Accelerating the Safe Motherhood Program to avert Preventable Maternal Deaths in Nepal

CONTEXT:

Nepal succeeded to make a drastic change in reducing Maternal Mortality Ratio (MMR) from 850 maternal deaths per one hundred thousand live births in 1990 to 239 in 2016, but still one of the highest MMR country in the world. Approximately 12% (1 in 10) of deaths among women of reproductive age were classified as maternal deaths in 2016. Nepal has committed to achieve the United Nation's Sustainable Development Goals (SDG) to reduce MMR to 70 maternal deaths per 100,000 live births by 2030. In order to achieve SDG target, Nepal needs to decrease its MMR by at least 5% (12 maternal deaths) per year while addressing several inequities in maternal health access, utilization and quality.

SITUATION:

In Nepal, the majority of maternal deaths are due to direct obstetric complications, which occur at the time of birth and during the postnatal period. One in four (24%) mothers loss their life during or after childbirth and two in five (19%) in the postnatal period from the total number of maternal deaths.

National average rate of institutional delivery among all women of reproductive age was 59% in 2016 which was increased eight-fold from 7% in 1990. There are clear disparities according to geographical and socio-economic perspectives, for example, the lowest percentage of institutional delivery than the national average was observed in Karnali province (38%) and Province 2 (43%) (Figure1). By household wealth status, the institutional delivery was less than national average in the poorest (36 percent) and poorer (48%) quintiles (Figure 2). Similarly, women who had no formal education more likely to choose home delivery (63%) (Figure 3) and only two out of five (41%) women who had not completed four Antenatal Care (ANC) visits delivered their child in a health institution. Recently conducted further analysis also showed that better education and completion of four ANC visits were associated with institutional delivery. Government of Nepal (GoN) promotes and encourages institutional delivery with an expectation for saving maternal lives. Therefore, GoN needs to put ample efforts to increase the rate of institutional delivery and/or delivery by a Skilled-Birth Attendant (SBA) to 90% by 2030.

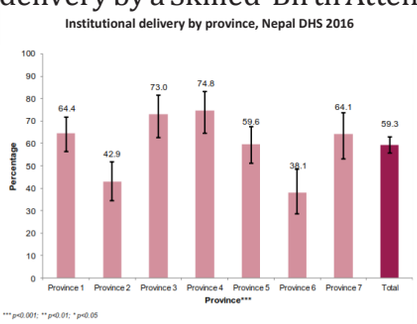

Fig 1: Institutional delivery by provinces

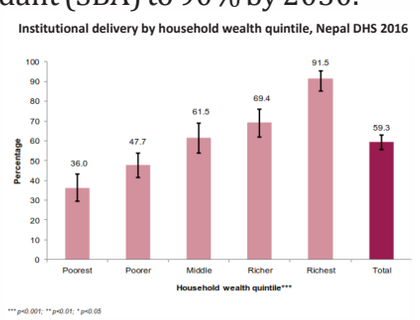

Fig 2: Institutional delivery by wealth quintile

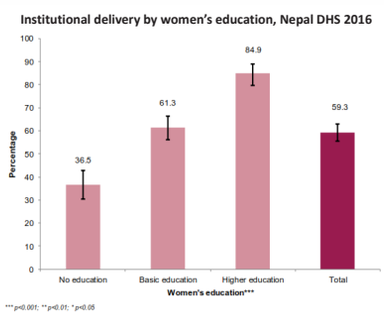

Fig 3: Place of delivery by educational level of women

Coverage Gap:

At least 94% of health facilities offered ANC services across all provinces. Nearly 50% of health facilities nationwide provided normal vaginal delivery services [lowest in Province 2 (23%) and highest in Province 6 (83%)]. Major gaps among provinces exist in basic diagnostic tests service availability by type of health facility and ANC service readiness in terms of availability of guidelines, equipment, and essential medicines.

Equity Gap:

The marginalized in terms of geography, ethnicity, wealth, and education are less likely to have institutional birth, so this situation highlights the need to act on broader social determinants of health aiming at reducing equity gaps that exist among different sub-groups. Recent data showed the equity gaps between the poorest and richest regarding the continuum of care coverage which was widely varied, with women from the lowest socioeconomic group often being left behind.

