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Maternal health in Nepal: Progress and challenges

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Till last decade, women in Nepal were denied basic reproductive rights and abortion was not legal. Low access to health care had resulted in high Maternal Mortality Ratio (MMR) -- 790 per 100,000 live births in 1990. According to the World Health Organization these deaths were largely attributable to complications related to delivery and unsafe abortions. Maternal morbidity was rampant including sepsis, pelvic infection, infertility etc.

Nepalese health program launched in 2002 was seminal in looking beyond MMR and focusing on maternal morbidity and enhancing utilization of public health services. In addition, Advocacy and activism from grass root levels to the corridors of the parliament led to legalization and decriminalization of abortion in 2002 which aided in reduction of unsafe abortion related maternal mortality. At the beginning of the implementation of safe abortion service, only doctors were allowed to provide services to the patients but health rights activists conducted advocacy so that nurse practitioner, Auxiliary nurse midwives also could deliver safe abortion in remote areas of Nepal where doctors are not available. This advocacy brought fruit and now nurses are allowed to provide safe abortion services after taking training provided by the government.

Other strategies were also made by the Ministry of Health so that women who are in need of safe abortion service, family planning council could have access to those services. This presentation elucidates the public health system strengthening strategies which led to successes in maternal health in Nepal and achievement of Millennium Development Goal 5 — reduction in MMR (190 in 2013). The specific strategies which ultimately led to lowering maternal mortality include consistent political commitment and policy focus on maternal health over the last two decades with increased funding to improve quantity and quality of care. These steps led to increased access to health care, mobilization of 52,000 Female Community Health Volunteers, trained nurses and mother's groups, availability of trained health workers, and expansion of pharmacies and private health sector. At the beginning Steps were taken to improve service delivery and these consisted of provision of basic obstetric emergency care, strengthening birthing centers, provision of Misopristol and launching free delivery service, abolition of user fees, and initiation of evidence based provider incentive program called 'aama surkakchya' (security of mother)

However, despite the success of maternal health programs some challenges remain including inadequacies in data collection and increasing sex-selective abortion which continue to threaten women's health in Nepal.

Biography

I completed my MD from Kharkov Medical Institute and postdoctoral studies from the Institute of Social Studies, The Hague, The Netherlands. I have many papers on national and international journals on women and health. I had also advocated for making abortion legal in Nepal and later on lobbied with policy makers to provide training to nurses so that they could deliver safe abortion services in remote areas of Nepal. I have translated books from Hesperian published, "Where women have no doctors", "A health guidelines for women with disability and" "A book for midwives" (<http://hesperian.org/2014/02/05/3-womens-health-titles-released-in-nepali/>). I have also worked as public health and maternal child health specialist in Afghanistan, India, Sri Lanka, Iran, Tibet, Iran and most remote parts of Nepal. I also write regularly in national and internal paper on the issue of women and nutrition, women and mental health, role of midwife in women's health.

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