

# **SUPPORT TO THE SAFE MOTHERHOOD PROGRAMME**

## **Strategic Issue Paper 15**

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### **Evidence Based Policy Development: Reflections on Experiences in Safe Motherhood**

#### **1. Background**

During the late 1990s there was a marked shift away from value based approaches towards evidence based policy development and planning in reproductive health in Nepal, as decision makers recognised this to be a more effective approach to meeting national needs, promoting more focused programming based on a solid framework of internationally accepted evidence. This shift evolved from the initial use of evidence based practices at service delivery level and in community access and demand activities and is rooted in global learning and national experience. The wealth of evidence available made reproductive health a natural leader within the health sector. Key milestones in the process were:

1. In 1998 Family Health Division (FHD) of the Department of Health Services (DoHS) developed a National Reproductive Health Strategy, based on the Nepal New Health Policy of 1991 and inspired by the 1994 Cairo International Conference on Population and Development (ICPD). The strategy identified an integrated reproductive health package of eight basic elements, one of which was safe motherhood.
2. Also in 1998, FHD initiated a process of priority setting within reproductive health using the Columbia Framework [1]. For the eight key reproductive health elements, six factors were used to identify priority interventions, based on available national and international evidence related to their effectiveness.
3. In 1998 a reproductive health research sub committee was established within the DoHS to promote and support the use of research as evidence in programme development and planning. Membership was drawn from various divisions of the DoHS, the Central Bureau of Statistics, and the Population Division (then in the Ministry of Population and Environment, now part of the Ministry of Health and Population ((MoHP)), with links to the Nepal Health Research Council.
4. In 2000, an annotated bibliography of reproductive health policy, research, training and communication documents [2] was published, the first of its kind in Nepal, providing a comprehensive reference to assist researchers, policy makers and development partners.

5. In 2000 a national reproductive health research strategy was published [3] that recognised the key role of research in supporting programme development, implementation and monitoring/ evaluation.

The DfID funded Nepal Safer Motherhood Project (NSMP, 1997-2004) was one of the partners involved in these developments, and when the subsequent DfID funded Support to the Safe Motherhood Programme (SSMP) was initiated in 2004, an important component of its support was policy development for safe motherhood and neonatal health (SMNH), to assist the MoHP to develop a framework of key policies, strategies and plans essential to effective SMNH programming. Initially one SSMP adviser was dedicated identifying and tracking relevant national and international research to share with partners and other SMNH stakeholders, particularly key decision makers within the government. The objectives of this were to:

- Raise awareness among decision makers about international research in SMNH
- Promote the use of globally accepted evidence in policy making and planning
- Generate and disseminate national evidence related to SMNH
- Incorporate research activities in government planning and programming
- Develop the capacity of individual Nepali researchers and research institutions in SMNH.

When SSMP was launched, key priorities identified for policy and planning support were:

1. Revision of the **Long Term SMNH Plan** (2002-17) to incorporate new developments in global thinking
2. Revision of the 1993 **National Blood Transfusion Policy**, in recognition that the success of efforts to strengthen district level emergency obstetric care services was dependent on the reliable availability of safe blood supplies. NSMP had supported work in this area.
3. Development of a **Skilled Birth Attendance Policy**, based on the growing understanding that the most critical intervention to reduce maternal mortality is care at the birth by a skilled attendant working within a supportive environment, including an adequate system for referrals and emergency obstetric care.
4. Development of a **Maternity Incentives Scheme (MIS)**, initially known as the cost sharing scheme, to address the cost barriers that were known to prevent women accessing SMNH services.
5. Development of a **Maintenance Strategy for Health Infrastructures** to ensure that funds invested in the infrastructure development essential for supporting quality SMNH services were not wasted through failure to adequately maintain buildings.
6. SSMP is also supporting implementation of the **Safe Abortion Law**, which legalised abortion in 2002, reforming the existing draconian law that imprisoned women for up to 20 years for abortion “crimes”. NSMP was a key partner in the advocacy and reform effort, not only from a human rights perspective but also in recognition of the contribution of unsafe abortions to maternal mortalities and morbidities [4], the main factor driving the reform.

