

## Developing Sustainable Monitoring of Obstetric Services in Nepal

With a maternal mortality ratio of 539 per 100,000 live births, improving maternal health services is a high priority in Nepal. But how can we effectively measure progress towards this goal? The DFID funded Nepal Safer Motherhood Project has been piloting use of the UN process indicators since 1997 and is now investigating how to integrate these into the Nepal health management information system.

The Nepal Safer Motherhood Project (NSMP) has been managed by Options since it began in 1997. In addition to contributing to Government policy development in maternal health, the first phase of the NSMP piloted interventions to improve the quality of, and access to, comprehensive essential obstetric care (CEOC) at three District hospitals in Western Nepal. Phase two, which began in January 2001, is expanding services delivery activities to basic emergency obstetric care (BEOC), representing about 13% of the population of Nepal. The project, working within the context of an emerging sector wide approach, aims to promote sustainability by ensuring that inputs are institutionalised within existing government systems.

NSMP was one of the first projects in Nepal to use the UN process indicators for monitoring progress. These indicators measure the *availability, utilisation and quality* of essential obstetric care and are more directly linked to interventions which save mother's lives than are indicators such as attendance at ante-natal care or numbers of traditional birth attendants trained. They are easier to measure than impact indicators such as maternal mortality. Process indicators have now been adopted by the National Safe Motherhood Programme in Nepal and are also being used by the UNICEF Women's Right to Life and Health (WRTLH) project, inaugurated in 2000.

In NSMP, data for monitoring progress in obstetric care has to date been collected at facility level by project staff. This is clearly not sustainable, hence NSMP and UNICEF are working with Government staff to incorporate the UN process indicators into the National Health Management Information System (HMIS). In October 2001, Dr Elizabeth Goodburn undertook a consultancy to develop a strategy to achieve this.

The consultancy team held discussions with key government and donor stakeholders to verify agreement on indicators, and establish consensus on managing their introduction and use. They then explored the current and potential capacity of the HMIS to capture the data required to monitor the indicators, and held discussions with users of the system at project sites.

The Nepal HMIS was redesigned in 1995 to create an integrated system with a limited number of recording and reporting tools, from which a comprehensive Annual Report is produced. The team found that all the data needed to monitor the UN process indicators could be captured with only minor or moderate revisions to the current system. For example, data on obstetric complications is collected through the public health system but not from inpatients in hospitals. A key issue is the lack of synthesis of hospital and public health system data at District level.

In collaboration with key counterparts in the MOH, NSMP and UNICEF will work together to develop and pilot a system to collect data on deliveries, obstetric complications, obstetric procedures and maternal deaths from both CEOC and BEOC facilities in the supported districts. This will include improvements to the maternity registers, a checklist of obstetric complications and procedures for stamping into the discharge summary, and an interim reporting system for data not yet included on the HMIS forms. Attention will be paid to the training needs of staff to ensure that they fully understand and are able to meet the needs of the standardised data collection system.

Once the pilot is complete, NSMP, UNICEF, UNFPA and other partners will work with the HMIS to agree and implement any necessary revisions to their forms and data processing systems. NSMP inputs will include working with districts to ensure that information on obstetric services in hospitals and primary care centres is both integrated and analysed at this level. Partnerships formed during this process are expected to work towards a longer term and more integrated support for the HMIS so that, through its institutionalisation within the health system, obstetric care monitoring is implemented in a sustainable way.