

**MCHIP Nepal**

**Quarterly Report**

**(January – March, 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. <sup>1</sup>

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.<sup>2</sup>

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 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

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<sup>1</sup> 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.

<sup>2</sup> 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.

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 (January – March 2013), MCHIP provided support to the Government of Nepal to implement calcium supplementation pilot to pregnant women to prevent PE/E, and facilitated 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"> <li>• Calcium supplementation to pregnant women ongoing</li> <li>• Technical support visits to health facilities and Female community Health Volunteers (FCHV)</li> <li>• Collection/entry and analysis of monitoring data</li> <li>• Procured 10,000 bottle of additional calcium tablets from Curex Pharmaceuticals Pvt. Ltd. Nepal</li> <li>• Procured 4000 pcs leaflet, 3500 pcs bag and 60 pcs of calcium register</li> <li>• Initiated the research agency hiring process to conduct end-line survey of the calcium pilot (developed SOW and prepared EOI )</li> </ul>	Continue supplementation upto July 2013, and final results expected by early 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"> <li>• Participated in meetings with governmental and non-governmental agencies for the finalization of the CBNCP assessment report and printing process.</li> </ul>	Print report through MCHIP, support in dissemination and further planning
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 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. Anticipated shortfall of calcium, hence we explored funding sources for procure additional calcium. Fund received from Jhpiego general fund and could procure 10,000 jar (100,00,000 tablet) from Nepali company Curex Pharmaceutical Pvt. Ltd. Also purchased 4000 pcs of leaflet, 3500 pcs of calcium bag and printout 60 pcs of calcium register.
3. Contributed to finalize CBNCP assessment report and to initiate printing process.

#### ***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, purchased extra calcium tablets, technical support visits to health facilities, collection/entry and analysis of monitoring data, etc.

From initiation of the pilot (July 2012) till the mid of March 2013, a total of 6594 pregnant women have received calcium and total 15,960 bottles of calcium was distributed. During the period Jan-mid March 2013, a total of 1463 pregnant women received calcium and a total of 4039 bottles of calcium was distributed. As per the plan, calcium supplementation will continue up to July 2013 followed by end-line survey among recently delivered women to assess coverage and compliance.

Shortfall of calcium was anticipated in the earlier reporting period to cover one year supplementation. Hence could secure fund from general fund to procure additional 10,000 bottles (10,000,000 tablets) of calcium in March 2013 from Curex pharmaceuticals Pvt. Ltd. Nepal. Likewise, purchased 3500 extra calcium bag and 4000 leaflet and calcium register.

Conducted 169 TSV to FCHVs and 101 TSV to health facility since the pilot initiation till the mid of March 2013.

Likewise, for the hiring of research agency, developed scope of work for the research agency to conduct end-line survey and prepared for call/advertisement of EOI.

#### Supervision visit by the district health authorities to health facility

District health officer (head of the DHO and hospital) Dr. Sundar Shyam Jha and Public health officer, Mr. Rajan Adhikari of Dailekh (pilot district) visited different health

facilities and met specifically with health worker, FCHV and PW for 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, finalized the assessment report, did final formatting of the report for printing, prepare cover and last page design and preface; and coordinated with GoN officials and SAVE to finalize the report. Assessment report has now been finalized and ready for printing through MCHIP support in the next quarter.

**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. Consulting USAID regarding the follow on meeting of the Research Workshop.

**Others:**

1. Provided logistical support to organize Survive and Thrive team visit in Nepal during 12-16 February 2013.
  - Goal of the visit was to meet with the USAID mission and the Ministry and partners to present how the GDA can be useful to the mission's portfolio, to determine the opportunities for strengthening the local professional associations, in partnership with the US professional associations, to determine how the GDA can augment and support the work of the new health bilateral.
  - Visitors were from AAP- Sara Berkelhamer, ACNM- Suzanne Stalls, ACOG- Doug Laube, MCHIP- Joseph de Graft Johnson and Jeffrey Smith.
  - They visited USAID, H4L, RTI, FHD, CHD, NHTC, UNICEF, WHO, UNFPA, NESOG, NEPAS, PESON, MIDSON, NAN.

**2. Support for preparation of Lindsay Morgan visit in Nepal:**

USAID and MCHIP are interested in looking at different options for supervision and care conducting a quick review of current Nepal experiences. Hence MCHIP supported to collect information about various supervision and support activities in Nepal and to fill in the mapping matrix. This matrix captures some of the major programs that aim to support and hold accountable health workers at various levels of the health system in Nepal. The purpose of this matrix is to aid in choosing 2-3 of the most promising programs/innovations on which to focus detailed field research, in order to assess their strengths, weaknesses and applicability in other settings. Date and other details of the visit is being planned, and yet to be decided.

