



SSMP/NEPAL
Support to the Safe Motherhood Programme

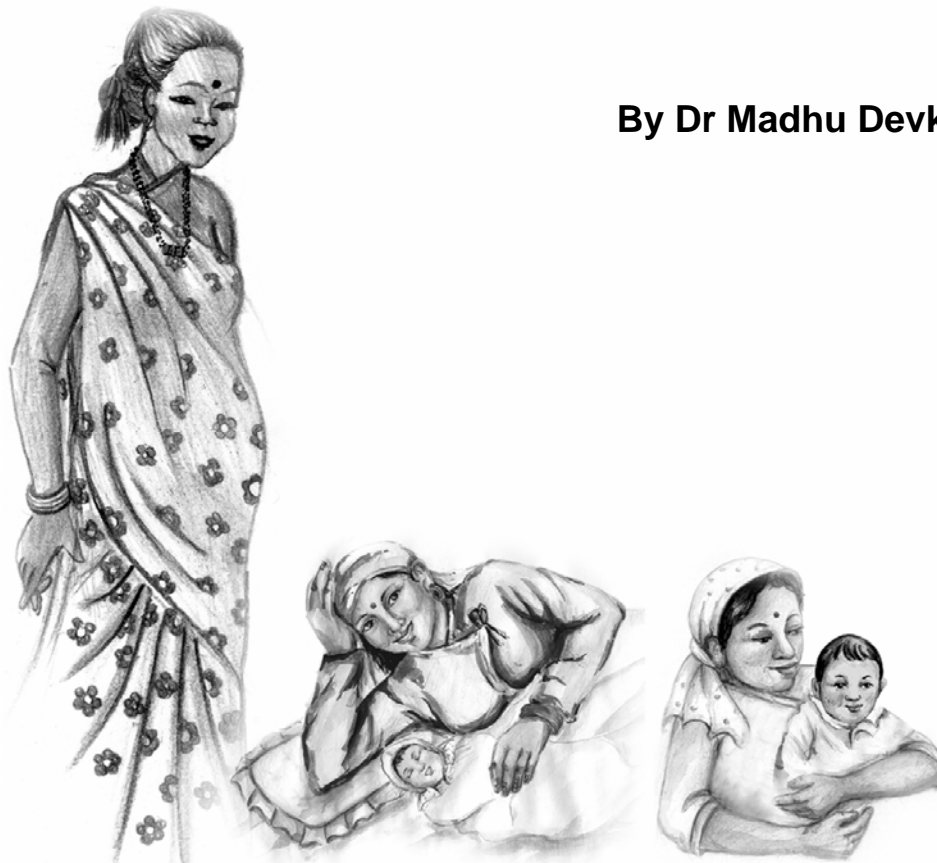
Support to Safe Motherhood Programme, Nepal

A part of HMGN Nepal National Safe Motherhood Programme (NNSMP)

**Reaching Consensus on a Minimum Package of MHN Services:
Increasing Access to Essential Care for Mothers, Newborns and
Children in Nepal**

By Dr Madhu Devkota and Pam Putney

**November 2005
630/04/DFID**



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DFID Department for
International
Development

Options

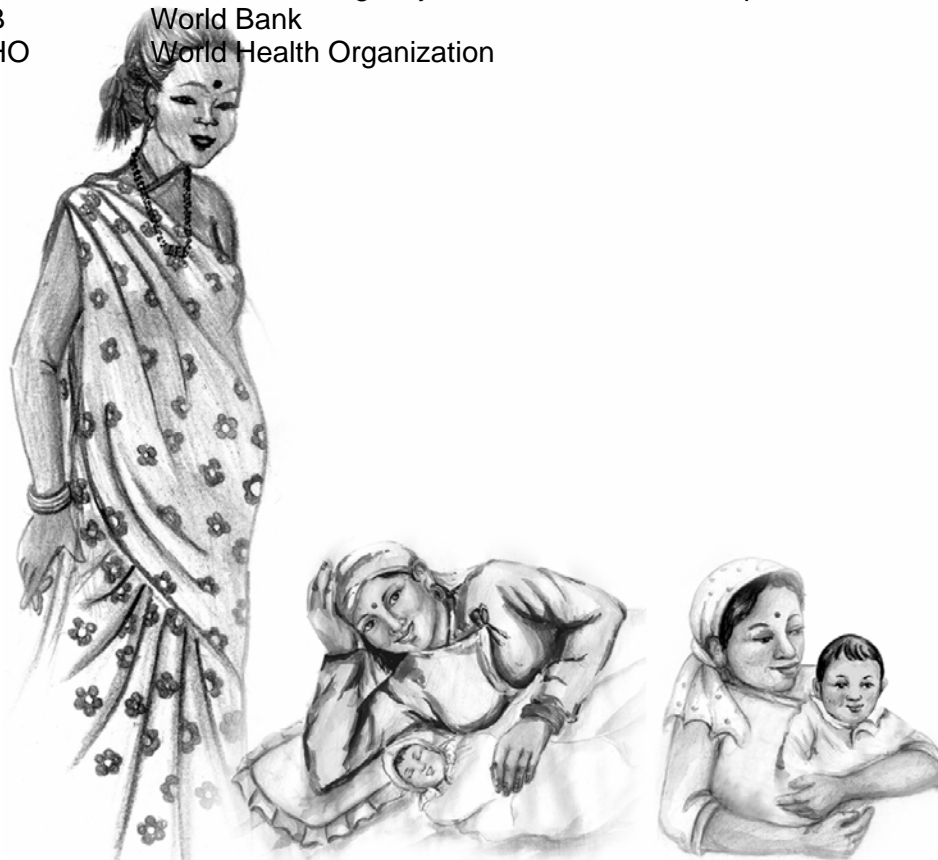


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ACRONYMS

CTEVT	Centre for Education and Vocational Training
DFID	Department for International Development
DHO	District Health Office
DoHS	Department of Health Services
EDP	External Development Partners
EOC	Essential Obstetric Care
FCHV	Female Community Health Volunteer
FHD	Family Health Division
GTZ	German Technical Cooperation
HDI	Health Development Index
HMGN	His Majesty's Government of Nepal
IEC	Information, Education and Communication
IoM	Institute of Medicine
MCHW	Maternal & Child Health Worker
MM	Maternal Mortality
MMR	Maternal Mortality Rate
MNH	Maternal/Neonatal Health
MoH&P	Ministry of Health and Population
NAMS	Nepal Academy of Medical Science
NGO	Non-Governmental Organization
NM	Neonatal Mortality
NSMP	Nepal Safer Motherhood Project
RH	Reproductive Health
SBA	Skilled Birth Attendant
SM	Safe Motherhood
SSMP	Support to Safe Motherhood Programme
TBA	Traditional Birth Attendant
TOR	Terms of Reference
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
UMN	United Mission to Nepal
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization



EXECUTIVE SUMMARY

This report presents an overview of a policy process carried out during the months of August and September 2005 to reach consensus on a draft National Maternal and Neonatal Package of Services (MNH Package). The process was facilitated by two consultants, Dr. Madhu Devkota, a local paediatrician and public health professor with extensive experience in safe motherhood and Pamela Putney, a nurse-midwife, maternal/child health specialist with experience in policy and health sector reform. The consultants were contracted and supported by Options through the Nepal Support to Safe Motherhood Project (SSMP), funded by DFID.

The purpose of the assignment was to support DoHS (FHD) and MoH (Human Resource and Financial Management Division) to develop a rational, evidence-based and contextually appropriate package of essential services to address the basic health needs of mothers, newborns and children of Nepal.

The methodology used was:

- ToR developed by FHD, circulated among stakeholders and feedback incorporated
- Family Health Division/DOHS chose the members of the "MNH Working Group" to develop a draft package of services¹
- Review of key HMG protocols, policies and other documents, international best-practices/evidence base and literature, conducted by consultants and MNH Working Group²
- Working Group divided the task into ANC, Delivery, PNC, Neonatal, Access, Safe Abortion and EOC.
- Technical MNH Working Group meetings to develop package in July, August and September 2004
- Presentation of the draft MNH package to the Safe Motherhood Sub-Committee for feedback in mid-September 2004
- FHD presentation of final draft MNH package to key stakeholders

The report contains a brief analysis of the situation pertaining to maternal and neonatal health in Nepal, a discussion of the rationale for a package of MNH services, a description of the policy process of developing the package, summary and recommendations.

Background

His Majesty's Government of Nepal has a long history of commitment to improving maternal and neonatal health outcomes, most recently evidenced by the high priority given to the National Safe Motherhood Programme within the Nepal Health Sector Strategic Plan 2004-2009. Despite important gains over the past 15 years, the maternal and neonatal mortality and morbidity rates remain high (539 maternal deaths per 100,000 live births³), largely due to the lack of skilled care during pregnancy, birth and the postpartum period, as well as poor referral systems when life-threatening conditions occur. The five major pregnancy-related causes of death are haemorrhage, eclampsia, obstructed labour, sepsis and unsafe abortion. For neonates, the major causes of death are infections (sepsis, pneumonia, tetanus & diarrhea), asphyxia, and prematurity/low birth weight. Nepal, like many countries in South Asia, has a low rate of births attended by skilled birth attendants and low utilization of post partum care. Almost all maternal and newborn deaths are due to preventable conditions.⁴

