



# Essential Health Care Services

# Outline of Presentation:

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- Objectives
- Approaches
- Achievements
- Lessons learned

# Objectives:

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- Functional Comprehensive Emergency Obstetric and Newborn Care (CEONC) services restored, sustained and expanded, especially in districts most affected by the earthquake
- Essential Health Care Services (EHCS) planned, implemented and monitored in 3 focal districts

# Approaches (Building Back Better)

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- District coordinated plan
- On-site coaching and mentoring for quality improvement
  - skills enhancement
  - Whole site infection prevention
  - quality improvement process including local management
- Meeting critical equipment needs
- Free referral for obstetric complications
- Fund for bridging human resources (CEONC)
- Support FHD to plan, implement and monitor for expansion and strengthening of MNH/RH services

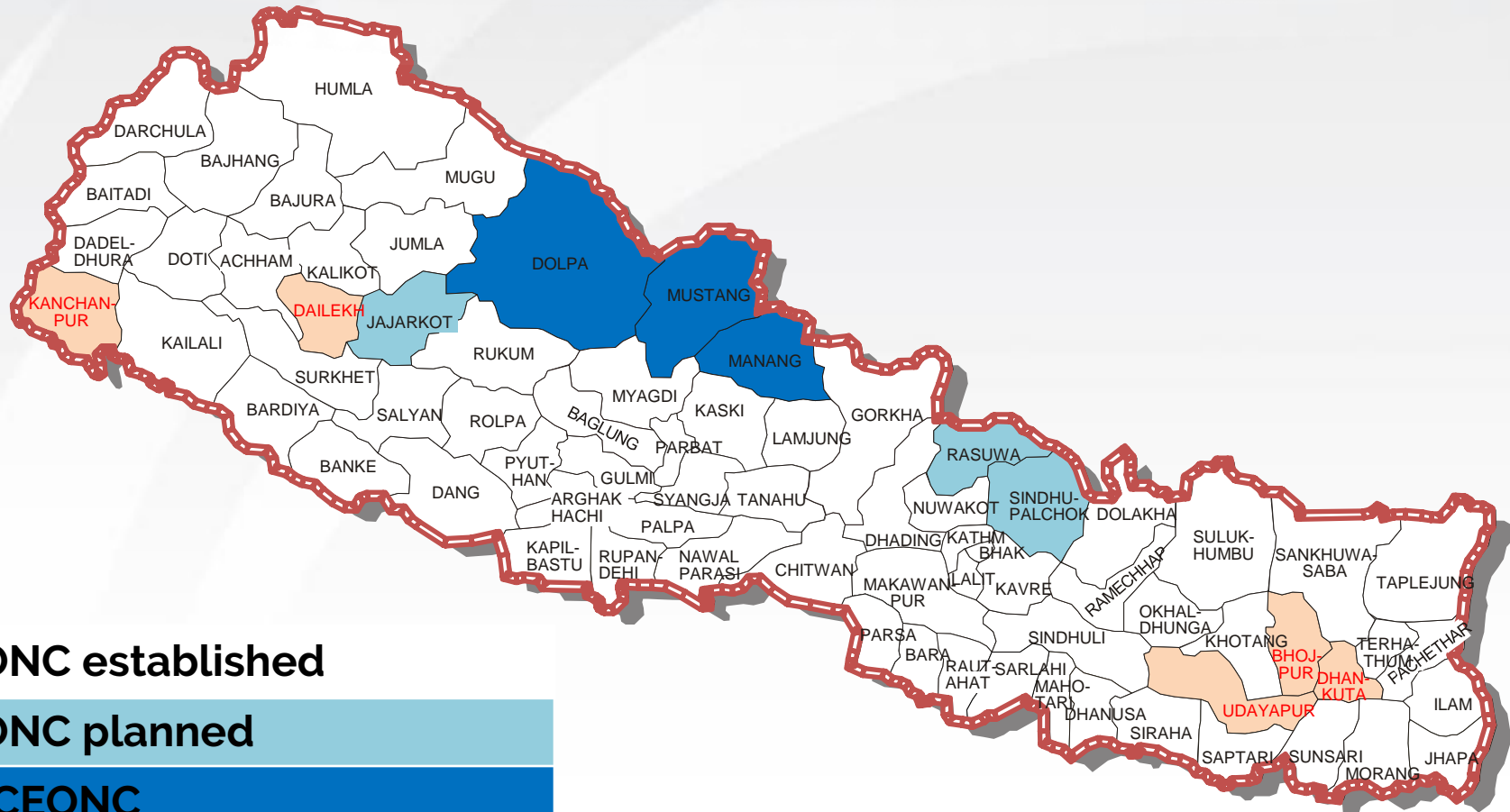
# Achievement: Improved access to Emergency Obstetric and New born Care



