

Nepal Study Tour for new UK MPs, 19th – 26th February 2011

Sexual and Reproductive Health and Rights and International Development

Introduction to Nepal study tour and delegation

The UK All Party Parliamentary Group on Population, Development and Reproductive Health in collaboration with International Planned Parenthood Federation (IPPF) and Marie Stopes International (MSI) and their Nepal partners organised a study tour to Nepal on Sexual and Reproductive Health and Rights (SRHR) and International Development (ID), 19th – 26th February 2011. The study tour was funded by the European Parliamentary Forum on Population and Development.

The aim of the study tour was to introduce new UK MPs to SRHR and ID and subsequently become active members of the UK APPG on PD&RH.

Invitations were initially sent to targeted MPs in June 2010 following the UK General Election. In the Autumn 2010 invitations were disseminated more widely to new MPs. Members expressing an interest were then contacted and briefed on the Nepal study tour.

The final delegation was led by Baroness Tonge, Chair of the UK APPG on PD&RH accompanied by two new Conservative MPs Heather Wheeler and David Morris.



Baroness Tonge is a former medical practitioner and MP. Baroness Tonge has a long standing career and interest in Family Planning/Public Health and International Development and is the newly elected chair of the UK APPG on PD&RH.

Prior to the study tour Baroness Tonge said: *“I am excited about visiting Nepal – Maternal Mortality has dropped dramatically in this country over recent years – I look forward to learning how Nepal has made such progress”*.



Heather Wheeler MP is the new Conservative MP for South Derbyshire. Heather Wheeler MP is a Member of the Select Committee on Standards and Privileges and has a political interest in affordable housing and economic regeneration.

Prior to the study tour Heather Wheeler MP wrote: *“What an excellent idea. If at all possible I would be delighted to join this APPG trip. We have been battling against excessive teenage pregnancy rates in South Derbyshire so learning about these across the world and comparing community projects here and there will be very interesting and give a new focus to managing and working on these issues in the Chamber and the Constituency. I look forward to hearing from you later”.*



David Morris MP is the new Conservative MP for Morecambe and Lunesdale. He is a Member of the Select Committee on Science and Technology and has a political interest in nuclear energy, small business, and maritime affairs.

Prior to the study tour David Morris MP said: *“I know very little about Maternal Health and look forward to this introduction into SRHR and International Development”.*

The following new Conservative MPs had originally intended to participate in the study tour, but unfortunately had to send their apologies:



Dr Daniel Poulter MP



Mark Reckless MP



Matthew Offord MP

Background information to the Nepal study tour

Prior to the study tour liaison, coordination and programme agenda were agreed upon by the UK APPG on PD&RH, IPPF and MSI London, FPAN and MSI/Sunaulo Parivar Nepal (SPN), IPPF India, DFID UK and Nepal, Foreign Office UK and Nepal, Nepal Embassy UK, the European and Asian Parliamentary Fora on Population and Development and members of the delegation.

Delegates received background reading material prior to departure including: *“A quick look at Nepal”*, *“A quick look at Pokhara”*, *“UK Foreign Office briefing on Nepal”*, *“DFID Nepal Briefing”* and *“Nepal MDG progress report 2010”*.

Personal one to one briefings were set up between the UK APPG on PD&RH Advisor, Ann Mette Kjaerby and delegates to ensure all were prepared for the study tour.

At the briefings MPs were introduced to:

- The UK APPG on PD&RH its aim, objectives and activities;
- The European Parliamentary Forum on Population and Development;
- SRHR and ID;
- Nepal study tour programme.

Nepal at a glance



Nepal’s decade-long conflict formally ended in November 2006. In 2008, the country voted in a Constituent Assembly (CA), named a President, elected a Prime Minister, formed a coalition government, and set about the task of writing a new Constitution, with a new round of elections planned for 2011.

The 2011 elections were held immediately prior to the UK MP’s arrival in Nepal and the new Prime Minister was forming a new coalition Government.

It is the poorest country in the region and the 17th poorest country in the world. Nepal’s population is estimated at 27 million with an average annual growth rate of 2.1%.

Nepal Millennium Development Goals Indicators:

Millennium Development Goals					
	1990	1995	2000	2005	2009
Goal 1: Eradicate extreme poverty and hunger					
Employment to population ratio, 15+, total (%)	62	61	61	60	60
Employment to population ratio, ages 15-24, total (%)	52	50	47	45	45

