



Overview of Progress of Maternal Health in Nepal: A Case Study

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History of Development Cooperation in Health in Nepal-1

- Development cooperation started in 1954 with the support of USAID in Malaria control
- Followed by USAID support in health aid flow started from many bilateral, multilateral, UN Agencies, faith based organizations, private foundations, INGOs and personal donors
- The strategy adopted was vertical health projects approach and there was poor coordination and harmonization between the projects

History of Development Cooperation in Health in Nepal-2

- In 1994, Government of Nepal closed all the vertical projects and started integrated basic health services programme with donor support as ear-marked health programme
- With the new health policy; coordination mechanism started in few programme and services and one of the programme starting good coordination was reproductive health and safe motherhood programme

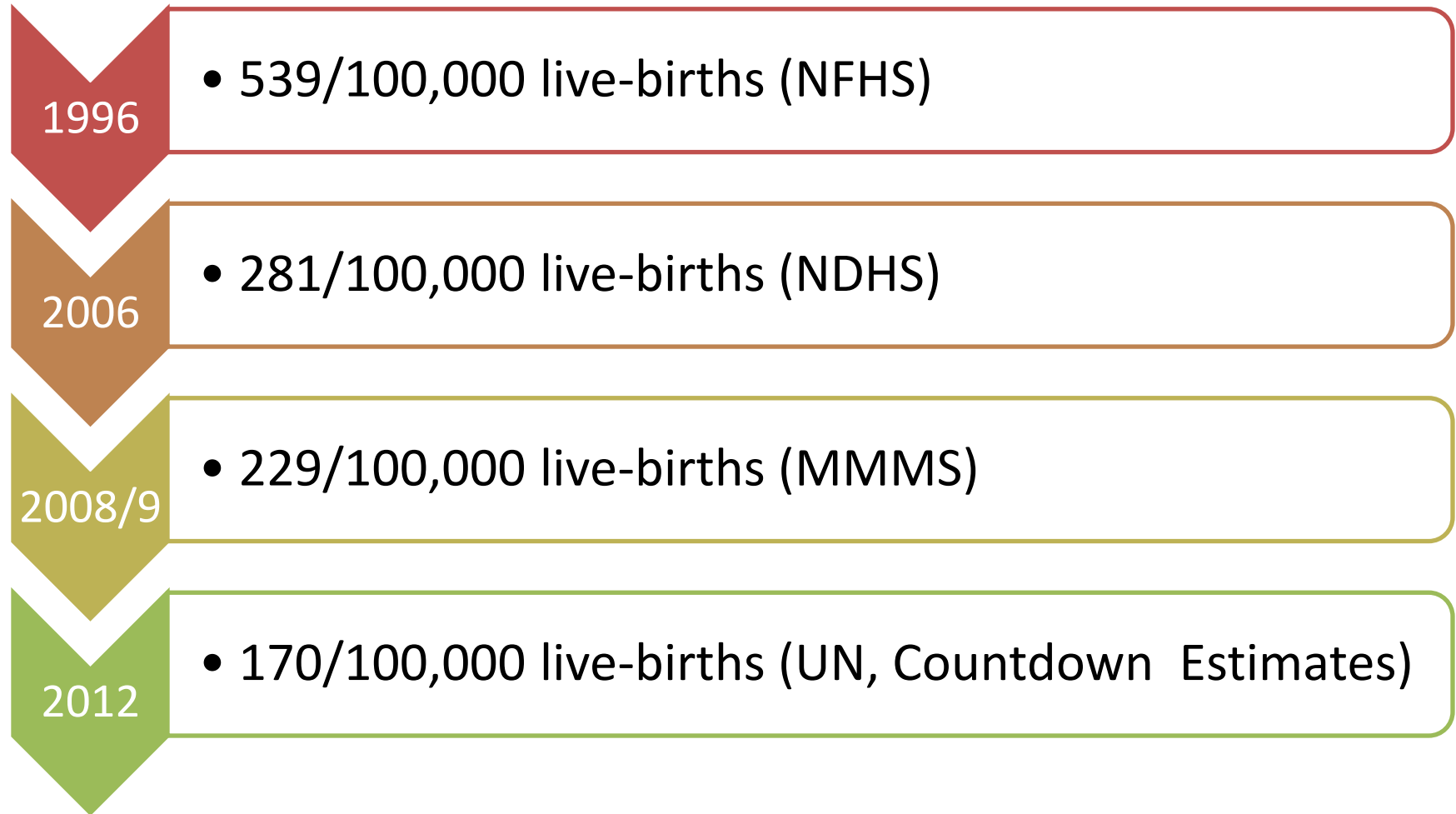
History of Development Cooperation in Health in Nepal-3

