## Relevant level(s) of the socio-ecological model:

Number	Reference	Geographical location(s)		audience(s)		Primary health areas of interest: Family planning and reproductive health; maternal health; neontal health; child health; adolescent health; nutrition	Specific health behaviors	Primary predictors or explanatory variables of interest	Specific SBCC intervention component discussed/described (if any)	Major finding (Summarized in 1 sentence only)	socio-ecological model: individual, couple, household, community, health facility, or societal/structural/polic Y
MH107	Sharma, S., Van Teijlingen, E., Belizičkin, J. M., Hundley, V., Simkhada, P., & Sicuri, E. (2016). Measuring what works: An impact evaluation of women's groups on maternal health uptake in rural Nepal. <i>PLoS ONE</i> , <i>11</i> (5). https://doi.org/10.1371/journal.pone.0155144 Lamichhane, P., Sharma, A., & Mahal, A. (2017). Impact evaluation of free delivery care on maternal health service utilisation and neonatal	Near Kathmandu national level - Nepal				Maternal health Maternal health, neonatal health	Institutional delivery; Antenatal care; SBA; Postnatal care Institutional delivery; SBA	education, age and parity Impact of free birth delivery programme on place of delivery.		Health promotion intervention had a positive effect on the uptake of ANC (attending at least once), iron/folic acid intake and PNC, but not on institutional delivery. No improvement found with SBA. Nepai introduced free delivery services for births in public facilities in 2076. To 25 district with the intervention initially.	Community Policy
	health in Nepal. Health Policy and Planning , 32 (10), 1427–1436. https://doi.org/10.1093/heapol/crx124			policy makers	reported between 2001 and 2008 from Nepal Demographi c and Health Surveys for 2006 and 2011.			the presence of skilled birth attendants (SBAs) and neonatal mortality		restricted to women with less than two living children and/or women with obstetric complications. After November 2007, eligibility conditions were relaxed to include all women, and the programme was later expanded to cover an additional 50 districts in December 2008. Programme effects on use of public facilities for births and deliveries attended by SBAs were not sustained over a longer exposure period. The results on neonatal motality persisted with longer programme exposure, although the effects were smaller in magnitude.	
										Programme impacts were estimated for: (1) initial implementation until the relaxation of eligibility criteria to include all women in November 2007 (early phase); and (2) initial implementation until the programme was expanded nationwide in December 2008 (longer phase). Early implementing districts were treatment districts, while late implementing districts were treatment districts, while late phase, the likelihood of delivery by SBAs was 5.6 percentage points higher (55XCI 0.002, 0.11) and the likelihood of delivery in a public facility was 5.1 percentage points higher (55XCI -0.003, 0.106) in treatment districts compared with control districts. The programme lowered the likelihood of neonatal mortality b/4 0.(-0.072, -0.009) percentage points for women	
MH142				children born between	8,785 children born between July 2005 and					with lass than two living children and hv 6 9 nerregtage points	
	Pradhan, E., & Fan, V. Y. (2017). The Differential Impact of User-Fee Exemption Compared to Conditional Cash Transfers on Safe Deliveries in Nepal. <i>Health Services Research</i> , 52 (4), 1427–1444. https://doi.org/10.1111/1475-6773.12536			2008, obtained from the nationally representati	ve			copayment exemption compared		Skilled birth attendance in districts with both interventions was no higher on average than in districts with only the cash incentive. In areas with adequate road networks, however, significantly higher skilled birth attendance was observed in districts with both interventions compared to those with only the cash incentive. CORCUSIONS: The added incentive of the	
MH167 MH83	Kc, S., Neupane, S., Situ, K. C., & Neupane, S. (2016). Women's Autonomy and Skilled Attendance During Pregnancy and Delivery in Nepal. MATERNAL AND CHILD HEALTH JOURNAL, 20 (6), 1222–1229. https://doi.org/10.1007/s10995-016-1923-2	National (DHS)	Quantitativ e Secondary analysis - 2011 Nepal	c and Health Surveys, 2006 and 2011. Pregnant women and	c and Health Surveys, 2006 and 2011. 4148	Maternal health Maternal health	SBA SBA	to a cash incentive on increasing skilled birth attendance (i.e., birth attended by a skilled health worker) in Nepai, road networks Women's autonomy was assessed on the basis of four indicators of decision making: healthcare, visiting fineds or celatives, household purchases and spending earned money. association between women's autonomy and skilled attendance during		the cash intentive. Unclusions's the added incentive of the user-fee exemption and in or significantly increases skilled birth attendance relative to the presence of the cash incentive. User- fee exemptions may not be effective in areas with inadequate road infrastructure. Women's autonomy was significantly associated with the maternal health care utilization by skilled attendants. This study will provide insights for policy makers to develop strategies in improving maternal health.	Community; policy Household
111103	Choulagai, B. P., Onta, S., Subedi, N., Bhatta, D. N., Shrestha, B., Petzold, M., & Krettek, A. (2017). A cluster-randomized evaluation of an intervention to increase skilled initiation in militation in mili-				746 and 2098			preenancy and delivery	five-component intervention that addressed previously identified barriers to SBA services in mid- and far- western Nepal (not sure if SBCC or not) - worked with existing community		
MH46	and far-western Nepal. Health Policy and Planning , 32 (8), 1092–1101. https://doi.org/10.1093/heapol/cz:045	Bajhang, Dailekh and Kanchanpur		delivering a baby in past	groups,	Maternal health	SBA; ANC	Intervention ; intervention and control communities	assistance; Transport; Women-friendly environment at health	The 1-year intervention was effective in increasing the use of skilled birth care services (OR = 157; C1 19-208); however, the intervention had no effect on the utilization of ANC services. Calls for improved quality of care, longer interventions, mobilizing community groups more, having more human resources for the intervention	Household; Community; health system

Changes over time in intervention and comparison areas were similar in difference-in-differences analysis of DHS and HMIS data. Logistic regression of DHS data also did not reveal any significant improvement in combined outcomes: birth preparedness, adjusted OR (aOR)=0.8 (95% CI 0.4 to 1.7); antenatal care seeking, aOR=1.0 (0.6 to 1.5); antenatal care quality, aOR=1.4 (0.9 to 2.1); delivery by skilled birth attendant, aOR=1.5 (1.0 to 2.3); immediate newborn care, aOR=1.1 (0.7 to 1.9); postnatal care, aOR=1.3 (0.9 to 1.9). Health providers Paudel, D., Shrestha, I. B., Siebeck, M., & Rehfuess, E. (2017). Impact of knowledge and skills in intervention districts were fair but showed much variation between different providers and the community-based newborn care package in Nepal: A quasiexperimental evaluation, BMI Open, 7 (10) https://doi.org/10.1136/bmjopen-2016-015285 districts. CONCLUSIONS This study, while representing an early assessment of impact, did not identify significant improvements in newborn care practices and raises concerns regarding CBNCP implementation. It has contributed to revisions of the package Varied between and it being merged with the Integrated Management of SBA; birth preparedness, antenatal Neonatal and Childhood Illness programme. This is now being implemented in 35 districts and carefully monitored for quality nre/nost care seeking, antenatal care quality, and 10 pilot districts - had delivery by skilled birth attendant, and impact. The study also highlights general challenges in between community-based nilot districts and Quantitativ Recent HMIS and immediate newhorn care and newborn care package evaluating the impacts of a complex health intervention under MH164 comparison districts Maternal health: neonatal health postnatal care within 48 hours Impact of program (CBNCP) 'real life' conditions. Community DHS data births Violence associated after controlling for HC access, but not once controlling for socio-dem factors. Euruta, M., Bick, D., Matsufuii, H., & Coxon, K. (2016). Spousal violence Women giving birth Better-educated women, women whose husbands were and receipt of skilled maternity care during and after pregnancy in Nepal. Midwifery , 43 , 7–13. within past SBA: Recipt of skilled maternity care professionals or skilled workers and women from well-off across pregnancy/early postnatal households were more likely to receive skilled maternity care https://doi.org/10.1016/j.midw.2016.10.005 5 years and Quantitativ completing 1375 OR any skilled care in pregnancy, Spousal violence; socio-dem; either across the pregnancy continuum or at recommended Individual; couple; MH62 Nena GBV module (weighted) Maternal health childbirth, or postpartum healthcare accessibility points during or after pregnancy. parity also associated household Andersen, K. L., Khanal, R. C., Teixeira, A., Neupane, S., Sharma, S., Acre, V. N., & Gallo, M. F. (2015), Marital status and abortion among young women in Rupandehi, Nepal. BMC Women's Health , 15 , 17. https://doi.org/10.1186/s12905-015-0175-4 "Findings highlight the need for providing sexual and NGO reproductive health care information and services to young societal/structural/politi Rupandehi, Nepal Quant women regardless of marital status" MH37 600 Maternal health Abortion marital status government Tran. D. N., & Bero, L. A. (2015). Barriers and facilitators to the quality use of essential medicines for maternal health in low-resource countries: An Ishikawa framework. Journal of Global Health , 5 (1), The diagram highlighted the complexity between and within 10406. https://doi.org/10.7189/jogh.05.010406 each health-system level that must function to ensure the availability, access, and appropriate use of medicines. The Mongolia, Nepal, Laos, DPRK, the specific facilitators and barriers identified should guide the Philippines, Vanuatu, Quantitativ access to and use of essential development of tailored intervention programs to improve and MH113 the Solomon Island MWRAs 7 reports Maternal health expand the use of these life-saving medicines. Policy/structure medicines e Reproductive healthcare disparities for women are manifold. Liu, M., Nagarajan, N., Ranjit, A., Gupta, S., Shrestha, S., Kushner, A. L., Nepal Quantitativ Women or 876 female Maternal health access to care, contraceptive needs, Maternal education was the individuals, health none . Groen, R. S. (2016). Reproductive health care and family planning e. two-part reproductiv interviewee access to surgical care, strongest predictor of delivering Education for women appears to be a significant determinant of facilities among women in Nepal. International Journal of Gynaecology and population- e age, s were of menstruation-related healthcare exclusively in a healthcare facility accessing reproductive health care. Obstetrics: The Official Organ of the International Federation of based, cross- pregnant needs, and barriers to receiving Odds of having a cesarean delivery reproductiv Gynaecology and Obstetrics , 134 (1), 58-61. were doubled by urban living. sectional, women e age (12reproductive health care https://doi.org/10.1016/j.ijgo.2015.11.020 cluster-50years). Predictor of using contraception randomized was a history of having given birth survey corroborate d by a visual physical examination MH93 The study revealed that women exposed to media had higher chance of receiving four or more ANC visits with an adjusted odds ratio (aOR = 3.5, 95% CI: 1.2-10.1) in comparison to women who did not. Women from an advantaged ethnic group had more chance of having 4ANC visits than respondents from a disadvantaged ethnic group (aOR = 2.4, 95% CI: 2.1-6.9). Similarly, women having a higher level of autonomy were nearly Deo, K. K., Paudel, Y. R., Khatri, R. B., Bhaskar, R. K., Paudel, R., Mehata, three times more likely (aOR = 2.9, 95% CI: 1.5-5.6) and richer S., & Wagle, R. R. (2015). Barriers to Utilization of Antenatal Care women were twice (aOR = 2.3, 95% CI: 1.1-5.3) as likely to have Services in Eastern Nepal. Frontiers in Public Health , 3 , 197. at least 4ANC visits compared to women who had a lower level https://doi.org/10.3389/fpubh.2015.00197 of autonomy and were economically poor. CONCLUSION: Being from disadvantaged ethnicity. lower women's autonomy, poor knowledge of maternal health service and incentive upon completion of ANC, less media exposure related to maternal health service, and lower wealth rank were significantly associated with fewer than the recommended 4ANC visits. Thus, Women Eastern Nepal media, ethnicity, women's maternal health programs need to address such socio-cultural delivering in MH50 Sunsari Quant last year 372 women Maternal health ANC autonomy; wealth; knowledge N/a barriers for effective health care utilization Individual: household Half the women had four or more ANC visits and 85% had at least one Joshi et al.: Factors associated with the use and visit. Health education, iron quality of antenatal care in Nepal: a population-based study using the demographic and health survey data. BMC Pregnancy and Childbirth Older age higher parity and higher supplementation blood pressure measurement and tetanus toxoid levels of education and household were the more commonly received мна 2014 14:94. Nenal Quantitative WRAs 4079 Maternal Health ANC economic status components of ANC Couple/household

MH95	Maleku, A., & Pillai, V. K. (2016). Antenatal Care in Nepai: A Socioecological Perspective. <i>Health Care for Women International</i> , 37 (4), 496–515. https://doi.org/10.1080/07399332.2014.974807	Nepal	analysis of DHS data	DHS national gnant level men househol surveys (2011)	d Maternal health	ANC	uptake of ANC (# of ANC visits), SES, geography	N/A	SES, geography and sociocultural factors have a direct impact or whether pregnant access ANC services	n All
MH96	Malqvist, M., Pun, A., Raaijmakers, H., Kc, A., Målqvist, M., Pun, A., Ashish, K. (2017). Persistent inequity in maternal health care utilization in Nepal despite impressive overall gains. <i>Globol Health Action</i> , 10(1), 1356083. https://doi.org/10.1080/16549716.2017.1356083	<sup>1</sup> Nepal	Secondary analysis of DHS (2001, pre 2006, 2011) wor and MICS5 (2014) data		Maternal health	ANC	SES	N/A	ANC attendance increased from 49% in 2011 to 88% in 2014 an the rate of facility delivery increased from 7% to 44%. However SES still influences gap as lower SES women 6 times more likely to deliver without skilled attendance.	
	Upadhyay, P., Liabsuetrakul, T., Shrestha, A. B., & Pradhan, N. (2014). Influence of family members on utilization of maternal health care services amorg leen and adult programit women it Nathmandu, Neasi									
	a cross sectional study. Reproductive Health, 11 (1), 92. https://doi.org/10.1186/1742-4755-11-92								Both women and their husbands influenced the decision to utilize ANC and delivery care but husbands were more influential, especially in teens and young adults. Thus, husband' involvement is crucial as a strategy to improve maternal health	s
MH128	Pandey, S., & Karki, S. (2014). Socio-economic and Demographic		wo age bet	rried men	315 Maternal health; child health	ANC	Age cohort		care utilization in Nepa	Individual/family
MH162	Determinants of Antenatal Care Services Utilization in Central Nepal. International Journal of MCH and AIDS, 2 (2), 212–219.	Makwanpur	who	o had ivered ir babies hin one	216 Maternal health	ANC	Age, education, income, family type; knowledge		More than half of the women were not aware of the consequences of lack of antenatal care. Age, education, income, type of family (caste, religion), type of work (service vs. agricultural work); parity, were strongly associated with the attendance at antenatal care service.	, Individual; household

Saad-Haddad, G., Delong, J., Terreri, N., Restrepo-Mendez, M. C., Perin, J., Vaz, L., ... Bryce, J. (2016). Patterns and determinants of antenatal care utilization: analysis of national survey data in seven countidown countries. Journal of Iobal Health, 6(1), 1004. https://doi.org/10.7189/jogh.06.010404

MH103		Bangladesh, Cambodia, Cameroon, Nepal, Peru, Senegal and Uganda	Quantitativ e	/ MWRAs	Not Clear (DHS data used)		ANC visits	Age, education, employment status, religion		Inequality in ANC utilization patterns among women of different wealth statutes, educational backgrounds and places of residence need to be considered at the policy- making level across most of the countries we studied.	Family/policy
MH114	Tripathi, V., & Singh, R. (2015). Ecological and socio-demographic differences in maternal care services in Nepal. <i>PeerJ</i> , 2015 (9). https://doi.org/10.7717/peerj.1215	National	Quantitativ e	MWRAs (given birth within last 3 years)	3	69 Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	socio-economic and demographic factors associated with ANC and safe delivery services across the three ecological zones in Nepal	Household; community

Seward, N., Neuman, M., Colbourn, T., Osrin, D., Lewycka, S., Arad, K., ... Prost, A. (2017). Effects of women's groups practising participatory learning and action on preventine and care-seeking behaviours to reduce neonatal mortality: A meta-analysis of cluster-randomised trials. PLoS Medicine, 14(12), e1002467.

MH150			Qualitative Secondary analysis of Nepal DHS 2011	Woman's 2 group l postpartum a mothers	Ranging between 6,125 and 29,901 live births 4,148	Neonatal health; maternal health Maternal health	ANC; home care behaviors Anemia prevention in the postnatal period	SD factors; ANC; facility delivery; receipt of postnatal care		Women's groups practising PLA improve key behaviours on the pathway to neonatal mortality, with the strongest evidence for home care behaviours and practices during home deliveries. Mothers who had higher and secondary education (adjusted Odd ratio (adOR) 3.101; 95% CI (2.265-4.240)]; had attended four or more antenatal care visits (adOR 9.406; 95% CI (5.52x.159.88)); liude in Far-western development region [adOR 1.323; 95% CI (1.387-2.351); delivered in health facility (adOR.1.335; 95% CI (1.359-2.955)] were more likely to take iron for 45 days of postpartum.	Individual; household Individual; community
MH84											
MH28	Acharya, P., Adhikari, T. B., Neupane, D., Thapa, K., & Bhandari, P. M.	Dhanusha District Nepal	Quant	rural women of children under 1	205	5 Maternal Health	Antenatal Care	exposure to mass media campaign		Mass communication exposure was correlated with positive pre- natal behaviors	individual, societal
	(2017). Correlates of instructional delivers among teenage and non- teenage mothers in Nepal. PLoS ONE, 12 (10). https://doi.org/10.1371/journal.pone.0185667										
MH30		Nepal nationwide	Quant	teenage mothers Mothers, who had delivered	5391	1 Maternal health	Antenatal Care	socio-ecoonic status, teenage pregnancy, institutionalize delivery		Teenage mothers more likely to have institutionalized birth than non-teenage mothers. Socioeconomic factors had significant role in teenage mothers who were institutionalized during birth and those who weren't.	individual, household
MH108	14 (1). https://doi.org/10.1186/1471-2458-14-306	Kavrepalanchowk( Meche, Chatrebanjh,Patlekhe t VDC)	Quantitativ e	their child between 15 July 2010	240	0 Maternal health	antenatal care visits during last pregnancy		NA	Antenatal care service utilization of four or more times was significantly associated with the practice of institutional delivery	Policy/structure
	Sharma, D., Pokharel, H. P., Budhathoki, S. S., Yadav, B. K., & Pokharel, R. K. (2016). Antenatal Health Care Service Utilization in Slum Areas of Pokhara Sub-Metropolitan City, Nepal. <i>Journal of Nepal Health</i> <i>Research Council</i> , <i>14</i> (32), 39–46.						Antenatal Health Care Service Utilization				
MH106		Pokhara	Quantitativ e	MWRAs	400	0 Maternal health		Planned pregnancy & Age	NA	Planned pregnancy and age group 20-34 had more ANC	Individual

MH112	Soubeiga, D., Gauvin, L., Hatem, M. A., & Johri, M. (2014). Birth Preparedness and Complication Readiness (BPCR) interventions to reduce maternal and neonatal mortality in developing countries: systematic review and meta-analysis. <i>BMC PRECMARCY AND</i> <i>CHILDBIRTH</i> , 14. https://doi.org/10.1186/1471-2393-14-129	NA	Quantitativ e	intervention s in developing	studies (29		antenatal, intrapartum, postpartur care and neonatal care	birth preparedness and complication readiness behaviours.	Home Visits, women Group sessions	exposure to BPCR interventions was associated with a statistically significant reduction of 18% in meanatal mortality risk (twels studies, RR = 0.82; 95% Ci : 074, 031) and a non- significant reduction of 28% in maternal mortality risk (seven studies, RR = 0.72; 95% Ci: 0.24, 13)	Structural/policy
MH78	K C, A., Nelin, V., Wrammert, J., Ewald, U., Vitrakoti, R., Baral, G. N., Makyust, M. (2015). Risk factors for antepartum stillbirth: a case- control study in Nepal. <i>BNC PREGNANCY AND CHILDBIRTH</i> , 15, 146. https://doi.org/10.1186/s12884-015-0567-3	Kathmandu	Quantitativ e	Births	307 antepartur stillbirths.	n Maternal health	Antepartum stillbirth	SD, previous stillbirth, ANC visits, poverty, maternal health		An association was found between the following risk factors and antepartum stillbirth: increasing maternal age (aOR 10, 95 % CI 1.0-11), less than five years of maternal education (aOR 2.4, 95 % CI 1.7-3.2), increasing parity (aOR 1.2, 95 % CI 1.0-1.3), previous stillbirth (aOR 2.6, 95 % CI 1.6- 4.4), no antenatal care attendance (aOR 4.2, 95 % CI 3.2-5.4), belonging to the poorest family (aOR 1.3, 95 % CI 1.0-1.8), antepartum hemorrhage (aOR 3.7, 95 % CI 2.4-5.7), maternal hypertensive disorder during pregnancy (aOR 2.1, 95 % CI 1.5-3.1), and small weight-for- gestational age bables (aOR 1.5, 95 % CI 1.2-2.0).	
MH130	Bhandari, T. R., Dangal, G., Sarma, P. S., & Kutty, V. (2014). Construction and Validation of a Women's Autonomy Measurement Scale with Reference to Utilization of Maternal Health Care Services in Nepal. <i>Journal of the Nepal Medical Association</i> , 52 (195).		Quant; scale developmen t		25	Family planning; reproductive health; 0 maternal health	autonomy			The new 23 item scale is a reliable tool for assessing women's autonomy in developing countries	individual, couple, household, community
MH131	Bhandari, T. R., Kutty, V. R., Sarma, P. S., & Dangal, G. (2017). Safe delivery care practices in western Repai: Does women's autonomy influence the utilization of skilled care at birth? <i>Pio</i> 06, <i>12</i> (8), e0182485. https://doi.org/10.1371/journal.pone.0182485	Nepal - Kapilvastu district	Quant	NGO, government	25	Family planning; reproductive health; 0 maternal health	autonomy	giving birth at attended health facility		Stratified analysis showed that when the husband is educated, women's education seems to work partly through their autonomy in decision making.	individual, couple, household, community
MH8	Pawan Acharya and Vishnu Khanal, The effect of mother's educational status on early initiation of breastiteeding further analysis of three consecutive Nepal Demographic and Health Surve	nepal	Quantitative	WRAs	12,84	i5 Maternal Health	Breastfeeding	mother's education		Mothers with higher education were more likely to initiate breastfeeding with the first hour of childbirth	Individual/family
MH115	Sharma, I. K., & Byrne, A. (2016). Early initiation of breastfeeding: a systematic literature review of factors and barriers in South Asia. Internotional Breasfeeding Journal, 11, 11. https://doi.org/10.1186/s13006-016-0076-7	Bangladesh, India, Maldives, Nepal, Pakistan, Sri Lanka	Quantitativ e	MWRAs	1723 studies.	Maternal health	Breastfeeding	education of mother, occupation of mother, household wealth and family size and family type.	NA	Factors at geographical, socioeconomic, individual, and health- specific levels, such as residence, education, occupation, income, mother's age and newborn's gender, and ill health of mother and newborn at delivery, affect early or timely breastfeeding initiation in South Asia	

MH129	Zehner, E. (2016, April). Promotion and consumption of breastmilk substitutes and infant foods in Cambodia, Nepal, Senegal and Tanzania <i>Maternol &amp; Child Nutrition</i> . England. https://doi.org/10.1111/mcn.12308	Cambodia, Nepal, Senegal, Tanzania	Mixed	Breast infants (Mother- infant pairs)		Maternal health; child health	Breastfeeding	breastmilk substitute		The study found that commercially produced complementary foods were promoted in half of the sampled stores in Daka, but less than 10% of stores in Phone Tenh, Kathmadu Valley and Dar es Salaam. Point-of-sale promotions across all sites varied in content and form	IndividuaUfamily
	Neuman, M., Alcock, G., Arad, K., Kuddus, A., Osrin, D., More, N. S., Prost, A. (2014). Prevalence and determinants of caesarean section in private and public health facilities in underserved South Asian communities: cross-sectional analysis of data from Bangladesh, India and Nepal. <i>BMJ Open</i> , <i>4</i> (12), e005982.	Dhanusha and other countries (india,			45,327 births across stud			Location of birth/type of faility;		Institutional delivery rates varied widely between settings, from 21% in rural India to 90% in urban India. The proportion of private and charitable facility birth delivered by casarean section was 73% in Bangladesh, 30% in rural Nepal, 12% in urban India and 5% in rural India. The dols of casarean section were greater in private and charitable health facilities than in public facilities in three of four study locations, even when adjusted for facilities in three of four study locations, even when adjusted for 10.5 1s to 6.7%, Nepal. XOR.2.37, 95% Cl 1.6 2 to 3.4%, urban India: A0K 1.22, 95% Cl 1.00 to 1.38). We found that highly educated women were particularly likely to deliver by casarean in private facilities in urban india (AOR 2.10, 95% Cl 1.6 to 2.57). CONCLUSIONS Our results lend support to the hypothesis that increased casarean section rates in these South Asian countries may be driven in part by the private sector. They also suggest level factors interact in driving casarean rates higher. Rates of casarean section intes extor, and their maternal and casarean section intes extor, and their maternal and	Individual; household;
MH157		Bangladesh)	e	births	areas	Maternal health	Cesarean section	socio-dem factors		neonatal health outcomes, require close monitoring.	facility
MH23	Bogren, M. U., Berg, M., Edgren, L., van Teijlingen, E., & Wigert, H. (2016). Shaping the midwifery profession in Nepal - Uncovering actors' connections using a Complex Adaptive Systems framework. Sexual & Reproductive Healthcare: official Journal of the Swedish Association of Midwives, 10, 48–55. https://doi.org/10.1016/j.srhc.2016.09.008	Nepal	Qual	NGO, government	1	Family planning; reproductive health; 7 maternal health; neonatal health	connections between actors establishing midwifery school			Actors promoting the profession connect through a set of facilitators and barriers, common goals and collaboration are critical for building a midwifery profession, and political priorities challenge the professional establishment	community, health facility, societal/structural/politi cal
	Berin, E., Sundell, M., Karki, C., Brynhildsen, J., & Hammar, M. (2014). Contraceptive knowledge and attitudes among women seeking induced abortion in Kathmandu, Nepal. In <i>I Womens Health</i> , <i>6</i> , 335–341. https://doi.org/10.2147/ijwh.s57370	1									
MH17		Kathmandu, nepal	Quant	NGO, government	15 DHS	i3 Family planning; maternal health	contraception knowledge and attitude	Education and maternal history		Women seeking abortion in Kathmandu had shorter education and a history of more pregnancies and deliveries than women in the control group.	couple, household, health facility
MH20	Majumder, N., & Ram, F. (2015). Explaining the role of proximate determinants on fertility decline among poor and non-poor in Asian countries. <i>PLoS ONE</i> , <i>10</i> (2). https://doi.org/10.1371/journal.pone.0115441	Bangladesh, India, Nepal, Phillipines, Indonesia, and Vietnam	Secondary analysis of DHS data	women of maternal age, household	national level household surveys	Family planning; reproductive health; maternal health	contraceptive use and induced abortion	total fertility rate	N/A	The majority of countries experience fertility decline over the period of the study despite diversity in economic development.	All
MH15	Axinn, W. G., Ghimire, D. J., & Smith-Greenaway, E. (2017). Emotional Variation and Fertility Behavior. <i>Demography</i> , 54 (2), 437–458. https://doi.org/10.1007/s13524-017-0555-5			NGO, government	527	1 Family planning; maternal health	cotraception usage	husband-wife emotional bond		the variance in levels of husband-wife emotional bond is significantly associated with their subsequent use of contraception to avert births	couple, societal/structural/politi cal

Begren, M., & Erlandsson, K. (2018). Opportunities, challenges and strategies when building a midwifery profession. Findings from a qualitative study in Bangladesh and Nepal. Sexual & Reproductive Healthcare: Cificial Journal of the Weedish Association of Midwives , 16, 45–49. https://doi.org/10.1016/j.srbc.2018.02.003

MH24			Qual	NGO, government five in- depth to-face intervi	face-	Creating health facilities		This study demonstrated that building a midwifery profession requires a political comprehensive collaborative approach supported by a political commitment. Through	health facility, societal/structural/polic y
MH109	Sharma, S., van Teijlingen, E., Hundley, V., Angell, C., & Simkhada, P. (2016). Dirty and 40 days in the wilderness: Eliciting childbirth and postnatal cultural practices and beliefs in Nepal. <i>BMC Pregnancy and Childbirth</i> , <i>16</i> (1), 147. https://doi.org/10.1186/s12884-016-0938-4	Rural Nepal (anonymized)	Qualitative	and 14 focus ; discus: with m wome also m Wome, health providers provid	a group sions nainly n, but ben ben ben belth e	Cultural beliefs around pregnancy and childbirth	Cultural beliefs	There were beliefs around (a) cord cutting & placenta rituals; (b rest & seclusion; (c) purification, naming & weaning ceremonies and (d) nutrition and breastfeeding. thee offered opportunities and barriers for health providers	
MH144	Brunson, J. (2017), Maternal, Newborn, and Child Health After the 2015 Nepal Earthquakes: An investigation of the Long-term Gendered Impacts of Disasters. <i>Moternal and Child Health Journal</i> , 22 (12), 2267–2273. https://doi.org/10.1007/s10995-017-2350-8	Nepal	Qual	NGO, government	Maternal health; neonatal health; child 14 health	dietary habits and medical center visits	earthquake victim	Though families were not channeling household funds away from health care expenses for pregnant and latcating women and children under five, the findings suggest that a delayed response by the Nepalig overment in administering funds for rebuild-ing combined with an ongoing fue crisis were negatively impacting families' abilities to provide adequate shelter, warmth, cooking gas, and transportation for mothers and young children.	individual, household, health facility,
MH19	Puri, M., Henderson, J. T., Harper, C. C., Blum, M., Joshi, D., & Rocca, C. H. (2015). Contraceptive discontinuation and pregnancy postabortion in Nepal: a longitudinal cohort study. Contraception, 91(4), 301–307. https://doi.org/10.1016/j.contraception.2014.12.011	Nepal	Quantitativ e	Women receiving MA services Mothers	654 Family Planning; maternal health	discontinuation of contraception	Wealth Index, full range of contraception knowledge	Increased availability of long-acting methods in Nepal and simila settings may help to prevent unwanted pregnancy and attendan maternal mortality and morbidities. Key preceived causes of distress were poor health, lack of sons, and fertility problem. Tension developed in a context of limited autonomy for women and perceived duty towards the family.	t Policy/structure
MH47	Clarke, K., Saville, N., Bhandari, B., Giri, K., Ghising, M., Jha, M., Prost, A. (2014). Understanding psychological distress among mothers in rural Nepai: a qualitative grounded theory exploration. <i>BMC Psychiatry</i> , 14, 60. https://doi.org/10.1186/1471-244x-14-60		Qual	managemen t of stress (among mothers distressed 22 SSI: according to with a the GHQ- health 12) FGDs	local	Distress and care-seeking for physical health associated with distress/tension	Socio-cultural factors; lack of sons; gender norms; family dynamcs N/A	Distressed mothers discussed several strategies to alleviate tension, including seeking treatment for perceived physical health problems and tension from doctors or dhamis, having repeated pregnancies until a son was delivered, manipulating social circumstances in the household, and deciding to accept their fats. Their ability to implement thes strategies depended on whether they were able to negotiate with their in-laws or husbands for resources, sees vulnerability as manifesting itself as tension	HH; community
MH134	Benova, L., Tuncaip, O., Moran, A. C., & Campbell, O. M. R. (2018). Not just a number: examining coverage and content of antenatal care in low income and middle-income countries. <i>BMJ Globol Health</i> , 3 (2), e000779. https://doi.org/10.1136/bmjgh-2018-000779	10 Low or Middle Income Countries	Quant	betwe 2857 (Nepa) NGO, 16 721 government (Nigeri	l) to 1	doctor visits	location	Our findings suggest that even among women with patterns of care that complied with global recommendations, the content or care was poor.	: health facility
	Acharya, P., & Khanal, V. (2015). The effect of mother's educational status on early initiation of breastfeeding: further analysis of three consecutive Nepal Demographic and Health Survey. <i>BMC Public</i> <i>Health</i> , <i>15</i> , 1069. https://doi.org/10.1186/s12889-015-2405-y								
MH31		Nepal - nationwide	Quant	Nepali mothers	12845 Maternal Health	early breastfeeding	mother's education	Maternal education was associated with a higher likelihood of early initiation of breastfeeding in each survey. Pooled	individual, health facility