GDP per person employed (constant 1990 PPP \$)	11,748	12,513	13,714	15,479	16,964
Income share held by lowest 20%	..	..	..	..	..
Malnutrition prevalence, weight for age (% of children under 5)	..	..	25	..	22
Poverty gap at \$1.25 a day (PPP) (%)	..	..	..	..	..
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	..	..	..	..	..
Vulnerable employment, total (% of total employment)	..	..	..	..	..
Goal 2: Achieve universal primary education					
Literacy rate, youth female (% of females ages 15-24)	79	..	84	..	86
Literacy rate, youth male (% of males ages 15-24)	88	..	90	..	92
Persistence to last grade of primary, total (% of cohort)	..	..	..	..	..
Primary completion rate, total (% of relevant age group)	79	..	82	86	88
Total enrollment, primary (% net)	..	..	84	88	90
Goal 3: Promote gender equality and empower women					
Proportion of seats held by women in national parliaments (%)	13	12	14	16	19
Ratio of female to male primary enrollment (%)	89	..	92	96	97
Ratio of female to male secondary enrollment (%)	83	..	92	95	96
Ratio of female to male tertiary enrollment (%)	..	..	99	105	108
Share of women employed in the nonagricultural sector (% of total nonagricultural employment)	34.5	37.0	36.5	36.9	..
Goal 4: Reduce child mortality					
Immunization, measles (% of children ages 12-23 months)	73	74	72	78	82
Mortality rate, infant (per 1,000 live births)	64	61	55	48	43
Mortality rate, under-5 (per 1,000)	92	88	79	68	61
Goal 5: Improve maternal health					
Adolescent fertility rate (births per 1,000 women ages 15-19)	..	..	60	54	51
Births attended by skilled health staff (% of total)	..	..	62	..	66
Contraceptive prevalence (% of women ages 15-49)	57	..	61	..	61
Maternal mortality ratio (modeled estimate, per 100,000 live births)	400	370	340	290	260
Pregnant women receiving prenatal care (%)	..	..	75	..	82
Unmet need for contraception (% of married women ages 15-49)	..	..	..	..	..
Goal 6: Combat HIV/AIDS, malaria, and other diseases					
Children with fever receiving antimalarial drugs (% of children under age 5 with fever)	..	..	..	..	..
Condom use, population ages 15-24, female (% of females ages 15-24)	..	..	..	..	..
Condom use, population ages 15-24, male (% of males ages 15-24)	..	..	..	..	..
Incidence of tuberculosis (per 100,000 people)	130	130	140	140	140

Prevalence of HIV, female (% ages 15-24) 🇳🇵	..	..	..	0.7	0.7
Prevalence of HIV, male (% ages 15-24) 🇳🇵	..	..	..	0.5	0.5
Prevalence of HIV, total (% of population ages 15-49) 🇳🇵	0.3	0.7	0.9	0.9	0.8
Tuberculosis case detection rate (all forms) 🇳🇵	43	47	45	55	61
Goal 7: Ensure environmental sustainability					
CO2 emissions (kg per PPP \$ of GDP) 🇳🇵	1	1	1	1	..
CO2 emissions (metric tons per capita) 🇳🇵	4	4	4	5	5
Forest area (% of land area) 🇳🇵	31.4	31.1	30.7	30.4	30.3
Improved sanitation facilities (% of population with access) 🇳🇵	52	55	57	59	61
Improved water source (% of population with access) 🇳🇵	77	80	83	85	87
Marine protected areas (% of total surface area) 🇳🇵	..	..	..	..	2
Terrestrial protected areas (% of total surface area) 🇳🇵	..	..	..	..	14
Goal 8: Develop a global partnership for development					
Net ODA received per capita (current US\$) 🇳🇵	11	10	8	17	19
Debt service (PPG and IMF only, % of exports, excluding workers' remittances) 🇳🇵	..	..	..	..	..
Internet users (per 100 people) 🇳🇵	0.1	0.8	6.8	15.9	23.9
Mobile cellular subscriptions (per 100 people) 🇳🇵	0	2	12	35	61
Telephone lines (per 100 people) 🇳🇵	10	12	16	20	19
Other					
Fertility rate, total (births per woman) 🇳🇵	3	3	3	3	3
GNI per capita, Atlas method (current US\$) 🇳🇵	4,064	5,061	5,293	7,130	8,728
GNI, Atlas method (current US\$) (billions) 🇳🇵	21,453.2	28,793.6	32,210.7	46,113.2	59,132.6
Gross capital formation (% of GDP) 🇳🇵	23.4	22.3	22.3	21.9	19.0
Life expectancy at birth, total (years) 🇳🇵	65	66	67	68	69
Literacy rate, adult total (% of people ages 15 and above) 🇳🇵	76	..	82	..	83
Population, total (billions) 🇳🇵	5.3	5.7	6.1	6.5	6.8
Trade (% of GDP) 🇳🇵	38.0	41.8	48.8	53.7	46.7
Source: World Development Indicators					

World Bank 2009 Report

Reason for choosing Nepal as the UK MP study tour destination

Nepal was the chosen study tour destination for a variety of reasons including:

- Nepal is a very poor country with extensive International Development support including support to the SRHR sector;
- Maternal Health has improved dramatically in Nepal over recent years - Maternal Mortality has dropped from 400 to 260 per 100,000 between 1990 and 2009;

- Nepal has introduced very progressive SRHR laws and policies in recent years;
- Nepal remains one of DFID's top bilateral priority countries with 09/10 bilateral aid budget at £56 million – with the Health Sector receiving 23% of this Official Development Assistance - and the 10/11 bilateral aid budget at £58 million;
- A variety of SRHR NGOs work in Nepal, including the biggest UK SRHR NGOs: IPPF and MSI/SPN.