## 2. Achievements and challenges

### 2.1 Achievements

SSMP has provided support in the identification, dissemination and conducting of research in the following ways:

1. **Sharing global and national evidence:** During the first two years of SSMP, around 300 SMNH related abstracts and over 35 books and papers published in national and international journals, including Lancet Neonatal Survival Series and Maternal Survival Series, were downloaded from websites or accessed locally and shared by email with SMNH policy makers, planners and other key stakeholders in Nepal. National evidence generated through SSMP supported research was widely shared through various forums, such as government annual SMNH review meetings and the Safe Motherhood Network Federation annual conference.
2. **Use of evidence:** Global and national evidence was provided for development of the following key national documents:
  - Revision of the **SMNH long term plan** (2006-17) used the conceptual framework of a safe pregnancy programme covering demand and supply, in Koblinsky, Russel-Brown and Gorbach [5]. The Nepal Society of Obstetricians and Gynaecologists (NESOG) was contracted to undertake a desk review of existing plans and programmes to identify further evidence. See Annex for further information.
  - Revision of the **National Blood Transfusion Policy** (2006) used the international WHO guidelines for blood transfusion services [6] as a resource and national evidence from (1) a survey undertaken by NSMP [7] of a number of blood banks across the country, which contained recommendations for improving services, (2) the National study on Maternal Mortality and Morbidity [4], which highlighted postpartum haemorrhage as a key cause of maternal deaths and (3) a WHO assessment of blood transfusion services in Nepal [8].
  - The **Skilled Birth Attendants Policy** (2006) and **In-Service Training Strategy for Skilled Birth Attendants** (2007) were partly based on national experience; recognition that training village level health workers, such as Maternal and Child Health Workers, had not resulted in significant progress in addressing maternal mortality [9]. Global evidence was also used, including WHO publications [10] and recommendations for SBA coverage [11].
  - The **Maternity Incentives Scheme** (2005) and guidelines used studies on demand side financing conducted in Nepal [12, 13] as evidence for the need to implement specific measures to overcome financial barriers to accessing SMNH services. These barriers were identified as a major factor in the decisions of families to opt for a facility delivery, even in emergency situations, and a contributor to increasing poverty as many went into debt to cover the costs.
  - Development of the **Maintenance Strategy for Health Infrastructures** (2007) was largely driven by national experience of the difficulties of planning without complete knowledge of existing infrastructures and their maintenance status. This was supported by external supporting agencies, who stressed the importance of planned maintenance to ensure appropriate levels and standards of buildings to support quality services [14].
  - Development of the **Safe Abortion Policy** (2002) with strategies and procedures used national evidence that unsafe abortion was and is a major contributor to the high maternal death rates [4, 15] and SSMP has promoted the integration of safe abortion as an essential safe motherhood service. In the process of developing policy and strategy documents, a review of global learning was also carried out [16], which, with the draft WHO guidelines for safe abortion services [17], formed the basis of these key documents.

3. **Priority setting:** A workshop is planned for setting research priorities in SMNH, linked with health sector wide research needs and approaches specified in the Nepal Health Sector Programme Implementation Plan. This has been discussed with the Nepal Health Research Council and a joint proposal developed for financial and technical support from SSMP. The importance of this activity is widely recognised.
4. **Strengthening research activities:** SSMP has advocated for increasing the resources for SMNH related research to generate local evidence. For example during preparation of the annual budget, SSMP advisers met with government officials from the Central Bureau of Statistics on the inclusion of questionnaires in the planned 2011 Nepal census, and with MoHP and UNFPA to discuss inclusion of funds for research. As a result the government allocated around NRs.2.7 million to the Family Health Division for SMNH related research. Three studies have been carried out: (1) equity analysis in access to and utilisation of SMNH services; (2) effectiveness of birthing centres; (3) situation analysis in public private partnerships for SMNH services. SSMP has also provided support to the National Health Training Centre and National Health Education Information Communication Centre for design of research activities, which has contributed to their increased acceptance of the importance of research to their work.
5. **Generating local evidence:** SSMP has contributed funding and/or technical support to local studies including: (1) A study at the Maternity Hospital on utilisation of comprehensive abortion care, which was widely disseminated and led to important changes at service delivery level<sup>1</sup>; (2) Two Masters in Public Health student dissertations, which will be useful in access work; (3) Development of an evaluation protocol for the maternity incentives scheme, which will be important for promoting skilled birth attendance and increasing access for poor women; (4) Further analysis of the 2006 Nepal Demographic and Health Survey data set to understand the cause of the decline in the maternal mortality ratio found (ongoing); (5) A study on the Maternal Perinatal Death Review System for improving quality of care in health facilities (ongoing) (6) Further analysis of the 2006 Demographic and Health Survey data set to understand the causes of the fertility decline found (ongoing).
6. **Capacity building:** SSMP has provided research capacity building inputs to the Nepal Health Research Council and Institute of Medicine, giving eight sessions on research related subjects, including: research problem statement; research questions and hypothesis development; resource and time management. Five sessions were also given on research methodology and health economics to the Masters in Public Health and Bachelor of Medicine and Surgery courses at the Institute of Medicine. A session was also given at the National Academy of Medical Sciences on cost effectiveness analysis. A training workshop was conducted in the National Health Training Centre on proposal writing, with a total of 17 officers participating.