MH125	Marphatia, A. A., Ambale, G. S., & Reid, A. M. (2017). Women's Marriage Age Matters for Public Health: A Review of the Broader Health and Social Implications in South Asia. <i>Frontiers in Public Health</i> , 5, 269. https://doi.org/10.3389/fpubh.2017.00269	Bangladesh, India, Nepal, and Pakistan		young girls and women susceptible to early marriage	N/A	Maternal health; child health	early child bearing	fertility, access to health care, child nutrition, socio-cultural factors, etc.	N/A	Association of early marriage, education and SES found to influence public health outcomes.	All
	Bhandari, S., Sayami, J. T., Thapa, P., Sayami, M., Kandel, B. P., & Banjara, M. R. (2016). Dietary intake patterns and nutritional status of women of reproductive age in Nepal: findings from a health survey. <i>Archives of Public Health - Archives Belges de Sonte Publique</i> , 74, 2. https://doi.org/10.1186/s13690-016-0114-3										
		Mountain. Hill and		NGO.						The nutritional status of women of reproductive age is still poor especially in Terai and the dietary intake pattern is not adequate.	
MH148		Terai regions of Nepa	Quant	government Experience	21,111	Maternal health; nutrition	eating habits and nutritional status	age, employment status, location		It	household, community
	Rishal, P., Joshi, S. K., Lukasse, M., Schei, B., & Swahnberg, K. (2016). "They just walk away" - women's perception of being silenced by antenatal health workers: a qualitative study on women survivors of domestic violence in Nepal. Global Health Action, 9, 31838.	Dhulikhel and		of violence during pregnancy and who						Experiences concealed due to fear of insults, discrimination, attitudes from providers; The women wished that the health care providers were compassionate and asked them about their experience, ensured confidentiality and privacy, and referred	
MH101	Rishal, P., Pun, K. D., Darj, E., Joshi, S. K., Bjorngaard, J. H., Swahnberg, K., Lukasse, M. (2017). Prevalence and associated factors of	Kathmandu	Qualitative	utilized ANC Pregnant women 12-	12 IDIs	Maternal health	experience of domestic violence	GBV		them to services that is free of cost. more than 1/5 had experienced violence; less than 2% reported physical violence DURING pregnancy. Women of young age and low socio-economic status were more likely to have experienced	Couple; health facility
MH102	domestic violence among pregnant women attending routine antenatal care in Nepal. Scandinavian Journal of Public Health, 1403494817723195. https://doi.org/10.1177/1403494817723195	Dhulikhel and Kathmandu	Quantitativ e	28 weeks of gestation attening ANC	2004	Maternal health	experience of domestic violence	Socio-demographic factors; women's empowerment		DV. Women who reported having their own income and the autonomy to use it were at significantly lower risk of DV compared to women with no income. ; often experience of violencenot disclosed	Couple
										91% reported GBV	
	Gurung, S., & Acharya, J. (2016). Gender-based Violence Among Pregnant Women of Syangja District, Nepal. Osong Public Health and Research Perspectives, 7(2), 101–107. https://doi.org/10.1016/j.phrp.2015.11.010			Pregnant women attending						Most of the respondents (87%) faced economic violence followed by psychological (53.8%), sexual (41.8%), and physical (4.3%) violence. Women experience(1) psychological violence with most complaining of angry looks followed by jealousy or anger while tabling with other men, insults using abusive language and neglect; (2) economic violence with most complaining of financial hardship, denial of basic needs and an insistence on howing where respondents were and restricting them to parents' home or friends/relatives' houses. [lealousy) r (3) physical violence by slapping, pushing, shaking, or throwing something at her, twisting arm or pulling hair, and punching and kicking and (4) sexual violence by bhycially forcing her to have sexual intercourse without consent, and hurting or causing linjury to orivate parts. Most (100%) of the pertectands were found to	
мн67	Khanal, V., Adhikari, M., Karkee, R., & Gavidia, T. (2014). Factors associated with the utilisation of postnatal care services among the mothers of Nepal analysis of Nepal demographic and health survey 2011. BMC Women's Health, 14, 19. https://doi.org/10.1186/1472- 6874-14-19	Syangja National	e Secondary	antenatal care Policy makers,		Maternal health Maternal health	experience of GBV Factors assocated with accessing postnatal care	Descriptive Urban or Rural households, mother's education and occupation, partner's education and occupation, anternatal care visits, delivery at facility or home	more antenatal visits, delivery at health facility and increasing awareness and access to services through community-based programs especially for the rural, poor, and less educated mothers may increase postnatal care	be husbands and mothers-in-law (10.7%) who violated them rarely. The majority of postnatal mothers in Nepal did not seek	Individual; household Individual, couple, facility
MH85									attendance in Nepal.		
MH1	nepal unfpa org	National	Quantitative	WRAs	different (mics, ndhs)	Maternal Health	FP, Maternal health	use of LARC, midwifery education		Delaying prognancy is an important means of lowering maternal mortality: young gift' bodies are not ready to give birth.	Policy/structure
	Byrne, A., Hodge, A., Jimenez-Soto, E., & Morgan, A. (2014). What Works? Strategies to increase Reproductive, Maternal and Child Health in Difficult to Access Mountainous Locations: A Systematic Literature Review. <i>PLoS One</i> , <i>9</i> (2). https://doi.org/10.1371/journal.pone.0087683										
MH25		Afghanistan, Bolivia, Ethiopia, Guatemala, Indonesia, Kenya, Kyrgyzstan, Nepal, Pakistan, Papua New Guinea and Tajikistan		NGO, government		Family planning: reproductive health; maternal health; neonatal health	health care access				health facility, societal/structural/polic y

МНЗЗ	Adhikari, R., Smith, P., Sharma, J. R., & Chand, O. B. (2018). New forms of development: branding innovative ideas and bidding for foreign aid in the maternal and hild health sovice in Negal. Globalization and Health , 14 (1), 33. https://doi.org/10.1186/s12992-018-0350-0 Neupane, S., & Nwaru, B. I. (2014). Impact of prenatal care utilization on infant care practices in Negal: a national representative cross- sectional surver, <i>European Journal of Pediatrics</i> , 173 (1), 99–109. https://doi.org/10.1007/s00431-013-2136-y	Nepal	Qual	NGO'5 women age 15-49 years old who had	Maternal health	how NGO's obtain funding and the use of branding in that process		foreign aid for the provision of MCH services in Nepal is channeled increasingly to its beneficiaries, not through the Government system, but rather via various intermediary organisations, employing branding and bidding processes. Children of mothers with no prenatal care were at increased risk of neonatal death (0R = 2.03, 95 % Cl = 1.28 - 3.21). Compared were more likely to immunize their children (0R = 2.66, 95 % Cl 2.10 - 3.6) and more likely to initiate breastfeeding within 1 h after birth (0R = 1.25, 95 % Cl = 1.02 - 1.54). Having skilled attendants at prenatal care and at birth was also associated with blefter infind care practices. Conclusion:Neonatal mortality is stil high in Nepal. Adequate prenatal care utilization may represent we preventative strategy, which in the present study, was	2 = 1
MH158		National	Quantitativ e	delivered within three years prior to the survey	4,136 Maternal health; neonatal health	Infant care practices	Prenatal care visits; having SBA at prenatal care	associated with improvement in neonatal mortality, higher likelihood of having immunization, and initiation of breastfeedin within 1 h after birth. Public health awareness programs and interventions are needed in Nepal to increase the utilization of prenatal care as well as delivery assisted by skilled attendants.	-
MH7	-Pandey S (2018) Women's knowledge about the conditional cash incertive program and its association with institutional delivery in Nepal. RoS DNE 13(6):e0199230.https://doi.org/10.1371/journal.pone.0199230	Nepal	Quantitative	WRAS	4,036 Maternal Health	Institutional delivery	education, wealth, urban status, first birth, the number of antenatal care visits, and exposure to news media	The knowledge of the SDIP was associated with nearly three-fold increase in institutional delivery. Nearly SDIS of the women who had delivered in the past five years knew about the SDIP.	Individual; household; community
мнэ	Shahabuddin ASM, De Brouwere V, Adhikari R, et al. Determinants of institutional delivery among young marired women in Nepal: Evidence from the Nepal Demographic and Health Survey, 2011. BMI Open 2017;7:e012446. doi:10.1136/bmjopen-2016-012446	Nepal	Quantitative	ever-married young women (15-24 years of age) who had had at least one birth in the 5 years	1662 Maternal health	Institutional delivery	decision-making autonomy, accessibility	inequality exists in the use of institutional delivery among young married women in Nepal. Several factors were associated with and influenced young women's use of institutional delivery. Among all factors, receipt of an adequate number (at least four) of ANC visits has a strong and positive association with the use of institutional delivery.	
MH11	Acharya P, AdhikarTB, Neupane D, Thapa K, Bhandari PM (2017) Correlates o Institutionaldeliveries among teenageand nonteenage mothers in Nepal. PLOS ONE 12(10): e0185667 https://doi.org/10.1371/journal.pone.0185667		Quantitative	Teenage mothers	381 Maternal health	Institutional delivery	Place of residence, occupation, socioeconomic status, and frequency of ANC visits	While the association of most of the background characteristics with institutional delivery was uniform for both teenage and non-teenage mothers, the association with educational status, parity, birth preparedness and women autonomy was significant only for non- teenage mothers.	Individual; household; community

Pevkota, H. R., Murray, E, Kett, M., & Groce, N. (2017). Healthcare       yeoviders         provider's attitude towards disability and experience of women with       with         disabilities in the use of maternal healthcare service in rural Nepal.       Women with         Reproductive Health, 14 (1), 73. https://doi.org/10.1186/s12378-017-       disabilities         0330-5       using         Mixed       services at         Kerner       services at         Mixed       iast         Mixed       iast	Type of provider (Nurses/auxiliary nurse midwives; general clinical health workers; Fernale Community Health Volumters);         Health providers' attitude toward Age. (Urba/rursi (2) Edit us: non- disabilities in Nepal and women with disabilities experiences seeking maternal healthcare       Age. (Urba/rursi (2) Edit us: non- dialit; Previously providing services for women with disabilities vs. not; Receipt of disability training	Attitudes towards dis rura/urban; and Dalin provided services to disability training. Wo perceptions of provid services to those with
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MH52

titludes towards disability associated with provider type; age; tral/urban; and Dalit status. No variation by having previously olided services to women with disabilities or receipt of sability training. Women with disabilities and negative arceptions of providers' knowledge, attitudes, skills in providing truces to those with disabilities truces to those with disabilities

	Choulagai, B. P., Aryal, U. R., Shrestha, B., Vaidya, A., Onta, S., Petzold,			Women	3505 HHs;					Women who accessed antenatal care and used transport (e.g.	
MH45	M., & Krettek, A. (2015). Jhaukhel-Duwakot Health Demographic Surveillance Site, Nepal: 2012 follow-up survey and use of skilled birth attendants. <i>Glob Health Action</i> , 8, 29396.	Bhaktapur - Jhaukhel- Duwakot Health Demographic Surveillance Site	Quant		434 women delivering baby in past		Institutional delivery	ANC; use of transport to reach	N/A	bus, taxi, motorcycle) to reach a health facility were more likely to access institutional delivery.	Health facility
MH45	<ul> <li>Das, S., Alcock, G., Azad, K., Kuddus, A., Manandhar, D. S., Shrestha, B.</li> <li>P., Osrin, D. (2016). Institutional delivery in public and private sectors</li> </ul>	Surveillance Site National - in demographic	Quant	2 years	2 years	Maternal health	Institutional delivery	facility;	N/A	Low adequate use of postnatal care Institutional delivery increased with wealth and education; In Bangladesh and urban India, the proportion of deliveries in the private	Health facility
	demographic surveillance sites. BMC PREGNANCY AND CHILDBIRTH ,	surveillance sites in Bangladesh, Nepal,		Pregnant	52750			household asset index, maternal schooling, maternal age, and		sector increased with wealth, maternal education, and age. The opposite	
MH49	1b. https://doi.org/10.1186/s12884-016-1069-7 Dhakal, P., Shrestha, M., Baral, D., & Pathak, S. (2018). Factors	and India	Quant	women	deliveries 93 mothers;	Maternal health	Institutional delivery	parity	N/A	was observed in rural India and Nepal. Ease/convenience associated with home delivery; safety associated with institutional delivery; "there was a significant association between caste, education of mothers, education of	Individual; household
	affecting the place of delivery among mothers residing in Jhorahat VDC, Morang, Nepal. International Journal of Community Based Nursing and Midwifery , 6 (1), 2–11.	Jhorahat VDC, Morang district,	Mixed		2 FGDs with decision- makers and			Socio-demographic factors;		spouse, occupation of spouse, per capita income, time to reach the nearest health center, parity, previous place of delivery, number of antenatal visit, knowledge about place of delivery,	Individual; couple; household; health
MH55	Dixit, P., Khan, J., Dwivedi, L. K., & Gupta, A. (2017). Dimensions of	Nepal	methods	Mothers	FCHVs;	Maternal health	Institutional delivery	ease/convenience; safety		planned place of delivery, and place of delivery." Stronger association between specific ANC procedures received	facility
MH56	https://doi.org/10.1371/journal.pone.0181793	compares across south asia	Quantitativ e	Women having given birth Individuals	1	Maternal health	Institutional delivery	ANC visits (timing and # of visits; specific ANC procedures received)		Stronger association between specific ANC procedures received and institutional delivery than between timing/# of visits and institutional delivery (Across settings)	Individual
MH58	Ensor, T., Bhatt, H., & Tiwari, S. (2017). Incentivizing universal safe delivery in Nepal: 10 years of experience. <i>Health Policy and Planning</i> , 32 (8), 1185–1192. https://doi.org/10.1093/heapol/czx070	National (DHS)	Quantitativ e	having		Maternal health	Institutional delivery	Incentive programs (financing initiatives)		The beneficial impact of maternal financing policies in Nepal is skewed towards areas and households that are geographically more accessible and wealthy. Primiparity, having a secondary or higher education level, living	Policy
	Freidoony, L., Ranabhat, C. L., Kim, CB., Kim, CS., Ahn, DW., & Doh, Y. A. (2018). Predisposing, enabling, and need factors associated with utilization of institutional delivery services: A community-based cross-									in the Durgauli village, having husbands with occupations other than agriculture or professional/technical jobs, and having attended four or more antenatal care (ANC) visits had	
MH61	sectional study in far-western Nepal. Women and Health , 58 (1), 51–71. https://doi.org/10.1080/03630242.2016.1267689	Kailali district	Quantitativ e	Mothers giving birth in past 5 years	500	) Maternal health	Institutional delivery	Socio-dem factors; health status; ANC visits;		significantly increased use of institutional deliveries. Also, belonging to the richest 20% of the community and having experienced pregnancy complications were marginally significantly associated.	Individual; couple; community
							,			The mean coverage of facility-based deliveries was 18.6 and 36.3	
	Hodge, A., Byrne, A., Morgan, A., & Jimenez. Soto, E. (2014). Utilisation of Health Services and Geography: Deconstructing Regional Differences in Barriers to Facility-Based Delivery in Nepal. Moternal and Child Health Journal, 19(3), 566–577. https://doi.org/10.1007/s10995-014- 1540-x							Factors that influence health		% in the mountains region and the rest of Nepal, respectively. Between 54.8 and 74.1 % of the regional coverage gap was explained by differences in observed characteristics. Factors influencing health behaviours (proxied by mothers' education, TV viewership and tobacco use, and household wealth) and subjective distance to the health facility were the maior factors.	
MH70	Huda, T. M., Hayes, A., & Dibley, M. J. (2018). Examining horizontal	Nepal	Quantitativ e	Community level		Maternal health	Institutional delivery	behaviors; distance to facilities; mother's birth history		contributing between 52.9 and 62.5 % of the disparity. Mothers' birth history was also noteworthy. The decomposition analysis revealed that facility delivery is	Individual; community; health facility
MH73	inequity and social determinants of inequality in facility delivery services in three South Asian countries. <i>Journal of Global Health</i> , 8 (1), 10445. https://doi.org/10.3380/iceh.08.010415	Nepal and other countries	Quantitativ	Women in DHS (and HH data)	Varies	Maternal health	Institutional delivery	Horizontal ineqiuities		driven mostly by the social determinants of health rather than the individual health risk. Household socioeconomic condition, parental education, place of residence and parity emerged as the most important factors.	Individual; household; community
	Joseph, G., da Silva, I. C. M., Fink, G., Barros, A. J. D., & Victora, C. G.									Information on income allowed identification of countries - such as Burkina Faso, Cambodia, Egypt, Nepal and Rwanda - which were well above what would be expected solely from changes in	
	(2018). Absolute income is a better predictor of coverage by skilled birth attendance than relative wealth quintiles in a multicountry analysis: comparison of 100 low- and middle-income countries. BMC PREGNANCY AND CHILDBIRTH, 18. https://doi.org/10.1186/s12884-									income. Conclusion: Absolute income is a better predictor of SBA and institutional delivery coverage than the relative measure of quintiles	
		Nepal and other	Quantitativ							of wealth index and may help identify countries where increased coverage	
MH75		countries	e	Women	Varies	Maternal health	Institutional delivery	Absolute income vs. wealth		is likely due to interventions other than increased income. Multivariate logistic regression analysis showed that women who resided within 1 h distance from the birthing centre, had adequate mass media exposure or had only one child were more	household
	Joshi, D., Baral, S. C., Giri, S., & Kumar, A. M. V. (2016). Universal institutional delivery among mothers in a remote mountain district of Nepal: what are the challenges? <i>Public Health Action</i> , <i>6</i> (4), 267–272. https://doi.org/10.5588/pha.16.0025									likely to deliver in hospital. Reasons for non-institutional delivery (n = 178) were related to geographical access (49%), personal preferences (18%) and perceived poor quality care (4%). Mothers who accessed institutional delivery (n = 97) also	
MH77		Mugu	Quantitativ e	Mothers	275	6 Maternal health	Institutional delivery	Access; media; parity; preferences perceived quality of care	6	reported difficulties related to travel (60%), costs (28%), dysfunctional health system (18%) and unfriendly attitudes of the health-care providers (7%). In particular, women who acknowledged that unexpected problems could occur during pregnancy and childbirth were more	Individual; household; health facility
	Karkee, R., Baral, O. B., Khanal, V., & Lee, A. H. (2014). The role of obstetric knowledge in utilization of delivery service in Nepal. <i>Health</i> Education Research, 29 (6), 1041–1048. https://doi.org/10.1093/her/cyu059			Pregnant women with more than 5				Knowledge of obstetrics: Birth	Birth Preparedness and	likely (odds ratio [OR] 5.83, 95% confidence interval [Cl] 2.95- 11.52) to deliver at a health facility than others unaware of the possible consequences. Similarly, women who knew any antepartum danger sign (OR 2.16, 95% Cl: 1.17-3.98), any intrapartum danger sign (OR 3.80, 95% Cl: 2.07-6.96) and any	
MH79		central hills district of Nepal	Quantitativ e			Maternal health	Institutional delivery	Preparedness and Complication Readiness program;	Complication Readiness program	postpartum danger sign (OR 3.80, 95% CI: 2.07-6.96) and any postpartum danger sign (OR 3.47 95% CI: 1.93-6.25), tended to deliver at a health facility.	Individual
										low ANC; low facility delivery; low birth prep activities	
	Karkee, R., Lee, A. H., & Khanal, V. (2014). Need factors for utilisation of institutional delivery services in Nepal: an analysis from Nepal Demographic and Health Survey, 2011. <i>BMJ Open</i> , 4 (3), e004372.									After adjusting for external, predisposing and enabling factors, women who made more than four antenatal care visits were five times more likely to deliver at a health facility when compared to those who paid no visit (adjusted OR 4.34, 95% CI 3.14 to 7.76).	
	https://doi.org/10.1136/bmjopen-2013-004372			Subset of ever-						Similarly, the likelihood for facility delivery increased by 3.4-fold among women who prepared for at least two of the four	
MH81		Nepal	Quantitativ e	married women	4079	Maternal health	Institutional delivery	antenatal care visits and birth preparedness activities;		activities compared to their counterparts who made no preparation (adjusted OR 3.41, 95% CI 2.01 to 5.58).	Individual

MH85	Khatri, R. B., Dangi, T. P., Gautam, R., Shrestha, K. N., & Homer, C. S. E. (2017). Barriers to utilization of childbirth services of a rural birthing center in Nepal: A qualitative study. <i>PloS One</i> , <i>12</i> (5), e0177602. https://doi.org/10.1371/journal.pone.0177602	rural community of Rukum district, Nepal		women, their families, health	26 in-depth interviews with service users and providers, and three focus group discussions with community key informants in a rural community of Rukum district. The Adithya Cattamanch i logic model was used as a guiding framework for data analysis.		Institutional delivery	Quality of services, human resources, governance, health system challenges, geography, birth preparedness, cultural practices and traditions	long-term infrastructure	Women did not use the services at rural birthing centers because of systematic and contextual barriers. Irregular and poor quality services, inadequate human and capital resources, and poor governance were health system challenges which prevented service delivery. Contextual barriers including difficult geography, poor birth perparedness practices, harmful culture practices and traditions and low level of trust were also found to contribute to underutilization of the birthing center.	Health facility; community; societal
MINGO	Maru, S., Bangura, A. H., Mehta, P., Bista, D., Borgatta, L., Pande, S., Maru, D. (2017). Impact of the roll out of comprehensive emergency obstetric care on institutional birth rate in rural Negal. <i>BMC Pregnancy</i> <i>and Childbirth</i> , 17 (1), 77. https://doi.org/10.1186/s12884-017-1267-y		Quantitativ e and	Postpartum				Implementation of comprehensive emergency obstetric care; beliefs		Institutional birth rates increased after comprehensive emergency obstetric care implementation (from 30 to 77%, OR 7.7) at both hospital (OR 2.5) and low-level facilities (B 4.6, p < 0.01 for all). The logistic regression indicated that comprehensive emergency obstetric care availability (OR 5.6), belief that the hospital is the safest birth location (OR 44.8), safety prioritization in decision-making (OR 7.7), and higher income (OR 1.1) predict institutional birth (p <math t_{\rm P} = 0.1 for all). Qualitative analysis revealed comprehensive emergency obstetric care avaries, increased social expectation for	Individual; household;
MH98	Maru, S., Rajeev, S., Pokhrel, R., Poudyal, A., Mehta, P., Bista, D., Maru, D. (2016). Determinants of institutional birth among women in rural Nepai: a mixed-methods cross-actional study. <i>BMC Pregnancy</i> and Childbirth , 16 , 252. https://doi.org/10.1186/s12884-016-1022-9	Achham	Quantitativ			Maternal health	Institutional delivery	about safety; preferences; income		institutional birth, and birth planning as important factors. The institutional birth rate for the hospital's catchment area population was calculated to be 0.016 Ahome births. 23 facility births). Institutional birth was more likely as age decreased (ORs in the range of 1.32-0.23) and as income increased (DRs in the range of 1.38-1.45). Institutional birth among women who owned land was less likely (OR = 0.32 (0.71, 0.92)). Ninety percent of participants in the institutional birth group identified safety and good care as the most important factors determining roup reported distance from hospital as a key determinant of location of birth, cualitativa enalysis elucidated the importance of social support, financial resources, birth planning, awareness of services, perception of safety, and referral capacity in achieving an institutional birth;	health facility; societal
МН99	Shah, R., Rehfuess, E. A., Maskey, M. K., Fischer, R., Bhandari, P. B., & Delius, M. (2015). Factors affecting institutional delivery in rural Chitwan district of Nepal: a community-based cross-sectional study. BMC Pregnancy and Childbirth, 15, 27. https://doi.org/10.1186/s12884 015-063-4-	Accham	e and qualitative	Postpartum women		Maternal health	Institutional delivery	Age, income, land ownership ; beliefs (safety, distance)		most said hospital safest, even if they didn't go	Individual; household; health facility
MH104	012-0494-Y	Chitwan, Nepal	Qualitative			Maternal health	Institutional delivery			With multiple incentives present, the decision to deliver in a health facility is affected by a complex interplay of socio-demographic, socio-cultural, and health service-related factors	Policy/structure
MH105	Shah, R., Rehfuess, E. A., Paudel, D., Maskey, M. K., & Delius, M. (2018). Barriers and facilitators to institutional delivery in rural areas of Chitwan district, Nepal: a qualitative study. Reproductive Health, 15(1), 110. https://doi.org/10.1186/s12978-018-0553-0	Nepal	Mixed	MWRAs, husband, CHW, HWs		Maternal health	Institutional delivery	access, decisions and support		Despite much progress in recent years, this study revealed some important barriers to the utilization of health services; while suggesting that a combination of upgrading birthing centres and strengthening the competencies of health personnel while embraning and addressing deeply rooted family values and traditions can improve existing programmes and further increase institutional delivery rates.	family, facility
	Morrison, J., Basnet, M., Budhathoki, B., Adhikari, D., Tumbahangphe, K., Manandhar, D., Groce, N. (2014). Disabled women's maternal and newborn health care in rural Nepal: A qualitative study. <i>Midwifery</i> , 30 (11), 1132–1139. https://doi.org/10.1016/j.midw.2014.03.012				27 interviews			Quality; cost; lack of family		married disabled women considered pregnancy and childbirth to be normal and preferred to deliver at home. Issues of quality, cost and lack of family support were as pertinent for disabled women as they were for their non-disabled peers. Health workers felt unprepared to meet the maternal health needs of disabled women. Key conclusions and implications for practice: integration of disability into existing Skilled Birth Attendant training curricula may improve maternal health care for disabled women. There is a need to monitor progress of interventions that encourage institutional delivery through the use of disageregated data, to check that disabled women are benefiting	
MH154		Makwanpur	Qualitative			Maternal health	Institutional delivery	support			Household; facility

МН156	<ul> <li>Morrison, J., Thapa, R., Basnet, M., Budhathoki, B., Tumbahangphe, K., Manandhar, D., Osrin, D. (2014). Exploring the first delay: a qualitative study of home delayeries in Makwangur district Neal. <i>BMC</i> <i>Pregnancy and Childbirth</i>, <i>14</i>, 89. https://doi.org/10.1186/1471-2393- 14-89</li> <li>Pandey, S. (2018). Women's knowledge about the conditional cash incentive program and its association with institutional delivery in Nepal. <i>PBC one</i>, <i>13</i> (6), e0199230.</li> <li>https://doi.org/10.1371/journal.pone.0199230</li> </ul>	Makwanpur	Qualitative	Women who had deliveredat home Women of reproductiv e age giving	interviews 4,036 had		Institutional delivery	Awareness; Family support; household position/roles; quality of health services Knowledge of SDIP; healthcare		Mary women were aware of the benefits of institutional delivery yet their status in the home restricted their access to health facilities. Often they did not wish to bring shame on their family by going against their wishes, or through showing their body in a health institution. They often fielt unable to demand the organisation of transportation because this may cause financial problems for their family. Some field that government incentives were insufficient. Often, a lack of family support at the time of delivery meant that wome delivered at home. Pass thad experience, and poor quality health services, also prevented women from having an institutional delivery. Approximately 30% of the women knew about the SDIP. About 42% of the women who knew about the SDIP. About delivery rate this institution. The Gods of institutional delivery increased nearly three-fold (OR = 2.70; C1: 159-4.59) among women who have about the SDIP. Other factors that prediced institutional delivery include advence includes and the spreident institutional delivery include advence in the soft of stitutional delivery institutional delivery include advence in the soft of not struttown advences and the SDIP. About the SDIP. About the SDIP. Other factors that predicted institutional delivery include advection, wealth, urban status.	Individual; household; facility
			Quantitativ	birth in past	in the pas	t		seeking; educ; wealth; rural/urbar		first birth, the number of antenatal care visits, and exposure to	
MH161	Pathak, P., Shrestha, S., Devkota, R., & Thapa, B. (2018). Factors Associated with the Utilization of Institutional Delivery Service among	National (DHS)	e Quantitativ	5 years	five years	Matemal health	Institutional delivery	exposure to media	Programme	news media. While ethnicity, educational level, parity were significantly asociated in bivariate models, But in the multivariable logistic regression analysis, no. of ANC visit (AOR = 10.03, 95 % Cl = 1.02- 98.29) was only independent factors affecting institutional	community
MH163	Mothers. Journal of Nepal Health Research Council, 15 (3), 228–234.	Chitwan	e	Mothers	1	29 Maternal health	Institutional delivery	Number of ANC		Solid yr was onn y melgehaen racio a sinci nig instruction delivery service utilization 93.3% of the mother gave birth to their current child at health institution. The study variables like age at marriage, knowledge on delivery incentive, long waiting hours at health facility, Information on maternal health before current pregnancy, age at	Individual
	Paudel, G., Yadav, U. N., Thakuri, S. J., Singh, J. P., & Marahatta, S. B. (2016). Utilization of services for institutional deliveries in Gorkha District. <i>Journal of Nepal Health Research Council</i> , 14 (34), 202–206.			Mothers				Age of marriage; knowledge of		first pregnancy, gestational age at first ANC visit and women knowing differences between home and institutional delivery were independent factors influencing utilization of institutional delivery service. CONCLUSIONS: Promotion of information, education and communication on maternal health services and	
MH165		Gorkha (Palungtar)	Quantitativ e	with a child <2 The inclusion	1	80 Maternal health	Institutional delivery	delivery incentive; wait times; knowledge of maternal health		delivery incentives could result in utilization of institutional delivery services.	Individual; health facility
	Mahato, P. K., van Teijlingen, E., Simkhada, P., Sheppard, Z. A., & Slival, R. C. (2017). Factors related to choice of place of birth in a district in Nepal. Sexual & Reproductive Healthcare : Official Journal of the Swedish Association of Midwives, J 3, 91–96. https://doi.org/10.1016/j.srhc.2017.07.002		Quantitatia	criteria were women of reproductiv e age (15–49 years) having at least one child below 24 months of age at the time of				Distance, caste, access to certain		Women were significantly more likely to give birth at health care facilities compared to home if the distance was less than one hour, belonged to advantaged caste, had radio, television and motorbike/scotter, decision maker for piace of birth was husband, reported their frequency of antential (ANC) visits at or more and belonged to age group 15-19. CONCLUSION: The analysis indicates that husbands of women giving birth influence the choice of place of birth. The findings highlight importance of having four or more ANC visits to the health institutions and that is should be located within one-hour walking distance. Inequily in utiliaation of childbirth services at health institutions exists as showed by low utiliaation of such services by disadvantaged	Individual; household;
MH168		Nawalparasi	e	survey	6	26 Maternal health	Institutional delivery	material goods, DM, etc.		caste.	health system
	Shrestha, S., Bell, J. S., & Marais, D. (2014). An analysis of factors linked to the decline in maternal mortality in Nepal. <i>PLoS One</i> , <i>9</i> (4), e93029. https://doi.org/10.1371/journal.pone.0093029	National (NDHS 96,	Quantitativ					SBA, Access, age, education and		There was a significant increase from 72.5% to 83.5% in the proportion of women delivering between the ages of 20–30 years, with fewer women delivering at high risk ages (20 and 33 years). Ferlik dropped gradually significantly, proportion of women having attended at least secondary school increased	
MH111		01,06 & 11)	e	MWRAs	18,1	30 Maternal health	Institutional delivery; ANC	CE group	NA	nearly four-fold from 9.7% to 36.0%	Structural/policy

