

**MCHIP Nepal**

**Quarterly Report**

**(July – September 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 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

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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.

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 (July to Sept 2013), MCHIP provided support to the Government of Nepal to complete implementation and evaluation of calcium supplementation to pregnant women to prevent PE/E.

## 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>Completed calcium supplementation to pregnant women</li> <li>Conducted technical support visits to health facilities and female Community Health Volunteers (FCHV) till July 2013</li> <li>Collected, entered and monitoring data</li> <li>Organized enumerator’s training, finalized tools and conducted field work of the calcium endline survey through the PHD Group – research agency hired for this work</li> <li>Entered the endline survey data</li> <li>Held TAG meeting on 05 July 2013</li> <li>Organized calcium pilot’s achievement sharing and district closeout meeting on 11 September 2013, participated by FHD as well</li> </ul>	<p>Clean and analyze endline survey data and prepare report</p> <p>Organize calcium pilot dissemination workshop, scheduled on 9<sup>th</sup> Dec 2013</p>
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>Submitted the print ready copy of the report to CHD</li> <li>Photocopied report for various workshops and distributed to participants</li> </ul>	
3. Strengthen local research capacity by	<ul style="list-style-type: none"> <li>Organized in-house meeting with H4L team/focal persons (Dr</li> </ul>	Organize small meeting with

<p>strengthening capacity at the Nepal Health Research Council and other research institutions in both qualitative and quantitative research design</p>	<p>Damodar and team) and discussed about the previous workshop, its objectives, discussion issues, recommendations and next steps.</p>	<p>GON, NHRC, USAID, H4L and MCHIP and agree on a modality to move on based on the earlier recommendations, once the NHRC chairperson is in place.</p> <p>H4L to take over the concept and move accordingly.</p>
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### 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. Population, Health and Development (PHD) Group, hired as a research agency, conducted training for enumerators, finalized all tools and conducted endline survey in Dailekh. And, entered the endline survey data.
3. Conducted monitoring visit at Dailekh by Government officials on September 2013
4. Held 3<sup>rd</sup> TAG meeting on July 2013, to get feedback on the endline survey tools
5. Organized calcium pilot close out meeting at district on September 2013, participated by FHD as well
6. Received appreciation letter (to MCHIP, USAID and Jhpiego) from District Health Office (DHO) Dailekh, Chief District Administration Office (CDO) Dailekh, and Family Health Division for supporting on calcium supplementation pilot (Annex 1)
7. Completed the termination process of field level staff
8. Handed over the print ready copy of the CBNCP assessment report to the government.
9. Coordinated with CARE Nepal to continue calcium supplementation in Dailekh district

10. Shared the MCHIP updates to USAID

**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: completion of calcium supplementation and technical support visits to health facilities, collection/entry and analysis of monitoring data, monitoring visit to the district by Government officials, conduction of endline survey in the district, etc.

From initiation of the pilot (July 2012) till the mid of August 2013, a total of 9246 pregnant women received calcium (Figure 1) and total of 23,211 bottles of calcium was distributed (Figure 2). Among the women enrolled in calcium pilot, half received it at first ANC visit (Figure 3). As per the plan, calcium supplementation will continue up to mid of September 2013 followed by end-line survey among recently delivered women to assess coverage and compliance.

Conducted 260 Technical support visit (TSV) to FCHVs and 145 TSV to health facility since the pilot initiation till the end of June 2013.

