

■ *Letters to Editor*

Meeting MMR Target in Nepal by 2015

Dear Editor,

I convey my thanks to Dr. Rita Thapa for addressing a very prominent issue on MMR in Nepal. She has very nicely explored the fact and figures of MMR and underlying reasons and challenges faced by the different stakeholders in Nepal. The continuous contribution, experience and effort of Dr Thapa on MCH and FP program in Nepal since 1965 is highly appreciable.

The pioneering work on MCH and FP started in 1965 opened doors to reach the population at risk and identified real characters to who could contribute to the cause of reduction of maternal mortality in Nepal. The FCHVs, who voluntarily accepted the challenges of educating mothers and providing them home care in case of need, are the real heroes. They might have tore dozens of slippers while moving house to house in all seasons of the year just for the sake of mothers' health. They deserve the highest honor in this endeavor in Nepal.

Although it is difficult to calculate MMR taking a small number of cases, the figure reported by the NDHS (2006) as it has come down from 1500 (figure of 1960s) to 281 per 100000¹, is still questionable. Socio-economic and geographical variations in different communities in the country on one hand, might have increased doubts in generalizing of the figure at the national scale, and on the other hand 281/100000 is itself a very high figure in the context of Nepal.

A prominent need of addressing the issues of "three delays - seeking care, reaching care, and receiving care"² in health care delivery is still ignored. A majority of the pregnant do not go to the ante-natal check up.

Only 43.7% pregnant visit ante-natal clinic at least once, 29.4% visit more than four times during the pregnancy. Among all the figures 81% mothers deliver babies at home.¹ To increase the ANC visits by the mothers and to reduce the home delivery rate poor and marginalized community should be incorporated in equitable programs that may also address the unmet need of family planning beside the national program.

Further motivation of the female community health volunteers who are the backbone of this program can only contribute a lot in bringing down the MMR and help reach the MDG target by 2015.

References

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2. Thadeus S and Maine D. Too far to walk: maternal mortality in context. *Social Science and Medicine* 1994; Vol. 38 (8): 1091-1110.

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■ Acknowledgement

The Editorial Board acknowledges the scientific contributions of the following peer-reviewers.

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ERRATUM

The case report titled “**Extra-skeletal (periosteal Ewing’s sarcoma) Ewing’s sarcoma of distal femur of right leg in a 10 year old boy**” published in Vol. 9 (No. 1):50-53 has the following authors.

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