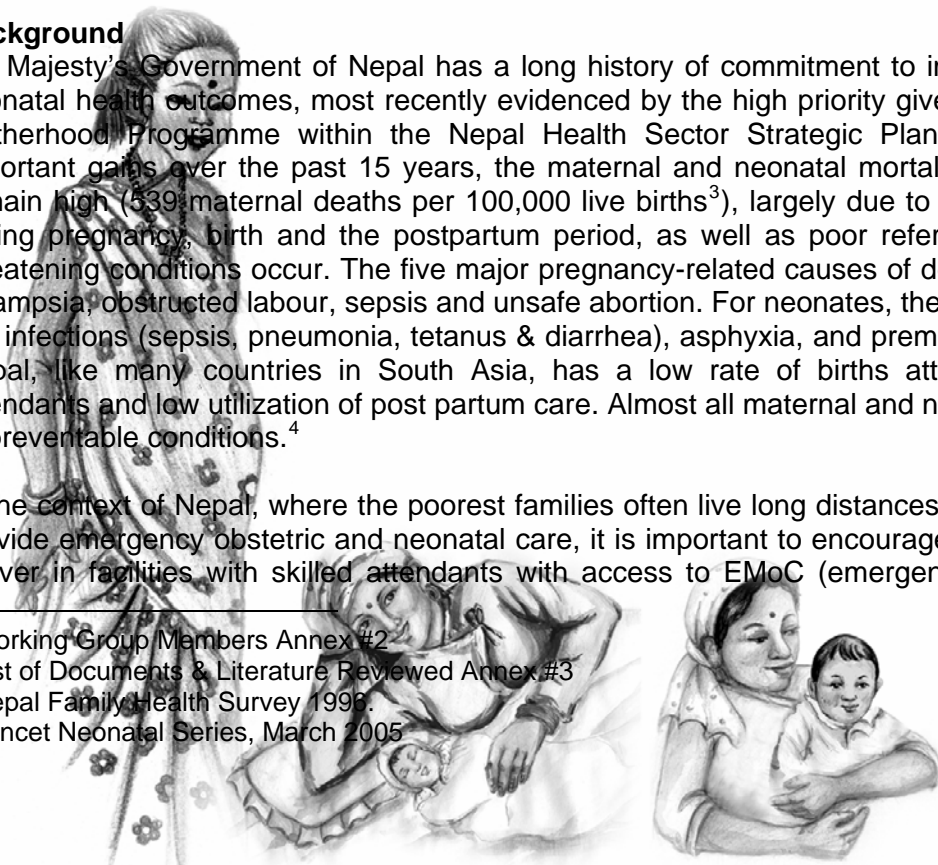
In the context of Nepal, where the poorest families often live long distances from a facility that can provide emergency obstetric and neonatal care, it is important to encourage women to labour and deliver in facilities with skilled attendants with access to EMOc (emergency obstetric care) and

¹ Working Group Members Annex #2

² List of Documents & Literature Reviewed Annex #3

³ Nepal Family Health Survey 1998

⁴ Lancet Neonatal Series, March 2005



treatment for sick newborns. This will require humane, 24 hour/7 day a week, “women & family friendly” services that are culturally sensitive and affordable, especially those in poor and underserved areas.

The new MNH (Maternal & Neonatal Health) Package of services meets the WHO criteria for a minimum level of services for all women and children. The package will empower providers to deliver priority integrated MNH services for best possible outcomes and empower women and their families to demand their rights to a minimum level of MNH care, as well as facilitate the monitoring and evaluation of the quality of care and health outcomes.

The guiding principles used in the development of the MNH package were: equitable access to services; feasibility; cost-effectiveness; evidence-based; and priority focus on interventions for the top five causes of maternal and neonatal mortality and morbidity.

The Nepal Health Sector Programme Implementation Plan 2004-2009 mandates an Essential Health Care Service Package. The new MNH Package compliments the recently drafted National SBA Policy, follows the MOHP Essential Health Care Services Guidelines 2000, and in accordance with the Health Sector Programme Implementation Plan, the MOH will address the key issues of ensuring the availability of staff throughout the country, including remote and conflict-ridden districts. Specific interventions and motivational packages will be developed to mobilize and retrain the necessary workforce, supported by regular auditing of staff levels.

Summary

The draft MNH Package of services is an important step for His Majesty’s Government of Nepal (HMGN) in ensuring that every pregnancy results in the best possible outcome for mothers and newborns. However, the package is just the beginning in a long process of restructuring the health system to increase access to quality MCH care to marginalized and vulnerable populations. The package will need to be accompanied by the development and implementation of national standards and protocols, followed by the appropriate training and deployment of human resources, coupled by a system of supportive supervision, essential equipment and supplies, as well as other policies to improve the enabling environment and ensure sustainability.

Recommendations

- Develop and implement national standards and protocols in collaboration with the relevant centres and divisions of the Department of Health Services/MOH&P.
- Develop a plan for implementation of the Minimum MNH Package that includes: appropriate training/orientation, a system of supportive supervision, and provision of essential equipment and supplies.
- Conduct a detailed costing of the MNH Package (both capital and recurrent).
- Facilitate Inter-sectoral collaboration to implement the package among MOHP/FHD, Ministries of Finance, Education, Transport and Communication.
- Design and implement a system to develop, deploy and manage the human resources necessary to effectively offer the quality services outlined in the MNH Package.
- Design and implement a system to monitor and evaluate the implementation of the MNH Package, including the impact on increasing access to essential services for vulnerable groups and improving maternal and neonatal outcomes.
- Revise the job descriptions of health workers in line with the MNH Package.

- Develop a detailed phased implementation plan with timelines, budget, roles and responsibilities for each collaborating partner in line with FHD priorities and expansion of MNH services in the districts.

ACKNOWLEDGMENTS

We would like to thank the many people who contributed and worked with such dedication to draft the Minimum Package of MNH Services. Special thanks goes to members of the MNH Working Group, the Safe Motherhood Sub-Committee, Support to Safe Motherhood Programme, DFID, USAID, WHO, UNFPA, UNICEF, UMN, NFHP and all others who contributed to the development of the MNH Package



I. INTRODUCTION

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- Technical MNH Working Group meetings to develop package in July, August and September 2004
- Presentation of the draft MNH package to the Safe Motherhood Sub-Committee for feedback in mid-September 2004
- FHD presentation of final draft MNH package to key stakeholders⁷

The Working Group members represented high level expertise and experience in all aspects of MNH care. Broad areas were identified for assigning the tasks, followed by brainstorming sessions on the current policy/strategy/guideline documents where service contents were outlined (e.g. Maternity Service Guidelines, NHSP IP ESP; Newborn Strategy, etc.). Copies of key documents and best practices were obtained and distributed and a process for review was agreed upon. The package was drafted and revised according to input received by the Safe Motherhood Sub-Committee and other key stakeholders during the Working Group meetings and presentations of the draft MNH Package.

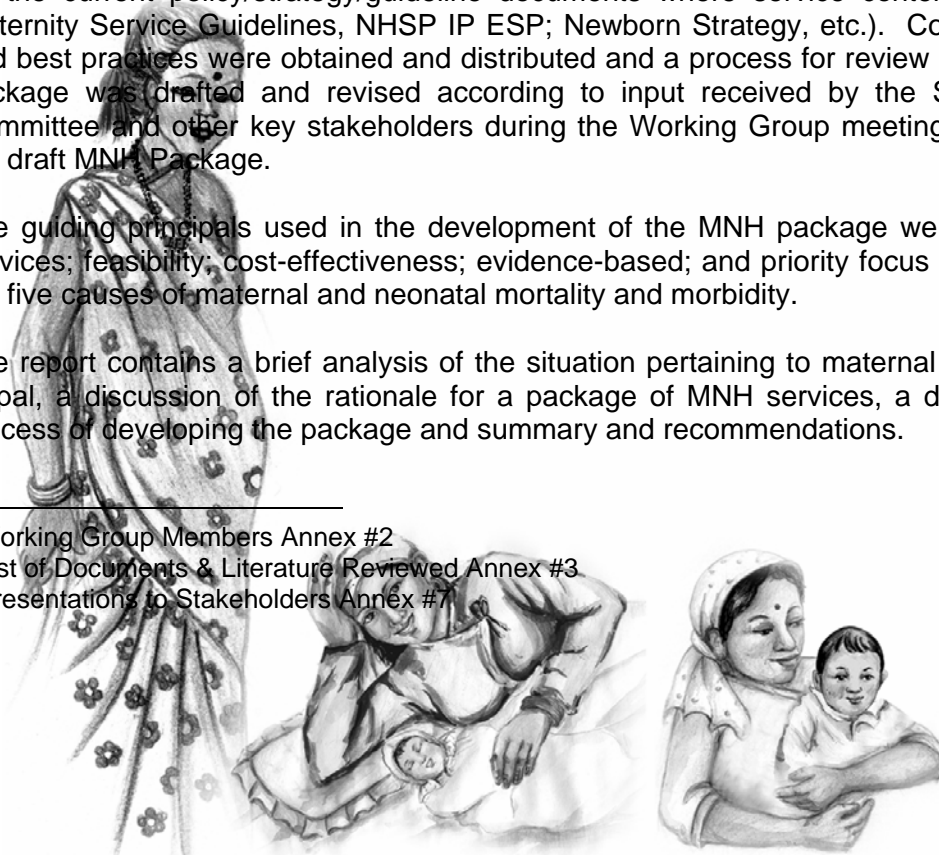
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The report contains a brief analysis of the situation pertaining to maternal and neonatal health in Nepal, a discussion of the rationale for a package of MNH services, a description of the policy process of developing the package and summary and recommendations.

⁵ Working Group Members Annex #2

⁶ List of Documents & Literature Reviewed Annex #3

⁷ Presentations to Stakeholders Annex #7



II. GENERAL BACKGROUND

The National Safe Motherhood Programme (SMP) is a priority within His Majesty's Government Nepal's (HMGN) Nepal Health Sector Strategy which works towards meeting the Tenth 5-year Plan/PRSP and the health sector targets set out in the Millennium Development Goals (MDG). The goal for maternal health is to reduce the maternal mortality ratio (MMR) by three quarters between 1990 and 2015. The framework for implementation of the SMP is the National Safe Motherhood Plan 2002-2017, the goal of which is, "maternal and neonatal health improved" and the purpose, "sustained increase in utilisation of quality maternal health services".

