in the Mid- and Far-Western regions of Nepal, which until recently were largely neglected by development agencies due to their remoteness and inaccessibility. The first phase operates in the districts of Achham, Bardiya, and Doti; the second phase will operate in ten districts (*see map on overleaf*):

- Mid-Western Region: Salyan and Bardiya

- Far-Western Region: Kanchanpur, Dadeldhura, Doti, Achham, Baitadi, Darchula, Bajura, and Bhajang.

Some of the criteria for selecting the ten districts were: total population and density, Human Development Index, accessibility by plane or road, contraceptive prevalence rate, and female literacy rate.

RHP is a collaboration with the Family Health Division of the Department of Health Services / Ministry of Health. Other partners include the

Traditions that bind:

Cultural and health care conditions can obstruct reproductive health

Communities in the remote hills and plains of western Nepal are isolated both culturally and geographically. The reproductive health of the people there is such that:

- Fifteen out of every 1000 women who deliver a child are at risk of dying due to birth related complications.
- Life expectancy is 56 years, and, unlike most of the world, women die younger than men.
- Infant mortality has decreased from 200 to 74 per thousand live births over the past 30 years, but this is still high compared to other countries in South Asia.
- In recent years, there has been an increase in communicable diseases such as STD and HIV/AIDS, most likely as a result of increased migration by men to work in India.

The situation and statistics are the result of poverty, of little or no health services, and of cultural traditions that do not value females. The caste system restricts the social and economic opportunities of the occupational groups regarded as "lower." Illiteracy is a major problem that limits people's ability to obtain and retain information.



Gender: A separate world for women

This society has two worlds: one for men and one for women. With little or no communication between women and men, both genders are guessing on serious matters such as health and sexuality. In the project areas, the lower status of women generally imposes severe cultural limitations on their activities and decision-making in both the family and the community. The preference for males starts before birth and the discrimination against females is so inherent that it is unseen.

Families, even mothers, often regard girls as a burden, despite the fact that from a very early age they help with household and agricultural work. Boys are sent to school, but girls are kept at home to tend to the younger children. The family must pay a dowry to the husband's family at the time of her marriage.

"There is no value in giving education to a girl. Even for an educated girl, a dowry must be paid."

An old woman