

Quarterly Report for MCHIP Nepal Programs (2011)

- I. **INTRODUCTION** – *This will include a brief overview of the MNCH situation and MCHIP's role in the country. It should include the approximate date our activities started and briefly describe the problems we are addressing and the geographic scope of our work. It may also include a map and key indicators, if these help in understanding MCHIP's work. It may also include a brief summary of MCHIP's significant past achievements in the country.*

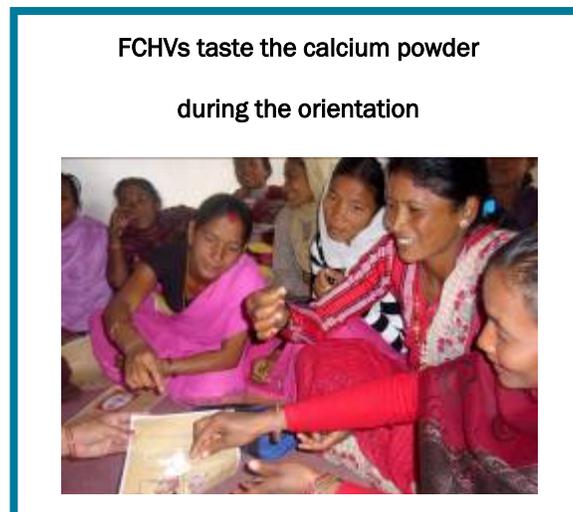
The goal of USAID's Maternal and Child Health Integrated Program (MCHIP) is to scale up evidence-based, high impact maternal, newborn and child health (MNCH) including family planning (FP) interventions toward reductions in maternal and child mortality. The MCHIP program started in Nepal in 2010 with the aim to continue to improve the health of mothers and newborns of Nepal in support of Government of Nepal (GoN) policies and priorities. MCHIP/Nepal continues some of the work initiated during the ACCESS Program and adds some new initiatives. The MCHIP/Nepal activities contribute to the global MCHIP results framework—innovative, effective and scalable community-oriented strategies that deliver integrated high impact interventions to vulnerable populations designed, implemented and evaluated by Private and Voluntary Organizations (PVOs)/Non-governmental organizations (NGOs) (sub-objective 3 of MCHIP result framework). Key partners include the Ministry of Health (MoH), Family Health Division (FHD), and the current USAID bilateral Nepal Family Health program (NFHP).

- II. **MCHIP PROGRAM OBJECTIVES AND KEY ACTIVITIES** – *This section should state the objectives that have been laid out in the country workplan and provide a quick review of the activities being implemented and/or are planned to achieve each one.*

The original program description from USAID/Nepal supported three main objectives over 21 months (January 2010–September 2011). After nine months of implementation in 2010, these three activities continue into this PY3 workplan with an additional objective addressing the unmet need for family planning with newly-added family planning funds. The program objectives are listed below:

1. **Provide technical and financial assistance for the ongoing calcium supplementation pilot.** For Pre eclampsia/eclampsia (PE/E) prevention particularly at the community level, MCHIP/Nepal with FHD is introducing calcium supplementation for pregnant women.
 2. **Provide technical and financial assistance for proteinuria test pilots.** For PE/E screening and diagnosis that is not routine during ANC in Nepal and many other developing countries, MCHIP will test the proteinuria kit through a series of laboratory, clinical and community studies.
 3. **Document necessary policies and programs based on the evidence of current and upcoming initiatives by NFHP II, including calcium, proteinuria and safe motherhood services in remote areas.** MCHIP will work with NFHP and other implementing agencies to identify key opportunities for integration as well as documentation of community based maternal and newborn health initiatives.
 4. **Provide technical assistance for strengthening and integrating PFP and PPIUCD services in routine MNCH care**
MCHIP will demonstrate a successful PFP/PPIUCD service delivery model at two sites which can become training sites to further expand these services.
- III. **RESULTS FOR THE QUARTER** - *This section should provide a quick summary of results during the past quarter (bulleted format) and a short narrative.*
1. **Provide technical and financial assistance for the ongoing calcium supplementation pilot.**

- Finalized the report on the Acceptability and Compliance of the calcium supplementation in pregnant women in two village district committee's in Banke district. Key findings of the study include:
 - Women were interested in taking calcium, with a majority (73%) reporting they would accept any form of calcium if they could not get the preferred form.
 - When given a choice, women preferred tablets to powder by a ratio of more than 4 to 1.
 - Compliance was very good, with over 70% reporting they missed no doses. It would perhaps have been higher if both iron and calcium supplements were taken at the same time.
 - Over 95% of women reported they would take calcium in their next pregnancy and would recommend calcium to other pregnant women.
- The abstract for the calcium acceptability and compliance study was accepted for the "Unite for Sight" conference in April 2011.
- Received approval from the Director General of Health to move forward with district wide calcium pilot.
- Initiated discussions with Unicef Nepal, PSI Nepal, and Plan Canada for calcium procurement for the district pilot.
- Completed the study design on the effects of counseling women to take antenatal calcium and iron separately
- See the BCC materials attached in Annex A for the study



2. Provide technical and financial assistance for proteinuria test pilots.

- Received additional funds in the sum of \$100,000 from USAID through the Development Innovative Ventures (DIV) initiative to supplement the MCHIP led proteinuria study in Nepal
- Identified and completed site preparation for the step 3 for proteinuria study which is going to be implemented at the Koshi Zonal Hospital.