Bhatt, H., Tiwari, S., Ensor, T., Ghimire, D. R., & Gavidia, T. (2018). Contribution of Nepal's free delivery care policies in improving utiliaation of matemal health services. International Journal of Health Policy and Management, 7 (7), 65-655. https://doi.org/10.15171/jipm.2018.01

> Results from this study suggest that MIS and Aama policies have had a strong positive influence on the utilisation of 4 ANC visits Quant government births Maternal health, neonatal health Institutional delivery; ANC Nepal Free Delivery Care Policies and institutional deliveries in Nepa Policy

MH119	Bhatta, D. N., & Aryal, U. R. (2015). Paternal factors and inequity associated with access to maternal health care service utilization in Nepa1: A community based cross-sectional study. <i>PLoS ONE</i> , <i>10</i> (6). https://doi.org/10.1371/journal.pone.0130380 Khanal, V., Khanal, P., & Lee, A. H. (2015). Sustaining progress in maternal and child health in NepaI. <i>The Lancet</i> , <i>385</i> (9987), 2573. https://doi.org/10.1016/S0140-6736(15)60963-1	Nepal	Quant	NGO, government	2200	0 Maternal health, neonatal health Maternal health; child health	Institutional delivery; ANC Institutional delivery; Breastfeeding, Immunization	Earthquake	N/A	Results from this study suggest that MIS and Aama policies have had a strong positive influence on the utilisation of 4 ANC visits and institutional deliveries in NepaPaternal factors like age, household weaklin, number of children, ethnicity, education, knowl- edge of danger sign during pregnancy, and husband's decision making for seking mater- nal and child heath care are crucial factors associated to maternal health service utilization. Results from this study suggest that MIS and Aama policies have had a strong positive influence on the utilisation of 4 ANC visits and institutional deliveries in Nepa <sup>3</sup> Correspondence helphighting importance of earthquake on influencing health servics and need to invest to ensure that women and children's access to services (maternal, immunization) are not affeted	
MH123	Khanal, V., Bhandari, R., Adhikari, M., Karkee, R., & Joshi, C. (2014). Utilization of maternal and child health services in western rural Nepai: a cross-sectional community-based study. <i>Indian Journal of Public</i> <i>Health</i> , 58 (1), 27–33. https://doi.org/10.4103/0019-557X.128162	Kapilvastu District of Nepal.	Quantitativ e - cross sectional survey	Mothers of children under 2 years	190 mothers having children of aged 12-23 months	Maternal health; child health	Institutional delivery; factors associated with utilization of maternal and child health services	Mothers's education, caste/community, geographical location, home or facility-based delivery	None decribed	The immunization program coverage was high, whereas maternal health service utilization remained poor; initiation of breastfeeding within an hour of birth was low (45.3%) and 53.2% had practiced exclusive breastfeeding; 69.5% of respondents delivered their child at home and 39.5% sought assistance from health workers; mothers who did not have any education, mothers from Dail(Z)angiat and the Frain origin were less likely to deliver at the health facility and to seek the assistance of health workers during childbirth.	Individual, family, household level
MH122	Nonyane, B. A. S., K C, A., Callaghan-Koru, J. A., Guenther, T., Sitrin, D., Syed, U., Baqui, A. H. (2016). Equity improvements in maternal and newborn care indicators: results from the Bardya district of Nepal. <i>Health Policy and Planning</i> , <i>31</i> (4), 405–414. https://doi.org/10.1093/heapol/czv077				630				Billboards with newborn care messages; (4) television broadcasting at the Maternal Child Health clinic during clinic time; (5) FCHVs interacted with the community during a one-day social event,	We observed statistically significant improvements in equity for facility delivery [Cindex-0.15 ( $-0.24$ , $-0.06$ ]), knowledge of at least three newborn danger signs [ $-0.026$ [ $-0.06$ , $-0.03$ ]), breastfeeding within 1 [ $+0.05$ ( $-1.1$ , $-0.001$ ], at least one antenatal visit with a skilled growider [ $-0.25$ ( $-0.04$ , $-0.01$ ]), at least four antenatal visits from any provider [ $-0.15$ ( $-0.19$ , -0.01] and birth preparedness [ $-0.09$ ( $-0.12$ , $-0.00$ ]. The largest increases in practices were observed for facility delivery [SD%). These results and those of similar studies are evidence that community based intervenitors delivered by fremale community health volunteers can be instrumental in improving equity in levels of facility delivery and other newborn care behaviours. We	
MH159	Maru, D., Maru, S., Nirola, I., Gonzalez-Smith, J., Thoumi, A., Nepal, P.,	Bardiya	Quantitativ e	recently delivered mothers Pregnancies	respondents at baseline	s Maternal health	Institutional delivery; knowledge of danger signs; ANC; birth preparedness		live on the radio; (6) orientation of Health Facility Operation and	recommend that equity be evaluated in other similar settings within Nepal in order to determine if similar results are observed. we found an improvement in population-level indicators linked to reducing maternal and infant mortality: receipt of four antenatal care visits (83 generent to 90 percent), institutional birth rate (81	Community; facility (intervention worked at multiple levels)
MH97	McClellan, M. (2017). Accountable Care Reforms Improve Women's And Children's Health In Nepal. Health Affairs (Project Hope), 36 (11), 1965–1972. https://doi.org/10.1377/hlthaff.2017.0579	Accham	Quantitatie	in the distrit during a period of time	541 at follow-up	Maternal health	Institutional delivery; Use of services - 4 ANC; institutional birth rate; PPFP	delivery of care via public-private partnership	Public-private partnership	percent to 93 percent), and the prevalence of postpartum contraception (19 percent to 47 percent). The intervention cost \$3.40 per capita (at the population level) and \$185 total per pregnant woman who received services.	Health facility
MH36	Anand, E., Unisa, S., & Singh, J. (2017). INTIMATE PARTNER VIOLENCE AND UNINTENDED PREGNANCY AMONG ADOLESCENT AND YOUNG ADULT MARRIED WOMEN IN SOUTH ASIA. JOURNAL OF BIOSOCIAL SCIENCE, 49(2), 206–221. https://doi.org/10.1017/S0021932016000286	Bangladesh and Nepa		NGO,		8 Maternal health	intimate partner violence	age and location		"The findings indicate that IPV is a risk factor for unintended pregnancy among adolescent and young adult married women."	couple, societa/structural/politi

Atteraya, M. S., Gnawali, S., & Song, I. H. (2015). Factors Associated With Intimate Partner Violence Against Married Women in Nepal. JOURNAL OF INTERPERSONAL VIOLENCE, 30 (7), 1226–1246. https://doi.org/10.1177/0886260514539845

Nepal

Nepal

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MH40	
	Kohrt, B. A., & Bourey, C. (2016). Culture and Comorbidity: Intimate
	Partner Violence as a Common Risk Factor for Maternal Mental Illness
	and Reproductive Health Problems among Former Child Soldiers in
	Nepal. Medical Anthropology Quarterly , 30 (4), 515–535.
	https://doi.org/10.1111/maq.12336

NGO, government 3373 Maternal health Qualitative 13 female Maternal health child soldiers

intimate partner violence intimate partner violence

female literacy, wealth, violent family history, lack of decisionmaking autonomy Culture influences internal none described. (psychological), external (social), institutional (structural), and health care (medical) processes, which, taken together, create differential risk of comorbidity across contexts.

## "At the community level, women most at risk of IPV were those couple, living in the Terai region, and women belonging to underprivileged castes and ethnic groups." Twelve participants said they had remained silent, enduring violence, forgiving the husband. Twelve participants endorsed couples, family, society communication with one's husband. Only four participants sought family support, and three contacted police. Ultimately, 12 participants left the relationship, but the majority (nine) only left after the final IPV experience, which was preceded by prolonged psychological suffering and pregnancy endangerment. prolonged psychological suffering and pregnancy endangerment, comorbidity risks are increased in cultural context that rely on individual or couples-only behavior, lack external social engagement, have weak law and justice institutions, and have limited health services.

societal/structural/politi

individual, household,

cal

MH87

Ashish, K. C., Wrammert, J., Ewald, U., Clark, R. B., Gautam, J., Baral, G., ... Malqvist, M. (2016). Incidence of intrapartum stillbirth and associated risk factors in tertiary care setting of Nepal: a case-control study. REPRODUCTIVE HEALTH , 13 . https://doi.org/10.1186/s12978-016-0226-9

MH39		Nepal	Quant	NGO, government	4476 Maternal health	intrapartum stillbirths	wealth	"Being born preterm with a small-for-gestation al age was associated with the highest risk for intrapartum stillbirth. Inadequate fetal heart rate mon itoring and partogram use are preventable risk factors associated with intrapartum stillbirth"	health facility, couple
	Henjum, S., Kjellevold, M., Ulak, M., Chandyo, R. K., Shrestha, P. S., Froyland, L., Strand, T. A. (2016). Iodine Concentration in Breastmilk and Urine among LactatingWomen of Bhaktapur, Nepal. NUTRIENTS, 8 (5). https://doi.org/10.3390/nu8050255		Quantitativ	· Lactating				A large proportion of the women had adequate BMIC and UIC; however, a subset had high iodine concentrations. These findings emphasize the importance of carefully monitoring iodine intake to minimize the risk of iodine excess and subsequently preventing transient iodine-induced hypothyroidism in	
МН68	Henjum, S., Manger, M., Skeie, E., Ulak, M., Thorne-Lyman, A. L., Chandyo, R., Strand, T. A. (2014). Iron deficiency is uncommon among lactating women in urban Nepal, despite a high risk of inadequate diedary iron intake. <i>The British Journal of Nutrition</i> , <i>112</i> (1), 132–141. https://doi.org/10.1017/S0007114514000592	Bhaktapur ,	e Quantitativ	women	485 Maternal health	Iodine in breastmilk and urine	Descriptive	brastfed infants. In multiple regression analyses, there was a weak positive association between dietary Fe intake and body Fe (beta 0.03, 95% CI 0.014, 0.045). Among the women with children aged < 6 months, but not those with older infants, intake of Fe supplements in pregnancy for at least 6 months was positively associated with body Fe (P for interaction 0.001). Due to a relatively high dietary intake of non-haem Fe combined with low bioavailability, a high proportion of the women in the present study were at the risk of inadequate intake of Fe. The low prevalence of anaemia and Fe deficiency may be explained by the majority of the women consuming Fe supplements in	Biological; household
MH69		Bhaktapur	e	women	500 Maternal health	Iron deficiency	Age of child; dietary Fe	pregnancy.	Biological

	Devkota, R., Khan, G. M., Alam, K., Sapkota, B., & Devkota, D. (2017).									
	Impacts of counseling on knowledge, attitude and practice of			Pregnant						
	medication use during pregnancy. BMC Pregnancy and Childbirth ,			women						
	17(1), 131. https://doi.org/10.1186/s12884-017-1316-6			presenting						
				with						
		Western Nepal		complicatio						
		(Manipal Teaching	Quantitativ	ns (at least		KAP related to medication use for	Exposure to counseling on	Counseling intervention		
MH54		Hospital, Nepal)	e	one)	275 Maternal health	complications	mediction use	(interpersonal)	Significant increase in KAP after exposure to counseling.	Health facility

Acharya, D., Singh, J. K., Adhikari, S., & Jain, V. (2016). Association between sociodemographic characteristics of female community health volunteers and their knowledge and performance on maternal and child health services in rural Nepal. *Journal of Multidisciplinary Healthcare*, 9, 111–120. https://doi.org/10.2147/JMDH.598700

MH29		Dhanusha district, Southern Terai, Nepal Qu	Co He	emale ommunity lealth olunteers	128 Maternal Health	knowledge and performance of Maternal and Neonatal care components	Social demographic charactheristics	consider educational level when selecting Female Community Health Volunteers	Community, Individual
MH132	Acharya, D., Paudel, R., Gautam, K., Gautam, S., & Upadhyaya, T. (2016). Knowledge of Maternal and Newborn Care Annong Primary Level Health Workers in Kapitastu District of Nepal. Annols of Medica and Health Sciences Research, 6 (1), 27–32. https://doi.org/10.4103/2141-9248.180266		lev wo Ma an Ne	rimary twel health workers working on Alaternal nd lewborn are	137 Maternal health; neonatal health	knowledge of Maternal and Neonatal care components	Knowledge of maternal and neonatal aspects (i.e. when to bath newborn, warning signs of danger in pregnany, meaning of exclusive breast feeding)	Primary level health workers need additional education to improve knowledge gaps	health facility /
MH133	Acharya, D., & Paudel, R. (2016). Assessment of critical knowledge on maternal and newborn care services among primary level nurse mid- wives in Kapilvastu District of Nepal. Kathmandu University Medical Journal, 13 (52), 351–356.	Kapilvastu District of Nepal Qu	of lev mi ma an	ewborn	68 Maternal health; neonatal health	knowledge of Maternal and Neonatal care components	knowledge of how to stop post- partum haemorrhage, mother to child HIV transision, and newborn care	nurse-midwives were found to have either poor or some level of knowledge in most of the components of maternal and newborn care services.	

MH151	Schumer, J. E., Bernell, S. L., Bovbjerg, V. E., & Long, M. L. (2014). Factors influencing maternal nutrition in rural Nepal: an exploratory research project. Health Care for Women International, 35(10), 1201–1215. https://doi.org/10.1080/07399332.2013.862792	Western region	Quanitativ	Women of cildbaring e age	2500 Nutrition; maternal health	Knowledge of micronutrients (folic acid, iron)	program participation	GNE education program - and micronutrients given to participants suganara	High interest in learning about nutrition - positively associated with women's education We found that rural women are interested in learning about nutrition regardless of educational attainment and that level of education is strongly associated with interest in learning about nutrition (p - coll). Although the majority of women with no education expressed interest in learning about nutrition (TSN, as substantial percentage (22%) were not interested. Education and the teaching of basic health messages may hold important benefits for improving maternal and child health.	Individual
	Cunningham, K., Singh, A., Pandey Rana, P., Brye, L., Alayon, S., Lapping, K., Klemm, R. D. W. (2017). Suaahara in Nepal: An at-scale, multi-sectoral nutrition program influences knowledge and practices while enhancing equity. <i>Maternal &amp; Child Nutrition</i> , <i>13</i> (4).	Multiple districts		HH-level data - process		levels of knowledge and practices related to health, nutrition, and water, sanitation, and hygiene	Exposure to Suaahara; DAG status	Suahara had a specific focus on social behavior change and communication (SBCC) and gender and social inclusion (GESI), including the targeting of disadvantaged groups (DAGs), that is, those identified as being food function (GESI), including integrated its programming across nutrition, health services, family planning, WASH, and agriculture/homestead food production (HFP) with four key objectives: (a) to improve household	A higher proportion of DAG households in Suaahara areas reported exposure, were knowledgeable, and practiced optimal behaviors related to nearly all maternal and child health, nutrition, and WASI indicators than DAG households in non-Suaahara areas and sometimes even than non-DAG households in Suaahara areas. Moreover, differences in some of these indicators between DAG and non-DAG households were significantly smaller in Suaahara areas than in comparison areas. These results indicate that large-scale integrated interventions can influence nutrition-related knowledge and practices, while	НH
MH136		across Nepal	Quant	evaluation	480 Maternal health; neonatal health	(WASH)	of household;	nutrition, health, and	simultaneously reducing inequities.	нн
	Mahumud, R. A., Sultana, M., & Sarker, A. R. (2017). Distribution and determinants of low birth weight in developing countries. <i>Journal of Preventive Medicine and Public Health</i> , <i>50</i> (1), 18–28. https://doi.org/10.3961/jpmph.16.087	Cambodia, Columbia, Indonesia, Jordan, Nepal, Pakistan, Tanzania, Uganda an Zimbabwe	Secondary analysis of DHS data (2010-201:	and infants leve	onal Family planning; reproductive health; I maternal health; neonatal health	low birth rate	antenatal care, delayed coception, low body index, SES, literacy rate	N/A	Various factors such as advanced maternal age and literacy rates are determinants of low birth rates in developing countries	
MH26										All
MH117	Bhaskar, R. K., Deo, K. K., Neupane, U., Chaudhary Bhaskar, S., Yadav, B. K., Pokharel, H. P., & Pokharel, P. K. (2015). A Case Control Study on Risk Factors Associated with Low Birth Weight Babies in Eastern Nepal. International Journal of Pediatrics, 2015, 807373. https://doi.org/10.1155/2015/807373		Quant; cas control	e NGO, government	318 Maternal health, neonatal health	low birth weight	maternal blood group, BMI, age		maternal blood group A8, normal maternal BodyMass Index (BMI), mother's age of30 or more years, and starting ANCvisit earlier were found to be protective for LBW	individual, household, societal/structural/politi cal
	Budhathoki, S., Poudel, P., Bhatta, N. K., Singh, R. R., Shrivastava, M. K., Niraula, S. R., & Khanal, B. (2014). Clinico-epidemiological study of low birth weight newborns in the Eastern part of Nepal. Nepal Medical College Journal : NMCI, 16 (2–4), 190–193.									
MH135		Eastern Nepal	Quant	NGO, government	2587 Maternal health; neonatal health	low birth weight	Birth weight, gestational age, apnoea and mechanical ventilation		Incidence of LBW babies in our hospital was 14.45%, More than 4/5 (82.2%) baby's mother were primigravida	individual, health facility
	Christian, P., Nanayakkara-Bind, A., Schulze, K., Wu, L., LeClerq, S. C., & Khatry, S. K. (2016). Antenatal micronutrient supplementation and third trimester cortisol and erythropoietin concentrations. <i>Maternal &amp; Child Nutrition</i> , <i>12</i> (1), 64–73. https://doi.org/10.1111/mcn.12138			rural Nepalese					In adjusted analyses, third trimester EPO (supplementation) was associated with a reduction in low birthweight, whereas cortisol was negatively associated with length of gestation and higher risk of preterm birth. Iron and multiple micronutrient supplementation may enhance birth outcomes by reducing	
MH149		Sarlahi, Nepal	Quant	women 737	Maternal health; nutrition	Low birth weight	Vitamin/nutrient supplementation	nutrition intervention	mediators of maternal stress and impaired erythropoiesis.	Individual (biological)

Yargawa, J., & Leonardi-Bee, J. (2015). Male involvement and maternal health outcomes: systematic review and meta-analysis. JOURNAL OF
EPIDEMIOLOGY AND COMMUNITY HEALTH , 69 (6), 604-612.
https://doi.org/10.1136/jech-2014-204784

MH116	https://doi.org/10.1136/jech-2014/204784 Kozuki, N., Katz, J., LeClerq, S. C., Khatry, S. K., West, K. P. J., & Christian, P. (2015). Risk factors and neonatal/infant mortality risk of small-lor-gestational-age and preterm birthin rural Negal. The Journ of Maternal-Fetal & Neonatal Medicine: The Official Journal of the European Association of Perinatal Medicine, Er Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetrictions, 26 (9), 1019–1025. https://doi.org/10.3109/14767058.2014.941799	- Rural Nepal	Qualitative Analysis of existing data from	Men & Women aged 15-49 Mothers of 41: newborns and neonates	30	Maternal health Maternal health; neonatal health; nutrition	male involvement Maternal chronic and acute malnutrition and the associations between small-for-gestational-age (SGA)/preterm birth and neonatal/infant mortality	health outcomes risk factors for and mortality consequences of small-for- gestational-age (SGA) and preterm birth in rural Nepal.	none mentioned	Male involvement is associated with improved maternal health outcomes in developing countries. Maternal chronic and acute malnutrition appear to be associated with SGA outcomes. Because of high SGA prevalence in South Saia and the increased neonatal and infant mortality risk associated with SGA, there is an urgent need to intervene with effective interventions.	individual/family Individuals, household
MH146	Lama, S., & Krishna, A. K. I. (2014). Barriers in Utilization of Maternal Health Care Services: Perceptions of Rural Women in Eastern Nepal. Kathmandu University Medical Journal (KUMJ), 12 (48), 253–258.	eastern Nepal	Qualitative. Exploratory study with FGDs and IDIs	reproductiv		Maternal health	maternal health care service utilization		Not mentioned	The barriers to maternal health care service utilization were identified as social factors like family pressure, supersition, shyness, misconeglion, negligence, likitracy, alcoholism, in addition to economic barriers and cultural practices.	individual, household, community, local government
MH91 MH152		Kathmandu valley		serving and pregnant par	erviews d non- rticipant	Maternal health	maternal health care service utilization	Individual level; facility level; economic reasons (facilitating environment)		First Phase Delays are: 1) lack of awareness that the facility/services exist; 2) women being too busy to attend; 3) poor services; 4) embarasament; and 5) financial issues. Themes for the second Phase of Delay are:: 1) birthing on the way; and 2) by-passing the facility in favour of one further away. The final Phase involved: 1] absence of an enabling environment; and 2) disrespectful care. The percentage of mothers that received four antenatal care (ANC) consultations increased from 5% to 54%, the institutional delivery rate increased from 5% to 47%, and the cesarean section (C-section) rate increased from 15% in 1944 to 6% in	Individual; health facility; household
MH100	Mehata, S., Paudel, Y. R., Dariang, M., Aryaj, K. K., Lal, B. K., Khanal, M. N., & Thomas, D. (2017). Trends and megualities in use of Maternal Health Care Services in Nepal: Strategy in the Search for Improvements. <i>BioMed Research International</i> , 2017. https://doi.org/10.1155/2017/5079234	Nepal	Quantitativ		ries	Maternal health	Maternal healthcare utilization	SD factors		2011. Inequality reduced over time (based on wealth) All sociodemographic variables were significant predictors of use of maternal health services, out of which maternal education was the most powerful. (poverty, education, and rural/urban status significantly associated)	Individual; household; community

Baron, E. C., Hanlon, C., Mall, S., Honikman, S., Breuer, E., Kathree, T., ... Tomlinson, M. (2016). Maternal mental health in primary care in five low- and middle-income countries: a situational analysis. *BMC Health Services Research*, *16*, 53. https://doi.org/10.1186/s12913-016-1291-22.

MH41	Lee, Y. Q., Collins, C. E., Gordon, A., Rae, K. M., & Pringle, K. G. (2018). The Relationship between Maternal Nutrition during Pregnancy and Offspring Kidney Structure and Function in Humans: A Systematic Review. NUTRIENTS, 10 (2). https://doi.org/10.3390/nu10020241	Ethiopia, India, Nepal South Africa and Uganda	situational	government	Maternal health Maternal health; neonatal health; nutrition	maternal mental health maternal nutrition during pregnancy and child health	relationship between maternal nutrition during pregnancy and offspring kidney structure and function in humans.	Not mentioned	It is difficult to anticipate demand for mental health care at district level in the five countries, given the lack of evidence on the prevalence and treatment coverage of women with maternar mental disorders. Limited Deficiencies in maternal folate, vitamin A, and total energy during pregnancy were associated with detrimental impacts on kidney structure and function, measured by kidney volume, proteinuria, ceRfkcystj and mean creatinine clearance in the offspring. Additional experimental and longitudinal prospective studies are warranted to confirm this relationship. escecially on	al societal/structural/politi cal Individual, family, facility level
									studies are warranted to confirm this relationship, especially in Indigenous populations where the risk of renal disease is greater	

Puri, M., Regmi, S., Tamang, A., & Shrestha, P. (2014). Road map to scaling-up: translating operations research study's results into actions for expanding medical abortion services in rural health facilities in Nepal. Health Research Policy and Systems, 12. https://doi.org/10.1186/1478-4505-12-24

MH18		Rupandehi, Kailali	Quantitativ e	Women receiving MA services	Family Planning; maternal health	medical abortion	accessible and affordable service:	ŝ	Intersteenen of provides a bortion services in an a toporting) of expanding medical abortion services to rural areas by mid-level service providers in minimum clinical settings without the oversight of physicians, thus reducing complications and deaths due to unsafe abortion.	Policy/structure
	Bhandari, G. P., Subedi, N., Thapa, J., Choulagai, B., Maskey, M. K., & Onta, S. R. (2014). A cluster randomized implementation trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth: Study protocol. <i>BMC Pregnancy and Childbirth</i> , <i>14</i> (1). https://doi.org/10.1186/1471-2393-14-109									
MH42		Nepal	Quant	NGO, government	5000 Maternal health	medical visits during pregnancy			Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health facilities	household, health facility
MH14	Amatya, A., & Dangal, G. (2017). Family Planning 2020 and Nepal's Pledge. Journal of Nepal Health Research Council , 15 (2), I–II.	Nepal - nationwide	Review / Position paper	NGO, government	Family planning; maternal health	meeting unmet need for family planning			"At the national level there is a dire need to multi-sectoral approach to reach our targets and for the implementation of CIP so that no one is left behind'	societal/structural/politi cal
	Mahato, P. K., van Teijlingen, E., Simkhada, P., Angell, C., & Ireland, J. (2018). Qualitative evaluation of mental health training of auxiliary nurse midwives in rural Nepal. <i>Nurse Education Today</i> , 66, 44–50. https://doi.org/10.1016/j.nedt.2018.03.025	Nepai	Qualitative	auxillary nurse 1 <sup>5</sup> midwive(AN M)	Maternal health	mental health		Training as a way to raise awareness amd cange attitiudes about mental heatlh issues in pregnant women	The main three themes that emerged from the interviews include: 1) issues related to mental, such as importance of maternal mental health training health; 2) societal attitudes and Stigma and 3) support for women.	individual, health facility and societal/structural/polic y
MH94 MH13	Acharya, P., Gautam, R., & Aro, A. R. (2016). FACTORS INFLUENCING MISTIMED AND UNWANTED PREGNANCIES AMONG NEPALI WOMEN. Journal of Biosocial Science, 48 (2), 249–266. https://doi.org/10.1017/S0021932015000073	Nepal - nationwide	Quant	Nepali women	5391 Family planning; maternal health	mistimed and unwanted last pregnancy	geographic location, husbands with paid jobs, socioeconomic status		Women from the hill region reported more untimely pregnancies and women from the Western development region reported more unwanted pregnancies.	household, individual
	Shrestha, J. R., Manandhar, D. S., Manandhar, S. R., Adhikari, D., Rai, C., Rana, H., Pradhan, A. (2015). Maternal and Neonatal Health Knowledge. Service Quality and Utilization: Findings from a Community Based Quasi-peorimental Trial in Arghakhandh Ubtrict of Nepal. Journol of Nepal Health Research Council, 13 (29), 78-83.									
MH110		Arghakhanchi	Quantitativ e	Mothers of <2 child < 23 ch Mos, Health H	others of 3 mos ild=340, alth cilities=5 Maternal health	MNC QI	Qualityof Care	NA	Along with all capacity building programs, support of essential newborn care equipment enabled the health facilities of intervention area to cater better MNC services.	Structural/policy

This research provided further evidence and a road-map for

MH143	<ul> <li>McCauley, M. E., van den Broek, N., Dou, L., &amp; Othman, M. (2015).</li> <li>Vitamin A supplementation during pregnancy for maternal and newborn outcomes. <i>The Cachrane Database of Systematic Reviews</i>, (10), CD008666. https://doi.org/10.1002/14651858. CD008666. pub3</li> <li>Kozuki, N., Mullany, L. C., Khatry, S. K., Ghimire, R. K., Paudel, S., Blakemore, K., Katz, J. (2016). Accuracy of Home-Based Ultrasonographic Diagnosis of Obstetric Risk Factors by Primary-Level Health Care Workers in Rural Nepal. <i>Obstetrics and Gynecology</i>, 128 (3), 604–612. https://doi.org/10.1097/AOG.000000000001558</li> </ul>	Nepal and other countries	Quantitativ e - review			Maternal health; neonatal h Maternal health	nealth	Night blindness; maternal mortality other Not a behavioral study	; Vitamin A supplementation	No SBCC	The pooled results of three large trials in Nepal, Ghana and Bangladesh (with over 153,500 women) do not currently suggest a role for antenatal vitamin A supplementation to reduce maternai or perinala inortaliti, Neowere, the populations studied were probably different with regard to baseline vitamin A status and three were problems with follow-up of women. There is good evidence that antenatal vitamin A supplementation reduces maternal night blindness, maternal anaemia for women who live in areas where vitamin A deficiency is common or who are HW-positic. In addition the available evidence suggests a reduction in maternal infection, but these data are not of a high quality. With limited training, primary-level health care workers in rural Nepal can accurately diagnose selected third-trimester obstetric risk factors using ultrasonography.	Individual; health system
MH89 MH145	Katz, J., Englund, J. A., Steinhoff, M. C., Khatry, S. K., Shrestha, L., Kuypers, J., Tielsch, J. M. (2017). Nutritional status of infants at six months of age following maternal influenza immunization: A randomized placebo-controlled trial in rural Nepal. Vaccine, 35 (48 Pt B), 6743–6750. https://doi.org/10.1016/j.vaccine.2017.09.095	Sarlahi District, southern plains of Nepal,	Quantitativ e - A randomized placebo- controlled trial of year round maternal influenza immunizatio n was conducted in two annual cohorts	Infants and mothers	3693 women and 3646 infants	Maternal health; neonatal h health	health; child	Not a behavioral study		Not a SBCC study	Although maternal immunization reduced low birth weight by 15%, only wasting at 6 months in the 2nd cohort was statistically significantly difference. However, the study was underpowered to detect reductions of public health importance.	
											More than 2 million women in Asia and sub-Saharan Africa are living with fistula and each year between 50,000 to 100,000 women	
MH2 MH93	nepal.unfpa.org Lubon, A. J., Erchick, D. J., Khatry, S. K., LeClerq, S. C., Agrawal, N. K., Reynolds, M. A., Mullany, L. C. (2018). Oral health knowledge, behavior, and care seeking among pregnant and recently-delivered women in rurul Nepal: a qualitative study. <i>BMC RRAL HEALTH</i> , <i>18</i> . https://doi.org/10.1186/s12903-018-0564-9	National Nepal	Quantitative Qualitative	pregnant	IDIs=16;	Maternal Health Maternal health		obstetric fistula oral health diseases (importance of taking care of oral health during pregnancy)	Awareness, treatment and training SES	N/A	worklwide are affected by this condition Women felt confident describing signs and symptoms of oral health diseases but did not have knowledge of where to seek care and relied heavily on their community as a source of information. Some women use toothbrush and toothpaste at least once a day while others use more traditional methods such as use of local shrubs or trees.	individual/family individual, household, community, health facility
	Houweling, T. A. J., Morrison, J., Alcock, G., Azad, K., Das, S., Hossen, M., Costello, A. (2016). Reaching the poor with health interventions: programme-incidence analysis of seven randomised trails of women's groups to reduce newborn mortality in Asia and Africa. Journal of Epidemiology and Community Health. 7 0(1), 31–41. https://doi.org/10.1136/jech-2014-204685	Nepal and other countries (Nepal- Makwanpur. Nepal-	Quantitativ	Pregnancy	70574 (not			Participation in women's group			Socioeconomic differences in women's group attendance were small, except for occasional lower attendance by elies. Sociodemographic differences were large, with lower attendance by young primigravid women in African as well as in South Asian sites. The intervention was considered relevant and interesting to all socioeconomic groups. Local facilitators ensured inclusion of poorer women. Embarrassment and family constraints on movement outside the home restricted attendance among orminizravid women. Reordouctive health discussions were	
MH72		Dhanusha)	e	data Women		Maternal health		meetings	SE and SD factors		perceived as inappropriate for them. multilevel factors influenced uptake:	Individual; household
MH27	Chalise, M., Steenkamp, M., & Chalise, B. (2016). Factors enabling women with pelvic organ prolapse to seek surgery at mobile surgical camps in two remote districts in Nepal: a qualitative study. WHO South East Asia Journal of Public Health, 5 (2), 141–148. https://doi.org/10.4103/224-3151.2062511	- 2 districts - 1 hilly, 1 himalava	Qual	recruited in 2 week-long mobile surgical	B				Looking at factors affecting women's seeking of surgical treatment for pelvic organ		Health system factors - accessibility and affordability; support of FCHVS sociocultural - being closer to end of reproductive years; having family support	Health facility /
MH27	Fitchett, J. R., Bhatta, S., Sherpa, T. Y., Malla, B. S., A Fitchett, E. J., Samen, A., & Kristensen, S. (2015). Non-surgical interventions for pelvic organ prolapse in rural Nepal: a prospective monitoring and evaluation study. <i>IRSM Open</i> , 61(22), 202270415608117.			camps Women with pelvic organ	21	Maternal health		Pelvic organ prolapse	prolapse Socio-dem factors; kegels/rings	N/A	individual – symptoms, fear of cancer, etc. Univariate analyses identified age at screening, age at onset of symptoms, the duration of symptoms and an associated rectocelle as factors associated with increasing POP severity (p < 0.6). Kegel exercises were taught to 25 (33.8%) women with	sociocultural / individual
MH60	https://doi.org/10.1177/2054270415608117	Baglung	Quantitativ e	prolapse symptoms 15-49 aged women pregnant	74 women	Maternal health		Pelvic organ prolapse	given (non-surgical response to POP)		POP and ring pessaries were offered to 47 (63.5%) women with POP.	Health facility
	Devkota, H. R., Clarke, A., Murray, E., & Groce, N. (2017). Do experiences and perceptions about quality of care differ among social groups in Nepal? - 3 study of maternal healthcare experiences of women with and without disabilities, and Dalit and non-Dalit women. <i>PloS One</i> , <i>12</i> (12), e0188554. https://doi.org/10.1371/journal.pone.0188554			within last five years and used maternal care services in public health					women with disabilities from both the non-Dailt population and Dailt population and their peers withou disabilities from both non-Dailt	t	Perceptions about the quality of care differed significantly by disability status but not by caste (except for a single dimension - cleanlines of services). All groups rated the quality of healthcare delivery, interpersonal and personal factors as well as access to services 'low.' Poor service user experiences and perceptions of quality of care undermine opportunities to translate increased	
MH51		Rupandehi	Quant	facility	343 women	Maternal health		Perceived quality of care	and Dalit communities	N/A	healthcare coverage into improved access and outcomes.	health facility

