

MATERNAL MORTALITY

Maternal mortality is one of the leading causes of death for women of reproductive age in Nepal. Reasons for this include inadequate health care, lack of family planning, long distances to medical facilities, and early marriage, which leads young girls to give birth before their bodies are ready. Even women who survive may face life long physical, psychological, social and economic complications.

Nepal has achieved impressive progress in reducing maternal mortality, from 850 in 1990 to 258 in 2015. This progress has been achieved in large part thanks to community level interventions. In order for Nepal to sustain the momentum, continued investments must be made to ensure adequate quality of care and availability of qualified health staff, especially midwives.



 **258**

estimated maternal mortality ratio per 100,000 live births ¹

 **60%**

of women receive some antenatal care (ANC) from a skilled provider ²

 **27%**

of married women have an unmet need for family planning ²

 **2.6**

average number of children women gave birth to ² (4.6 children 15 years ago)

 **36%**

of women aged 15-24 can correctly identify ways of preventing HIV ³

 **46**

deaths per 1,000 live births (2006-2011) ²

 **36%**

of births are assisted by a skilled provider (doctor, nurse, or midwife). ²



Delivering a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.

Maternal Mortality in Nepal: UNFPA Response

Promoting family planning

Family planning is key to reducing maternal mortality. UNFPA supported the Government of Nepal to develop a costed implementation plan on Family Planning. This Plan outlines strategic areas of intervention that Nepal can adopt to address challenges in scaling up rights-based and high quality family planning services that are available and accessible to all Nepali people as well as the resources required to realize this vision.

At local level, UNFPA works to increase accessibility and availability of family planning services, by supporting satellite clinics, 'micro-planning' and mapping at district level, and capacity building of health workers in the use of long-acting family planning methods.

UNFPA's global flagship programme "UNFPA Supplies" supports Nepal to strengthen its commodity security and ensure sound distribution systems, hence ensuring a reliable supply of contraceptives and life-saving medicines for reproductive and maternal health.

Supporting midwifery

While Nepal has more than halved its maternal mortality ratio since 1990, this gain will be hard to sustain unless there are efforts to improve the quality of the services and the health staff, especially midwives. UNFPA supports midwifery education and trainings, engages in policy dialogue and supports the government to formulate standard midwifery guidelines.

Supporting the end reproductive health morbidities

UNFPA has supported the government of Nepal to raise awareness, provide treatment, capacity building of the health institutions and service providers, and to adapt strategies to reduce maternal mortality and morbidity among poor, disadvantaged and marginalized women. We focus especially on service strengthening through supporting development of training packages and protocols, providing data on morbidities, and supporting free surgeries to those suffering prolapse and fistula. UNFPA has developed and strengthened comprehensive reproductive health training sites in the country, and has trained hundreds of health workers and other service providers.

Preventing early marriage

Delaying pregnancy is an important means of lowering maternal mortality: young girls' bodies are not ready to give birth. UNFPA works with adolescent girls, their parents and communities including men and boys, to keep girls in school and delay their marriages. Additionally, we support girls who are already married, to ensure they have access to family planning. We also work at the policy level to ensure that policy and legal frameworks are supportive.



Sources:

1. Maternal Mortality in 1990-2015 Nepal
2. National Demographic and Health Survey 2011
3. Multiple Indicator Cluster Survey 2014

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