

# Effectiveness and Efficiency of Aama Surakshya Karyakram in terms of Barriers in Accessing Maternal Health Services in Nepal

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## ABSTRACT

**Background:** The Family Health Division along with the MoHP developed a policy that recommended provision of incentives to all delivering mother by removing the parity condition and termed Safe Delivery Incentive Programme (SDIP) to make it more appropriate. The SDIP was branded as AamaSurakshyaKaryakram (ASK). The main objective of the study was to find out the effectiveness and efficiency of AamaSurakshyaKaryakram to address barrier in accessing maternal health services in Nepal.

**Methods:** An exploratory and cross sectional descriptive study was conducted by quantitative and qualitative tools and techniques. To provide comprehensive coverage, five districts have been selected representing four development (eastern, central, western and far-western) and three (mountain, hill and flat) ecological region were selected.

**Results:** Out of 47 exit client interviews conducted in this study, 51 percent were done in Sunsari, followed by Sarlahi (17%), Dadeldhura (17%), and Arghakhanchi (15%). Most of these mothers (94%) delivered their children in the hospitals, and rest (6%) in PHCCs. Sixty percent mothers were in the age group of 20-25 years, while 45 percent were from Tarai/Madheshi group followed by Brahmins/Chhetries group (34%). Total 70% mothers were found to be literate. 55% mothers were found to be visiting health facilities during labour pain. 2% mothers were visiting health facilities before labour pain started. Rest mothers were visiting health facilities after one or two days of labour pain. Total 70% mothers were able to reach the health facility within 60 minutes, while 13 percent mothers were able to reach the facility more than 3 hours, and 17% were in between. All mothers who visited PHCCs were able to reach the facility within 60 minutes while analyzing health facility-wise.

**Conclusions:** Mothers delivered at home as they were not well prepared to go to health facility. Lack of transportation facility hindered for institutional delivery. None of them figured out that there was a provision of transport incentive; they only knew that there was a cash payment, but they didn't know exactly for what specific purpose mothers were receiving such payments. Ask found to be effective and efficient in order to address barriers occurring inside the health facility and financial barrier except geo-graphical barrier in accessing maternal health services in Nepal.

**Keywords:** aama surakshya karyakram, barriers, effectiveness and efficiency maternal health services, Nepal, safe delivery incentive programme.

## INTRODUCTION

The Family Health Division along with the MoHP developed a policy that recommended provision of incentives to all delivering mother by removing the parity condition. Subsequently, the MIS was changed

into Safe Delivery Incentive Programme (SDIP) to make it more appropriate.<sup>1,2</sup> With these provisions, the desired outcome, for example to raise the number of institutional deliveries, was not met even if the access

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barriers were addressed to the greater extent. Besides the cost of transportation, operational studies found that the most significant barrier is the institutional cost and recommended that such costs should be covered since many women were not in a position to cover them. The SDIP was branded as AamaSurakshyaKaryakram (ASK) that covers the cash incentive to mother to cover the transport cost, free institutional delivery and incentive to the health workers. Subsequently, the ASK was reviewed after one month of implementation and that review recommended a change in the unit cost being provided to the health facilities as it does not meet the requirements. Following the recommendations, a policy paper was prepared and the unit cost to the 25-bedded hospital was increased. The payment has been reduced from NRs. 300 (US\$ 4) to NRs. 200 (US\$ 3) per case (Note: 1 US\$ = NRs. 72). The main objective of the study was to find out the effectiveness and efficiency of AamaSurakshyaKaryakram to address barrier in accessing maternal health services in Nepal.

## METHODS

An exploratory and cross sectional descriptive study was conducted by quantitative and qualitative tools and techniques from 9 January 2011 to 28 March 2011. Ethical Approval was taken from NHRC ethical review board. In order to provide comprehensive coverage, five (7%) districts [Manang (mountain), Arghakhachi (hill), Dadeldhura (hill), Sarlahi (flat), Sunsari (flat)] have been selected representing four development (eastern, central, western and far-western) and three (mountain, hill and flat) ecological region were selected (Figure 1).

