

**ROYAL GOVERNMENT OF
BHUTAN**



**POLICY TO ACCELERATE MOTHER AND CHILD
HEALTH OUTCOME -1000 Days Plus**

Ministry of Health

Acronyms

AMCH:	Accelerate Mother and Child Health
ANC:	Ante-natal Care
ATM:	Automated Teller Machine
BHU:	Basic Health Unit
CCT:	Conditional Cash Transfer
DHI:	Druk Holdings and Investment
DHO:	Dzongkhag Health Officer
DoPH:	Department of Public Health
HF:	Health Facility
IMR:	Infant Mortality Rate
MCH:	Mother and Child Health
M&E:	Monitoring and Evaluation
NCDD:	Non-Communicable Disease Division
NCWC:	National Commission for Women and Children
NKRA:	National Key Result Area
NMR:	Neonatal Mortality Rate
NNS:	National Nutrition Survey
OM:	Operations Manual
PHCB:	Population and Housing Census of Bhutan
PMIS:	Project Management Information System
PNC:	Post-natal Care
RMNHP:	Reproductive Maternal and Child Health Program
SDG:	Sustainable Development Goal
SDIP:	Safe Delivery Incentive Program
TFR:	Total Fertility Rate
VHW:	Village Health Worker
WHO:	World Health Organization

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1. Policy Name

Policy to Accelerate Mother and Child Health Outcome.

2. Rationale

Maternal Mortality Ratio (MMR) in Bhutan is estimated at 89 per 100,000 live births (PHCB, 2017), and the maternal health care utilization is far from optimum. Only 25.9 percent of the pregnant women report completing the recommended 8 Ante-natal care (ANC) visits (NNS, 2015). The report also revealed that both urban (31.1%) and rural (21.4%) reported low coverage of recommended eight ANC visits. Furthermore, about half the pregnant women in our country 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 (PHCB, 2017). Likewise, the Post-natal Care (PNC) coverage for any visit stands at 77.7% (NNS, 2015). However, the coverage of four complete PNC visits is below the optimum level. The administrative data maintained at Ministry of Health (MoH) also indicate high proportion of mothers not completing the 4 complete crucial post-natal care services as well. Other essential indicators for the maternal and child health such as anemia prevalence among pregnant women (25.9%) and stunting for Children Under-5 (26.1%) is also a big concern for Bhutan (NNS, 2015).

The underutilization of maternal health services during pregnancy, delivery and post-natal period are important contributors for high maternal and neonatal mortality rates in many developing countries including Bhutan. Currently the Neonatal Mortality Rate (NMR), Infant mortality rate (IMR) and Children under five mortality rate stands at 21, 15.1 and 34.1 per 1000 live births respectively (PHCB, 2017). This is a cause of concern as Bhutan accords high priority in ensuring the survivability of every fetus and newborn especially in light of the reducing Total Fertility Rates (TFR).

Consequently, providing comprehensive and quality maternal and child healthcare in the country has become one of the priority national agendas. The maternal and child health targets constitute some of the most important components of the National Key Result Area (NKRA) of the Ministry of Health. Furthermore, Bhutan is also committed to the Sustainable Development Goals (SDGs) which has specific targets for maternal and child health.

In order to accelerate the improvements in the maternal and child health, optimum utilization of quality health services has been identified as one of the key strategies.

Demand-side programming that looks at providing incentives to avail the necessary health services have been known to work 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 needed to accelerate the improvements in the maternal and child health. A Conditional Cash Transfer (CCT) program that provides certain monetary incentives for mothers/pregnant women, who avail the requisite maternity and child health services will accelerate the outcomes for maternal and child health. Hence, policy is envisioned to be an intervention that will facilitate the Ministry of Health in achieving the targets of mother and child health outcome. Likewise supply side from the Ministry will also be improved where in, the Mother and Child Health (MCH) services will be made accessible, available and of acceptable quality.

