

# Increasing Access to Essential Obstetric Care: A Review of Progress and Process

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Executive Summary

Prepared for Nepal Safer Motherhood Project,  
Nepal

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## Executive Summary<sup>1</sup>

### 1. Introduction

Nepal has one of the highest maternal mortality ratios in the world. The low social status of women in Nepal reflects early marriage, poor nutrition, low female literacy, poor reproductive health (high parity, short birth intervals, high unmet demand for family planning), and social norms that leave women out of family decision-making, undervalued and disempowered. In addition, accessible, affordable and client-oriented health services that women and their families trust and want to use are largely inadequate and insufficient. According to recent statistics, 89 percent of all deliveries take place in the home (locally preferred), only 13% of which are assisted by trained health workers; over 50% of all Nepalese births are assisted by relatives, friends or other non-health personnel; 10% are not assisted at all (HMGN 2001).

It is in this context that the Nepal Safer Motherhood Project (NSMP) was designed and implemented from 1997 to 2004. And it is still largely within this continuing difficult setting that the new national Safe Motherhood (SM) Programme is being planned for implementation as a partnership between HMGN, DFID and other organizations following 2004. SM projects and programmes in Nepal focus attention largely on two of activities – *service delivery* and *increasing access to essential obstetric care (EOC)* services in the districts, along with support to safer motherhood and reproductive health policy at the centre. This review study focuses on the Increasing Access component of the NSMP.

The project goal is ***to contribute to HMGN SM Programme's objective of reducing maternal mortality***. Its purpose is ***sustained increase in utilisation of quality midwifery and obstetric (BEOC and CEOC) services***. The Increasing Access Output is stated as ***the social context for and access to midwifery and obstetric services within NSMP-supported districts improved***.

The concept of '**access**', itself, be carefully considered. We have defined it as follows:

**Access is enabled in an environment that encourages people to utilize health services, within any given social context. At its best it is a dynamic, participatory process based on good practice. Access advantageously uses local knowledge, perceptions and values, relevant traditional practices, preferences and beliefs, to enhance knowledge and awareness. Access encourages self-confidence, voice and agency (especially among women). Access embraces financial, institutional and infrastructure factors, including but not limited to funding, transportation and education. Access relies upon good provider attitudes, trust, honesty, responsiveness, accountability, and quality service delivery both at established facilities and through outreach programmes. Access engages socially marginalized and vulnerable communities, is inclusive and empowering.**

**Furthermore, it is important not only that access for women to reach existing health services be increased, but that those EOC services be increasingly brought to rural women.**

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<sup>1</sup> The full document and other related document can be found on web [www.nsmg.org](http://www.nsmg.org)

## 1.1 Outline of the Study

This Increasing Access Review is divided into the following four studies (by chapter),<sup>2</sup> with specific questions addressed. Many of the observations and suggestions put forward in the chapters overlap, and as each of the chapters is designed to be read independently, there may be some repetition.

The four studies are:

**Study 1 (Chapter 2) Progress Made**, against the project's log frame indicators under Output 3: *'The social context for and access to midwifery and obstetric services within NSMP supported districts improved'*. (See Annex D: Output 3, with Indicators.)

Question: *'To what extent has NSMP's IA component satisfied Output 3 of the NSMP project log-frame?'*

**Study 2 (Chapter 3) – Process Review**, covering the various approaches and methodologies adopted by both NSMP and UNICEF/Nepal in their increasing access work.

Question: *'What factors account for progress made in NSMP districts and are there further lessons from the FHD/UNICEF SM project that can be used to develop best practice across a range of contexts?'*

**Study 3 (Chapter 4) – Management Arrangements**, presenting a description and assessment of NSMP's project management arrangements to support district level work.

Question: *'How well have NSMP's management arrangements supported district level activities?'*

**Study 4 (Chapter 5) – NSMP and UNICEF's Learning, Dissemination and Advocacy**, describing how both NSMP and UNICEF/Nepal have learned from, disseminated and advocated their experiences of working in increasing access to key stakeholders at the policy, planning and service provider levels.