In July 2004, DFID committed £20 million for the next 5 years in support of the National Safe Motherhood Programme (SMP). DFID support to safe motherhood in Nepal will be termed "Support to the Safe Motherhood Programme" (SSMP). Inputs will be designed with MOH/DOHS, other government departments and non-governmental partners to the national programme. SSMP recognizes the need for support to health systems strengthening in order to enhance the quality and quantity of services.

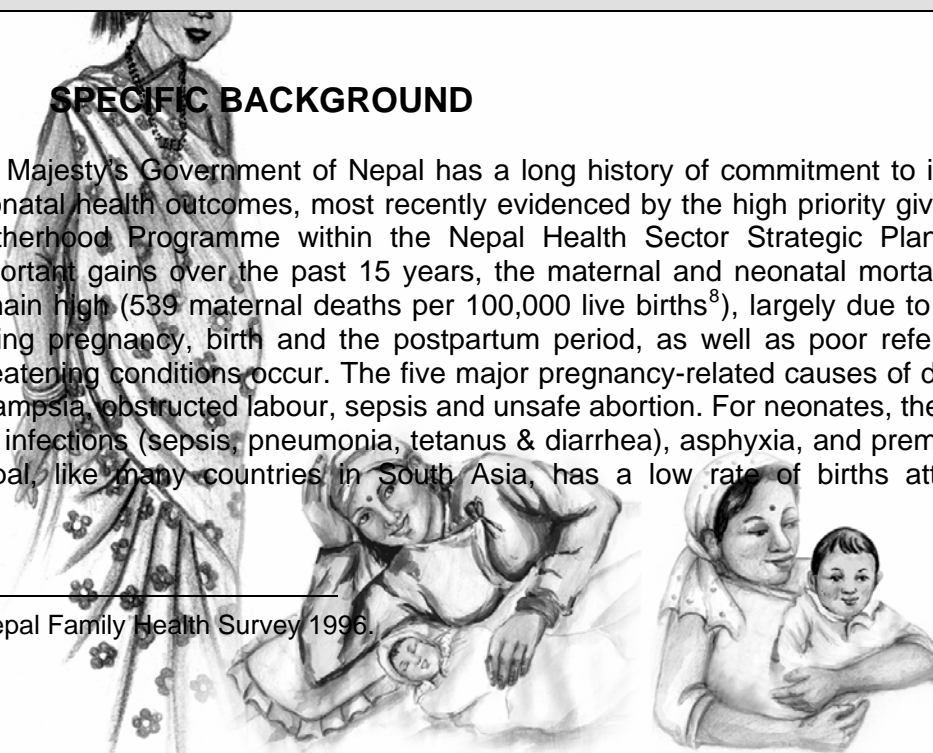
Key Nepal Maternal/Neonatal Health Statistics

- MMR 539/100,000 live births
- Neonatal MR 39/1000 live births
- Infant MR 64/1000 live births
- 12 women die every day during childbirth and 75 newborns (4,000 women and 30,000 newborns per year)
- 86% of maternal deaths occur in the rural areas
- 78.8% of deaths occur at home or on the way to a facility
- 95% of women with obstetric complications are not receiving EMOc (UNICEF)
- 13% of births attended by health workers
- 89% of all births occur at home
- 9% of births attended by physicians or nurses
- TBAs attend 23% of all births
- 56% of births attended by family members
- 90% of the population lives in rural areas, however, majority of health facilities and health personnel live and work in Kathmandu or other cities

III. SPECIFIC BACKGROUND

His Majesty's Government of Nepal has a long history of commitment to improving maternal and neonatal health outcomes, most recently evidenced by the high priority given to the National Safe Motherhood Programme within the Nepal Health Sector Strategic Plan 2004-2009. Despite important gains over the past 15 years, the maternal and neonatal mortality and morbidity rates remain high (539 maternal deaths per 100,000 live births⁸), largely due to the lack of skilled care during pregnancy, birth and the postpartum period, as well as poor referral systems when life-threatening conditions occur. The five major pregnancy-related causes of death are haemorrhage, eclampsia, obstructed labour, sepsis and unsafe abortion. For neonates, the major causes of death are infections (sepsis, pneumonia, tetanus & diarrhea), asphyxia, and prematurity/low birth weight. Nepal, like many countries in South Asia, has a low rate of births attended by skilled birth

⁸ Nepal Family Health Survey 1996.



attendants and low utilization of post partum care. Almost all maternal and newborn deaths are due to preventable conditions.⁹

In the context of Nepal, where the poorest families often live long distances from a facility that can provide emergency obstetric and neonatal care, it is important to encourage women to labour and deliver in facilities with skilled attendants with access to EMoC (emergency obstetric care) and treatment for sick newborns. This will require humane, 24 hour/7 day a week, “women & family friendly” services that are culturally sensitive and affordable, especially those in poor and underserved areas.

The Nepal Health Sector Strategy sets a goal of meeting the Tenth 5-Year Plan/PRSP and MDG (Millennium Development Goal) to reduce the MMR by three quarters by 2015. The goal of the National Safe Motherhood Programme which uses the National Safe Motherhood Plan 2002-2017 as its framework, is to improve maternal and neonatal health and sustain increases in the utilization of quality maternal health services. The Second Long Term Health Plan (1997-2017) has the goal of increasing the percentage of deliveries attended by trained personnel to 95 percent.

The Nepal Health Sector Programme Implementation Plan 2004-2009 mandates an Essential Health Care Service Package. The new MNH Package compliments the recently drafted National SBA Policy, follows the MOHP Essential Health Care Services Guidelines 2000, and in accordance with the Health Sector Programme Implementation Plan, the MOH will address the key issues of ensuring the availability of staff throughout the country, including remote and conflict-ridden districts. Specific interventions and motivational packages will be developed to mobilize and retrain the necessary workforce, supported by regular auditing of staff levels.

IV. RATIONALE FOR A PACKAGE OF MNH SERVICES

WHO defines high quality of care as a minimum level of services for all pregnant women and their newborns. A minimum package of services will assist health care providers to focus on priority MNH services that will improve outcomes and help to educate mothers and their families regarding their rights to demand a minimum level of MNH care. The package will also enable policymakers, district supervisors and other stakeholders to better monitor and evaluate the quality of care and MNH outcomes. It was determined by FHD/MOHP that new evidence-based information needed to be incorporated into an updated package of essential minimum MNH services including the Newborn Care Strategy and the Skilled Birth Attendant Policy and Strategy. Other additional priorities identified by FHD were a need to improve the consistency within the Package and the identification and standardization of the Minimum Essential Package of Obstetric and Neonatal Care at each level (District Hospital, PHC, HP, SHP, Outreach and Family/Community).

⁹ Lancet Neonatal Series, March 2005

V. THE MNH PACKAGE OF SERVICES

The Minimum MNH Package of Services includes:

- Focused Antenatal Care
- Delivery and Immediate Newborn Care (BEOC & CEOC)
- Postnatal Care (includes essential newborn care)
- Comprehensive Abortion Care

Minimum Package of MNH Services

FAMILY

- Recognise pregnancy, provide nutritious food, supplements and adequate rest
- Encourage utilisation of antenatal care services
- Identify the skilled birth attendant for seeking care during delivery
- Birth preparedness and complication readiness including arrangement of emergency funds
- Encourage utilisation of postnatal care
- Support breastfeeding

COMMUNITY

- Support the skilled birth attendants in the community
- Create awareness about the services that the skilled birth attendants offer.
- Mobilise the community to support referral and transportation
- Identify potential blood donors for emergency
- Support local health institutions providing MNH services
- Help poor and underprivileged to utilise MNH services

OUTREACH CLINICS

- IEC/Counselling for danger signs during pregnancy, delivery, postpartum for mother & newborn
- Birth Preparedness (Delivery by Skilled Birth Attendant)/Complication Readiness with Family
- Health Promotion (Include Information on Prolapse Uterus) /Nutrition Counselling
- Breastfeeding Promotion/Counselling
- Detection of Complications in Mother and Newborn & Facilitated Referral to Nearest Health Facility
- Postnatal Visits for Mother & Newborn
- Counselling on Unwanted Pregnancy & Safe Abortion Services
- Recognition of Danger Signs for Spontaneous & Induced Abortion with Referral to Nearest Appropriate Health Facility for Diagnosis & Treatment
- Counselling and Services for Family Planning



SUBHEALTH POST LEVEL

ANTENATAL CARE

- 4 Focused Antenatal Visits
- Monitor BP, Weight, FHR
- Birth Preparedness (Delivery by Skilled Birth Attendant) /Complication Readiness with Family
- Detection & Management (Obstetric First Aid) of Co-existing Conditions & Complications¹⁰
- Iron Folate Supplementation
- Treatment of Night Blindness
- Tetanus Toxoid Immunization
- Treatment for Worms
- Syndromic Detection, Treatment & Referral of RTIs/STDs
- Anti-Malarial Treatment in Endemic Areas
- Health Promotion (Include Information on Prolapse Uterus)
- Facilitated Referral to Higher Levels of Care As Necessary

DELIVERY & IMMEDIATE NEWBORN CARE¹¹

- Clean & Safe Delivery (Partograph, Active Management of 3rd Stage)
- Monitor BP & FHR
- Detection of Complications¹², Obstetric First-Aid¹³ & Referral if Necessary
- Initial Management of Shock & Facilitated Referral
- Immediate & Exclusive Breastfeeding
- Resuscitation & Stabilization of Newborn with Asphyxia, Hypothermia & Sepsis
- Identify, Stabilise & Manage Premature/LBW Newborn with Kangaroo Mother Care & Refer if Necessary
- Suture Vaginal Tears
- Facilitated Referral for Complications

POSTNATAL CARE (includes ESSENTIAL NEWBORN CARE)