- Functionality of CEONC improved, especially in 14 severely affected districts
- CEONC services started at Manthali PHCC (Ramechhap) and Charikot PHCC (Dolakha)



# CEONC Districts – Map

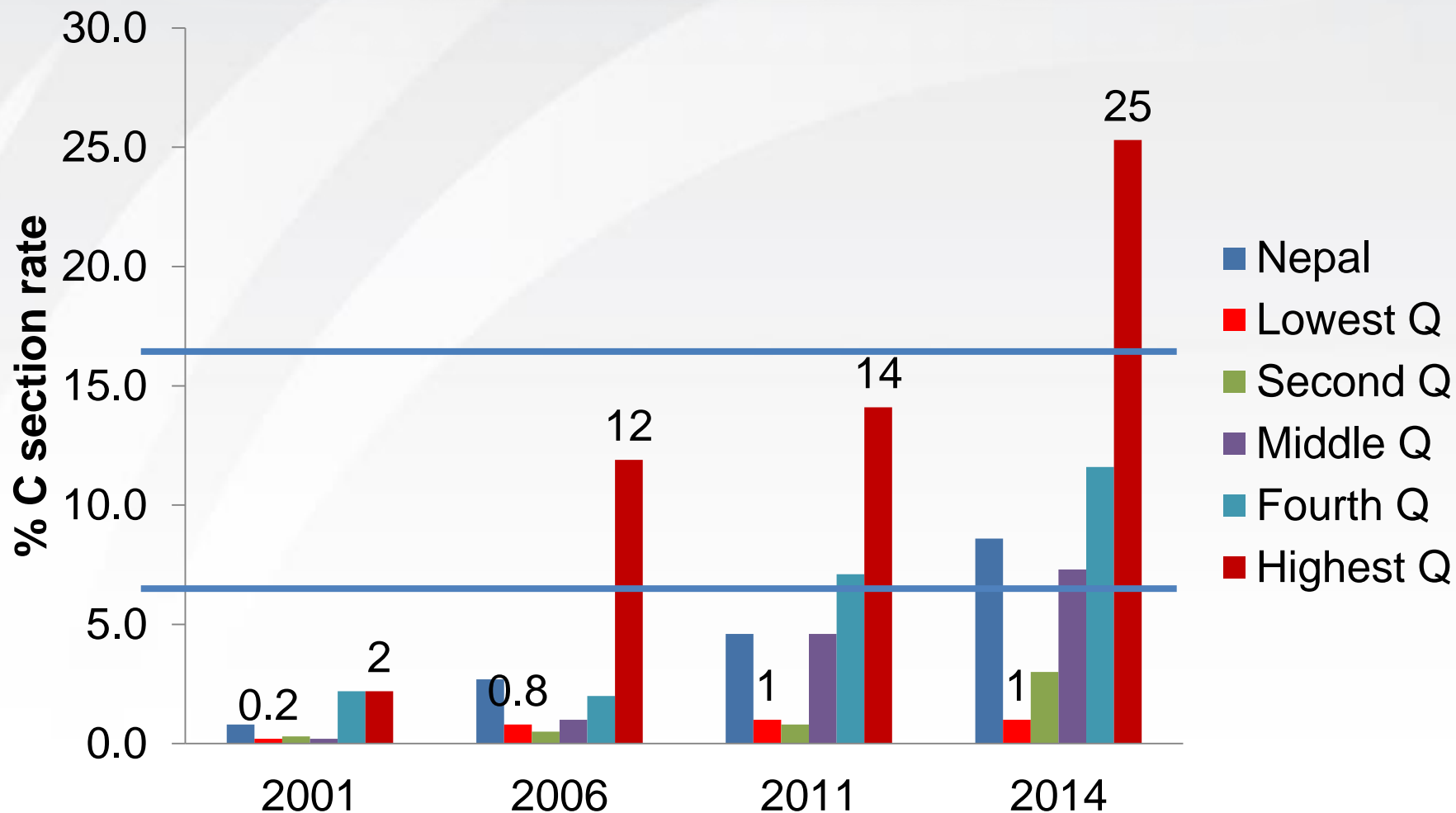


