

Dangol, S.K., A. Nepal, N. Shakya, M. Sherpa, B. Bastola, M.R. Gyawali & E. Janoch. 2023. Tools & Methods. Self-Applied Technique for Quality Health (SATH): an advocacy tool developed by CARE Nepal for improved maternal health services in Nepal. Special Issue on 'Uncomfortable truths in international development: approaches to the decolonization of knowledge from development practice, policy and research.' *Knowledge Management for Development Journal* 17(1/2): 238-251. www.km4journal.org/

TOOLS & METHODS

Self-Applied Technique for Quality Health (SATH): an advocacy tool developed by CARE Nepal for improved maternal health services in Nepal

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Poor and marginalized women often face barriers to access health information and services in Nepal. To address this equity gap in health, CARE Nepal introduced a social mapping tool called Self-Applied Technique for Quality Health (SATH) in health mothers' groups (HMGs). The approach aims to increase women's access to and utilization of health services and information, encouraging them to take action based on their learnings. The tool has been used in more than 3100 HMGs across 42 districts out of 77 through different projects of CARE Nepal since 2008. To explore the efficacy of the tool, evaluation reports, case stories, relevant articles and policy documents were reviewed and analyzed. It is identified that SATH contributes significantly in strengthening community health system by ensuring women's engagement in health and functionalization of HMGs. Similarly, it supports in demand generation and utilization of health services by empowering women and facilitating advocacy. With these outcomes, the Government of Nepal adapted the tool as successful approach in the Equity, Access and Utilization Program in 2021 for improving access and utilization of child health and nutrition services among marginalized communities and has now expanded it across the country.

Key words: SATH; women's participation; equity; access to service; empowerment; health; mothers' groups; CARE; Nepal

Background

In Nepal, health mothers' groups (HMGs) provide a platform of women of reproductive age (15-49 years) in the community to create awareness on safe motherhood, child health, and other community health issues. The Government of Nepal adopted this successful participatory approach, particularly to ensure women's meaningful participation in health in

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order to reduce maternal and child morbidity and mortality (Nepal Department of Health Service, 2021). For the reason, the Government defined HMG meeting as a core activity of female community health volunteers (FCHVs); a strategy to link women into the community health system. The FCHVs conduct meetings in assigned HMG every month. In the meeting, FCHVs share knowledge obtained from different health related trainings and orientations and also provide behavior change counselling to the members of HMG. Meanwhile, HMG members are expected to disseminate learnt knowledge and information to the family and community members. Over the past 30 years, FCHVs have played instrumental roles in improving reproductive, maternal, newborn, child health and nutrition in Nepal through this community mobilization approach (Nursing and Social Security Division, 2020). However, poor maternal and newborn health outcomes remain a public health challenge in Nepal. The maternal mortality ratio is 239 per 100,000 live births and the neonatal mortality rate is 21 per 1,000 live births because of poor uptake of maternal and new born health services by women particularly from low socio-economic status and hard to reach areas (Ministry of Health, Nepal; New ERA; and ICF, 2017). Meanwhile, the persistent equity gap in the service utilization and inequitable participation of women in health decision makings are identified as major contributing factors to poor maternal and child health outcomes in Nepal. Moreover, HMGs were not functionalized properly which hindered the basic function of the FCHVs.

To strengthen the HMGs, the Ministry of Health and Population introduced a guideline in 2012 (Family Health Division, 2012). However, a national survey conducted in 2014 found that functioning of the HMGs continuously degraded over the period. Very few meetings were being conducted in HMGs in a regular basis, in 2014, FCHVs conducted meetings in less than half groups (46%) which was 53% fall in compared to 2006 (86%) (Family Health Division, 2014). With the understanding of importance of HMGs in improving community wellbeing and health system performance, CARE Nepal developed a social mapping tool named Self-Applied Technique for quality Health (SATH) and has implemented it for more than 14 years. Firstly, CARE Nepal, initiated SATH in 2008 in Kailali and Doti districts in selected HMGs through the US Agency for International Development (USAID) Community Responsive Antenatal, Delivery and Life Essential (CRADLE) Project. The project was implemented to improve maternal and newborn outcomes especially amongst the marginalized populations where SATH tool was introduced as one of the major demand side interventions. It provided an opportunity to test the approach in rural and disadvantage communities. In the mid-term evaluation of the project, the tool was identified successful intervention to regularize the meeting of HMGs. The tool was found effective to bring intermediate result; improve access to maternal, new born health and nutrition services and gained ownership among the community health system as well as functionalization of HGMs effectively considering HMG concept: (1) participation (2) empowerment (3) access to

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services and (4) equity in the health service utilization (CARE Nepal, 2010; CARE Nepal, undated; Fiona and Svetlana, 2015). With the successful outcome, CARE Nepal scaled-up the approach widely in other project districts from 2016. It has been used with more than 3,100 HMGs, predominantly in marginalized communities in 44 out of 77 districts in the country. Currently, the Government of Nepal has adapted this tool in its Equity, Access and Utilization program guideline. The main objective of the program is to ensure equitable access to and utilization of newborn, child health, nutrition, and immunization services among the unreached population through community mobilization (Family Welfare Division, 2021).

