

Jhpiego in Nepal

Quick Facts

Estimated total population:¹
26.5 million

Maternal mortality ratio:⁴
281 per 100,000 live births

Infant mortality rate:³
33 per 1,000 live births

Under-five mortality rate:³
38 per 1,000 live births

Total fertility rate:³
2.3

Contraceptive prevalence:³
47.1% (modern methods)
49.7% (all methods)

HIV prevalence:²
0.4%

Births with skilled provider:³
55.6%

Sources:

¹ National Population and Housing Census 2011;

² UNAIDS 2010 Report on the Global AIDS Epidemic;

³ Nepal Multiple Indicator Cluster Survey 2014;

⁴ Nepal Demographic and Health Survey 2006.

Background

Nepal is a landlocked Asian country with a diverse landscape and topographical barriers that make service delivery to remote areas difficult. Despite geographic challenges and a decade of political instability, Nepal has achieved remarkable improvements in health. As a result of strong leadership within the Ministry of Health and Population (MOHP), the maternal mortality ratio dropped significantly, the total fertility rate decreased and skilled birth attendance tripled (although it remains low at 36%). Future MOHP efforts will focus on improvements in newborn health, nutrition and family planning (FP) use where progress has plateaued, as well as continued reductions in maternal mortality. Quality of care, integration and gender equity/social inclusion will be critical to improving health outcomes for Nepali families.

On April 25, 2015, a 7.9 magnitude earthquake, known as the Gorkha earthquake, struck central Nepal, followed by hundreds of aftershocks and a second major earthquake (7.3 magnitude). According to the Nepal Disaster Risk Reduction Portal, more than 8,000 people were killed and more than 16,000 injured. The Government of Nepal identified 14 districts that were the most affected in terms of people displaced, roads blocked by landslides, and damaged or destroyed homes, schools and health facilities. Many areas of these districts were remote and virtually inaccessible before the earthquake, and are now even more difficult to reach. Out of the 351 health facilities providing emergency obstetric and neonatal care services before the earthquake, 112 were seriously damaged and 144 were partially damaged. Because of the earthquake, the ability of Nepal's population to access high-quality health care services has been compromised.

Jhpiego has been proud to serve as a development partner to the MOHP since the 1980s, improving the quality of health services for women and their families. Jhpiego's approaches continue to include evidence-based care, strengthening of health facilities and systems, integration, innovation and collaboration. Since FP has long been a focus of MOHP and U.S. Agency for International Development (USAID) efforts in Nepal, Jhpiego worked in the 1990s to strengthen Nepal's national health training system to produce skilled health workers able to provide FP services across the country. Jhpiego collaborated with the National Health Training Center to develop FP training courses and a trainer development system still in place today.



While FP remains a core technical focus, Jhpiego's work in Nepal has evolved into a broader focus on maternal and newborn health (MNH). Since 1998, Jhpiego has led USAID's global MNH flagship awards in Nepal—the Maternal and Neonatal Health Program, Access to Clinical and Community Maternal, Neonatal and Women's Health Services Program (ACCESS) and Maternal and Child Health Integrated Program (MCHIP). Under these programs, Jhpiego and its partners worked—and continue to work—to introduce and scale up innovative MNH interventions. Integration of FP and newborn care with maternal health programs has been essential to ensure that women receive high-quality care. For example, through ACCESS, Jhpiego helped the National Health Training Center develop the national skilled birth attendant training package, which integrates FP and MNH; this training package has been used for more than six years to train over 3,000 providers.

In 2002, Jhpiego joined the USAID-funded Nepal Family Health Program (NFHP) and worked successfully with the MOHP over the next 10 years to improve the performance of health workers and facilities to deliver high-quality FP and maternal, newborn and child health (MNCH) services to their communities, including further strengthening of clinical training capacity. Jhpiego's work with the Nick Simons Institute (NSI) from 2006 to 2013 also illustrates the organization's experience and commitment to high-quality training and health services. Under its partnership with NSI, Jhpiego provided technical assistance to strengthen competency-based clinical training systems for cadres of mid-level health care providers who live and work in rural communities. In addition, integration continues to be a focus for Jhpiego in Nepal with two large-scale, USAID-funded health programs (Suaahara, or Integrated Nutrition Program, and Health for Life, or H4L) providing the opportunity to reach more Nepali people with FP/MNCH services.