мн80	Karkee, R., Lee, A. H., & Binns, C. W. (2015). Bypassing birth centres for childbirth: an analysis of data from a community-based prospective cohort study in Negal. <i>Health Policy and Planning</i> , 30(1), 1–7. https://doi.org/10.1093/heapol/czt090		Quantitativ	pregnant women of 5 months or more gestation recruited from the community had access to local birth centres.	353 Maternal health	Place of delivery (bypassing birth centers)	Wealth; parity; complications; availability		Bypassers tended to be wealthy and have intrapartum complications, but the likelihood of bypassing apparently decreased by higher partly and frequent (four or more) antenata are visits. Availability of operating facility, adequay of medical supplies and equipment and competent health staff at the facility were the main reasons for their bypassing decision.	Individua); household; health facility
MH5	Khanal et al.: Factors associated with the utilization of postnatal care services among the mothers of Nepal: analysis of Nepal Demographic and Health Survey 2011. BMC Women's Health 2014 14:19	Nepal G	Qualitative	WRAS	4079 Maternal Health	PNC	Occupation, residence, place of delivery		43.2% reported attending postnatal care within the first six weeks of birth, while 40.9% reported attending immediate postnatal care	
MH6	Kunwar, D., Corey, E. K., Sharma, P., & Risal, A. (2015). Screening for postpartum depression and associated factors among women who deliver at a university hospital, Nepal. <i>Kothmandu University Medical</i> <i>Journal</i> , 13 (49), 44–48.	Bangladesh, Ghana, Kygyz Republic, and Nepal, C Those who delivered C at Dhulikel Hospital e		Postpartum women	- Maternal Health 100 Maternal health postpartum women	PNC postpartum depression	timing of check-up, place of delivery sociodemographic and sociocultural factors, and mother- related, pregnancy-related, and child related factors	Recommended: mothers with high risk should be routinely screened for postpartum depression.	The most recent MICS round 6 and DHS phase 7 have both included a days following birth, including cord examination, weight and temperature assessment, breastfeeding counseling and observation and counseling on syntherm that cause a mother to take a newborn to health care. Postpartum depression is common among Nepalese women and can be detected early in the postpartum periods; and many psychosocial factors like pregnany complications. Indart's health problems and vaginal delivery are associated with it.	
MH90 MH59 MH139	Feldhaus, I., LeFevre, A. E., Rai, C., Bhattarai, J., Russo, D., Rawlins, B., Thapa, K. [2016]. Optimizing treatment for the prevention of pre- eclampsia/eclampsia in Nepal: is calcium supplementation during pregnancy cost-effective? Cost <i>Bellowice Science and Resource Allocation :</i> <i>C/E</i> , 14, 13. https://doi.org/10.1186/s12962-016-0062-3 Keasley, J., Bickwedel, J., & Querby, S. (2017). Adverse effects of exposure to armed conflict on pregnancy: a systematic review. <i>BMJ Global Health</i> , <i>2</i> (4), e000377. https://doi.org/10.1136/bmigh-2017- 000377	e e Dailekh district a	economic analysis Literature	makers (pregnant women)	N/A Maternal health 13 studies Maternal health; neonatal health	Pre-eclampsia pregnancy outcomes.	Calcium supplementation during pregnancy impacts of exposure to armed conflicts on the pregnancy outcomes.	none mentioned	Calcium supplementation for pregnant mothers for prevention of PE/E provided with MgGO4 for treatment holds promise for the cost-effective reduction of maternal and neonatal mothdity and mortality associated with PE/E. evidence suggested an increase in the incidence of miscarriage, stillbirth, prematurity, congenital abnormalities, miscarriage and premature rupture of membranes among mothers exposed to armed conflict.	Health facility societal, environmental,
MHS3	Devkota, R., Khan, G. M., Alam, K., Regmi, A., & Sapkota, B. (2016). Medication utilization pattern for management of pregnancy complications: a study in Western Nepal. BMC Pregnancy and Childbirth, 16, 272. https://doi.org/10.1186/s12884-016-1068-8 Khanal, V., Zhao, Y., & Sauer, K. (2014). Role of antenatal care and iron supplementation during pregnancy in preventing low birth weight in Nepal: comparison of national surveys 2006 and 2011. Archives of Public Health = Archives Belges de Sante Publique, 72 (1), 4. https://doi.org/10.1186/2049-3258-72-4	Hospital, Nepal) e National level - Nepal a d d t t t t t t t t t t t t t t t t t	Quantitativ e Secondary		275 Maternal health 2845 Maternal health; neonatal health children (i.e. 923 children in 2006 and 1922 Children in 2011, who had low birth weight recorded)	Prescription of medications in response to complications Prevention of low birthweight of newborns	some of the socio-demographic and health related factors	Conclusion identified a need for targeted interventions aimed at decreasing the high rate o	Drugs prescribed to pregnant women said to be in keeping with safe prescriptions. Some teratogenic drugs prescribed Not attending antentaal care increased the odds of having a LBW infant by more than two times (DR 2.301; 95% Cl (1.262-3.471)). Mothers not consuming iron supplementation during their pregnancy were more likely to have LBW infants [OR 1.839; 95% Cl (1.282-2.363)]. Residing in the Far-western and Eastern region were also significant risk factors for LBW in the pooled dataset and in 2011 survey.	

	Morgan, A., Jimenez Soto, E., Bhandari, G., & Kermode, M. (2014). Provider perspectives on the enabling environment required for skilled birth attendance: a qualitative study in western Nepal. Tropical Medicine & International Health: TM & IH , 19 (12), 1457–1465. https://doi.org/10.1111/tmi.12390				22 SBAs; 1 FGD with 10 SBA			environment as: relevant training: ongoing professional support; adequate infrastructure, equipment and drugs; and timely referral pathways. All SBAs who practised alone felt unable to manage obstetric complications because quality management of life-threatening complications negatires the attention of more than one SBA. In Nepal, referral systems require strengthening, and the policy of posting SBAs alone, in remote clinics, needs to be	
MH153		Palpa	Qualitative			Provision of maternal healthcare services	Facility level (enabling environment for SBAs)	reconsidered to achieve the goal of reducing maternal deaths	Health facility
	Panday, S., Bissell, P., van Teijlingen, E., & Simkhada, P. (2017). The contribution of female community health volunteers (FCHVs) to maternity care in Nepal: a guilative study. <i>BMC Health Services</i> <i>Research</i> , <i>17</i> (1), 623. https://doi.org/10.1186/s12913-017-2567-7				selected and interviewed using semi- structured topic guides. In addition, four focus group discussions were held with 19	Provision of maternal healthcare	Variations between hill/terai	All study participants acknowledged the contribution of FCHV in maternity care. All FCHV reported that they shared key health messages through regularly heid mothers' group meetings and referred women for health checks. The main difference between the two study regions was the support available to FCHVS from the local health centres. With regular training and access to medical supplies, FCHVS in the hill villages reported activities such as assisting with childbirth, distributing medicines and administering pregnancy tests. They also reported activities innovative approaches to educate mothers. Such activities were not reported in Terain I hoth regions, alco of monetary incentives was reported as a major challenge for already overburdend volunters followed by a lack of education for	
MH160		Dhading; Sarlahi	Qualitative	providers	FCHVs Maternal health 9078 mothers	services	districts; looking at roles of FCHVs	FCHVs. C	Community
	Clarke, K., Saville, N., Shrestha, B., Costello, A., King, M., Manandhar, D., Prost, A. (2014). Predictors of psychological distress among postnatal mothers in rural Nepai: A cross-sectional community-based study. <i>1 Affect Disord</i> , <i>156</i> , 76–86. https://doi.org/10.1016/j.jad.2013.11.018			Mothers screened for distress	around six		Food insecurity, multiple births, C- section, perinatal health problems,	2.21 (95% confidence interval 143, 340)), having a multiple birth (2.28 (1.27, 4.01), carearean section (1.70 (0.29, 2.24)), perinatal health problems (1.58 (1.23, 2.02)), no schooling (1.37 (1.08, 1.73)), fever assets (1.33 (1.10, 1.60)), five or more children (1.33 (1.09, 1.61)), poor or no antenatal care (1.33 (1.15, 1.61)), poor or no antenatal care (1.31 (1.15, 1.61)), poor or no antenatal period (1.15 (1.02, 1.30)), having a husband with 110 schooling (1.17 (0.96, 1.43)) and lower matenal age (0.99, 0.97, 1.00)).	
MH48		Dhanusha	Quant	after delivery	weeks after delivery Maternal health	Psychological distress	education, ANC, parity, husband's education, age	Socioeconomic disadvantage; healthcare-seeking/RH; gender- N/A related factors and social norms linked with maternal distress I	Individual; HH
	Cederfeldt, J., Carlsson, J., Begley, C., & Berg, M. (2016). Quality of intra-partum care at a university hospital in Nepal: A prospective cross- sectional survey. Secural & Reproductive Healthcare : Official Journal of the Swedish Association of Midwives, 7, 52–57. https://doi.org/10.1016/j.srhc.2015.11.004							_	
MH44	intra-partum care at a university hospital in Nepal: A prospective cross- sectional survey. Sexual & Reproductive Healthcare : Official Journal of the Swedish Association of Midwives, 7, 52–57.	Nepal	Quant	NGO, government	292 Maternal health	quality of care		The management of care in normal birth could be improved in the studied setting, and there is a need for more research to support such improvement	health facility
MH44	Intra-partum care at a university hospital in Nepai: A prospective cross- sectional survey. Securel & Reproductive Healthcare : Official Journal of the Swedish Association of Midwines; 7, 52–57. https://doi.org/10.1016/j.srnc.2015.11.004 Benson, J., Healy, J., Dijkerman, S., & Andersen, K. (2017). Improving health worker performance of abortion services: an assessment of post	Nepal	Quant		292 Maternal health	quality of care		the studied setting, and there is a need for more research to	health facility
MH44 MH16	intra partum care at a university hospital in Nepal: A prospective cross- sectional survey. Sexual & Reproductive Healthcare : Official Journal of the Swedish Association of Midwise 7, 75–75. https://doi.org/10.1016/j.srhc.2015.11.004	Nepal			292 Maternal health 3471 Family planning: maternal health	quality of care quality of care for abortions	following training intervention	the studied setting, and there is a need for more research to support such improvement ! 1. Benson J, Healy J, Dijkerman S, Andersen K. Improving health worker performance of abortion services: an assessment of post- training support to providers in India, Nepal and Nigeria. Reprod Health [Internet]. 2017 Dec 21 [cited 2018 Jul 22];14(1):154. Available from: https://terpoductive-health- journal.biomedcentral.com/articles/10.1186/s12978-017-0416- 0 Overall, perceptuon of quality differed significantly by types of health facility used for delivery. They rated lowest the supplies	health facility health facility
	<ul> <li>Intra-partum care at a university hospital in Nepai: A prospective cross- sectional survey. Social &amp; Reproductive Healthcare : Official Journal of the Swedish Association of Midwives ; 7, 52–57. https://doi.org/10.1016/j.srhc.2015.11.004</li> <li>Benson, J., Healy, J., Dijkerman, S., &amp; Andersen, K. (2017). Improving health worker performance of abortion services: an assessment of post training support to providers in India, Nepal and Nigeria. Reproductive Health, 14 (1), 154. https://doi.org/10.1186/s12978-017-0416-0</li> <li>Karkee, R., Lee, A. H., &amp; Pokharel, P. K. (2014). Women's perception of</li> </ul>	Nepal		government NGO,			following training intervention	the studied setting, and there is a need for more research to support such improvement I 1. Benson J, Healy J, Dijkerman S, Andersen K. Improving health worker performance of abortion services: an assessment of post- training support to providers in India, Nepal and Nijerra. Reprod Health (Internet). 2017 Dec 21 (cited 2018 Jul 22):14(1):154. Available from: https://productive-health- journal.biomedcentral.com/articles/10.1186/s12978-017-0416- 0 Overall, perception of quality differed significantly by types of health facility used for delivery. They rated lowest the supplies and equipment in birth centres and the amenities and interpersonal aspects in the public hospital. Accordingly, attention to these aspects is needed to improve the quality.	
MH16	<ul> <li>intra partum care at a university hospital in Kepai: A prospective cross- sectional survey. Sexual &amp; Reproductive Healthcare : Official Journal of the Swedish Association of Midwives 7, 52–57.</li> <li>https://doi.org/10.1016/j.srhc.2015.11.004</li> <li>Benson, J., Healy, J., Dijkerman, S., &amp; Andersen, K. (2017). Improving health worker performance of abortion services: an assessment of poor training support to providers in India, Nepal and Nigeria. Reproductive Health, 14 (1), 154. https://doi.org/10.1186/s12978-017-0416-0</li> </ul>	Nepəl - India, Nepəl, Nigeria		government NGO, government Pregnant	3471 Family planning: maternal health	quality of care for abortions		1. Benson J, Healy J, Dijkerman S, Andersen K. Improving health worker performance of abortion services: an assessment of post-training support to providers in India, Nepal and Nigeria. Reprod Health Internet1, 2017 Dec 21 [cited 2018] ul 22];14(1):154. Available from: https://reproductive-health-journal-biomedcentral.com/article/s10.1186/s12378-017-0416-0 Overall, perception of quality differed significantly by types of health facility used for delivery. They rated lowest the supplies and equipment in birth centres and the amenities and interpersonal aspects in the public hospital. Accordingly, attention to these aspects is needed to improve the quality. Mean scores of total quality and sub-scales health facility and for health face delivery for women attending private hospital were higher (p < 0.002) than those using birth centre or public hospital users was lower (p < 0.001) than those using birth centre ediverged at private hospital and birth centre. However, perception on interpersonal aspects for women using public hospital amero birth entry for women using burb centre or public hospital and birth centre.	health facility
	Intra-partum care at a university hospital in Kepai: A prospective cross- sectional survey. Social & Reproductive Healthcare 2 (ficial Journal of the Swedish Association of Midwives , 7 , 52–57. https://doi.org/10.1016/j.srhc.2015.11.004 Benson, J., Healy, J., Dijkerman, S., & Andersen, K. (2017). Improving health worker performance of abortion services: an assessment of post training support to providers in India, Nepal and Nigeria. Reproductive Health , 14 (1), 154. https://doi.org/10.1186/s12978-017-0416-0 Karkee, R., Lee, A. H., & Pokharel, P. K. (2014). Women's perception of quality of maternity services: a longitudinal survey in Nepal. <i>BMC</i> <i>Pregnancy and Childbirth</i> , 14, 4. https://doi.org/10.1186/1471-2333.	Nepal - India, Nepal, Nigeria	Quant	government NGO, government Pregnant women Women			following training intervention Type of facility (priv vs. public)	1. Benson J, Healy J, Dijkerman S, Andersen K. Improving health worker performance of abortion services: an assessment of post-training support to providers in India, Nepal and Nigeria. Reprod Health Internet1, 2017 Dec 21 [cited 2018] ul 22];14(1):154. Available from: https://reproductive-health-journal-biomedcentral.com/article/s10.1186/s12378-017-0416-0 Overall, perception of quality differed significantly by types of health facility used for delivery. They rated lowest the supplies and equipment in birth centres and the amenities and interpersonal aspects in the public hospital. Accordingly, attention to these aspects is needed to improve the quality. Mean scores of total quality and sub-scales health facility and for health face delivery for women attending private hospital were higher (p < 0.002) than those using birth centre or public hospital users was lower (p < 0.001) than those using birth centre ediverged at private hospital and birth centre. However, perception on interpersonal aspects for women using public hospital amero birth entry for women using burb centre or public hospital and birth centre.	

Participants identified the essential components of an enabling

MH76	Joshi, C., Torvaldsen, S., Hodgson, R., & Hayen, A. (2014). Factors associated with the use and quality of antenatal care in Nepai: a population-bacet study using the demographic and health survey at <i>BMC Pregnancy and Childbirth</i> , 14, 94. https://doi.org/10.1186/1471- 2393-14-94	Nepal	Quantitativ e		4,079 mothers	Maternal health	Receiving 4 or more ANC; receiving quality ANC	SD factors; smoking; women's say in DM: husband's work outside of agriculture; modia exposure; where getting ANC		Half the women had four or more ANC visits and 85% had at least one visit. Health education, iron supplementation, blood pressure measurement and tetanus toxoid were the more commonly received components of ANC. Older age, higher parity, and higher levels of education and household economic status of the women were predictors of both attendance at four or more visits and receipt of good quality ANC. Women who did not smoke, had a say in decision-making, whose husbands had higher levels of education and were involved in occupations other than agriculture were more likely to attend four or more visits. Other predictors of women's receipt of good quality ANC were receiving their ANC from as Alled provider, in a hospital, living in an urban area and being exposed to general media.	Individual; couple; household; health facility
MH120	Ahmed, S. M., Rawal, L. B., Chowdhury, S. A., Murray, J., Arscott-Mills, S., Jack, S., Kuruvilla, S. (2016). Cross-country analysis of strategies for achieving progress towards global goals for women's and children's health. <i>Bulletin of the World Health Organization</i> , 94 (5), 351–361. https://doi.org/10.2471/BI.1.15.168450	1	Systematic Review	10 low and middle income countries that met MDG's early		Maternal health; child health	reducing maternal and child mortality rates	consistent and coordinated policy and programs		Reducing maternal and child mortality in the 10 fast-track countries can be linked to consistent and coordinated policy and programme inputs across health and other sectors.	societal/structural/politi cal
MH3 MH124	MOH9/UNFPA Lewis, S., Lee, A., & Simkhada, P. (2015). The role of husbands in maternal health and safe childbirth in rural Nepal: a qualitative study. <i>BMC Pregnancy and Childbirth</i> , <b>15</b> , 162. https://doi.org/10.1186/s12884-015-0599-8	National Gorkha district of Nepal.	Mixed Qualitative	wives, pregnant women, mothers in law, health workers	4277 Semi- structured, in-depth interviews were conducted with husbands (n = 17), wives (n = 15), mothers-in- law (n = 3), and health workers (n = 7)	Maternal Health Maternal health; child health	RH Morbidities Role of husbands in maternal healt	Age, literacy and CE group role of husbands in maternity care and safe childbirth, their perceptions of the needs of women and children, factors which influence or discourage their participation, and how women feel about male involvement around childbirth.	Recommendation: factors to be considered when health education for husbands is planned - Male involvement needs to be recognised and addressed in health education due to the potential benefits it may bring to both maternal and child health outcomes.	POP prevalence decreased from 10% in 2006 to 6.4% still very high. Conservative management of POP needs to be prioritized equally to surgical management > Need for focused strategy to increase awareness and identify women with OF. In rural Nepal, male involvement in maternal health and safe childbirth is complex and related to gradual and evolving changes in attitudes taking place. Traditional beliefs influence male novlement, ficulting the central role of women in the domain of pregnancy and childbirth. Husbands have a role to play in maternity care - they may be the only person available when a woman goes into labour. Considerable interest for the involvement of husbands was expressed by both expectant mothers and fathers but their role is shaped by their availability, cultural beliefs, and traditions. Although complex, expectant fathers (b have an important role in maternal health and safe childbirth.	Policy/structure Individuals, couples, households, society
	Godha, D., Gage, A. J., Hotchkiss, D. R., & Cappa, C. (2016). Predicting Maternal Health Care Use by Age at Marriage in Multiple Countries. <i>The Journal of Adolescent Health : Official Publication of the Society</i> <i>for Adolescent Medicine ,</i> 58 (5), 504–511. https://doi.org/10.1016/j.jadohealth.2016.01.001	Nepal (and other	Quantitativ		71					The results show a negative association between child marriage and maternal health care use in most study countries, and this association is more negative in rural areas and with higher orders of parity. However, the association between age at marriage and maternal health care use is not straightforward but depends on parity and area of residence and varies across countries. The marginal effects in use of delivery care services between women married at age 14 years or younger and those married at age 13 years or older are more than 10% and highly significant in	
MH64		countries)	e	women		Maternal health	service utilization	age of marriage		Bangladesh, Burkina Faso, and Nepal.	Couple; societal
MH137	Gopalan, S. S., Das, A., & Howard, N. (2017). Maternal and neonatal service usage and determinants in fragile and conflict-affected situations: a systematic review of Asia and the Middle-East. BMC Womer's Health, 17 (1), 20. https://doi.org/10.1186/s12905-017- 0379-x	Nepal (and other countries)	Lit review	Women; neonatal; policy- makers		Maternal health; neonatal health	Service utilization	Demand and supply side		Systematic lit review, including 2 articles from Nepal. Demand-side determinants of service-usage were transportation, female education, autonomy, health awareness, and ability-to-pay. Supply-side determinants included service availability and quality, existence of community health-workers, costs, and informal payments in health facilities. Evidence is particularly space on MMH in acutte crises, and remains limited in fragile situations generally.	Individual; household; health facility

 Ghimire PR, AghokE, Renzaho A, Nisha MK, Dibley M, et al. (2017)
 Access to antenatal care services and skilled birth attendants for women in the mountanous and hilly ecological zones of Negal is ecologi

MH63	Ghimire, P. R., Agho, K. E., Renzaho, A., Christou, A., Nisha, M. K., Dibley, M., & Raynes-Greenow, C. (2017). Socio-economic predictors of stillbirths in Neal (2001-2011). <i>PolS One</i> , 12(7). <i>PolS One</i> , 12(7). https://doi.org/10.1371/journal.pone.0181332 Self, J., Haardrfer, R., Stein, A., Pandey, P., Martorell, R., & Girard, A. W.	Nepal	Quantitativ e	Pregnancies at least 28 weeks gestation Mothers	18386	Maternal health	stillbirth	Socio-dem; health behaviors		Sellbirth increased significantly among women that lived in the hills ecological zones (aRR 1.38, 95% (C1.02, 1.87) or in the mountains ecological zones (aRR 1.71, 95% (C1.10, 2.66). Women with no schooling (aRR 1.72, 95% (C1.10, 2.66), women with primary education (aRR 1.81, 95% (C1.11, 2.77); coen defecation (aRR 1.48, 95% (C1.10, 2.18), and those whose majo occupation was agriculture (aRR 1.80, 95% (C1.11, 6, 2.78) are more likely to report higher stillbirth.	
MH12	(2013). How Uniter, Kr. Statell, N., Z. and K., T., Want Chen, K., & Oulsau, Z. W. (2015). How Does Homestead Food Production Improve Child Nutrition? Path Analysis of the AAMA Project in Nepal. FASEB JOURNAL, 29 (1). Goyet, S., Tamang, L., Alvarez, V. B., Shrestha, I. D., & Bajracharya, K. (2017, February). Progress and Analenges to introduce midwifery	Far west Nepal	Quantitativ e	with children 12- 48 months	2614	Child health; maternal health	Stunting (height-for-age); maternal and child hemoglobin		HKI AAMA Project	Agricultural inputs had strongest path; some concerns about intervention fidelity mentioned (but it was an abstract)	Household
MH65	education in Nepal. Lancet (London, England) . England. https://doi.org/10.1016/S0140-6736(17)30341-0	Nepal	Comment Secondary	Health workforce N/ married or DH		Maternal health	Training of midwives			Positive commentary on progress of training midwives to be SBA	Health facility
MH21	Malarcher, S., & Polis, C. B. (2014). Using measurements of unmet neee to inform program investments for health service integration. <i>Studiess in Family Planning</i> , 45 (2), 263–275. https://doi.org/10.1111/j.1728- 4465.2014.00388.x	l Nepal, Senegal and Uganda	analysis of DHS data (2010 or later)	cohabitating na women of lev reproductiv ho	ational	Family planning; reproductive health; maternal health	unmet need for contraception or FP		N/A	There might be missed opportunities to reach MWRA with unmet FP needs through integrated services such as prenatal care, postnatal checkups, vaccination appointments, etc.	individual, couple, houshold, health facility
мн166	Paudel, Y. R., Iha, T., & Mehata, S. (2017). Timing of First Antenatal Care (ANC) and Inequalities in Early initiation of ANC in Nepal. <i>Frontiers in Public Health</i> , 5, 242. https://doi.org/10.3389/fpubh.2017.00242 Morrison, J., Jacoby, C., Ghimire, S., & Oyloe, P. (2015). What affects Clean Delivery Kit utilization at birth in Nepal? A qualitative study. Asia- Pacific Journal of Public Health 27(2), NP126-72.	National (DHS)		4,148 4; wonen who w had a live ha birth during birth during Syears S) preceding pr	148 omen who ad a live rth during years receding	Maternal health	Use of ANC - timing	Education, wealth, caste, pregnancy wantedness		Overall, 20% of the women had started their first ANC at 4 month or carlier, Among participants who had never attended school, just more than half (52%) received first ANC at 4 months or earlier, while majority of participants (97%) who had received higher education received first ANC at recommended time. Similarly, 89% of those from richest quintile and 48% of those from poorest quintile received first ANC at recommended time. In adjusted analysis, women from richest wealth quintile were significantly more likely to initiate ANC early (AOR: 11.40 95% CI: 50: 52: 73) to initiate ANC early (AOR: 13.40 95% CI: 50: 52: 73) to initiate ANC early compared to women who had never attended school. Significantly lower odds of early ANC take up was observed among madhesi other caste (AOR: 0.56, 95% CI: 0.36: 0.90) compared to brahmin/c/hteri vomen. Women whose pregnany was unwarted were significantly men whose pregnany was unwarted were significantly up cours. First ANC at 4 months or early (AOR: 0.73, 95% CI: 0.36: 0.930) compared to thanhini/c/hteri vomen. Women whose pregnany was unwarted were significantly up cours. Furth women were less likely to have checkups as per guidelines. The findings suggest to a need of interventions to raise female education and improve economic status of households. Targeted interventions suitable to local context and culture are equally important. Increasing access to CDK users were aware of its benefits, and utilization was largely CDK users were aware of its benefits, and utilization was largely compatible with birth practices. Utilization were for home use.	
MH155	Pacific Journal of Public Health, 27 (2), NP1263-72. https://doi.org/10.1177/1010539512458950	6 districts	Qualtativo	attendants; household Dmers; central level 18		Maternal health: neonatal health	Use of clean delivery kit	Awareness: availability		Participants believed that CDKs were for home use. CONCLUSION: Poor promotion of CDK is related to the disjuncture of promoting CDK use, while encouraging institutional deliveries. If CDKs are made available and marketed for use in households and health institutions, utilization may increase.	Individual: health facility
CCTUIN	Hotchkiss, D. R., Godha, D., & Do, M. (2014). Expansion in the private sector provision of institutional delivery services and horizontal equity: evidence from Negal and Bangladesh. <i>Health Policy and Planning</i> , 29 Suppl 1, i12-9. https://doi.org/10.1093/heapol/czt062	o unstricts	Quantitative		ter views	materina illediti, illoiididi illediti	ose of clean delivery Aic	Awarentess, d¥dliduinty		Increase. The results of the study suggest that the expansion of private sector supply of institutional-based delivery services in Nepal and Bangiadesh has not led to increased horizontal inequity. In fact, in both countries, inequity was shown to have decreased over the study period. The study findings also suggest that the provision of government delivery services to the poor protects	Community; Health
MH71	Kozuki, N., Katz, J., Khatry, S. K., Tielsch, J. M., LeClerq, S. C., & Mullany, L. C. (2016). Community survey on awareness and use of obstetric ultrasonography in rural Sariahi District, Nepal. International Journal of Synaeocology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics, 134 (2), 126–130. https://doi.org/10.1016/j.ijgo.2016.01.015	Nepal and Banglades rural Sarlahi District, Nepal	h e	women	182	Maternal health Maternal health	Use of maternal health services Use of ultrasonography during pregnancy	expansion of private sector reproductive health, socioeconomic, and other characteristics that increased the likelihood of undergoing an obstetric ultrasonographic examination.	none mentioned	provision or government delivery services to the poor protects against increased wealth-related inequity in service use. Utilization of obstetric ultrasonography in nural Nepal was very limited. Odds of receiving an ultrasonographic examination were higher among women with post-secondary education than among those with none; for those whose husbands had post secondary education than those with none; and odds were lower among women younger than 18years than among those aged 18 34years.	facility individuals, couples, facility

Singh, J. K., Kadel, R., Acharya, D., Lombard, D., Khanal, S., & Singh, S. P. (2018). "MATRI-SUMAM" a capacity building and text messaging intervention to enhance maternal and child health service utilization among pregnant women from rural Nepal: study protocol for a cluster randomised concolled trial. *BMC Health Services Research*, *18* (1), 447. https://doi.org/10.1186/s12913-018-3223-5

