











Nepali Case Study Series

Case 4

Case Title:

Overcoming Maternal Health Challenges in Gandaki Province

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Overcoming Maternal Health Challenges in Gandaki Province

Reena Thapa and Saadia Hossain Muna

Barriers to Maternal Health

Maternal health remains a focal point in global health governance, significantly contributing to the discourse on social equity and human rights. In remote areas of Gandaki Province, the harrowing tale of a pregnant woman unfolds, as she navigates perilous terrains, battling extreme weather, to reach Baglung Health Center. Health worker Kriti Shirish, in a quick response, meets her en route, equipped with essential medical supplies. The woman gives birth by the riverside, and only afterwards is she transported to a medical facility for further care. This narrative encapsulates the pressing challenges associated with maternal health in Gandaki—barriers that are not merely infrastructural but deeply entrenched in the socioeconomic and geographic fabric of the region. The predicaments in Gandaki extend beyond inadequate dilapidated roads and transport facilities. Health centers often grapple with erratic electricity supplies, forcing medical personnel like Kriti to perform deliveries under mobile phone lighting. Furthermore, the district faces a glaring shortage of qualified health staff, thereby exacerbating existing maternal health issues. These challenges underscore the broader public policy and governance issues—manifested in the form of inadequate human resources and failing infrastructure—that hinder progress toward Sustainable Development Goals (SDGs)

Problem

Maternal health faces geographic, infrastructural, and human resource barriers

Solution

Enhancing healthcare facilities, training the medical staff, and educating communities with support from both government and non-profits.

Outcome

Improved access to maternal healthcare services and moderate reduction in maternal mortality.

Progress Amidst Challenges

Anita Karki, Chief Public Health Officer at Malma Health Center, acknowledges the role of geographical barriers in impeding progress. Limited financial resources among communities in remote areas further complicate matters. She emphasizes that these issues not only present logistical challenges but also act as significant roadblocks in achieving the SDGs. Though the challenges are formidable, there have been noticeable improvements. For instance, alternative electricity sources have been installed in health centers, resolving some of the longstanding issues. Moreover, awareness-raising initiatives by health workers have begun to shift public attitudes toward maternal health, encouraging more women to opt for institutional deliveries over home births.

Policy Interventions through Skill Development

Nepal has committed to significantly reducing maternal mortality rates, in line with SDG targets, aiming to reach a ratio of 70 deaths per million live births by 2030. However, despite this commitment, data from Nepal's Maternal Death Study reveals a current ratio of 151 maternal deaths per million live births, spotlighting the monumental task at hand. To expedite progress, the government has launched a free air rescue program for pregnant women, under the Women Upliftment Program. Gandaki Province successfully conducted seven air rescues last fiscal year (2022-2023). Concurrently, a training program is underway to enhance the skills of healthcare personnel in maternal care, an initiative that is expected to mitigate the existing manpower shortages.

Binod Bindu Sharma, Secretary of the Gandaki Health Ministry, emphasizes that achieving SDGs necessitates holistic improvements, not only in medical services but also in infrastructure and human resources. The lack of specialized staff in existing delivery centers severely limits their functional efficacy, pointing to the need for a more coordinated, multi-level governance approach to solve the issue. While Gandaki Province has made some strides in improving maternal health, a considerable gap remains between policy aspirations and on-the-ground realities. Bridging this gap will require a concerted effort from multiple stakeholders, ranging from local government bodies to non-governmental organizations and international partners, to ensure that-maternal health is not a privilege but a right accessible to all.









नेपाली उदाहरण अध्ययन शृंखला

अध्ययन ४ उदाहरण शीर्षक:

मातृ स्वास्थ्य चुनौतिहरू पार गर्दै गण्डकी प्रदेश

अध्ययन ४

मातृ स्वास्थ्य चुनौतिहरू पार गर्दे गण्डकी प्रदेश

मातृ स्वास्थ्यका अवरोधहरू

वश्वव्यापी स्वास्थ्यमा मातृ स्वास्थ्य केन्द्र बिन्दु बनेको छ,जसले सामाजिक समानता र मानव अधिकारको बहसमा महत्तवपूर्ण योगदान पुऱ्याउँछ । गण्डकी प्रदेशको दुर्गम क्षेत्रमा, एक गर्भवती महिलाको पीडादायी कथा छ । वर्षातको समयमा यातायातको सुविधा नहुँदा मौसमको समस्यासँग लड्दै स्वास्थ्य केन्द्र पुग्न उनलाई गाह्मे हुन्छ । स्वास्थ्यकर्मी कृति शिरीष अत्यावश्यक चिकित्सिकय सामान लिएर गर्भवती महिला आइरहेको बाटो तर्फ लागछिन् ।

महिलाले नदीको किनारमा बच्चा जन्माउँछिन्, त्यसपछि मात्र उनलाई थप हेरचाहको लागि स्वास्थ्य चौकी लगिन्छ । यस कथाले गण्डकीमा मातृस्वास्थ्यसँग जोडिएका चुनौतिहरूलाई समेटेको छ । यसले पूर्वाधार मात्र होइन यस क्षेत्रको सामाजिक-आर्थिक र भौगोलिक बनावटका कारण परेको बाधा गहिरो रुपमा देखाएको छ ।