Jhpiego has also long supported MOHP leadership in testing new and innovative approaches to address the leading causes of maternal mortality, initially pioneering the introduction of postabortion care (PAC) services, which demonstrated that task shifting from doctors to nurses was safe and effective. Nepal was also the first country where Jhpiego introduced its infection prevention approaches, subsequently applied in more than 40 countries worldwide. As the MOHP proactively sought ways to reduce maternal deaths at home births, Jhpiego with NFHP II demonstrated in 2006 that prevention of postpartum hemorrhage (PPH) using misoprostol at home births was safe and effective—this initiative has since been scaled up in 31 of the country's 75 districts. Jhpiego and the MOHP focused on eclampsia (currently the leading cause of maternal mortality in Nepal) to: 1) pilot calcium supplementation among pregnant women to prevent pre-eclampsia/eclampsia (PE/E), and 2) test a low-cost self-test for detection of proteinuria and elevated blood pressure for improved community-based PE/E screening (funded through USAID's Development Innovations Venture and the Jhpiego-led Accelovate Program). In addition, Jhpiego has a long-standing commitment to adolescent health and reproductive health, as demonstrated by its assistance to the MOHP in developing national guidelines on cervical cancer prevention and control and the Nepal National Adolescent Health and Development Strategy (2000), National Adolescent Sexual and Reproductive Health Communication Strategy and Program Implementation Guide (2011).

Jhpiego's current programs in Nepal (described below) are funded by an array of donors and target a broad spectrum of health issues. Currently there are Jhpiego-supported activities in more than 49 of Nepal's 75 districts.

Current Program Highlights

Suaahara (Integrated Nutrition Program)

Led by Save the Children, this five-year, USAID-funded project is focused on improving the health and nutritional status of pregnant and lactating women and children under two years of age in 41 districts that are most affected by chronic malnutrition and poorer health status. Suaahara seeks to improve: nutrition; MNCH and FP services; water, sanitation and hygiene; home-based gardening; and behavior change communications. In addition to promoting essential nutrition actions and essential health actions, the project integrates nutrition into FP and MNCH services, strengthens malnutrition-related services, develops village model farms and other livelihood activities in food-insecure areas, improves access to water and sanitation, and provides technical leadership and coordination at the national level. Jhpiego's role on the project is to ensure that facility-based and outreach FP services provide effective counseling on healthy timing and spacing of pregnancy (HTSP). In addition, Jhpiego is contributing to improving access to high-quality, facility-based services (including micronutrient supplementation) for pregnant and lactating women and their infants during the antenatal period and first year post-delivery.

Health 4 Life (H4L)

The USAID-funded H4L Project is led by RTI International with Jhpiego and local nongovernmental organizations in close collaboration with the MOHP. The main goal of the project is to strengthen the MOHP's capacity to plan, manage and deliver high-quality FP/MNCH services at the district and local levels. In addition to national-level efforts, the project focuses on 14 districts (12 in Mid-Western Region and two in Western Region). The main objectives of H4L are to: 1) support the development and implementation of national evidence-based policy, including the National Health Sector Plan III; 2) improve health system governance of district public health offices and sub-district level facilities; 3) institutionalize a nationwide system to improve the quality of health service delivery, which includes setting standards of care and establishing a system for assessing and addressing areas for improvement; 4) improve the capacity of district and local health workers and community volunteers to deliver high-quality FP, MNCH and nutrition services; and 5) improve knowledge, behavior and use of health services among adolescents and marginalized groups. Jhpiego is providing technical leadership under H4L to institutionalize a national system to improve the quality of health service delivery and improve the capacity of health workers and volunteers, along with improving knowledge, behavior and use of health services.



Mom and boy in Chitwan, Nepal.

United Nations Population Fund (UNFPA)

Through its partnership with UNFPA, Jhpiego in Nepal is working to strengthen the national capacity of comprehensive reproductive health resources and training. Under this collaboration, Jhpiego developed competency-based training packages on surgical management of obstetric fistula and pelvic organ prolapse. Together with the National Health Training Center, Jhpiego is supporting the rollout of training at national and district levels to build capacity of providers to prevent and manage obstetric fistula and pelvic organ prolapse. Together with UNFPA, Jhpiego is also working with the Population Division of the MOHP to strengthen the health response to gender-based violence (GBV), particularly through the One Stop Crisis Management Centers. Jhpiego is providing technical support in the development of a national GBV clinical protocol and GBV training package for health workers, as well as supporting the training rollout of these materials at national and district levels.

