

MCHIP Nepal

Quarterly Report

(April – June 2013)

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1. Introduction

There has been remarkable progress in health status of women and children in Nepal, with many of the health indicators showing an improvement over the years. The recent demographic and health survey 2011 shows nearly one in two currently married women aged 15-49 using a method of contraception. Looking into the maternal health status, 58% of women received at least one antenatal care from a health professional, i.e. a doctor, nurse/midwife; 33% increase in five years. However, only 36% of babies are delivered by skilled birth attendant (SBA) and 28% are delivered at a health facility, which indicates that we have a long way to go to meet the Millennium Development Goal (MGD). Looking into the child health status, 87% of children were fully immunized. Under-five, infant and neonatal mortality is 54, 46 and 33 per 1000 live births respectively. ¹

The MCHIP program started in Nepal in January 2010 to continue to improve the health of mothers and newborns of Nepal in support of Government of Nepal (GoN) policies and priorities. MCHIP/Nepal continued some of the work initiated during the ACCESS program and added some new initiatives. The MCHIP/Nepal activities contributed to the global MCHIP results framework—innovative, effective and scalable community-oriented strategies that delivers integrated high impact interventions to vulnerable populations and builds in country capacity of GoN staff and key partners for those interventions.

Nepal has been able to make significant progress in reducing maternal mortality over the years due to the collaborative efforts of GON and other partner/agencies. The latest estimate given by maternal mortality and morbidity study is 229, which is still high. There have been extensive efforts to increase institutional deliveries and SBA assisted births in Nepal including the Aama Programme, which incentivizes women to come for institutional births. Looking into the causes, Haemorrhage used to be the leading causes few years back but now Eclampsia is the leading cause of maternal mortality when antepartum and postpartum Haemorrhage are disaggregated; 21% of the maternal deaths are caused by Eclampsia.²

During the previous reporting year (October 2011 till September 2012), MCHIP provided technical and financial assistance to the Government of Nepal (GON), Family Health Division (FHD) to start the calcium pilot for prevention of pre/eclampsia (PE/E) among pregnant women in Dailekh district: supported to complete a national assessment of the community-based newborn care package (CB-NCP) with full support and ownership of the Government of Nepal (GON) and key stakeholders; facilitated the research workshop on “Evidence based policy and program in public health” led by the Nepal Health Research Council (NHRC); provided technical assistance as requested by Health Right International (HRI), a USASID child survival grant recipient to introduce the performance improvement of maternal and newborn health services in all health facilities in Argankanchi district in

¹ Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc. 2012. *Nepal Demographic and Health Survey 2011*. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and ICF International, Calverton, Maryland.

² A. Pradhan, B.K. Subedi, S. Barnett, SK. Sharma, M. Puri, P. Poudel, SR. Chitrakar, NP. KC, L. Hulton. Nepal Maternal Mortality and Morbidity Study 2008/2009. Family Health Division, Department of Health Services, Ministry of Health and Population, Government of Nepal, Kathmandu, Nepal.

Jul 2011 and Jan 2012. MCHIP staff provided follow up visit with the HRI team to health facilities to help assess their progress, and also conducted postpartum family planning training. With MCHIP core funding, Director, FHD, Dr. Kusum Thapa, and Stephanie Suhowatsky participated in Asia Regional Meeting on “Intervention for Impact in Essential Obstetric and Newborn Care” on 3-6 May 2012.

Specifically, during this reporting period (October 2012 to December 2012), MCHIP provided support to the Government of Nepal to implement calcium supplementation pilot to pregnant women to prevent PE/E, and facilitated workshop on CBNCP assessment report finalization.

2. MCHIP Program Objectives and Key Activities

Objective	Activities	Plan
1. Provide technical assistance on calcium supplementation for prevention of PE/E	<ul style="list-style-type: none"> • Calcium supplementation to pregnant women ongoing • Technical support visits to health facilities and Female community Health Volunteers (FCHV) • Collection/entry and analysis of monitoring data • Hired Research agency (PHD Group for endline survey) 	Continue supplementation on upto July 2013 as part of pilot, and final results expected by end of 2014.
2. Support implementing partners for advocacy, evaluation, documentation, and dissemination of evidence-based MNCH/FP interventions at national level	<ul style="list-style-type: none"> • Participated in meetings with governmental and non-governmental agencies for the finalization of the CBNCP assessment report and printing process. • Edited and formatted the CB-NCP report. Finalized front and back page, preface and list of contributors; and made ready for printing 	Awaiting government’s approval for printing.
3. Strengthen local research capacity by strengthening capacity at the Nepal Health Research Council and other research institutions in both qualitative and quantitative research design	MCHIP is working to strengthen local research capacity by strengthening capacity at the Nepal Health Research Council and other research institutions in both qualitative and quantitative research design. Consulting USAID and H4L regarding the follow on meeting of the Research Workshop.	Coordinate with USAID and H4L, and organize follow-on meeting of the research workshop as agreed.