3. Current Policy Options/Approaches

Currently, the Mother and Child Health (MCH) Services are provided through all levels of health facilities in the country. The MCH unit is mandated to provide all the essential services for pregnant women, mother and child as per the MCH guideline. The study on Reaching the Unreached (2016) also revealed that all hospitals and BHUs were adequately equipped to provide full range of essential health services, and MCH is one of the essential health services. In addition, the study also found that majority of the population in Bhutan was well covered by the health service network except for some pockets of population owing to their nature of lifestyle. Despite concerted and continuous effort from the government in encouraging pregnant women and mothers to seek health care during and after delivery, the country still lags behind in indicators such as exclusive breastfeeding rate (51%), and the coverage of recommended 8 ANC (26%) and 4 PNC visits (75%) as revealed by National Nutrition Survey (2015).

Health education and advocacy on the importance of utilizing the MCH services through various media outlets, and at the local government level have still not been able to completely instill in the importance for a vast majority of the population in rural areas, including people from lower socio-economic status.

The low utilization of MCH services can largely be attributed to the following as per the findings of the studies carried out in Bhutan:

- i. **Distance from the health facility:** Proximity to health facility is an important factor in accessing health services, in particular, the MCH services (*Karki, 2015 and Ugen, 2016*). Likewise, both the studies point that access to road will not guarantee utilization of health services, the availability of vehicle or transport also plays an important factor.
- ii. **Nature of Occupation:** The health seeking behaviors of the daily wage earners and road construction workers is mostly influenced by the work timing and work

policies like wage cuts in case of absence (*Ugen, 2016*). Hence, it deters them from accessing the existing health services.

- iii. **Financial Burden:** The indirect cost associated mainly in transportation to the nearest health facility is a deterrent factor for those living far away from the health facility to utilize the services (*Karki, 2015 and Ugen, 2016*). Furthermore, it is also found that rural households spend three times more in transportation for health care than urban.
- iv. **Competing priorities such as household chores and farm works:** The inability to take time off from farm work and domestic responsibilities takes precedence over health care access and utilization (*Ugen, 2016*).
- v. **Social and Cultural beliefs:** Cultural practices are still at the core of health belief system among the population in remote areas, where people rely on traditional medicine, shamans, priests, and local healers (*Ugen, 2016*). Further, health seeking behavior and utilization of services is influenced by the local cultural practices and beliefs of the community (*Babra- Ari et al, 2018*).
- vi. **Family Pressure:** Family members are influential advisors on health seeking behaviors and self-care practices. Likewise, spousal influences also play an important role in the utilization of services (*Karki 2015 & Babra Ari et al, 2018*).
- vii. **Health Education and Information:** There is a need to scale up information and advocacy program as some of the Bhutanese women are deprived of knowledge on their susceptibility during pregnancy and childbirth, and in turn it also questions the quality of ANC (*Karki, 2015*).

The current policies despite providing equal platform for all, however, does not consider the factors as noted above to enable them to utilize the MCH services. Furthermore, there are no concrete policies, which provides enabling conditions for vulnerable pregnant women, mothers and children, and also for those who are unreached to utilize MCH services on a regular basis.

Recognizing the need to have a policy that is responsive and inclusive towards the needs of these women including family members, the Ministry of Health through the Policy to Accelerate Mother and Child Health Outcome will be positioned to address these issues. Moreover, the policy is also intended to provide a holistic and comprehensive approach towards increasing the uptake of MCH services through the provision of conditional cash transfers. This will also ensure that there is an equitable access to MCH services; whereby a child born in rural area will be provided the same services as that of a child born in an urban area.

4. Objective

The primary objective of policy is to *'Accelerate the achievement of mother and child health outcomes by increasing the uptake of MCH services through holistic and comprehensive approach'*.

The policy is also expected to contribute to the following:

- i. Ensuring availability, accessibility and of quality MCH services.
- ii. Improving the health seeking behavior, knowledge and practices for MCH services;
- iii. Financially empowering of women by enabling them to operate their own personal saving bank account;
- iv. Investing in human capital for economically active and healthy future generations;
- v. Inculcating sharing responsibilities between spouse, family and community.

5. Policy Statement

The Ministry of Health considers improving the health and wellbeing of mothers and young children as an important societal goal. Pregnancy and early life are critical times to ensure healthy development, address health risk, and prevent future problems for women and their children.

The provisioning of comprehensive and quality mother and child health is considered as a national priority. Accordingly, in the 12th FYP, targets for mother and child health have been accorded prime importance in the NKRA, and the following policy interventions will be implemented.