SATH is a simple and low-cost social mapping tool which can be implemented by local women independently with minimum guidance. The tool supports to identify the knowledge gaps among women and barrier in accessibility to services. The FCHV acts as a bridge in connecting health workers and communities addressing identified knowledge gaps and barriers for health service utilization. As each member in HMGs is given role in the process of social mapping, it creates sense of value among the members, motivate them to be part of the groups, encourage them to actively engage in the discussion and sharing their experiences and problems as well as seek advice from groups. The main objective of the SATH tool is to empower women with information, encourage them to seek health services and link them with health facilities through their regular participation in HMGs meetings (CARE Nepal, 2010).

Methodology

The paper is written based on the experiences of CARE Nepal. We conducted a literature review of program evaluation reports and case stories of two phases of Strengthening Approach for Maximizing Maternal and Neonatal Health (SAMMAN) project to enhance knowledge about the tool. The views of members of HMGs, FCHVs, health workers, health facility operation and management committee (HFOMC) members and other public health personnel reflected in the program evaluation report were also analyzed to develop insights on the relevancy of the tool for community health system strengthening. Moreover, the program reports and case stories of USAID's SUAAHARA II (good nutrition project), Access, Awasar and CRADLE projects were reviewed (See Box 1).

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USAID's CRADLE Project (2007-2011)

The initiative aimed to promote maternal and newborn health on a long-term basis by strengthening the skills of healthcare professionals and mobilizing HMGs using the SATH tool. The project was implemented in two districts: Doti and Kailali of Sudurpaschim Province. The project piloted, refined and introduced the SATH tool for the first time in Nepal as an empowerment tool to strengthen HMG meetings and behavior change initiatives so they work as a catalyst to disseminate maternal, newborn health and nutrition services message among the mothers to improve their access to maternal and newborn health services.

SAMMAN Project (2012-2021)

The project's primary goal was to enhance maternal and newborn health outcomes by enhancing the community health system and expanding access to and utilization of reproductive, maternal, new born and child health services in project districts. SATH tool was one of the interventions in the project for community mobilization. Through active involvement women in meetings, the tool enabled them to make decisions to use the services that are offered at their community health facility. The project was implemented in 3 districts of Sudurpaschim Province: Doti, Dadeldhura and Kailali while 5 districts in Bagmati Province: Kavre, Rasuwa, Nuwakot, Sindhupalchowk and Sindhuli.

ACCESS Project (2014 – 2016)

The project was implemented in one of remotest districts of Sudurpaschim Province; Bajura. By expanding the capabilities of the birthing facility, the initiative helped women to have better access to and usage of maternal and neonatal care. In the project, the SATH tool was used to enhance the HMGs' platform and improve demand for the maternal and newborn health services.

Awasar (2015-2018)

The project was implemented in the remotest districts of Karnali Province: Mugu and Humla, as well as Sudurpaschim Province: Bajura for three years to improve the nutritional and educational status among the disadvantaged children. The initiative used the SATH tool to help HMGs to have discussions on nutrition in light to their local context, enabling mothers to receive nutritional services for their children.

USAID's SUA AHARA II-Good Nutrition program (2016-2022)

The goal of this integrated nutrition program is to improve the health and nutritional condition of pregnant women and young children within the first 1,000 days of life (from conception until a child reaches 24 months of age). The health-related components include

expanding access to nutrition-related services and raising the standard of care at health facilities. The project is implemented in 42 districts of Nepal. One of the main demand-side interventions in the project was SATH. With the support of SATH tool, the HMGs platform has been utilized to provide information to women regarding health and nutrition services, as well as to help them to decide to get those services for them and their children to gain nutrition and health outcomes.