Earthquake Relief and Response Efforts

Jhpiego responds to disasters when they occur in the countries where we operate. We primarily focus on building back better services for women and families in low-resource settings, and this is the case with Nepal. In response to the Gorkha earthquake, Jhpiego implemented the following relief and response efforts:

- **Annie E. Casey Foundation:** To address immediate needs at the Okhaldhunga Birthing Center, Jhpiego is supporting the re-establishment of lifesaving MNCH/FP (including comprehensive emergency obstetric and newborn care) services. Activities include: 1) rapidly assessing quality of FP/MNCH services at Nuwakot District Hospital; 2) providing on-site training and coaching for hospital providers (doctors, nurses, midwives, anesthesia assistants); 3) coordinating with other development partners to re-supply equipment, supplies and medicines; and 4) participating in planning to re-build the facility by bringing in solutions to previous problems within the facility (i.e., water shortages, medical waste management, daily electricity outages, overflowing labor and postpartum wards, limited staff/time/space for counseling).
- **Online Fundraising:** Leveraging the catalytic funding from the Annie E. Casey Foundation, Jhpiego successfully raised funds online to contribute to the earthquake relief activities. These funds are being used to procure equipment and supplies for emergency obstetric and newborn care services to strengthen the damaged birthing center.
- **UN Foundation:** The FP2020 Rapid Response Mechanism, with funding from the UN Foundation, has awarded Jhpiego a grant agreement to integrate FP counseling and services for women and couples at high risk of unplanned pregnancy in earthquake-affected areas of Sindhupalchowk District. This is being done by creating specific counseling centers within the existing temporary health sites that are currently the only medical facilities in the district. These centers operate out of tents that offer privacy for a woman and the provider. While reaching women with unmet need for FP through the existing temporary health sites, this project integrates FP into MNCH and nutrition counseling and services and reaches women whose husbands have recently returned home to help with relief efforts, since these women have a particularly high risk of unplanned pregnancy. Jhpiego will coordinate with the district public health office to ensure the availability of FP methods, including long-acting, reversible contraception, and ensure informed choice for all women who visit the FP tents.

Improved Quality of Care for Mothers and Newborn Babies

Jhpiego, in partnership with GFA Consulting Group, is implementing a project to improve the quality of care for mothers and newborn babies in 10 mid-west and far western districts of Nepal. The project supports the government's Safe Motherhood Program, part of the second Nepal Health Strategic Plan II, to address key challenges of accessibility and availability of MNH services, including geographic and financial barriers, cultural aspects, low awareness of the benefits of institutional delivery, shortage of trained health staff, poor service quality and delayed referral of emergencies. Jhpiego builds capacity through mentorship of clinical and management staff, health facility operation and management committees, and hospital development boards.

Promoting Kangaroo Mother Care for Low Birth Weight Babies

With funding from the Asmund S. Laerdal Foundation for Acute Medicine, Inc. and in partnership with the MOHP, Jhpiego is conducting a study entitled, "Promoting Kangaroo Mother Care (KMC) in Selected Hospitals of Nepal through Training and Provision of Baby Wrap." The study aims to improve uptake and continuation of KMC by providing simplified training for both health workers and clients and offering new mothers the choice between a traditional wrap for carrying the baby and a new wrap design. The study also aims to understand the opinions and experiences of health workers and mothers of preterm/low birth weight babies in using the new wrap. The study is being implemented in Koshi Zonal Hospital, Biratnagar and AMDA Hospital, Damak.

Key Accomplishments

Jhpiego's contributions under NFHP II included:

- Improved the quality of services at more than 1,200 facilities through the development of National Health Facility Quality Assurance Guidelines (2009) and District Quality Assurance Working Groups in 22 districts.
- Improved the district supervision system. Technical support visit data show that out of 248 Ilaka-level health facilities, 74% were supervised by district public health office supervisors, and among the 649 sub-health posts visited during this reporting period, 45% were supervised. Similarly, out of 475 health facilities supervised by district public health office staff, 61% received written feedback.

Jhpiego's work through MCHIP in Nepal has led to the following key achievements:

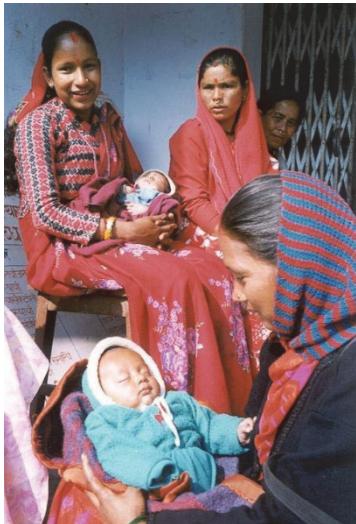
- Developed a district-wide pilot for calcium supplementation for pregnant women to reduce the risk of PE/E. Initial findings from the pilot show the feasibility for a high coverage of calcium among pregnant women through antenatal care providers and Female Community Health Volunteers in Nepal.
- Conducted three studies to test the validity and acceptability of the newly developed proteinuria point-of-care test.
- Provided technical assistance to the MOHP to review the community-based newborn care package.

Jhpiego's work with NSI has led to the following key achievements:

- Developed a full set of training materials for the new, one-year national Anesthesia Assistant training course, which includes a textbook and trainer's guide.
- Developed the Biomedical Equipment Assistant Technician training materials, including a trainer's guide and pocket-sized reference manual for repair and maintenance of basic equipment found in district hospitals.
- Introduced performance and quality improvement approaches used by NSI to develop training sites.