**CEONC established**

**CEONC planned**

**No CEONC**

# Access to C-Section Services in Nepal



Sources: WHO (2015), NDHS (2001, 2006, 2011) and MICS (2014)

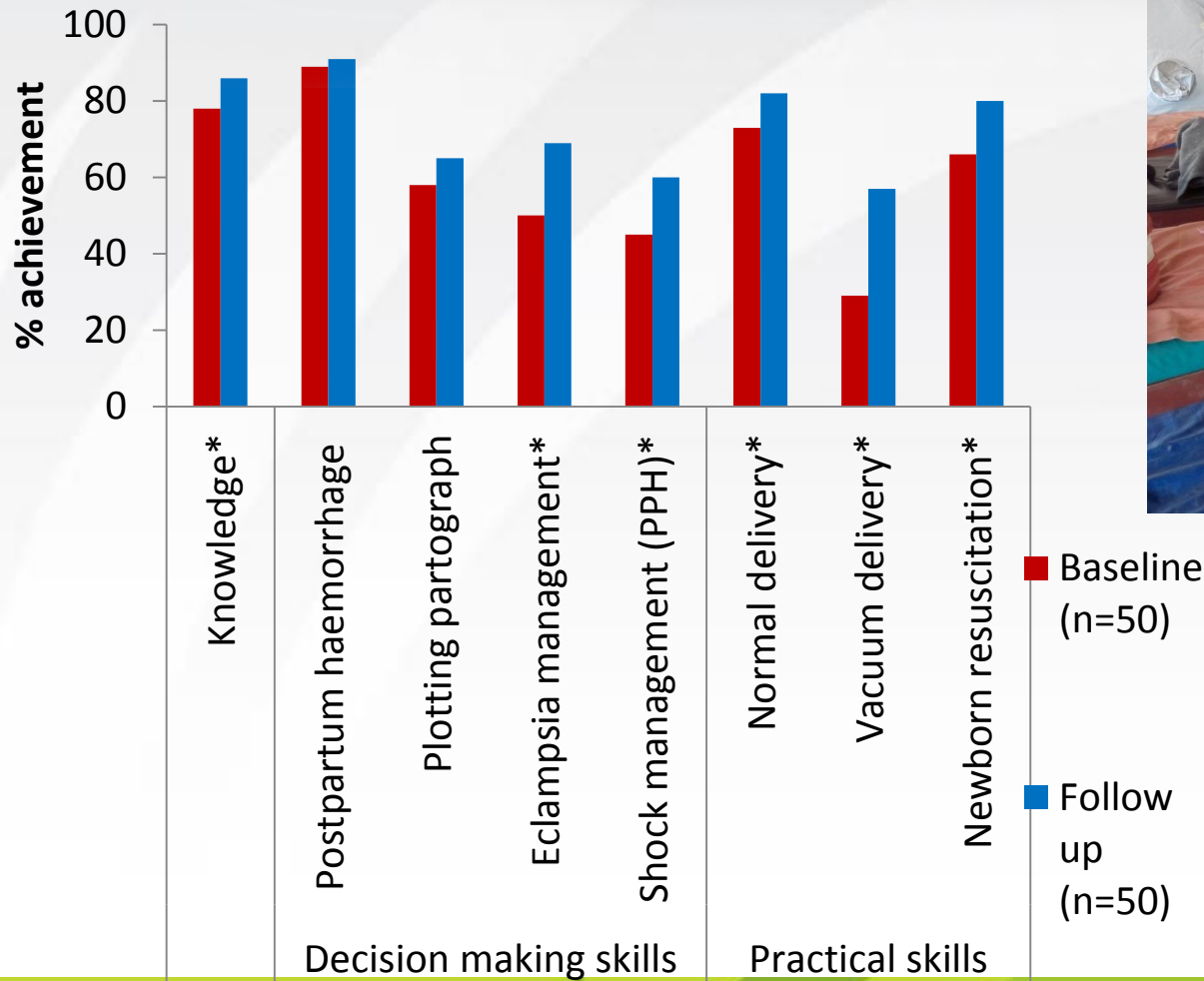
# Achievement: Improved access to Emergency Obstetric and New born Care

