

# Country Summary: Nepal

## Period: FY 2012, Quarters 1 and 2



Select Health and Demographic Data for Nepal	
GDP per capita (USD)	498.91
Total Population	26,600,000
Maternal Mortality Ratio (deaths/100,000 live births)	281
Skilled birth attendant coverage	36%
Antenatal care, 4+ visits	50%
Neonatal mortality rate (deaths/1,000 live births)	33
Infant mortality rate (deaths/1,000 live births)	46
Under-five mortality (deaths per 1,000 live births)	54
Treatment for acute respiratory infection	50
Oral rehydration therapy for treatment of diarrhea	45.5
Diphtheria-pertussis-tetanus vaccine coverage (3 doses)	87%
Modern contraceptive prevalence rate	43%
Total fertility rate	2.6
Total Health Expenditure per capita (USD)	69

Sources: Nepal Demographic and Health Survey 2006, 2011; WHO Nepal Country Health Profile

### Major Activities

- Received official approval from the Government of Nepal to pilot calcium for pre-eclampsia prevention among pregnant women
- Procured calcium (a cost share for MCHIP)
- Started an evaluation of the community-based newborn care package (CB-NCP)
- Strengthened maternal and newborn health services and introduce postpartum family planning in support of HealthRight International (A Child Survival Grant)



<b>Program Dates</b>	January 2010- September 2012
<b>PY 4 Budget</b>	
<b>Total Mission Funding to Date</b>	\$800,000
<b>Geographic Focus</b>	Central level, Dailekh district (calcium), Morang district (proteinuria test)
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## Program Year 4, Quarters 1/2: Achievement Highlights

### ***Objective 1. Provide technical assistance on calcium supplementation for prevention of PE/E***

- Received official Ministry of Health and Population approval (*tippani*) for the calcium pilot to be conducted in Dailekh district
- Ordered calcium for the pilot which is being especially manufactured for MCHIP, using funding from Jhpiego corporate funds (non-USAID funding). Securing a low-cost supply of calcium has been a significant hurdle for the calcium pilot and one that was finally solved in this reporting period.
- Received the Nepal Health Research Council (NHRC) approval for the pilot proposal
- Developed the pilot proposal for submission to the Johns Hopkins University and incorporated comments from USAID
- Conducted detailed planning for district implementation
- Met with various health and nutrition donors and stakeholders to build support for the calcium pilot and potential scaleup

### ***Objective 2. Develop an affordable reliable test to detect PE/E at community level***

- Continued to validate the point-of-care proteinuria test, using USAID Development Innovation Venture (DIV) funds. Based on the findings from the first 3 steps of the proteinuria validation study that were funded by MCHIP/Nepal, a small study (Step 4) was designed in three village development committees (VDCs) in Morang district. The DIV-funded phase mobilized female community health volunteers (FCHVs) to teach pregnant women how to use the self-test. Due to over-sensitivity of the test, the study was halted in the first two weeks for further investigation. A separate report has been shared with USAID, NHRC and the JHU IRB. Once the laboratory investigations are completed, next steps to conduct and complete Step 4 will be discussed.

### ***Objective 3. Support implementing partners for advocacy, evaluation documentation, and dissemination of evidence-based MNCH/FP interventions at national level***

- Started an evaluation of the community-based newborn care package (CB-NCP). This package was developed by Saving Newborn Lives/Save the Children under the leadership of the Child Health Division of the Ministry of Health and Population to address the high and stagnant rates of newborn mortality. CB-NCP has been piloted in 10 districts. In 2011, USAID, UNICEF and Save the Children agreed to jointly support an evaluation of the pilot so it could be validated, revised and finalized for further scaleup. Given the recent 2011 DHS findings that neonatal mortality remains at 33, the need for an evidence-based CB-NCP nationwide is compelling.
- Hired the CB-NCP evaluation consultant Bob McPherson who has worked since August 2011 to lead the evaluation process, including visiting Nepal in March 2012 to complete the qualitative study analysis.

- Renewed discussions with FHD and CHD in coordination with NFHP II and Save the Children on the continuum of care and the need for integration of services and trainings—as well as the implications on HMIS, logistics, etc.

***Objective 4. Support capacity building to institutionalize research for decision making to improve health outcomes***

- Following the research workshop in September led by NHRC with USAID support, a set of priorities were drafted. Discussions with NHRC, USAID and other stakeholders has not progressed to identify subsequent activities.

