

MANASHI

Background

Over the past two decades, Nepal has made significant progress to improve the health status of children. Under five mortality rate reduced remarkably from 162 per 1000 live births in 1990 to 38 per 1000 live births in 2014. Neonatal Mortality Rate in Nepal remained stagnant at 33 per 1000 live births for five years (2006 to 2011). A 2014 Multiple Indicator Cluster Survey (NMICS) states that it has been reduced to 23 per 1000. In Kapilvastu, neonatal deaths are in stark difference against the survey. Between 2013/14 to 2015/16, there were 93 neonatal deaths, 30 in later.

Project



Maternal and Newborn health called “MatriTathaNavajatShishuSwasthya” (MANASHI) is a community based health initiative. The project was launched in 2015 in Kapilvastu district. MANASHI aims to improve maternal, neonatal and child health outcomes by strengthening health system, increasing access to and utilization of maternal and neonatal health services in the district.

The project integrates its activities with government regulations as outlined in various policies and guidelines of Safe Motherhood Program. FAIRMED’s activities are supporting the government to provide free safe delivery service (antenatal check-up, institutional delivery, postnatal check-up), new born care in government health institutions, and providing incentives to mothers for delivering at birthing centers.

FAIRMED works in coordination with the District Health office (DHO) including stakeholders, community health centers, community health workers (CHWs), Female Community Health Volunteers (FCHVs) and communities to help improve maternal and neonatal health. Since the project’s implementation in 2015, FAIRMED has been successful to increase institutional delivery from 17% in 2014/15 to 31% in 2016/17 and increase delivery by Skilled Birth Attendants from 24% in 2014/15 to 32% in 2015/16. These results were achieved by training

health workers and FCHVs, activating Health Mothers' Groups, sensitizing women and communities on health service seeking behaviors and equipping birthing centers. Such combined activities have reduced birth by unskilled attendants from 10% in 2014/15 to 1% in 2016/17.

The project is guided by two approaches, i) strengthening the service delivery system, and ii) demand generation for service utilization. To strengthen service delivery systems, FAIRMED develops capacities of health workers and management committees, provides need based support to the DHO and health facilities, builds and equips new Birthing Centers (BCs), strengthens PHC-ORC services and develops accountability among the service providers through Community Health Score Board (CHSB).

Likewise, to generate demand for service utilizations, FAIRMED's activities encompass raising awareness through Behavior Change Communication (BCC) materials; empowering women, activating of Health Mothers Groups, and sensitizing traditional birth practitioners called Chamain for safe delivery. Furthermore, to generate demand for service utilization, provisions for Emergency Obstetric Fund (EOC) are also in place. These interventions create an enabling environment where communities develop health seeking practices and are responsiveness of the service delivery mechanisms in their communities.



Our Interventions:

- Increase capacity of community health systems (health workers, community health volunteers and health facilities),
- Enhance local health governance for accountability and quality of service by activating the roles of HFOMCs and FCHVs
- Promote health seeking behavior among women and their families to adapt preventive measures, service utilization practice, giving up harmful practices including stigma and discrimination against illness such as leprosy, HIV
- Effective monitoring, strengthen coordination, networking and advocacy with Government line agencies and other stakeholders at central and district level

Target groups:

Direct: 603 mothers groups with 15,075 women members in focused 45 VDCs (4 rural municipalities and 6 municipalities) approximately 7,600 pregnant women, 6,450 newborns and 130,688 women of reproductive age, ward citizen forum, water users group, forest users group, Father in law group, mother in law group, Adolescence Sexual & Reproductive Health (ASRH) group.

Indirect: About 25,165 pregnant women, 63,438 under 5 children, 300,000 populations (e.g. family members of women, community members and leaders) will be benefited indirectly through various interventions in the community

Major achievements

- Institutional delivery increased from 17% in 2014/15 to 31% in 2016/17 (source: DHIs Kapilvastu)
- Delivery by Skilled Birth Attendants increased from 24% in 2014/15 to 32% in 2016/17 (source: DHIs Kapilvastu)
- Contraceptive Prevalence Rate increased from 27% 2014/15 to 37 % in 2016/17
- Orientation on safe motherhood and disability provided to local government heads of 9 Palika to formulate plans and strategies to improve maternal and neonatal health.
- Supported the DHO to start 3 new birthing centers, 4 PHC-ORC
- Constructed 5 placenta pits to develop new birthing center in 2017
- 7 health facilities renovated with private room for antenatal check up
- 221 health workers trained on essential new born care, MNH update, BPP, Infection prevention and HMIS.
- 543 FCHVs trained in Birth preparedness plan, MNH/FP and SATH tool
- 37 Community Health Score Board (CHSB) and 525 SATH tool applied in 45 VDCs
- Emergency obstetric and neonatal (EONC) Fund established in 447 mothers' groups for emergency use is benefitting more than 5,000 mothers.
- 603 mother's groups activated to disseminate maternal and neonatal health awareness.
- 25 HFOMC (275 members of the committees) trained to strengthen health service
- Posters and visual aids developed in local language, Abadhi, to promote health seeking behavior among women and communities are reaching out to more than 250,000 people in the district.