

Improving utilisation of maternal and newborn health care services in remote areas

from Taplejung District of Nepal

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Outline of Presentation

- Context
- Objective
- Methods
- Results
- Conclusion
- Bibliography

Context

- ❑ Maternal Mortality Ratio decreased from **539**/100,000 live births in 1996(NHFS) to **258** in 2015 (WHO)
- ❑ Inadequate attention in improving maternal and newborn health services in remote or mountainous areas of Nepal.

Inequalities in service coverage and health outcomes (NDHS 2011)

Indicators	Terai	Hill	Mountain
Newborn mortality rate	35	33	46
Caesarean section rate	9.7	8.9	1.7
		Urban	Rural
4 antenatal care visit		72%	48%
Institutional delivery		71%	32%
Institutional delivery coverage by distance (Regmi et al., 2013)	District head quarter	<8 hrs. travel	>8 hrs. travel
	49%	25%	20%

Context



Objectives

Whether a **supply-side interventions** of health facility level and **district-wide interventions** would result in improved use of MNH services when compared with the same combined with demand-side community interventions.

Methods

Study design:

- Quasi-Experimental Design

Data collection:

- Surveys
- Key informant interview

Sampling method:

- Stratified two stage cluster sampling

Methods - Program designing

Cluster "A"

**District-wide
interventions**

Cluster "B"

**District-wide
interventions**

+

**Supply-side
interventions**

Cluster "C"