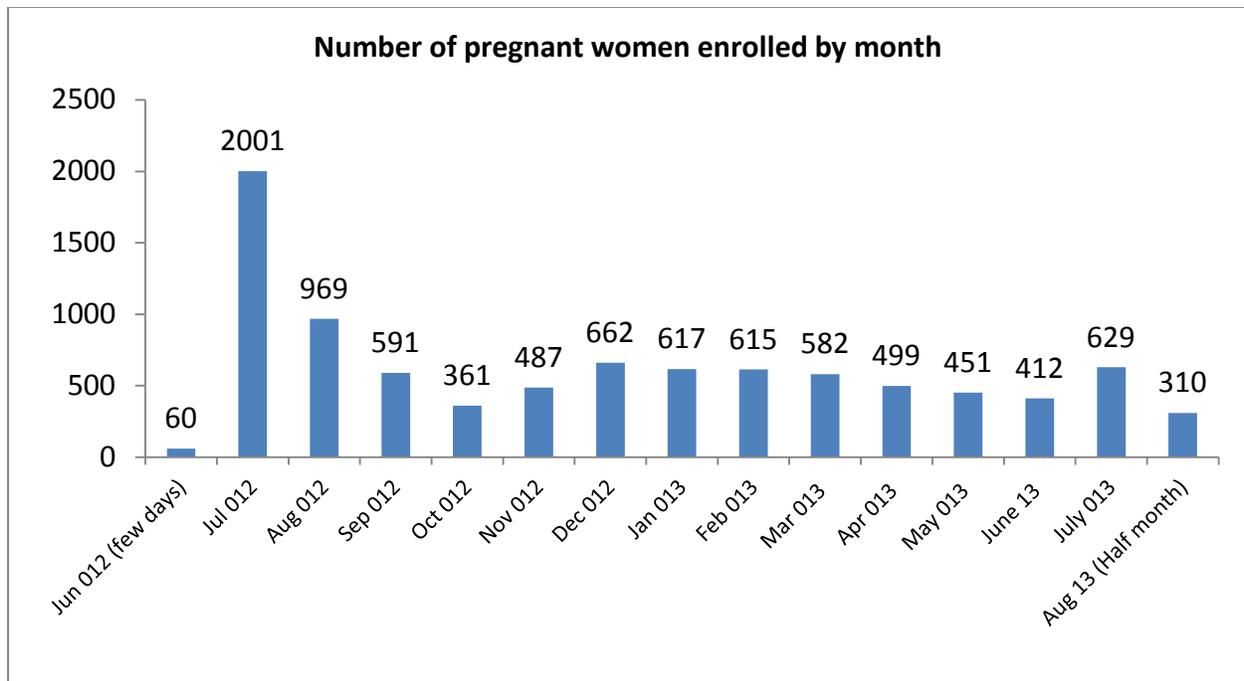


Figure 1: Number of pregnant women enrolled in calcium pilot, by month

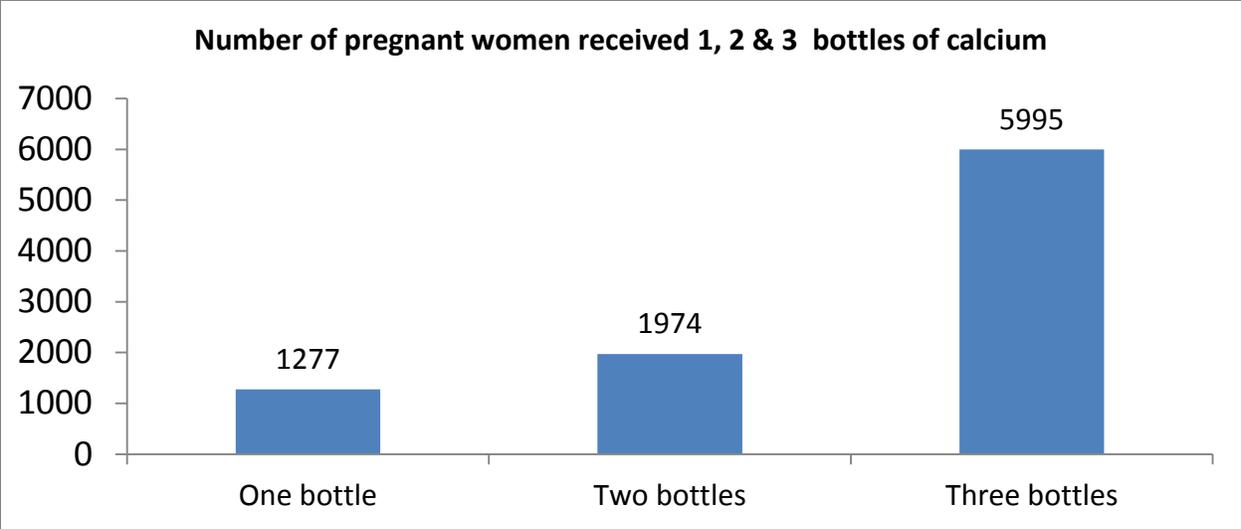


Figure 2: Number of pregnant women received one, two and three bottles of calcium