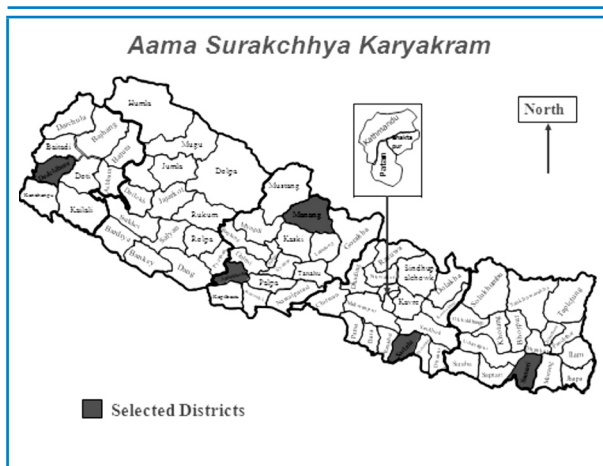


Figure 1. Developmental and ecological representation of the sampled five districts.

Five groups of study population were identified for this study, which included: Women admitted for delivery

at the health facility, Women who had delivered their children at home setting, FCHVs, Traditional Birth Attendants (TBAs) and VDC leaders, Health service providers [Health facility In-charges, Doctors, Nurses, Auxiliary Nurse-Midwives (ANMs), etc.], and Records of ASK related information available at the health facilities. Background variables from client's(women)as well as FCHVs, TBAs and VDC leaders perspective were age, caste/ethnicity, and educational status, while from health service provider's perspective was sex, official designation and working duration. Data entry package was developed on Excel software. The production of the tabulation plan was done by the core study team. For quantifiable qualitative variable, data analysis was performed with the statistical package for social sciences (SPSS) version 16, while for non-quantifiable variable, the content analysis was followed. Descriptive statistics was firstly used to observe the pattern in each quantifiable qualitative variable. This research is associated with *Nepal Health Research Council and UNFPA Regional Office Bangkok, Thailand.*

## RESULTS

Out of 47 exit client interviews conducted in this study, 51percent were done in Sunsari, followed by Sarlahi (17%), Dadeldhura (17%),and Arghakhanchi (15%). While observing by ecological regions, most exist cases were done in Flat (68%) followed by Hill (32%) districts. Most of these mothers (94%) delivered their children in the hospitals, and rest (6%) in PHCCs.

Sixty percent mothers were in the age group of 20-25 years, while 45 percent were from Tarai/Madheshi group followed by Brahmins/Chhetries group (34%), 70% mothers were found to be literate. 55% mothers was found to be visiting health facilities during labour pain, 2% mothers were visiting health facilities before labour pain started. Rest mothers were visiting health facilities after one or two days of labour pain.

In most of the cases, decision to come to the health facility was made either by their husband, or mother/father-in-law. It was quite interesting to know that one-third mothers decided by themselves to come to the health facility, 98% mothers had normal delivery without any complication; however one mother had for Caesarean delivery.

Total 70% mothers were able to reach the health facility within 60 minutes, while 13% mothers were able to reach the facility more than 3 hours, and 17% were in between (Table 1). All mothers who visited PHCCs were able to reach the facility within 60 minutes while analyzing health facility-wise.

Table 1. Access barriers faced by mothers by districts.