3. Results for the Quarter

Bullets summarizing Major Accomplishments:

1. Distributed calcium to reasonably high number of pregnant women as part of the calcium supplementation pilot, through the motivated and enthusiastic health workers who are really committed for the better health of mother and children.
2. Conducted process for selection of research agency to conduct endline survey. EOI opened at local newspaper “Kathmandu post” on 12th April 2013. Hired Population, Health and Development (PHD) Group as a research agency
3. Conducted monitoring visit at Dailekh by USAID Nepal on June 2013
4. Contributed to prepare presentation on Calcium pilot, which was presented by Dr. Harshad Shangvi
5. Contributed to edit, format and finalize CBNCP assessment report.
6. Initiated meeting with H4L to discuss about the research follow up meeting.

Short Narrative providing additional details about Major Accomplishments:

Objective 1: Universal supplementation of calcium to all pregnant women for prevention of PE/E initiated in one of the districts, Dailekh, from July 2012 to assess the coverage and compliance of calcium supplementation through existing health service delivery network; and to provide input for program scale up in future. Major activities conducted in this reporting period included: calcium supplementation, technical support visits to health facilities, collection/entry and analysis of monitoring data, monitoring visit by USAID Nepal etc.

From initiation of the pilot (July 2012) till the end of June 2013, a total of 8567 pregnant women have received calcium and total 20,092 bottles of calcium was distributed. During the reporting period (April- June 2013), a total of 1362 pregnant women received calcium and a total of 3695 bottles of calcium was distributed. As per the plan, calcium supplementation will continue up to end of July 2013 followed by end-line survey among recently delivered women to assess coverage and compliance.

Conducted 234 Technical support visit (TSV) to FCHVs and 133 TSV to health facility since the pilot initiation till the end of June 2013.

In order to conduct the end-line survey, did all the administrative processing including the call for EOI at local newspaper “Kathmandu post” on 12th April 2013, and selected Population, Health and Development (PHD) Group, and hired on June 2013.

Presented on Calcium pilot on pre-conference meeting on Nutrition (14 April 2013)- by Dr. Harshad Shangvi on “Preventing Pre-Eclampsia: Supplementing Calcium In Nepal” at Global Newborn Health Conference at Johannesburg, South Africa.

MCHIP shared the updated progress of MCHIP activities especially calcium pilot to director general of Ministry of Health and Population on 26 April 2013; and to USAID on May 2013 about MCHIP activities and planned for field visit.

USAID team along with Jhpiego/MCHIP staff visited Dailekh on 11-13 June 2013 to observe and monitor the district and community level activities of calcium pilot. They visited health post, sub-health post, hospital; had meeting and interactions with DPHO, program focal person, MCHIP field officers, health facility in-charges, health workers, pregnant women (PW) and FCHVs. During field visit, DPHO and health workers requested for continuation of calcium supplementation in the district. Hence, immediately after the field visit, MCHIP organized joint meeting among USAID, Family Health Division, Logistic Management Division of MOHP to share the updated information about calcium program and next step; and the meeting discussed on possible approaches to prevent discontinuation of calcium and agreed to request to other agencies as far as possible.

Supervision visit by the district health authorities to health facility

Public health officer of District Health office, Dailekh Mr. Rajan Adhikari visited different health facilities and met specifically with health worker, FCHV and PW to observe and discuss about the calcium intervention.

Objective 2: MCHIP with other partners supported GoN for the assessment of CB-NCP program. In this reporting period, editing and formatting of the assessment report was done, finalized cover page, last page, preface and contributors name with the valuable input of USAID, CHD and SAVE. Report printing is planned after CHD approval, which is currently on hold.

Objective 3: MCHIP coordinated with NHRC and USAID to conduct a meeting/workshop to follow up the action points/recommendations made in the previous research workshop. There had been a consensus to organize a follow on meeting of the research workshop in this quarter in consultation with NHRC and USAID; however it could not be materialized and will be tried in the coming quarter.

Other

MCHIP supported to government official to attend on Global Newborn Health Conference, which was held on 15-18 April 2013 at Johanesburg, South Africa. MCHIP and Save organized the Global Newborn Health conference viewing party in Nepal on 15 April 2013 to watch the satellite broadcast of the opening session of the Global Newborn Health Conference in South Africa.

During this period, MCHIP provided support for Independent consultant, Helen Smith to conduct misoprostol survey.

4. The Way Forward

Major activities being planned for the next quarter

- a. Activities planned in the coming quarter under the calcium pilot includes:
 - Continue calcium supplementation, technical support visits, monitoring, data collection, entry and analysis till end of July 2013

- Organize 3rd TAG meeting on July to share the tools with TAG members and get approval for end line survey
- Conduct Endline survey in August 2013
- b. Print CBNCP assessment report if received approval from Child Health Division and other partners and contribute in report dissemination and its policy uptake as required.
- c. Conduct follow on meeting of the research workshop, in coordination with USAID, NHRC and H4L

5. Annexes

- Not any