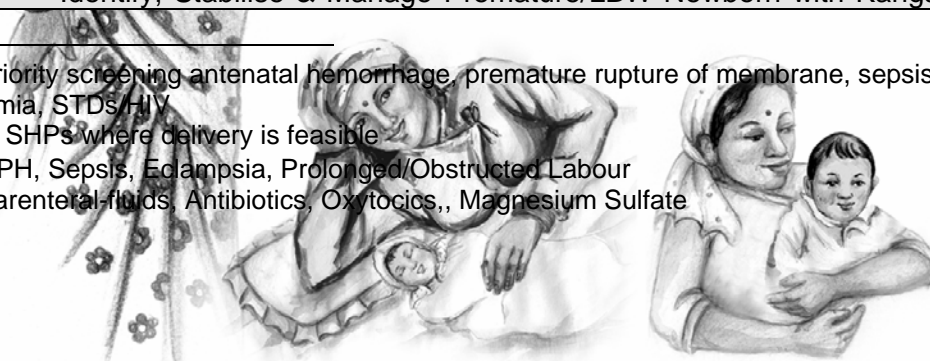
- 3 Postnatal Visits
- Identification & Treatment of Puerperal Sepsis with Referral if Necessary
- BP, Detection & Referral for Pre-eclampsia
- Detection & Treatment for Mastitis
- Detection & Management (Obstetric First Aid) of Heavy Postpartum Bleeding/Haemorrhage with Oxytocin & Referral if Necessary
- Exclusive Breastfeeding
- Vitamin A for Mother
- Detection & Treatment of Danger Signs for Mother& Newborn
- Treatment of Minor Infections & Referral after Stabilisation for Major Infections in Newborns
- Identify, Stabilise & Manage Premature/LBW Newborn with Kangaroo Mother Care and

¹⁰ Priority screening antenatal hemorrhage, premature rupture of membrane, sepsis, pre-eclampsia, severe anemia, STDs/HIV

¹¹ In SHPs where delivery is feasible

¹² PPH, Sepsis, Eclampsia, Prolonged/Obstructed Labour

¹³ Parenteral fluids, Antibiotics, Oxytocics, Magnesium Sulfate



Refer if Necessary

- Family Planning
- Health Promotion (Include Information on Prolapse Uterus)
- Syndromic Detection, Treatment & Referral of RTIs/STDs
- BCG

COMPREHENSIVE ABORTION CARE

- Diagnosis of Early Pregnancy
- Counselling
- Referral to Nearest Safe Abortion Services if Necessary
- Detection, Management (Obstetric First Aid) of Spontaneous & Induced Abortion Complications
- Post-Abortion FP & Counselling

HEALTH POST LEVEL

ANTENATAL CARE

- 4 Focused Antenatal Visits
- Monitor BP, Weight, FHR
- Birth Preparedness (Delivery by Skilled Birth Attendant) /Complication Readiness with Family
- Detection & Management (Obstetric First-Aid) of Co-existing Conditions & Complications¹⁴
- Iron Folate Supplementation
- Treatment of Night Blindness
- Tetanus Toxoid Immunization
- Treatment for Worms
- Syndromic Detection, Treatment & Referral of RTIs/STDs
- Anti-Malarial Treatment in Endemic Areas
- Health Promotion (Include Information on Prolapse Uterus)
- Facilitated Referral to Higher Levels of Care As Necessary

DELIVERY & IMMEDIATE NEWBORN CARE¹⁵

- Clean & Safe Delivery (Partograph, Active Management of 3rd Stage)
- Monitor BP & FHR
- Detection of Complications, Obstetric First-Aid¹⁶ and Referral if Necessary
- Initial Management of Shock & Facilitated Referral
- Immediate & Exclusive Breastfeeding
- Resuscitation & Stabilization of Newborn with Asphyxia, Hypothermia & Sepsis
- Identify, Stabilise & Manage Premature/LBW Newborn with Kangaroo Mother Care & Refer if Necessary
- Suture Vaginal Tears
- Facilitated Referral for Complications

¹⁴ Priority screening antenatal hemorrhage, premature rupture of membrane, sepsis, pre-eclampsia, severe anemia, STDs/HIV, obstetric first-aid

POSTNATAL CARE (includes ESSENTIAL NEWBORN CARE)

- 3 Postnatal Visits
- Identification & Treatment of Puerperal Sepsis with Referral if Necessary
- BP, Detection & Referral for Pre-eclampsia
- Detection & Treatment for Mastitis
- Detection & Management of Heavy Postpartum Bleeding/Haemorrhage with Oxytocin & Referral if Necessary
- Exclusive Breastfeeding
- Vitamin A for Mother
- Detection & Treatment of Danger Signs for Mother & Newborn
- Treatment of Minor Infections & Referral After Stabilisation for Major Infections in Newborns
- Identify, Manage, Stabilise Premature/LBW Newborn with Kangaroo Mother Care & Refer if Necessary
- Family Planning
- Health Promotion (Include Information on Prolapse Uterus)
- Syndromic Detection, Treatment & Referral of RTIs/STDs
- BCG & Counselling for Immunisation

COMPREHENSIVE ABORTION CARE

- Diagnosis of Early Pregnancy
- Counselling
- Referral to Nearest Safe Abortion Services if Necessary
- Detection & Management of Spontaneous & Induced Abortion Complications
- Post-Abortion FP & Counselling

PRIMARY HEALTH CARE CENTER

ANTENATAL CARE

- 4 Focused Antenatal Visits
- Haemoglobin
- Blood Group Typing (including Rhesus)
- VDRL
- CSF examination
- ? Bilirubin (ask lab)
- Urine Analysis (protein, sugar and bacteria)
- Monitor BP, Weight, FHR
- Birth Preparedness (Delivery by Skilled Birth Attendant) /Complication Readiness with Family
- Detection & Management of Co-existing Conditions & Complications with Facilitated Referral if Necessary
- Iron Folate Supplementation

¹⁵ In HPs with SBAs-Vacuum Delivery, Manual Removal of Placenta & Manual Vacuum Aspiration Services Will be Available

¹⁶ Parenteral-fluids, Antibiotics, Oxytocics, & Magnesium Sulfate

- Treatment of Night Blindness
- Tetanus Toxoid Immunization
- Universal Treatment for Worms
- Diagnosis, Treatment & Referral of RTIs/STDs
- Anti-Malarial Treatment in Endemic Areas
- Health Promotion (Include Information on Prolapse Uterus)

DELIVERY & IMMEDIATE NEWBORN CARE

- Clean & Safe Delivery (Partograph & Active Management of 3rd Stage)
- Monitor BP, FHR
- Detection & Management of Complications (BEOC) with Facilitated Referral if Necessary
- Management of Shock & Referral if Necessary
- Immediate & Exclusive Breastfeeding
- Resuscitation, Stabilisation & Management of Newborn with Asphyxia, Hypothermia & Sepsis with Referral if Necessary
- Identify & Manage Premature/LBW Newborn with Kangaroo Mother Care & Refer if Necessary
- Suture Vaginal and Rectal Tears

POSTNATAL CARE (includes ESSENTIAL NEWBORN CARE)

- 3 Postnatal Visits
- Identification & Management of Puerperal Sepsis with Referral if Necessary
- BP, Detection & Management of Eclampsia with Referral if Necessary
- Detection & Treatment for Mastitis
- Detection & Management of Heavy Postpartum Bleeding/Hemorrhage with Referral if Necessary
- Exclusive Breastfeeding
- Vitamin A for Mother
- Detection & Treatment of Danger Signs for Mother & Newborn
- Treatment of Minor & Major Infections in Newborns with Referral if Necessary
- Identify, Stabilise & Manage Premature/LBW Newborn with Referral if Necessary
- Family Planning
- Health Promotion (Include Information on Prolapse Uterus)
- Diagnosis, Treatment & Referral of RTIs/STDs
- BCG Vaccination & Counselling for Immunisation

COMPREHENSIVE ABORTION CARE

- Diagnosis of Early Pregnancy
- Counselling
- MVA (Safe Abortion) if Necessary
- Detection & Management of Spontaneous & Induced Abortion Complications with Antibiotics & Oxytocins
- Post-Abortion Detection & Management of Complications with Antibiotics & Oxytocins
- Post-Abortion FP & Counseling

DISTRICT HOSPITAL

ANTENATAL CARE

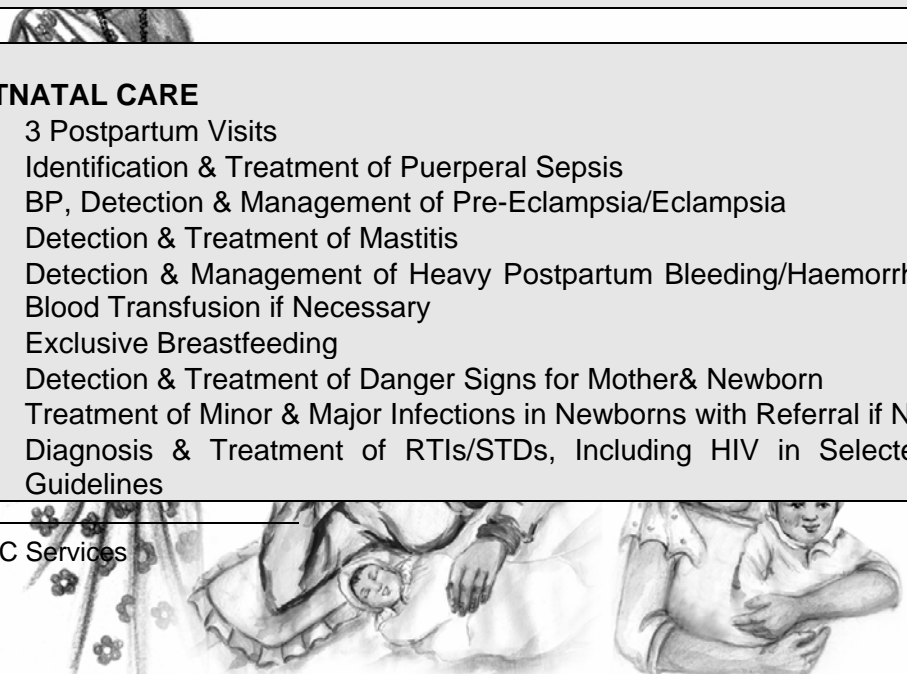
- 4 Focused Antenatal Visits
- Haemoglobin
- Blood Group Typing (including Rhesus)
- VDRL
- Urine (bacteriuria & proteinuria)
- Stool (ova & cyst)
- Monitor BP, Weight, FHR
- Birth Preparedness (Delivery by Skilled Birth Attendant) /Complication Readiness with Family
- Detection & Management of Co-existing Conditions & Complications
- Iron Folate Supplementation
- Treatment of Night Blindness
- Tetanus Toxoid Immunization
- Treatment for Worms
- Diagnosis & Treatment of RTIs/STDs, Including HIV/PMTCT in Selected Areas per Policy Guidelines
- Anti-Malarial Treatment in Endemic Areas
- Health Promotion (Include Information on Prolapse Uterus)

