

## MATERNAL AND NEONATAL HEALTH

According to data from various United Nations agencies, WHO, UNICEF, UNFPA, UNPD and the World Bank Group, the Maternal Mortality Ratio (MMR) in Nepal has declined by 76% in the last 17 years from 790 per 100,000 live births in 1996 to 190 in 2013. The decline may be attributed to numerous interventions made in the past two decades: increased awareness on health education; sensitization; strengthened and equipped birthing centers; activation of health mothers' groups; community mobilization; training to health workers and Female Community Health Volunteers, to mention a few. NHSS III (2017-2020) has targeted reducing MMR to 125 from 148 currently. Over the past 17 years, under five mortality rate declined drastically from 162 per 1,000 live births in 1990 to 38 per 1,000 live births in 2014. The Neonatal Mortality Rate in Nepal was contained at 33 per 1,000 live births during 2006-2011. Nepal Multiple Indicator Cluster Survey (NMIC, 2014) claims that Nepal's Neonatal Mortality Rate stands at 23 per 1,000 live births.

Since 1997, the Government of Nepal is implementing National Safe Motherhood Program to reduce maternal and neonatal morbidity and mortality. To contribute towards the Government's goals of improving maternal and neonatal health through preventive and promotional activities, FAIRMED is bridging gaps to obstetric services. FAIRMED Nepal has identified the following challenges during program implementation in its working areas:

### Challenges

- Inaccessible and insufficient birthing centers and weak referral management system for obstetric emergencies and high risk pregnancies
- Under-utilization of maternal health service (mostly due to socio-cultural and religious beliefs)
- Lack of accessible and disability friendly delivery services (for women with disabilities)
- Early marriage, early pregnancy and frequent pregnancy
- Weak referral management system for obstetric emergencies and high risk pregnancies
- Inadequate preventive programs targeting Uterine Prolapse and Obstetric Fistula
- Lack of decision making power (as women are economically dependent)

### What we do:

- Strengthening birthing centers, health centers and systems for quality MNH service delivery through tailor-made approaches
- Stepping up educational and advocacy campaigns for positive behavior change (to promote health seeking behavior in communities, particularly among women and children)
- Increasing access of women with disabilities to safe motherhood services (ANC, Delivery and PNC services), and making the health facilities disability friendly
- Strengthening referral mechanism from local health facilities to the district level
  - Integrating Water, Sanitation and Hygiene (WASH) with maternal and neonatal health services*
  - Conduct/Commission research on MNH to facilitate improved planning and program development*