Access barriers faced by mothers		Sunsari n=24		Sarlahi n=8		Arghakhachhi n=7		Dadeldhura n=8		Total N=47	
		n	%*	n	%*	n	%*	n	%*	N	%*
Time to reach health facility	Less than 30 minutes	10	42	3	37.5	1	14	2	25	16	34
	30 to 60 minutes	10	42	3	37.5	2	29	2	25	17	36
	More than 60 to 120 minutes	2	8	1	12.5	3	43	2	25	8	17
	More than 120 minutes	2	8	1	12.5	1	14	2	25	6	13
Modes of transport	Transport	2	8	3	37.5	3	43	3	37.5	11	23
	Ambulance	14	58	3	37.5	2	29	1	12.5	20	42.5
	Walking	2	8	0	0	1	14	2	25	5	11
	Rickshaw	5	21	1	12.5	0	0	0	0	6	13
	Stretcher bed	0	0	0	0	1	14	1	12.5	2	4
	Others	1	4	1	12.5	0	0	1	12.5	3	6.5
Easy access to this health facility	Strongly agree	6	25	4	50	3	43	3	37.5	16	34
	Agree	17	71	3	37.5	3	43	4	50	27	58
	Uncertain	0	0	1	12.5	1	14	1	12.5	3	6
	Disagree	1	4	0	0	0	0	0	0	1	2
	Strongly Disagree	0	0	0	0	0	0	0	0	0	0
Experiencing difficulties because of language barrier within the health facilities	Strongly agree	0	0	0	0	0	0	0	0	0	0
	Agree	0	0	0	0	0	0	1	12.5	1	2
	Uncertain	0	0	0	0	0	0	0	0	0	0
	Disagree	24	100	7	87.5	6	86	4	50	41	87
	Strongly Disagree	0	0	1	12.5	1	14	3	37.5	5	11

\*Column percentage to indicate the distribution of access barriers faced by mothers

Table 2. Reception of free delivery and transport Incentive knowledge by mothers by districts.

Reception of free delivery and transport Incentive by mothers		Sunsari n=24		Sarlahi n=8		Argha-khachhi n=7		Dadel-dhura n=8		Total N=47	
		N	%*	n	%*	n	%*	n	%*	N	%*
Receipt of free delivery service	Yes	24	100	8	100	7	100	8	100	47	100
	No	0	0	0	0	0	0	0	0	0	0
Receiving knowledge of transport Incentive	Yes	13	54	5	62.5	2	29	8	100	28	60
	No	11	46	3	37.5	5	71	0	0	19	40

\*Column percentage to indicate the distribution of reception of free delivery and transport incentive knowledge by mothers

Although all mothers said that they had received free delivery services, 40 percent mothers didn't receive the knowledge of transport incentive (Table 2). All mothers in Dadeldhura district had knowledge that they were receiving transport incentive. Similarly, all mothers visiting PHCCs had knowledge that they were receiving transport incentive, while such percentage among hospital visitors was found to be only 57 percent.

Total 40% of the mothers said that they were satisfied with the quality of services. In the case for maternal

health treatments offered, almost all (98%) were satisfied, while 85% of the mothers agreed that health workers explained the things in an understandable way. While asking regarding their satisfaction towards extent of services provided by the health facilities, all of them said that these were provisioned as per their expectations. Similarly, all of them would like to recommend their friends in search of same services from such health facilities (Table 3).

**Table 3. Distribution of mother's satisfaction towards functional aspects of health services related factors by districts.**

Mother's satisfaction towards functional aspects of health services related factors	Sunsari n=24		Sarlahi n=8		Arghakhachhi n=7		Dadeldhura n=8		Total N=47		
	n	%*	n	%*	n	%*	n	%*	N	%*	
Extent of services met	None of my needs have been met	0	0	0	0	0	0	0	0	0	0
	Only few of my needs have been met	0	0	0	0	0	0	0	0	0	0
	Most of my needs have been met	5	21	1	12.5	0	0	1	12.5	7	15
	Almost all of my needs have been met	19	79	7	87.5	7	100	7	87.5	40	85
Recommend friend if in search for same services	No, definitely not	0	0	0	0	0	0	0	0	0	0
	No, I don't think so	0	0	0	0	0	0	0	0	0	0
	Yes, I think so	2	8	2	25	0	0	1	12.5	5	11
	Yes, definitely	22	92	6	75	7	100	7	87.5	42	89

\*Column percentage to indicate the distribution of mother's satisfaction towards functional aspects of health services related factors