3. Documentation of policies and programs on integration of Community based Maternal and newborn health

- Initially planned for MCHIP to serve as an advocating body for policies and program integration on community based MNH, advised by the mission to play more of a coordinating and documenting role. Currently revising the program component to align with the mission expectations.

4. Strengthening and integrating PFPF and PPIUCD services

- Identified Paropakar Maternity Women's Hospital (PMWH) as one of the model training sites.
- Initial assessment of existing BCC materials for increasing client case load is underway.
- USAID mission requested changes in the design of this component, currently finalizing the program design.

IV. **THE WAY FORWARD** – *This final section should briefly state what major activities are planned for the next quarter. It should also briefly discuss any challenges faced during the previous quarter and describe the ways that these will be overcome in the coming months. In this section, you should make it a point to address any issues that have been raised locally by the Mission as needing attention or having priority. This is also the place to explain any significant changes in strategy and the reasons behind them.*

1. **Provide technical and financial assistance for the ongoing calcium supplementation pilot.**
 - Identify resources for calcium procurement
 - Initiate calcium pilot study in at least one district
 - Submit the research protocol on the effects of counseling on calcium iron absorption to the US and local IRB
 - Challenges
 - The district pilot study was on hold by the Ministry of Health, and was recently approved, after consistent advocacy and follow up with the Ministry
 - Finding source for procurement of calcium tablet for the district level roll out has been a challenge. Currently in discussion with other CAs and Unicef on sourcing calcium.

2. **Provide technical and financial assistance for the proteinuria study**
 - Analyze the data from step 1 and step 2, laboratory components of the proteinuria study and finalize the report
 - Initiate the step 3 or rural clinical component of the proteinuria study
 - Prepare for the step 4 or the community component of the Proteinuria study
 - Challenges
 - Proteinuria kit design to be refined that may cause some delay in implementation of step 3.

3. **Document necessary policies and programs on integration of community based maternal and newborn health initiatives**
 - Finalize the design of the program component
 - STTA by Steve Hodgins to facilitate the workshop for MNCH integration
 - Challenges
 - Revision of the program design may cause some delay in implementation

4. **Provide TA for strengthening PFP and PPIUC services**
 - Finalize the program design for the PFP and PPIUC component.
 - Initiate the intervention to increase client case load at the selected clinical site
 - PPIUCD training for providers at the selected clinical site
 - Challenges
 - Revision of the program design may cause some delay in implementation

5. **General/ Management**
 - Finalize the workplan, currently responding to the changes requested by the mission in late December 2010.
 - Hire part-time MNH technical advisor as well as M&E specialist in the next quarter.

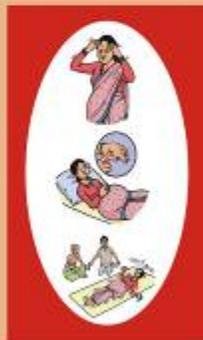
Appendix A. BCC Materials Used During the Study

Information Sheet

Use of Calcium during pregnancy

Why to take calcium?

During pregnancy calcium helps keep women healthy—reducing the chance of developing danger signs that threaten her life and that of her baby. A pregnant woman can sometimes experience severe headache, blurred vision, edema (swelling) of hands and feet, stiffness of body, muscle pain and loss of consciousness—which are the danger signs. We called this condition as pre-eclampsia/eclampsia. We can reduce the risk of developing these danger signs with the regular use of calcium.



Note: If any pregnant woman taking calcium develops any danger signs, visit health facility immediately.



When and how much to take calcium?

- As soon as you start the fifth month of pregnancy, take calcium once a day for 5 months.
- It is safe and effective.
- It can be found in tablet and powder form.
- Both forms are equally effective.
- It helps the health of mother and baby.
- Drink water more than usual throughout the day when taking calcium.

Where can you receive calcium?

- Female Community Health Volunteers.

How to keep calcium safely?

- Calcium should be stored safely in cool, dry place and prevent exposing to direct sunlight.



BCC Materials for Calcium Tablets



- Always use one tablet daily from the fifth month of pregnancy and continue for 5 months.
- This can help reduce the risk of danger signs.
- Drink more water than usual throughout the day when taking calcium.

Visit your health facility if you develop any danger signs.