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- Almost 200 women benefited from free transport
- 15% C-section and 6% vacuum delivery among referred women; 38% had potential life threatening complications
- About 40 mothers and 50 new born lives saved or prevented from having life long disability



# Achievement: Improved Knowledge and Skills



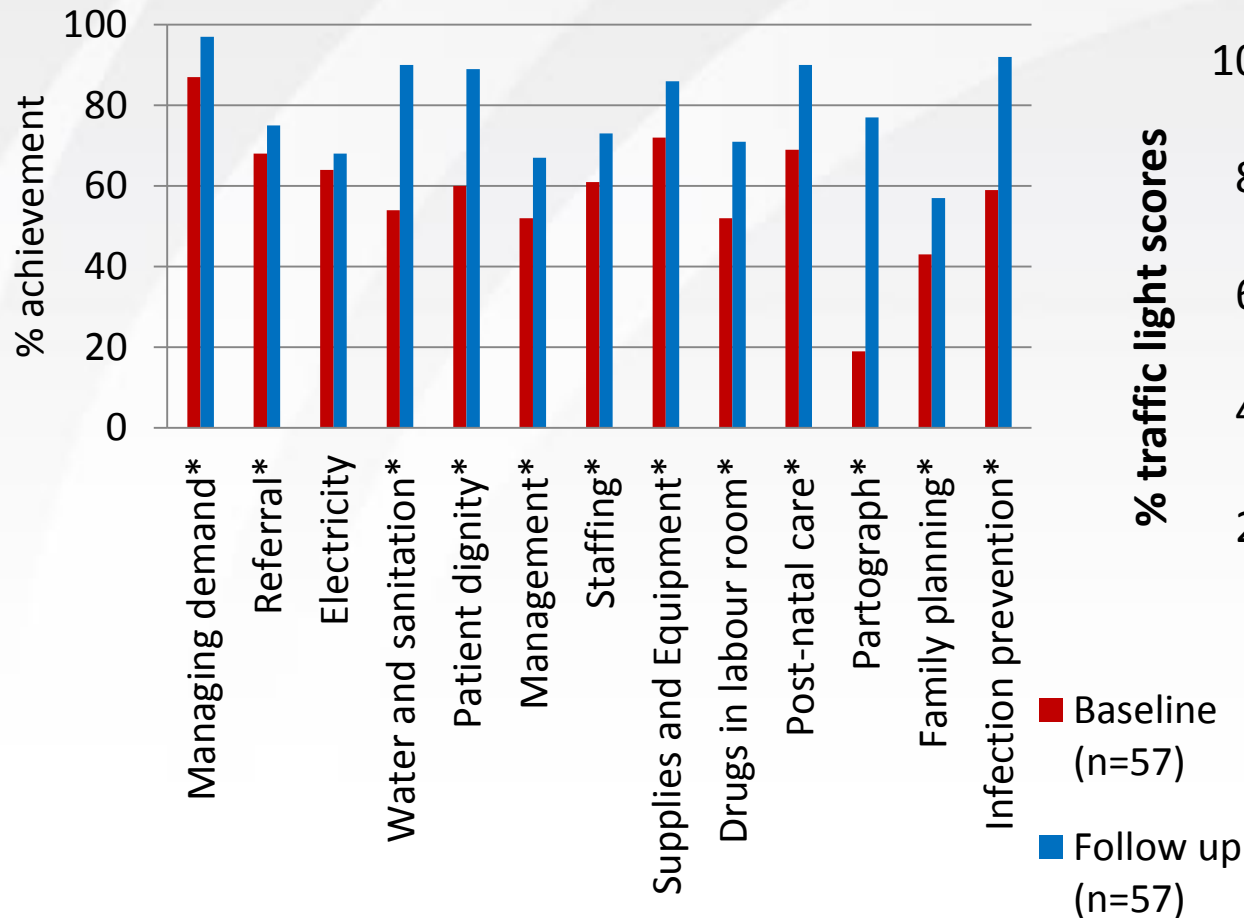
# Achievement: Improved Knowledge and Skills