**Table 4. Aama programme and budget related aspects by districts.**

Aama programme and budget related aspects of health facilities		Sunsari n=2		Sarlahi n=2		Arghakhachi n=2		Dadeldhura n=2		Manang n=2		Total N=10	
		n	%*	n	%*	n	%*	n	%*	n	%*	N	%*
Evidence that show annual planning and budgeting done for ASK	Yes	0	0	1	50	0	0	0	0	0	0	1	10
	No	2	100	1	50	2	100	2	100	2	100	9	90
Any report published or prepared for ASK	Yes	1	50	2	100	1	50	0	0	1	50	5	50
	No	1	50	0	0	1	50	2	100	1	50	5	50
Monthly report of ASK submitted to D(P)HO	Yes	2	100	2	100	2	100	2	100	1	50	9	90
	No	0	0	0	0	0	0	0	0	1	50	1	10
Any evidence that shows monitoring of the ASK	Yes	0	0	0	0	1	50	0	0	0	0	1	10
	No	2	100	2	100	1	50	2	100	2	100	9	90
Any evidence of financial audit	Yes	1	50	1	50	1	50	1	50	1	50	5	50
	No	1	50	1	50	1	50	1	50	1	50	5	50
Any evidence of public audit	Yes	0	0	1	50	0	0	1	50	0	0	2	20
	No	2	100	1	50	2	100	1	50	2	100	8	80

\*Column percentage to indicate the distribution of health facilities for respective category

Total 47% of mothers said that they were satisfied regarding cleanliness in the health facilities, while one-fifth mothers were not satisfied with such thing at all, and rest of them viewed that such cleanliness was at moderate level. 32% mothers said that they were satisfied with the overall health services, while observing by the health facility types, nearly 30% (13/44) mothers were from hospitals followed by two-third from PHCCs.

Hospitals were performing financing audit while only 20 percent of them were performing social audit. It was quite interesting to observe that none of the PHCCs

were found to perform any of such audits (Table 4). We were able to find 3646 institutional delivery cases registered in the sampled health facilities of the five districts (Sunsari 48.4%, Sarlahi 22.9%, Arghakhanchi 16%, Dadeldhura 12.7%, Manang 0.05%). We were also able to find 22 home delivery cases which were claimed by the respective health facilities (Table 5, Figure 2, 3). Although the citizen charter was displayed in majority of health facilities (8/10, 80%), only 60 percent (6/10) had displayed an information on ASK in the same citizen charter (Table 6).

**Table 5. Comparing the distribution of Institutional Deliveries between Shrawan 2066 to Poush 2066 (6 months) and Magh 2066 to Asad 2067 (6 months) by health facility types as stratified by district types.**

Health Facility Type	Districts	Total (Shrawan-Poush FY 2066/67)	Total (Magh-Aasadh, FY 2066/67)	Change (%) (Shrawan - Poush with Magh- Asadh FY 2066/67)
Hospital	Mountain district (Manang)	1	1	0
	Hill districts (Dadeldhura and Arghakhachi)	304	388	27.6
	Flat districts (Sunsari and Sarlahi)	1324	1129	-14.7
PHCC/HPs	Mountain district (Manang)	0	0	0
	Hill districts (Dadeldhura and Arghakhachi)	156	198	26.9
	Flat districts (Sunsari and Sarlahi)	71	74	4.2
Total (Hospital + PHCC/HP)	Mountain district (Manang)	1	1	0
	Hill districts (Dadeldhura and Arghakhanchi)	460	586	27.4
	Flat districts (Sunsari and Sarlahi)	1395	1203	-13.8