- In 2000-2002 evaluation of health services done by joint team of GoN and donors and found health services not well coordinated & still following fragmented approach
- The evaluation team recommended to establish more coordinated programme such as sector wide approach (SWAP) and expressed interest to support with budget support if SWAP implemented
- GoN approved health sector wide policy and Nepal Health Sector Programme based on SWAP ultimately launched in 2004 with provision of both budget support and ear marked programme funding
- Nepal became member of the International Health Partnership Plus in 2007 and national compact signed by GoN and eight donors in 2009



Trends in Maternal Health in Nepal, 1996 - 2012

Maternal Mortality Ratio, 1996-2012



Source: NDHS 2006, MMMS 2009 and UN 2012

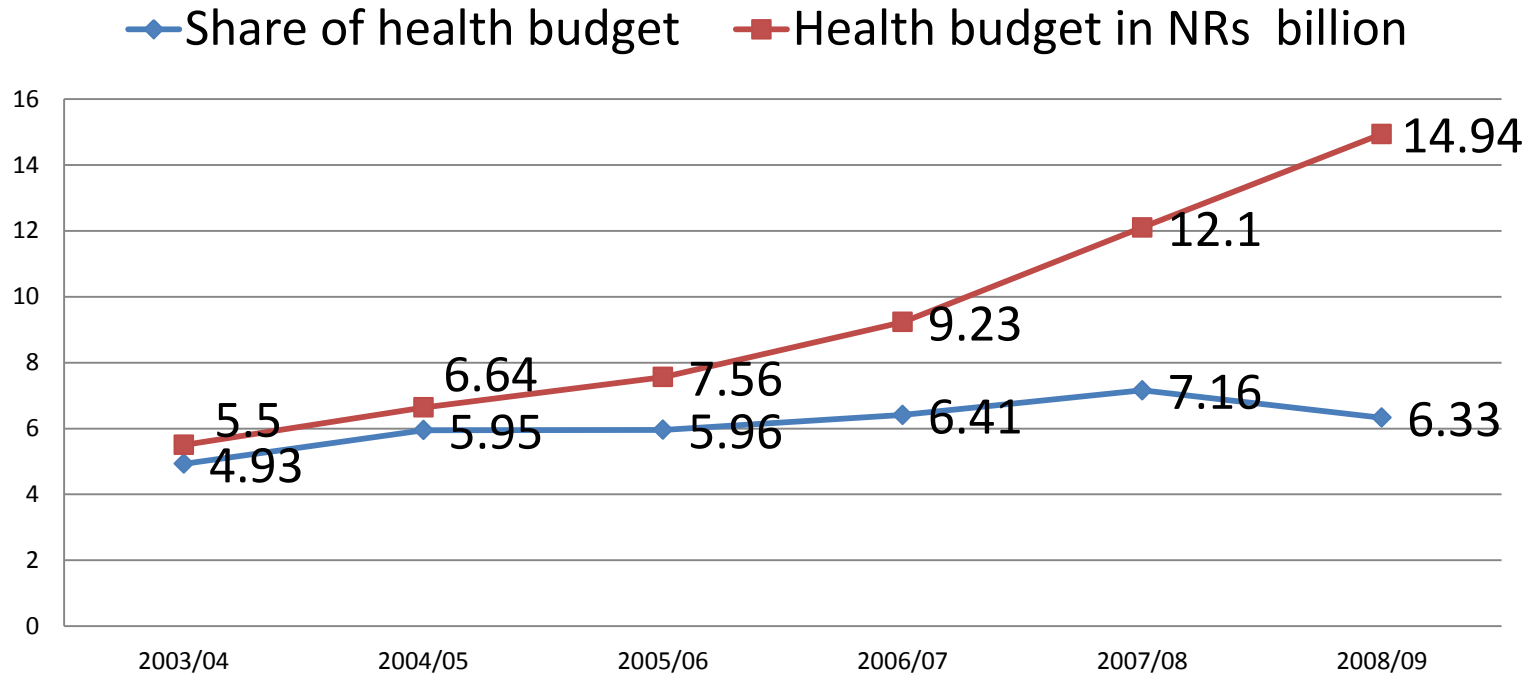
Key Drivers for the Improvement of Maternal Health Care-1