DELIVERY & IMMEDIATE NEWBORN CARE

- Clean & Safe Delivery (Partograph & Active Management of 3rd Stage)
- BP, FHR
- Detection & Management of Complications¹⁷ with Facilitated if Necessary
- Management of Shock
- Immediate & Exclusive Breastfeeding
- Resuscitation, Stabilization & Management of Newborn with Asphyxia, Hypothermia & Sepsis
- Identify & Manage Premature/LBW Newborn with Referral if Necessary
- Suture Vaginal & Rectal Tears
- Vacuum Delivery
- C-Section
- Blood Transfusion

POSTNATAL CARE

- 3 Postpartum Visits
- Identification & Treatment of Puerperal Sepsis
- BP, Detection & Management of Pre-Eclampsia/Eclampsia
- Detection & Treatment of Mastitis
- Detection & Management of Heavy Postpartum Bleeding/Haemorrhage with Oxytocin & Blood Transfusion if Necessary
- Exclusive Breastfeeding
- Detection & Treatment of Danger Signs for Mother & Newborn
- Treatment of Minor & Major Infections in Newborns with Referral if Necessary
- Diagnosis & Treatment of RTIs/STDs, Including HIV in Selected Areas per Policy Guidelines



- Identify & Manage Premature/LBW Newborn with Referral if Necessary
- Family Planning
- Health Promotion (Include Information on Prolapse Uterus)
- BCG & immunisation counselling

COMPREHENSIVE ABORTION CARE

- Diagnosis of Early Pregnancy
- Counselling
- MVA (Safe Abortion) if Necessary
- Detection & Management of Spontaneous & Induced Abortion Complications with Antibiotics, Oxytocins & MVA/D&C if Necessary
- Post-Abortion Detection & Management of Complications with Antibiotics, Oxytocins & MVA/D&C if Necessary
- Post-Abortion FP & Counselling

Prevention & Management of Major Causes of Maternal Death at Service Levels Safe Motherhood Sub-Committee

Causes of Maternal Death	HP/SHP (MCHW/ANM)	PHCC RN/Doctor	District Hospital
Post Partum Haemorrhage (46.3%)	Parenteral Oxytocins Active Management of 3 rd Stage of Labour	Manual Removal of Placenta	Blood Transfusion
Prolonged/Obstructed Labour (16.3%)	Use of Partograph to Identify Prolonged Labour	Vacuum Delivery	Caesarean Section
Pre/Eclampsia (14.3%)	Parenteral Anticonvulsants (Magnesium Sulfate)	Parenteral Anticonvulsants (Magnesium Sulfate)	Parenteral Anticonvulsants (Magnesium Sulfate)
Puerperal Sepsis (11.8%)	Antibiotics	Antibiotics	Antibiotics
Unsafe Abortion (3.8%)	Oxytocins/Antibiotics	Manual Removal of Placenta	Manual Removal of Placenta and D&C

Implementation Framework for the MNH Package

Policy/National Framework	SBA Essential Services Package
Standards	Infrastructure Human Resources Training Sites Equipment/Supplies
Quality Assurance Tools	Management Guidelines Clinical Protocols Audit Maternal & Perinatal Deaths/Near Misses
Operational Guidelines	Service Delivery & Management

	QA/OoC for Facilities & Districts
Planning & Monitoring Tools	Needs Assessment Facility Monitoring District Monitoring National Monitoring

VI. SUMMARY AND RECOMMENDATIONS

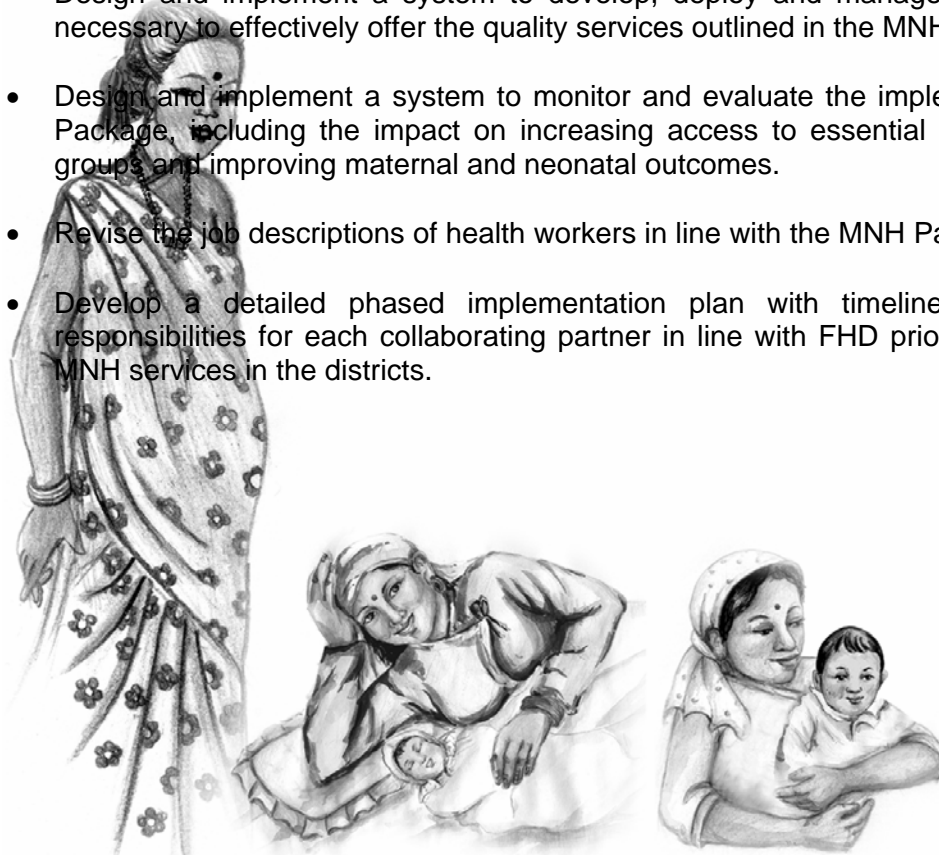
The new MNH (Maternal & Neonatal Health) Package of services meets the WHO criteria for a minimum level of services for all women and children. The package will empower providers to deliver priority integrated MNH services for best possible outcomes and empower women and their families to demand their rights to a minimum level of MNH care, as well as facilitate the monitoring and evaluation of the quality of care and health outcomes.

Summary

The draft MNH Package of services is an important step for His Majesty's Government of Nepal (HMGN) in ensuring that every pregnancy results in the best possible outcome for mothers and newborns. However, the package is just the beginning in a long process of restructuring the health system to increase access to quality MCH care to marginalized and vulnerable populations. The package will need to be accompanied by the development and implementation of national standards and protocols, followed by the appropriate training and deployment of human resources, coupled by a system of supportive supervision, essential equipment and supplies, as well as other policies to improve the enabling environment and ensure sustainability.

Recommendations

- Develop and implement national standards and protocols in collaboration with the relevant centres and divisions of the Department of Health Services/MOH&P.
- Develop a plan for implementation of the Minimum MNH Package that includes: appropriate training/orientation, a system of supportive supervision, and provision of essential equipment and supplies.
- Conduct a detailed costing of the MNH Package (both capital and recurrent).
- Facilitate Inter-sectoral collaboration to implement the package among MOHP/FHD, Ministries of Finance, Education, Transport and Communication.
- Design and implement a system to develop, deploy and manage the human resources necessary to effectively offer the quality services outlined in the MNH Package.
- Design and implement a system to monitor and evaluate the implementation of the MNH Package, including the impact on increasing access to essential services for vulnerable groups and improving maternal and neonatal outcomes.
- Revise the job descriptions of health workers in line with the MNH Package.
- Develop a detailed phased implementation plan with timelines, budget, roles and responsibilities for each collaborating partner in line with FHD priorities and expansion of MNH services in the districts.



ANNEX 1: TERMS OF REFERENCE

Support to the Safe Motherhood Programme, Nepal (SSMP)

Support to Development of the National District Needs Assessment Toolkit

1. General Background

The National Safe Motherhood Programme (SMP) is a priority within His Majesty's Government Nepal's (HMGN) Nepal Health Sector Strategy which works towards meeting the Tenth 5-year Plan/PRSP and the health sector targets set out in the Millennium Development Goals (MDG). The goal for maternal health is to reduce the maternal mortality ratio (MMR) by three quarters between 1990 and 2015. The framework for implementation of the SMP is the National Safe Motherhood Plan 2002-2017, the goal of which is, "maternal and neonatal health improved" and the purpose, "sustained increase in utilisation of quality maternal health services".

In July 2004, DFID committed £20 million for the next 5 years in support of the National Safe Motherhood Programme (SMP). DFID support to safe motherhood in Nepal will be termed "Support to the Safe Motherhood Programme" (SSMP). Inputs will be designed with MOH/DOHS, other government departments and non-governmental partners to the national programme. SSMP recognizes the need for support to health systems strengthening in order to enhance the quality and quantity of services.

2. Specific Background

The Family Health Division (FHD) of the Department of Health Services (DoHS) has responsibility for ensuring implementation of the SMP through development/evolution and dissemination of National policy and strategy and through co-ordinating implementation, quality assurance and monitoring.