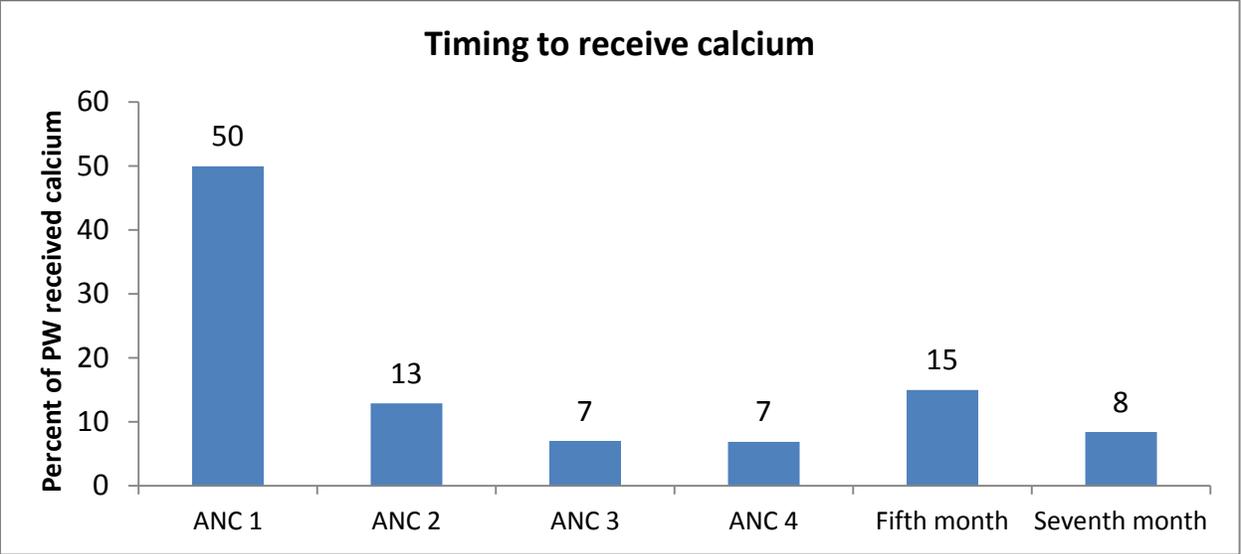


Figure 3: Timing to receive calcium

In order to conduct the end-line survey, did all the administrative processing. Organized enumerators training on 28-30 July 2013, shared survey tools on TAG meeting, received comments and finalized survey tools; and conducted end line in August 2013. Endline survey included the interview with 1230 recently delivered women and interview with respective health workers and FCHVs. Moreover, the collected data was entered into the database during this reporting period.

MCHIP shared the updated progress of MCHIP activities especially calcium pilot to new recruited director general of Ministry of Health and Population on 26 April

2013; and to new Family Health Division director Dr. Kiran Regmi on 29 August 2013 about MCHIP activities and planned for field visit.

Government team along with Jhpiego/MCHIP staff visited Dailekh on 10-12 September 2013 to observe and monitor the district and community level activities of calcium pilot. They visited Belpata sub-health post, district hospital; had meeting and interactions with DPHO, program focal person, MCHIP field officers, health facility in-charge, health workers and pregnant women (PW). During field visit, DPHO and health workers requested for continuation of calcium supplementation in the district. During the visit, organized calcium pilot close out meeting in Dailekh, participated by CDO, LDO, DHO and other district stakeholders, meeting was also participated by central Government officials, including FHD director. In total, 45 participants attended the meeting and USAID/MCHIP/Jhpiego received appreciation letter from DHO and CDO (Annex 1).

