Maternal, Newborn and Child Health in Nepal

Oot D[1]
[1]Associate Vice President, Health and Nutrition, Save the Children US.

The recent preliminary results of the 2011 Nepal Family Health Survey (NFHS) suggest continued remarkable progress towards achievement of MDGs 4 and 5. Under-five mortality is now estimated to be 54 per thousand live births, down from an estimate of 118 in the 1996 NFHS. The maternal mortality ratio is estimated to have declined from 539 in 1996 to 281 in 2006. Among other achievements are the high and sustained rates of immunization coverage, improved breastfeeding feeding practices in the first three months of life, and a doubling of skilled attendance at delivery. Somewhat surprisingly, there have also been marked reductions in the prevalence of stunting and underweight among child under five.

Despite this progress, more remains to be done to stay on track to meet the 2015 MDG targets, and to continue to improve health and survival beyond 2015. While neonatal mortality has declined since 1990, there was virtually no change since the last NFHS. It is estimated that 61 percent of under-five deaths now occur in the first month of life. Important new strategies, including the Community-based Newborn Care Program and incentives designed to increase the use of skilled attendance at delivery, show promise in addressing this critical unmet need, but are not yet achieving the effective coverage at scale leading to impact at the national level.

Pneumonia and diarrhea remain the leading killers of children under-five who are more than one month of age. To address that need, Nepal has implemented a highly innovative and globally-recognized program to make timely and appropriate treatment of pneumonia widely available through a health system that includes a national network of Female Community Health Volunteers. Enormous progress has been made, but it is still the case that nearly 50 percent of children under-five do not receive timely and appropriate treatment, and the use of zinc in combination with ORS remains low.

Following a period of dramatic increases in the prevalence of modern contraceptive use, the 2011 NFHS revealed no discernible change in prevalence since 2006, though fertility has continued to decline. Efforts to expand access to facility-based deliveries and therefore skilled attendance at delivery have resulted in dramatic changes in the place of delivery, and together with the decline in fertility, have contributed to the dramatic reductions in maternal mortality.

These four papers document important learning related to the delivery of a package of interventions intend to improve maternal, newborn, and child care practices and the use of life-saving newborn health services. They document the power of community participation and mobilization, but highlight the need to discover how best to implement these approaches – including the community action cycle (CAC) – at scale, and within the existing health system. The authors conclude in the first paper that the success and learning from more narrowly focused safe motherhood, family planning, newborn health, and child health programs should inform the design and implementation of a more integrated approach along a continuum of maternal, newborn, child health and nutrition. Family planning is a critical component of this package, given the documented unmet need, recent leveling off of the CPR, and the important contribution of family planning to reduce maternal and child mortality. It is important, as well, to strengthen the continuum of care that links households, first-level facilities, and referral facilities. This will require an integrated approach to planning and implementation at the national and district level, and careful monitoring to ensure that this integrated approach yields the coverage results that will enable Nepal to remain on track towards achieving MDGs 4 and 5. There appears to be a consensus that the time is right to take this important step to increase the efficiency and effectiveness of the systems and programs needed to deliver these life-saving health and nutrition interventions.

Correspondence: David Oot, Associate Vice President, Health and Nutrition, Save the Children US. Email: DOOT@savechildren.org