



ODFL Project Details

Memeng Birthing Center

Panchthar District, Nepal



PROJECT NAME: Memeng Birthing Center, Panchthar District, Nepal

PROJECT SUMMARY:

This project will upgrade an existing health post into a Birthing Center (BC) where basic pre-natal, neo-natal, and post-natal obstetric care is provided for expectant and delivering mothers. The investment is \$6,000. This will be the 13th such Birthing Center ODFL has completed with its partner One Heart Worldwide. The BC will be able to offer:

- Appropriate pre-natal care and safe motherhood education to expectant mothers
- A clean, safe, warm, private, well-equipped birthing environment
- A skilled birth attendant able to deal with basic obstetric/neonatal complications
- Appropriate post-natal care in a supportive, respectful environment
- Vaccination of newborns against 11 of the most common childhood diseases

PROJECT PARTNERS:

One Dollar For Life (ODFL) helps altruistic groups and individuals build small-scale infrastructure projects in the developing world from donations as small as one dollar (hence its name). Since its founding in 2007, ODFL has completed 100 projects in ten of the poorest countries in Asia, Central America, and Africa. ODFL is a 501(c)3 nonprofit.

One Heart World-Wide (OHW) works to reduce maternal and neo-natal mortality in remote areas of Nepal. ODFL and OHW have completed eleven previous Birthing Center upgrades similar to the one planned here. Nepalese Ministry of Health data show these Centers have reduced maternal neo-natal mortality (women dying in childbirth) by more than 90%.

PROJECT MANAGEMENT:

One Heart World-Wide

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PROJECT DATES: Project timetable (start, finish, major milestones):

Project start date	June 2018
Selection of skilled birth attendant (SBA) to be trained	June 2018
Purchase of necessary equipment/supplies and building materials	Jul - Aug 2018
SBA training	Aug - Sep 2018
Construction and building upgrades	Oct 2018 - Jan 2019
Transport of medical equipment/supplies	Jan 2019
Opening of new birthing center	Feb 2019
Project completion and final report to ODFL	March 2019

Anticipated start date: June 2018
 Anticipated finish date: March 2019

PROJECT JUSTIFICATION:

The current official overall maternal mortality ratio (MMR) in Nepal is 239 per 100,000 live births and the neonatal mortality rate (NMR) is 23 per 1,000 live births. Although Nepal has made great strides towards reducing these rates, they remain unacceptably high.



These high rates illustrate inequities in access to health services and resources. Poor women and their newborns in remote areas are the least likely to receive adequate health care. In the urban areas, most women receive four antenatal care visits, are attended by a skilled provider during childbirth, and receive postpartum care. In rural districts, less than a third of all pregnant women benefit from these services. Barriers preventing women from receiving such care during pregnancy and childbirth include: poverty, geography, inadequate services, and cultural practices. Gaps in communication result in delays in notification about ongoing labor activity or complications. Not surprisingly, increasing distance from an urban area in Nepal is associated with increased incidence of home births.

There are many gaps in Nepali healthcare, particularly in the more remote northern areas. Due to distances and lack of roads, the few currently functioning facilities are not accessible for the majority of the population. Most first level of care facilities have limited equipment and a paucity of trained personnel (skilled birth attendants) to manage childbirth and newborns on-site. These facilities need improvements in staffing, resources and infrastructure. There is an urgent need to upgrade these local health facilities to be able to function as birthing centers as ALL women need access to antenatal care in pregnancy, skilled care during childbirth, and care/support in the first few weeks after childbirth. It is particularly important that all births are attended by skilled health professionals in a well-equipped birthing center, as timely management and treatment can make the difference between life and death for both mother and child.

ABOUT THE COMMUNITY:

Panchthar is a hill district of the Mechi Zone in Nepal's Eastern Development Region. The district covers 479 sq mi and has a population of 195,460 with 5,300 pregnancies per year. The road network is extremely poor. Most of the existing roads are dirt that frequently wash out during the monsoon season, making travel extremely challenging. Most women have no pregnancy-related contact with modern health services and maternity services are under-utilized and low in quality. Socio-cultural barriers, limited personal resources, lack of information, geographical limitations, and inadequate healthcare services prevent pregnant women from receiving the essential care they need to have a safe pregnancy and childbirth.

Many of the existing health centers in these remote regions lack proper infrastructure, health equipment and sufficient manpower to deliver effective health care to provide for pregnant women and handle any complications that might arise during the pregnancy. As a result, the maternal and neonatal mortality rates are estimated to be 2-3 times the national average.