Box 1: Brief Introduction of CARE’s projects

Application of SATH in HMG

To practice SATH tool, members of HMG gather in the monthly meeting and they prepare a social map in a participatory way with detailed information about community. Each member maps her maternal, new-born and nutritional practices. The group indicate the houses of pregnant, post-partum mothers, women having newborn and under-five children in the map using special sign to prioritize service interventions. Each woman of reproductive age is invited at the time of mapping to ensures individual participation in the process. If somebody misses one meeting, the fellow members send messages to the member to attend the next meeting.

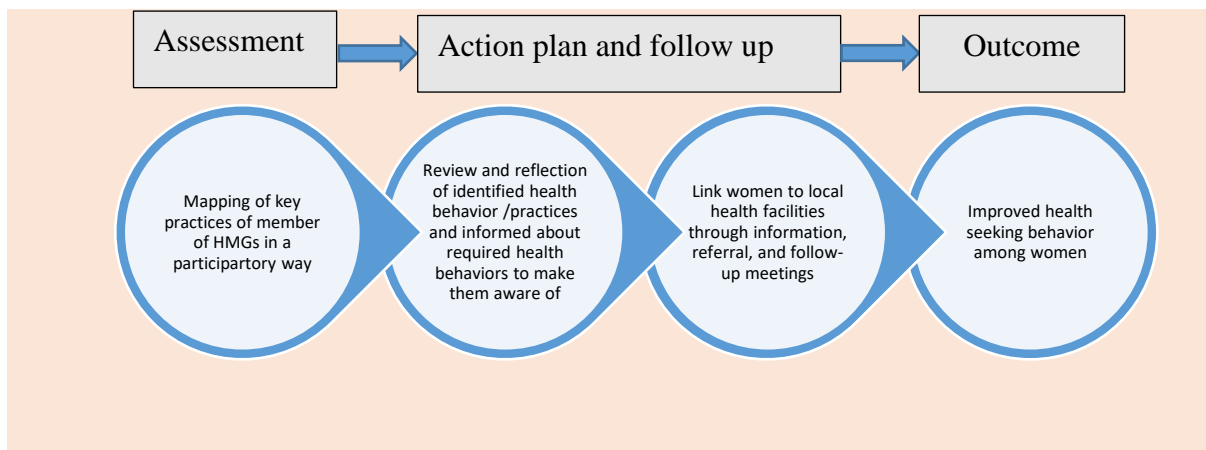


Figure 1: Process of SATH implementation

Once health and nutrition status mapping of the HMG members is completed, the group reflect upon the status of women and their children and discuss and identify possible solutions. Meanwhile, FCHV provides health information to the members based on the identified health behavior and practices. The women who need further counselling and health services are referred to the health facilities. Moreover, the group members support each other to address the issues and sometimes create peer pressure to change health seeking behavior among the group members. As a result, the service utilization rate increases, and leads to

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better maternal and child health and nutrition outcomes (CARE Nepal 2010 and Fiona, S., and Svetlana, A., 2015).

The tool enables the HMGs to track unreached population of health services; identify and assess community health challenges focusing on maternal, child health and nutrition; seek resources as a preparedness to minimize the potential health risks and advocate for increasing access to quality health services. The tool has played crucial role to increase the participation of women in HMG, empower them with appropriate health information, bring the equity in utilization of maternal health services and increase the access to services through changing traditional gender and social norms.

How does SATH contribute to improving participation, equity in the health service utilization, women empowerment and access to services?

1. Women's Participation for Health

Participation is a key driver of health equity and essential factor to achieve health as defined by the World Health Organization. Participation provides spaces for everyone for social interaction through establishing relationship among members and support to prevent any kind of discrimination in the social group (World Health Organization, 2019). Meanwhile, it has been already proven that women participation in health is a cost-effective strategy to improve maternal and child health in low-resource settings like Nepal (Manandhar et. al., 2004). In line with this proven concept, the SATH tool supports expanding the space of interaction within HMG to discuss maternal and child health issues and facilitate dialogue with health workers within their community. The tool ensures the participation of greater numbers of women of reproductive age. The women participate in the mapping of pregnant women, new mothers and newborns in their community, track their use of health services and discuss their needs through HMGs.

I am pregnant for the second time. Before, I never attended the HMGs' meeting, shared my health problems in groups and never visited health facilities for services. There was nobody to advise me to visit the health facility. I was invited once the HMG started practicing SATH and asked to share my problems. Since then, I attended the meeting regularly. I was advised to visit health facility, take Iron tablet as per advise of health workers and take Tetanus Diphtheria injection. I followed the groups and felt secure for my health and expected baby. (pregnant woman, Gangkhet, Dadeldhura)

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The tool has supported to increase the participation of the women in the HMGs that was not happening despite several efforts of community mobilization activities which is highly appreciated. (Public health nurse, Kailali)

Because of SATH, HMG meeting is regularized and the number of participation is increased in the groups' meeting. Women are actively engaged in the discussion as everyone has been given the role to update the social map as per their maternal health status. Now more women are visiting to health facility for the services. (Person in-charge of Bhadrapur Health Post, Dadeldhura).

