

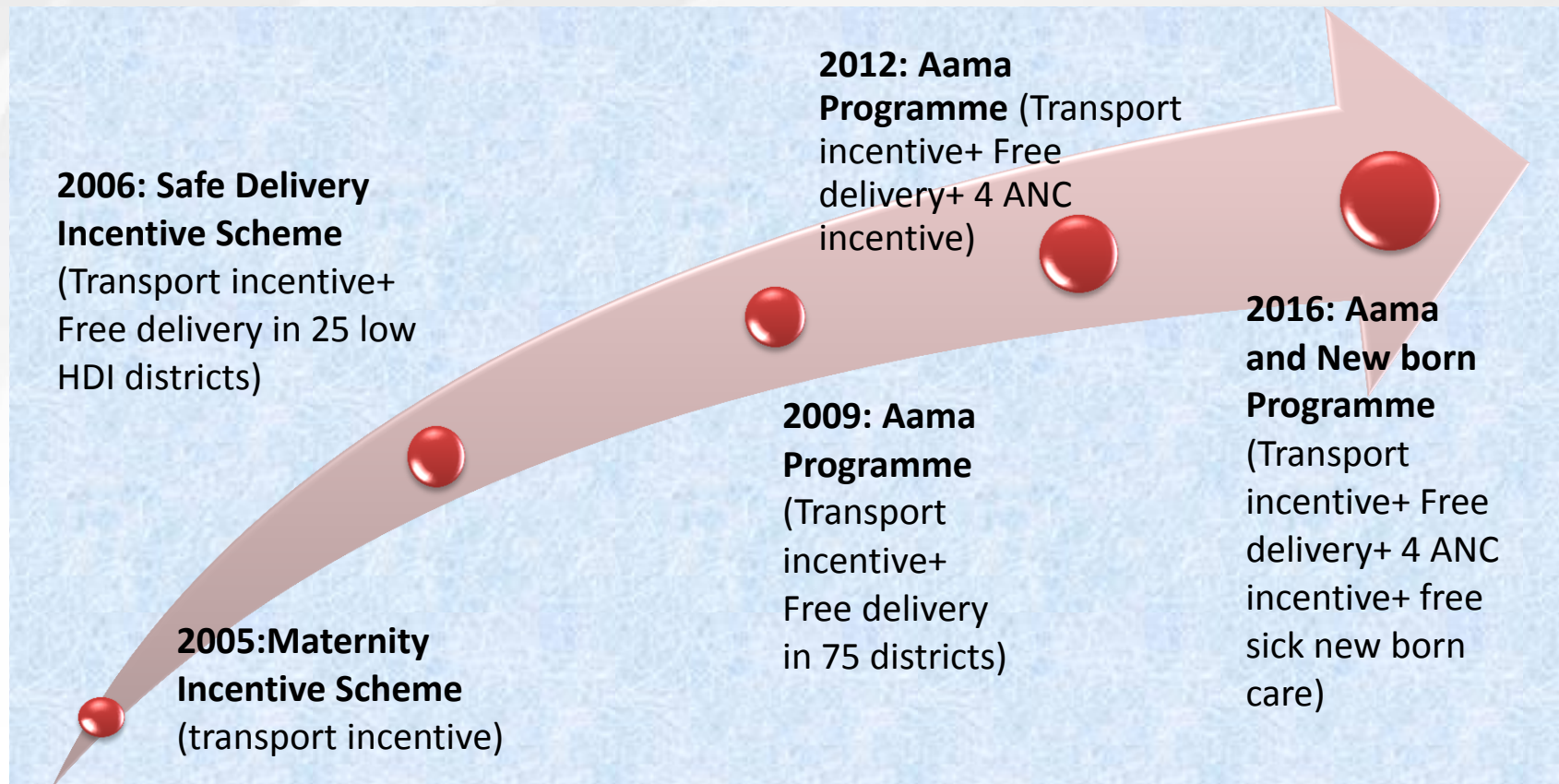
Aama Programme - A Programme for Nepali Women



Background

- Coping with the Burden of Cost of Maternal Health Study (2003) identified:
 - financial barrier as principal obstacle to women accessing delivery services; and
 - transport costs were the major contributor.
- Aama Surakchhya Program introduced to reduce financial barrier and increase institutional delivery

Policy Update and Uptake : Possible after 2015 EQ



What is Aama?