FHD has recently convened two working groups. One is working to review existing guidance (in official HMGN documentation) on the contents of MNH services. Based on this review, an understanding of HMGN policy and taking account of internationally agreed best practice this group will advise on the proposed content of the Minimum MNH Package for Nepal. The second working group hopes to draft a National MNH Needs Assessment Package to guide needs assessments at district level.

SSMP is committed to supporting an integrated approach to MNH service delivery with emphasis on scaling up access to comprehensive abortion care and skilled attendance at delivery including essential newborn care and, for those in need, access to basic and comprehensive emergency obstetric care. SSMP is also committed to improving equitable access to services and it is critical that assessments of equity and access are included in any new needs assessment toolkit.

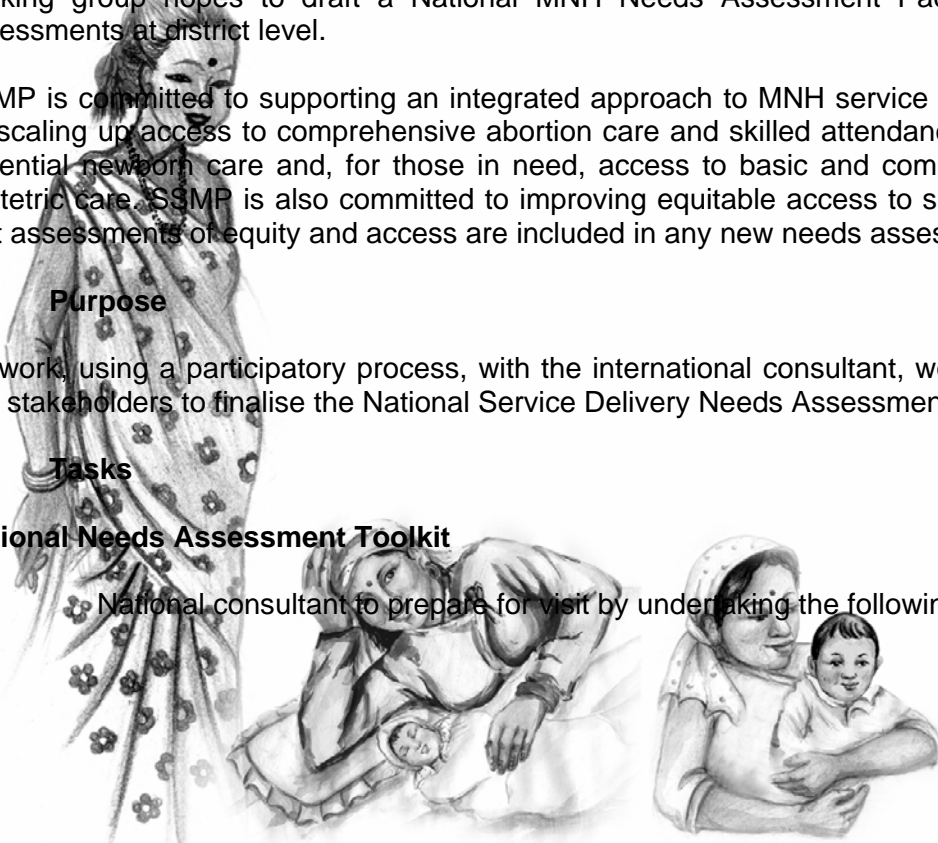
3. Purpose

To work, using a participatory process, with the international consultant, working group and other key stakeholders to finalise the National Service Delivery Needs Assessment Toolkit.

4. Tasks

National Needs Assessment Toolkit

4.1. National consultant to prepare for visit by undertaking the following:



- Review the initial outputs of the working group, consultations with SDSOs and existing needs assessment tools¹⁸.
- Based on these draft tools for parameters 1- 6 (draft parameters attached). Prepare each tool by writing up an accompanying introduction explaining how the information to be gathered will support district MNH planning.
- Discuss these by email dialogue with international consultant consultant before her arrival in-country.
- Continue to input during the visit of the international consultant.

4.2. Meet with SSMP (MNH Advisor for Service Delivery and the Senior Advisor) and FHD (Director and, if in place, Safe Motherhood Co-ordinator, Equity and Access team), representatives of the potential SDSOs and members of the working group and relevant EDPs to discuss the parameters and tools and agree any revisions to the tools. Discuss how the information generated by each tool will support MNH planning.

4.3. Discuss with Equity and Access team coordination of tools and use of information generated.

4.4. Discuss the parameters and draft tools with stakeholders (DHMT/ RHCC, other related organization) in one or two districts. The MNH Advisor for Service Delivery will accompany consultants, member of SSMP Equity and Access team, representatives from FHD and the potential SDSOs.

4.5. Work with MNH Advisor for Service Delivery, and representatives from FHD, Equity and Access team and the potential SDSOs to revise the tools based on feed back of consultations.

4.6. Meet with data analysis specialists (to be arranged by SSMP) to work out computerised formats, coding and data analysis.

4.7. Hold a half-day meeting to share the Needs Assessment tools and process for their use with national level stakeholders.

4.8. Field-test the assessment tool in one selective PHCC. Incorporate the change as per out come of field test

4.9. Meet with MNH Advisor for SD and Senior Advisor to work out a clear action plan for piloting the tools in association with SDSOs and District bodies.

4.10. Debrief the MNH Adviser SD and Senior Advisor.

5. Outputs

5.1. Contributions to the final consultancy report as to be agreed with the international consultant

6. Consultant requirements and time frame

One **National consultant** with MNH and planning skills to carry out the first two tasks prior to the arrival of the international consultant. The National consultant (s) will continue to input during the International consultant's visit on a needs basis and where necessary complete any tasks after the international consultant's visit. Estimated time required, two weeks before international consultant, up to 3 weeks working with International consultant (IC) and potentially two weeks after the IC visit

¹⁸ 1. NSMNP Needs Assessment Tools.

2. Needs Assessment on the Availability of EOC Care Services , HMGN August 2000

3. Monitoring Quality of Care Guidelines, HMGN September 2004

to complete any tasks. Total ceiling of 6 weeks, with actual days worked to be invoiced and approved by MNH Adviser SD.

An **international consultant** with specialist skills in MNH and service planning will visit between August and September. Maximum number of days 21 days including 2 days desk work for preparation and email dialogue with the National consultant, 18 days in-country and 1 day desk work after the assignment for finalisation.

7. Reporting

The report should include a discussion of the extent to which the TOR could be fulfilled. A discussion of the degree to which the process leading to the development of the outputs was satisfactory and seen as such by stakeholders, together with comments about what action is now needed to ensure their effective use. The annexes should include a list of persons met and meetings attended, listed chronologically, as well as all the outputs listed above.

ANNEX 2: MNH WORKING GROUP MEMBERS

Chairperson:	Dr. Peeyoosh Kumar "Rajendra", Director, FHD
Dr. Vijaya Manandhar, NOO/WHO	ANC
Dr. Shilu Aryal, SMO/FHD	ANC
Dr. Prasanna Gunasekara, NOO/WHO	Delivery
Radha Rai, NFHP	PNC
Mangala Manandhar, Sr. PHO	PNC
Dr. Nenna Khadka, SCF	Neonatal
Mukunda Gautum, Sr. PHO/FHD	Neonatal
Deepa Pokhrea, SSMP	Access
Leela Khanal, NFHP	Access
Dr. Sautri Kishor	Safe Abortion
Meena Shrestha	Safe Abortion
Dr. Ganga Shakya, SSMP	EOC
Dr. Indira Basnet, SSMP	EOC



ANNEX 3: LIST OF DOCUMENTS REVIEWED

National Reproductive Health Strategy ; FHD, DOH, 1998

Integrated Management of Pregnancy and Childbirth, Pregnancy and Newborn Care : A Guide for Essential Practice, WHO, UNFPA, UNICEF & WB, 2003

Kinzie, B. & Gomez, P, Basic Maternal and Newborn Care : A Guide for Skilled Providers, 2004

Reproductive Health Protocols for ANMs & MCHWs, MOHP, HMG/Nepal, 2005

In-Service Training of ANM on Reproductive Health, Participant's Handbook, MOHP/NHTC, 2007

Saving Mother's Lives-What Works

WHO Antenatal Care Guide

Guidelines for Health Posts, Primary Health Care Centres & Sub Health Posts, FHD/MOHP

Nepal National Maternity Care Guidelines, FHD/MOHP

WHO Guidelines for Managing Normal Labor & Delivery and Complications

Community-Based Maternal and Neonatal Care in Nepal, Presentation by Dr. Rajbhandari & Dr. Bhadra, Nepal Family Health Program, June 2005

District Level Service Delivery Support Organization, TOR for Service Delivery Support at District Level by UNICEF, SSMP, 2005

Emergency Obstetric Care for Doctors and Midwives: Course Handbook for Participants, AMDD/MNH, June 2003

Empowering Women to Care for Their Health and That of Their Children: Nepal Experiences-The National Safe Motherhood Program, Presentation by Dr. HN Acharya, Chief, Division of Policy, Planning and International Cooperation, MOH, Donor Meeting in Delhi, India, April 2005

Health Professionals for Maternity Services: Experiences on Covering the Population with Quality Maternity Care, Marga Kowalewski and Jahn Albrecht, 2001