MH127		Dhanusha	Quantitati e	v pregnant women	66,000 Maternal health; child health	utilisation of MCH services.	promotion of health seeking behaviour NA	Capacity development of health volunteers and text messaging to pregnant women through mobile phones have shown improved maternal and child health (MCH) outcomes and is associated with increased utilisation of MCH services. However, such interventions are uncommon in Nepal. We aim to carry out an intervention with the hypothesis that capacity building and text messaging intervention will increase the MCH service utilisation. Societa/struct	tural
MH34	Adhikari, R. (2016). Effect of Women's autonomy on maternal health service utilization in Nepal: a cross sectional study. <i>BMC Women's</i> <i>Health</i> , <i>16</i> , 26. https://doi.org/10.1186/s12905-016-0305-7	Nepal	Quant	Women	4,148 Maternal health	utilizing health services	woman autonomy	"This study found that many socio-demographic variables such as age of women, number of children born, level of education, ethnicity, place of residence and wealth index are predicators of utilizing the maternal health services (recent child. Notably, higher level autonomy was associated with higher use of maternal health services (adjusted odds ratio (aOR) =1.40; CI 1.18–1.65" household, soc	cietal
MH43	Bhandari, T. R., Sarma, P. S., & Kutty, V. R. (2015). Utilization of maternal health care services in post-conflict Nepal. <i>International</i> <i>Journal of Women's Health</i> , 7, 783–790. https://doi.org/10.2147/UWH.590556	Nepal	Quant	NGO, government	10,793 women in NDHS 2006 and 13,485 women in NDHS Maternal health	utilizing maternal health services	conflict in Nepal	The utilization of maternal health care services tended to increase continuously during both the armed conflict and the post-conflict period in Nepal	
МНЗВ	Arguello, M. A., Schulze, K. J., Wu, L. S., Dreyfuss, M. L., Khatry, S. K., Christian, P., & West, K. P. (2015). Circulating IGF-1 may mediate improvements in haemoglobin associated with vitamin A status during pregnancy in rural Nepalese women. Asia Pacific Journal of Clinical Nutrition, 24 (1), 128–137.	Nepal - rural areas	Quant	NGO, government	1186 Maternal health	Vit A levels	IGF-1, and Hb	health facility, "Increasing IGF-1 was likely one mechanism by which retinol societal/struct improved circulating Hb in pregnant women of rural Nepal," y	
	Aihara, Y., Shrestha, S., & Sharma, J. (2016). Household water insecurity, depression and quality of life among postnatal women living in urban Negal. 2008/NAC (JP WATR AND HEALTH., 14 (2), 317–324. https://doi.org/10.2166/wh.2015.166			postnatal				Multiple regression models showed that women with high levels	
MH35		Urban Nepal	Quant	women living in urban Nepal	267 Maternal health	water insecurity, depression, and quality of life	levels of stress from water insecurity	of stress derived from household water insecurity had greater odds of probable depression and lower physical HRQOL scores community, ho than did women with low HWIS scores. individual	ausehold,

				Mothers					
				participatin					
	Gram. L., Skordis-Worrall, J., Manandhar, D. S., Strachan, D., Morrison,			g in a				In original trial: At the end of the trial, a 30% reduction in	
				community				neonatal mortality and a 78% reduction in maternal mortality	
	J., Saville, N., Heys, M. (2018). The long-term impact of community			randomized				was observed in deliveries occurring in intervention compared to	1
	mobilisation through participatory women's groups on women's agency in the household: A follow-up study to the Makwanpur trial. PLOS ONE,			trial in 2001-				control clusters	
	13 (5). https://doi.org/10.1371/journal.pone.0197426			3 who were					
	13 (5). https://doi.org/10.1571/journal.pone.0197426			recruited for				Found no association between participation and agency at long-	
			Quantitativ	follow-up in				term follow-up. Suggest that agency may be a pre-req not a	Individual/Couple/house
MH66		Makwanpur district	e	2014	4030 Maternal health	Women's agency	Participation in a PLA intervention PLA women's groups	consequence	hold
	Thapa, S. B., & Acharya, G. (2017). Women's health is not in focus in								
	disaster zones: lessons from the Nepal earthquake. JOURNAL OF								
	FAMILY PLANNING AND REPRODUCTIVE HEALTH CARE , 43 (2), 92–93.		Commenta		Family planning; reproductive health;			Earthquake exacerbated health challenges for women; issues	Individual; community;
MH22	https://doi.org/10.1136/jfprhc-2016-101605	Nepal	У	Women	maternal health			with access and existing vulnerabilities were worsened	societal

Adams, V., Craig, S., Samen, A., & Bhatta, S. (2016). It Takes More than a Village: Building a Network of Safety in Nepal's Mountain Communities. *Maternal and Child Health Journal*, 20 (12), 2424–2430. https://doi.org/10.1007/s10995-016-1993-1

MH32	John, A. (2015). Towards midwifery education and regulation in Nepal.	Nepal - mountain communities	Theory / Description Commentar	NGO's working in MCH Midwives; policymaker		Maternal health	"This report describes and analyzes successful efforts to reduce maternal and infant mortality in a culturally satute, durable, and integratedway swellessempleconhonvationand success experienced by enacting the network of safety model" midwifery education, regulation, and professional associations	Community, Individual
MH74	The Practising Midwife , 18 (8), 24–26.	Nepal	У	s		Maternal health	are important for workforce strength in Nepal	Health facility
	Dangal, G., & Bhandari, T. R. (2016). Updates on maternal and child health. Kathmandu University Medical Journal , 14 (54), 94–95.						Reductions in MMR; birth attendance by SBA increased; challenges in access to reproductive healthcare; improvements in reducing child mortality and improving measles immunization; reducing neonatal deaths a continued challenge	
MH121		National	Editorial			Maternal health; child health	calls to improve targets to be more inclusive of hardest to reach populations - sex, age, ethnicity, disability, geographic location At the macro level, governance with effective and committed leaders was found to be vital for achieving positive health	Societal
	Samuels, F., Amaya, A. B., & Balabanova, D. (2017). Drivers of health system strengthening: Learning from implementation of maternal and child health programmes in Mozambigue, Kepal and Rwanda. Health Policy and Planning, 32(7), 101–1031. https://doi.org/10.1093/heapol/czx037		Case study; literature	Policy makers, donors and stakeholder s - related to maternal and child			outcomes. This was underpinned by clear commitment from donors coupled by a significant increase in funding to the health sector. At the mose lovel, where policies are operationalized, inter-sectoral partnerships as well as decentralization and task- shifting emerged as critical. At micro (service interface) level, community-centred models and accessible and appropriately trained and incentivized local health providers play a central role	Society/developed
MH126		Nepal	review	health N/A	A	Maternal health; child health	trained and incentivized local nearin providers play a central role in all study countries. LHW interventions; complementary to facility-based interventions; tasks in delivery of health promotion information and distribution of commodities were transitioned to CHWs to reach underserved populations.	policy; health facility;
	Haver, J., Brieger, W., Zoungrana, J., Ansari, N., & Kagoma, J. (2015).						In Nepai, trained FCHVs on additional things (FCHVs received an additional seven days of training focused on the intervention, which involved identifying pregnant women in their catchment area, providing prenatal counseling.	
	Experiences engaging community health workers to provide maternal and newborn health services: Implementation of four programs. International Journal of Gynecology and Obstetrics, 130 (S2), S32–S39.						and distributing misoprostol to women who were eight months pregnant for self-administration at home births.) Results showed that of the 840 post-intervention survey	
	https://doi.org/10.1016/j.ijgo.2015.03.006						respondents, 73.2% received misoprostol, and uterotonic coverage increased from 11.6% before the intervention to 74.2% after the intervention [44]. The most extensive improvements in uterotonic coverage	
							were	

CHWs/progr am

Nepal and other implemente countries Case study rs

Maternal health; neonatal health

trained CHWs could effectively deliver misoprostol for self-Health facility

were observed in the two lowest wealth strata. This successful pilot program added to the increasing body of evidence demonstrating that

obstetric complications and rural- none urban difference in cesarean delivery rate in Western Nepal. About one in five mothers reported some adverse obstetric symptoms. Obstetric problems were more common in the rural areas, whereas cesarean delivery rate was much higher in the urban areas.

		H	ealth behav	vior of inter	est: SBA		
Socio- ecological level	<b>Reference</b> number	Factor shown to be significantly associated with SBA	Location of study (specific district, region, or nationally)	Population where association found	Who not using services? Reasons not using services? Preferences for services? Trust in services?	,	What SBC intervention s really change behaviors
Individual							
				Women			
	MH162	Education, parity	National	giving birth	Socio-dem		

		He	ealth behav	ior of interest: SBA			
Socio- ecological level	Reference number	Factor shown to be significantly associated with SBA	••	Population where association found	Who not using services? Reasons not using services? Preferences for services? Trust in services?	How do culture, values, and norms influence health service utilization?	What SBC intervention s really change behaviors
Couple							
		Husband's occupation; GBV (only after controlling for HC access factors, not			Spousal	GBV associated once control for HC factors, but not once control for	
	MH162	SD factors)	National	Women giving birth	characteristics	SD factors	

			Health	n behavior of interes	t: SBA		
Socio- ecological level	Reference number	Factor shown to be significantly associated with SBA	Location of study (specific	Population where association found	Who not using services? Reasons not using services? Preferences for services? Trust in services?	How do culture, values, and norms influence health service utilization?	What SBC interventions really change behaviors
Family or							, , ,
household	МН83	Women's autonomy in decision- making (healthcare, visiting friends or relatives, household purchases and spending earned money)	National	Women giving birth	Autonomy in decision-making		
	MH146	Community- level intervention (addressing family support)	Bajhang, Dailekh and	Women giving birth	Family support		five-component intervention that addressed previously identified barriers to SBA services in mid- and worked with existing community groups and funds Family support; Financial assistance; Transport; Women-friendly environment at health facilities; SBA security
	MH146 MH162	Wealth	National	Women giving birth	Economic factors		security

		Н	ealth behav	ior of interest: SBA			
Socio- ecological level	Reference number	Factor shown to be significantly associated with SBA		Population where association found	Who not using services? Reasons not using services? Preferences for services? Trust in services?	How do culture, values, and norms influence health service utilization?	What SBC intervention s really change behaviors
Community							
	MH167	Road infrastructur e	National	Women giving birth	Infrastructure		
	МН146	Community- level intervention (addressing family support; financial assistance; transport; women- friendly environmen t in health clinics, and SBA security)	Bajhang, Dailekh and Kanchanpur	Women giving birth	Transportation; safety		five- component intervention that addressed previously identified barriers to SBA services in mid- and worked with existing community groups and funds Family support; Financial assistance; Transport; Women- friendly environmen t at health facilities;
		community- based newborn care					
		package			NOT SIGNIFICANT		
	MH164	(CBNCP)	National	Women giving birth	IMPACT		
	МН107	community- based health	Near	Women giving birth	NOT SIGNIFICANT IMPACT		

		Health behavi	or of intere	st: SBA			
Socio- ecological level	Reference number	Factor shown to be significantly associated with SBA	Location of study (specific district, region, or nationally)	Population where association found	Who not using services? Reasons not using services? Preferences for services? Trust in services?	How do culture, values, and norms influence health service utilization?	What SBC intervention s really change behaviors
Health facility or health							
system							five- component intervention that addressed previously identified barriers to SBA services in mid- and worked with existing community groups and funds
							Family support; Financial assistance; Transport; Women- friendly
		Community-level intervention (addressing women-friendly	Bajhang, Dailekh and				environmen t at health
	MH146	environment in health clinics) training; professional support; adequate infrastructure, equipment and drugs; and	Kanchanpur	Women giving birth	Provider-level		facilities;
	MH153	timely referral pathways; practicing alone in remote clinics	Palpa	SBAs	Provider-level; Availability; Policy		

	Health behavior of interest: SBA										
						How do					
						culture,					
			Location of		Who not using	values, and					
			study		services? Reasons	norms					
			(specific		not using services?	influence					
			district,		Preferences for	health					
Socio-ecological		Factor shown to be significantly	region, or	Population where	services? Trust in	service	What SBC interventions				
level	Reference number	associated with SBA	nationally)	association found	services?	utilization?	really change behaviors				
Societal, policy,											
structural, or											
environmental											
		Free birth delivery programme (short					free birth delivery				
	MH142	term, but not long term)	National	Women giving birth	Policy		programme				
							User-fee exemption not any				
							better than a cash incentive				
							only, unless somewhere				
							where road infrastructure				
	MH167	Cash incentive	National	Women giving birth	Policy		was good.				

											Relevant level(s) of the
			Study type:	Primary							socio-ecological model: individual, couple,
			Qualitative, quantitativ	audience(s)		Primary health areas of interest: Family planning and reproductive health;			Specific SBCC intervention component		household, community, health facility, or
	Title of	Geographical	e, or mixed	populations		maternal health; neonatal health; child		Primary predictors or	discussed/described (if		societal/structural/polic
Number	publication	location(s)	methods	of interest	sizes	health; adolescent health; nutrition	Specific health behaviors	explanatory variables of interest	any)	Major finding (Summarized in 1 sentence only)	У
								education, wealth, urban status, first		The knowledge of the SDIP was associated with nearly three-fold	
MH7	Peer reviewed publication	Noral	Quantitativa	MPAc	4.026	Maternal Health	Institutional delivery	birth, the number of antenatal care		increase in institutional delivery. Nearly 90% of the women who had delivered in the past five years knew about the SDIP.	Individual; household; community
IVIE 7	publication	Nepal	Quantitative	WRAs	4,030		Institutional delivery	visits, and exposure to news media		denvereu in the paschive years knew about the solr.	community
				ever-married							
				young women							
				(15–24 years of age) who						inequality exists in the use of institutional delivery among young	
				had had at least one						married women in Nepal. Several factors were associated with and influenced young women's use of institutional delivery. Among all	
MH9	Peer reviewed publication	Nepal	Quantitative	birth in the 5 years	1662	Maternal health	Institutional delivery	decision-making autonomy, accessibility		factors, receipt of an adequate number (at least four) of ANC visits had a strong and positive association with the use of institutional delivery.	Individual; family; health facility
								Place of residence, occupation,		institutional delivery was uniform for both teenage and non-teenage	
MH11	Peer reviewed publication	Nepal	Quantitative	Teenage mothers	381	Maternal health	Institutional delivery	socioeconomic status, and frequency of ANC visits		mothers, the association with educational status, parity, birth preparedness and women autonomy was significant only for non-	Individual; household; community
		Duwakot Health Demographic		who delivered	434 women delivering			ANC; use of transport to reach		bus, taxi, motorcycle) to reach a health facility were more likely to access institutional delivery.	
MH45		Surveillance Site	Quant			Maternal health	Institutional delivery	facility;	N/A	to access institutional derivery.	Health facility

	National - in demographic surveillance sites in Bangladesh, Nepal,	Pregnar	: 52750		household asset index, maternal schooling, maternal age, and		Institutional delivery increased with wealth and education; In Bangladesh and urban India, the proportion of deliveries in the private sector increased with wealth, maternal education, and age. The opposite	
MH49	and India	Quant women	deliveries Maternal health	Institutional delivery	parity	N/A	was observed in rural India and Nepal.	Individual; household
	Eastern Nepal -	Women deliveri	g m		media, ethnicity, women's		The study revealed that women exposed to media had higher chance of receiving four or more ANC visits with an adjusted odds ratio (a0R = 3.5, 59% c1: 12-10.1) in comparison to women who did not. Women from an advantaged ethnic group had more chance of having 4ANC visits than respondents from a disadvantaged ethnic group ( $a0R = 2.4, 95\%$ c1: -16-0.1) Similarly, women having a higher level of autonomy were nearly three times more likely ( $a0R = 2.3, 95\%$ c1: 1.15-5.6) and richer women were twice ( $a0R = 2.3, 95\%$ c1: 1.15-3.3) as likely to have at least 4ANC visits compared to women who had a lower level of autonomy and were economically poor. CONCLUSION: Being from disadvantaged ethnicity, lower women's autonomy, poor knowledge of maternal health service and incentive upon completion of ANC, less media exposure related to maternal health service, and lower wealth rank were significantly associated with fewer than the recommended 4ANC vists. Thus, maternal health programs need to address such socio-cultural	
MH50	Sunsari	Quant last yea	372 women Maternal health	ANC	autonomy; wealth; knowledge	N/a	barriers for effective health care utilization.	Individual; household
MH55	Jhorahat VDC, Morang district, Nepal	Mixed methods Mother:	93 mothers; 2 FGDs with decision- makers and FCHVs; Maternal health	Institutional delivery	Socio-demographic factors; ease/convenience; safety		Ease/convenience associated with home delivery; safety associated with institutional delivery, "there was a significant association between caste, education of mothers, education of spouse, occupation of spouse, per capita income, time to reach the nearest health center, parity, previous place of delivery, number of antenatal visit, knowledge about place of delivery, planned place of delivery, and place of delivery."	Individual; couple; household; health facility
МН56	National (DHS) - compares across south asia	Women having r Quantitative birth	ven Maternal health	Institutional delivery	ANC visits (timing and # of visits; specific ANC procedures received)		Stronger association between specific ANC procedures received and institutional delivery than between timing/# of visits and institutional delivery (Across settings)	Individual
МН58	National (DHS)	Individu having Quantitative deliveri	ıls nal	Institutional delivery	Incentive programs (financing initiatives)		The beneficial impact of maternal financing policies in Nepal is skewed towards areas and households that are geographically more accessible and wealthy.	Policy

МН61	Kailali district	Quantitative	Mothers giving birth in past 5 years	500	) Maternal health	Institutional delivery	Socio-dem factors; health status; ANC visits;	Primiparity, having a secondary or higher education level, living in the Durgauli village, having husbands with occupations other than agriculture or professional/technical jobs, and having attended four or more antenatal care (ANC) visits had significantly increased use of institutional deliveries. Also, belonging to the richest 20% of the community and having experienced pregnancy complications were marginally significantly associated.	Individual; couple; community
MH70	Nepal	Quantitative	Community level		Maternal health	Institutional delivery	Factors that influence health behaviors; distance to facilities; mother's birth history	The mean coverage of facility-based deliveries was 18.6 and 36.3 % in the mountains region and the rest of Nepal, respectively. Between 54.8 and 74.1 % of the regional coverage gap was explained by differences in observed characteristics. Factors influencing health behaviours (provided by mothers' education, TV viewership and tobacco use, and household wealth) and subjective distance to the health facility were the major factors, contributing between 52.9 and 6.2.5 % of the disparity. Mothers' birth history was also noteworthy.	
MH73	Nepal and other countries	Quantitative	Women in DHS (and	Varies	Maternal health	Institutional delivery	Horizontal inequities	The decomposition analysis revealed that facility delivery is driven mostly by the social determinants of health rather than the individual health risk. Household socioeconomic condition, parental education, place of residence and parity emerged as the most important factors.	Individual; household; community
MH75	Nepal and other countries	Quantitative		Varies	Maternal health	Institutional delivery	Absolute income vs. wealth	Information on income allowed identification of countries - such as Burkina Faso, Cambodia, Egypt, Nepal and Rwanda - which were well above what would be expected solely from changes in income. Conclusion: Absolute income is a better predictor of SBA and institutional delivery coverage than the relative measure of quintiles of wealth index and may help identify countries where increased coverage is likely due to interventions other than increased income.	household
мн77	Mugu	Quantitative	Mothers	275	Maternal health	Institutional delivery	Access; media; parity; preferences; perceived quality of care	Multivariate logistic regression analysis showed that women who resided within 1 h distance from the birthing centre, had adequate mass media exposure or had only one child were more likely to deliver in hospital. Reasons for non-institutional delivery (n = 178) were related to geographical access (49%), personal preferences (18%) and perceived poor quality care (4%). Mothers who accessed institutional delivery (n = 97) also reported difficulties related to travel (60%), costs (28%), dysfunctional health system (18%) and unfriendly attitudes of the health-care providers (7%).	Individual; household; health facility

мн79	central hills district of Nepal	Quantitative	Pregnant women with more than 5 mo gestation		Matemal health	Institutional delivery	Knowledge of obstetrics; Birth Preparedness and Complication Readiness program;	Birth Preparedness and Complication Readiness program	In particular, women who acknowledged that unexpected problems could occur during pregnancy and childbirth were more likely (odds ratio [OR] 5.83, 95% confidence interval [CI] 2.95-11.52) to deliver at a health facility than others unaware of the possible consequences. Similarly, women who knew any antepartum danger sign (OR 3.26, 95% CI: 1.17-3.98), any intrapartum danger sign (OR 3.47 95% CI: 1.03-6.25), tended to deliver at a health facility.	Individual
MH80	Kaski	Quantitative	pregnant women of 5 months or more gestation recruited from the community had access to local birth centres.	353	Maternal health	Place of delivery (bypassing birth centers)	Wealth; parity; complications; availability		Bypassers tended to be wealthy and have intrapartum complications, but the likelihood of bypassing apparently decreased by higher parity and frequent (four or more) antenatal care visits. Availability of operating facility, adequacy of medical supplies and equipment and competent health staff at the facility were the main reasons for their bypassing decision.	Individual; household; health facility
МН81	Nepal	Quantitative	Subset of ever- married women	4079	Maternal health	Institutional delivery	antenatal care visits and birth preparedness activities;		low ANC; low facility delivery; low birth prep activities After adjusting for external, predisposing and enabling factors, women who made more than four antenatal care visits were five times more likely to deliver at a health facility when compared to those who paid no visit (adjusted OR 4.94, 95% CI 3.14 to 7.76). Similarly, the likelihood for facility delivery increased by 3.4-fold among women who prepared for at least two of the four activities compared to their counterparts who made no preparation (adjusted OR 3.41, 95% CI 2.01 to 5.58).	Individual

			Qualitation	D	ac in denth	Adapta search is a fair		Quell'has ferra land have	December 1 at 1 at 1	Mensor did as to a the second second blacking sectors	Line Jahr Constitution
	Barriers to			Pregnant		Maternal health		Quality of services, human	Recommendation:	Women did not use the services at rural birthing centers	Health facility;
	itilization of	Rukum district, Nepal		women,	interviews			resources, governance, health	awareness-raising	because of systematic and contextual barriers. Irregular and	community; societal
	hildbirth			their	with service			system challenges, geography,	activities, local resource	poor quality services, inadequate human and capital resources,	
	ervices of a			families,	users and			birth preparedness, cultural	mobilization, ensuring	and poor governance were health system challenges which	
	ural birthing			health	providers,			practices and traditions		prevented service delivery. Contextual barriers including	
	enter in			workers at	and three					difficult geography, poor birth preparedness practices, harmful	
	lepal: A			birthing	focus group				long-term infrastructure	culture practices and traditions and low level of trust were also	
	ualitative			centers	discussions				development works could	found to contribute to underutilization of the birthing center.	
st	tudy.				with				improve the quality and		
					community				utilization of childbirth		
					key				services in the rural		
					informants				birthing center.		
					in a rural						
					community						
					of Rukum						
					district. The						
					Adithya						
					Cattamanch						
					i logic						
					model was						
					used as a						
					guiding						
					framework						
					for data						
MH86					analysis.		Institutional delivery				
MH98			Quantitative and qualitative	Postpartum women	2 groups - 77 and 133	Maternal health	Institutional delivery	Implementation of comprehensive emergency obstetric care; beliefs about safety; preferences; income		emergency obstetric care implementation (from 30 to 77%, OR 7.7) at both hospital (OR 2.5) and low-level facilities (OR 4.6, $p < 0.01$ for all). The logistic regression indicated that comprehensive emergency obstetric care availability (OR 5.6), belief that the hospital is the safest birth location (OR 4.4, 8), safety prioritization in decision-making (OR 7.7), and higher income (OR 1.1) predict institutional birth ( $p < = 0.01$ for all). Qualitative analysis revaeled comprehensive emergency obstetric care awareness, increased social expectation for institutional birth, and birth planning as important factors. The institutional birth rate for the hospital's catchment area population was calculated to be 0.30 (54 home births, 23 facility births). Institutional birth amore likely as ged decreased (ORs in the range of 1.38-1.45). Institutional birth among women who owned land was less likely (OR e 0.82, [0.71, 0.92]). Ninety	Individual; household; health facility; societal
мнээ			Quantitative and qualitative	Postpartum women		Maternal health	Institutional delivery	Age, income, land ownership ; beliefs (safety, distance)		percent of participants in the institutional birth group identified safety and good care as the most important factors determining location of birth, whereas 60 % of participants in the home birth group reported distance from hospital as a key determinant of location of birth. Qualitative analysis elucidated the importance of social support, financial resources, birth planning, awareness of services, perception of safety, and referral capacity in achieving an institutional birth. most said hospital safest, even if they didn't go	Individual; household; health facility

	1		1			1					1
	Factors										
MH104	institutional delivery in rural Chitwan district of Nepal: a community- based cross- sectional study.	Chitwan, Nepal	Qualitative			Maternal health	Institutional delivery			With multiple incentives present, the decision to deliver in a health facility is affected by a complex interplay of socio-demographic, socio-cultural, and health service-related factors	Policy/structure
MH105	Barriers and facilitators to institutional delivery in rural areas of Chitwan district, Nepal: a qualitative study	Nepal	Mixed	MWRAs, husband, CHW, HWs	-	Maternal health	Institutional delivery	access, decisions and support		Despite much progress in recent years, this study revealed some important barriers to the utilization of health services; while suggesting that a combination of upgrading birthing centres and strengthening the competencies of health personnel while embracing and addressing deeply rooted family values and traditions can improve existing programmes and further increase institutional delivery rates.	family; facility
MH111	An Analysis of Factors Linked to the Decline in Maternal Mortality in Nepal	National (NDHS 96, 01, 06 & 11)	Quantitative	MWRAs	18,130	Maternal health	Institutional delivery; ANC	SBA, Access, age, education and CE group	NA	There was a significant increase from 72.5% to 83.5% in the proportion of women delivering between the ages of 20–30 years, with fewer women delivering at high risk ages (.20 and \$35 years). Fertility dropped gradually significantly, proportion of women having attended at least secondary school increased nearly four-fold from 9.7% to 36.0%	Structural/policy
	Contribution of Nepal's										
MH118	Free Delivery Care Policies in Improving Utilisation of Maternal Health Services		Quant	NGO, government	16 837 births	Maternal health, neonatal health	Institutional delivery; ANC	Nepal Free Delivery Care Policies		Results from this study suggest that MIS and Aama policies have had a strong positive influence on the utilisation of 4 ANC visits and institutional deliveries in Nepa	Policy

							r	r	1		1
	Paternal										
	Factors and										
	Inequity										
	Associated										
	with Access to				1		1		1	Results from this study suggest that MIS and Aama policies have	
	Maternal								1	had a strong positive influence on the utilisation of 4 ANC visits	
	Health Care								1	and institutional deliveries in NepaPaternal factors like age,	
	Service								1	household wealth, number of children, ethnicity, education,	
	Utilization in		1	1	1				1	knowl- edge of danger sign during pregnancy, and husband's	
	Nepal: A		1	1	1				1	decision making for seeking mater- nal and child health care are	
	Community									crucial factors associated to maternal health service utilization.	
	Based Cross-									Results from this study suggest that MIS and Aama policies have	couple, household,
	Sectional			NGO,						had a strong positive influence on the utilisation of 4 ANC visits	community, health
MH119	Study	Nepal	Quant	government	2200	Maternal health, neonatal health	Institutional delivery; ANC			and institutional deliveries in Nepa"	facility
MH119		Nepai	Quant	government	2200	Maternal nealth, neonatal nealth	Institutional delivery; ANC			and institutional deliveries in Nepa	racility
	Effects of										
	women's										
	groups										
			1	1	1				1		
	practising		1	1	1				1		
	participatory								1		
	learning and		1	1	1				1		
									1		
	action on								1		
	preventive								1		
	and care-								1		
									1		
	seeking		1	1	1				1		
	behaviours to								1		
	reduce								1		
			1	1	1				1		
	neonatal										
	mortality: A		1	1	1				1		
	, meta-analysis				Ranging				1		
									1		
	of				between				1		
	cluster-				6,125 and				1	Women's groups practising PLA improve key behaviours on the	
	randomised	India, Bangladesh,		Woman's	29,901 live				1	pathway to neonatal mortality, with the strongest evidence for	
141150		Nepal, Malawi	Qualitation			Neepetal health, maternal health	ANC: home care helpsviers		1		Individual, household
MH150	trials	ivepal, Malawi	Qualitative	Bronb	births	Neonatal health; maternal health	ANC; home care behaviors			home care behaviours and practices during home deliveries.	Individual; household
	1		1	1	1				1		
	1		1	1	1				1		
	1		1	1	1				1		
					1				1		
	Ecological and								1		
	socio-		1	1	1				1		
	demographic				1				1		
			1		1				1		
	differences in		1	MWRAs	1				1		
	maternal care							1			
	services in			(given birth						socio-economic and demographic factors associated with ANC	
A411114											
MH114	A1	Madanal	O	within last 3		Adda and a la salah	ANC Cofe dellarge	5		and safe delivery services across the three ecological zones in	
	Nepa	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status		Household; community
	Nepa	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Nepa	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Nepa	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Nepa	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Nepa	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Nepa	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Nepa	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	<u>Nepa</u>	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	<u>Nepa</u>	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	<u>Nepa</u>	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Nepa	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	<u>Nepa</u>	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	<u>Nepa</u>	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Nepa	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Nepa	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Nepa	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Nepa	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Nepa	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Nepa	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
		National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Measuring	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
		National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Measuring What Works:	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Measuring What Works: An Impact	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Measuring What Works: An Impact Evaluation of	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Measuring What Works: An Impact	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Measuring What Works: An Impact Evaluation of Women's	National	Quantitative	within last 3		Maternal health	ANC, Safe delivery	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in	Household; community
	Measuring What Works: An Impact Evaluation of Women's Groups on	National	Quantitative	within last 3		Maternal health		Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in Nepal	Household; community
	Measuring What Works: An Impact Evaluation of Women's Groups on Maternal	National	Quantitative	within last 3		Maternal health	Institutional delivery; Antenatal	Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in Nepal Health promotion intervention had a positive effect on the	Household; community
	Measuring What Works: An Impact Evaluation of Women's Groups on Maternal	National	Quantitative	within last 3		Maternal health	Institutional delivery; Antenatal	Exposure to public messaging		and safe delivery services across the three ecological zones in Nepal Health promotion intervention had a positive effect on the	Household; community
MH107	Measuring What Works: An Impact Evaluation of Women's Groups on	National	Quantitative	within last 3	7069	Maternal health		Exposure to public messaging	Socio-economic status	and safe delivery services across the three ecological zones in Nepal	Household; community

							le se se le rele				
	Sustaining progress in					Maternal health; child health	Institutional delivery; Breastfeeding; Immunization	Earthquake	N/A	Correspondence highlighting importance of earthquake on influencing health servies and need to invest to ensure that	Health facility; environmental
	progress in maternal and						breastreeding; immunization			women and children's access to services (maternal,	environmentai
	child health in									immunization) are not affeted	
	Nepal.				1			1		minumzation, die not dileteu	
	Nepai.										
MH123											
IVIH123	Utilization of	Kapilvastu District of	Quantitative	Mothors of	190	Maternal health; child health	Institutional delivery; factors	Mothers's education,	None decribed	The immunization program coverage was high, whereas	Individual, family,
	maternal and	Nepal.	- cross	children	mothers	watemai fieditii; tillu fieditii	associated with utilization of	caste/community, geographical	None decribed	maternal health service utilization remained poor; initiation of	household level
	child health	Nepai.	sectional	under 2	having		maternal and child health services	location, home or facility-based		breastfeeding within an hour of birth was low (45.3%) and	nousenoiu ievei
	services in		sectional survey	vears	children of		maternal and child health services	delivery			
			survey	years				delivery		63.2% had practiced exclusive breastfeeding; 69.5% of	
	western rural Nepal: a cross-				aged 12-23 months					respondents delivered their child at home and 39.5% sought	
					months					assistance from health workers; mothers who did not have any	
	sectional									education, mothers from Dalit/Janjati and the Terai origin were	
	community-									less likely to deliver at the health facility and to seek the	
	based study.									assistance of health workers during childbirth.	
					1			1			
					1			1			
A4111.2.2		1									
MH122											
		1									
		1			1			1			
		1			1			1		the second and the second s	
		1			1			1		we found an improvement in population-level indicators linked	
		1		D						to reducing maternal and infant mortality: receipt of four	
		1		Pregnancies						antenatal care visits (83 percent to 90 percent), institutional	
		1		in the distrit			In additional and the line of the set			birth rate (81 percent to 93 percent), and the prevalence of	
		1		during a	F 44 -4		Institutional delivery; Use of	della su efferencia e della della		postpartum contraception (19 percent to 47 percent). The	
		A	Que a l'hant's	period of	541 at	Advances of the solution		delivery of care via public-private	Dublis advets and set	intervention cost \$3.40 per capita (at the population level) and	Line Jak Kendilan
MH97		Accham	Quantitatie	time	follow-up	Maternal health	rate; PPFP	partnership	Public-private partnership	\$185 total per pregnant woman who received services.	Health facility