- Safe Motherhood Programme is a national priority programme for last two decades
- High commitment of GoN and donors towards the MDG5, and safe motherhood
- Training of Skilled Birth Attendants (SBA)
- Effective implementation of Safe Abortion Programme
- Launching of Aama (Mother Security) Programme with free institutional delivery, and demand side financing with incentives

Key Drivers for the Improvement of Maternal Health Care-2

- Scaling up of maternal health care beyond hospitals-
 - More than 130 Comprehensive Emergency Obstetric and Neonatal Care sites, 140 Basic Emergency Obstetric and Neonatal Care sites and 1100 Birthing Centers (includes public and private)
- Periodical studies, piloting and evaluation of maternal interventions and creating evidences
- Task shifting to nurses and medical auxiliaries
- Cross-sectoral contributions- coordination with stakeholders, education of women and remittance

Key Drivers for Maternal Health Care- Increased Budget for Health-3



Health budget increased due to:

- Better understanding between the health and development
- Frequent interactions and commitment from DPs and Government

Role of Aid in Supporting Drivers

- Coordinated and continuous support to national safe motherhood programme by donors till 2004 and implementation of health SWAP in 2004 with both pool and ear-marked funding with focus on health related MDGs
- Result based financing by government & donors to health sector- offering more achievement- more budget
- TA channelized to capacity development areas

Improvement in Institutions and Governance

- Introduction on social audit & accountability
- Governance and Accountability Action Plan (GAAP) under implementation
- Involvement of private sector in needy areas
- With 24 hour birthing facilities government health facilities are becoming functional
- More resources channelized to health from community and local governments

Relationship between GoN and Donors

- Relationship with donors changing towards development partners
- Donors using national policies and systems
- Active participation in Joint Annual Reviews and other meetings
- Health sector donors formed, separate forum & rotate the chair every year and chair is now one door formal channel of communication