How to Reduce Maternal Deaths: Rights and Responsibilities, DFID, February 2005

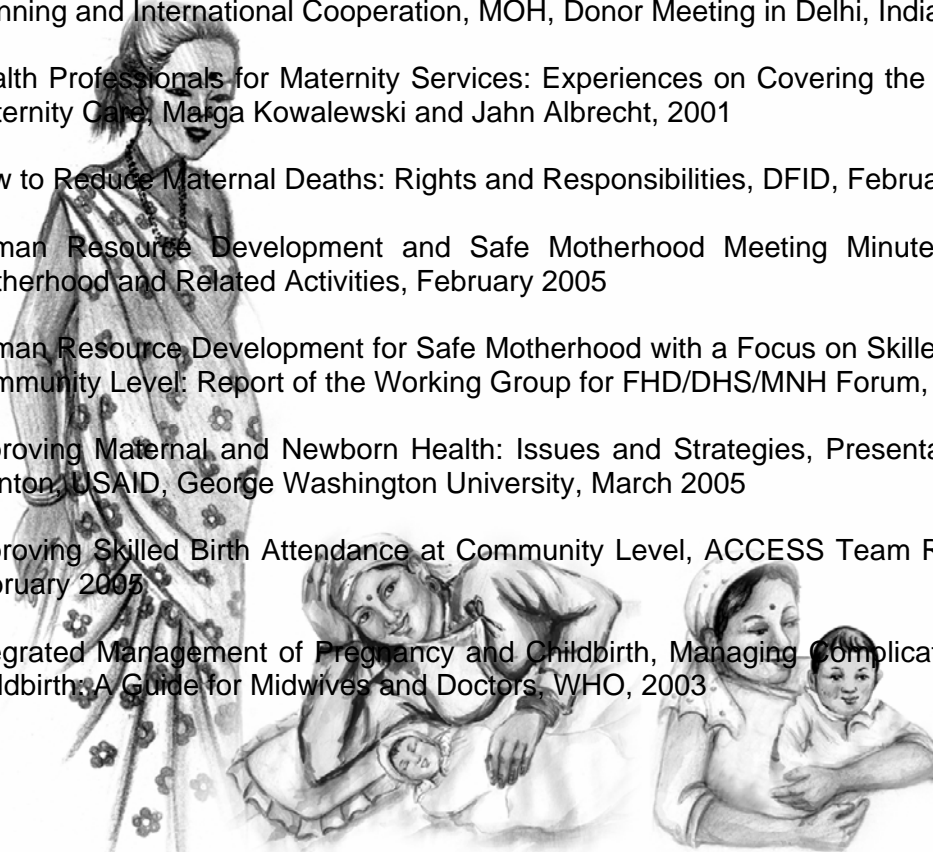
Human Resource Development and Safe Motherhood Meeting Minutes in Relation to Safe Motherhood and Related Activities, February 2005

Human Resource Development for Safe Motherhood with a Focus on Skilled Birth Attendant at the Community Level: Report of the Working Group for FHD/DHS/MNH Forum, June 2005

Improving Maternal and Newborn Health: Issues and Strategies, Presentation by Dr. Mary Ellen Stanton, USAID, George Washington University, March 2005

Improving Skilled Birth Attendance at Community Level, ACCESS Team Report to USAID/Nepal, February 2005

Integrated Management of Pregnancy and Childbirth, Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors, WHO, 2003



- Maximizing Synergies between Maternal and Newborn Health, Sandra MacDonagh, August 2003
- National Neonatal Health Strategy, FHD, HMGN, 2004
- Nepal Health Sector Programme-Implementation Plan, 2004-2009, HMGN, October 2004
- Nepal Safe Motherhood Network Interaction Program on Skilled Attendance at Birth, August 2001
- National Safe Motherhood Plan (2002-2017) Family Health Division (FHD), Department of Health Services, HMGN, 2002
- Nepal Safe Motherhood Project Evaluation Synthesis, Deborah Thomas and Jean Marion Aitken, October 2004
- Proceedings from Regional Workshop on SBAs in South & West Asia, Organized by UNFPA, Islamabad, Pakistan April 19-21, 2004
- Provider Practice Concept Paper, IMMPACT Project Scientific Review Committee, May 2003
- Quality of Care Assessment Study for Nepal Safer Motherhood Project & Family Health Division, ODC, June-September 2004
- Report on Performance Evaluation of Graduates of Post Basic Diploma Midwifery, Vijay KC, Indira Basnet, Saraswati Chetry, February 2002
- SAFOG (South Asian Federation of Obstetricians & Gynecologists) Conference Program, June 3rd & 4th, 2005
- Saving Lives: Skilled Attendance at Birth-Meeting the Challenge of Skilled Attendance at Delivery-Nepal's Experiences, Department of Health Services, HMGN, Tunis Workshop Proceedings Summary, October/ November 13-15, 2000
- Seeking Skilled Care-CHANGE Maternal Survival Toolkit: Complication Narratives-Placing Maternal Careseeking in Cultural Context, USAID Project Publication, 2004
- SSMP Annual Work Plan 2005
- Study on Utilization of EmOC in Selected Districts of Nepal, Department of Community Medicine and Family Health, Institute of Medicine, Kathmandu, Nepal, August 2004
- Taking Forward the Consensus from the UNFPA Regional Workshop on SBAs, Dhulikhel, FHD, Department of Health Services/UNFPA Nepal, July 26-27, 2004
- Towards Skilled Birth Attendance in Nepal: Rapid Appraisal of the Current Situation and Outline Strategy, WHO, February 2005
- Updating on National Safe Motherhood Program, Policy and Strategies, Presentation to SAFOG Conference by Dr. Peeyoosh Kumar "Rajendra", Director FHD, June 5, 2005
- Voices from the Inside: Managing District Health Services in Nepal, Dr. Jean Marion Aitken, International Journal of Health Planning and Management, 1994

ANNEX 4: LIST OF CONTACTS

Carol Barker, Senior Advisor, SSMP

Dr. Indira Basnett, Safe Motherhood Advisor, SSMP

Dr. Ganga Shakya, Safe Motherhood Advisor, SSMP

Gopal Kafle, Contracts Technical Advisor, SSMP

Dr. Sudha Sharma, President, Nepal Medical Association

Susan Clapham, Senior Advisor, DFID/Nepal

Dr. Saramma Thomas Mathai, Adviser, RH & Family Planning Services, UNFPA

Dr. Mark Zimmerman, Medical Director, Patan Hospital, UMN

Dr. Bruce Hayes, UMN

Dr. Ilsa Sri Laraswati Nelwan, Public Health Administrator, WHO/Nepal

Dr. Vijaya Manandhar, National Operations Officer, SMI, WHO/Nepal

Anita Gibson, Reproductive & Child Health Program Manager, USAID/Nepal

Judith Moore, Regional Advisor, Saving Newborn Lives, Save the Children/Nepal

Dr. Rajendra Bhadra, Team Leader, Training, Nepal Family Health Program

Dr. Geetha Rana, Senior Advisor, Safe Motherhood Program, UNICEF

Dr. Pandit, Director General, MOHP

Dr. Gopal Khanal, Register, Nepal Medical Council

Dr. Arjun B. Singh, Director, NHTC

Prof. Trilok Pati Thapa, Assistant Dean, IoM

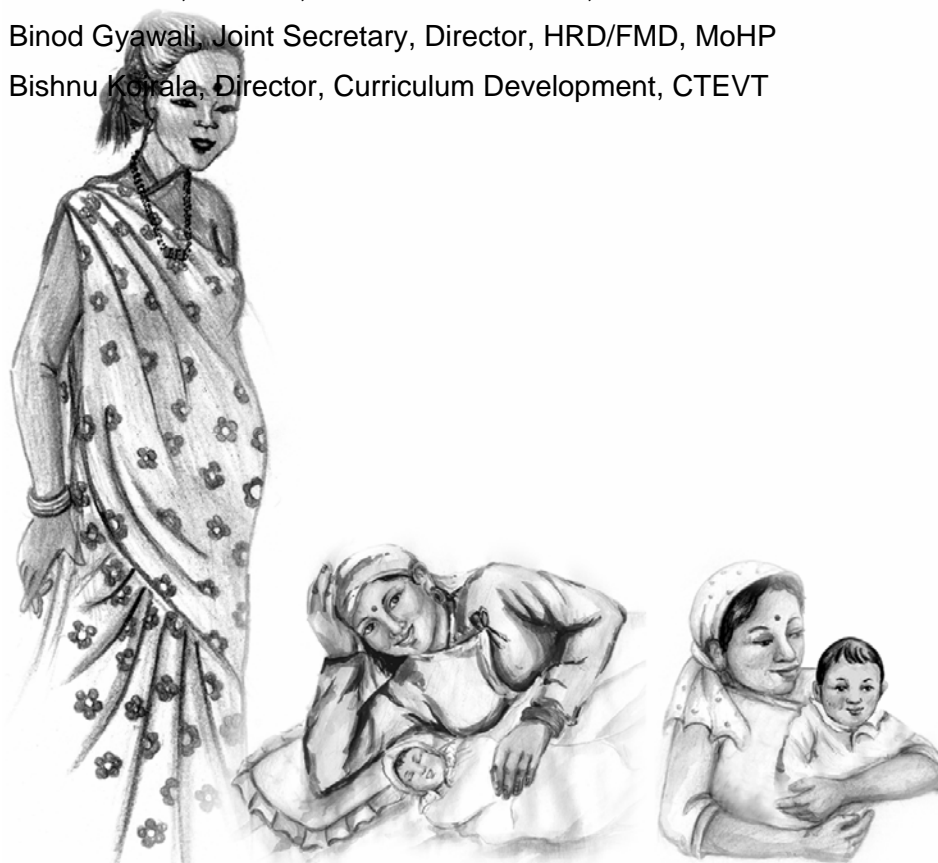
Ms. Tara Pokhrel, President, Nepal Nursing Council