Nepal would offer new MPs a good insight into SRHR and International Development. Delegates would be exposed to:

- DFID ODA in a poor country including support to SRHR;
- General Health System strengthening;
- Government and NGO SRHR activities at all levels of the Health System i.e. central, provincial, district and community;
- Personal Sexual Health and Relationship Information, Education and Communications projects;
- Safe Motherhood services including family planning, safe abortion, obstetric and neonatal care and postnatal care;
- Population and Environmental linkages;
- Gender Based Violence;
- Trafficking of young girls;
- Youth programme activities;
- Community and outreach activities;
- Training of health workers;
- National Parliamentary advocacy activities for legislative and policy changes.

Stakeholders met

During the study tour MPs were briefed and met with representatives from: UK Embassy and DFID; The Speaker of the Nepal Parliament, Nepal MPs including MPs involved in writing the new Constitution, officials from Ministries and Government Departments, UN and NGO representatives (IPPF, MSI/SPN, IPAS), Government Hospital Directors and staff; community leaders and volunteers; youth workers, hospital and health post workers and clients; women trafficked and exposed to gender based violence, local police and press, headmasters and teachers, clients as well as some UK constituents on their medical elective in Nepal (please find enclosed Nepal study tour programme with names of delegates met as appendix 1).

Detailed programme

Sunday:

Welcome dinner with Nepal MPs from all parties with host organisations IPPF/FPAN and MSI/SPN, Kathmandu



MPs were invited to a cultural evening dinner with Nepal MPs and host organisations IPPF/FPAN and MSI/SPN. MPs gained valuable first-hand insight into the Nepalese political situation, Nepalese life and culture during this dinner.

Baroness Tonge said: *“This is a wonderful introduction to Nepal and its people - a memorable experience”*.

Heather Wheeler MP said: *“Meeting members from the various political parties in Nepal was a terrific introduction to Nepal and what was to follow”*.

David Morris MP said: *“The welcoming dinner was a wonderful introduction to the Nepal study tour”*.

Monday:

National Planning Commission, Kathmandu.



MPs met with senior civil servants from the Ministry of Health, Ministry of Planning and Family Health.

Dr Baburam Marasini, Ministry of Health and Population introduced delegates to Nepal’s Health System; Dr Navin Thapa, FPAN, seconded to the National Planning Commission part time from FPAN introduced delegates to Population and Environmental issues in Nepal; and Dr Kiran Regmi, Director, Family Health Division, Department of Health Services introduced delegates to the National SRHR situation including recent changes to Maternal Health laws and policies (please find all presentations enclosed as appendix 2).

Particularly interesting were:

- Nepal Health System is 122 years old, Primary Health Care approach, mixture of Government, NGO and Private practice, with a mixture of both modern and traditional medical practices;
- 80% of health posts are filled in Nepal; Medical Doctors have 2 years posting outside of Kathmandu;
- Health System has 7 levels sub-health post/health post/primary health clinic/district hospital/general hospital/national hospital/NGOs;
- Health is financed via Government, donors and local bodies;
- Health sector receive 7.2% of budget in current financial year;
- 700 new health facilities are being build;
- Since 2005 Health Services for mothers have been free;
- Since 2009 health care has been free for all for primary health care up to district level - and for poor people for particular health related issues including cancer, heart disease, chronic kidney disease, Alzheimer, Parkinson and uterine prolapsed surgery;
- Since 2005 some transport is free for women to attend clinics for deliveries (via cash payment to cover average cost of transport);
- HIV is on the increase from 290 per 100,000 in 2006 to 390 per 100,000 in 2009;
- Youth are being reached via radio programmes and targeted youth activities;
- 29% of women are delivered by skilled birth attendants with the aim of reaching 60% by 2015 and Family Planning is at 50% with the aim of reaching 67% by 2015;
- Challenges remain including climate change, equity, nutrition, transport and river bridges, mental health and armed conflict.

National Maternity Hospital, Kathmandu



MPs were greeted by the hospital matron in charge of the Maternity and Gynaecological services and shown around the Maternity Unit and Gynaecological Out-Patient department.

During the visit, MPs were introduced to the most common underlying reasons for women dying in pregnancy and childbirth: Post partum haemorrhage, pre-eclampsia, sepsis, unsafe abortion and prolonged obstructed labour.