समस्या मातृ स्वास्थ्यले भौगोलिक, पूर्वाधार र मानव संसाधन अवरोधहरूको सामना गरिरहेको छ ।

समाधान
स्वास्थ्य सेवा सुविधाको बृद्धि
गर्ने, चिकित्सा कर्मचारीहरूलाई
तालिम दिने, र गैर तथा
सरकारी संस्था दुवैको
सहयोगमा समुदायहरूलाई
जनचेतना फैलाउने।

नतिजा मातृ स्वास्थ्य सेवामा पहुँच सुधार र मातृ मृत्युदरमा मध्यम कमी । जीर्ण सडक र अपर्याप्त यातायात सुविधाका कारण गण्डकीले समस्या भोगिरहेको छ । दुर्गमका स्वास्थ्य केन्द्रहरू प्राय अनियमित बिजुली आपूर्तिको समस्या भोग्छन् । कृति जस्ता स्वास्थ्यकर्मीहरूलाई मोबाइल फोनको बत्ती बालेर डेलिभरी गराउने बाध्यता छ । यसबाहेक, जिल्लाले दक्ष स्वास्थ्य कर्मचारी अभावको सामना गरिरहेको छ, जसले गर्दा मातृ स्वास्थ्य समस्याहरू बढ्दै गएको छ । यी चुनौतिहरूले दिगो विकास लक्ष्यहरु(क्मन्क) तर्फको प्रगतिमा बाधा पुऱ्याउँछ । अपर्याप्त जनशक्ति र असफल पूर्वाधारको समस्याले सार्वजनिक नीति र सुशासनका विषयलाई पनि प्रश्न गर्छ ।

चुनौतीका बीचमा प्रगति

मलमा स्वास्थ्य केन्द्रकी प्रमुख जनस्वास्थ्य अधिकृत अनिता कार्कीले मातृ स्वास्थ्य विकासमा बाधा पुऱ्याउन भौगोलिक भूमिका रहेको स्वीकार गर्छिन् । दुर्गम क्षेत्रका समुदायको निम्न आर्थिक स्थितिले थप जिटलता निम्त्याउँछ । उनी जोड दिन्छिन् कि यी विषयहरूले तार्किक चुनौतिहरू मात्र नभई दिगो विकास लक्ष्य हासिल गर्न बाधा पुर्याइरहेको छ । यद्यपी, चुनौतिहरू डरलाग्दो भएपिन उल्लेखनीय सुधारहरू भएका छन् । उदाहरणका लागि, स्वास्थ्य केन्द्रहरूमा केही लामो समयदेखिका समस्याहरू समाधान गर्दे वैकित्यक विद्युतीय श्रोतको जडान गरिएको छ । यसबाहेक, स्वास्थ्यकर्मीहरूले जनचेतना अभिवृद्धि गर्ने विभिन्न काम गरिरहेका छन् । मातृस्वास्थ्यप्रति जनताको मनोवृत्ति परिवर्तन हुनपिन थालेको छ । जसले धेरै महिलाहरूलाई घरमा नभई स्वास्थ्य संस्थामा बच्चा जन्माउन प्रोत्साहित भइरहेका छन् ।

सीप विकास मार्फत नीति हस्तक्षेप

गण्डकी स्वास्थ्य मन्त्रालयका सिचव विनोद विन्दु शर्मा एसडीजी हासिल गर्न चिकित्सा सेवामा मात्र नभई पूर्वाधार र जनशक्तिमा पिन समग्र सुधार आवश्यक रहेकोमा जोड दिन्छन् । अवस्थित स्वास्थ्य केन्द्रहरूमा विशेष कर्मचारीको अभावले तिनीहरूको कार्यात्मक प्रभावकारितालाई गम्भीर रूपमा प्रभाव गर्दछ । गण्डकी प्रदेशले मातृस्वास्थ्य सुधारका लागि केही प्रगति गरेको भए पिन नीतिगत आकांक्षा र वास्तविकताबीच ठूलो अन्तर छ । यस खाडललाई पूरा गर्नका लागि मातृस्वास्थ्य सबैको पहुँचयोग्य अधिकार हो भन्ने कुरा सुनिश्चित गर्न स्थानीय सरकारदेखि लिएर गैरसरकारी संस्थाहरू,अन्तर्राष्ट्रिय साभोदारहरु र सरोकारवालाहरुबाट एकजुट प्रयास आवश्यक पर्दछ ।

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About the Authors

Reena Thapa (Taani)

Reena Thapa (Taani), a journalist in Gandaki province, Nepal is currently pursuing a Bachelor's degree in Journalism and Literature at Tribhuvan University. Her writing interests revolve around social stories with a focus on women, marginalized communities, health, and climate change issues.

Email: tanethapa07@gmail.com

Saadia Hossain Muna

Saadia Hossain Muna is a research assistant at the South Asian Institute of Policy and Governance (SIPG). She completed her BSS and MSS in Public Administration from University of Dhaka. Her interest lies in the field of governance, leadership, public personnel management, and strategic management.

Email: hossainsaadia@gmail.com

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