***Other***

MCHIP has successfully provided technical assistance as requested by HealthRight International (HRI), a child survival grant recipient. MCHIP introduced the performance improvement of maternal and newborn health services in all health facilities in Arghakanchi district in Summer 2011. In this reporting period, MCHIP staff provided followup support with the HRI team to facilities to help assess their progress, as well as conducted postpartum family planning training (see Annex for more details)

**Priorities for Quarters 3/4**

- Conduct the district orientation in Dailekh for the calcium pilot
- Launch calcium pilot through a series of trainings for health workers and FCHVs and distribution of calcium to all pregnant women
- Complete the CB-NCP evaluation and report

**Success Story/Personal Narrative**

**MCHIP Provides Technical Support for HealthRight in Nepal**

HealthRight International (HRI) is supporting Arghakanchi’s District Health Office (DHO) to improve reproductive health services in Arghakanchi district via the USAID-funded Partnership for Maternal and Neonatal Health program since 2010 and the Integrated Family Planning project since June 2011. MCHIP provided technical assistance in a number of areas:

**1. Maternal and Newborn Care Quality Improvement (MNC-QI)**

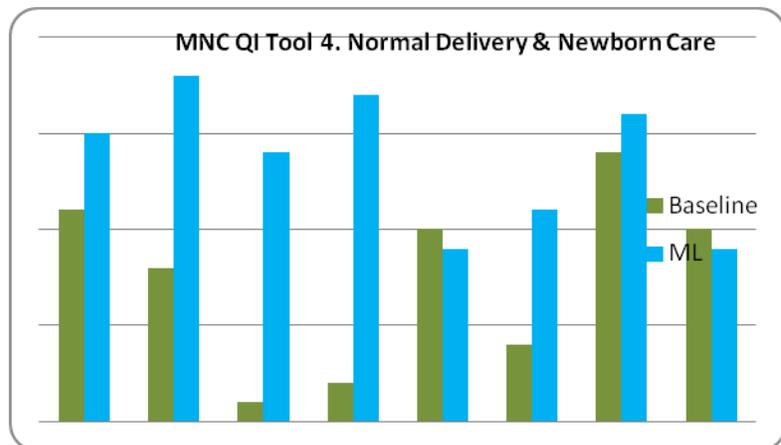
One of the key interventions of the HRI project is to improve the quality of family planning (FP) and maternal and newborn care (MNC) services at different level health facilities. The project initiated the Maternal and Newborn Care Quality Improvement Tools (MNC-QI) for service delivery and SBA in service training (NHTC 2009) in 8 health facilities (1 district hospital, 1 primary health center, 4 health posts and 2 sub health posts) to improve the quality of existing FP and MNC services.



A series of meetings with HealthRight, JHPIEGO, MCHIP and USAID took place to discuss the process of MCHIP technical support to HealthRight for FP and MNC service improvement. With technical support of Dr. Kusum Thapa and Geeta Sharma, MCHIP led a 6-day training for the 18 nurses and doctors of the 8 health facilities from 6-11 July 2011. This 6-day workshop was designed to orient health workers on the MNC QI process, conduct a participant-led assessment of their own health facilities, identify gaps, analyze causes, and develop a plan of action for interventions. Based on the findings, participants developed a plan of action to address identified gaps.

The first follow-up of this process was conducted 10-16th January 2012. Progress in the plan of action developed by participants

in the first workshop was shared by each participant. After a group discussion, participants returned to their own health facility to conduct a second assessment using the same MNC-QI tool. Out of 8 health facilities, Dr. Kusum from MCHIP and HealthRight were able to visit 7 health facilities to provide site-specific technical advice on



clinical setting, work division between skilled birth attendants (SBA) and non-SBA, complication management and referral. Health workers and the DHO team found the visit very useful. At the end of the workshop, participants analyzed the findings by comparing them with the baseline and developed a plan of action to address the remaining issues.

During the workshop period MCHIP supported the District Hospital to manage three complications of obstetric cases (management of post-partum hemorrhage [PPH], guided caesarean section and MVA for post abortion care) as per the DHO's request. Health workers expressed their appreciation by explaining that "we would have had to refer patients if we did not have Dr. Kusum's support on time."

## 2. Postpartum Family Planning and Postpartum Intrauterine Contraceptive Devices Training to SBAs of Arghakhanchi District, Nepal

While implementing the MNC-QI process in Arghakhanchi, project staff realized that there was a need for postpartum family planning services to complete the package of family planning services available in the district. The DHO, HealthRight and MCHIP agreed to provide training to nurses who completed SBA training and were conducting deliveries at their health facility. The proposal was shared with National Health Training Centre (NHTC) who decided to conduct the training at Koshi Zonal Hospital, one of the best training centres in the country.



HealthRight organized a 3-day Postpartum Family Planning and Postpartum Intrauterine Contraceptive Devices Training for eight nurses of Arghakhanchi district at Koshi Zonal Hospital, Biratnagar. The training was conducted based on the NHTC training curriculum. MCHIP's Dr. Kusum Thapa was fully involved in the 3-day training session along with other trainers. Dr. Kusum played a substantial role in making this training successful by assisting in selecting sites and trainers, conducting preparation meetings, and coaching trainees on IUCD insertion for postpartum women.



**Country:** Nepal

**Reporting Period:** October 2011-March 2012