When mothers and infants have access to a safe clean delivery with a well-equipped skilled birth attendant, they have a much better chance of survival. OHW has had tremendous success in Baglung district with their Birthing Center program and they are now planning to start the program in Panchthar to reach similar results. Ultimately, upgrading the birthing centers, in conjunction with all of OHW's other program activities will help improve basic health infrastructure, and foster community empowerment in Panchthar.

ABOUT THE BIRTHING CENTER:

The Memeng health facility is located in the northeastern area of Phalelung municipality, near the border of Sikkim, India. It is one of the most rural areas of Panchthar, with very poor access to the road network. It takes 8 hours to reach the nearest referral hospital with a 4 wheel drive vehicle on a difficult dirt road. The total catchment population of this health facility is 4,167 and we expect about 180 pregnancies per year.

Most people are very poor and survive on subsistence agriculture. There are no maternal health services available in this township, and over 90% of the women deliver at home with an elder female family member (not a skilled birth attendant) assisting. Mortality rates for both mothers and newborns are very high.



This health facility has been selected because of its remote location, but also because of the willingness of the local community to make a change in the lives of their mothers and infants. In this location, less than 20% of all pregnant women deliver

at a health facility due to the lack of a proper and functional birthing facility. None of the local facilities currently meet the basic standards to qualify as a birthing center and be able to offer quality maternal and newborn care. The existing structures lack space and have poor, unhygienic environments. They lack power, running water, and are under-staffed.

ABOUT THE PROJECT:



Existing toilet

Role of the Project in assisting local population: When mothers and infants have access to a safe, clean delivery with a well-equipped skilled birth attendant, they have a much better chance of survival. By equipping this birthing center in this very remote area, we will provide the safe clean birth they deserve and we are hoping to save many lives among newborn infants and their mothers.

This project will provide: A safe, supportive facility in which the women from Memeng and surrounding areas can receive appropriate prenatal care, a clean, well-equipped and private environment for delivery, skilled attendance at birth, and private postpartum attendance and oversight. Newborns are given vaccinations against the 11 most common childhood diseases, dramatically reducing early-years infections, contagion, suffering and death.

BUDGET:

Description of expenses to be incurred	From other sources funding	From ODFL
Birthing Center building upgrades (labor and materials): <ul style="list-style-type: none"> ● Repairs to the roof ● Wall repairs and insulation ● Flooring (cement) ● Plumbing/water system (for bathroom/sanitation station) ● Installation of doors and windows ● Installation of privacy partitions ● Waste pit and placenta pit construction 	\$ 1,200	\$6,000
Birthing Center equipment: <ul style="list-style-type: none"> ● Medical equipment and supplies ● 2 Delivery tables ● 4 Patient beds ● 1 ultrasound machine 	\$ 6,700	\$0
Transport costs of the medical equipment	\$ 400	\$0
Skilled Birth Attendant training for 6 staff nurses	\$ 2,400	\$0
TOTAL	\$10,700	\$6,000

ADDITIONAL INFORMATION

OHW has an agreement with the Ministry of Health to improve maternal and neonatal health in 13 districts of Nepal, including Panchthar. Building permission is not necessary as

we are upgrading an existing (though inadequate) governmental health facility.

The local municipality of Phalelung has approved the project and has committed to:

- Provide 20% of the construction costs;
- Identify skilled manpower for the construction;
- Employ the trained Skilled Birthing Attendants;
- Provide cash incentives to pregnant women to attend upgraded birthing centers.



The medical equipment, transportation and training of the Skilled Birthing Attendants (SBAs) will be donated by Direct Relief. The national district health office has approved the project. The local community has agreed to donate some of the building upgrade costs and associated labor costs. Medical equipment purchase, transport and training of SBAs are funded by Direct Relief. Materials: As much as possible, locally available materials and

labor will be used for construction (to limit transportation costs and increase local “ownership” in the facility).

SUMMARY AND EVALUATION:

We rate this a high priority project. That is based on several factors:

- The need is extremely high, with one of the highest rates of maternal neo-natal mortality in the world.
- Existing resources are non-existent.
- Expansion will be utilized immediately.
- Impact is enormous – in other areas where we have upgraded BC’s, we have reduced the maternal and neonatal deaths by more than 90% according to government data.
- OHW has excellent working relationships with the Nepalese government, international health organizations, and local Nepalese communities.
- ODFL contributions are being complemented by investments from other non-profit organizations, greatly extending the reach of ODFL investments.
- ODFL’s highly productive history of working with OHW. Based on past experiences we have a high degree of confidence that the project will be delivered on time, at standard, and in budget and that the anticipated benefits will be derived as anticipated.