1. Incentive to women who deliver in an institution and ANC

Amount (NPR)	Geographic Terrain
1,500	Mountain
1,000	Hill
500	Tarai
400	4ANC

2. Unit cost to health facilities

Amount (NPR)	Condition
type 1,000	<25 beds for ND
1,500	> 25 beds for ND
3,000	Complicated delivery
5,000	RH-Anti-D
7,000	CS

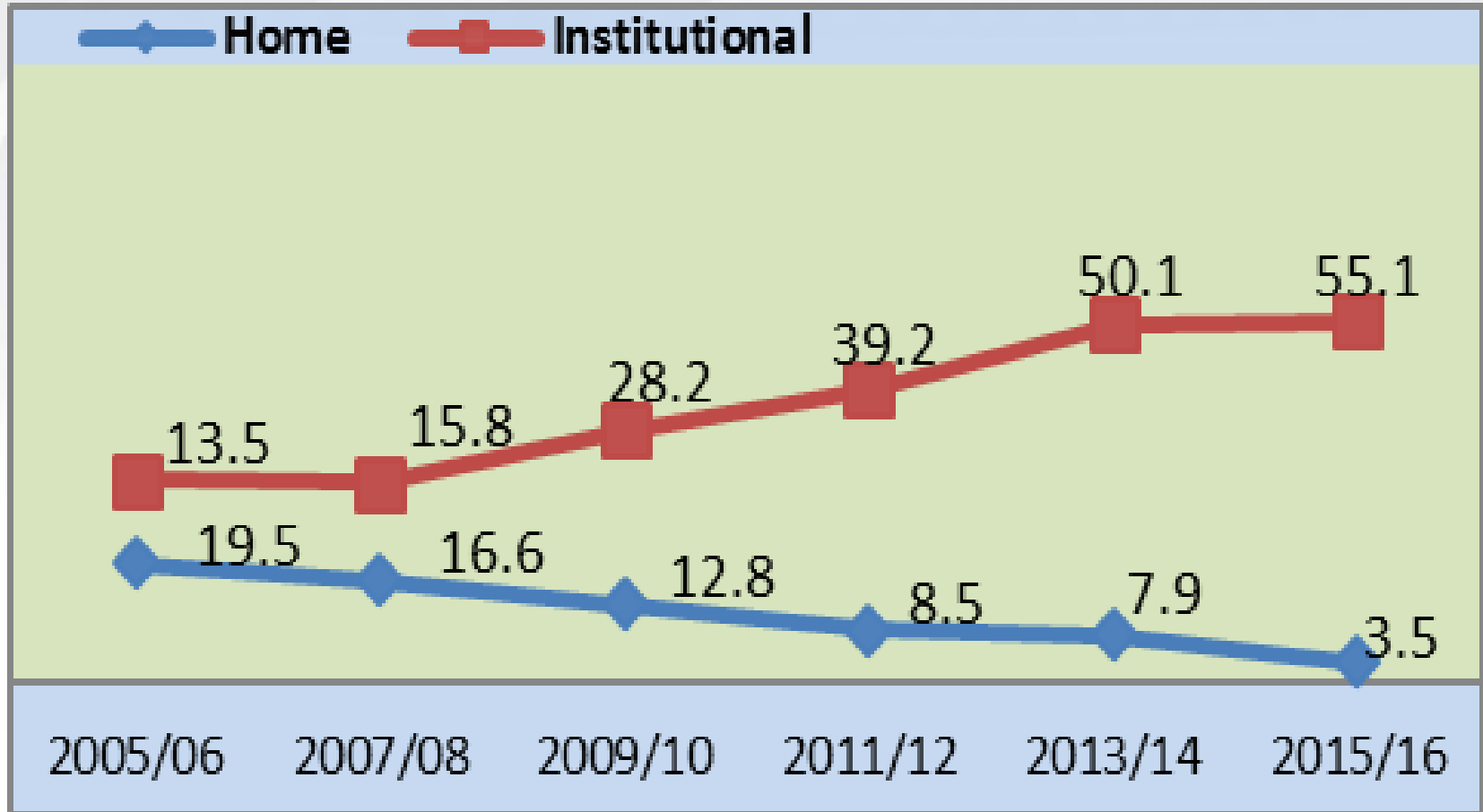
3. Incentive to health workers

- ***NPR 300 for each delivery (normal, complicate and CS)***

4. Unit cost to health facilities reimbursed by package of sick new born care

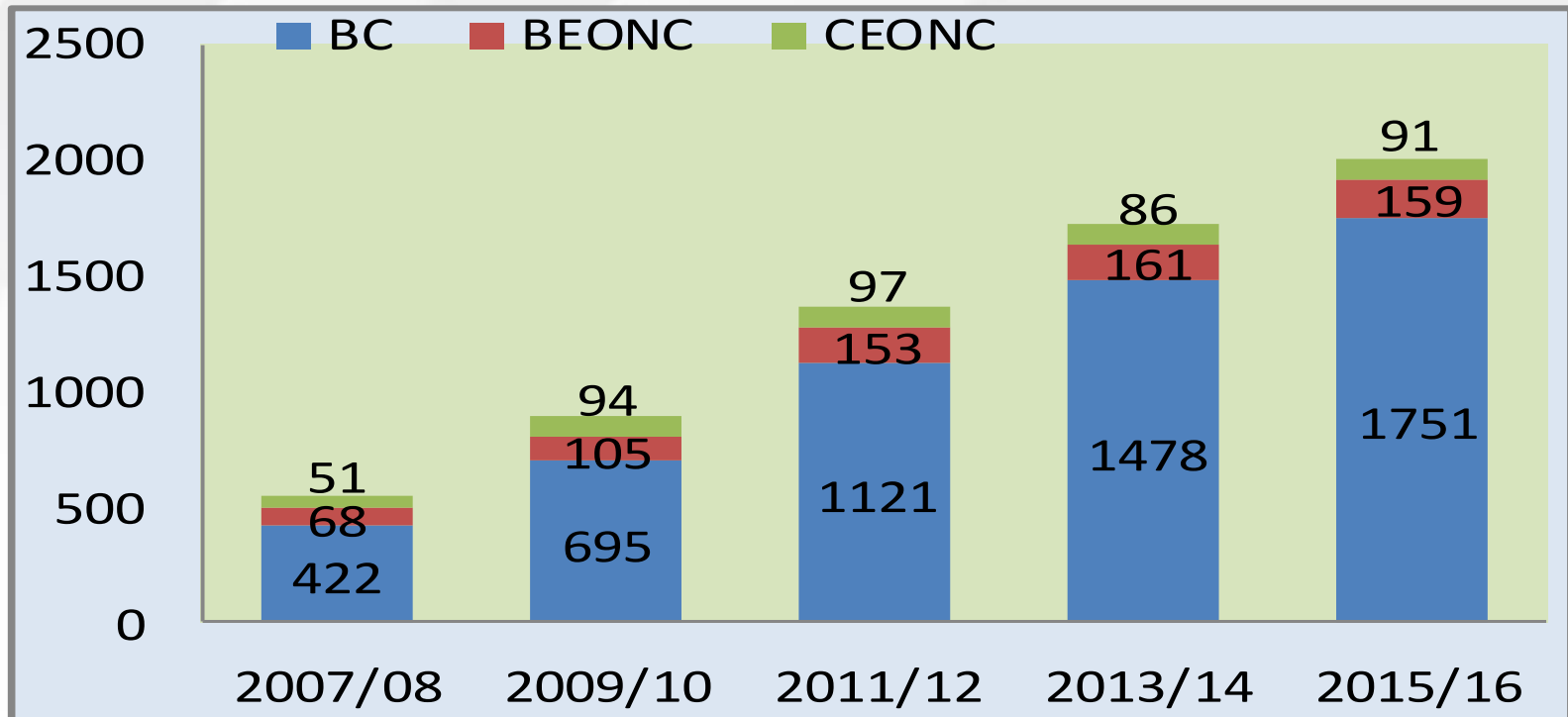
Package	NPR
Package A	1,000
Package B	2,000
Package C	5,000

