

POLICY NOTE – ACCELERATING MOTHER AND CHILD HEALTH PROGRAMME

1. Context and Background - Reason/Rationale for proposing a new policy:

Providing comprehensive and quality maternal and child healthcare in the country is one of the priority national agendas. In the 12th Five Year Plan (2019-2023), targets for maternal and child health constitute the most important components of the National Key Result Areas (NKRA). Furthermore, Bhutan has also committed to achieve the global Sustainable Development Goals (SDGs) which has specific targets for maternal and child health.

In order to accelerate improvements in maternal and child health, optimum utilization of health services has been identified as one of the key strategies. Demand-side programming that looks at incentivizing have been proven to show positive impacts in many settings. For example, Janani Shishu Suraksha Yojana (JSSY) in India which looked at improving access to care during pregnancy and in the postpartum period by providing cash based on certain conditions increased the number of institutional deliveries by 43%. Similarly, Nepal's Safe Delivery Incentive Program (SDIP) which aimed at encouraging greater use of professional care at childbirth by providing cash to women giving birth in a public health facility, and incentives to the health provider, also saw significant increases in the skilled birth attendance.

Similar demand-side programming, which will optimize the utilization of existing services in Bhutan is programmed to accelerate improvements in maternal and child health, through this policy proposal. The AMCH programme provides direct cash incentives for mothers who avail the requisite maternity and child health services.

2. Current Situation:

Maternal mortality ratio in Bhutan is estimated at 89 per 100,000 live births, and maternal health care utilization is far from optimum. Only 26 percent of pregnant women report completing the recommended 8 Antenatal care visits, and about half the pregnant women in Bhutan do not come to register their pregnancies until after the first trimester – which results in women missing out some critical services in the early phase of their pregnancies. Administrative data maintained at Ministry of Health (MoH) indicate high proportion of mothers not completing the crucial post-natal care services.

It is well known that the underutilization of maternal health services during pregnancy, delivery and the postnatal period are important contributors for high maternal and neonatal mortality rates. Currently, the Infant mortality rate (IMR) and Children under five mortality rate stands at 15.1 and 34.1 per 1000 live births respectively. This is a cause of concern as Bhutan accords high priority in ensuring the survivability of every fetus and newborn especially in light of reducing Total Fertility Rates (TFR).

3. Existing Legal Framework:

The *Constitution of the Kingdom of Bhutan* mandates the state to provide free basic health care to all Bhutanese and the preventive and primary health care services are a major thrust in the Bhutanese health system. The National Health Policy (2011) and Food and Nutrition Security Policy of the Kingdom of Bhutan (2014) both promote quality maternal and child health and nutrition through comprehensive quality health services and cross sectoral strategies.

In realizing this, the Ministry of Health has developed National Reproductive Health Strategy (2018-2023), Bhutan Every Newborn Action Plan (2016-2023), which aspires to accelerate reductions in maternal and child morbidity and mortality. The AMCH programme for mothers in Bhutan is fully aligned with line with the national policies and objectives.

4. Implications:

The AMCH programme will require significant financial resources to provide for the cash incentive. However, the benefits from the programme, in the long run through improved human capital competency and health society, is expected to outweigh the short term costs. Besides the positive impacts on major maternal and child health indicators, service utilization will increase through encouraging women to attend the recommended number of ANC and PNC visits. Specifically institutional delivery, immunization coverage and breastfeeding are expected to improve significantly. The Ministry of Health views it as an investment for healthy and economically productive future generations.

5. Limitation of current policy options and approaches:

Maternal and child health is an important component of the National Health Policy 2011. However, this is a new programme that the Ministry of Health plans to regularize and implement as a routine activity each year. The review of the National Health Policy 2011 is currently ongoing and incentivizing to improve maternal and child health can only be discussed considering the process involved in finalizing the NHP 2011.

6. Policy Recommendations:

With the proposed policy in place, it will facilitate mothers (who are not entitled to six months paid maternity leave) to benefit from the government's health services. This will ensure that benefits are availed equitably and the future generations enjoy better health, including cognitive outcomes. The program will encourage women to:

- Avail all antenatal and postnatal care services through the recommended number of visits
- Ensure early detection and intervention of complications during pregnancy and illness of the mother or infant/child
- Ensure completeness of the immunization regimen recommended for a child.
- Promote better nutrition and development/growth of the infant/child.
- Ensure early detection of developmental delays and initiation of appropriate management (treatment and care).

6. Cost of the programme:

SN	Item	Amount (Nu. m)		Amount (\$ m)	
		<i>Annually</i>	<i>Plan Period</i>	<i>Annually</i>	<i>Plan Period</i>
1	Conditional Cash Transfer	238.97	1,194.85	3.317	16.584
2	Advocacy and Awareness	1.2	6.0	0.017	0.083
3	Review and Management of Program	1.0	5.0	0.014	0.069
TOTAL		241.17	1205.85	3.348	16.736

Note: exchange rate and date

7. Process and Indicative timeline:

The government has conveyed their plan to initiate implementation of the programme in March 2020. The following indicative timeline will guide the implementation of the programme:

Sl.	Activity	2019 (by months)					
		7	8	9	10	11	12
1	Submission of policy note to GNHC						
2	Cabinet Endorsement						
3	Finalization of the implementation modality including disbursement mechanism of the programme						
4	Consultation of stakeholders						
5	Submission of final programme proposal to Cabinet						
6	Endorsement by cabinet						

8. Identified Stakeholders:

The following stakeholders will be involved for the implementation of AMCH programme:

- Gross National Happiness Commission
- Ministry of Finance
- Financial institutions
- Dzongkhag Health Sector/LGs

9. Major impediments or risks foreseen in the development of the policy:

There are no major impediments foreseen.