Dr. Kusum Thapa/MCHIP updated USAID (Jessica) regarding the calcium pilot on 19th September 2013: shared the information of calcium close out field visit, research agency and the end-line survey work, about the coordination being made with CARE for continued calcium supplementation in Dailekh, shared the calcium dissemination date (9th Dec 013) and PPH training workshop date (11-13 December 2013), and Jessica agreed on dissemination date. Jessica from USAID reminder to work out the cost effectiveness of calcium pilot, hence the MCHIP team has decided to work out the cost effectiveness by hiring costing consultant.

Focal person of District Health office, Dailekh Mr. Dharma Raj Joshi visited different health facilities and met specifically with health worker, FCHV and pregnant women to observe and discuss about the calcium intervention.

**Objective 2:** MCHIP with other partners supported GoN for the assessment of CB-NCP program. Editing and formatting of the assessment report was done, prepared print ready copy in earlier quarter.

**Objective 3:** MCHIP coordinated with NHRC in the earlier quarter to conduct a meeting/workshop to follow up the action points/recommendations made in the previous research workshop. During this quarter, MCHIP organized meeting with the H4L team to plan for the follow up meeting and decided to review the earlier recommendations, and to organize meeting between GON, NHRC, USAID, H4L and MCHIP once the chairperson is in place; to agree on the next plans and to move it accordingly. It is decided that H4L will take over the concept once finalized.

## **4. The Way Forward**

**Major activities being planned for the next quarter**

- a. Activities planned in the coming quarter under the calcium pilot includes:
  - Coordinate and follow-up with CARE Nepal regarding calcium tablet handover to FHD for Dailekh district
  - Clean and analyze calcium endline survey results; and prepare report
  - Conduct Calcium dissemination on December 2013
  - Work out the cost effectiveness of calcium pilot, as suggested by USAID
  - Develop calcium pilot process document
  - Organize 4<sup>th</sup> TAG meeting on November to share survey result with TAG members
  - Start process and documentation for MCHIP close out
- b. NA
- c. Conduct follow on meeting of the research workshop, in coordination with USAID, NHRC and H4L

## **5. Annexes**

Annex 1: Appreciation letter from DHO, CDO and FHD for supporting on the calcium supplementation pilot



नेपाल सरकार

स्वास्थ्य तथा जनसंख्या मन्त्रालय

स्वास्थ्य सेवा विभाग

ज.प.क्षेत्रीय, निर्देशनालय

जिल्ला स्वास्थ्य कार्यालय, दैलेख

मिति: २०७०/०१/२६

प.सं.: ०७०/१  
स.नं.: १८७

श्री USAID MCHIP/Jhpiego.

प्रशंसा – पत्र

उपरोक्त सम्बन्धमा यस दैलेख जिल्लामा गार्भोवस्थामा हुन सक्ने प्रि-ईक्लाम्पसीया / ईक्लाम्पसीया बाट हुन सक्ने मातृ मृत्यु रोकथामका लागि क्यालिसियम चक्की वितरण पाइलट कार्यक्रम संचालन गर्न आर्थिक तथा प्राविधिक सहयोग गरी उक्त कार्यक्रमलाई सफल रूपमा कार्यान्वयन गर्न सहयोग पुऱ्याउनु भएकोमा ताहां सस्थाहरुलाई हार्दिक धन्यवाद दिदै यो प्रशंसा-पत्र प्रदान गरिएको छ ।

(डा. बिष्णु गौतम)

जि.स्वा.का. प्रमुख

जि. कार्यालय प्राणेश

(शोभनाथ धरालिया)

प्रमुख अधिकारी

एवं

प्रमुख जिल्ला अधिकारी

(डा. विकरण रेग्मी)

विभिष्ट अधिकारी एवं

निर्देशक

परिवार स्वास्थ्य महाशाखा