					46 B U						
		national level - Nepal			457 live-	Maternal health; neonatal health	Intitutional delivery; SBA	Impact of free birth delivery	none	Nepal introduced free delivery services for births in public	policy makers, health
	evaluation of		anaylsis of		irths			programme on place of delivery,		facilities in 2005 in 25 districts with the intervention initially	facilities
	free delivery		data		eported			the presence of skilled birth		restricted to women with less than two living children and/or	
	care on				etween			attendants (SBAs) and neonatal		women with obstetric complications. After November 2007,	
	maternal				001 and			mortality		eligibility conditions were relaxed to include all women, and the	
	health service			20	008 from					programme was later expanded to cover an additional 50	
	utilisation and			N	lepal					districts in December 2008. Programme effects on use of public	
	neonatal			D	emographi					facilities for births and deliveries attended by SBAs were not	
	health in				and Health					sustained over a longer exposure period. The results on	
	Nepal.			SI	urveys for					neonatal mortality persisted with longer programme exposure,	
					006 and					although the effects were smaller in magnitude.	
					011.						
					011.						
MH142											
	Marital status										
	and abortion										
	among young										
	women in									"Findings highlight the need for providing sexual and	
				NGO,							e e cietal (etructural /n eliti
	Rupandehi,	Dunandahi Manci	Quant		c ~~	Mataraal boolth	Abortion	marital status			societal/structural/politi
	Nepal Barriers and	Rupandehi, Nepal	Quant	government	600	Maternal health	Abortion	marital status		women regardless of marital status"	cal
	facilitators to										
	the quality										
	use of										
	essential										
	medicines for										
	maternal									The diagram highlighted the complexity between and within	
	health in									each health-system level that must function to ensure the	
		Mongolia, Nepal,								availability, access, and appropriate use of medicines. The	
	countries: An	Laos, DPRK, the								specific facilitators and barriers identified should guide the	
	Ishikawa	Philippines, Vanuatu,					access to and use of essential			development of tailored intervention programs to improve and	
			Quantitative	MANA/RAC 7	reports	Maternal health	medicines			expand the use of these life-saving medicines.	Policy/structure
ivir1113	II aITIEWULK	ure solomon isiand	Quantitative	IVIV/RAS /	reports	waternai fieditii	medicines	ļ	1	expand the use of these me-saving meditines.	roncy/structure

	Reproductive health care and family planning among women in Nepal.	Nepəl	population- based, cross-	reproductiv e age,	876 female interviewee s were of reproductiv e age (12- SOyears).	Maternal health	needs, and barriers to receiving reproductive health care	Maternal education was the strongest predictor of delivering exclusively in a healthcare facility. Odds of having a cesarean delivery were doubled by urban living. Predictor of using contraception was a history of having given birth	none	Reproductive healthcare disparities for women are manifold. Education for women appears to be a significant determinant of accessing reproductive health care.	individuals, health facilities
MH4	Peer reviewed	Nepal	Quantitative	WRAs	4079	Maternal Health		Older age, higher parity, and higher levels of education and household economic status		Half the women had four or more ANC visits and 85% had at least one visit. Health education, iron supplementation, blood pressure measurement and tetanus toxoid were the more commonly received components of ANC	Couple/household
	Health care for women International	Nepal		pregnant women	DHS national level household surveys (2011)	Maternal health		uptake of ANC (# of ANC visits), SES, geography	N/A	SES, geography and sociocultural factors have a direct impact on whether pregnant access ANC services	AII

Image: Second										
Influence of lamity williactor of maternal A babt cree is does and date gregouts women in Reference in status     Influence of lamity women in Reference is does in the internal is does in the internal is does in the internal is does internal is does in			Nepal	analysis of DHS (2001, 2006, 2011) and MICS5		Maternal health	ANC	SES	N/A the rate of facility delivery increased from 7% to 44%. However, SES still influences gap as lower SES women 6 times more likely	All
Iminy       Iminy <td< td=""><td>MH96</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	MH96									
Artical       sectional       sectional       involvement is crucial as a strategy to improve maternal health       involvement is crucial as a strategy to improve maternal health         MH128       Audy		family members on utilization of maternal health care services among teen and adult pregnant women in Kathmandu,							utilize ANC and delivery care but husbands were more	
determinants       of antenatal       seterminants       seterminants <td< td=""><td>MH128</td><td>sectional</td><td></td><td></td><td>315</td><td>Maternal health; child health</td><td>ANC</td><td>Age cohort</td><td>involvement is crucial as a strategy to improve maternal health</td><td>Individual/family</td></td<>	MH128	sectional			315	Maternal health; child health	ANC	Age cohort	involvement is crucial as a strategy to improve maternal health	Individual/family
MH103 countries Uganda Quantitative MWRAs used) Maternal health ANC visits status, religion across most of the countries we studied. Family/policy		determinants of antenatal care utilization: analysis of national survey data in seven countdown	Cambodia, Cameroon, Nepal, Peru, Senegal and		(DHS data				wealth statuses, educational backgrounds and places of residence need to be considered at the policy- making level	

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MH46	Low compliance with iron- folate supplementati on among postpartum mothers of Nepal Demographic and Health Survey 2011	National	Secondary analysis of Nepal DHS 2011	baby in past	respectively Maternal health	ANC; SBA Anemia prevention in the postnatal period	Intervention ; intervention and control communities SD factors; ANC; facility delivery; receipt of postnatal care	five-component intervention that addressed previously identified barriers to SBA services in mid- and far- western Nepal (not sure if SBCC or not)	The 1-year intervention was effective in increasing the use of skilled birth care services (OR = 1.57; Cl 1.19-2.08); however, the intervention had no effect on the utilization of ANC services. Calls for improved quality of care, longer interventions, mobilizing community groups more, having more human resources for the intervention Mothers who had higher and secondary education [adjusted Odd ratio (aOR) 3.101; 95% Cl (2.268-4.240)]; had attended four or more antenatal care visits [aOR 9.406; 95% Cl (5.255-15.38)]; lived in Far-western development region [aOR 1.822; 95% Cl (1.387-2.395)]; delivered in health facility [aOR 1.335; 95% Cl (1.357-1.637)]; and attended postnatal care [aOR 2.348; 95% Cl (1.859-2.965)] were more likely to take iron for 45 days of postpartum.	Health facility Individual; community
MH28	Impact of mass media on the utilization of antenatal care services among women of rural community in Nepal	Dhanusha District Nepal	Quant	rural women of children under 1	205 Maternal Health	Antenatal Care	exposure to mass media campaign		Mass communication exposure was correlated with positive pre- natal behaviors	individual, societal
мнзо	Correlates of institutional deliveries among teenage and non-teenage mothers in Nepal Pawan	Nepəl nationwide	Quant	teenage mothers	5391 Maternal health	Intitutional delivery	socio-ecoonic status, teenage pregnancy, institutionalize delivery		Teenage mothers more likely to have institutionalized birth than non-teenage mothers. Socioeconomic factors had significant role in teenage mothers who were institutionalized during birth and those who weren't. Place of residence, occupation, socioeconomic status, and frequency of ANC visits were associated with institutional delivery in both the teenage and non-teenage mothers. However, educational status, parity, birth preparedness and women autonomy had statistically significant association with institutional delivery among the non-teenage mothers only.	individual, household; community

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				Mothers,							
				who had							
				delivered							
	Factors associated	Kavrepalanchowk(		their child between 15							
		Meche,		July 2010							
		Chatrebanjh,Patlekhe		and 14 July			antenatal care visits during last			Antenatal care service utilization of four or more times was	
MH108	rural Nepal	t VDC)	Quantitative	2011	240	Maternal health	pregnancy		NA	significantly associated with the practice of institutional delivery	Policy/structure
	Antenatal						Antenatal Health Care Service				
	Health Care						Utilization				
	Service Utilization in										
	Slum Areas of										
	Pokhara Sub-										
	Metropolitan										
MH106	City, Nepal.	Pokhara	Quantitative	MWRAs	400	Maternal health		Planned pregnancy & Age	NA	Planned pregnancy and age group 20-34 had more ANC	Individual
	Birth										
	Preparedness										
	and										
	Complication										
	Readiness (BPCR)										
	interventions										
	to reduce										
	maternal and			pregnant							
	neonatal mortality in			women received							
	developing			BPCR	14					exposure to BPCR interventions was associated with a	
	countries:				randomized					statistically significant reduction of 18% in neonatal mortality	
	systematic			s in	studies (292			birth preparedness and		risk (twelve studies, RR = 0.82; 95% CI: 0.74, 0.91) and a non-	
	review and			developing	256 live	Adaptation of the solution	antenatal, intrapartum, postpartum		Home Visits, women	significant reduction of 28% in maternal mortality risk (seven	Characterization (
MH112	meta-analysis	NA	Quantitative	countries	births)	Maternal health	care and neonatal care	behaviours.	Group sessions	studies, RR = 0.72; 95% CI: 0.46, 1.13)	Structural/policy

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	Kathmandu Women's Autonomy and Skilled Attendance During	<u>Quantitative</u> Secondary analysis - 2011 Nepal DHS data	307 antepartu stillbirths. Pregnant attendants	n <u>Maternal health</u> Maternal health	Antepartum stillbirth association between women's autonomy and skilled attendance during pregnancy and delivery	SD, previous stillbirth, ANC visits, poverty, maternal health Women's autonomy was assessed on the basis of four indicators of decision making: healthcare, visiting friends or relatives, boursehold nurchases and	none discussed but recommendation could be to look at improving women's autonomy	An association was found between the following risk factors and antepartum stillbirth: increasing maternal age (aOR 1.0, 95 % CI 1.0-1.1), less than five years of maternal education (aOR 2.4, 95 % CI 1.7-3.2), increasing parity (aOR 1.2, 95 % CI 1.0-1.3), previous stillbirth (aOR 2.6, 95 % CI 1.6- 4.4), no antenatal care attendance (aOR 4.2, 95 % CI 3.2-5.4), belonging to the poorest family (aOR 1.3, 95 % CI 1.0-1.8), antepartum hemorrhage (aOR 3.7, 95 % CI 2.4-5.7), maternal hypertensive disorder during pregnancy (aOR 2.1, 95 % CI 1.5-3.1), and small weight-for- gestational age babies (aOR 1.5, 95 % CI 1.2-2.0). Women's autonomy was significantly associated with the maternal health care utilization by skilled attendants. This study will provide insights for policy makers to develop strategies in improving maternal health.	Individual; household; heaith facility Policy/societal level
	During Pregnancy					household purchases and spending earned money.			
	and Delivery					spending carried money.			
MH83	in Nepal.								
	Construction and Validation of a Women's Autonomy Measurement Scale with Reference to Utilization of Maternal Health Care Services in Nepal	Quant; scale developmen t		Family planning; reproductive health; 50 maternal health	autonomy			The new 23 item scale is a reliable tool for assessing women's autonomy in developing countries	individual, couple, household, community
	Safe delivery care practices in western Nepal: Does women's autonomy influence the utilization of skilled care at birth? Kapilvastu district	Quant	NGO, government 2	Family planning; reproductive health; 50 maternal health	autonomy	giving birth at attended health facility		Stratified analysis showed that when the husband is educated, women's education seems to work partly through their autonomy in decision making.	individual, couple, household, community
МН8	Peer reviewed publication nepal	Quantitative	WRAs 12,8	45 Maternal Health	Breastfeeding	mother's education		Mothers with higher education were more likely to initiate breastfeeding with the first hour of childbirth	Individual/family

	Early initiation of breastfeeding: a systematic literature										
	review of factors and barriers in South Asia									Factors at geographical, socioeconomic, individual, and health- specific levels, such as residence, education, occupation,	
		Bangladesh, India, Maldives, Nepal, Pakistan, Sri Lanka	Quantitative		1723 studies.			education of mother, occupation of mother, household wealth and		income, mother's age and newborn's gender, and ill health of mother and newborn at delivery, affect early or timely	Individual, family & Societal
MH115	Promotion and consumption of breastmilk substitutes and infant foods in Cambodia,			Breast		Maternal health	Breastfeeding	family size and family type.	NA	The study found that commercially produced complementary foods were promoted in half of the sampled stores in Dakar, but	
MH129	Nepal, Senegal and Tanzania.	Cambodia, Nepal, Senegal, Tanzania		infants (Mother- infant pairs)		Maternal health; child health	Breastfeeding	breastmilk substitute		less than 10% of stores in Phnom Penh, Kathmandu Valley and Dar es Salaam. Point-of-sale promotions across all sites varied in content and form	Individual/family
14111223	Shaping the midwifery profession in Nepal: A qualitative study on	acregat, tanzand		man poirs)			or connections				
MH23	facilitators and barriers between actors	Nepal	Qual	NGO, government			connections between actors establishing midwifery school			facilitators and barriers, common goals and collaboration are	community, health facility, societal/structural/politi cal

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мн17	contraceptive knowledge and attitudes among women seeking induced abortion in Kathmandu, nepal	Kathmandu, nepal	Quant	NGO, government	153	Family planning; maternal health	contraception knowledge and attitude	Education and maternal history		Women seeking abortion in Kathmandu had shorter education and a history of more pregnancies and deliveries than women in the control group.	couple, household, health facility
MH20	PLOS One	Bangladesh, India, Nepal, Phillipines, Indonesia, and Vietnam	Secondary analysis of DHS data	women of maternal age, household	DHS national level household surveys	Family planning; reproductive health; maternal health	contraceptive use and induced abortion	total fertility rate	N/A	The majority of countries experience fertility decline over the period of the study despite diversity in economic development.	All
MH20											All
МН15	Emotional Variation and Fertility Behavior.			NGO, government	5271	Family planning; maternal health	cotraception usage	husband-wife emotional bond		the variance in levels ofhusband-wife emotional bond is significantly associated with their subsequent use of contraception to avert births	couple, societal/structural/politi cal
MH24	Opportunities, challenges and strategies when building a midwifery profession. Findings from a qualitative study in Bangladesh and Nepal		Qual	NGO, government	33	Family planning; reproductive health; maternal health; neonatal health	Creating health facilities			This study demonstrated that building a midwifery profession requires a political comprehensive collaborative approach supported by a political commitment. Through	health facility, societal/structural/polic y

Intervent     Automation     Automation <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>1</th> <th>1</th>										1	1
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Lobit         incompletion         Quarterion         Results         Control			Rural Nepal				Cultural beliefs around pregnancy				Societal, environmental,
Meanure Machine Marter IV: 2005 Name And Marter IV: 2005 Namet And Marter IV: 2005 Name And Marter IV: 2005 Name And Marter	MH109			Qualitative		Maternal health		Cultural beliefs			
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N130         obort study         Mepal         Quantitative         MA services         654         Family Planning: maternal health         discontinuation of contraception         ontraception knowledge         attendant maternal mortality and morbidities.         Policy/struct           Nu19         chort study         Rev perceived causes of distress were poor health, lack of sons; and net milliprophems. Tensing developed in a contraception in lack automy for worme able perceived duy boards the family. I destress         Nothers         Mothers         Nothers         Nothers <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td><td>Woalth Indox, full range of</td><td> </td><td></td><td></td></td<>							1	Woalth Indox, full range of			
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Not just a number: examining coverage and content of antenatal care in low- income and middle-       antenatal care between 2857       between 2857         Income and middle- income countries       Du ow or Middle       NGO,       16 721	MH47	1	Dhanusha	Qual					N/A		HH; community
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middle-     income     2857       income     (Nepal) to       countries     10 Low or Middle     NGO,       16 721     16 721					hetween		1				
income     Income     (Nepal) to       countries     10 Low or Middle     NGO,     16 721							1				
countries 10 Low or Middle NGO, 16 721 care that complied with global recommendations, the content							1			Our findings suggest that even among women with notherns of	
		income		1	(Nepai) to		1	1	1		
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	The effect of mother's educational status on early initiation of breastfeeding: further analysis of									
MH31	three consecutive Nepal Demographic and Health Surveys Nepal - nationwide	Quant	Nepali mothers	12845	Maternal Health	early breastfeeding	mother's education		Maternal education was associated with a higher likelihood of early initiation of breastfeeding in each survey. Pooled	individual, health facility
MH125	Frontiers in Bangladesh, India, Public Health Nepal, and Pakistan	Literature review of peer- reviewed and grey literature	young girls and women susceptible to early marriage	N/A	Maternal health; chiid health	early child bearing	fertility, access to health care, child nutrition, socio-cultural factors, etc.	N/A	Association of early marriage, education and SES found to influence public health outcomes.	All
MH148	Dietary intake patterns and nutritional status of women of reproductive age in Nepal: findings from a health Mountain, Hill and survey Terai regions of Nep	a Quant	NGO, government	21,111	Maternal health; nutrition	eating habits and nutritional status	age, employment status, location		The nutritional status of women of reproductive age is still poor especially in Terai and the dietary intake pattern is not adequate. It	household, community
MH101	Dhulikhel and Kathmandu	Qualitative	Experience of violence during pregnancy and who utilized ANC	12 IDIs	Maternal health	experience of domestic violence	GBV		Experiences concealed due to fear of insults, discrimination, attitudes from providers; The women wished that the health care providers were compassionate and asked them about their experience, ensured confidentiality and privacy, and referred them to services that is free of cost.	Couple; health facility

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MH102	Dhulikhel and Kathmandu	Quantitative	Pregnant women 12- 28 weeks of gestation attening ANC		4 Maternal health	experience of domestic violence	Socio-demographic factors; women's empowerment		more than 1/5 had experienced violence; less than 2% reported physical violence DURING pregnancy. Women of young age and low socio-economic status were more likely to have experienced DV. Women who reported having their own income and the autonomy to use it were at significantly lower risk of DV compared to women with no income.; often experience of violencenot disclosed 91% reported GBV	Couple
Мн67	Syangja Factors National associated with the utilisation of postnatal care services	Quantitative Secondary analysis - 20HS data	Pregnant women attending antenatal care Policy makers, Mothers	202 4079 mothers	z Maternal health Maternal health	experience of GBV Factors assocated with accessing postnatal care	Descriptive Urban or Rural households, mother's education and occupation, partner's education and occupation, antenatal care visits, delivery at facility or home	None described but recommendation provided: Increasing utilisation of the recommended four or more antenatil visits.	Most of the respondents (87%) faced economic violence followed by psychological (53.8%), sexual (41.8%), and physical (4.3%) violence. Women experienced: (1) psychological violence with most complaining of angry looks followed by jealousy or anger while talking with other men, insults using abusive language and neglect; (2) economic violence with most complaining of financial hardship, denial of basic needs and an insistence on knowing where respondents were and restricting them to parents' home or friends/relatives' houses (jealous); (3) physical violence by slaphing, pushing, shking, or throwing something at her, twisting arm or pulling hair, and punching and kicking; and (4) sexual violence by physically forcing her to have sexual intercourse without consent, and hurting or causing injury to private parts. Most (100%) of the perpetrators were found to be husbands and mothers-in-law (10.7%) who violated them rarely. The majority of postnatal mothers in Nepal did not seek postnatal care. Mothers who were from urban areas, from rich families, who were deucated, whose partners were educated, who delivered in a health facility, who had attended a four or more antenatal visits, and whose delivery was sittending	Individual; household Individual, couple, facility
MH85	among the mothers of Nepal analysis of Nepal demographic and health survey 2011.			different				Interest and instances, delivery at tealth facility and increasing awareness and access to services through community-based programs especially for the rural, poor, and less educated mothers may increase postnatal care attendance in Nepal.	immediate postnatal care and at least one postnatal care visit. On the other hand, mothers who reported agricultural occupation, and whose partners performed agricultural occupation were less likely to have attended immediate postnatal care or at least one postnatal care visit.	
MH1	publication National	Quantitative	WRAs	(mics, ndhs)	Maternal Health	FP, Maternal health	use of LARC, midwifery education		mortality: young girls' bodies are not ready to give birth.	Policy/structure

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	What Works?										
	Strategies to										
	Increase										
	Reproductive,										
	Maternal and										
	Child Health										
	in Difficult to										
	Access										
	Mountainous	Afghanistan, Bolivia,									
	Locations: A	Ethiopia, Guatemala,									
	Systematic	Indonesia, Kenya,									
										To do shifting a strength and a loss of CUMA and a lost and	handhir fan sillen s
	Literature	Kyrgyzstan, Nepal,								Task shifting, strengthened roles of CHWs and volunteers,	health facility,
	Review	Pakistan, Papua New	Systematic	NGO,	4130	Family planning; reproductive health;				mobile teams, and inclusive structured planning forums have	societal/structural/polic
MH25	Abbey	Guinea and Tajikistan	Review	government	articles	maternal health; neonatal health	health care access			proved effective.	У
				Healthcare	1			1			
				providers	1						
				providing				1			
				maternal	396						
				healthcare	healthcare						
				services	providers			1			
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				Women	18 IDIs with						
		1		with	women with			Type of provider (Nurses/auxiliary			
				disabilities	disabilities			nurse midwives; general clinical			
				using	using			health workers; Female		Attitudes towards disability associated with provider type; age;	
				maternal	maternal			Community Health Volunteers);		rural/urban; and Dalit status. No variation by having previously	
				healthcare	healthcare		Health providers' attitudes towards	Age; Urban/rural; Dalit vs. non-		provided services to women with disabilities or receipt of	
				services at	services		disabilities in Nepal and women	dalit; Previously providing services		disability training. Women with disabilities had negative	
			Mixed	services at last	services during last		disabilities in Nepal and women with disabilities' experiences	dalit; Previously providing services for women with disabilities vs.		disability training. Women with disabilities had negative perceptions of providers' knowledge, attitudes, skills in	
MH52		Rupandehi district	Mixed methods	last	during last	Maternal health		dalit; Previously providing services for women with disabilities vs. not; Receipt of disability training			Health facility
MH52		Rupandehi district		last	during last	Maternal health	with disabilities' experiences	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in	Health facility
MH52		Rupandehi district		last	during last	Maternal health	with disabilities' experiences	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in	Health facility
MH52	New forms of	Rupandehi district		last	during last	Maternal health	with disabilities' experiences	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in	Health facility
MH52	development:	Rupandehi district		last	during last	Maternal health	with disabilities' experiences	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in	Health facility
MH52		Rupandehi district		last	during last	Maternal health	with disabilities' experiences	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in	Health facility
MH52	development:	Rupandehi district		last	during last	Maternal health	with disabilities' experiences	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in	Health facility
	development: branding innovative	Rupandehi district		last	during last	Maternal health	with disabilities' experiences	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in	Health facility
	development: branding innovative ideas and	Rupandehi district		last	during last	Maternal health	with disabilities' experiences	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in	Health facility
	development: branding innovative ideas and bidding for	Rupandehi district		last	during last	Maternal health	with disabilities' experiences	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in	Health facility
	development: branding innovative ideas and bidding for foreign aid in	Rupandehi district		last	during last	Maternal health	with disabilities' experiences	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in providing services to those with disabilitiles	Health facility
	development: branding innovative ideas and bidding for foreign aid in the maternal	Rupandehi district		last	during last	Maternal health	with disabilities' experiences	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in providing services to those with disabilitiles foreign aid for the provision of MCH services in Nepal is	Health facility
	development: branding innovative ideas and bidding for foreign aid in the maternal and child	Rupandehi district		last	during last	Maternal health	with disabilities' experiences seeking maternal healthcare	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in providing services to those with disabilities foreign aid for the provision of MCH services in Nepal is channeled increasingly to its beneficiaries, not through the	
	development: branding innovative ideas and bidding for foreign aid in the maternal and child health service		methods	last pregnancy	during last		with disabilities' experiences seeking maternal healthcare how NGO's obtain funding and the	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in providing services to those with disabilities foreign aid for the provision of MCH services in Nepal is channeled increasingly to its beneficiaries, not through the Government system, but rather via various intermediary	societal/structural/politi
	development: branding innovative ideas and bidding for foreign aid in the maternal and child	Rupandehi district		last	during last	Maternal health Maternal health	with disabilities' experiences seeking maternal healthcare	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in providing services to those with disabilities foreign aid for the provision of MCH services in Nepal is channeled increasingly to its beneficiaries, not through the	
	development: branding innovative ideas and bidding for foreign aid in the maternal and child health service		methods	last pregnancy	during last		with disabilities' experiences seeking maternal healthcare how NGO's obtain funding and the	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in providing services to those with disabilities foreign aid for the provision of MCH services in Nepal is channeled increasingly to its beneficiaries, not through the Government system, but rather via various intermediary	societal/structural/politi
	development: branding innovative ideas and bidding for foreign aid in the maternal and child health service		methods	last pregnancy	during last		with disabilities' experiences seeking maternal healthcare how NGO's obtain funding and the	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in providing services to those with disabilities foreign aid for the provision of MCH services in Nepal is channeled increasingly to its beneficiaries, not through the Government system, but rather via various intermediary	societal/structural/politi
	development: branding innovative ideas and bidding for foreign aid in the maternal and child health service		methods	last pregnancy	during last		with disabilities' experiences seeking maternal healthcare how NGO's obtain funding and the	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in providing services to those with disabilities foreign aid for the provision of MCH services in Nepal is channeled increasingly to its beneficiaries, not through the Government system, but rather via various intermediary	societal/structural/politi
	development: branding innovative ideas and bidding for foreign aid in the maternal and child health service in Nepal		methods	last pregnancy	during last		with disabilities' experiences seeking maternal healthcare how NGO's obtain funding and the	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in providing services to those with disabilities foreign aid for the provision of MCH services in Nepal is channeled increasingly to its beneficiaries, not through the Government system, but rather via various intermediary	societal/structural/politi
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мназ	development: branding innovative ideas and bidding for foreign aid in the maternal and child health service in Nepal		methods	last pregnancy	during last		with disabilities' experiences seeking maternal healthcare how NGO's obtain funding and the	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in providing services to those with disabilities foreign aid for the provision of MCH services in Nepal is channeled increasingly to its beneficiaries, not through the Government system, but rather via various intermediary	societal/structural/politi
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мназ	development: branding innovative ideas and bidding for foreign aid in the maternal and child health service in Nepal INTIMATE PARTNER VIOLENCE AND		methods	last pregnancy	during last		with disabilities' experiences seeking maternal healthcare how NGO's obtain funding and the	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in providing services to those with disabilities foreign aid for the provision of MCH services in Nepal is channeled increasingly to its beneficiaries, not through the Government system, but rather via various intermediary	societal/structural/politi
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MH33	development: branding innovative ideas and bidding for foreign aid in the maternal and child health service in Nepal NTIMATE PARTNER VIOLENCE AND UNINTENDED PREGNANCY AMONG		methods	last pregnancy	during last		with disabilities' experiences seeking maternal healthcare how NGO's obtain funding and the	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in providing services to those with disabilities foreign aid for the provision of MCH services in Nepal is channeled increasingly to its beneficiaries, not through the Government system, but rather via various intermediary	societal/structural/politi
МНЗЗ	development: branding innovative ideas and bidding for foreign aid in the maternal and child health service in Nepal INTIMATE PARTNER VIOLENCE AND UNINTENDED PREGNANCY AMONG ADOLESCENT		methods	last pregnancy	during last		with disabilities' experiences seeking maternal healthcare how NGO's obtain funding and the	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in providing services to those with disabilities foreign aid for the provision of MCH services in Nepal is channeled increasingly to its beneficiaries, not through the Government system, but rather via various intermediary	societal/structural/politi
МНЗЗ	development: branding innovative ideas and bidding for foreign aid in the maternal and child health service in Nepal INTIMATE PARTINE VIOLENCE AND UNINTENDED PREGNANCY AMONG ADOLESCHT		methods	last pregnancy	during last		with disabilities' experiences seeking maternal healthcare how NGO's obtain funding and the	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in providing services to those with disabilities foreign aid for the provision of MCH services in Nepal is channeled increasingly to its beneficiaries, not through the Government system, but rather via various intermediary	societal/structural/politi
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MH33	development: branding innovative dideas and bidding for foreign aid in the maternal and child health service in Nepal Nathan Service in Nepal PARTNER VIOLENCE AND UNINTENDED PREGNANCY AMONG ADOLESCENT AND YOUNG ADOLESCENT AND YOUNG ADULT MARRIED WOMEN IN SOUTH ASIA	Nepal Bangladesh and	methods	last pregnancy	during last pregnancy	Maternal health	with disabilities' experiences seeking maternal healthcare how NGO's obtain funding and the use of branding in that process	for women with disabilities vs. not; Receipt of disability training		perceptions of providers' knowledge, attitudes, skills in providing services to those with disabilities foreign aid for the provision of MCH services in Nepal is channeled increasingly to its beneficiaries, not through the Government system, but rather via various intermediary organisations, employing branding and bidding processes.	societal/structural/politi cal couple, societal/structural/politi
MH33	development: branding innovative ideas and bidding for foreign aid in the maternal and child health service in Nepal INTIMATE PARTNER VIOLENCE AND UNINTENEP PREGNANCY AMONG ADOLTS MARRIED WOMEN IN	Nepal	methods	last pregnancy NGO's	during last pregnancy		with disabilities' experiences seeking maternal healthcare how NGO's obtain funding and the	for women with disabilities vs.		perceptions of providers' knowledge, attitudes, skills in providing services to those with disabilities foreign aid for the provision of MCH services in Nepal is channeled increasingly to its beneficiaries, not through the Government System, but rather via various intermediary organisations, employing branding and bidding processes.	societal/structural/politi cal couple, societal/structural/politi

MH40	Factors Associated With Intimate Partner Violence Against Married Women in Nepal Culture and Comorbidity: Intimate Partner Violence as a Common Risk Factor for Maternal Mental Illness and Reproductive Health Problems among Former Child Soldiers in Nepal.	<u>quant</u> Qualitative	NGO, government	3373 13 female child soldiers	Maternal health Maternal health	intimate partner violence intimate partner violence	female literacy, wealth, violent family history, lack of decision- making autonomy Culture influences internal (psychological), external (social), institutional (structural), and health care (medical) processes, which, taken together, create differential risk of comorbidity across contexts.	none described.	"At the community level, women most at risk of IPV were those living in the Terai region, and women belonging to underprivileged castes and ethnic groups." Twelve participants said they had remained silent, enduring violence, forgiving the husband. Twelve participants endorsed communication with one's husband. Only four participants sought family support, and three contacted police. Ultimately, 12 participants left the relationship, but the majority (hine) only left after the final IPV experience, which was preceded by prolonged psychological suffering and pregnancy endangerment. comorbidity risks are increased in cultural context that rely on individual or couples-only behavior, lack external social engagement, have weak law and justice institutions, and have limited health services.	couple, societal/structural/politi cal individual, household, couples, family, society
МН87	Incidence of intrapartum stillbirth and associated risk factors in tertiary care setting of Nepal: a case- control study	Quant	NGO,	4476	Maternal health	intrapartum stillbirths	wealth		"Being born preterm with a small-for-gestation al age was associated with the highest risk for intrapartum stillbirth. Inadequate fetal heart rate mon itoring and partogram use are preventable risk factors associated with intrapartum stillbirth."	health facility, couple

