

# **MCHIP Nepal**

## **Quarterly Report**

**(October – December 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 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

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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.

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 to December 2013), MCHIP provided support to the Government of Nepal to complete evaluation of calcium supplementation program and to disseminate the findings.

## 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>Entered and analyzed the survey data, prepared survey report</li> <li>Held PE/E TAG meeting on 21 November 2013 to share draft survey report and to get inputs</li> <li>Organized calcium pilot dissemination meeting on 9<sup>th</sup> December 2013</li> <li>Conducted a brief cost analysis of calcium supplementation and shared the findings on dissemination meeting</li> <li>CARE Nepal handed over 10,000 calcium bottles to FHD to support continued supplementation in Dailekh district</li> </ul>	Conduct writing workshop and start preparing the scientific publications
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>Received approval from Child Health Division and started printing process</li> </ul>	Complete printing and handover the printed reports to CHD for distribution
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	<ul style="list-style-type: none"> <li>Waiting for NHRC’s new committee</li> </ul>	Conduct a follow up meeting once the new committee is in place

### 3. Results for the Quarter

#### ***Bullets summarizing Major Accomplishments:***

1. Population, Health and Development (PHD) Group (research agency hired for the independent survey), conducted survey in Dailekh, entered, analyzed and prepared draft survey report to evaluate calcium pilot supplementation program
2. Held 4<sup>th</sup> PE/E TAG meeting on 21 November 2013, to share the draft endline survey report and to get inputs
3. Conducted calcium pilot dissemination meeting on 9<sup>th</sup> December 2013
4. Developed detailed process documentation of calcium pilot
5. Had meetings with CHD, received a printing permission and started printing
6. CARE Nepal handed over 10,00,000 calcium tablets to Family Health Division to continue calcium supplementation in Dailekh district

#### ***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 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: after conduction of survey, data was entered, cleaned, analyzed and prepared draft report. Shared the result of survey on TAG meeting, received inputs from TAG members and shared final results during the dissemination meeting.

Major findings from the survey are;

- Calcium distribution through ANC produced very high coverage of calcium (95% of all women surveyed received calcium).
- Completion rate was high - 67% of women who received calcium taking the full course (150 days) and compliance was high – 99% of women who received calcium reported taking it as instructed.
- RDW, FCHVs and ANC health care providers achieved high levels of knowledge about calcium through this program approach.
- Calcium consumption did not appear to reduce iron consumption, and the majority of women reported taking iron and calcium at different time as advised.
- Calcium distribution is acceptable to ANC providers and feasible to incorporate into their current responsibilities.
- FCHVs are willing to incorporate calcium counseling into their work.

After dissemination meeting PHD group submitted the final report to MCHIP team.

MCHIP shared the updated progress of MCHIP activities especially calcium pilot to Secretary of Ministry of Health and Population on November 2013.

As per request of USAID, MCHIP hired one costing consultant to work out the cost analysis of calcium. He prepared and submitted the report and also shared the brief information on cost during calcium dissemination meeting.

Organized calcium dissemination meeting on 9th December 2013 at Himalaya hotel, lead by FHD . Objective of the meeting was to share the process and results of the calcium supplementation program implemented in Dailekh district. There was a good participation of government and other stakeholders in the dissemination meeting, including academic institutions, INGOs, professional bodies, USAID DC and MCHIP. In total 76 people participated in the program. Jeff Smith from MCHIP presented the Global Evidence for the Use of Calcium for PE/E Prevention, of FHD presented the introduction of the pilot program, Research agency (PHD Group) presented the survey findings and costing consultant presented the cost analysis of calcium. On this meeting, distributed 2 pager of calcium pilot process document and summary of key findings from survey.

MCHIP developed the detailed process document of calcium pilot.

Jhpiego co-ordinated with CARE and FHD for continuation of calcium supplementation in Dailekh district, and CARE Nepal handed over 10,00,000 calcium tablets and 16,000 urine dipsticks to FHD on 29<sup>th</sup> October 2013. Representative from FHD, LMD, CARE and Jhpiego attended the handover meeting. Dr. Kiran Regmi, director of FHD thanked CARE and Jhpiego for their support. As per request from FHD, MCHIP supported to transport calcium from Kathmandu to Dailekh.

**Objective 2:** After receiving approval from CHD, started the process of printing of CBNCP assessment report. Now the report is in the press.

**Objective 3:** We had planned to organize one follow-up meeting with USIAD, NHRC, H4L, however its pending because of not having a NHRC committee in place. We plan to have this once the new committee is formed following the formation of the new government.

## **4. The Way Forward**

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

- a. Activities planned in the coming quarter under the calcium pilot includes:
  - Finalize survey report
  - Organize Journal writing workshop on 10-14 March 2014, and initiate writing scientific article
- b. Complete printing and handover the printed CBNCP assessment report to government
- c. Conduct preparation for research follow up meeting if the NHRC new committee is in place
- d. Initiate documentation and process for MCHIP close out

## **5. Annexes**

Annex 1: Calcium dissemination meeting report

Annex 2: Brief of process document

Annex 3: Brief of finding of survey