Obstetric morbidities were also discussed including uterine prolapses and obstetric fistulas.

In the labour ward, MPs noted a woman in labour in the far cubicle; they met with staff and clients as well as relatives. MPs were briefly introduced to the partogram a chart used internationally to prevent prolonged and obstructed labours amongst other maternal and infant problems. They noted

a neonatal resuscitator and a trolley in the corridor with a lift ready to transfer labouring women to the operating theatre.

The Outpatient Termination of Pregnancy clinic was busy, clean and basic. The IPAS representative provided some hospital abortion statistics whilst visiting the department.

Baroness Tonge said: *"This Government Maternity Hospital looks very busy with clients queuing for services"*.

Heather Wheeler MP said: *"The Matron looked proud of her services. Both the labour ward and the outpatient clinic appeared well staffed with fairly clean surroundings and some privacy"*.

David Morris MP said: *"I thought the labour wards in the UK were intimidating – this Government hospital put matters into perspective"*.

MPs also spoke to some of the relatives waiting for their family members in the hospital grounds. Service satisfaction was variable.



FPAN training centre, Kathmandu

MPs were greeted by FPAN staff at their training centre and made a visit to one of the workshops currently held on quality of care. MPs met briefly with the teacher and were subsequently shown around the clinical area.

Baroness Tonge: *"This NGO training centre appears very large, dark, fairly old and quiet"*.

Heather Wheeler MP: *"Clean water and sanitation appears to be a big problem for many clinics, although running water is available. The standards are remarkable for the funding they receive. Should more funding be available concentrating on providing decent water and sanitation should be a priority"*.

UK Nepal Embassy, Kathmandu

MPs were welcomed by Guy Harrison, Deputy Head of Mission, Sara Sanyahumbi, Head of DFID Nepal, Hinesh Rajani, 3rd Secretary (Political) British Embassy, Matt Gordon, Human Development Team Leader DFID and Amit Bhandari, Health Adviser in DFID

Guy Harrison gave a brief introduction to the political, cultural, social and safety situation in Nepal together with an overview of the Nepal -UK-relationship.

Of particular interest were discussions around the Nepal Political situation, the new coalition Government to be formed and new Constitution to be written. Training of the Gurkhas was discussed. The UK train 172 Gurkhas per year originating from only two communities in Nepal. Nepal has a total of 5-7 million overseas workers, only 3500 are Gurkhas. Remittances account for ¼ of Nepal's GDP.

Sarah Sanyahumbi and her team provided an overview of DFID's programme in Nepal with a particular focus on its support to Nepal's Health System and SRHR services (please find presentation enclosed as appendix 3).

Particularly interesting were:

- In 2005 19% of births were attended by skilled birth attendants. 2006 figures estimated this to have risen to 30%;
- Maternal Mortality is higher amongst Muslims and marginalised groups;
- Fertility rates in urban areas are a third lower than rural;
- Education to secondary level is associated with a 50% drop in a women's fertility rate;
- Since the legalisation of abortion in Nepal in 2002 DFID has supported the safe abortion programme which has now less than 2% complications;
- DFID has since July 2005 supported safe delivery incentives to mothers and service providers – free delivery care in low human development index;
- DFID has since January 2009 provided financial incentives to mothers and service providers - free delivery care and reimbursement of delivery costs to facilities which has yielded results with increased deliveries conducted by health workers;
- DFID's Nepal budget 2011 – 2015 will increase to approximately £60m per year 2011 – 2013 and then over £100m per year until 2015. Four focus areas will be: wealth creation, climate change and disaster risk reduction, direct delivery of the MDGs and Governance and security;
- One of the key priority areas will be reproductive and maternal health and nutrition with additional programmes in family planning;
- Key results relating to Maternal Health include: help 25,000 women have safe childbirth;

Challenges remains to close the equity gap to services, ensure 24/7 services with commodity security, harness capacity of private providers and improve regulation, the quality of care, transport and ensure a variety of family planning method are available.

Tuesday

FPAN Training Centre, Kathmandu

MPs received two briefings at the training centre on FPAN's role in Nepal. A short briefing followed from the Nepal National Women Commission (please find presentations enclosed as appendix 4).

Particularly interesting were:

- FPAN established since 1959 and IPPF member since 1960;
- It has 1270 service delivery points including 344 clinical and 926 non-clinical service points;
- 97% service delivery points are in rural areas and provide a wide variety of SRHR services;
- IPPF/FPAN strategic 5 A's are: Advocacy, Abortion, Adolescent Health, AIDS and Access;

- Innovative and pioneering work in the area of gender based violence and adolescent SRHR projects;
- Successful advocacy include: removal of barriers for young people to access SRHR services in late 1990s; Abortion legalisation 2002; nurses providing abortion services in 2010; Domestic Violence Control Act and a manual for teachers to teach comprehensive SRHR education in schools;
- FPAN works with DFID, DANIDA, UNFPA, WHO, UNICEF, Finland Government, KfW – German Government, GCACI, The Global Fund, Local Governments, USAID, Physician for Social Responsibility and The Ford Foundation and strongly involved in relevant national committees.