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Matheway       Appendix       Appendix <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>A large proportion of the women</td><td></td></td<>											A large proportion of the women	
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Intelline											In multiple regression analyses, there was a weak positive	
N100       Image: Participation of Participatio Participatio Participation of Participation of Partici												
N100       Image: Participation of Participatio Participatio Participation of Participation of Partici											95% CI 0.014, 0.045). Among the women with children aged < 6	
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MM-54       Mopital, Nepal)       Quantitative one)       Q275       Matemal health       complications       medicion use       (interpersonal)       Significant increase in KAP after exposure to counseling.       Health facility         Image: Sociation second constraints       Image: Sociation second constraintsecond conster second constraintsecond constraints <td></td> <td>Western</td> <td>Nepal</td> <td></td> <td>complicatio</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		Western	Nepal		complicatio							
MM-54       Mopital, Nepal)       Quantitative one)       Q275       Matemal health       complications       medicion use       (interpersonal)       Significant increase in KAP after exposure to counseling.       Health facility         Image: Sociation second constraints       Image: Sociation second constraintsecond conster second constraintsecond constraints <td></td> <td>(Manipal</td> <td>Teaching</td> <td></td> <td>ns (at least</td> <td></td> <td></td> <td>KAP related to medication use for</td> <td>Exposure to counseling on</td> <td>Counseling intervention</td> <td></td> <td></td>		(Manipal	Teaching		ns (at least			KAP related to medication use for	Exposure to counseling on	Counseling intervention		
between       sociodemogra         sociodemogra       sociodemogra         phic       sociodemogra         phic       sociodemogra         characteristics       sociodemogra         of female       sociodemogra         community       sociodemogra         health       sociodemogra         volunters       sociodemogra         and their       sociodemogra         formateristics       sociodemogra         on maternal       sociodemogra         on maternal       sociodemogra         and child       sociodemogra         and hild       sociodemogra         services in       Dhanusha district,         Health       social demographic         services in       Dhanusha district,	MH54	Hospital,	Nepal) Qu	uantitative	one)	275	Maternal health	complications	mediction use	(interpersonal)	Significant increase in KAP after exposure to counseling.	Health facility
between       sociodemogra         sociodemogra       sociodemogra         phic       sociodemogra         phic       sociodemogra         characteristics       sociodemogra         of female       sociodemogra         community       sociodemogra         health       sociodemogra         volunters       sociodemogra         and their       sociodemogra         formateristics       sociodemogra         on maternal       sociodemogra         on maternal       sociodemogra         and child       sociodemogra         and hild       sociodemogra         services in       Dhanusha district,         Health       social demographic         services in       Dhanusha district,												
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on maternal     and child     Female       and child     Female       health     Community       services in     Dhanusha district,       Health     Maternal and Neonatal care   Social demographic Consider educational level when selecting Female Community								1				
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MH29 rural nepal Southern Terai, Nepal Quant Volunteers 128 Maternal Health components charactheristics Health Volunteers Community, Individual		services in Dhanushi	a district,					Maternal and Neonatal care	Social demographic		consider educational level when selecting Female Community	
	MH29	rural nepal Southern	n Terai, Nepal Qu	uant	Volunteers	128	Maternal Health	components	charactheristics		Health Volunteers	Community, Individual

MH132	Knowledge of Maternal and Newborn Care Among Primary Level Health Workers in Kapilvastu District of Nepal	Nepal	Quant	primary level health workers working on Maternal and Newborn Care 13	7 Maternal health; neonatal health	knowledge of Maternal and Neonatal care components	Knowledge of maternal and neonatal aspects (i.e. when to bath newborn, warning signs of danger in pregnancy, meaning of exclusive breast feeding)		Primary level health workers need additional education to improve knowledge gaps	health facility /
MH133	Assessment of Critical Knowledge on Maternal and Newborn care Services among Primary Level Nurse Mid- wives in Kapilvastu District of Nepal	Kapiivastu District of Nepal	Quant	knowledge of primary level nurse- midwives on maternal and newborn care 6	8 Maternal health; neonatal health	knowledge of Maternal and Neonatal care components	knowledge of how to stop post- partum haemorrhage, mother to child HV transmission, and newborn care		nurse-midwives were found to have either poor or some level of knowledge in most of the components of maternal and newborn care services.	health facility /
мн151			Quanitative	Women of cildbaring	D Nutrition; maternal health	Knowledge of micronutrients (folic acid, iron)	program participation	GNE education program - and micronutrients given to participants	High interest in learning about nutrition - positively associated with women's ducation We found that rural women are interested in learning about nutrition regardless of educational attainment and that level of education is strongly associated with interest in learning about nutrition ( $p < 0.01$ ). Although the majority of women with no education expressed interest in learning about nutrition (71%), a substantial percentage (22%) were not interested. Education and the teaching of basic health messages may hold important benefits for improving maternal	Individual

									Suaahara Suaahara had a specific focus on social behavior change and communication (SBCC) and gender and social inclusion (GESI), including the targeting of disadvantaged groups (DAGs), that is, those identified as being food insecure and vulnerable due to socioeconomic, cultural, or physical factors. Suaahara	A higher proportion of DAG households in Suaahara areas	
МН136		Multiple districts across Nepal	Quant	HH-level data - process evaluation	480	Maternal health; neonatal health	levels of knowledge and practices related to health, nutrition, and water, sanitation, and hygiene (WASH)	Exposure to Suaahara; DAG status of household;	integrated its programming across nutrition, health services, family planning, WASH, and agriculture/homestead food production (HFP) with four key objectives: (a) to improve household nutrition, health, and	reported exposure, were knowledgeable, and practiced optimal behaviors related to nearly all maternal and child health, non-Suaahara areas and sometimes even than non-DAG households in Suaahara areas. Moreover, differences in some of these indicators between DAG and non-DAG households were significantly smaller in Suaahara areas than in comparison areas. These results indicate that large-scale integrated interventions can influence nutrition-related knowledge and practices, while simultaneously reducing inequities.	нн
MH26	Journal of Preventive Medicene & Public Health	Cambodia, Columbia, Indonesia, Jordan, Nepal, Pakistan, Tanzania, Uganda and Zimbabwe	Secondary analysis of DHS data (2010-2013)	mothers and infants	DHS national level household surveys	Family planning; reproductive health; maternal health; neonatal health	low birth rate	antenatal care, delayed coception, low body index, SES, literacy rate	N/A	Various factors such as advanced maternal age and literacy rates are determinants of low birth rates in developing countries	All
MH117	A Case Control Study on Risk Factors Associated with Low Birth Weight Babies in Eastern Nepal		Quant; case control	NGO, government	. 318	Maternal health, neonatal health	low birth weight	maternal blood group, BMI, age		maternal blood group AB, normal maternal BodyMass Index (BMI), mother's age of30 or more years, and starting ANCvisit	individual, household, societal/structural/politi cal

Male involvement and maternal health outcomes: systematic review and meta-analysis Qualitative aged 15-9 - Maternal health male involvement male invo	al stud Low Bi weight Newbo Easter	emiologic udy of Birth tht borns at ern part	Eastern Nepal	Quant	NGO, government	2587	Maternal health; neonatal health	low birth weight	Birth weight, gestational age, apnoea and mechanical ventilation		Incidence of LBW babies in our hospital was 14.45%, More than 4/5 (82.2%) baby's mother were primigravida	individual, health facility
Involvement and maternal health outcomes: systematic review and meta-analysis.         Involvement and maternal outcomes: systematic review and meta-analysis.         Involvement age and systematic review and meta-analysis.         Nen & Men & Maternal health maternal neonatal/infa review and meta-analysis.         Rual Nepal Analysis & Mothers of age and age and	MH149		Sarlahi, Nepal	Quant	Nepalese	737	Maternal health; nutrition	Low birth weight	Vitamin/nutrient supplementation	nutrition intervention	associated with a reduction in low birthweight, whereas cortisol was negatively associated with length of gestation and higher risk of preterm birth. Iron and multiple micronutrient supplementation may enhance birth outcomes by reducing	Individual (biological)
	Involvi and m health outcor system review MH116 meta- Risk fa and neona nt moo risk of for- gestat age an preter	Ivement maternal th omes: ematic ew and a-analysis. factors factors natal/infa ortality of small- ational- and erm birth		Analysis of existing data from maternal micronutrie nt supplement	Women aged 15-49 Mothers of newborns and	4130	Maternal health; neonatal health;	Maternal chronic and acute malnutrition and the associations between small-for-gestational-age (SGA)/preterm birth and	risk factors for and mortality consequences of small-for- gestational-age (SGA) and preterm		outcomes in developing countries. Maternal chronic and acute mainutrition appear to be associated with SGA outcomes. Because of high SGA prevalence in South Asia and the increased neonatal and infant mortality risk associated with SGA, there is an urgent need to intervene	individual/family Individuals, household

	Barriers in eastern Nepal	Qualitative.	Women of	Maternal health	maternal health care service		Not mentioned	The barriers to maternal health care service utilization were	individual, household,
	Utilization of	Exploratory	reproductiv		utilization		1	identified as social factors like family pressure, superstition,	community, local
	Maternal	study with	e age,					shyness, misconception, negligence, illiteracy, alcoholism, in	government
	Health Care	FGDs and	mothers					addition to economic barriers and cultural practices.	government
			mouters					aduition to economic barriers and cultural practices.	
	Services:	IDIs							
	Perceptions of								
	Rural Women								
	in Eastern								
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MH91									
	1	İ	1				1	The percentage of mothers that received four antenatal care	
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1								(ANC) consultations increased from 9% to 54%, the institutional	
1								delivery rate increased from 6% to 47%, and the cesarean	
1								section (C-section) rate increased from 1% in 1994 to 6% in	
								2011.	
1								2011.	
1								Inequality reduced over time (based on wealth)	
1			Mothers						
1								All sesied on egraphic use is bloc wars significant and the second	
1			giving birth					All sociodemographic variables were significant predictors of use	
			3-5 years					of maternal health services, out of which maternal education	
1			prior to					was the most powerful. (poverty, education, and rural/urban	Individual; household;
MH100	Nepal	Quantitative		Maternal health	Maternal healthcare utilization	SD factors	1	status significantly associated)	community
IVIH100	Nepai	Quantitative	survey varies	waterfidi fieditri	maternal nearnicare utilization	SU TACIOIS		status signinicality associateu)	community
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1	Maternal								
1	mental health								
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	care in five								
	low- and								
	middle-								
								to be difficult to exclusion descend for several by 10	
1	income							It is difficult to anticipate demand for mental health care at	
1	countries: a Ethiopia, India, Nep	al,						district level in the five countries, given the lack of evidence on	
			1 1	1	1	1	1		
	situational South Africa and	situational	NGO.					the prevalence and treatment coverage of women with	societal/structural/nolifi
	situational South Africa and analysis Uganda	situational analysis	NGO, government	Maternal health	maternal mental health			the prevalence and treatment coverage of women with maternal mental disorders. Limited	societal/structural/politi cal

1	The	Systemtatic	Mothers.	10 studies	Maternal health; neonatal health;	maternal nutrition during	relationship between maternal	Not mentioned	Deficiencies in maternal folate, vitamin A, and total energy	Individual, family,
	Relationship	review	children,			pregnancy and child health	nutrition during pregnancy and			facility level
		leview	ciliuren,		nathaon	pregnancy and child health				facility level
	between						offspring kidney structure and		kidney structure and function, measured by kidney volume,	
	Maternal						function in humans.		proteinuria, eGFR(cystc) and mean creatinine clearance in the	
1	Nutrition								offspring. Additional experimental and longitudinal prospective	
	during								studies are warranted to confirm this relationship, especially in	
	Pregnancy								Indigenous populations where the risk of renal disease is	
	and Offspring								greater.	
	Kidney									
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	Road map to		1				1			
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	operations		1				1			
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	study's results		1				1			
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	into actions		1				1			
	for expanding		1				1			
	medical									
	abortion		1				1		This research provided further evidence and a road-map for	
	services in		1				1		expanding medical abortion services to rural areas by mid-level	
			Momen							
	rural health		Women				1		service providers in minimum clinical settings without the	
	facilities			1				1	oversight of physicians, thus reducing complications and deaths	
MH18	in Nepal Rupandehi, Kailali		receiving			an a dia a la la adda a	a second black and a ff and a black and a second as a			
	A shuston	Quantitative	MA services		Family Planning; maternal health	medical abortion	accessible and affordable services		due to unsafe abortion.	Policy/structure
	A cluster	Quantitative	MA services		Family Planning; maternal health	medical abortion	accessible and affordable services		due to unsafe abortion.	Policy/structure
1		Quantitative	MA services		Family Planning; maternal health	medical abortion	accessible and attordable services		due to unsafe abortion.	Policy/structure
	randomized	Quantitative	MA services		Family Planning; maternal health		accessible and attordable services		due to unsafe abortion.	Policy/structure
	randomized implementati	Quantitative	MA services		Family Planning; maternal health	medical abortion	accessible and attordable services		due to unsafe abortion.	Policy/structure
	randomized implementati on trial to	Quantitative	MA services		Family Planning; maternal health				due to unsafe abortion.	Policy/structure
	randomized implementati on trial to measure the	Quantitative	MA services		Family Planning; maternal health	medical abortion			due to unsafe abortion.	Policy/structure
	randomized implementati on trial to	Quantitative	MA services		Family Planning; maternal health	medical adortion	accessible and attordable services		due to unsafe abortion.	Policy/structure
	randomized implementati on trial to measure the effectiveness	Quantitative	MA services		Family Planning, maternal health	medical abortion	accessible and attordable services		due to unsafe abortion.	Policy/structure
	randomized implementati on trial to measure the effectiveness of an	Quantitative	MA services		Family Planning; maternal health	medical abortion	accessible and attordable services		due to unsafe abortion.	Policy/structure
	randomized implementati on trial to measure the effectiveness of an intervention	Quantitative	MA services		Family Planning, maternal health	medical abortion	accessible and attordable services		due to unsafe abortion.	Policy/structure
	randomized implementati on trial to measure the effectiveness of an intervention package	Quantitative	MA services		Family Planning; maternal health	medical abortion	accessible and attordable services		due to unsafe abortion.	Policy/structure
	randomized implementati on trial to measure the effectiveness of an intervention	Quantitative	MA services		Family Planning, maternal health	medical abortion	accessible and attordable services		due to unsafe abortion.	Policy/structure
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to	Quantitative	MA services		Family Planning, maternal health	medical abortion	accessible and attordable services		due to unsafe abortion.	Policy/structure
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the	Quantitative	MA services		Family Planning, maternal health	medical abortion	accessible and attordable services		due to unsafe abortion.	Policy/structure
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of	Quantitative	MA services		Family Planning, maternal health	medical abortion	accessible and attordable services		due to unsafe abortion.	Policy/structure
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth	Quantitative	MA services		Family Planning, maternal health	medical abortion	accessible and attordable services		due to unsafe abortion.	Policy/structure
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by	Quantitative	MA services		Family Planning, maternal health	medical abortion	accessible and attordable services			Policy/structure
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth	Quantitative	MA services		Family Planning, maternal health	medical abortion	accessible and attordable services		due to unsafe abortion. Paper describes an intervention that will take multiple measures	Policy/structure
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for	Quantitative	MA services		Family Planning, maternal health	medical abortion	accessible and attordable services		Paper describes an intervention that will take multiple measures	
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth:		MA services	5000			accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health	household, health
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth:	Quantitative	MA services	5000	Family Planning, maternal health Maternal health	medical visits during pregnancy	accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health	
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth:		MA services	5000			accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health	household, health
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth:		MA services	5000			accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health	household, health
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth:		MA services	5000			accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health	household, health
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth:		MA services	5000			accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health	household, health
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth:		MA services	5000			accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health	household, health
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth:		MA services	5000			accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health	household, health
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth:		MA services	5000			accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health	household, health
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth:		MA services	5000			accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health	household, health
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth:		MA services	5000			accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health	household, health
	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth:		MA services	5000			accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health	household, health
MH42	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth: study protocol Nepal		MA services	5000			accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health	household, health
<u>MH42</u>	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth: study protocol Nepal	Quant	MA services	5000			accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health facilities	household, health
MH42	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth: study protocol Nepal Family Planning 2020	Quant Review /	NGO, government	5000	Maternal health	medical visits during pregnancy	accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health facilities	household, health facility
MH42	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for childbirth: study protocol Nepal Family Planning 2020	Quant	MA services	5000	Maternal health		accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health facilities	household, health facility
MH42	randomized implementati on trial to measure the effectiveness of an intervention package aiming to increase the utilization of skilled birth attendants by women for chidbirth: study protocol Nepal Family Planning 2020 and Nepal's	Quant Review /	NGO, government		Maternal health	medical visits during pregnancy	accessible and attordable services		Paper describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health facilities "At the national level there is a dire need to multi-sectoral approach to reach our targets and for the implementation of CIP	household, health facility

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MH94	Nurse Education Today	Nepəl	Qualitative	auxillary nurse midwive(AN M)	15	Maternal health	mental health		Training as a way to raise awareness amd cange attitiudes about mental heatlh issues in pregnant women	The main three themes that emerged from the interviews include: 1) issues related to mental, such as importance of maternal mental health training health; 2) societal attitudes and Stigma and 3) support for women.	individual, health facility and societal/structural/polic y
MH13	FACTORS INFLUENCING MISTIMED AND UNWANTED PREGNANCIES AMONG NEPALI WOMEN	Nepal - nationwide		Nepali women	5391		mistimed and unwanted last pregnancy	geographic location, husbands with paid jobs, socioeconomic status		Women from the hill region reported more untimely pregnancies and women from the Western development region reported more unwanted pregnancies.	household, individual
МН110	Maternal and Neonatal Health Knowledge, Service Quality and Utilization: Findings from a Community Based Quasi- experimental Trial in Arghakhanchi District of Nepal	Arghakhanchi		Mothers of child < 23 Mos, Health Facilities	Mothers of <23 mos child=340, Health facilities=5	Maternal health	MNC QI	Qualityof Care	NA	The pooled results of three large trials in Nepal, Ghana and Bangladesh (with over 153,500 women) do not currently suggest a role for antenatal vitamin A supplementation to reduce maternal or perinatal mortality. However, the populations	Structural/policy
MH143		Nepal and other countries	Quantitative - review	Pregnant women			Night blindness; maternal mortality; other	Vitamin A supplementation		studied were probably different with regard to baseline vitamin A status and there were problems with follow-up of women. There is good evidence that antenatal vitamin A supplementation reduces maternal night blindness, maternal anaemia for women who live in areas where vitamin A deficiency is common or who are HIV-positive. In addition the available evidence suggests a reduction in maternal infection,	Individual; health system

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	Accuracy of					Maternal health	Not a behavioral study		No SBCC	With limited training, primary-level health care workers in rural	
	Home-Based									Nepal can accurately diagnose selected third-trimester obstetric	
	Ultrasonograp									risk factors using ultrasonography.	
	hic Diagnosis										
	of Obstetric										
	Risk Factors										
	by Primary-										
	Level Health										
	Care Workers										
	in Rural										
	Nepal.										
MH89											
	Nutritional Sarla	rlahi District,	Quantitative	Infants and 36	93	Maternal health; neonatal health; child	Not a behavioral study		Not a SBCC study	Although maternal immunization reduced low birth weight by	
		uthern plains of	- A		omen and				,	15%, only wasting at 6 months in the 2nd cohort was statistically	
	infants at six Nepa		randomized		46 infants				1	significantly difference. However, the study was underpowered	
	months of age		placebo-	50						to detect reductions of public health importance.	
										to detect reductions of public health importance.	
	following		controlled								
	maternal		trial of year						1		
	influenza		round								
	immunization:		maternal								
	A randomized		influenza								
	placebo-		immunizatio						1		
	controlled		n was								
	trial in rural		conducted						1		
									1		
	Nonal	1									
	Nepal.		in two								
	Nepal.		in two annual								
MH145	Nepal.		in two								
			in two annual							More than 2 million women in Asia and sub-Saharan Africa are living	
MH145	Peer reviewed		in two annual cohorts							with fistula and each year between 50,000 to 100,000 women	
			in two annual	WRAs No	t clear	Maternal Health	obstetric fistula	Awareness, treatment and training		with fistula and each year between 50,000 to 100,000 women	individual/family
MH145	Peer reviewed		in two annual cohorts	WRAs No	t clear	Maternal Health	obstetric fistula	Awareness, treatment and training		with fistula and each year between 50,000 to 100,000 women	individual/family
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MH145	Peer reviewed		in two annual cohorts	WRAS No	it clear	Maternal Health	obstetric fistula	Awareness, treatment and training		with fistula and each year between 50,000 to 100,000 women	individua/family
MH145	Peer reviewed		in two annual cohorts	WRAS NO	it clear	Maternal Health	obstetric fistula	Awareness, treatment and training		with fistula and each year between 50,000 to 100,000 women	individual/family
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MH145	Peer reviewed		in two annual cohorts	WRAS NO	ıt clear	Maternal Health	obstetric fistula	Awareness, treatment and training		with fistula and each year between 50,000 to 100,000 women	individual/family
MH145	Peer reviewed		in two annual cohorts	WRAS NO	t clear	Maternal Health	obstetric fistula	Awareness, treatment and training		with fistula and each year between 50,000 to 100,000 women	individual/family
MH145	Peer reviewed		in two annual cohorts	WRAS NO	ıt clear	Maternal Health	obstetric fistula	Awareness, treatment and training		with fistula and each year between 50,000 to 100,000 women worldwide are affected by this condition	individual/family
MH145	Peer reviewed		in two annual cohorts	WRAS NO	ıt clear	Maternal Health	obstetric fistula	Awareness, treatment and training		with fistula and each year between 50,000 to 100,000 women	individual/family
MH145	Peer reviewed		in two annual cohorts Quantitative	pregnant IDI	ls=16;			Awareness, treatment and training		with fistula and each year between 50,000 to 100,000 women worldwide are affected by this condition Women felt confident describing signs and symptoms of oral beath diseases but did not have knowledge of where to seek	
MH145	Peer reviewed publication Natio	ional	in two annual cohorts Quantitative	pregnant IDI	ls=16;		oral health diseases (importance of			with fistule and each year between 50,000 to 100,000 women worldwide are affected by this condition Women felt confident describing signs and symptoms of oral health diseases but did not have knowledge of where to seek con and roling bandh on the community or a course of	individual, household,
MH145	Peer reviewed publication Natio	ional	in two annual cohorts Quantitative	pregnant IDI	ls=16;		oral health diseases (importance of taking care of oral health during	Awareness, treatment and training	N/A	with fistule and each year between 50,000 to 100,000 women worldwide are affected by this condition Women felt confident describing signs and symptoms of oral health diseases but did not have knowledge of where to seek care and relied heavily on their community as a source of	individual, household, community, health
MH145	Peer reviewed publication Natio	ional	in two annual cohorts Quantitative	pregnant IDI and recently FG delivered gro	Is=16; ;Ds= 3 oups of 23	Maternal Health Maternal health	oral health diseases (importance of		N/A	with fistule and each year between 50,000 to 100,000 women worldwide are affected by this condition Women felt confident describing signs and symptoms of oral health diseases but did not have knowledge of where to seek care and relied heavily on their community as a source of information. Some women use toothbrush and toothpaste at	individual, household, community, health facility.
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MH145 MH2	Peer reviewed publication Natio	ional	in two annual cohorts Quantitative	pregnant IDI and recently FG delivered gro	Is=16; ;Ds= 3 oups of 23		oral health diseases (importance of taking care of oral health during		N/A	with fistule and each year between 50,000 to 100,000 women worldwide are affected by this condition Women felt confident describing signs and symptoms of oral health diseases but did not have knowledge of where to seek care and relied heavily on their community as a source of information. Some women use toothbrush and toothpaste at least once a day while others use more traditional methods such	individual, household, community, health facility.
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Н72		Nepal and other countries (Nepal- Makwanpur, Nepal- Dhanusha)	Quantitative		70574 (not all in Nepal) Maternal health	Participation in women's group meetings	SE and SD factors	Socioeconomic differences in women's group attendance were small, except for occasional lower attendance by elites. Sociodemographic differences were large, with lower attendance by young primigravid women in African as well as in South Asian sites. The intervention was considered relevant and interesting to all socioeconomic groups. Local facilitators ensured inclusion of poorer women. Embarrassment and family constraints on movement outside the home restricted attendance among primigravid women. Reproductive health discussions were perceived as inappropriate for them.	Individual; house
127		2 districts - 1 hilly, 1 himalaya	Qual	Women recruited in 2 week-long mobile surgical camps	21 Maternal health	Pelvic organ prolapse	Looking at factors affecting women's seeking of surgical treatment for pelvic organ prolapse N/A	multilevel factors influenced uptake: Health system factors - accessibility and affordability; support of FCHVS sociocultural - being closer to end of reproductive years; having family support individual - symptoms, fear of cancer, etc.	Health facility / sociocultural / in
H60		Baglung	Quantitative	Women with pelvic organ prolapse symptoms	74 women Maternal health	Pelvic organ prolapse	Socio-dem factors; kegels/rings given (non-surgical response to POP)	Univariate analyses identified age at screening, age at onset of symptoms, the duration of symptoms and an associated rectocele as factors associated with increasing POP severity ( $p < 0.05$ ). Kegel exercises were taught to 25 (33.8%) women with POP and ring pessaries were offered to 47 (63.5%) women with POP.	Health facility
51		Rupandehi	Quant	15-49 aged women pregnant within last five years and used maternal care services in public health facility	343 women Maternal health	Perceived quality of care	women with disabilities from both the non-Dalit population and Dalit population and their peers without disabilities from both non- Dalit and Dalit communities N/A	Perceptions about the quality of care differed significantly by disability status but not by caste (except for a single dimension - cleanliness of services). All groups rated the quality of healthcare delivery, interpersonal and personal factors as well as access to services 'low.' Poor service user experiences and perceptions of quality of care undermine opportunities to translate increased healthcare coverage into improved access and outcomes.	health facility
15	Peer reviewed publication	Nepal	Qualitative	WRAs	4079 Maternal Health	PNC	Occupation, residence, place of delivery	43.2% reported attending postnatal care within the first six weeks of birth, while 40.9% reported attending immediate postnatal care	
H6	Peer reviewed publication	Bangladesh, Ghana, Kygyz Republic, and Nepal,	Quantitative	WRAs	- Maternal Health	PNC	timing of check-up, place of delivery	The most recent MICS round 6 and DHS phase 7 have both included a number of questions on the content of the first check within the first 2 days following birth, including cord examination, weight and temperature assessment, breastfeeding counseling and observation and counseling on symtpoms that cause a mother to take a newborn to health care.	Policy

мнэо	Screening for postpartum depression and associated factors among women who deliver at a university hospital, Nepal	Those who delivered at Dhulikel Hospital	Quantitative Postpartun women	1 100 postpartum women	Maternal health	postpartum depression	sociodemographic and sociocultural factors, and mother- related, pregnancy-related, and child related factors	Recommended: mothers with high risk should be routinely screened for postpartum depression.	Postpartum depression is common among Nepalese women and can be detected early in the postpartum periods; and many psychosocial factors like pregnancy complications, infant's health problems and vaginal delivery are associated with it.	
МН59	Adverse effects of exposure to armed conflict on pregnancy: a systematic review.	Dailekh district mothers in armed conflict areas. Studies from Libya, Bosnia, Herzegovina, Israel, Palestine, Kosovo, Yugoslavia, Nepal, Somalia, Iraq, Kuwait and Afghanistan.	Policy Quantitative makers - economic (pregnant analysis women) Literature Mothers review	N/A 13 studies	Maternal health Maternal health; neonatal health	Pre-eclampsia pregnancy outcomes.	Calcium supplementation during pregnancy impacts of exposure to armed conflicts on the pregnancy outcomes.	none mentioned	Calcium supplementation for pregnant mothers for prevention of PE/E provided with MgSO4 for treatment holds promise for the cost-effective reduction of maternal and neonatal morbidity and mortality associated with PE/E. evidence suggested an increase in the incidence of miscarriage, stillbirth, prematurity, congenital abnormalities, miscarriage and premature rupture of membranes among mothers exposed to armed conflict.	
MH133		Western Nepal (Manipal Teaching Hospital, Nepal)	Pregnant women presenting with complicati ns (at least Quantitative one)	0	Maternal health	Prescription of medications in response to complications	No predictors - descriptive		Drugs prescribed to pregnant women said to be in keeping with safe prescriptions. Some teratogenic drugs prescribed	Health facility

	Role of antenatal care and iron supplementati on during pregnancy in preventing low birth weight in Nepal: comparison of national surveys 2006 and 2011.		Secondary analysis of data. Pooled data from the Nepal Demographi c and Health Surveys (NDHS) of 2006 and 2011 were analysed and compared	Newborns, mothers	2845 children (i.e. 923 children in 2006 and 1922 children in 2011, who had low birth weight recorded)	Maternal health; neonatal health	Prevention of low birthweight of newborns	and geographical location were some of the socio-demographic and health related factors associated with low birth weight (LBW) of newborns	None described. Conclusion identified a need for targeted interventions aimed at decreasing the high rate of LBW through increasing antenatal care and consumption of iron supplementation during pregnancy.	Not attending antenatal care increased the odds of having a LBW infant by more than two times [OR 2.301; 95% Cl (1.526- 3.471)]. Mothers not consuming iron supplementation during their pregnancy were more likely to have LBW infants [OR 1.839; 95% Cl (1.282-2.363)]. Residing in the Far-western and Eastern region were also significant risk factors for LBW in the pooled dataset and in 2011 survey.	individuals, couples, households, health facility
MH141					9078						
MH48		Dhanusha		Mothers screened for distress after delivery	mothers who were screened for distress using the 12 item General Health Questionnai re (GHQ-12) around six weeks after delivery	Maternal health	Psychological distress	Food insecurity, multiple births, C- section, perinatal health problems, education, ANC, parity, husband's education, age	N/A	Factors that predicted distress were severe food insecurity (L) 2.21 (95% cofidence interval 143, 3.40)), having a multiple birth (2.28 (1.27, 4.10)), caesarean section (1.70 (0.29, 2.24)), perinatal health problems (1.58 (1.23, 2.02)), no schooling (1.37 (1.08, 1.73)), fever assets (1.33 (1.10, 1.60)), five or more children (1.33 (1.09, 1.61)), poor on o antenated care (1.31 (1.15, 1.48)p <0001), having never had a son (1.31 (1.14, 149)), not staying in the parental home in the postnatal period (1.15 (1.02, 1.30)), having a husband with 110 schooling (1.17 (0.96, 1.43)) and lower maternal age (0.99 (0.97, 1.00)). Socioeconomic disadvantage; healthcare-seeking/RH; gender-related factors and social norms linked with maternal distress	Individual; HH
	Quality of intra-partum care at a university hospital in Nepal: A prospective cross- sectional survey	Nepal		NGO, government		Maternal health	quality of care			The management of care in normal birth could be improved in the studied setting, and there is a need for more research to support such improvement	health facility
МН16	Improving health worker performance of abortion services: an assessment of post- training support to providers in India, Nepal and Nigeria	India, Nepal, Nigeria		NGO, government	3471	Family planning; maternal health	quality of care for abortions	following training intervention		<ol> <li>Benson J, Healy J, Dijkerman S, Andersen K. Improving health worker performance of abortion services: an assessment of post training support to providers in India, Nepal and Nigeria. Reprod Health [Internet]. 2017 Dec 21 [cite2018 Jul 22];e1(1):154. Available from: https://reproductive-health- journal.biomedcentral.com/articles/10.1186/s12978-017-0416-0</li> </ol>	health facility