## 2.2 Challenges

1. It is difficult to ensure key people read the papers provided. Strategies used to overcome this include provision of summaries, discussing key issues and developments face to face with decision makers, opportunistic use of policy briefings and other meetings to make links and highlight new developments
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2. The research sub committee has lapsed and no longer meets, largely due to the departure or transfer of key individuals. This needs to be reactivated, including revision of the terms of reference, addition of members from the Nepal Research Council and other appropriate organisations that can provide greater technical expertise.
3. The SSMP Research Adviser post has been discontinued, due to funding constraints. However, a good foundation has been laid and individual advisers now take responsibility for keeping in touch with developments in their particular field and sharing with key government counterparts.
4. There are only a relatively small number of experienced Nepali research organisations, especially with skills in qualitative research. This means that either the same few organisations are repeatedly used, or less experienced organisations can be contracted and provided with intensive support and capacity building. Another strategy is the use of international PhD or post doctoral research students in collaboration with local agencies and individuals, again with support from SSMP.
5. Government contracting procedures focus on cost rather than quality, which means that agencies contracted may not be those that produce the best research. SSMP is advocating to change this system, encouraging decision-makers to recognise the importance of quality research for good programming. A positive role model is the progress made in changing such practices in the areas of procurement of equipment and construction contracting, which could be extended to research agreement procedures.

### 2.3 Reflections on achievements

Apart from the major triggers for the specific policy developments and research already discussed, a complex mix of contextual factors is likely to have been influential in creating the enabling environment for these changes in Nepal. The political and social developments over the last 15 to 20 years have been accompanied by major changes in levels of accountability among public servants, with the empowerment of civil society sector and individuals. This process began with 1990 movement that brought a democratic government to power and has been affected, both positively and negatively, by subsequent events. These include the ten-year Maoist insurgency that began in 1996, the imposition of an authoritarian regime under the monarchy in 2004 and the return to democracy and multi-party government after the people's movement (*jana andolan*) in 2006. Accompanying these internal developments, increasing access to international information through the internet and cable TV, inputs from a multiplicity of international aid agencies and improved national communications has opened up a wide range of information and influences to increasing numbers of people. Over the last few years, improved levels of education, a growing urban middle class, rural to urban migration, a freer press, unpredictable and changing political scenario and new civil society activism have all contributed to increasing responsiveness of politicians to public demands. Politicians and decision-makers acknowledge the need to be seen to be delivering tangible benefits to people. Thus it can be said that the policy and planning achievements discussed were the result of direct evidence based inputs combined with a national context that was ripe for change, and that both were essential components.

### **3. Further plans**

The foundation work carried out under SSMP to promote the incorporation of research into policy development and planning clearly demonstrates the potential of this work to positively contri-

bute to long term improvements at national level. There are clear indications of the willingness of the government and other key stakeholders to promote increasing use of global and national evidence to ensure programming better meets national needs. SSMP will continue to build on this promising start by promoting the development and sharing of evidence through:

- Presentations at national and international conferences
- Promoting the safe motherhood website being developed in collaboration with the Safe Motherhood Network Federation as a resource, placing relevant documents from a range of sources on the site and using it to advertise their availability
- Supporting the attendance of key government staff at appropriate international conferences in order to increase their awareness of international developments and thinking
- Supporting key national agencies in organising national conferences and other similar events, for example the Safe Motherhood Network Federation, Nepal Society of Obstetricians and Gynaecologists and Perinatal Society of Nepal, all of whom are significant players that SSMP has supported in this way. As pro-active agencies, they have also received SSMP support to carry out research investigations.
- Strengthening individual and institutional contacts within the Nepal Health Research Council and the MoHP to ensure evidence is taken seriously and used. The Council is an important body, with knowledge about the use of evidence in policy development, but further strengthening is needed through establishing linkages with a reactivated Reproductive Health Research Sub Committee.
- Working with the Nepal Health Research Council to identify research priorities that reflect the priorities of the National Health Sector Programme Implementation Plan.
- Working with the government to revise the procedure for prioritising research and contracting agencies to carry it out
- Building the capacity of national independent research agencies and individuals to carry out quality research in identified priority areas.

Specific areas of essential future research support identified are:

**Skilled birth attendance:** A key focus of the government at present is the development and deployment of sufficient SBAs (estimated need around 5,000) to ensure at least 60 percent of all births are assisted by an SBA by 2015, in line with the Millennium Development Goals and in support of the revised SMNH long term plan. This is a massive undertaking, involving extensive in-service training for currently employed doctors, nurses and auxiliary nurse midwives, strengthening of in-service training sites, updating of pre-service curricula and training institutions and enabling environment support (such as infrastructure, supplies, working conditions and professional supervision). In order to meet this challenge and provide feedback to programme planners, research studies will be required on issues such as the effectiveness of SBA in-service and pre-service training, support needs, performance analysis, enabling environment issues and service utilisation analysis.

**Maternity incentives:** The maternity incentives scheme represents a major commitment on the part of the Nepal government and DfID to promoting increased institutional deliveries and skilled birth attendance. As a radically different approach to demand side financing it proved controversial in the early days of implementation, but there is acknowledged potential to bring real change in access to and utilisation of SMNH services. In order to ensure this potential is fulfilled, there is a need for careful monitoring and research to identify the sources of difficulties and ways of addressing these and to take into account other global experiences in this area. This is groundbreaking work that will also be of interest internationally, and it is essential that

SSMP continues to support research and ensure the findings are used in further development and implementation efforts, whether this is continued as an incentives initiative or leads to the provision of free services.

**Research network:** As part of the SSMP communication strategy, the idea of establishing a forum and network for sharing key new areas of research is being considered. This could be under the umbrella of the government safe motherhood and neonatal health sub committee, with occasional (perhaps twice a year) extra-ordinary meetings or seminars convened for sharing something of particular interest, either a national or international study. Routinely, the network of committee members would be used for sharing regular updates.

## References

1. McGinn, T., Maine, D., McCarthy, J., Rosenfield, A., 1996, *Setting Priorities in International Reproductive Health Programmes: A Practical Framework*, New York: Center for Population and Family Health, Columbia School of Public Health
2. Family Health Division, Department of Health Services, 2000, *Reproductive Health in Nepal: An annotated bibliography of policy, research, training and IEC documents*, HMG, Kathmandu, Nepal.
3. Family Health Division, Department of Health Services, 2000, *National Reproductive Health Research Strategy*, HMG, Kathmandu, Nepal.
4. Ministry of Health, Nepal, *National Maternal Mortality and Morbidity Study*, Kathmandu, Nepal: Ministry of Health; 1998.
5. Koblinsky, Russel-Brown and Gorbach, conceptual framework of a safe pregnancy programme
6. World Health Organisation, *Safe Blood Transfusion*, WHO, Geneva
7. Neupane, R., Rai, I., Maharjan, A., 2001, *Evaluation Report of NRCS Blood Transfusion Services in Kailali, Surkhet and Baglung Districts*, Nepal Safer Motherhood Programme, Options UK, DfID London
8. World Health Organisation, *Assessment of Blood Transfusion Services in Nepal*
9. World Health Organisation, 2005, *Towards Skilled Birth Attendance in Nepal: Rapid Appraisal of the Current Situation and Outline Strategy*, WHO, Kathmandu, Nepal.
10. World Health Organisation, 2004, *Making Pregnancy Safer: The Critical Role of the Skilled Attendant, a Joint Statement*, WHO, ICM, FIGO.
11. World Health Organisation, *National Safe Motherhood Action Plan 2001-05, Western Pacific Region*, WHO.
12. Borghi, J., Ensor, T., Neupane, B.D., Tiwari, S., 2004, *Coping with the Burden of the Costs of Maternal Health*, Nepal Safer Motherhood Project, part of HMGN Safe Motherhood Programme, Options, DfID and HMGN, Kathmandu
13. Borghi, J., Ensor, T., Neupane, B.D., Tiwari, S., 2006, *Financial implications of skilled attendance at delivery in Nepal*, Tropical Medicine and International Health, vol. 11 (2) pp 228–237
14. Department for International Development, 2005, *Maternal Mortality Reduction: The Contribution from Improving Physical Infrastructure. Annex to Asia Division Strategy on Maternal Mortality*, DfID, London
15. Thapa, S., Thapa, P.J., Shrestha, N., 1994, *Abortion in Nepal: emerging insights. Journal of Nepal Medical Association*, 32:175–190.
16. McCall, M., 2002, *Policy Support Paper: A Review of Global Lessons Learned and Recommendations to His Majesty's Government of Nepal on the Implementation of Abortion Services*. Kathmandu, Nepal: Department for International Development/Options
17. World Health Organisation, 2003, *Safe Abortion: Technical and Policy Guidance for Health Systems*. Geneva: WHO.