Baroness Tonge said: *“FPAN’s advocacy to liberalise abortion and make family planning widely available in Nepal is impressive – we have noted women being active and outspoken members of their communities - this is wonderful”*. One question however remains: *“Why do we only have men around this table and all the women are sitting at the back?”*

The FPAN female staff subsequently moved to the round table and spoke about their involvement in FPAN’s programmes.

MSI/SPN Clinic and Training Centre, Kathmandu

MPs were greeted by Kamala Thapa, Country Director of MSI/Sunaulo Parivar Nepal and clinic staff.



MPs were subsequently shown around a typical MSI/SPN clinic providing a wide variety of family planning, abortion and other SRHR services to the local community.

The waiting area was in the traditional recognisable blue and white colours. Numerous leaflets and counselling booklets were available in the waiting area and sample family planning methods were posted on the walls including male and female condoms, Intra Uterine Contraceptive Device (IUCD), Oral Contraceptive Pill (OCP), male and female sterilisation photos were noted on the notice board.

The TV in the waiting area was running Information Education Communication (IEC) programmes for clients.

During the visit MPs saw the individual counselling rooms and operating theatres and meet with nursing students being trained in Manual Vacuum Aspiration (MVAs). Students kindly offered a demonstration on the dummy.

A presentation followed on MSI/SPN’s achievements in Nepal (please find presentation enclosed as appendix 5).

Particular interesting were:

- MSI/SPN clients who could afford it were charged a nominal fee for services and poor clients would be subsidised and occasionally given free services if unable to pay;
- MSI/SPN runs 55 centres in Nepal, located in 42 districts;
- As well as family planning and abortion services, clinics offered gynaecological checkups and consultations, ante- and post natal checkups, child immunization and treatments for RTI and STIs;
- In addition to static centres, SPN runs outreach and mobile camps;
- MSI/SPN claimed to perform 69% of Nepal sterilizations in 2009/10, 91% of abortions, 19% of implants and 8% of IUCD (new acceptors);
- MSI/SPN market its own brand of condoms and OCP through contraceptive social marketing which is important due to lack of supplies from the Government to avoid stock-outs;
- MSI/SPN is self-financing and unfortunately had to close down some centres in 2010 due to a funding crises;
- MSI/SPN receives no funding from DFID Nepal nor the Government to sustain clinics, although some family planning commodities are received intermittently from the Government when available.

Baroness Tonge: *“Whatever country I visit - MSI/SPN’s clinics look the same, provide the same standard SRHR services in clean, client and user friendly environments. I would feel very happy sitting in one of the counselling rooms today providing family planning services as I did years ago”.*

Heather Wheeler MP: *“This clinic is welcoming, very clean and orderly. Clients are counselled in private rooms which is excellent. The operating theatre looks sterile with some interesting posters that not only were informative but aspirational and uplifting too”.*

David Morris MP: *“Services provided and client figures do not appear to correlate with Government figures. Something does not add up”.*

Baroness Tonge and Heather Wheeler MP concurred with above statement.

Semi-rural FPAN clinic, Banepa





MPs were welcomed by local staff at the FPAN clinic and shown around the semi-rural NGO clinic situated above a local sewing – microfinance project. Women were bringing their babies for routine vaccinations and weighing on this particular day. Post natal check-ups were also carried out and observed.

Baroness Tonge: *“This clinic appears well staffed with a good location for women to bring in their infants and themselves for checkups”*

MPs spoke to women queuing for services and noted the black colouring of infants’ eyes, which is a traditional practice.



Government Birthing Centre - Panchkhal, Kavre

MPs were met by the local doctor and staff at this small semi-rural Government birthing centre on a small hill top.



A woman had just delivered her second baby girl, which was cradled by the grandmother. The women attached to an intra-venous infusion appeared tired but comfortable. She was congratulated by the MPs. The delivery room was visited, as was the consultation room, which were very basic.

Whilst at this Government Birthing Centre MPs met with two women who had been subjected to trafficking and gender based violence.

The two women were now involved in an NGO project to combat trafficking and gender based violence (GBV).

The first very young girl met, had been sent abroad by her father with a false passport, as a domestic worker to a Saudi country at the age of 13. Whilst working she was subjected to GBV and sexual exploitation. She managed to escape and made her way back to Nepal via the Nepalese Embassy only to find herself in poverty and her father wanting to return her to Saudi.