**District-wide
interventions**

+

**Supply-side
interventions**

+

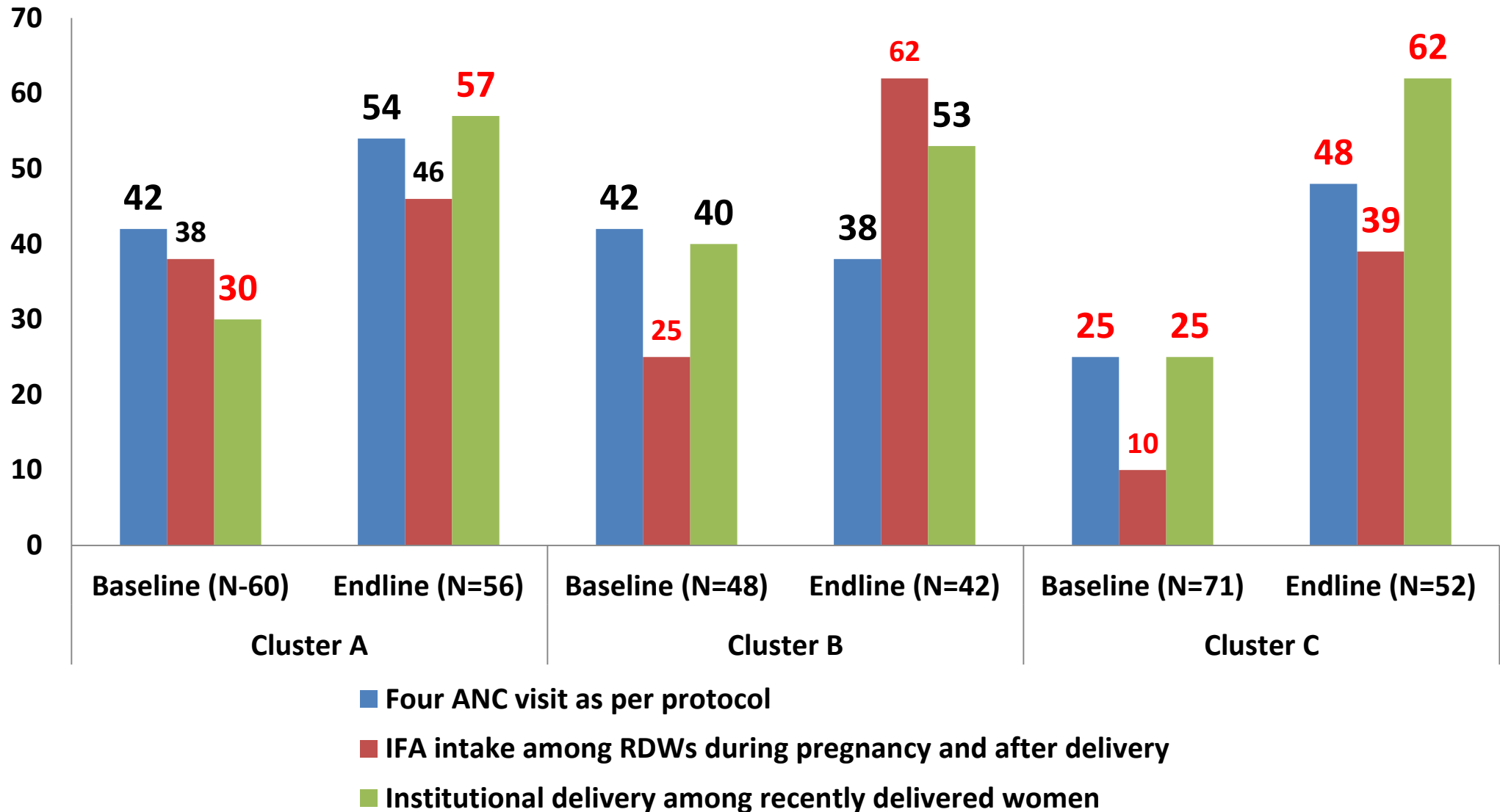
**Demand -side
interventions**

Progress evaluation based on result framework: Outcomes

1. Increased and more equitable use of MNH services
2. Increased adoption of healthy maternal and new born health practices
3. Reduced cultural and economic barriers to accessing maternal and new born health care services

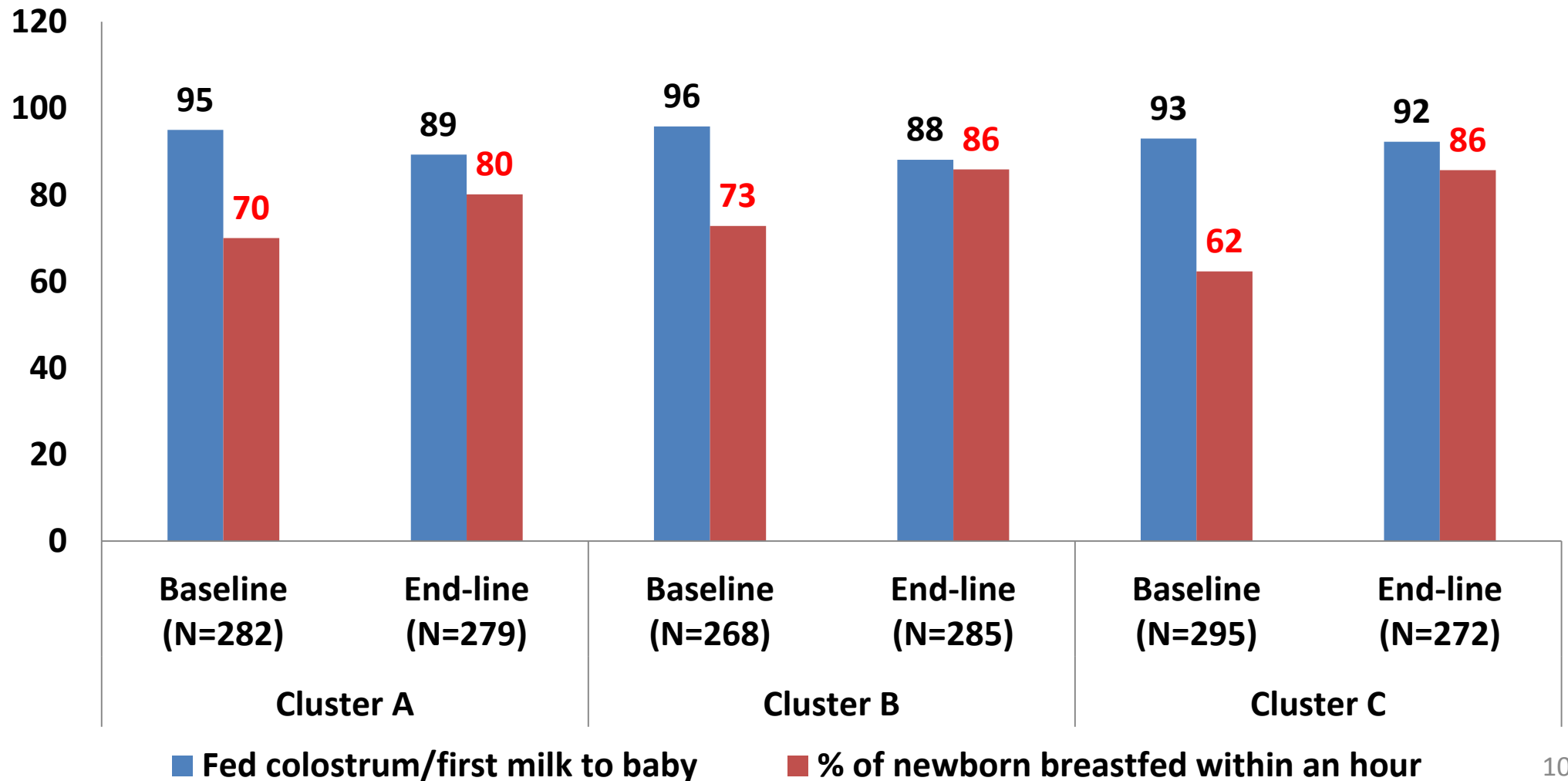
Results on *outcome 1*: Increased and more equitable use of MNH service

