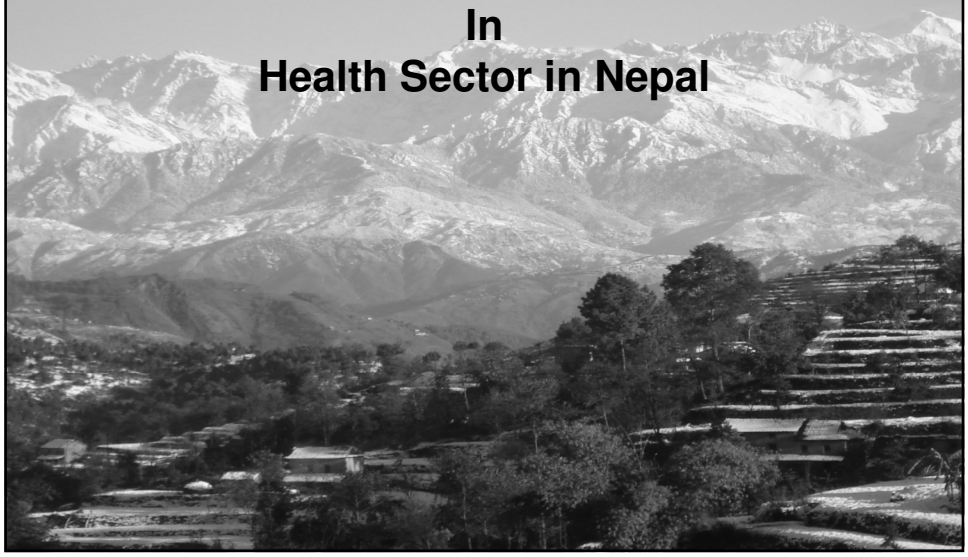
NEPAL CASE STUDY

Gender Equality, Social Inclusion and Rights In Health Sector in Nepal



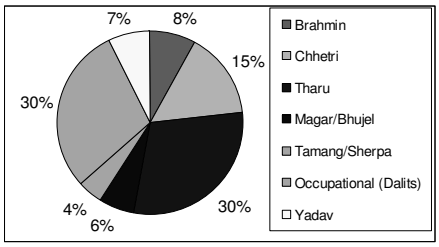
Context

- Nepal: Pop: 28.5 million; HDI: 0.509 (2006)
- 103 distinct ethnic groups
- Caste system and status of women very strong determinant of social exclusion
- EDPs fund 21.1% (2006) of development budget

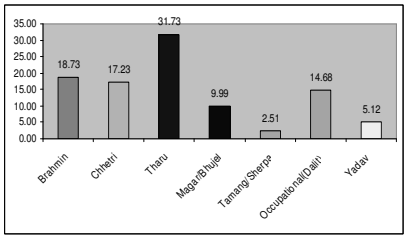
- Emerging from 12 years of conflict ……
- …gender equality and social inclusion moving centre-stage ⟹ policy change

Nepal: Maternal Deaths by Caste/ethnicity

Percentage of Maternal Deaths (3 districts)



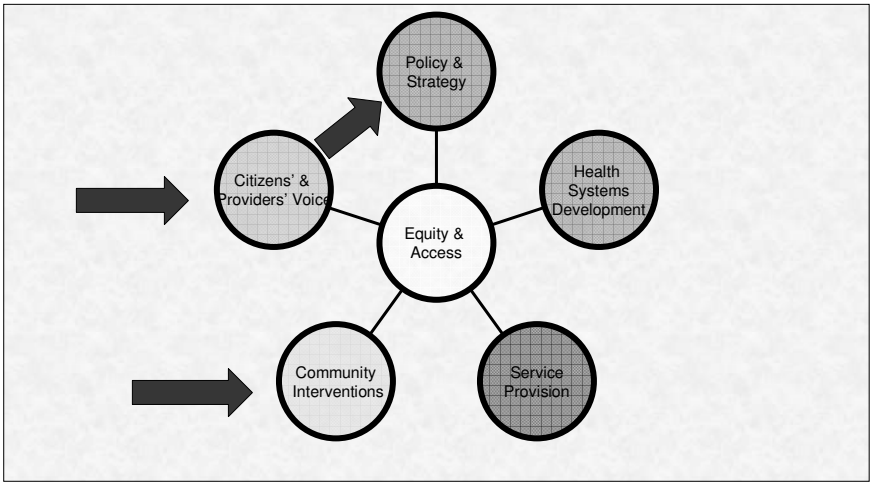
Average Percentage Population
Okhaldhunga, Kailali, Rupandehi