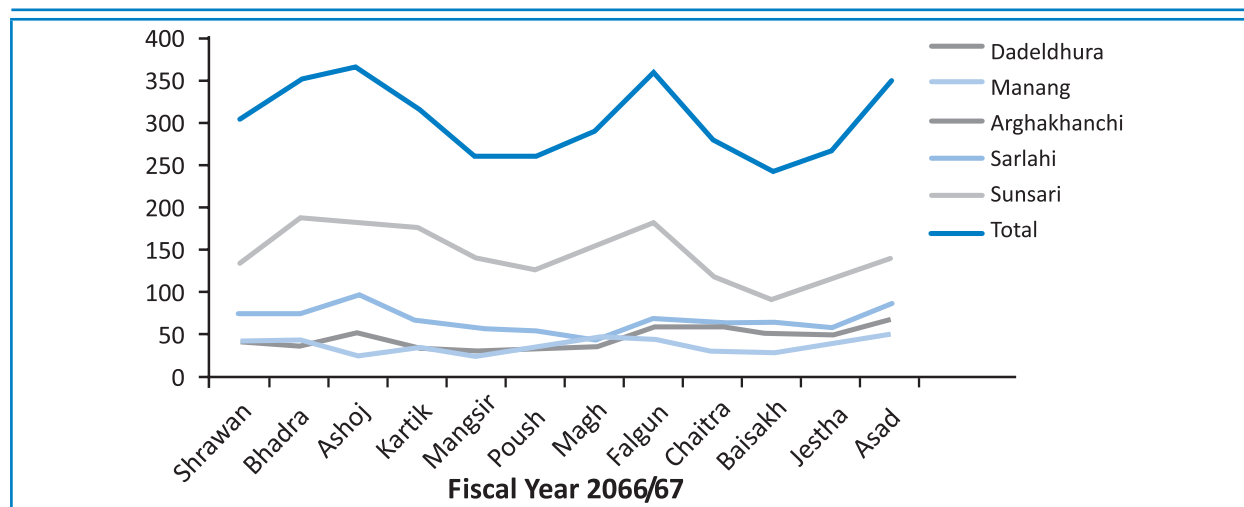


Figure 2. Monthly trends of Institutional deliveries by district types

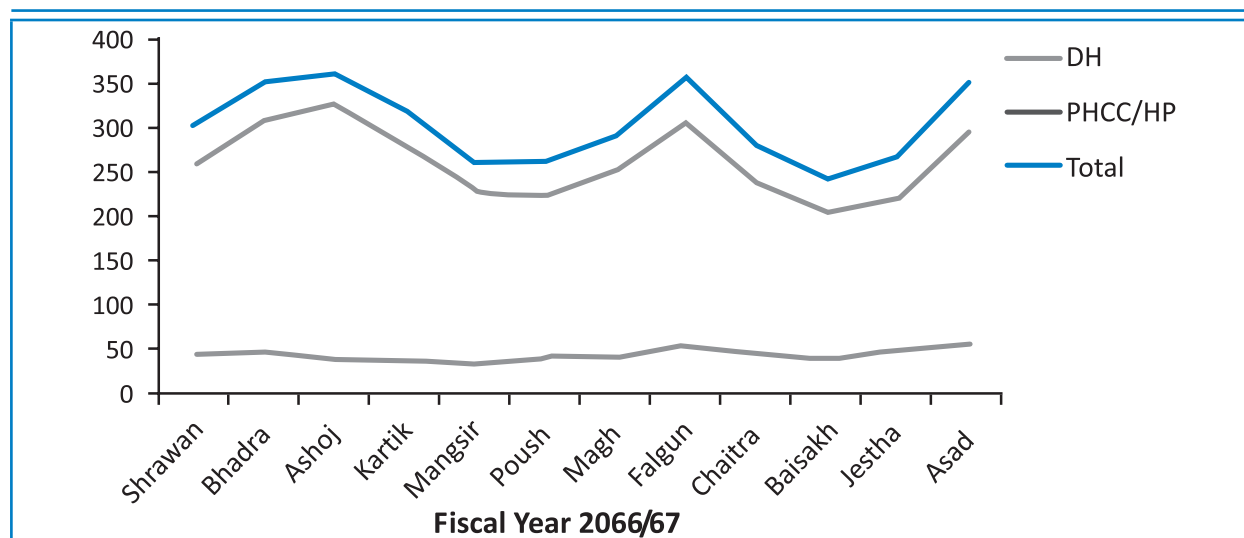


Figure 3. Monthly trends of Institutional deliveries by health facility types

[DH: District Hospitals, PHCCs: Primary Health Care Centres, HPs: Health Posts]