% of pregnant women attending 4ANC, receiving IFA and Institutional delivery



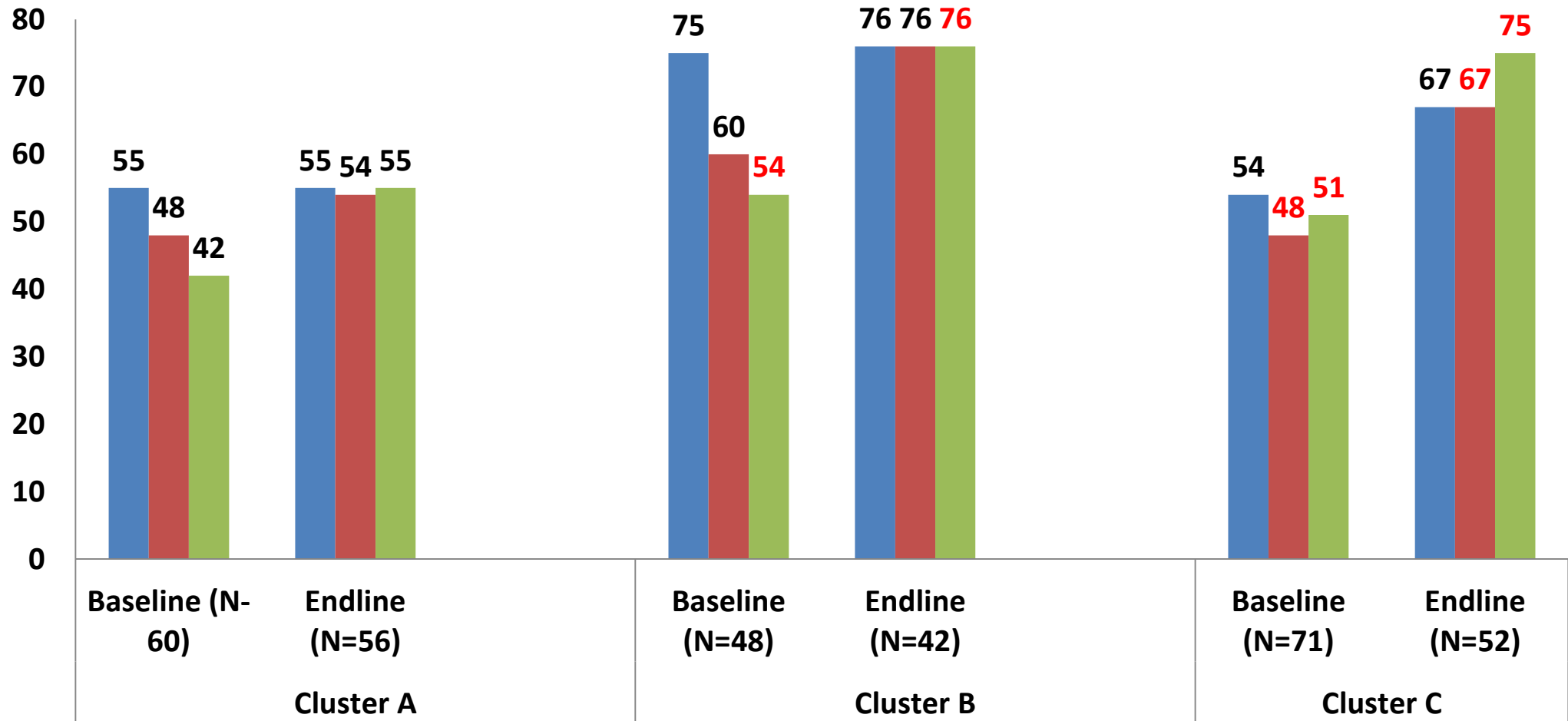
Results on *outcome 2*: Increased adoption of healthy maternal and new born health practices