Quality Gap:

While analyzing quality of care on all nine items[1], it was revealed that only 1% of the total health facilities in the country meeting the minimum standards of quality of care at point of service delivery. Further analysis indicated that only Gandaki Province had the highest proportion of health facilities meeting such standard, which is 3%. Further analysis revealed that little more than one third (38%) of the total ANC clients were very satisfied with the services delivered by the health facility. It was also revealed that satisfaction level of client for receiving modern family planning services was in decreasing order (from 61% in 2011 to 56% in 2016). There is also a considerable gap among the provinces in the quality of ANC and family planning services.

The Challenges:

Although Government of Nepal (GoN) has already implemented community level Maternal and Perinatal Death Surveillance and Response (MPDSR), its Implementation has become a challenge to the GoN with constrained resources, frequent turn-over of trained human resources for health (HRH) and inadequate monitoring system. The Family Welfare Division (FWD) under the Department of Health Services (DoHS) is responsible for implementing and monitoring the MPDSR, but ensuring stewardship to the MPDSR system has become a challenge.

WAY FORWARD:

Collective effort is needed in order to accelerate progress for maternal health. Multi-sectoral collaborative action is crucial to address the equity gaps in maternal health. So it is very essential to:

Address the gaps for coverage and quality of care at birth:

It is very essential to ensure that every pregnant woman (particularly rural and poor women) delivered their child in a health facility receives essential quality care. Maternal deaths can be

[1]Nine items as the key components of quality of care are: (1) Availability of soap and running water or alcohol-based hand disinfectant; (2) Safe final disposal of infectious waste; (3) Availability of disinfecting or sterilization equipment and knowledge of processing time, (4) Trained staff on infection control; (5) Quality assurance guidelines; (6) Clinical protocols; (7) Availability of four tracer items *(regular electricity, improved water source, visual and auditory privacy, and client latrines*); (8) a waiting room; and (9) availability of tracer medicines—*Amoxicillin or Cotrimoxazole and Gentamycin, oral Rehydration salts (ORS), Zinc tablets, Iron and Folic acid, Albendazole, and at least three Family Planning methods.*

reduced by preventing unwanted pregnancies through effective family planning programs, ensuring high coverage of quality care at birth and during the postnatal period, provision of emergency obstetric care services and availability of SBA. Universal coverage with high quality care in all essential interventions across the continuum of care is required for reducing all preventable maternal deaths. Providing high quality services means doing the right thing, at the right time and quality care demands the availability of HRH with the rights skills, and an enabling environment (including essential drugs and devices), health institutions on strategic location and community participation.

Supply solutions for institutional delivery:

There is a need to build a community awareness of the necessity of community planning and accountability for access to health facilities for women, newborns and children during emergencies to give birth in a health facility. Public awareness needs to be increased with an especial emphasis for including male involvement - of danger signs, care-seeking, and postnatal visits, with special emphasis on adolescent girls, pregnant women and young couples. Effective implementation of emergency fund (for example ambulance services) in province and local government for maternal and child health as provisioned in public health Act.

Supply solutions for health system management and health professionals:

Recruitment process needs to be initiated timely, and GoN should invest in the technical competency of rural health providers with specific incentives to work in hard-to-serve areas. It should be mandatory to conduct MPDSR in every health facility where births occur and strengthen accountability processes to link to responsive action for continuous quality improvement. All the management protocols and guidelines for emergency obstetric and newborn care should be used.

In recognizing the country's desperate need for trained human resources like midwives and their key role in reducing maternal mortality, three of Nepal's universities have already started a Bachelor of Midwifery course. Well-trained midwives could assist in preventing approximately 2/3 of all maternal and newborn deaths. So, GoN needs to prepare and implement a recruitment, deployment, retention and career plan for these midwives so that when they graduate they can quickly be deployed for the targeted services.

For effective implementation of MPDSR system, it is utmost important to strengthen local government bodies (or any health science institute/academy situated in the province) for monitoring MPDSR to provide regular monitoring and follow up at the local level..

Urgent efforts with explicit provincial strategies are needed to minimize the gap in maternal health outcomes and service utilization of the poorest segment of the population.

Support local governments to map out unreached group in terms of maternal health service utilization and develop locally appropriate action plan to mainstream them in maternal health services

Supply solutions for family planning:

It is essential to strengthen the supply chain, avoid stock-outs of family planning commodities and make these available in the targeted health facilities. There should be mass media campaigns to increase access to information on sexual and reproductive health and family planning, especially among adolescents and youth.

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Nepal Health Research Council (NHRC)

Ramshah Path, Kathmandu, Nepal

Tel : +977 1 4254220

Fax : +977 1 4262469

E-mail : nhrc@nhrc.gov.np

Website : www.nhrc.gov.np