**Table 6. Displaying Aama related information at the health facilities by districts.**

Displaying Aama related information at the health facilities		Sunsari n=2		Sarlahi n=2		Arghakhachi n=2		Dadeldhura n=2		Manang n=2		Total N=10	
		N	%*	n	%*	n	%*	n	%*	n	%*	N	%*
Has health facility displayed citizen charter	Yes	2	100	1	50	1	50	2	100	2	100	8	80
	No	0	0	1	50	1	50	0	0	0	0	2	20
Any information on ASK in the citizen charter	Yes	1	50	1	50	1	50	1	50	0	0	6	60
	No	1	50	1	50	1	50	1	50	2	100	4	40
Notice or data related to ASK displayed in the notice board of health facility	Yes	0	0	0	0	0	0	0	0	1	50	1	10
	No	2	100	2	100	2	100	2	100	1	50	9	90
List of deliveries assisted by health workers at home and Institutions disseminated at health facility/VDC	Yes	0	0	1	50	0	0	0	0	0	0	1	10
	No	2	100	1	50	2	100	2	100	2	100	9	90

\* Column percentage to indicate the distribution of health facilities for respective category

## DISCUSSION

It was quite interesting to know that majority of the mothers (55%) was found to be visiting health facilities during labour pain. Contrary to this, very few mothers (2%) were visiting health facilities before labour pain started. Rest mothers were visiting health facilities after one or two days of labour pain started. In most of the cases, decision to come to the health facility was made either by their husband, or mother/father-in-law. It was quite interesting to know that one-third mothers decided by themselves to come to the health facility. This may be due to of having formal education by the mothers as evident into our samples, and it also indicates that a decision-making barrier occurring inside the family is diminishing. Almost all mothers (98%) undergone for normal delivery without any complication; however one mother went for Caesarean delivery.

Although all mothers said that they had received free delivery services, 40 percent mothers didn't receive the knowledge of transport incentive. However, they might have received such knowledge at the later stage, but we didn't assess that. All mothers in Dadeldhura district had knowledge that they were receiving transport incentive. Similarly, all mothers visiting PHCCs had knowledge that they were receiving transport incentive, while such percentage among hospital visitors was found to be only 57%.

We also found that one-fifth (23%) mothers had spent money during their delivery process at the health facilities. This situation was appeared more prominent in Flat districts (Sunsari, 29% and Sarlahi, 37%) while it was negligible in hill districts (Arghakhachi and Dadeldhura). They had spent such money as tips for hospital cleaners/helpers.

While assessing mothers feeling about free delivery service and transport Incentive, most of them said that it is a good programme led by government as it saves life of mother and baby. It came to our notice that only one-tenth (10%) mothers indicated that it compensates transport cost. It appears that the most of the mothers didn't know for what they have been paid by the health facility. They might be thinking that the incentive is basically for buying nutritional foods for baby or even for themselves or buying some other things, which is evident from the present assessment as 10 percent of them highlighted about these things.

Less than half (40%) of the mothers said that they were satisfied with the quality of services. Almost none of the patients said that the quality of services were poor. All mothers were satisfied with the information provided for the health services. In the case for maternal health treatments offered, almost all (98%) were satisfied (Table 4.1). Although all mothers agreed that the opening time for health facility was not convenient for them, most of them (94%) informed us that they had not to wait too long for seeking medical treatment. This may be due to of their noticing of opening hours of health facility, and whenever the facility opened, they got the medical treatment without delay. However, there were few mothers (6%) from Dadeldhura district claiming that they had to wait long for receiving medical treatment.

