Re-enforcing Immediate Actions for Better Outcomes in Maternal, Neonatal and Child Health in Nepal

CONTEXT:

Maternal, neonatal and child health is a high priority program of Government of Nepal and significant progress has been observed in reduction of maternal, neonatal and under-five child mortality over the years with its commitment towards achieving targets set by the United Nation's Sustainable Development Goals (SDG) by 2030. However, inequalities have been observed as a key issue for achieving SDG targets of these health outcomes.

SITUATION:

The targets for reducing Maternal Mortality Ratio (MMR) is 70 maternal deaths per 100,000 live births by 2030 (Figure 1). Similarly, the targets for decreasing Neonatal Mortality Rate (NMR) and Under-Five Mortality Rate (U5MR) are 12 and 20 by 2030 (Figure 2). In order to achieve maternal and child health related SDG targets, Nepal needs to decrease its MMR by at least 5% (12 maternal deaths) per year and childhood mortality (NMR and U5MR) by at least 3% per year (1 child death) while addressing several inequalities in maternal and child health outcomes, which exists across wealth status, education, place of residence (urban versus rural), provinces and by regional variations.

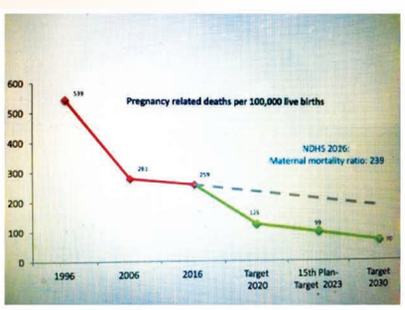

Figure 1: Maternal Mortality Ratio

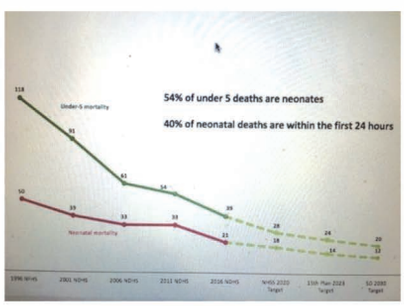

Figure 2: Childhood Mortality

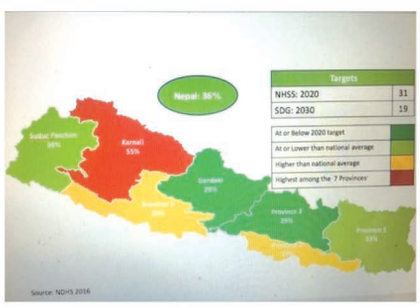

Figure 3: Under Five Childhood Stunted

- Stunting rate is higher among children from mountain area (46.5%), residing in *Karnali* Province (55%), with no education among mothers (46%), and among the poorest (49%), compared to the national average 36% (Figure 3).
- Completion of four Antenatal Care (ANC) visits as per national protocol is lowest among women residing in rural areas (51%), from Province 2 (40%), with no education (41%), and from poorest group (50%) in comparison to the national average (59%).
- Children of women who had either fewer than four visits (40%) or no ANC visit (49%) are significantly more likely to be stunted than those who had more than four ANC visits (29%).
- Anemia prevalence is higher among children (56%) and women (43%) from rural areas, residing in Province 2 (59% for children and 58% for women), and with no education of mothers (57%) in comparison to the national prevalence of 53% for children and 41% for women.
- Institutional delivery was lowest among women from rural areas (48%), residing in Province

NEPAL HEALTH RESEARCH COUNCIL ESTD. 1991
NHSSP
UKaid from the British people

2 (43%) and with no education 36.5% in comparison to the national average (57%).

Initiatives targeted to reduce MMR

- Reducing financial barriers through Aama Surakshya program
- Expanding the access of quality maternal care through the Aama Program
- Strengthening the evidence base quality of care through (i) Maternal and Perinatal Death Surveillance and Response System (MPDSR) and scaling it up with support from province level health institutions, (ii) Minimum service standards at different levels of health facilities, (iii) Development of standard treatment protocols
- Expansion of Adolescent and Sexual Reproductive Health (ASRH) services and make the health institutions adolescent friendly.