SATH is supportive for the community women to receive services; it has created supportive system among them. If somebody needs emergency obstetric care, the group supports transportation and financial support as per need. (Member of Sadepani Health Post Kailali health facility operation and management committee.)

In SAMMAN project phase I evaluation, the tool was found to support an increase in women's participation in HMGs and ensured their meaningful engagement. As the HMG is a community level platform to reach out women with health and other various social-economic activities, it has opened the door of opportunities to the women and the marginalized individuals to be mainstream in overall development. As a result, it has been observed that women's participation increased more than 50% in the HMG meeting with use of the tool (CARE Nepal, 2015).

2. Health equity

There is a persistent equity gap in the utilization of maternal and child health services and its outcomes among different socio-demographic groups; age, education level, geography, household economy and caste and ethnicity in Nepal (Ministry of Health, New Era and ICF, 2017). Health equity is critical to achieving universal health coverage (Paul et al., 2019) by creating the prospect and space for everyone to achieve full health potential and leaving no one behind based on their social position (Center for Disease Control, 2022):

After practicing SATH, the environment is different at HMGs; increased number of participants in the meeting, meeting regularize, self-initiative discussion was started as the result; health seeking behavior has been increased among the members of groups. (FCHV, Dadeldhura District).

It is good that SATH has been focused in the marginalized and hard-to-reach community to make the women aware of and increase their service utilization where

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women are deprived of getting services because of several socio-cultural and systemic barriers. (Public health officer, Doti).

SATH has focused on the Dalit, backward and those who do not come to take service as the result the service utilization has been increased among this groups (Health worker, Doti).

The tool ensures the participation of each member of HMGs in a platform of discussion. In the process, it includes women of reproductive age of all social and geographical context to map out their health status and behaviors. The underprivileged groups, including others attend the meeting regularly, update their health status and seek advice from the group members and FCHV. With the practice of the tool, there was positive changes in maternal health services utilization among the *Dalit*¹ women. In evaluation of SAMMAN project (2012-2015) in Doti, Dadeldhura and Kailali, notable improvement was found in attending the four antenatal care (ANC) visit among the Dalit women (increased from 86.6% to almost 100% (99.4%). Meanwhile, home delivery was decreased by more than 5 times from baseline data (42.7% to 8.1%) and postnatal care (PNC) visit within 24 hours of delivery was increased from 55.5% to 94.4% among the women of Dalit community with the support of SATH tool (CARE Nepal, 2015).

3. Women's empowerment

Empowerment helps women to seek and access health information, promotes healthy behaviors modifying their lifestyles, improve self-confidence to deal with health and disability issues, and utilization of health services which leads to better health outcomes (Nikbakht Nasrabadi et al., 2015). The evidence shows that women empowerment has supported to improve access to and utilization of maternal health services in Nepal (Khatiwada et al., 2020). Eventually the SATH tool provides an opportunity for everyone to receive the right health information from FCHV and their fellow members. It also creates space to share the knowledge and experiences among each other which can empower the women for the changing social behavior and utilization of health services as appropriate:

SATH tool has helped to identify and empower local women to utilize the health services facilitating the discussion in mothers' group meetings participatory way. (FCHV, Sindhuli).

¹ According to Dalit Welfare Organization Dalit refers to a group of people who are religiously, culturally, socially, economically and historically oppressed, excluded and treated as untouchables and they belong to different geographical region, language, culture and castes.

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The Dalit and other backward community, have also well participated in the health mothers’ groups. Our mother group consists of 30 members but many of them are from Dalit community. The discrimination against Dalit community at our village, and society has declined than earlier. (Health workers, Sanagaun Doti).

The chairperson of our health mothers’ group is from the Dalit community which empower the women of the community to be part of groups and take leadership roles. (FCHV, Phulbari, Kailali)

SATH not only seeks to address health service utilization issues but also serves as a vehicle for women’s empowerment. It encourages women to take leadership for health decision making and empower them to advocate for quality health services. The tool provides a platform to women and discuss about their health and other social issues which encourage them to connect with their community health system.