However, majority of mothers showed their agreement on the availability of drugs (90%) and relevant health providers (96%). This may be because of the fact that there were 94percentmothers representing from higher level health facilities (hospitals), and obviously these facilities provided good quality services. In these higher



level health facilities, sometime patients load seem to be heavy, so naturally some mothers might have to wait for long duration for seeking medical services. Moreover, in these facilities, drugs and relevant health providers were available more frequently than peripheral level health facilities. Another major indicative was most of the drugs that mothers needed were included under essential drug list, and it is mandatory to maintain for the distribution of such drugs every four months through vertical system adopted by the logistics management division in various levels of health facilities utilizing the concept of push and pull system.

All the mothers were aware of free maternal and child health care services including delivery care. They did not have any idea about whether the cash payment was basically provided as transport incentive or for some other purposes. But all the mothers in Manang district did not have any information about getting cash payment as transport incentive.

Very few women in Manang district went to hospital for delivery. They visited hospital only in complicated cases. In flat and hill areas, a considerable proportion of mothers use health facility during delivery. Many women did not go for institutional delivery because of various reasons.

In Manang (mountain) district, mothers did not go to hospital as it was located far away from their village. They said that doctors, nurses, and health service providers were not found to be working in the health facility. Moreover, behaviour of services providers was incompatible with local culture. Their services were not user friendly. Moreover, they were not aware of the ASK and transport incentive.

In Hill and flat districts, many mothers intended to have institutional delivery, but they delivered at home as they were not well prepared to go to health facility. Moreover, there was no prolong labour pain, and normal delivery occurred within hours of labour pain.

Mothers indicated that their husbands were out of home and pregnant mother could not dare to go to health facility. It might take several hours to gather people and transport the mothers to the health facility. Mothers found themselves normal condition even during last condition, and when labour pain started, they were searching for transportation to go to health facility. By that time, mothers delivered their children at home. Even in flat districts where accessibility of roads was good, mothers delivered their children before arriving ambulance.

Many women in rural areas did not believe that local health facility including PHCC can provide delivery

services. Mothers didn't trust the health facility due to lack of clean room, bed and delivery tables. They said that rural people still preferred home delivery with assistance of health workers rather than going to health facility for delivery.

Health care providers had a very good understanding about ASK, and some even viewed that this will give positive impact in achieving the target set it for MDG 4 and 5. Most of the health workers considered ASK as an effective intervention to reduce Maternal, Infant and Neonatal Mortality Rates by increasing Institutional deliveries.

The ASK reduces home delivery. Some health providers thought that Incentive has encouraged them to persuade the community people for the use of SBAs and institutional delivery to some extent, but Auxiliary Health Workers (AHW) still prefer to conduct delivery in home settings instead of referring mothers to health facilities for safe delivery. This may be due to handsome incentive as payment of home service provided by the client's party than the health institution itself.

Most of the health providers said that family planning should be the part of the ASK, but lack of counselling room and human resources, there is less emphasis on it. The ASK didn't include family planning services directly, but it has indirect link.

Almost all (9/10, 90%) sampled health facilities didn't show any evidence regarding annual planning and budgeting done for ASK. It was surprisingly to observe that all big institutions like hospitals were not maintaining any evidences for planning and budgeting. It came to our notice that annual planning and budgeting was done on the basis of expected pregnancies, and it is always top down approach. Most of the PHCCs In-charges didn't have any idea regarding the process of annual budgeting and planning. They said that government allocated budget for D(P)HOs, and there is no separate budget for PHCCs. Family health division prepared the budget for the ASK based on the reports and records forwarded by D(P)HOs. However, D(P)HOs forwarded budget plan to the centre through VDC council to allocate budget for ASK. Central level planning has been done with the participation of district health officer. Some health service providers complained that budget provided by centre was not sufficient

Most of the FCHVs, TBAs and VDC leaders heard about ASK applied in health facilities. Their understanding was mostly gearing towards taking pregnant mothers to hospital for check-up and delivery. They said that iron tablets need to be given to pregnant mothers and immunization procedure need to be followed, so that

health of mothers and their children once delivered will be protecting from illness and thereby reducing mortality rates.

