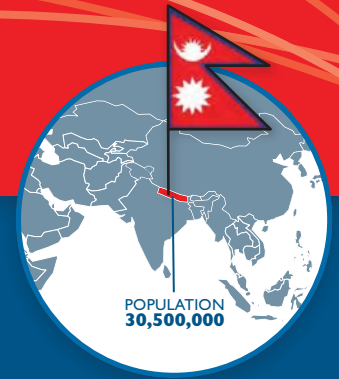




NEWBORN SURVIVAL IN NEPAL



HEADLINE MESSAGES



Nepal is **on track to meet Millennium Development Goal 4** for child survival. From 2000 to 2010, neonatal mortality declined by 30% though recent national survey data indicate stagnation. The decline is greater than the average in Southern Asia but half the national reductions in maternal and post-neonatal under-five mortality. Neonatal deaths now account for over 60% of under-five deaths.



Increased attention and **priority for newborn survival** facilitated changes in policies, programmes, information systems and communication platforms. These began with a specific focus on newborn care with the intent to then integrate these with maternal and child health services and the wider health system.

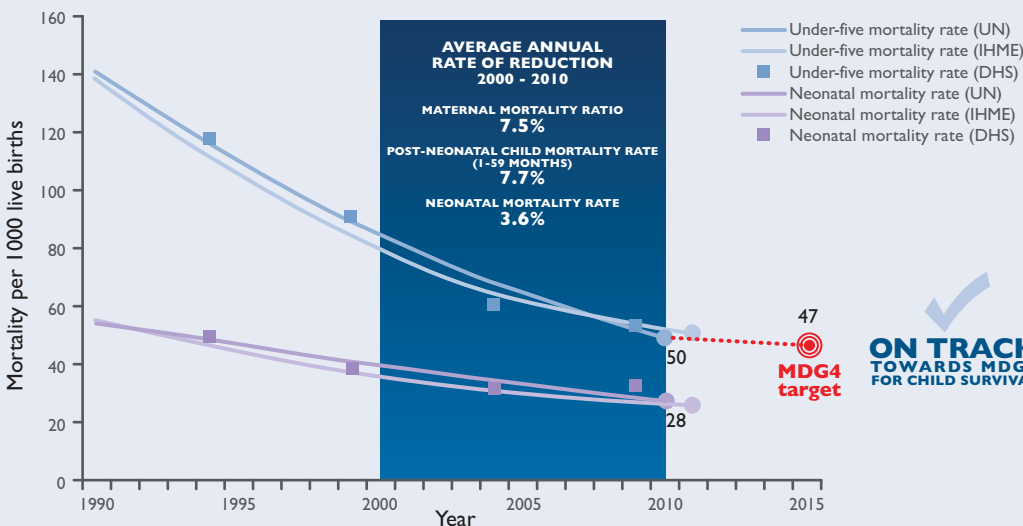


The Government of Nepal used **global and local evidence** to inform a national newborn health strategy and to design the Community-Based Newborn Care Package, which was implemented initially in 10 of 75 districts with plans to expand to 35 districts by mid-2013.



Rapid expansion of community care combined with an increase in facility births offer **potential for scale up** and accelerated impact, but quality of care in facilities is a critical priority for improving both maternal and neonatal health.

PROGRESS TOWARDS MILLENNIUM DEVELOPMENT GOAL 4 FOR CHILD SURVIVAL



3.6%

ANNUAL REDUCTION IN MORTALITY RATE

NEONATAL MORTALITY PER 1,000 LIVE BIRTHS

41 IN 2000 → 28 IN 2010

NEWBORN DEATHS

32,000 IN 2000 → 20,000 IN 2010

UNDER-FIVE DEATHS THAT WERE NEONATAL

47% IN 2000 → 56% IN 2010

HEALTH EXPENDITURE THAT WAS PAID OUT-OF-POCKET

68% IN 2000 → 47% IN 2009

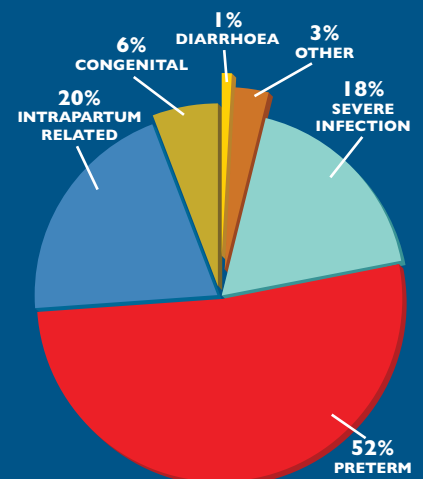
OFFICIAL DEVELOPMENT ASSISTANCE

CHILD HEALTH ODA - PER CHILD
\$3.83 IN 2003 → \$7.22 IN 2008
89% INCREASE

MATERNAL & NEWBORN HEALTH ODA - PER LIVE BIRTH
\$10.66 IN 2003 → \$39.04 IN 2008
266% INCREASE

% OF ODA FOR MNCH MENTIONING "NEWBORN"
0% IN 2003 → 8% IN 2008

CAUSES OF NEONATAL DEATH



16,000 NEWBORN LIVES COULD BE SAVED IN 2015 WITH UNIVERSAL COVERAGE OF HIGH-IMPACT INTERVENTIONS

What happened and what was learned?

Each year, nearly 35,000 Nepali children die before their fifth birthday with almost two-thirds of these deaths occurring in the first month of life, the neonatal period.

Nepal is recognized as a global leader for newborn survival having developed a national newborn health strategy early in the decade and scaling up programmes for newborn health, including the Birth Preparedness Package and Community-Based Newborn Care Programme. The high level of attention on newborn survival was facilitated by the formation of a network of champions including representatives from both maternal and child health sectors, who made the issue a priority and moved quickly to implement solutions based on evidence. Openness for early adoption of innovation has been a factor in rapid change for maternal, newborn and child survival.

Going forward

As newborn survival increasingly becomes institutionalized, it is evident that the issue remains a priority for the government. With women accessing facility-based care during pregnancy and childbirth, there is a need for more attention on the quality of care provided. With plans to more fully integrate the newborn health packages into maternal and child health programmes, the country is poised to change the future for the 724,000 Nepali babies born each year.

Nepal Neonatal Health Strategy

Nepal was the first low-income country to develop a national newborn-specific strategy, which identified and prioritized cost-effective, evidence-based interventions while considering the capacity of the community, and other levels of the health system. The strategy provided a platform for newborn survival to move from attention towards institutionalization and implementation. Between 2005 and 2010, a number of community-based interventions were piloted, and a comprehensive community-based package for newborn health was developed and will be integrated into maternal and child health programmes. The standalone newborn strategy ensured adequate attention for newborn survival at all levels of government as well as among civil society and development partners.

CONTEXT

Emerging from
11 years of civil war

Transitional phase has
impacted ability to implement programmes

Lowest GNI per capita
in the Southern Asia region
(US\$480 per capita)

HEALTH CONTEXT

6.7
HEALTH WORKERS
PER 1,000 POPULATION (2004)

BIRTHS THAT TOOK PLACE IN A FACILITY

9%
IN 2000

28%
IN 2010



Photo: Jonathan J. Hubschman/Save the Children

Key moments for newborn survival in policies and programmes