Dr. Peeyoosh Kumar "Rajendra", Director, FHD

Dr. Y.V. Pradhan, Director, Child Health Division, DoHS

Mr. Binod Gyawali, Joint Secretary, Director, HRD/FMD, MoHP



Mr. Bishnu Kohala, Director, Curriculum Development, CTEVT



ANNEX 5: PRESENTATIONS TO WORKING GROUP & STAKEHOLDERS



Presentation 1




 <p><i>Skilled Birth Attendants for All Nepali Women</i></p> <hr/> <p>WELCOME!</p> 	 <p><i>Purpose</i></p> <hr/> <p><i>To reach formal consensus on:</i></p> <ul style="list-style-type: none">* Definition of SBA for Nepal* Role, training & enabling environment* Discuss strategic approach to formalize policy and ensure SBA for every woman in Nepal
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 <p><i>In Nepal...</i></p> <hr/> <p>Every day- 12 Mothers Die in Childbirth...4000 every year*</p> <p>Every day- 75 Newborns Die...30,000 every year*</p> <p><small>*Mostly preventable with timely access to skilled care</small></p>	 <p><i>Nepal MDG Goals & National SM Plan</i></p> <hr/> <p><i>It is URGENT to act as soon as possible to:</i></p> <ul style="list-style-type: none">* ↑ deliveries by SBAs from current 13% to 60% by 2015 (MDG)* ↑ deliveries by SBAs from current 13% to 18% by 2006 to 40% by 2017 (SM 15 Year Plan)* ↑ institutional deliveries from current 9% to 12% by 2006 to 22% by 2017 (15 YP)
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 <p><i>WHO Definition of SBA</i></p> <hr/> <p>“An accredited health professional-such as a midwife, doctor or nurse-who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the postnatal period and in the identification, management and referral of complications in women and newborns.”</p>	 <p><i>How to ↑ Access to SBAs</i> <small>Presented by Dr. Peeyoosh Kuman, Director FHD</small></p> <hr/> <p>1. Develop national strategy on SBA that includes:</p> <ul style="list-style-type: none">* Competency level* Production* Enabling environment
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 <p style="text-align: center;"><i>How to ↑ Access to SBAs</i> <i>Presented by Dr. Peeyoosh Kuman, Director FHD</i></p> <hr/> <p>2. Public-private partnerships (e.g. contracting out private doctors and/or professional organizations like NESOG)</p> <p>3. Implementing maternity cost-sharing scheme</p>	 <p style="text-align: center;"><i>Long Term Priority</i></p> <hr/> <p>Train future midwifery leaders who will provide national & international leadership on safe motherhood issues (proposed WHO program-BA in nursing/midwifery)</p>
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 <p style="text-align: center;"><i>Urgent Priorities for Training & Deployment</i></p> <hr/> <ul style="list-style-type: none"> * Train & deploy adequate #s of “frontline” SBAs to attend births 24° a day in the poor, remote & rural areas * Continue to upgrade life-saving skills of current MCHWs and ANMs * Improve the enabling environment for all health workers attending women in pregnancy, birth & post partum 	 <p style="text-align: center;"><i>Enabling Environment</i></p> <hr/> <p>Improvements in enabling environment:</p> <ul style="list-style-type: none"> * Ensuring security & safety * 24°/7 day a week coverage (e.g.2 ANMs @ remote posts, rotations) * Incentives for posting to remote areas (e.g. extra salary, scholarships, residence) * Supportive supervision * Adequate referral & back-up systems * Essential equipment, drugs & supplies
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 <p style="text-align: center;"><i>Training Options</i></p> <hr/> <ul style="list-style-type: none"> * Two track ANM course-at end of first year basic training ANM would chose to enter training to become SN or SBA * New SBA course competency-based, with focus on adequate clinical practice & experience under supervision to ensure skills necessary to attend births in remote areas* *other providers eligible to take course if met certain criteria 	 <p style="text-align: center;"><i>Some Facts to Consider</i></p> <hr/> <ul style="list-style-type: none"> * Midwives trained for more than 2-3 years with a higher degree (BA) will NOT be likely to work in the MOH health centers. 
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 <p style="text-align: center;"><i>Some Facts to Consider</i></p> <hr/>  <p>Need to separate the issues:</p> <ol style="list-style-type: none"> 1. Professional advancement & opportunities 2. Health care needs of the country 	 <p style="text-align: center;"><i>Needs May Vary</i></p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">MOH</td> <td style="text-align: center;">Midwives/Nurses</td> </tr> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> * Staff health centers * Keep salaries/costs as low as possible * Meet MDGs/SMP goals </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> * Good work environment * Adequate salary * Opportunity to have/be with family * Safety </td> </tr> </table>	MOH	Midwives/Nurses	<ul style="list-style-type: none"> * Staff health centers * Keep salaries/costs as low as possible * Meet MDGs/SMP goals 	<ul style="list-style-type: none"> * Good work environment * Adequate salary * Opportunity to have/be with family * Safety
MOH	Midwives/Nurses				
<ul style="list-style-type: none"> * Staff health centers * Keep salaries/costs as low as possible * Meet MDGs/SMP goals 	<ul style="list-style-type: none"> * Good work environment * Adequate salary * Opportunity to have/be with family * Safety 				




What is the Challenge?




How do we ensure as soon as possible that every pregnant woman in Nepal has access to a SBA to improve the survival rate and health outcomes for mothers and babies?


Presentation 2



Skilled Birth Attendants for All Nepali Women

WELCOME!






Objective of the Meeting


To further consolidate consensus on:

- * Training, role, deployment & retention of SBAs in the community
- * Improving the enabling environment
- * Define strategic approach to formalize policy and plan to ensure SBA for every woman in Nepal




Recommendations from PAG Meeting

- * ANMs to be the community SBAs
- * Current ANM training to be revamped to ensure necessary SBA skills
- * Two track ANM course-at end of first year basic training ANM would choose to enter training to become auxiliary nurse or SBA



Recommendations continued...


- * New SBA course competency-based, with focus on adequate clinical practice & experience under supervision to ensure skills necessary to attend births in remote areas*
- * Other health providers (HA, AHW, MCHWs, VHWs) will continue to play a critical role in improving maternal neonatal health outcomes as part of the team
- * other providers eligible to take course if met certain criteria (SN, MDs)



Role of SBA


Main resource in the community for ensuring the best possible outcomes for mothers and newborns during the pregnancy, delivery & postpartum period.


Work in partnership with community level stakeholders, service providers & volunteers; supported by a strong referral network and district health team.



How many SBAs can we plan on training per year?

- * Number of trainees that can realistically be produced
- * Number of SBAs needed to achieve MDGs/LTHP





How many do we have the capacity to train annually?

- * Maximum 150 SBAs/per year*
- * Estimated number of SBAs needed to meet MDGs is 2000-4000
- * Projected 10-30 years need to meet HR goals

* Based on the number of potential training sites, number of institutional births and availability of trainers/clinical supervisors



Criteria for Potential Training Sites

- * Governmental and non-governmental facilities
- * Estimated births
- * Number of trainers/supervisors required




Deployment of SBAs- Priority given to districts with functioning EmOC



Emergency Obstetric Services

Legend
■ EmOC (24)

...and to districts with low HDI



Low HDI Districts

Legend
■ Low HDI (25)

Enabling Environment- to facilitate retention of SBAs in the community?

Problems	Possible solutions
* Safety & security	* 2 ANMs (SBA) per HP
* 24/7 coverage	* Residence
* Social & professional isolation	* Rotation
* Lack of essential elements to provide safe care	* Supportive supervision
* Lack of adequate incentives	* Team approach
* Cost	* Adequate equipments, drugs and supplies
* Transport	* Functioning referral and backup system
* Communication	* Scholarships, extra allowance
	* Cost sharing

How can we ensure better birth outcomes in the community?



* By encouraging women to deliver in upgraded health posts that provide quality, women-friendly, 24/7 care with effective referral systems and strong district health care teams

Resources necessary for ensuring safe births at HPs: (capital + recurrent costs NRs)

Capital costs	8,00,000
Construction: 3 rooms-2 for service delivery-1 for residence	
Equipment, furniture, supplies	1,00,000
Human resource training	
SBAs (2 at each HP)	1,15,000 per trainee
HA/AHW	40,000
On site supervision x4/yr	40,800 per year
Monthly recurrent costs (salary, etc)	18,300

We must act now...



Next steps...



What does PAG propose for ensuring official policies are put into place to ensure SBAs in our communities?

Thank you and now for the details...



 <i>Necessary policy and advocacy reforms- clear policy statements...</i>	 <i>Additional next steps</i>
<ul style="list-style-type: none">* Education policies<ul style="list-style-type: none">- In-service- Pre-service* Deployment policies* Delivery at HP* Job descriptions of SBAs and other health workers* Advocacy with other relevant ministries (MoF, PPD, HSR and MoGAdmin, <i>Swasthya niyamawali</i>, civil services reform)	<ul style="list-style-type: none">* Technical advisory group for curriculum review and revision* Technical advisory group for policy

ANNEX 6: PUBLIC HEALTH INFRASTRUCTURE

HEALTH INFRASTRUCTURE & PERSONNEL

HOSPITALS	1 Regional 9 Zonal 67 District
PRIMARY HEALTH CARE CENTERS	191
HEALTH POSTS	710
SUB-HEALTH POSTS	3,168
DOCTORS	2,776
Obstetrician/Gynaecologists	130
Anaesthesiologists	294
Paediatricians	120
REGISTERED NURSES	3,351
AUXILIARY NURSE MIDWIVES (ANM)	4,000
MATERNAL & CHILD HEALTH WORKERS (MCHWS)	4,000
TRADITIONAL BIRTH ATTENDANT (TBA)	15,000 trained

ADMINISTRATIVE LEVEL	CADRE OF PROVIDER
Ward Level (no facility)	Female Community Health Volunteer (FCHV) Traditional Birth Attendant (TBA)
Village Development Community (VDC) Sub-Health Post	MCHW (Maternal Child Health Worker) Auxiliary Health Worker (AHW) Village Health Worker (VHW)
Health Post	Health Assistant (HA) Auxiliary Nurse Midwife (ANM) Auxiliary Health Worker (AHW) Village Health Worker (VHW)
Primary Health Care Centre	MBBS Doctor Staff Nurse (SN) Auxiliary Nurse Midwife (ANM) Auxiliary Health Worker (AHW)
District Hospital	All staff as in PHC (MBBS Doctor, Staff Nurse, ANM, AHW) in greater numbers depending on level of hospital (district or zonal), specialist clinicians with obstetric, paediatric and anaesthetic skills may be present.