Initiatives targeted to reduce Under 5 Mortality (including neonatal deaths)

- Immunization program - increasing availability of antigens (11 currently available)
- Initiation of comprehensive nutrition program
- Free newborn care program and expansion of special newborn care unit/newborn Intensive
- care unit in district and zonal hospitals
- Integration of maternal and child health programs
- Integrated management Neonate and Childhood illness program (IMNCI)

Initiatives targeted to improve nutritional status

- Multi-Sectoral Nutrition Plan (MSNP) for nutrition sensitive and nutrition specific program
- Management of severe and moderate acute malnutrition through (i) Outpatient Therapeutic Care (OTC), and (ii) Nutrition rehabilitation homes
- Micro-nutrient supplements: Vitamin A, Iron/Folic acid, and micronutrient powder
- Maternal New-borne Child Health (MNCH) program (School nutrition, Maternal Nutrition and Growth Monitoring program)

WAY FORWARD:

We must work together in order to accelerate progress for women and children. So it is very essential to

Prioritize, set policies and build maternal and child health programs on a foundation of evidences.

Update policies and strategies based on evidences that reduce the equity gap among education levels, wealth quintile, and geographical disparities.

Invest, mobilize and leverage resources.

Deliver, ensuring that maternal and child health programs, Human Resource for Health (HRH), and essential supplies are available when and where they are most needed.

- Increase efforts to escalate ANC check-ups and the quality of ANC so that more women will delivertheir child in a health care facility.
- Reinforce the lifecycle approach to nutrition programming and scaling-up of effective integratedpackage of nutrition specific and sensitive interventions to the specific geography

with socioeconomic and cultural realities taken into account for quality nutrition services integrated with Reproductive Health (RH) program.

- School Health Program and the School Nurse/health worker initiatives are to be given priority.

Call for actions

By national leaders and parliamentarians:

- Must generate and sustain political will and momentum to achieve great progress for maternal and child health plans with ensuring adequate resources

By health systems leaders:

- Engage federal, provincial and local level executive and administrative officers to place maternal and child health as prioritized plan in upcoming annual plan through accountable leadership and good stewardship.
- Strengthen and invest in HRH - increase their availability and retention along with improving their competencies, especially for the life-saving skills.
- Ensure availability of essential commodities for 24/7 days, especially in rural areas.
- Ensure 24/7 health care including basic emergency surgical services through primary hospital at each local government.
- Promote research and evidence-based decision making that results during implementation of MPDSR and other maternal and child health interventions.

By health care providers:

- Be accountable for continuous quality improvement by undertaking regular MPDSR and prioritizing evidence-based decisions.
- Must demonstrate a high level of competency in life-saving skills and evidence-based medicine.
- Must be respectful and ethical to all women and children including the poor, and work with managers to monitor stocks of essential commodities to be used in maternal and child health services.
- Must keep good medical records for individual mothers and children and be accountable for reporting accurate data.

By non-health sector:

- Promote health in all polices

REFERENCES:

1. Acharya S, Sharma S, Dulal B, and Aryal K. 2018. Quality of Care and Client Satisfaction with Maternal Health Services in Nepal: Further Analysis of the 2015 Nepal Health Facility Survey. DHS Further Analysis Reports No. 112. Rockville, Maryland, USA: ICF.
2. Aryal, KK., Dangol D, Gartoulla P, and Subedi GR. 2018. Health Services Availability and Readiness in Seven Provinces of Nepal. Nepal Demographic and Health Survey Further Analysis Reports No. 115. Rockville, Maryland, USA: ICF.
3. Aryal, KK, Sharma SK, Khanal MN, Bista B, Sharma SL, Kafle S, and Steffen MM. 2019. Maternal Health Care in Nepal: Trends and Determinants. DHS Further Analysis Reports No. 118. Rockville, Maryland, USA: ICF.
4. Pant, PD, Pandey JP, and Bietsch K. 2019. Unmet Need for Family Planning and Fertility in Nepal: Levels, Trends, and Determinants. DHS Further Analysis Reports No. 119. Rockville, Maryland, USA: ICF.
5. Ghimire U, Manandhar J, Gautam A, Tuladhar S, Prasai Y, and Gebreselassie T. 2019. Inequalities in Health Outcomes and Access to Services by Caste/Ethnicity, Province, and Wealth Quintile in Nepal. DHS Further Analysis Reports No. 117. Rockville, Maryland, USA: ICF.
6. Government of Nepal, Ministry of Health and Populations. Maternal & Perinatal Death Surveillance & Response System in Federal Context, 2018.
7. Maskey J. Fifth National Summit of Heath and Population Scientists in Nepal: Determinants of Institutional Delivery in Nepal: Evidence from Nepal Demographic and Health Survey, 2016. PowerPoint Presented on 11 April 2019 at the summit organized by Nepal Health Research Council.
8. Sharma SK, Fifth National Summit of Heath and Population Scientists in Nepal: Assessing Reliability and Implementation Status of Community Based Maternal Death Surveillance Using Verbal Autopsy in Nepal. PowerPoint Presented on 11 April 2019 at the national summit organized by Nepal Health Research Council.

Published by:

Government of Nepal

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