Question: *'How have FHD, NSMP and UNICEF learned from knowledge gained in IA, and how have they communicated this learning and used it for advocacy work with policy makers and planners?'*

**Chapter 6 – Summary of Good Practice, Recommendations and Ways Forward**, including a minimum essential package.

A series of **Annexes** completes the work.

## 2. Cross-Cutting Themes and Major Findings

The project can boast a number of significant successes, and progress in increasing access to EOC. The following list of key findings is necessarily brief. The specifics are addressed in the main text of the

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<sup>2</sup> In addition to the studies listed here, the IA Review team was also commissioned to prepare (a) an academic paper on experiences in increasing access in Nepal, highlighting key principles, processes, strategies, methods and findings (forthcoming), and (b) an illustrated flyer on NSMP's approach to IA to be included in NSMP's information packet (prepared separately). Much of what appears in the flyer and in the forthcoming academic paper is based upon the discussion in Chapter 3: Process Review.

report, especially in Chapters 2 and 3 (see Chapter 2, Figure 2-1b, for a list of access-promoting activities to increase access to EOC).

There are five main aspects, or core functions, of the NSMP approach for Increasing Access from which the crosscutting themes and major findings emerge:

### **2.1 District partnership approach**

Partnership is the cornerstone of the project's approach in the communities. Partnerships involve local non-governmental organizations (district-based NGOs) and line agencies and are the means through which political commitment and multi-sectoral support was mobilised at district and sub-district levels. Partnerships provide the vehicle for working with communities and implementing activities, with important impacts in conflict areas. The approach builds on the existing institutional structures and capacities of each District rather than creating parallel structures.

The partnership approach –

- Fosters partnerships and networks with key actors and organizations
- Mobilizes political commitment and multi-sectoral support
- Works with communities to implement Increasing Access activities
- Builds upon existing institutional structures

This approach has been hampered, however, by aspects of the national conflict and the dismissal of elected local government. Nonetheless, through the partnership approach the project has been able to –

- Mobilize political commitment and resources, and
- Increase information sharing through Safe Motherhood Forums.

### **2.2 Community level awareness-raising and social mobilization**

The project used various methods for increasing knowledge of the risks of pregnancy, informing families, traditional practitioners, informal and formal leaders of where to go in an emergency, raising the importance of women's health and mobilising communities to support SM action.

Community awareness and social mobilization –

- Increases local knowledge
- Raises the importance of pregnancy and safe delivery
- Influences decision-makers
- Helps gain support of local leaders (formal and informal), and
- Empowers women with the self-confidence to promote their health needs.

Project achievements through social mobilization include –

- Increases in local knowledge
- Examples of voice and behaviour change
- Empowering women through the local group approach
- Gained support of local influentials and created influential people.

### **2.3 Community and facility-based emergency funds and transport**

Support to community-based emergency transport and funding schemes has had positive and direct influences on family decision-making to seek facility based EOC. However, cost has become a major factor in causing difficulty for local people to access EOC facilities – i.e., both financial costs (especially for transport and drugs) and opportunity costs (especially time spent resulting in lost incomes). In response to cost issues, the project has supported the following:

- Community-managed transport schemes –
  - *Inputs:* equipment, community mobilization and organization; raised awareness and referral systems.
  - *Benefits:* community ownership, and positively influenced decision making to seek facility-based care.
- Community-based emergency financing (CBEF) –
  - *Inputs:* local partners mobilized to support CBEFs, and CBEFs used to cover health and non-health emergencies.
  - *Benefits:* focus on local ownership resulting in a rich diversity of experience, and significant potential to overcome financial barriers to access.
- Facility-based exemptions and funds
  - *Inputs:* advocacy, but with little impact on improving facility exemption systems (likewise for WRLHP).
  - *Problems:* no transparent and publicized system of determining eligibility, ad hoc administration of exemptions, poor knowledge in the communities, no variance on cost by income group, and failure to protect the poor.
- Research to strengthen a national knowledge base.

### **2.4 Strengthening links between communities and health services**

Various inputs have been used to increase the acceptability and perceived quality of services to encourage EOC use. These include increasing the enabling environment of EOC facilities, and strategic human resource development activities including the highly successful 'Foundation for Change' workshop programme.