Proportion of newborn with colostrum fed and breastfed within an hour



Result on outcome 3: Reduced cultural and economic barriers to accessing maternal and new born health care services

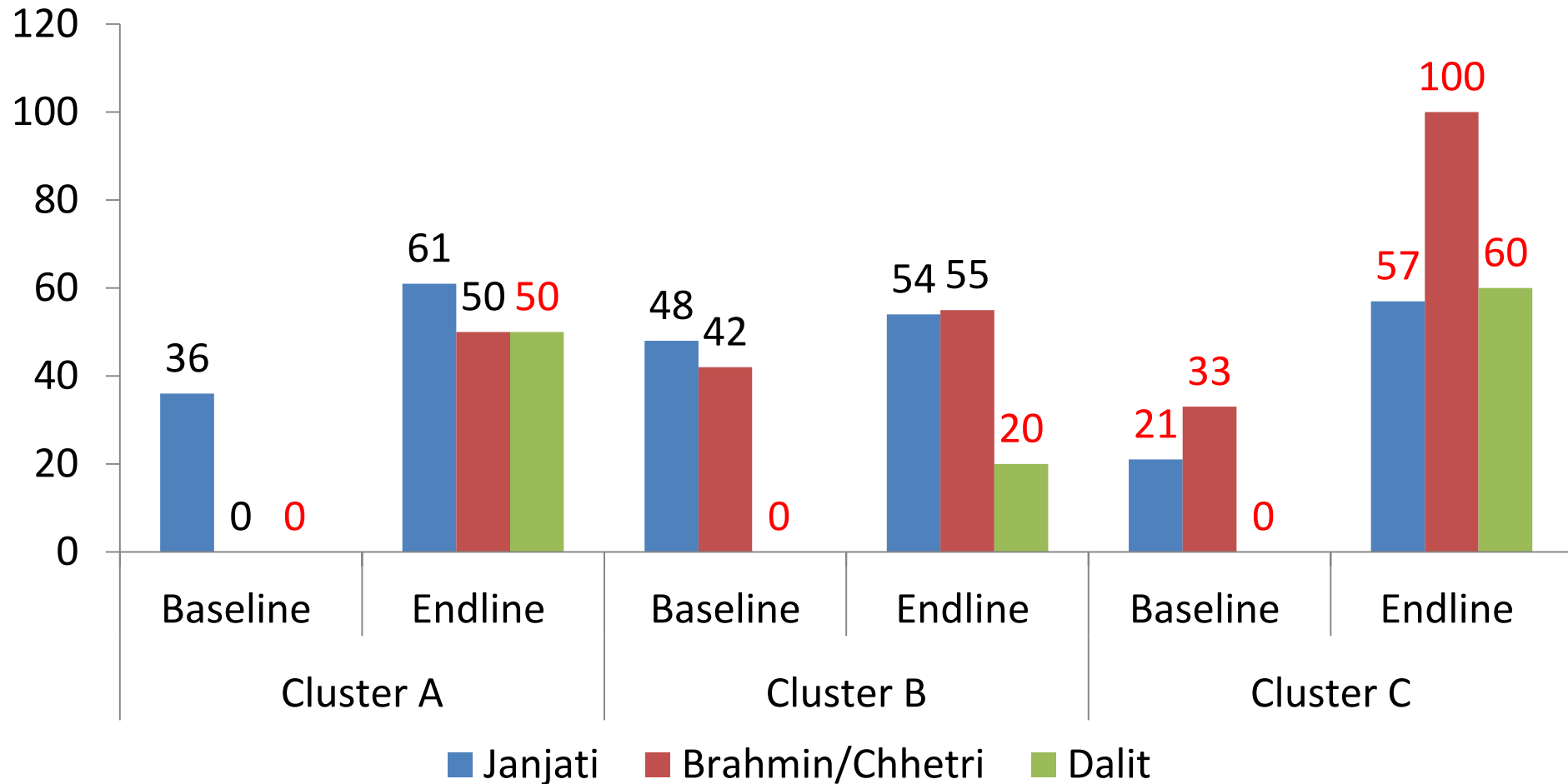
% of recently delivered women having birth preparedness practices