5.1 The MoH will develop a CCT scheme to accelerate, improve and address the existing challenges in achieving the targets for mother and child health.

5.1.1 Provide CCT to all eligible pregnant women and mothers fulfilling the following conditions in 25 visits to the health facilities from the conception until the child is two years old:

- i. Recommended 8 ANC visits;
- ii. Institutional delivery;
- iii. Recommended 4 PNC visits;
- iv. Immunization;
- v. Exclusive breastfeeding for 6 months;

- vi. Ensure early detection and timely intervention in cases of complications during pregnancy and illness of the mother or infant/child;
- vii. Promote better nutrition including the provision of Micro-nutrient powder (MNP) and development/growth of the infant/child;
- viii. Ensure early detection of developmental delays and initiation of appropriate management (treatment and care).

5.1.2 Develop eligibility criteria, exclusion criteria, enrolment into the program, and conditions that beneficiaries need to fulfill to receive the CCT.

5.1.3 Develop a robust communication strategy to improve the health seeking behavior, knowledge and practices for MCH services.

5.2 Administer the Conditional Cash Transfer using the RGOB fund transfer system.

5.3 Develop a conditional tranche system that details the disbursement schedules and the amount to be disbursed which encourages mothers to fulfill all conditions.

5.4 The MoH shall undertake rigorous educational and awareness raising programs to increase the reach of the program and also to make eligible beneficiaries, their spouse, family members and community at large to understand the importance of 1000 golden days. Likewise, capacity building for the health workers, in particular, MCH health worker, Village Health Workers (VHW) and Dzongkhag Health Officers (DHO) is imperative to implement this policy effectively. Among the activities that the MoH shall undertake are the following:

- i. A comprehensive AMCH training program for the health assistants, GDMOs, and DHOs on the enrolment, eligibility, disbursement of CCT, and conditions for receiving CCT.
- ii. Training of VHWs on AMCH program, in particular, on the importance of making those required MCH visits to the health facility till the child is of two years old.

6. Legislative Compliance

The National Health Policy, the Mother and Child Health Guideline and other legislative frameworks including the regional and global commitments have influenced the way in which this Accelerating Mother and Child Health Outcome policy has been formulated and the way in which it will be implemented.

6.1.1 Existing Policy and Regulations

- 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 & Nutrition Security Policy of the Kingdom of Bhutan (2014) promotes quality maternal and child health and nutrition through comprehensive quality health services and cross sectoral strategies.

6.1.2 **Regional Commitment**

- South-East Asia Regional Parliamentarians’ Meeting, which was held in 2018 to renew and enhance political commitment and engagement of Parliamentarians on Reproductive, Maternal, Neonatal, Child and Adolescents Health. In addition, to renew the commitment towards ending preventable maternal, newborn and child mortality in the Region.

6.1.3 **Global Commitment**

- The Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030) urges the political leaders and policy makers to further accelerate their work to improve the health and wellbeing of women and children. The strategy also envisions to ensure that every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.
- SDG 3: Ensure healthy lives and promote wellbeing for all at all ages (3.2), it underscores that by 2030, preventable deaths of newborns and children under-5 years of age to be ended, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.

7. Implementation Procedure

The Ministry of Health will develop the Operational Guideline, detailing out delivery platform, key target beneficiary population, disbursement modality, and eligibility criteria, amongst others to implement the policy objectives.

8. Monitoring and Evaluation

In line with the National Monitoring and Evaluation framework, it will consist of three elements:

- a) program process, where the coverage report by the program managers for keeping record, strategizing and progress monitoring;
- b) Output level indicators that needs reporting for the 12 FYP and;
- c) Outcome level indicators for the both the 12FYP and 2030 SDG.

The data for the outcome and output level indicators will be derived from national survey reports or equivalent reliable data sources that has national data representations. The outcome indicators will be reported in 2023 and 2030 corresponding to the reporting periods of the 12 FYP and SDGs respectively; while the output indicators will be reported once in 2023.

9. Clause Review and Revision of Policy

Periodically, the Ministry of Health will conduct a review and decide on when the program has achieved the desired target.

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