Project achievements include –

- Quality of Care at CEOC, BEOC and SHP facilities strengthened
- Evidence of increased client-friendliness in facilities
- Skills and equipment of MCHWs strengthened
- Traditional practitioners included to promote early referral
- Helpful traditional practices recognized.

### **2.5 Promoting the Increasing Access approach at programme and policy levels**

A broader awareness of the importance of and effective strategies for increasing access to EOC has been effected through a variety of activities, including –

- radio messaging, hoarding boards, citizen charters, trainings, workshops and other activities in local communities and at local, district and zonal health facilities
- support to local groups and district-level coordinating committees and forums
- the project's policy development activities at the centre.

### 3. Recommendations

A number of key recommendations come out of the study. They are found discussed in detail throughout the study, and are defined in context within various sections of the report, and summarized at the end of the most relevant chapters. They are all oriented towards implementation of the new national Safe Motherhood (SM) Programme:

- 1) We recommend that the new SM Programme moves forward, away from merely reacting to the perceived 'barrier' and 'delays' that affect access to EOC services, to an even more positive approach that utilises the local culture and social structure in pro-active ways, and encourages more citizen involvement and inputs of community knowledge and skills in the process.
- 2) To achieve that aim, we recommend that the new SM Programme engage social science expertise to assist with designing and implementing a more comprehensive and bias-free build-in monitoring and evaluation systems, and the analysis of data, including continuation of research and documentation in a progressive and adaptive learning environment.
- 3) We suggest the implementation of learning strategies such as social and geographical audits, citizen report card and other participatory tools to more accurately assess change and improvement in the access of Nepalese women to EOC services. There are many available tools in the social science of development toolkit, including such contemporary, progressive, participatory and socially sound methodologies as Participatory Rapid Assessment (PRA), Appreciative Inquiry (AI), and Asset-Based Community Development (ABCD), to name some of the most prominent and useful. (At the same time, avoid dependence on single solutions, facile assumptions or 'quick fix' tools for promoting access messages and activities.)
- 4) A minimum package of inputs for future IA activities is suggested, but final selection should be preceded by careful study of the effects of selected components, in order to understand their impacts and more adequately design them for best results.
- 5) Continue support to emergency transport and funding schemes, but with further study of effective approaches especially for the ultra-poor and most isolated citizenry.
- 6) Continue the Foundations for Change workshops for field staff, and expand it (perhaps with modifications) for implementation among community groups, as well.
- 7) Continue with the district partnerships involving NGOs and line agencies, but following the suggestions for improvements noted in Chapter 2 (more transparent selection of NGOs, more attention to addressing the poorest and most isolated VDCs, more sharing of good practice strategies and methodologies, etc.). Pay particular attention to the lessons learned among NGOs working effectively in conflict areas.

- 8) Design a more socially inclusive and meaningful approach to the involvement of Dalits, poor Janajatis, and the ultra-poor of all social identities, using SM forums and other reliable and representative ways to identify the most vulnerable populations, especially for their involvement in emergency fund and transport schemes. This requires adopting strategies and methodologies to significantly improve equity and inclusion, including commitment to prioritising the poorest areas for programme activities, budgeting to cover the higher costs of targeting poorer and more remote populations, disaggregating programme data by socio-economic status and locality, monitoring inclusion at all levels of the programme, conducting and analysing social appraisals of the effects and impacts of the programme, building social inclusion into institutional strengthening processes, and promoting inclusion of the poorest and most disadvantaged in district partnership strategies.
- 9) Other general recommendations: (a) expand and promote a functional referral system; (b) increase the empowerment and participation of women along with their families and community members and leaders (their encouragement to join SM group activities is recommended); (c) ensure better overall documentation, analysis and utilisation of the lessons learned from project and programme experience over time; and (d) pursue IA activities more holistically – i.e., encourage the inclusion of IA messages within other development activities such as literacy programmes, savings and credit schemes, and other group-oriented development activities in health and other sectors.

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