Majority of them rightly pointed out the incentive packages involved in the ASK. They said “if mother will deliver their child in the hospital, they will receive financial incentive, Iron tablets, vaccination, etc”. None of them figured out that there was a provision of transport incentive; they only knew that there was a cash payment, but they didn’t know exactly for what specific purpose mothers were receiving such payments. However, they all knew that ASK provides a cash payment [NRs. 500 (US\$ 7) in the flat region, NRs. 1,000 (US\$ 14) in hill region and NRs. 1,500 (US\$ 21) in mountain region) to mother after delivery at a health facility.

All of them also didn’t know that health providers are also receiving some incentive from the government for providing delivery services. Most of the TBAs informed us that ASK didn’t hamper their routine work; it means that it doesn’t influence of their delivery related activities at the community level. They were complaining that they didn’t get anything from ASK, and people from district health system were trying to neglect them.

Studies have shown that the SDIP has had a positive impact on use of government delivery services and SBA sat delivery. It was estimated to have increased the probability of a woman being aware of SDIP delivering in government health facilities by 24% and of a woman delivering with a trained health worker by 13%.<sup>3</sup> many other studies<sup>4-6</sup> have recommended that there should be continued evaluation of SDIP which was particularly important in the hill districts, given the lack of any evidence of an impact there.<sup>7,8</sup>

Although majority of health facilities (67%) had displayed Citizen Charter, only about one-third (33%) of the health facilities had included information on ASK in the same citizen charter. Most (83 to 94%) of the sampled health facilities didn’t show any evidence regarding annual planning, budgeting and monitoring for ASK. About one-third (28%) of health facilities showed an evidence of financial audit and only about one-tenth (11%) of the health facilities had information on the public audit. On the whole, it has been concluded that the implementation of ASK has been improving over the time, and there is a gradual increase in Institutional deliveries including three folds decrease in false claims as compared to previous assessment.

The evidence of positive client satisfaction may not in itself sufficient to measure the effectiveness of the ASK because the satisfaction is much related to the individual expectations and perception. Moreover, satisfaction with

no base for comparison limits the generalization of the findings.

As the study had limited number of samples, it became difficult to apply chi square tests in order to find out the association between various factors and clients’ satisfaction towards the ASK.

## CONCLUSIONS

Mothers delivered at home as they were not well prepared to go to health facility. Lack of transportation facility hindered for institutional delivery. Health care providers had a very good understanding about ASK applied in health facilities. Auxiliary Health Workers still preferred to conduct delivery in home settings instead of referring mothers to health facilities for safe delivery. None of them figured out that there was a provision of transport incentive; they only knew that there was a cash payment, but they didn’t know exactly for what specific purpose mothers were receiving such payments.

ASK found to be effective and efficient in order to address barriers occurring inside the health facility and financial barrier except geo-geographical barrier in accessing maternal health services in Nepal. It has also been concluded that ASK has not adequately benefitted the hard to reach women groups who are living in remote areas.

Free health care policy and free delivery schemes need to be integrated by initiating the process of recording and reporting along with financial part for free delivery schemes and free health care policy into Health Management Information System. The health care infrastructure need to be revised according to the geographical barriers. There is a need to update a realistic, cost-effective, quality assurance strategy. The strategy needs to be directed towards providing quality maternal health services at the district and below levels. Information and communication need to be provided to the consumers regarding rights and responsibilities in terms of quality of care. There is an urgent need of annual planning and budgeting for ASK and financial and social audits at PHCCs. Awareness for free delivery services along with transport incentive schemes under ASK needs to be disseminated frequently at the community level through different means and medias including mothers groups, FCHVs and local NGOs. Vacant posts of the health workers at the peripheral levels needs to be fulfilled and ways needs to sought to prevent frequent transfer and deputation of staffs. There is a need to go for appropriate measures for moral boosting of the staffs. Monitoring and evaluation system needs to be strengthened by implementing the integrated



monitoring and evaluation guidelines, and its process. Appropriate health care providers need to be trained as SBAs. The Remote Area Guidelines, which envisage the provision of community-based services where SBAs are not currently available, need to be implemented as soon as possible.

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