Jhpiego's work under Suaahara in Nepal has led to the following key achievements:

- Developed an orientation package on "Strengthening HTSP and Nutrition through Counseling" for facility-based health care providers to enable them to link HTSP/nutrition/FP counseling with antenatal care, postnatal care and immunization services to improve the health of the women and children of their communities.
- Conducted two batches of three-day master training of trainers for a total of 41 government and independent trainers.
- Conducted three-day orientations for all 4,793 health workers in 25 Suaahara districts.
- Under the leadership of the National Health Training Center, conducted IUD/contraceptive implant training for 156 service providers, resulting in the provision of FP services to 630 clients (79 IUDs and 551 implants).



Mothers with babies at antenatal care clinic.

Jhpiego's work under H4L has led to the following key achievements:

- Formed the National Quality Improvement Technical Advisory Committee and the Quality Assurance and Improvement Technical Working Group.
- Developed consensus among the Department of Health Service, MOHP, development partners and stakeholders on the facility-based national quality improvement system for FP/MNCH.
- Supported district public health offices to implement the national facility-based quality improvement system in 14 H4L districts.
- Provided technical support to the national consultation workshop on "Every Newborn Action Plan" and "Every Newborn Asia Regional Consultation."
- Provided support to district public health offices in strengthening three programs in selected districts: 1) *Matri Surakshya Chhaki* (i.e., misoprostol); 2) community-based, integrated management of newborn and childhood illness; and 3) community-based newborn care.
- Revised the auxiliary nursing midwifery curriculum and facilitated its approval by the council for technical education and vocational training.

Jhpiego's work under UNFPA has led to the following key achievements:

- Developed, finalized and disseminated the *National Clinical Protocol on Gender-Based Violence* in Nepali and English—the first document in Nepal designed to guide health workers to provide high-quality services for GBV survivors. The protocol outlines how to identify GBV survivors, criteria for selecting procedures and how to provide services including: immediate health care, adequate psychosocial counseling, appropriate collection and preservation of medico-legal evidence (where relevant), referral, follow-up, recording and reporting.
- Developed, finalized and disseminated a competency-based training package on management of pelvic organ prolapse, and another on surgical management of obstetric fistula.
- Conducted a Clinical Training Skills course for seven doctors and three nurses.
- Conducted a reproductive health assessment in eight hospitals and finalized a report summarizing results.
- Strengthened Seti Zonal Hospital, Dhangadi and B.P. Koirala Institute of Health Sciences, Dharan, as comprehensive reproductive health training sites.
- Conducted on-site training on cervical cancer screening and prevention to three doctors and seven nurses at Seti Zonal Hospital.

Jhpiego's work with GFA Consulting Group has led to the following key achievements:

- Trained 14 clinical mentors, using the National Health Training Center maternal and newborn care quality improvement tool.
- Prepared nine gynecologists and advanced skilled birth attendants for comprehensive emergency obstetric and newborn care mentoring and coaching.
- Developed an advanced skilled birth attendant tool for quality improvement.
- Program-developed mentors conducted on-site coaching to service providers in the project districts.

Jhpiego's work with the Asmund S. Laerdal Foundation for Acute Medicine, Inc. has led to the following key achievements:

- Developed a competency-based training package on care of low birth weight babies, which consists of a facilitators' guide, learners' handbook and information, education and communication materials.
- Established a KMC unit in two hospitals: Koshi Zonal Hospital, Biratnagar, and the Association of Medical Doctors of Asia Hospital in Damak.
- Trained 47 nursing staff on care of low birth weight babies with KMC.
- Enrolled a total of 96 mothers, completed four telephone follow-ups for 75 mothers and completed postnatal visits for 60 mothers.

Partners/Donors

- Jhpiego's current donors in Nepal are USAID (through Save the Children and Research Triangle Institute), UNFPA, GIZ (through GFA Consulting Group), the Asmund S. Laerdal Foundation for Acute Medicine, Inc., the Annie E. Casey Foundation and the United Nations Foundation, Inc.
- Past and present partners in Nepal include NSI, Save the Children/US, FHI 360, RTI International, John Snow International R&T, Paropakar Maternity and Women's Hospital, Tribhuvan University Teaching Hospital, Nepal Society of Obstetricians and Gynaecologists, Johns Hopkins University School of Biomedical Engineering, Plan Nepal, Johns Hopkins Center for Communication Programs, Centre for Development and Population Activities, Nepal Health Sector Support Program, Management and Support Services Pvt. Ltd, Valley Research Group and the PHD Group.

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