***Short narrative on program learning***

GON official (Dr. Shilu Aryal, Sr. Consultant Obs/Gyn, Family Health Division, Department of Health Services, MoHP) presented about the Pre/Eclampsia and calcium pilot “**MOHP Addresses Eclampsia, Leading Causes of Maternal Deaths in Nepal**” on Global Maternal Health Conference held on 15 January 2013. Slides are attached in the annex.

## **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
  - Hire research agency to conduct end-line survey of the calcium pilot and review and finalize tools with agency.
  - Organize field visit plan with GoN officials and USAID staff to the pilot district
- b. Print CBNCP assessment report in coordination with Child Health Division and other partners.
- c. Conduct follow on meeting of the research workshop
- d. Additionally,
  - Support during Lindsay Morgan and team visit in Nepal, as required
  - Support GON participants in Global Newborn health Conference (15-18 April) and co-ordinate the conference viewing party

## 5. Updated Workplan M&E Indicator Table

	INDICATOR	DEFINITION/ CLARIFICATION	DATA SOURCE /COLLECTION METHOD	FREQUENCY OF DATA COLLECTION	RESPONSIBLE PARTY	STATUS
<b>OBJECTIVE 1:</b> Provide technical assistance on calcium supplementation for prevention of PE/E district pilot						
1.1	Resources for PE/E prevention developed, documented, and disseminated	Pilot, training material, awareness material, reporting tool, findings, and PE/E scale up strategy	Produced materials HMIS data Pilot Report	Annual	PI, M&E officer, and MCHIP Assistant Program Officer	Developed and used Training Manual, Calcium brochure, Calcium bag for pregnant women, Calcium information flex for all health facility, 2 sheets added on FCHV flip chart for PW counseling, Recording and reporting tool, developed and being used. Routine monitoring data being collected and analyzed.  (End-line survey report and PE/E scale up strategy to be done.)
1.2	Number of CBNCP reports printed and distributed		Produced materials	Annual	MCHIP Assistant Program Officer, M&E officer	Planned to print 400 copies of the CBNCP assessment report
1.3	Number of people participated in follow up meeting of evidence based policy and planning workshop	First workshop was conducted in the previous year and made few recommendations, hence the meeting will follow up on the recommendations	Meeting/workshop report	Annual	MCHIP Assistant Program Officer, M&E officer	To be done

## 6. Annexes

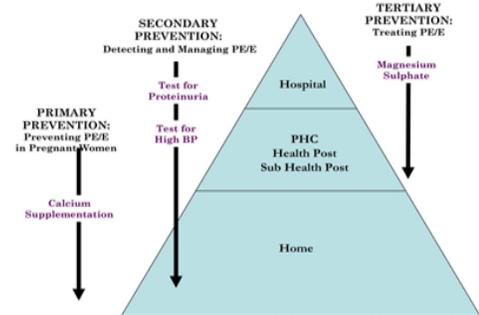
Slides presented at the Global Maternal Health Conference on Pre/Eclampsia and calcium pilot

