

Actions

- ☒ Publish articles in the media highlighting the need for reliable local maternal health services
- ☒ Work with central decision makers to enable them to develop and implement a strategy for local birthing centres across the country, including incorporation of their development and support in government long term and annual plans.
- ☒ Encourage the Ministry of Local Development and Ministry of Women and Children to promote 24-hour delivery and referral services through local birthing centres (budget allocation and letters of instruction).
- ☒ Encourage donors to provide resources for local birthing centres.
- ☒ Encourage banks to give subsidised loans for establishing birthing centres.
- ☒ Encourage the private sector, NGO and nursing associations to establish community birthing centres where required, not near existing government birthing facilities.
- ☒ Encourage professional medical and nursing organisations to support the concept and establishment of birthing centres.
- ☒ Advocate for central and local government budgets to recruit skilled birth attendants locally
Promote regular meetings of health facility management committees and their interactions with communities.
- ☒ Promote discussion at district Reproductive Health Coordination Committees about addressing health service functionality and informing women about free delivery services.



Ensuring Local 24 Hour Delivery and Emergency Services



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2. Ensuring Local 24-Hour Delivery and Emergency Services

Objective

24-hour quality delivery services and life saving emergency services (obstetric first aid) available at local health facilities

To ensure every birth receives the care needed to make it safe, delivery services with skilled staff at clean, properly equipped facilities are needed near women's homes; 24 hours a day, seven days a week. Emergency first aid and referral services also need to be within easy reach, as time is of the essence when complications occur

Facts

- Every day six women die in Nepal due to complications of pregnancy or childbirth, and three newborns die every hour. These lives could be saved if skilled care was available in time. In the UK, the figure for maternal deaths is 0.14 per day.
- For every woman who dies, a further 10 develop lifelong debilitating complications, such as uterine prolapse. These can be avoided with skilled care.
- A woman can die in two hours from post partum haemorrhage.
- It is estimated that up to 30% of women in mountain area and 20% in the hills still live more than two hours travel from a health facility, at least for part of the year.
- In 2008, to serve an expected 725,510 pregnancies^{*1}, only 51 hospitals had the capacity to provide Comprehensive Emergency Obstetric Care services, a further 68 hospitals and Primary Health Care Centres (PHCC) offer Basic Emergency Care and 131 PHCCs and 254 health posts provide 24-hour delivery care, this makes an average of around 1,440 births per facility of any kind, an unmanageable number for the limited facilities and staff available in most rural and district facilities. The situation is made worse by the concentration of services in urban areas, leaving rural women desperately under-served
- Only 18.7% of births^{*2} were delivered by a doctor, nurse or auxiliary nurse midwife in 2007/08. The national target for 2017 is 60%
- Only 15.8% of births took place in a health facility in 2007/08^{*3}. The target for 2017 is 40%
- The government has initiated free delivery services, complementing the safe delivery incentives, to encourage women to deliver in a health facility. This needs to be widely publicised, especially in rural areas, and more services need to be made available.

Challenges

- Service availability:** Most peripheral level health facilities (health post, sub health post and even many PHCCs) do not provide 24-hour delivery services, often because they have insufficient staff. Services that do exist are concentrated in urban areas.
- Travel:** In rural areas the travel time and cost often prevent women from going to a health facility for delivery and delay their access to emergency care when complications occur.
- Service quality:** Peripheral health facilities are often perceived to provide low quality services as they are under equipped, under staffed and have insufficient medical supplies.



Lack of Local Services Causes Fatal Delay

Dil Maya Tilija, 30, lived in a remote village in Myagdi district. As the family had very little land, her husband worked as a wage labourer in Pokhara. Pregnant for the fourth time, she expected no problems as her three previous deliveries were normal. However, after delivering the baby she was unable to expel the placenta and continued to bleed for three hours. Her relatives and neighbours were worried, advising her to go to a health facility, but she said she had no money to pay for travel costs. Her relatives called the local Maternal and Child Health Worker, but she came too late and Dil Maya died from the bleeding, leaving three orphaned children.

SSMP Equity and Access Programme 2006

A Life of Tragedy

It took four hours to carry Jaumati Bohora and her newborn baby girl to Mugu district hospital by local stretcher. She was pale and weak on arrival, suffering from a retained placenta following her eighth delivery. The baby was covered only by a dirty woollen blanket and had not been fed since her birth, over 16 hours earlier, as Jaumati had no breast milk because of the retained placenta. The nurse treated her and the baby and the next day they walked home, which took another four hours. From her first seven pregnancies Jaumati has only two live children; the other five were either stillborn or died in infancy. There are no maternal health services near Jaumati's village and her story illustrates the hardships of living in such a remote and under-served area.

SSMP/ UMN Programme 2008

Key Partners and Stakeholders

- Policy makers in the Ministry of Health and Population and its high level advisory group
- Family Health Division of the Department of Health services
- Ministry of Local Development and Ministry of Women and Children
- District and Regional Health Offices
- Health facility management committees,* local leaders Village Development Committees
- International Aid projects of all kinds
- The NGO Federation and local NGOs in districts, especially members of the Safe Motherhood Network Federation
- The Association of Health Journalists



*1 Based on 725,510 expected births for 2008 (National census data, projections and NDHS 2006)

*2 From National HMIS data for 2007/08

*3 From National HMIS data for 2007/08