## ANNEX

### Additional evidence used in revision of the national SMNH Long Term Plan (2006-17)

The table below shows additional references used in the development of different topic areas of the revised SMNH long term plan under the main outputs of the revised logical framework.

Output	Issue	References
	General strategies	De Brouwere, V., Van Lerberghe, W., date, Safe Motherhood strategies: A review of the evidence
1	<b>Equity and access</b>  Community based neonatal care	Campbell, O.M.R., What are maternal and health policies in developing countries and who drives them? A review of the last half century Bennet, L., Individual, household, community and nation: Sites of disempowerment and exclusion Bennet, L., et al., 2006, Unequal citizens: Gender caste and ethnic exclusion in Nepal, DfID, World Bank Kunst, Houweling, 2001, Poverty constrained access to care Knippenberg, R., Lawn, J.E., Systematic Scaling up of neonatal care in developing countries, for The Lancet Neonatal Survival Steering Team
2	<b>Services</b> MNH essential services package Antenatal care  Caesarean sections by medical officers  Obstetric care  Abortion	WHO, 1994, Mother baby package Per Bergsjö, date, What is the evidence for the role of antenatal care strategies in the reduction of maternal mortality and morbidity Gary et al, Evidence based cost effective interventions: How many newborn babies can we save? The Lancet Neonatal Survival Steering Team Koblinsky, M., (or Kowaleski) Albrecht, J., Experiences on covering the population with quality maternity care Bergstrom, S., Appropriate obstetric technologies to deal with maternal complications Thonneau, P.F., Maternal mortality and unsafe abortion: A heavy burden for developing countries
3	<b>Public private partnership</b>	Ferrinho, P., Bugalho, A.M., Van Lerberghe, W., Is there a case for privatising reproductive health? Patchy evidence and wishful thinking

4	<b>Decentralisation</b>	McDonagh, M., Goodburn, E, Maternal health and health sector reform: Opportunities and challenges
5	<b>Human resource development</b> and skilled birth attendance	Graham, W.J., Bell, J.S., Bullough, C.H.W., Can skilled attendance at delivery reduce maternal mortality in developing countries? Van Lerberghe, W., De Brouwere, V., Of blind alleys and things that have worked: History's lessons on reducing maternal mortality Bergstrom, S., Goodburn, E., The role of traditional birth attendants in the reduction of maternal mortality.
6	<b>Information/</b> research Maternal death audits	Ronsmans, C., What is the evidence for the role of audits to improve the quality of obstetric care?
7	<b>Physical assets</b>	
8	<b>Finance</b>  Estimated cost per death prevented	Hutton, G., The effect of maternal-newborn ill-health on households: Economic vulnerability and social implications. Moving towards universal coverage issues in maternal newborn health and poverty, Swiss Tropical institute, Basle, Switzerland Maine, D., 1993, Safe motherhood programme options and issues