4. Improve access

Equitable access to health services is essential to attain universal health coverage especially for most vulnerable and marginalized members of the communities as they often cannot access the care due to socio-cultural and/or geographical barriers (WHO, 2022). Access to health service varies for Nepalese women based on their different socio-cultural position (Ministry of Health, New Era and ICF, 2017). Using SATH in HMGs meetings contributed to improving the critical maternal health indicators in the CARE Nepal program areas (See table 1 and 2). There is an important change in the key maternal and family planning indicators of the SAMMAN project intervention districts i.e.: Doti, Dadeldhura and Kailali (CARE Nepal, 2015)

Table 1: SAMMAN 2012-2015 (Doti, Dadeldhura and Kailali)

SN	Indicators	Baseline	End line
1	4 Antenatal care visit	56%	97%
2	Postnatal check within 24 hours	57.5%	93%
3	Institutional delivery	63.45%	93%
4	Current use of contraceptive	28.8%	52%

Similarly, in the five years of SAMMAN project intervention in Kavre and Sindhuli districts, PNC visit and current use of contraceptive were increased significantly. There were remarkable changes in 4 ANC visit and institutional delivery status in the districts (CARE Nepal, 2021).

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Table 2: SAMMAN 2016-2021, Kavre and Sindhuli

SN	Indicator	Baseline	End line
1	4 Antenatal care visit	90%	92%
2	Postnatal check within 24 hours	66%	83%
3	Institutional delivery	89%	92%
4	Current use of contraceptive	45%	67%

In the HMGs’ monthly meeting, FCHV explain about the danger signs of pregnancy (a component of birth-preparedness package developed by Nepal government) so that women can take necessary action timely to manage obstetric emergencies and complications (National Health Training Center, 2020). We conducted a knowledge assessment to examine the SATH tool's contribution in raising women's awareness on the danger signs of pregnancy. After the intervention knowledge level was increased among HMG members in Kavre and Sindhuli districts (refer to table 3) (CARE Nepal, 2021).

Moreover, at the end of the project, the knowledge of mothers on newborn care practices and danger signs of postnatal also increased significantly. It supported to identify the reproductive health status of each woman and track them for service utilization. The groups also identified the cultural barriers to access the services and supported women for changing social norms related to health seeking behaviors. In the way, SATH tool supports women particularly from poor, marginalized, and vulnerable communities to access health services.

SATH tool has helped to identify the house of pregnant women and open the discussion with everyone to ensure that the members received the services in the schedule time. (FCHV, Nuwakot).

SATH facilitate women to discuss openly about their reproductive and maternal health status, choose the service based on reproductive health status and identify health services provider for services and motivate to take the services. After the use of tool, ANC visit has significantly increased at health post where I work. (Nursing staff, Nuwakot, Suryagadhi).

The SATH tool supported to create the demand of the health services through HMGs and improve the health indicator of the district.” (Public health inspector, Dadeldhura).

Table 3: Knowledge on danger signs during pregnancy, SAMMAN 2016-2021 Kavre and Sindhuli

SN	Knowledge on danger signs of pregnancy	Baseline	End line
1	Bleeding	42.3%	74.5%
2	Swelling of face, foot, and hand	38.2%	64%
3	High fever	28%	59.7%
4	Convulsion	2.9%	32%
5	High blood pressure	13.8%	25.5%
6	Blurring vision	5.5%	6.5%

Conclusions

SATH is a simple and affordable tool that can be used by the community, especially by the women who participate in the HMG with minimal assistance. It has been recognized as a promising tool to be scaled up for achieving equity in access and utilization of health services in the most marginalized and vulnerable communities. It empowers women to take lead in health decision making by engaging them in dialogue process with their local health system. It supports to activate HMGs, establish linkages between community and health facilities and strengthen the referral mechanism in the community for the management of maternal, child health and nutrition condition. The tool has been owned and scaled up by Government of Nepal as part of their strategic program to achieve equity in service access and utilization for improving child health and nutrition outcomes among the unreached communities. Inclusion of SATH in the national guidelines signifies the Government prioritization of women’s voice and encouragement of their participation in the decisions that affect their health and the health of their communities.

Disclosure of interest

The authors declared that there is not any conflict of interest.

Contribution of authorship

Santa Kumar Dangol-conceptualization, writing-original draft, critical analysis and editing
Adweeti Nepal: critical analysis, writing and editing.

Emily Janoch, Niva Shakya and Min Raj Gyawali: review and editing.

Mona Sherpa and Bidur Bastola: review and guidance.

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Ethical approval

No ethical approval is required for this analysis

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