- Discuss with HW for place of delivery
- Discuss with family who would accompany to HF
- Discuss with family who would be companion at birth

Result on outcome 3: Reduced cultural and economic barriers to accessing maternal and new born health care services

% of delivery in health facility by caste/ethnicity



Summary findings

- All MNH services (4ANC, IFA and HF delivery) has been significantly increased in cluster “C” from baseline to end line.
- Healthy practices of new-born breast feeding within an hour has significantly increased in all 3 clusters although cluster “C” has greater degree of change.
- The birth preparedness practices on accompany to HF and companion at birth had significantly increased and greater degree of change in cluster “C”.
- Percentage of delivery at HF has increased in all 3 ethnic groups in all clusters but greater degree of change found in cluster “C”.

Conclusion

Both demand-side and supply-side combined package of intervention has greatest improvement in use of maternal and new born health services in remote areas.

References

- GoN (2013). Government of Nepal-External Development Partner (EDP) Aide Memoire 2013. Kathmandu: Government of Nepal.
- HEART (2013). Nepal Health Sector Programme-II (NHSP-II) Mid-term Review (February 2013). Kathmandu: Health and Education Advice and Resource Team.
- HERD (2015). Monitoring Plan: Remote Areas Access to Maternal Neonatal Health (February 2015). Kathmandu: Health Research and Social Development Forum.
- MoHP, New ERA and ICF International Inc. (2012) *Nepal Demographic and Health Survey 2011*. Ministry of Health and Population, New ERA, and ICF International, Calverton, Maryland: Kathmandu, Nepal.
- NHSSP (2014a). Remote Areas Maternal and Newborn Health Pilot Project (RAMP): Proposal (to DFID). April 2014. Kathmandu: Nepal Health Sector Support Programme.
- NHSSP (2014b). Remote Areas Maternal and Newborn Health Pilot (RAMP) Design Document. June 2014. Kathmandu: Nepal Health Sector Support Programme.
- NHSSP (2014c). RAMP Equity and Access Pilot Programme Taplejung Guidelines (in Nepali) (July 2014 final version). Kathmandu: Family Health Division.
- NHSSP (2014d). Remote Area EAP Pilot Taplejung: First Review Workshop Report (November 2014). Kathmandu: Nepal Health Sector Support Programme.
- NHSSP, FHD and Management Division (2014). The Development and Implementation of a Quality Assurance and Improvement System and Its Monitoring Framework (NHSSP PD 10). Kathmandu: Nepal Health Sector Support Programme, Family Health Division and Management Division.
- Regmi K, S Upreti, M Dar lang, HN Subedi, DP Prasai, KB Dahal, C Jha, S Aryal, S Rajbhandari, R Phillipson, S Keeling, A Dembo Rath and D Thomas (2013). A Study on Access to Maternal, Neonatal, and Child Health Services in Remote Areas of Nepal: consolidated report of findings. Kathmandu: Family Health Division and Nepal Health Sector Support Programme.
- Suvedi, BK, A Pradhan, S Barnett, M Puri, S Rai Chitrakar, P Poudel, S Sharma and L Hulton. (2009). *Nepal Maternal Mortality and Morbidity Study 2008/2009: Summary of Preliminary Findings*. Kathmandu: Family Health Division, Ministry of Health.