The second woman had been sent abroad against her will by her husband, also to work as a domestic worker in a Saudi country. She had 4 very young children who were looked after by her in-laws whilst abroad. She soon returned, as found the hard work difficult due to back -, gynaecological problems and depression. Since her return her family had disowned her, taken the children from her and her husband had subjected her to GBV and others were stoning her. She found herself in a helpless and hopeless situation.

The discussion was stalled soon into the meeting as the woman was severely depressed and in immediate need of both physical and psychological care.

The meetings with these two women was disheartening, intrusive and very upsetting for all parties. The issues of gender based violence, trafficking, exploitation and maternal morbidities were discussed to some extent with the clients, but mainly afterwards, as the two women and in particular the second woman did not appear to have recovered from the long term physical and mental trauma.

Upon departure from the meeting MPs urged project staff to follow up and support the women with both physical and psychological support. Communications to ensure this are ongoing.

Youth Project, Kavre

Next to the Birthing Centre, MPs met with a group of young people involved in an NGO SRHR youth project. The youth gathered regularly to discuss relationships, sex, gender based violence and trafficking. Whilst visiting the youth centre, the young boys and girls shared their experiences and showed examples of how they convey message to peers and community members to combat gender based violence and trafficking.

Heather Wheeler MP: *“This group of young people conveyed the right SRHR messages to their peers and elders in their community in an assured and enthusiastic way – something we can maybe learn from in the UK”.*



Wednesday

MSI/SPN Outreach Camp, Seti Dovan Naudada



MPs flew from Kathmandu to Pokhara Wednesday morning early and drove into the country-side to observe an MSI/PSN outreach/mobile camp.

The Camp was erected at the local village school with tents – posters advertising the camp were noted on route, which had been displayed for some time, as weathered.

Upon arrival MPs were greeted by village community workers, school children and local women dancing.



Clients were queuing for services including sterilisations, IUCDs, implants and Termination of Pregnancy (TOP) at the Camp.



MPs saw the tents, noted the registration booklet and spoke to staff about male sterilisation and the bags provided post-surgery. Post male sterilisation guidelines were printed on the bags taken home by the men with medications and condoms. MPs also spoke with clients queuing for services via a translator.

David Morris MP: *“The position of the outreach camp near the school in the middle of the village is noteworthy, not alone does this outreach clinic provide services, but it also acts as an educational instrument for the school children and community members”.*



Heather Wheeler MP: *“This outreach camp appears well organised and well attended. It is an excellent idea and setting and clearly welcomed by the community”.*



Baroness Tonge: *“Can somebody come to my rescue please as I cannot see this great outreach camp for welcoming flowers!”*



Government Primary and Secondary School, Pradyumna Paneru, Setidovan-5, Rangethanti, Syangja

MPs visited one of the oldest government schools of Dyangja district, 30 km south west of Pokhara. This school catered for 526 pupils.



The Headmaster, Buddhi Bahadur Chhetri welcomed the delegation and introduced them to the school, teachers and facilities.



As well as discussion SRHR education in the school the poor lavatory facilities was raised which deter especially young girls from attending school full time.

MPs had the opportunity to observe a Personal Social and Health Education lesson for pupils at the school, which had explicit diagrams and educational messages.

Baroness Tonge said: *“The students appeared very relaxed and not shy about the explicit pictures and teaching”*.

Heather Wheeler MP said: *“Improved lavatory facilities to increase students’ attendance are very important”*.

David Morris said: *“The poverty of the students becomes more apparent the further afield one is”*.

Rural Government Health facility, Krishi, Syangja

MPs continued the drive into the rural surroundings and visited a fairly remote government health post on a hill top.



This clinic provided a variety of general health services to the community including maternity services. The clinic appeared very basic with basic equipment, medicine and services. The staff's twins were sleeping on the bed in one of the two counselling rooms.

According to the staff, women would walk up to 2 hrs in labour to reach the facility. If a referral was needed for emergency obstetric care there would be a one hour wait for transport despite mobile phone communication and a subsequent one hour journey to the nearest hospital.

David Morris the only MP who made it to the top of the hill said: *“Transport is a big problem in remote areas, especially in emergency situations”*.



District Government Hospital

The District Medical Director and his local staff welcomed the delegation and gave a quick tour of the hospital. It was a new building with few patients, but a fair amount of staff including 4 nurses in the Accident and Emergency (A&E) department and two medical doctors. A woman had just delivered a baby girl and was seen cradling her baby.

According to the Medical Director the hospital saw a variety of clients and performed some general surgery and maternity services. Major surgery would be referred to Pokhara Hospital although caesarean sections could be done on site. The hospital would on occasions receive medical experts to do bulk uterine prolapse repairs. The exact number of repairs was difficult to determine as numbers were not available in hospital records.

Separate hospital units were noted including x-ray, antenatal, laboratory etc but were all locked up and in need of care and cleaning.