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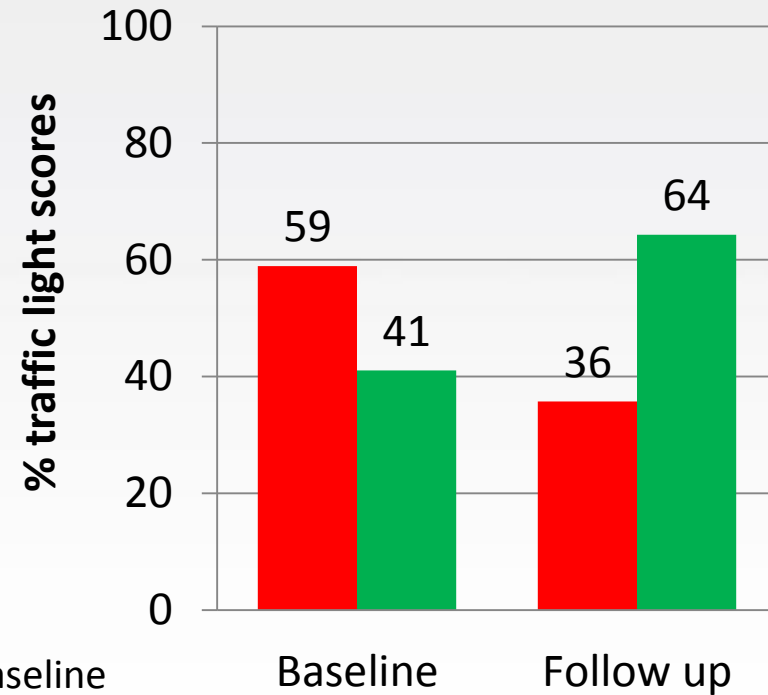
*“Improving skills such as the use of partographs was very difficult and a headache before coaching. But now I can differentiate between abnormal and normal progress of labour and can make decisions for management” (SBA)*

# Achievement: Improved Service Readiness

## 13 Quality domains



## Signal Functions



# Achievement: Improved Service Readiness

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*“Plans were made easily but implementation was not easy. But when NHSSP involved the local management committee in infection prevention and self-assessment sessions, it helped to make the committee active for supporting the facility. They then repaired the water supply pipe, toilet (destroyed by the earthquake) themselves with support of the local community.”(SBA)*

*Local resources mobilised: 3 million Rupees (2017/18)*

# Achievement: Improved District Capacity

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- Public health nurse and clinical mentors able to conduct quality improvement process and infection prevention
- Clinical mentors able to conduct SBA on-site skills enhancement
- NHTC and FHD are scaling up clinical mentoring and the QIP process at district hospitals and birthing centres

# Lessons Learned: Local Coordination and Collaboration



- **District coordinated** planning avoids duplication and enhances collaboration and helps future disaster response
- CEONC service at Manthali PHCC established in collaboration with DHO, DDC and FHD partners: VSO, UNICEF, UNFPA, and NHSSP



# Lessons Learned: Retention of Staff and Skills in Remote Districts

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- Inadequate service providers for C-section services
- Retention of staff and their skills in remote areas needs policy level attention (both at CEONCs and BCs)
- Frequent staff transfers in remote districts needs consideration in programming and training of staff
- Poor knowledge and skills of SBA versus training quality improvement

# Lessons Learned: Free Referral

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**Free transport** for obstetric complications from BC to CEONC sites:

- Need support from local level for implementation
- Affordable
- Impacts on saving lives of mothers and newborns and/or preventing disability
- Possible to scale up with minimum support to local level



Thank You!