<div data-bbox="316 451 799 592" data-label="Section-Header"> <h3>MOHP Addresses Eclampsia, Leading Causes of Maternal Deaths in Nepal</h3> </div> <div data-bbox="365 676 747 760" data-label="Text"> <p>Dr. Shilu Aryal Sr. Consultant Obs/Gyn Family Health Division, Dept of Health Services, MoHP</p> </div>	<div data-bbox="885 367 1068 409" data-label="Section-Header"> <h3>Background</h3> </div> <ul data-bbox="885 451 1421 802" style="list-style-type: none"> <li>• MMR is declining, though still high: 229/100,000 (MMS, 2008/9)             <ul style="list-style-type: none"> <li>• Eclampsia is the leading cause of maternal deaths</li> </ul> </li> <li>• SBA deliveries increasing but still low             <ul style="list-style-type: none"> <li>• 19% in 2006 to 36% in 2011</li> <li>• 2 of 3 women deliver at home with no SBA</li> </ul> </li> <li>• Eclampsia as a cause of maternal mortality             <ul style="list-style-type: none"> <li>• 21% of total maternal deaths</li> <li>• 29.8% of hospital maternal deaths</li> </ul> </li> </ul>																																																			
<div data-bbox="324 928 776 976" data-label="Section-Header"> <h3>Why are Mothers Dying in Nepal?</h3> </div> <div data-bbox="381 1018 755 1390" data-label="Figure"> <table border="1"> <caption>Causes of Maternal Death in Nepal</caption> <thead> <tr> <th>Cause</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Eclampsia</td><td>21%</td></tr> <tr><td>Postpartum Hemorrhage</td><td>17%</td></tr> <tr><td>Other indirect</td><td>16%</td></tr> <tr><td>Obstructed Labor</td><td>6%</td></tr> <tr><td>Other direct</td><td>6%</td></tr> <tr><td>Heart Disease</td><td>7%</td></tr> <tr><td>Abortion</td><td>7%</td></tr> <tr><td>Puerperal Sepsis</td><td>5%</td></tr> <tr><td>Gastroenteritis</td><td>4%</td></tr> <tr><td>Anemia</td><td>4%</td></tr> <tr><td>Antepartum Hemorrhage</td><td>7%</td></tr> </tbody> </table> <p>Source: Nepal Maternal Mortality and morbidity Study, Family Health Division, 2008</p> </div>	Cause	Percentage	Eclampsia	21%	Postpartum Hemorrhage	17%	Other indirect	16%	Obstructed Labor	6%	Other direct	6%	Heart Disease	7%	Abortion	7%	Puerperal Sepsis	5%	Gastroenteritis	4%	Anemia	4%	Antepartum Hemorrhage	7%	<div data-bbox="917 886 1388 970" data-label="Section-Header"> <h3>Decadal change in causes of maternal death: 1998 and 2008/9</h3> </div> <div data-bbox="868 1018 1437 1390" data-label="Figure"> <table border="1"> <caption>Decadal Change in Causes of Maternal Death</caption> <thead> <tr> <th>Cause</th> <th>1998 (%)</th> <th>2008/9 (%)</th> </tr> </thead> <tbody> <tr><td>PPH</td><td>39</td><td>19</td></tr> <tr><td>Obstructed labour/uterus rupture</td><td>14</td><td>6</td></tr> <tr><td>Eclampsia</td><td>12</td><td>21</td></tr> <tr><td>Puerperal sepsis</td><td>10</td><td>5</td></tr> <tr><td>APH</td><td>5</td><td>6</td></tr> <tr><td>Abortion</td><td>5</td><td>7</td></tr> <tr><td>Other direct causes</td><td>1</td><td>6</td></tr> <tr><td>Indirect causes</td><td>16</td><td>31</td></tr> </tbody> </table> <p>Source: Nepal Maternal Mortality and morbidity Study, Family Health Division, 1998 &amp; 2008/9</p> </div>	Cause	1998 (%)	2008/9 (%)	PPH	39	19	Obstructed labour/uterus rupture	14	6	Eclampsia	12	21	Puerperal sepsis	10	5	APH	5	6	Abortion	5	7	Other direct causes	1	6	Indirect causes	16	31
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## Why Do Women Die from PE/E in Nepal?

- Only a half of pregnant women complete 4 or more ANC check ups
- Testing of BP and urine not always done during ANC
  - Proteinuria testing is not routine as urine dipstick tests are not supplied by the MOHP
- Difficult to reach health facility in time after danger signs appear
- Only 36% of women deliver with a skilled provider (NDHS 2011)
- Reluctance to treat PEE by health care providers:
  - Concern over the management of severe PE cases
  - Reluctance to give the loading dose of  $MgSO_4$  before referral/transfer
- Limited access to emergency obstetric & newborn care (EmONC) services

## Three prong strategy of MOHP Nepal to address PE/E



## Progress made in PEE detection

ANC incentive schemes & other initiatives led to increased ANC, meaning more contacts for PEE screening.

Particular	NDHS 2006	NDHS 2011
ANC 4 or more visits	29%	50%
BP measured at ANC	78.5%	86.4%
Urine tested at ANC	32%	56%



Photo credit: Bephanie Subansky

FHI/USAID-MCHIP/Jhpiego explored innovations/technology development to increase PEE screening coverage

## Progress made in PEE prevention

- Calcium supplementation pilot is ongoing in Dailekh district, based on WHO guideline

- To assess the coverage and compliance to inform further scale up
- Up to 7000 pregnant women are expected to be covered in the pilot

- Results expected in early 2014



Photo credit: Bephanie Subansky

## Conclusion and way forward

- MOHP Nepal is committed for primary, secondary and tertiary prevention of PE/E
- For primary prevention: prepare scale up plan based on pilot results
- For secondary prevention: Increase antenatal care, strengthen urine and BP measurement, and explore innovative technologies around this
- For tertiary prevention: Strengthen use of  $MgSO_4$