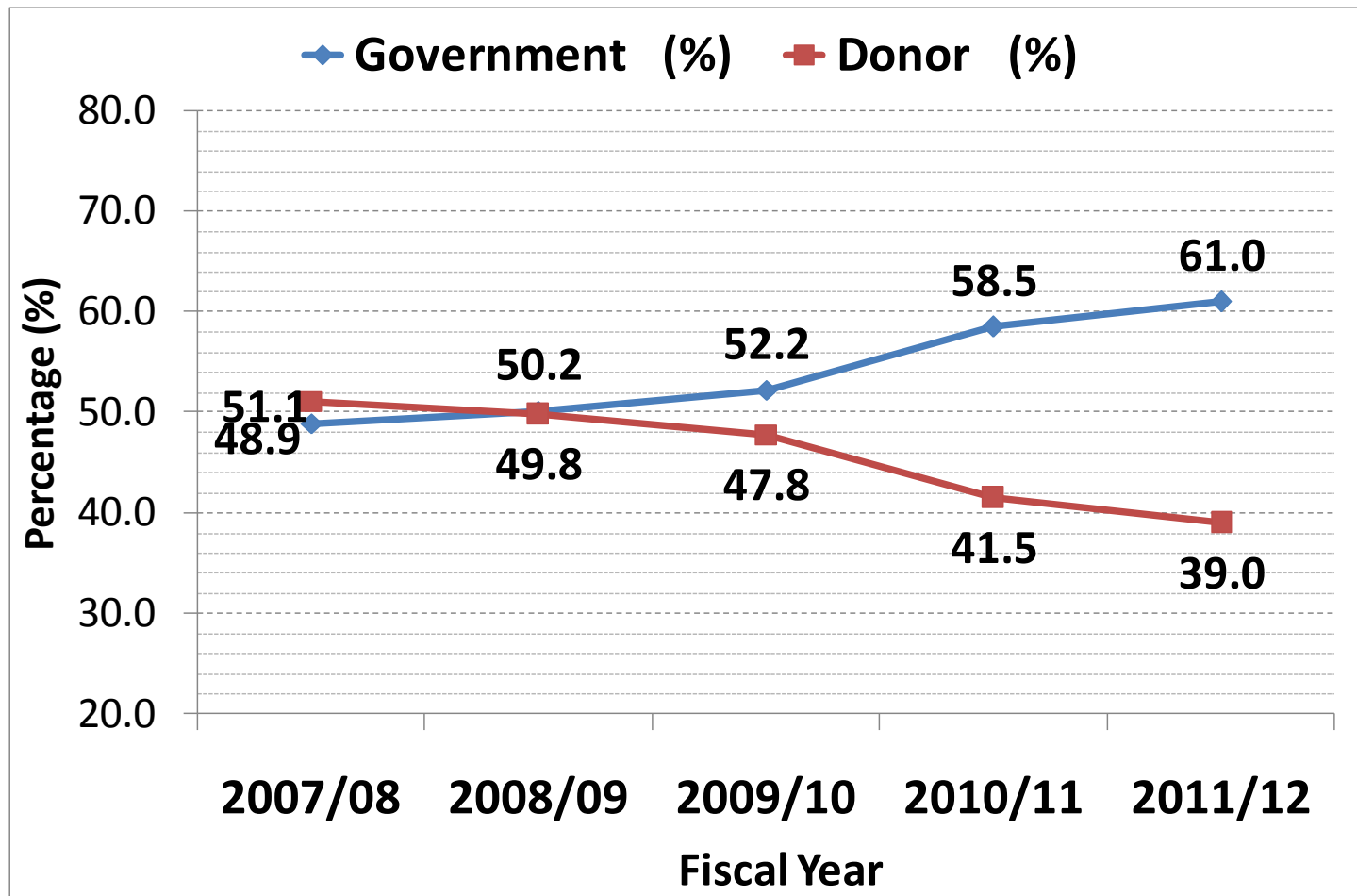
Way Forward- Donor Support

- Continue support through SWAP framework till maternal health achieves universal coverage & further decline in maternal deaths and health system is strengthened
- Help government in evidence informed policy revisions
- Assist government in improving governance and accountability in health sector
- Capacity development of MoHP

Challenges

- Long political transition, but peace building process is near to completion
- Increasing governance issues especially in procurement and financial managements
- Topography of the country- poses problem for service delivery and remains major challenge
- Decreasing donor aid in health sector

Government of Nepal vs. Donor Contribution in Health Sector Budget



Conclusion -1

- Maternal deaths in Nepal declined by two thirds in between 1996 to 2012
- As a result of reduction of maternal and child deaths the average life expectancy at birth increased to 68 years and women begun to live 2 years more than men
- In September 2010, UN General Assembly gave special award to Nepal for significant maternal death reduction in a short time

Conclusion-2

- Country led policies and systems supported by donors is one of the important factor behind the maternal health improvement
- Nepal believes any health aid should be nationally owned, long term perspectives of support and well coordinated can produce better results and health outcomes as well as makes health sector sustainable



THANK YOU !!