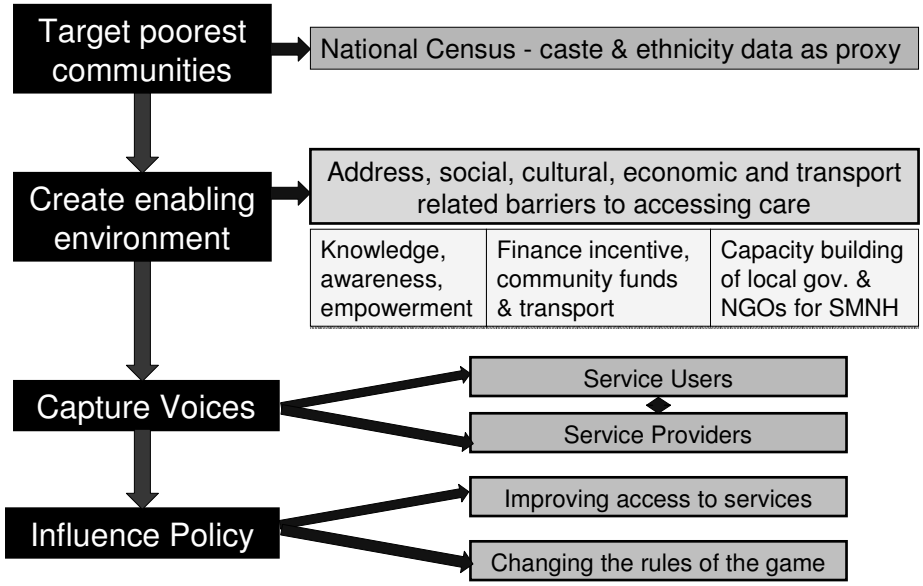
1. Caste, ethnicity and location (remoteness) are strong determinants of maternal health outcomes
2. Equity requires a targeted approach.

Rights Based Social Inclusion Approach:

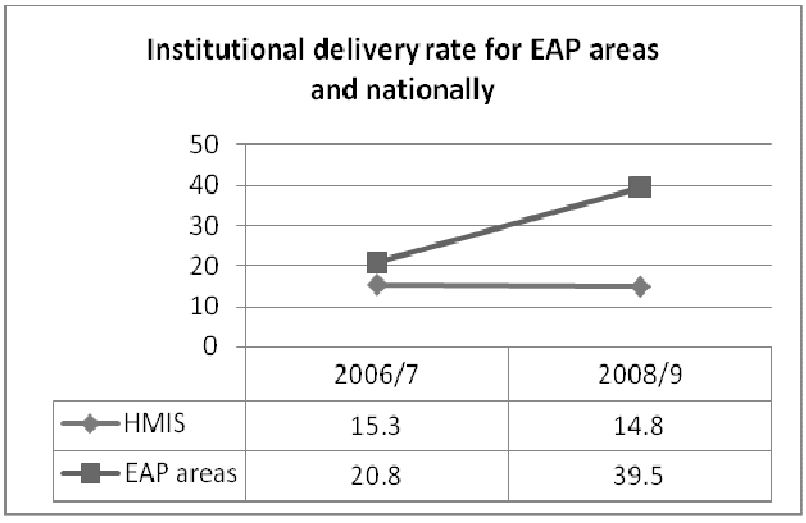
Engagement in Whole Systems



"Equity and Access" Approach



Institutional Delivery: National and EAP Districts



Decreased Equity Gap

- There has been remarkable improvement in KAP among marginalized (on ANC, knowledge on danger signs, access to information on EOC, emergency fund, delivery incentive and transport etc.).
- Increases in service utilization across all social groups, with greatest changes occurring among *Dalits* and disadvantaged *Janajatis*.
- Reduced social inequities in use of MNH services. While *Dalits* and dis-asdvantaged *Janajatis*, have benefitted particularly well, disadvantaged *Madeshi* castes and religious minorities have done less well.

Improving access to services

- Empowerment: Women more likely to make care seeking decisions themselves and obtain resources to access care.
- Groups visit districts to claim rights - lobby for additional health staff, contributions to emergency funds etc.
- Duty bearers more accountable to communities – regular working hours; more courteous; etc.
- Policy change: Free basic health care in peripheral institutions. And free delivery services country wide.

Changing the "rules of the game"

- Reserved places for women, *dalits* and *janjatis* in local health facility management committees.
- Training of *dalit* and *janjati* women as nurse midwives. Scholarships for poor and excluded to study for doctors.
- Government budget for "Equity and Access" targeted initiatives and increased allocations.
- Revision of national health monitoring system to include disaggregation by caste and ethnicity.

Lesson Learned

- Targeting poor and excluded is essential to reach to universal coverage.
- Disaggregation of data is an effective means to track equity related changes. Localization of BCC materials, increases local ownership and impact.
- Demand creation without concurrent service strengthening de-motivates communities for care seeking. Raising awareness of rights and social inclusion among both right holders and duty bearers is effective in improving service delivery and accountability.
- Voices of community members and service providers, used skillfully, can be effective in improving local policies and service quality.
- Working through women's groups and networks is effective in increasing equitable demand for, and equal access to, health services.
- Partnering and working through district level NGOs from poor and marginalized constituencies is highly effective – particularly in addressing social empowerment and rights issues. It is also cost effective.

Recommendations

- Place stronger emphasis on reaching disadvantaged through more tailored communication and mobilisation approaches, and addressing supply side barriers and social discrimination.
- Success of EAP in the Hills and Terai also calls for: programme's adaptation to mountain districts where development indicators trail behind and scaling up in other districts to reach to poor and excluded.
- Ensure rights based, socially inclusive, empowering approaches are at the core of community mobilization processes.
- Ensure disaggregated monitoring for all major health indicators.
- Ensure demand creation and service strengthening go hand in hand. Increase number of, and strengthen, peripheral institutions.
- Use networks to promote free care and support social auditing of demand side financing schemes and for sustainability.
- Explore the potential of national Equity and Access Agency to provide technical support to local "demand side agencies".