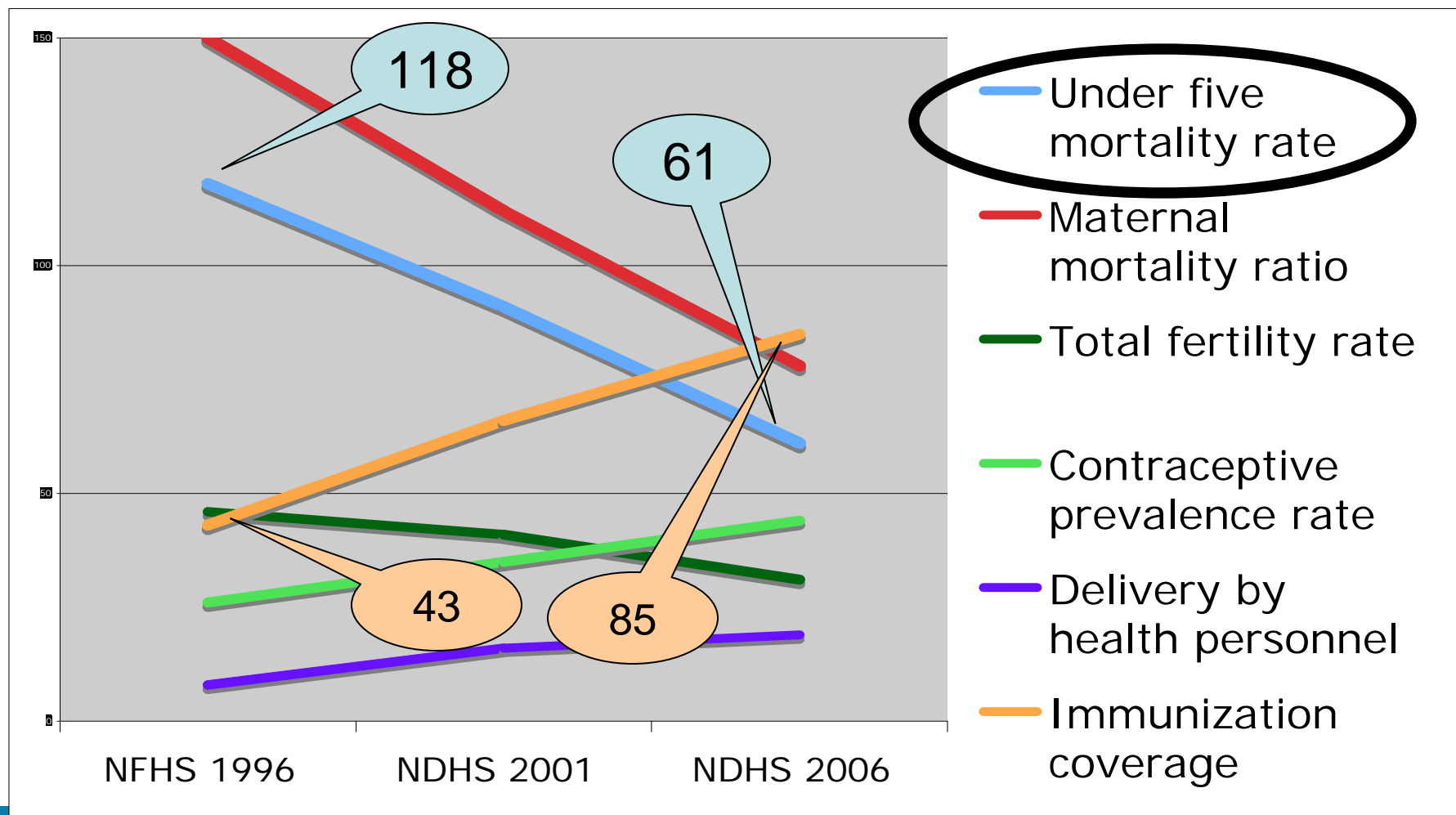


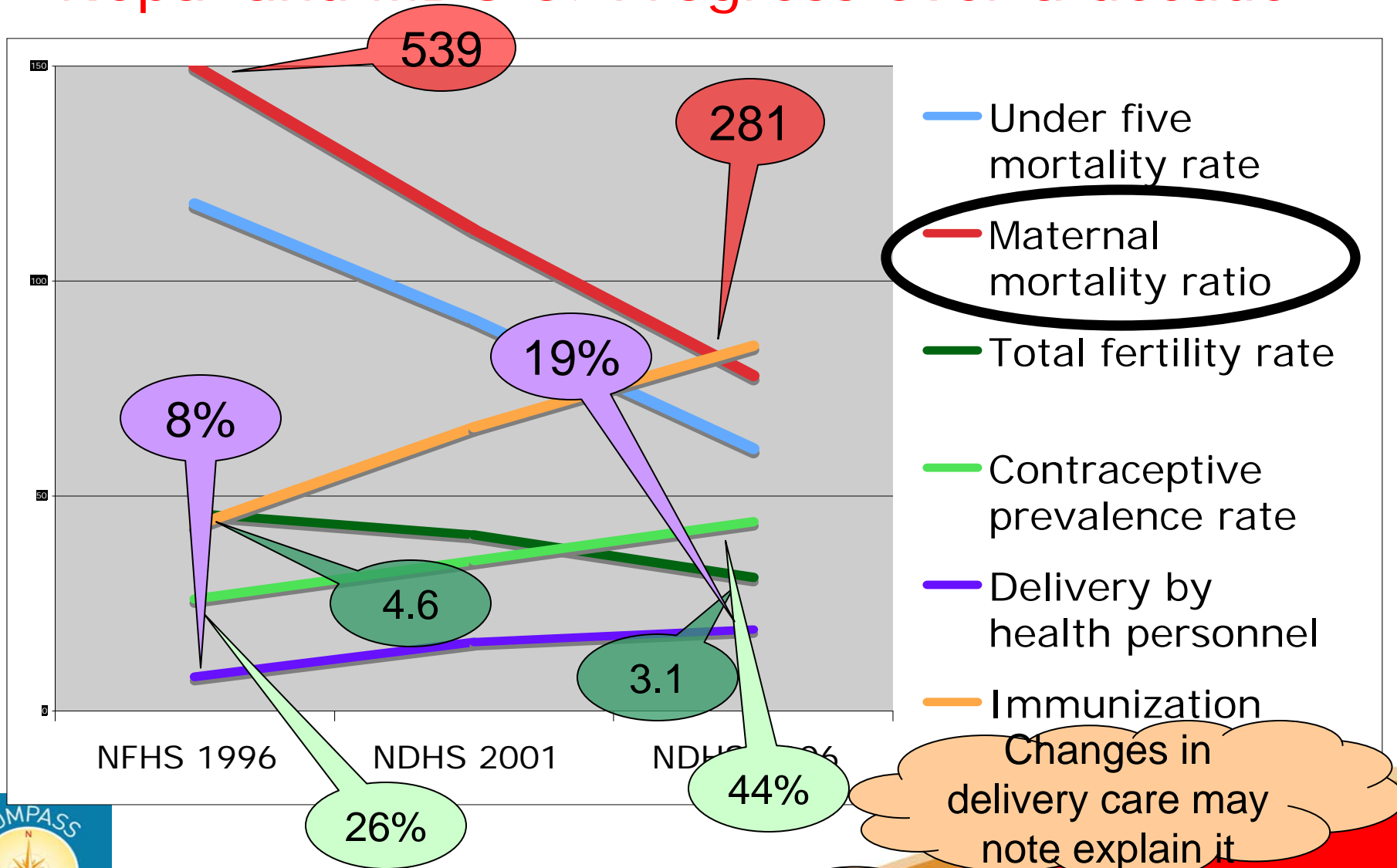
# Nepal and MDG 5: The setting



# Nepal and MDG 5: Progress over a decade



# Nepal and MDG 5: Progress over a decade



Changes in delivery care may not explain it

# Nepal and MDG 5: Community development and community-based care

- Network of Female Community Health Volunteers
- Evidence for effectiveness
  - FCHVs improved child survival in 1990s through pneumonia treatment, ORS, Vitamin A
  - Community mobilisation decreased MMR in some districts
  - Community-based maternal care made home births safer in some
- Women's literacy improved despite major disruptions
  - Literacy 35% (01) - 47% (06)
  - Sec school 13% (01) - 21% (06)



# Nepal and MDG 5: Has the status of women changed?

Country	GEI	Evolution (%) 2004-7
Maldives	64	n.a.
Sri Lanka	58	-5
Bangladesh	52	-9
Nepal	44	7
Pakistan	42	-2
India	41	n.a.
South Asia	52	-2.62

Source: Social Watch 2007 at 02-BCIGEI\_ing\_4t(81-99)

Nepal's GEI increased (a bit) in all of: economics, empowerment & education

While the region went backwards (as did Central Asia)

So what's the relative impact of Maoist revolutions *cf* good public health policy?



# Nepal and MDG 5: national and international health policy

- Working with development partners
  - 40% of health budget
  - Sector-wide approach from 2004
  - International Health Partnership from 2008
  - Donors helped pioneer, and prove, new approaches
- National government support for community development
- National maternal health policy
  - Free essential community health services from 2003
  - Legal abortion care from ~2005
  - Safe Delivery Incentives package from 2007
  - Free delivery from 2009
- The road to the new MMR target (134) will be tougher
  - **effective** and **equitable** implementation will determine success