

**MCHIP Nepal**

**Quarterly Report**

**(October – December, 2012)**

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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

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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 (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"> <li>• Ongoing calcium supplementation,</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>• Mid-term review meeting at the district</li> <li>• Meeting of the PEE Technical Advisory Group (TAG)</li> </ul>	Continue supplementation on 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>• Reviewed that report prepared by consultant and provided feedback.</li> <li>• Facilitated the workshop to review and finalize the CB-NCP assessment report.</li> </ul>	Print report, 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	<ul style="list-style-type: none"> <li>• No significant activity</li> </ul>	Organize follow-on meeting of the research workshop

### 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 mid-term review of the calcium supplementation pilot, participated by 119 ANC care providers in 4 batches and refreshed them on Pre-eclampsia/Eclampsia, and key aspects of calcium supplementation. Health workers got the opportunity to become clear and confident about issues they had while giving calcium supplementation.
3. Contributed to finalize CBNCP assessment report through active participation and facilitation of the workshop

#### ***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, review meeting, 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 December 2012, a total of 4816 pregnant women already have received calcium. Likewise, meeting of the Technical Advisory Group (TAG) was organized on 2<sup>nd</sup> Nov 2012 to share progress made so far in the pilot and to get inputs on ways ahead. 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.

**Objective 2:** MCHIP with other partners supported GoN for the assessment of CB-NCP program. In this reporting period, reviewed the report and provided feedback and MCHIP facilitated the workshop to review and finalize the assessment report. Report printing is planned 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. There has been a consensus organize a follow on meeting of the research workshop in the coming quarter in consultation with NHRC and USAID.

#### **Other**

MCHIP supported to organize consultative meeting in Nepal for Asia Pacific Leadership and Policy Dialogue for Women's and Children's health on 17<sup>th</sup> Oct 2012, participated by all key stakeholders. This meeting was facilitated by Dr. Steve Hodgins from Baltimore.

## **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
  - Explore funding sources and procure additional calcium needed for one year pilot. A major challenge faced during this reporting period is the anticipated shortfall of calcium to cover the one year supplementation. It's because of the higher number of women coming for ANC and getting calcium than the estimated 60% of expected pregnancies. Hence possible exploration and discussion is already initiated with potential agencies for needed action.
  - Hire research agency to conduct end-line survey of the calcium pilot
- b. Print CBNCP assessment report in coordination with 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
- d. Additionally,
  - Support during Survive and Thrive team visit in Nepal during February 2013 and
  - Support during Lindsay Morgan and team visit in Nepal

## **5. Annexes**

- Not any