Increasing Institutional Delivery

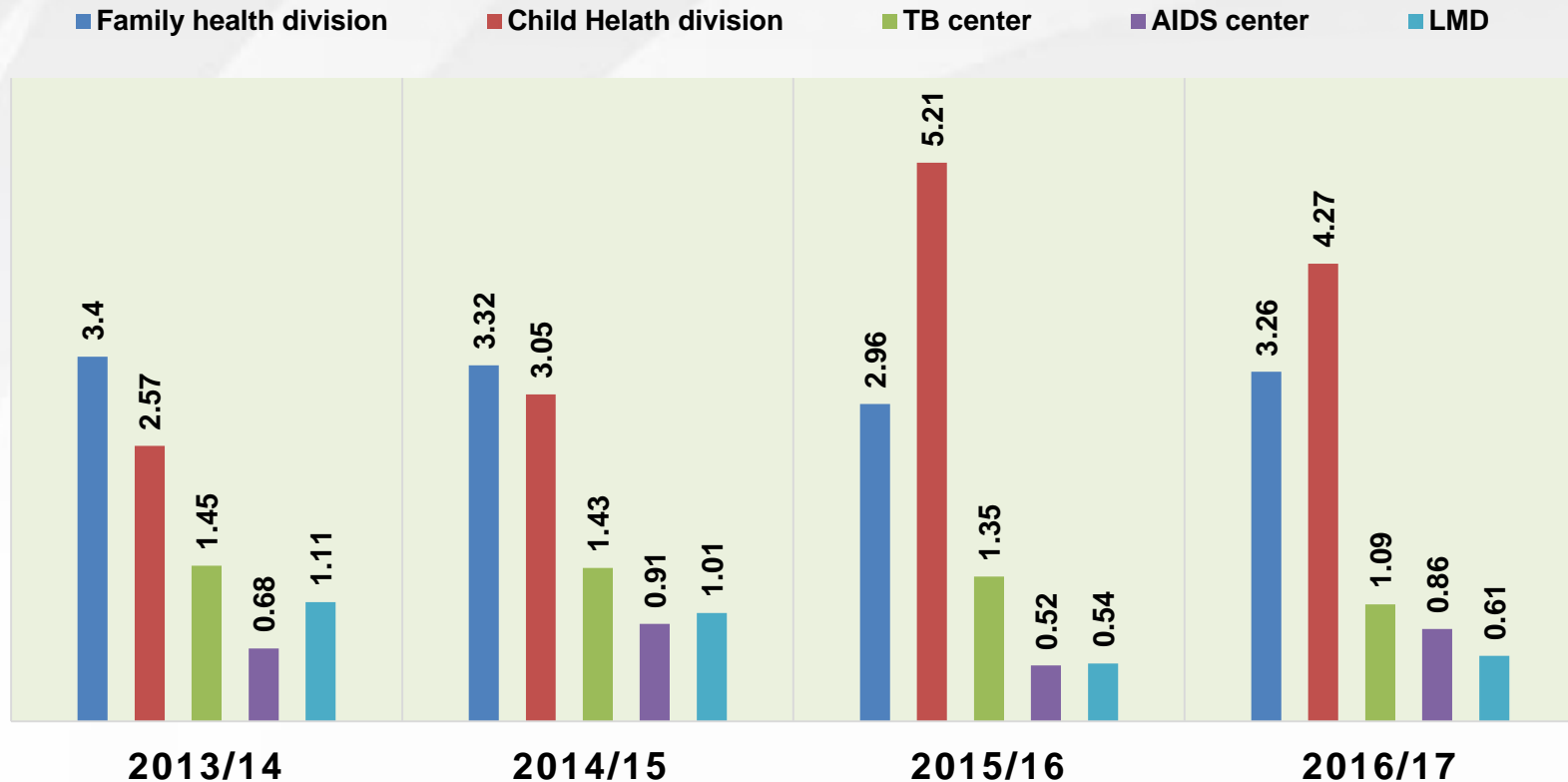


Source: DoHS, Annual Report 2005/06-2015/16

Bringing 24/7 delivery services closer to women- After EQ



Challenges in Securing Budget- Aama is Exceptional

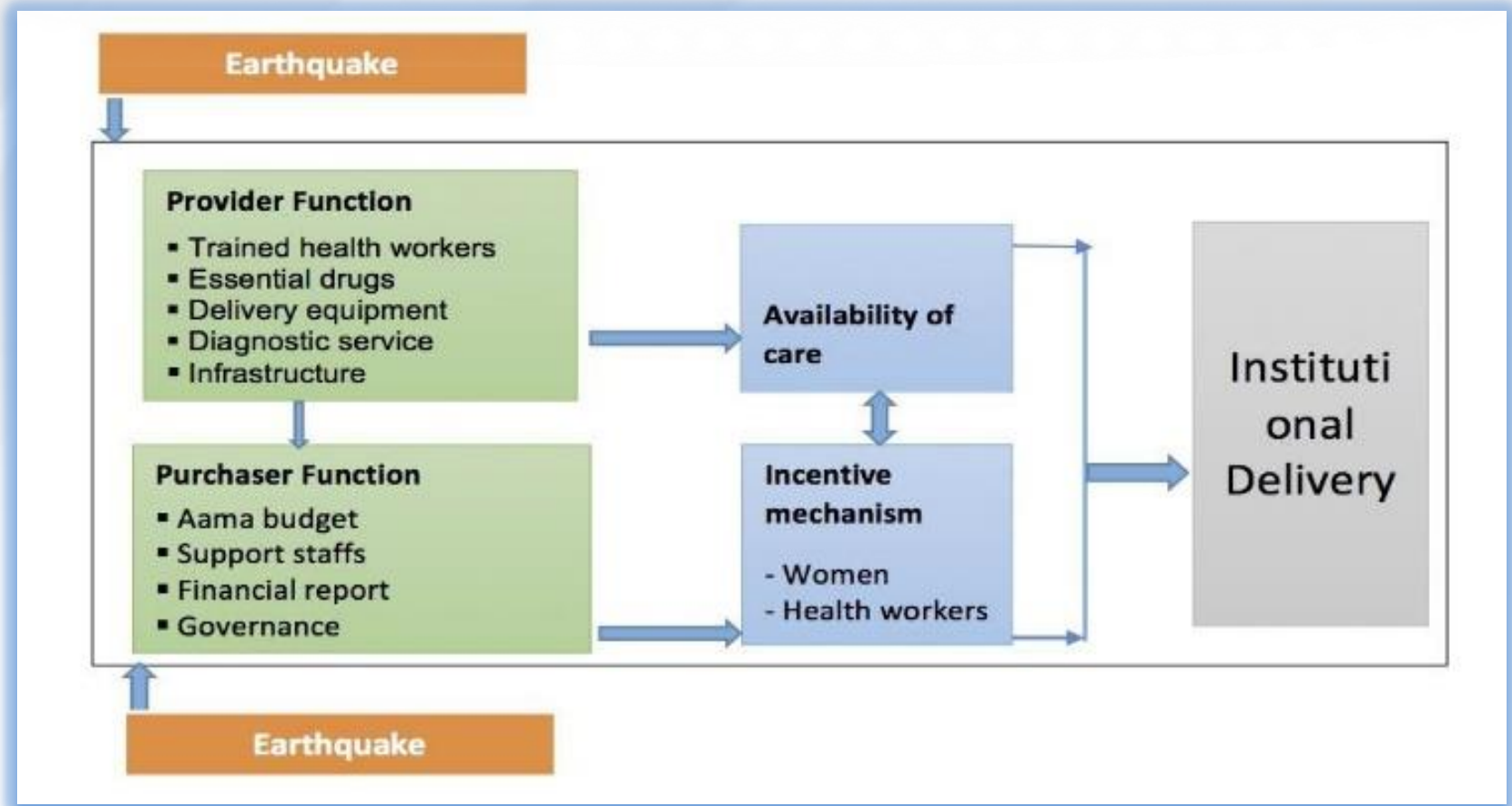


Source: GoN, Red Book 2013,14,15 and 16

Progress Made During Earthquake

- Functionality assessment of Aama Programme in 14 earthquake affected districts
- District level planning prepared for Dolakha, Ramechhap and Sindhupalchowk
- Supported Rapid Assessment of Aama Programme round IX
- Aama Programme budget and expenditure tracking module included in TABUCS

Functionality Assessment of Aama in 14 EQ districts



Lessons Learned

- Policy update and uptake is possible in volatile uncertain, complex and ambiguous situations
- Commitment to implement Aama at lower level facilities increased after the EQ
- Budget for Aama not compromised after EQ

Lessons Learned

- Non fund freezing policy included in Aama guidelines validated post-EQ
- Aama programme balance funds available in local health facilities were used to support pregnant women in most EQ affected districts
- Securing financial resources is possible from Ministry of Health - results count!

Way Forward

- Re-design Aama in federalism (central, provincial and local level)
- Integration of demand side financing schemes
- Harmonise Aama in broader social health protection framework
- Integrate Aama with national social health insurance framework



We (women) nowadays have more benefits than ever before...we receive incentive for transport, free delivery care, clothes for babies...there were no such provisions in my mother's/mother in law's time! I also received transport incentive and free care after the devastating Earthquake

-A woman from Dolakha

Thank You!