1. Introduction

CARE Nepal has been working in close collaboration with the Government of Nepal (GON), Ministry of Health and Population (MoHP) to implement a comprehensive approach to maternal, newborn and child health care in Far Western Region of Nepal, and has recently enhanced these efforts with support from GSK in three districts namely Doti, Dadeldhura and Kailali through SAMMAN (Strengthening Approaches for Maximizing Maternal, Neonatal and Reproductive Health) project. SAMMAN Project is working closely in collaboration with national, regional and District Health Offices and local district level partners to develop skills of Health Workers, facilitate effective supervision, and strengthen community support and health care systems so that Health Workers can more effectively deliver high quality services. The SAMMAN project is built on two existing Maternal Neonatal and Child Health (MNCH) projects (one of which included GSK supported CRADLE project) in Doti and Kailali and has been expanded to one new district, Dadeldhura, to implement and strengthen integrated MNCH programming from July 2012 to June 2015. The three year project aims to build on that experience by further increasing the effectiveness of frontline Health Workers (HWs) to positively impact maternal, neonatal, and child health (MNCH) goals. The specific objectives of this project are to increase capacity of Health Workers at community level; to enhance effectiveness of community health systems; to enhance effectiveness of community mobilization; and to leverage learning on how to improve HW effectiveness to increase impact on MNCH.

Pregnancy Outcome Surveillance System (POSS) is a system of collecting vital maternal and neonatal mortality information from community members. POSS was initially implemented by CARE Nepal’s previous USAID supported CRADLE support project, as one of the innovations of the project. SAMMAN project is strengthening the previous efforts with the application of POSS through sharing back to community. POSS is carried out by trained health workers with the support from female community health volunteers through Verbal Autopsy. Conduction of community based Verbal Autopsy to find out the possible reasons of both maternal and neonatal death is a major component of the system. Accordingly POSS is information collection about the causes of deceased from the community, its root cause
analysis, and actions taken by the communities upon any deaths through sharing back to community.

2. **Significance of POSS**

The main purpose of POSS is the collection of maternal, neonatal death reports, compilation, and analysis of causes of deaths from the community. POSS identifies the precise cause of demises from the community. POSS is integrated with the government system wherein the health worker visits the deceased family and performs in-depth interview to briefly scrutinize the factor associated with the death. The gathered information is utilized to seek ways forward to revert those deaths through discussion in various forums at the community level like health mother’s group, Health Facility Operation Management Committee (HFOMC) and Village Development Committee (VDC). The sharing amongst the community members is done to aware community to thwart the malpractices that caused deaths in their communities and consequently encourage for quality health service offered by skilled health service providers. Hence, POSS is a valuable tool that diagnoses the cause of death from the community and provides for practical intervention in that community.

3. **Sharing back to community**

The verbal autopsy will ascertain the possible cause of death of neonate and mother in the community. Sharing back is the discussion in the communities about the causes of deaths to revert back any deaths in those communities with specific focus on maternal and child health. It encourages community to analyze the cause of deaths, and ways forward in various forums at the community level like mother’s group for health, HFOMC, VDC etc. Reaching where the deaths occurred in the community it involves the health worker for having a comprehensive discussion at the community addressing the gap of supply side and sensitizing the community people of their rights and duties (demand side) is a sharing back process.

During the sharing back the issues related to the quality of health services, access and availability of health care, and utilization in the community are assessed. The process also forces the communities to be more responsible, and health providers to be accountable which helps improve the quality and governance in the health care delivery system. Strengthening the inactive mother’s group and making the mothers group, HFOMC meetings, and VDC meetings as a forum for sharing the vital health information is a part of POSS process. Moreover, in the sharing back process the cause of deaths of neonate and mother are dealt minutely analyzing the apparent differences of the health system and the community for the mortality.

Sharing back to the community ensures that the community realizes their shortcomings and finds common ways within the community to deal during such urgent and circumstances.
Sharing back to the community is expected to positively influence the community people to reduce neonate and maternal mortality. Sharing of the findings of the verbal autopsy by developing case study can also be an effective method to sensitize community people.

4. Process of Sharing back to community

1. Assemble the community people including the deceased family members, neighbors, pregnant women and their husband, mother in law, father in law, community leaders, teachers, intellect in the community, male and female members from disadvantaged and dalit community, mother group members and other community people.

2. Discuss on the maternal and neonatal health situation of the community and explore the reasons of recent maternal and neonatal death in that community. Identify who was the decision maker in the family and what prevented to seek services in the health facility. If the delivery was performed in the health facility what were the major causal factors for the death.

3. Discuss the utilization of the health services by the community people. The accessibility of health facilities, the availability and beaviour of human resources and the effectiveness of the health services should be assessed.

4. Explore on the frequencies of mother group meetings and issues discussed during those meetings. Explore the strengths and weaknesses of those group meetings and the saving perspectives.

5. The health facility incharge takes the lead role to acquaint the community people about the services delivered by the health facilities and the benefits of seeking service in the health facilities esp the incentives provided by the government health facilities.

6. Sensitize the community about the recent maternal and neonatal death. The cause of death should be briefly discussed and the factors that could prevent such deaths should be briefly explored understanding the strengths and weaknesses within the community and encourage the community people to utilize the health services rendered in the health facilities.

7. Discuss on the cultural barriers that are pertinent in the community that hinders women to seek services in the health facilities and explore ways to deal in those situations.

8. Develop an action plan taking in account the commitment of the community people where they state about their responsibility in the family and the community during such moment of turmoil.
5. Conclusion

POSS is integrated with the government system for reporting mortality but allows for further investigation into the causes of mortality and then for educating community members as to how changes in their behaviour could result in a reduction in maternal and neonate mortality. It helps to understand the cause of maternal and neonatal deaths from the community and ensure the participation of all the stakeholders and community people in the mothers group, HFOMC and VDC meetings with sharing and discussion on the key maternal and neonatal health issues of the community.

CARE Contact

CARE Nepal, Central Office
Krishna Galli, Lalitpur
P.O. Box: 1661,
Phone: 01-5522800
Fax: 01-5521202
Web: www.carenepal.org
E-mail: carenepal@np.care.org

CARE Nepal, Regional Field Office
Dhangadhi
Phone: 091-526118
Fax: 091-521575
Web: www.carenepal.org
Email: dco@np.care.org

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