

Kathmandu, 16th December 2010 (IPS) - For the last 17 years, Keshari Maharjan has been going door to door in the outskirts of the Nepali capital to tell people about the services available at health centres in their communities, as well as about how to prevent certain diseases.

It hasn't always been easy for Maharjan and other community health volunteers like her. Indeed, she says, "It was very difficult those days when people suspected (us) of various ill intentions."

Yet they must have been doing something right all these years. According to Maharjan herself, she has noticed that there has been improved awareness about sanitation, diseases, and health centre services in the last several years.

That's not all, though. Manik Ratna Shakya, head of the Satungal Health Post, says, "Along with the government's and several donors' incentives and initiatives, their (the volunteers) contribution – a selfless one at that – is the biggest in meeting the target of reducing maternity and child mortality rates."

For sure, it's not an achievement to scoff at, since it means that this impoverished Himalayan country is likely to meet the fifth Millennium Development Goal (MDG) on improving maternal health.

In fact, just this September, Nepal was selected by the MDG Awards Committee, in collaboration with the United Nations Office for Partnership, to be among 49 Least Developed Countries that posted significant achievements in relation to the MDGs. Nepal was cited for its outstanding national leadership, commitment, and progress towards improved maternity health.

The MDGs are a set of eight goals that the world's governments committed in 2000 to meet by 2015. These goals range from eradicating poverty to improving maternal and child health, to achieving universal primary education and ensuring environmental sustainability.

Among Nepal's MDG targets is to reduce its maternal mortality ratio (MMR) to 213 per 100,000 live births by 2015.

But the country has been doing so good in this regard that its National Safe Motherhood Plan of 2002-2017 has set a more ambitious target of further reducing its MMR to 134 per 100,000 live births. In 1990, Nepal's maternal mortality ratio stood at 850 per 100,000 live births. At the time, skilled birth attendants attended only seven percent of births. By 2000, however, Nepal's MMR was at 415 per 100,000 live births, which dropped further to 229 this year.

Notably, too, 30 percent of births are now attended by skilled birth attendants.

Sharad Kumar Sharma, senior demographer at the health services department of the Ministry

of Health, explains the role of the community health volunteers in this success story: "They have lent invaluable support by spreading awareness, persuading women (and men) to visit health posts and hospitals and take preventive measures to reduce occurrence of diseases and complications that lead to deaths."

Other health experts have cited simple awareness as key in life-and-death situations.

A 2009 U.N. Millennium Campaign study, for instance, highlights two cases in which awareness of health services that were nearby helped in the safe delivery of an infant, while ignorance of the medical help that was available contributed to the death of a mother of six.

As the report tells it, Kancchi Maya Tamang lived in a village close to Kathmandu in which there were several skilled health workers. Her home was also near the village health post, while the nearest hospital was just a 30-minute walk away. And yet the 38-year-old lost her life while giving birth to her sixth child at home, due to excessive bleeding.

Tamang's aunt, who now looks after that child, now two years old, recalls, "This was her sixth time giving birth, hence no one was worried. The actual birthing process was easy. However, she started bleeding soon after and before anyone could do anything, she died."

By comparison, Jarsikala Kami, a resident of a remote village in Jumla district – about 900 kilometres from Kathmandu – had no problems delivering her second child.

The 20-year-old member of the Dalit (marginalised) community had apparently been dutifully having regular check-ups during her pregnancy. And when time came for her to give birth, she went to the birthing centre at her village's health post where a skilled birth attendant was present.

It helps that the government has set up a 24-hour delivery service in all of Nepal's 75 districts. Sharma also points to the five-year-old Safe Delivery Incentive Programme, under which women who deliver in a health facility receive cash to offset their travel costs – 1,500 rupees (about 21 dollars) for those living in the mountains, 1,000 rupees (14 dollars) for hill residents, and 500 rupees (seven dollars) for those in the plains.

Service in the government health centres is free. The government also provides subsidies to some private health facilities, so that these can give people free services too. And when health workers attend to deliveries at home, they are given a cash incentive of 300 rupees (four dollars).

But health worker Maharjan still worries that awareness of all these is lacking in some areas, even as complacency sets in other places. A 2010 progress report prepared by the National Planning Commission and the United Nations Development Programme also notes that efforts to improve maternal health in this country continue to face challenges.

Says the report: "The three delays – in seeking, reaching, and receiving care – are... important (causes) of poor maternal health status in Nepal."

Source: [IPS](#)