Baroness Tonge said: *“This is a very quiet Government District hospital with only a couple of in-patients, I am wondering where the patients are going?”*

Thursday

Rural village and FPAN clinic visit, Bharatpokhari



A rural village community welcomed and introduced delegates to their community and its volunteers including peer educators, counsellors, women’s groups and water and sanitation officers. The village building was build from external support and was used as a general community and health facility.



MPs met with young peer educators and spoke to young girls and boys who had left school at an early age for a variety of reasons including early marriage, early childrearing and expulsion from school. The issue of child marriage, increased risk of teenage pregnancies and subsequent increased risk of maternal mortality and morbidity was discussed. School drop outs was also discussed as was the difference in school attendance between girls and boys.

Western (Gandaki) Regional Government Hospital, Pokhara

The Provincial Hospital Director and consultant obstetrician welcomed the delegation with other staff and provided a brief overview of services provided and clients seen at the Hospital.



The Hospital had a large maternity unit and conducted around 9000 deliveries per year. According to the figures presented there had been no maternal deaths in the last year. Maternity services were free for all pregnant women according to the briefing and as stipulated by Government policies.

MPs were shown around the ante - and post natal wards as well as the labour ward and delivery room.



This Provincial teaching Hospital was extremely busy. Women were queuing up for services inside the hospital. Seven women were seen labouring together in one room, five having their labours augment with IV oxytocin. No high technology drip monitoring or foetal heart rate monitoring was noted. No pain relief was available. Four smiling skilled health workers were busy in the room. Next to the labour room MPs were shown the delivery room with five beds with stirrups, buckets, aprons etc.

David Morris MP said: *“This is a very busy hospital – I am lost for words at the moment” – Later he said: “Although we have a lot of problems in UK hospitals, women in the UK are probably fortunate in many ways”.*



Medical students from Europe often do electives abroad and Pokhara Provincial Hospital accepts students. David Morris MP was fortunate to meet medical students from his Constituency and had a brief conversation on their elective and experiences.



A board on costs for maternity services was noted outside the delivery unit. Baroness Tonge enquired about the prices and was reassured by the consultant obstetrician that pregnancy and delivery services were free and the board simply needed to be removed.

A postnatal ward was also visited with around 20 beds crammed together and all occupied with women having recently delivered with their relatives.

Pokhara debriefing lunch with Government and NGO staff, local community leaders and journalists

Around 30 people attended this debriefing lunch with local press. MPs were invited to give comments on their study tour.



Baroness Tonge said: *“Nepal has made amazing progress on maternal health in part due to family planning being well accepted, accessible and affordable and safe abortion services, but also due to the quality of maternity care provided at many hospitals and clinics both by the Government and NGOs including MSI/SPN and IPPF”.*

Heather Wheeler MP said: *“I am impressed with the adolescents in Nepal and their involvement in peer education and services in their communities”.*

David Morris MP said: *“Free or subsidised services for women in Nepal appears to have made a difference to many both rural and urban women throughout the country”.*

FPAN and MSI/SPN clinics, Pokhara

MPs made two very brief visits to FPAN and MSI/SPN clinics in Pokhara on route to the airport.

MSI/SPN's clinic was situated above the local market for women to access services easily. The clinic appeared very clean, tidy and well organised and managed.

Both clinics provided a variety of SRHR services to their local communities.



Friday

Speakers Office, Kathmandu



The UK delegate had been asked to make a courtesy call to the Speaker's Office. UK Deputy Ambassador, Guy Harrison kindly agreed to accompany the delegation.

At the meeting Nepal MPs involved in writing the new Constitution were present, as were civil servants and FPAN Director, Dr Navin who is seconded to work part time in the Department of Planning.

Baroness Tonge thanked the Speaker for inviting the delegation to meet with him and gave a short overview of what the delegation had seen and observed during the visit. Reference was made to the UK Coalition Government, the New Nepal Coalition Government and Constitution being written.

The progress made on Maternal Health in Nepal was congratulated and highlighted as being unique in the region – in part due to strong family planning programmes and liberalisation of abortion services with extensive free or subsidised quality services to women including youth in both rural and urban areas.

DFID’s continued and increased support to Nepal was highlighted as was DFID’s continued strong support for Maternal Health in Nepal.

A brief discussion followed on male to female ratio of Parliamentarians, maternal health laws and policies in Nepal and the difficulties in building Coalition Governments.



UK Embassy, Kathmandu

A debriefing lunch was held at the UK Embassy with representation from DFID, Nepal Government Departments, National Planning Commission, Nepal MPs and leaders, FPAN and MSI/SPN.

Guy Harrison, Deputy Head of Mission welcomed guests and asked MPs to present their findings.



Summary highlight and comments were:

Meeting with Nepal MPs

Comment: *“It was an excellent cross party Parliamentary meeting, where UK MPs were introduced to Nepal food, culture, political situation and an opportunity to discuss SRHR and Human Rights in Nepal”.*

Briefings on Nepal’s Health System, SRHR/Maternal Health law and policies

Comment: *“Health System Strengthening appears high on the political agenda in Nepal, which has and hopefully will continue to benefit women, their families and communities”.*

Visits to Government hospitals and clinics in urban and urban settings

Comment: *“Nepal’s long standing and extensive Primary Health Care system with a mixture of Government, NGO and private practice appear to be reaching communities. Government services appear varied including the quality of care and cleanliness, which affects the number of clients visiting facilities. Transport and logistics are important obstacle to accessing services”.*

Visits to FPAN and MSI/SPN clinics and outreach camp

Comment: *“MSI/SPN is exemplary with regards to cleanliness and client centres SRHR services. FPAN must be commended for its SRHR advocacy and direct involvement in Health System Strengthening and Dr Navin’s secondment to the Department of Planning. Civil society organisations such as FPAN and MSI/SPN are important SRHR stakeholders both for service delivery and advocacy”.*

Family planning, antenatal and postnatal, delivery and abortion services observed at Government and NGO outlets including outreach clinics

Comment: *“Nepal has progressed on maternal health in part due to family planning being accepted, accessible and affordable with safe abortion services, but also due to the maternity care provided at many hospitals and clinics both by the Government and NGOs including MSI/SPN and IPPF. MSI/SPN’s outreach activities are excellent and well attended”.*

Trafficking and gender based violence

Comment: *“Trafficking and gender based violence are human rights issue. Funding projects and involving youth in such projects are admirable but need careful monitoring, sensitive management and special expertise”.*

Teaching PSHE in schools

Comment: *“As well as good SRHR education in schools, sanitation and lavatory facilities need to be prioritised to ensure girls attendance”.*

Meetings with directors, managers and service providers

Comment: *“Directors and Health Workers met appeared content and positive about recent legislative and policy changes in the area of SRHR. However SRHR statistics presented at various briefing meetings did not add up, supporting Nepal’s Management Information Systems is important”.*

Meeting with young peer educators and community leaders

Comment: *“Nepal youth and community leaders appear mobilised, involved and very supportive of SRHR services”.*

Meeting with clients

Comment: *“The clients met at facilities appeared content, however Government Central hospitals appeared very crowded with many women labouring in the same room, where as District and semi-rural clinics appeared well staffed but very quiet”.*

Teaching health workers

Comment: *“Nepal’s decision to having medical doctors posted outside of the capital for 2 years is an innovative policy to ensure coverage and good practice”.*

Commodity security and social marketing

Comment: *“MSI/SPN’s social marketing and SRHR services are to be commended. Funding for services however appear to be an issue of concern. According to DFID officials, MSI/SPN should receive funding for abortion services from DFID via the Nepalese Government. This ensures that all MSI/SPN clients requesting an abortion receive this service free of charge. According to Kamala Thapa, MSI/SPN Country Director, MSI/SPN does not receive any funding from the Nepal Government apart from irregular and inadequate family planning commodities”.* DFID has promised to follow up on this point.

Conclusion

From 19th – 26th February 2011 Baroness Tonge, Chair of the UK APPG on PD&RH and two new Members of Parliament Heather Wheeler MP and David Morris MP participated in a study tour to Nepal. The study tour was hosted by IPPF and MSI affiliate organisations in Nepal with the aim of introducing new UK MPs to SRHR and International Development.

Upon arrival Parliamentarians were briefed and met with representatives from the UK Embassy and DFID; Nepal MPs, Nepal officials from Governments Departments, FPAN and MSI/SPN.

They visited health and training centres run by FPAN and MSI/SPN as well as community, district, provincial and central Government Hospitals in and around Kathmandu and Pokhara. MSI/SPN outreach camps, government schools and NGO youth projects were also visited.

At the end of the study tour delegates made a courtesy call to the new Speaker of the Nepalese Parliament and a debriefing lunch was hosted by the UK Embassy with SRHR stakeholders.

Hospitals, centres, schools and projects visited exposed delegates to family planning, safe motherhood, abortion, PSHR, trafficking of young girls/women, Gender Based Violence, Sexually Transmitted Infections and general health system strengthening together with broader International Development issues.

MPs learned about DFID’s priorities for Official Development Assistance and International Development and initiatives undertaken to reduce maternal mortality and morbidity in Nepal.

The political support for Maternal Health in Nepal with progressive SRHR laws and policies on family planning, safe motherhood, safe abortion and general health system strengthening has benefited women and girls and their communities in Nepal.

The trip was hailed by participants as an informative and educational study tour, and upon return to the UK, MPs plan to engage in SRHR Parliamentary Advocacy to further the ICPD Programme of Action and MDGs. MPs thanks the European Parliamentary Forum on Population and Development for supporting the study tour.



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