					1	1			O construction of construction of characteristics of the second structure of t	,
									Overall, perception of quality differed significantly by types of health facility used for delivery. They rated lowest the supplies	
									and equipment in birth centres and the amenities and	
									interpersonal aspects in the public hospital. Accordingly,	
									attention to these aspects is needed to improve the quality.	
									Mean scores of total quality and sub-scales health facility and	
									health care delivery for women attending private hospital were	
									higher (p < 0.001) than those using birth centre or public	
									hospital. Mean score of the sub-scale interpersonal aspects for	
									public hospital users was lower (p < 0.001) than those delivered	
				Pregnant					at private hospital and birth centre. However, perception on interpersonal aspects by women using public hospital improved	
MH82		Kaski	Quantitative		701	Maternal health	Quality of services	Type of facility (priv vs. public)	significantly after delivery (p < 0.001).	Health facility
									740/ had bitth proposedness play want but bland was	
				Women					74% had birth preparedness plan, most had blood pressure checked, but few had anemia or urinalysis; most were home	
				giving birth					deliveries (82%); only 9% had all four parts of essential newborn	
				in last 24					care as per WHO requirements; low receipt o check-up post-	
MH57		Solukhumbu district	Quantitative	months	34	Maternal health	Receipt of maternal health services	Descriptive	birth by health worker	Health facility
									Half the women had four or more ANC visits and 85% had at	
									least one visit. Health education, iron supplementation, blood	
									pressure measurement and tetanus toxoid were the more	
									commonly received components of ANC. Older age, higher	
									parity, and higher levels of education and household economic	
									status of the women were predictors of both attendance at four or more visits and receipt of good quality ANC. Women who did	
									not smoke, had a say in decision-making, whose husbands had	
									higher levels of education and were involved in occupations	
								SD factors; smoking; women's say	other than agriculture were more likely to attend four or more	
								in DM; husband's work outside of	visits. Other predictors of women's receipt of good quality ANC	Individual; couple;
MH76		Nepal	Quantitative	Mothors	4,079 mothers	Maternal health	Receiving 4 or more ANC; receiving quality ANC	agriculture; media exposure; where getting ANC	were receiving their ANC from a skilled provider, in a hospital, living in an urban area and being exposed to general media.	household; health facility
IVIN70		пера	Quantitative	WOULEIS	mouners		quality Aive		inving in an urban area and being exposed to general media.	Tacinty
									Violence associated after controlling for HC access, but not once	
									controlling for socio-dem factors.	
				Women						
				giving birth					Better-educated women, women whose husbands were	
				within past 5 years and			Recipt of skilled maternity care across pregnancy/early postnatal		professionals or skilled workers and women from well-off households were more likely to receive skilled maternity care	Individual; couple;
				completing	1375		OR any skilled care in pregnancy,	Spousal violence; socio-dem;	either across the pregnancy continuum or at recommended	community; health
MH62		Nepal	Quantitative			Maternal health	childbirth, or postpartum	healthcare accessibility	points during or after pregnancy.	facility
1	Cross-country									
1	analysis of									
	strategies for achieving									
1	progress			10 low and						
	towards			middle						
	global goals			income						
	for women's		Contra	countries			and other material to take	and the standard second sector of the standard sec 9	Reducing maternal and child mortality in the 10 fast-track	and the later of the second
MH120	and children's health		Systematic Review	that met MDG's early		Maternal health; child health	reducing maternal and child mortality rates	consistent and coordinated policy and programs	countries can be linked to consistent and coordinated policy and programme inputs across health and other sectors.	societal/structural/politi cal
WIH12U	neditii		NEVIEW	s early		waternal nearth; child health	montality rates	anu prografiis	programme inputs across nearth and other sectors.	Lai
									POP prevalence decreased from 10% in 2006 to 6.4% Still very high.	
	Peer reviewed								Conservative management of POP needs to be prioritized equally to surgical management. • Need for focused strategy to increase	
мнз		National	Mixed	WRAs	4277	Maternal Health	RH Morbidities	Age, literacy and CE group	awareness and identify women with OF.	Policy/structure
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	The role of	hill villages in the	Qualitative	husbands,	Semi-	Maternal health; child health	Role of husbands in maternal	role of husbands in maternity care		In rural Nepal, male involvement in maternal health and safe	Individuals, couples,
	husbands in	Gorkha district of		wives,	structured,		health	and safe childbirth, their	to be considered when	childbirth is complex and related to gradual and evolving	households, society
	maternal	Nepal.		pregnant	in-depth			perceptions of the needs of		changes in attitudes taking place. Traditional beliefs influence	
	health and			women,	interviews			women and children, factors		male nvolvement, including the central role of women in the	
	safe childbirth			mothers in	were			which influence or discourage		domain of pregnancy and childbirth. Husbands have a role to	
	in rural Nepal:			law, health	conducted			their participation, and how		play in maternity care - they may be the only person available	
	a qualitative			workers	with			women feel about male		when a woman goes into labour. Considerable interest for the	
	study.				husbands (n			involvement around childbirth.		involvement of husbands was expressed by both expectant	
					= 17), wives				potential benefits it may	mothers and fathers but their role is shaped by their availability,	
					(n = 15),				bring to both maternal	cultural beliefs, and traditions. Although complex, expectant	
					mothers-in-				and child health	fathers do have an important role in maternal health and safe	
					law (n = 3),				outcomes.	childbirth.	
					and health						
					workers (n =						
					7)						
1					1						
MH124											
										The results show a negative association between child marriage	
										and maternal health care use in most study countries, and this	
										association is more negative in rural areas and with higher	
										orders of parity. However, the association between age at	
										marriage and maternal health care use is not straightforward	
										but depends on parity and area of residence and varies across	
										countries. The marginal effects in use of delivery care services	
										between women married at age 14 years or younger and those	
		Nepal (and other		Pregnant						married at age 18 years or older are more than 10% and highly	
MH64		countries)	Quantitative			Maternal health	service utilization	age of marriage		significant in Bangladesh, Burkina Faso, and Nepal.	Couple; societal
										Systematic lit review, including 2 articles from Nepal.	
										systematic nereview, including 2 articles from wepal.	
										Domand side determinants of convice usage wors	
										Demand-side determinants of service-usage were	
										transportation, female education, autonomy, health awareness,	
		1		1	1					and ability-to-pay. Supply-side determinants included service	
1	1			Womon:			1	1		availability and quality, existence of community health-workers,	1
				Women;						costs and informal naumonts in health facilities. Evidence is	
		Nenal (and other		neonatal;						costs, and informal payments in health facilities. Evidence is	Individual: household:
MH137		Nepal (and other		neonatal; policy-		Maternal health: neonatal health	Service utilization	Demand and supply side		particularly sparse on MNH in acute crises, and remains limited	Individual; household; health facility
MH137		Nepal (and other countries)		neonatal;		Maternal health; neonatal health	Service utilization	Demand and supply side			Individual; household; health facility
MH137				neonatal; policy-		Maternal health; neonatal health	Service utilization	Demand and supply side		particularly sparse on MNH in acute crises, and remains limited	
MH137				neonatal; policy-		Maternal health; neonatal health	Service utilization	Demand and supply side		particularly sparse on MNH in acute crises, and remains limited	
MH137				neonatal; policy-		Maternal health; neonatal health	Service utilization	Demand and supply side		particularly sparse on MNH in acute crises, and remains limited	
MH137				neonatal; policy-		Maternal health; neonatal health	Service utilization	Demand and supply side		particularly sparse on MNH in acute crises, and remains limited	
MH137				neonatal; policy-		Maternal health; neonatal health	Service utilization	Demand and supply side		particularly sparse on MNH in acute crises, and remains limited	
MH137				neonatal; policy-		Maternal health; neonatal health	Service utilization	Demand and supply side		particularly sparse on MNH in acute crises, and remains limited	
MH137				neonatal; policy-		Maternal health; neonatal health	Service utilization	Demand and supply side		particularly sparse on MNH in acute crises, and remains limited	
MH137				neonatal; policy-		Maternal health; neonatal health	Service utilization	Demand and supply side		particularly sparse on MNH in acute crises, and remains limited	
MH137				neonatal; policy-		Maternal health; neonatal health	Service utilization	Demand and supply side		particularly sparse on MNH in acute crises, and remains limited	
MH137				neonatal; policy-		Maternal health; neonatal health	Service utilization	Demand and supply side		particularly sparse on MNH in acute crises, and remains limited in fragile situations generally.	
MH137				neonatal; policy-		Maternal health; neonatal health	Service utilization	Demand and supply side		particularly sparse on MNH in acute crises, and remains limited	
MH137	Peer reviewed			neonatal; policy-		Maternal health; neonatal health	Service utilization	Demand and supply side		particularly sparse on MNH in acute crises, and remains limited in fragile situations generally. Access to antenatal care services and skilled birth attendants for women	
MH137 MH10	Peer reviewed publication		<u>Lit review</u>	neonatal; policy- makers	335	Maternal health; neonatal health	Service utilization			particularly sparse on MNH in acute crises, and remains limited in fragile situations generally. Access to antenatal care services and skilled birth attendants for women in the mountainous and hilly ecological zones of Nepal is needed to	

мн63		Nepal	Pregnancies - at least 28 weeks Quantitative gestation	18386 Maternal health	stillbirth	Socio-dem; health behaviors		Stillbirth increased significantly among women that lived in the hills ecological zones (aRR 1.38, 95% Cl 1.02, 1.87) or in the mountains ecological zones (aRR 1.71, 95% Cl 1.10, 2.66). Women with no schooling (aRR 1.72, 95% Cl 1.10, 2.69), women with primary education (aRR 1.81, 95% Cl 1.11, 2.97); open defecation (aRR 1.48, 95% Cl 1.00, 2.18), and those whose major occupation was agriculture (aRR 1.80, 95% Cl 1.16, 2.78) are more likely to report higher stillbirth.	Indivdual; Household; community
			Mothers with						
MH12		Far west Nepal	children 12- Quantitative 48 months	2614 Child health; maternal health	Stuting (height-for-age); maternal and child hemoglobin		HKI AAMA Project	Agricultural inputs had strongest path; some concerns about intervention fidelity mentioned (but it was an abstract)	Household
MH65		Nepal	Health Comment workforce	N/A Maternal health	Training of midwives			Positive commentary on progress of training midwives to be SBA	Health facility
MH21	Studies in Family Planning	Nepal, Senegal and Uganda	Secondary married or analysis of cohabitating DHS data women of (2010 or reproductiv later) e age	level maternal health	unmet need for contraception or FP		N/A	There might be missed opportunities to reach MWRA with unmet FP needs through integrated services such as prenatal care, postnatal checkups, vaccination appointments, etc.	individual, couple, houshold, health facility

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МН71		Nepal and Bangladesh	Quantitative			Maternal health	Use of maternal health services	expansion of private sector		The results of the study suggest that the expansion of private sector supply of institutional-based delivery services in Nepal and Bangladesh has not led to increased horizontal inequity. In fact, in both countries, inequity was shown to have decreased over the study period. The study findings also suggest that the provision of government delivery services to the poor protects against increased wealth-related inequity in service use.	Community; Health facility
	Community survey on	rural Sarlahi District, Nepal	Quantitative	pregnant women and	6182 women	Maternal health	Use of ultrasonography during pregnancy	reproductive health, socioeconomic, and other	none mentioned	Utilization of obstetric ultrasonography in rural Nepal was very limited. Odds of receiving an ultrasonographic examination	individuals, couples, facility
	awareness and use of obstetric ultrasonograp			their husbands				characteristics that increased the likelihood of undergoing an obstetric ultrasonographic examination.		were higher among women with post-secondary education than among those with none; for those whose husbands had post secondary education than those with none; and odds were lower among women younger than 18years than among those	
	hy in rural Sarlahi District, Nepal.									aged 18-34years.	
MH88	MATRI-										
	SUMAN' a capacity building and										
	text messaging intervention										
	to enhance maternal and child health										
	service utilization among pregnant									Capacity development of health volunteers and text messaging	
	women from rural Nepal: study protocol									to pregnant women through mobile phones have shown improved maternal and child health (MCH) outcomes and is associated with increased utilisation of MCH services. However,	
AU1127	for a cluster randomised controlled	Dhaaasha	0	pregnant		Advanced by a bit with the		promotion of health seeking		such interventions are uncommon in Nepal. We aim to carry out an intervention with the hypothesis that capacity building and text messaging intervention will increase the MCH service	
MH127	trial	Dhanusha	Quantitative	women	66,000	Maternal health; child health	utilisation of MCH services.	behaviour	NA	utilisation.	Societal/structural
	Effort of										
	Effect of Women's autonomy on									"This study found that many socio-demographic variables such	
	maternal health service utilization in									as age of women, number of children born, level of education, ethnicity, place of residence and wealth index are predicators of utilizing the maternal health services of recent child. Notably,	
MH34	Nepal: a cross sectional study	Nepal	Quant	Women	4,148	Maternal health	utilizing health services	woman autonomy		higher level autonomy was associated with higher use of maternal health services [adjusted odds ratio (aOR) =1.40; Cl 1.18–1.65"	household, societal

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MH43	Utilization of maternal health care services in post-conflict Nepal	Nepal	Quant	NGO, government	10,793 women in NDHS 2006 and 13,485 women in NDHS	Maternal health	utilizing maternal health services	conflict in Nepal		The utilization of maternal health care services tended to increase continuously during both the armed conflict and the post-conflict period in Nepal	individual, household, societal/structural/politi cal
МНЗВ	Circulating IGF 1 may mediate improvements in haemoglobin associated with vitamin A status during pregnancy in rural Nepalese women Margia	Nepal - rural areas	Quant	NGO, government	1186	5 Maternal health	Vit A levels	IGF-1, and Hb		"Increasing IGF-1 was likely one mechanism by which retinol improved circulating Hb in pregnant women of rural Nepal,"	health facility, societal/structural/polic y
MH35	Household water insecurity, depression and quality of life among postnatal women living in urban Nepal	Urban Nepəl	Quant	postnatal women living in urban Nepal		7 Maternal health	water insecurity, depression, and quality of life	levels of stress from water insecurity		Multiple regression models showed that women with high levels of stress derived from household water insecurity had greater odds of probable depression and lower physical HRQOL scores than did women with low HWIS scores.	community, household, individual
МН66		Makwanpur district	Quantitative	Mothers participatin g in a community randomized trial in 2001- 3 who were recruited for follow- up in 2014	4030	) Maternal health	Women's agency	Participation in a PLA intervention	PLA women's groups	In original trial: At the end of the trial, a 30% reduction in neonatal mortality and a 73% reduction in maternal mortality was observed in deliveries occurring in intervention compared to control clusters Found no association between participation and agency at long- term follow-up. Suggest that agency may be a pre-req not a consequence	Individual/Couple/house hold
MH22		Nepal	Commentar y	Women		Family planning; reproductive health; maternal health				Earthquake exacerbated health challenges for women; issues with access and existing vulnerabilities were worsened	Individual; community; societal

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	It Takes More								
	than a Village:								
	Building a Network of								
	Safety in Nepal's			NGO's				"This report describes and analyzes successful efforts to reduce maternal and infant mortality in a culturally astute, durable, and	
MH32		Nepal - mountain		working in	Maternal health			integratedway,aswellasexamplesofinnovationand success experienced by enacting the network of safety model"	Community, Individual
IVINSZ	communities	communicies	Description	WICH	Watemanieatti			experienced by enacting the network of safety moder	community, mainidual
				Midwives; policymaker				midwifery education, regulation, and professional associations	
MH74		Nepal	у	s	Maternal health			are important for workforce strength in Nepal	Health facility
								Deductions in MAAD, birth attendance by CDA increased.	
								Reductions in MMR; birth attendance by SBA increased; challenges in access to reproductive healthcare;	
								improvements in reducing child mortality and improving	
								measles immunization; reducing neonatal deaths a continued challenge	
								calls to improve targets to be more inclusive of hardest to reach	
MH121	-	National	Editorial		Maternal health; child health			populations - sex, age, ethnicity, disability, geographic location	
								At the macro level, governance with effective and committed	
				Delieu				leaders was found to be vital for achieving positive health	
				Policy makers,				outcomes. This was underpinned by clear commitment from donors coupled by a significant increase in funding to the health	
				donors and stakeholder				sector. At the meso level, where policies are operationalized, inter-sectoral partnerships as well as decentralization and task-	
				s - related to maternal				shifting emerged as critical. At micro (service interface) level, community-centred models and accessible and appropriately	
MUIDC		Nonel	literature	and child				trained and incentivized local health providers play a central	Societal/structural and
MH126		Nepal	review	health	N/A Maternal health; child health			role in all study countries.	policy; health facility;

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Into       Revine voice       Servine voice       and non-participant voice       and non-par				1							
Interpretation       Restandu valley       Pregnant women       pregnant observation       maternal health       maternal health care service utilization       economic reasons (facilitating environment)       The final Phase involved: 1) absence of an enabling environment and 2) direspectful care.       Individual; health facility; household         IH152       IH152       IH154       III154       III1545				1							
Image: High state       Pregnant       pregnant       pregnant       pregnant       pregnant       pregnant       maternal health care service       economic reasons (facilitating environment)       The final Phase involved: 1) absence of an enabling       Individual; health         IH152       Kathmandu valley       Qualitative       women       observation       Maternal health       adequate       individual; health       facilitation       environment; and 2) disrepectful care.       facility; household         IH152       Fach       F				1	serving	and non-			Individual level; facility level;	way; and 2) by-passing the facility in favour of one further away.	
IH152       Kathmandu valley       Qualitative       women       observation       Maternal health       utilization       environment       environment; and 2) disrepactful care.       facility; household         IH152       Image: State of the securital components of a nealing       Participants identified the securital components of a nealing       Participants identified the securital components of a nealing       environment as: relevant training: ongoing professional support; adequate infrastructure, equipment and drugs; and timely       referral pathways.All SBAs who practised alone felt unable of the securital complications because quality maagement of life-threatening complications because quality maagement of life-threatening complications pathways.All SBAs who practised alone felt unable of the securital pathways.All SBAs who practised alone felt unable of the securital pathways.All SBAs who practised alone felt unable of the securital pathways.All SBAs who practised alone felt unable of the securital pathways.All SBAs who practised alone felt unable of the securital pathways.All SBAs who practised alone felt unable of the securital pathways.All SBAs who practised alone felt unable of the securital pathways.All SBAs who practised the				1	pregnant	participant		maternal health care service	economic reasons (facilitating		Individual; health
Participants identified the essential components of an enabling environment as: relevant training: ongoing professional support; adequate infrastructure, equipment and drugs; and timely referral pathways. All SBAs who practised alone felt unable to manage obstetric complications because quality management of life-threatening complications requires the attention of more than one SBA. In Nepal, referral systems require strengthening, and the policy of posting SBA alone, in remote clinics, needs to be reconsidered to achieve the goal of reducing maternal deaths	MH152		Kathmandu vallev	Qualitative			Maternal health				
<ul> <li>Provision of maternal healthcare</li> <li>Skilled birth traines; 5</li> </ul>											
22 SBAs; 1         FGD with 10         SBA         Skilleb birth traines; 5           Provision of maternal healthcare				1		1					
referral pathways. All SBAs who practised alone felt unable to manage obstetric complications because quality management of life-threatening complications requires the attention of more than one SBA. 22. SBAs; 1 FGD with 10 SBA SBA Skilled birth trainees; 5 Provision of maternal healthcare Skilled birth trainees; 5				1		1					
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22 SBAs; 1       FGD with 10         FGD with 10       In Nepal, referral systems require strengthening, and the policy         SBA       Provision of maternal healthcare         Skilled birth       reconsidered to achieve the goal of reducing maternal deaths				1		1					
FGD with 10       In Nepal, referral systems require strengthening, and the policy         SBA       of posting SBAs alone, in remote clinics, needs to be         Skilled birth       trainees; 5				1		1				than one SBA.	
SBA Skilled birth trainees; 5 Provision of maternal healthcare Facility level (enabling Facility level (enabling				1		22 SBAs; 1					
SBA Skilled birth trainees; 5 Provision of maternal healthcare Facility level (enabling Facility level (enabling				1		FGD with 10				In Nepal, referral systems require strengthening, and the policy	
Skilled birth trainees; 5 Provision of maternal healthcare Facility level (enabling Facility lev				1							
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H123   Palpa   Qualitative   attendants   KIIS   Maternal health   services   environment for SBAs)   through timely management of obstetric complications.   Health facility											
				u u u alitativo	attendante	IKIIS	IMaternal health	Iservices	environment for SBAs)	Ithrough timely management of obstetric complications	Health tacility

								married disabled women considered pregnancy and childbirth	
								to be normal and preferred to deliver at home. Issues of quality,	
								cost and lack of family support were as pertinent for disabled	
								women as they were for their non-disabled peers. Health	
			Married					workers felt unprepared to meet the maternal health needs of	
			women with	h				disabled women. Key conclusions and implications for practice:	
			disabiltiies	27				integration of disability into existing Skilled Birth Attendant	
			recently	interviews				training curricula may improve maternal health care for	
			delivering a					disabled women. There is a need to monitor progress of	
			baby (last	disabled				interventions that encourage institutional delivery through the	
			10 years);	married				use of disaggregated data, to check that disabled women are	
			also health	women with	h		Quality; cost; lack of family	benefiting equally in efforts to improve access to maternal	
MH154	Makwanpur	Qualitative	workers	disabiltiies		Institutional delivery			Household; facility
IVIT154	Wakwaripul	Qualitative	Clean	uisabiitiles	Waternal nearth	Institutional delivery	support	fiediti care.	Household; facility
			delivery kit						
			users and						
			non-users;					CDK users were aware of its benefits, and utilization was largely	
			health			1		compatible with birth practices. Utilization was prevented by	
			providers;			1		lack of awareness about the benefits and lack of availability.	
			birth			1		Participants believed that CDKs were for home use.	
			attendants;			1		CONCLUSION: Poor promotion of CDK is related to the	
			household			1		disjuncture of promoting CDK use, while encouraging	
			Dmers;			1		institutional deliveries. If CDKs are made available and marketed	
			central leve	el 18 FGDs; 40				for use in households and health institutions, utilization may	
MH155	6 districts	Qualtative	personnel	interviews	Maternal health; neonatal health	Use of clean delivery kit	Awareness; availability	increase.	Individual; health facility
								Many women were aware of the benefits of institutional	
								delivery yet their status in the home restricted their access to	
								health facilities. Often they did not wish to bring shame on their	
								family by going against their wishes, or through showing their	
								body in a health institution. They often felt unable to demand	
								the organisation of transportation because this may cause	
								financial problems for their family. Some felt that government	
			Women					incentives were insufficient. Often, a lack of family support at	
			who had				Awareness; Family support;	the time of delivery meant that women delivered at home. Past	
			deliveredat	33			household position/roles; quality	bad experience, and poor quality health services, also prevented	Individual: hourohold:
MH156	Makwanpur	Qualitative	home	interviews	Maternal health	Institutional delivery	of health services		facility
WITIJU	Wakwaripui	Quantative	nome	interviews	Waternal nearth	institutional derivery	of fiearch services	women nom naving an institutional delivery.	Idenity
								Institutional delivery rates varied widely between settings, from	
								21% in rural India to 90% in urban India. The proportion of	
								private and charitable facility births delivered by caesarean	
								section was 73% in Bangladesh, 30% in rural Nepal, 18% in	
								• • • • • •	
						1		urban India and 5% in rural India. The odds of caesarean section	
						1		were greater in private and charitable health facilities than in	
						1		public facilities in three of four study locations, even when	
						1		adjusted for pregnancy and delivery characteristics, maternal	
						1		characteristics and year of delivery (Bangladesh: adjusted OR	
			1			1		(AOR) 5.91, 95% CI 5.15 to 6.78; Nepal: AOR 2.37, 95% CI 1.62 to	
						1		3.44; urban India: AOR 1.22, 95% CI 1.09 to 1.38). We found that	
						1		highly educated women were particularly likely to deliver by	
						1		caesarean in private facilities in urban India (AOR 2.10; 95% CI	
						1		1.61 to 2.75) and also in rural Bangladesh (AOR 11.09, 95% CI	
						1		6.28 to 19.57). CONCLUSIONS Our results lend support to the	
						1		hypothesis that increased caesarean section rates in these South	
						1		Asian countries may be driven in part by the private sector. They	
						1		also suggest that preferences for caesarean delivery may be	
			1			1			
			1	45 227		1		higher among highly educated women, and that individual-level	
			1	45,327		1		and provider-level factors interact in driving caesarean rates	
	Dhanusha and other		1.	births		1		higher. Rates of caesarean section in the private sector, and	
		1	Cesarean	across study	/	1	Location of birth/type of faility;	their maternal and neonatal health outcomes, require close	Individual; household;
MH157	countries (india, Bangladesh)	Quantitative		areas	Maternal health	Cesarean section	socio-dem factors		facility

								children of mothers with no prenatal care were at increased risk	
								of neonatal death (OR = 2.03, 95 % CI = 1.28-3.23). Compared to	
								women with no prenatal care, those with more than three visits	
								were more likely to immunize their children (OR = 2.66, 95 % Cl	
								= 2.10–3.36) and more likely to initiate breastfeeding within 1 h	
								after birth (OR = 1.25, 95 % CI = 1.02–1.54). Having skilled	
								attendants at prenatal care and at birth was also associated with	
								better infant care practices. Conclusion:Neonatal mortality is	
			women age					still high in Nepal. Adequate prenatal care utilization may	
			15–49 years					represent a key preventative strategy, which, in the present	
			old who had	1				study, was associated with improvement in neonatal mortality,	
			delivered					higher likelihood of having immunization, and initiation of	
			within three					breastfeeding within 1 h after birth. Public health awareness	
			years prior					programs and interventions are needed in Nepal to increase the	
			to the			Prenatal care visits; having SBA at		utilization of prenatal care as well as delivery assisted by skilled	
MH158	1	National	Quantitative survey	4,136 Maternal health; neonatal health	Infant care practices	prenatal care		attendants.	Individual; Facility
							Community Based		
							Newborn Care Package		
							Newborn care rackage		
							Community mobilization		
							and behaviour change		
						1	activities included: (1) FM		
1						1			
1						1	radio announcements of		
1						1	essential newborn		
1						1	messages; (2) street		
1						1	drama performances on		
1						1			
1						1	newborn care messages	We observed statistically significant improvements in equity for	
1						1	by a professional art and	facility delivery [CIndex: -0.15 (-0.24, -0.06)], knowledge of at	
							music group 'Surdaya	least three newborn danger signs [-0.026(-0.06, -0.003)],	
1						1	Saskritik Partisthan' (3)	breastfeeding within 1 h [-0.05(-0.11, -0.0001)], at least one	
							Billboards with newborn	antenatal visit with a skilled provider [-0.25(-0.04, -0.01)], at	
							care messages; (4)	least four antenatal visits from any provider [-0.15(-0.19,	
							television broadcasting at	-0.10)] and birth preparedness [-0.09(-0.12, -0.06)]. The largest	
							the Maternal Child Health	increases in practices were observed for facility delivery (50%),	
							clinic during clinic time;	immediate drying (34%) and delayed bathing (29%). These	
							(5) FCHVs interacted with	results and those of similar studies are evidence that community	
							the community during a	based interventions delivered by female community health	
							one-day social event,	volunteers can be instrumental in improving equity in levels of	
				630			which was also broadcast	facility delivery and other newborn care behaviours. We	
			recently	respondents	Institutional delivery; knowledge or	f changes in concentration indices	live on the radio; (6)	recommend that equity be evaluated in other similar settings	Community; facility
			delivered	at baseline	danger signs; ANC; birth	(change in equity and changes in	orientation of Health	within Nepal in order to determine if similar results are	(intervention worked at
MH159	E	Bardiya	Quantitative mothers	and endline Maternal health	preparedness	coverage)	Facility Operation and	observed.	multiple levels)
				20 FCHVs,					
				11 health					
				workers and					
				26 service					
				users were					
				purposefully					
1 1				selected			1	All study participants acknowledged the contribution of FCHVs	
1						1	1		
1 1				and			1	in maternity care. All FCHVs reported that they shared key	
1 1				interviewed			1	health messages through regularly held mothers' group	
1				using semi-		1	1	meetings and referred women for health checks. The main	
1				structured		1	1		
1							1	difference between the two study regions was the support	
1				topic		1	1	available to FCHVs from the local health centres. With regular	
1 1				guides. In			1	training and access to medical supplies, FCHVs in the hill villages	
1 1				addition,			1	reported activities such as assisting with childbirth, distributing	
1						1	1		
				four focus		1	1	medicines and administering pregnancy tests. They also	
1				group		1	1	reported use of innovative approaches to educate mothers.	
1 1				discussions			1	Such activities were not reported in Terai. In both regions, a lack	
1			FCHVs:	were held		1	1	of monetary incentives was reported as a major challenge for	
1			,			h	1		
			health	with 19	Provision of maternal healthcare	Variations between hill/terai	1	already overburdened volunteers followed by a lack of	
MH160	1	Dhading; Sarlahi	Qualitative providers	FCHVs Maternal health	services	districts; looking at roles of FCHVs	<u> </u>	education for FCHVs.	Community
1							1		1
1							1		
1							1	Annual state 0000 af the surgery of the state of the stat	
1							1	Approximately 90% of the women knew about the SDIP. About	
1							1	42% of the women who knew about the SDIP and 13% of the	
1						1	1	women who did not know about the SDIP had their most recent	
1						1	1		
1 1							1	delivery at a health institution. The odds of institutional delivery	
1						1	1	increased nearly three-fold (OR = 2.70; CI: 1.59-4.59) among	
1			Women of				1	women who knew about the SDIP compared to women who did	
1			reproductiv	4 026 had		1	1	not know about the SDIP. Other factors that predicted	
1							1		
1				given births		Knowledge of SDIP; healthcare	1	institutional delivery included education, wealth, urban status,	
1			birth in nast	in the past		seeking; educ; wealth;	Safe Delivery Incentive	first birth, the number of antenatal care visits, and exposure to	Individual; household;
MH161		National (DHS)	Quantitative 5 years	five years Maternal health	Institutional delivery	rural/urban; exposure to media	Programme	news media.	community
1011101	1		Guantitative 5 years	nive years initiaternal neditit	mattudonar derivery	rurar urban, exposure to media	n ogrannine	news media.	community

MH162	Makwanpur	Quantitative	married women aged between 15- 49 years, who had delivered their babies within one year	216	Maternal health	ANC	Age, education, income, family type; knowledge		More than half of the women were not aware of the consequences of lack of antenatal care. Age, education, income, type of family (caste, religion), type of work (service vs. agricultural work); parity; were strongly associated with the attendance at antenatal care service.	Individual; household
МН163	Chitwan	Quantitative	Mothers	129	Maternal health	Institutional delivery	Number of ANC		While ethnicity, educational level, parity were significantly asociated in bivariate models, But in the multivariable logistic regression analysis, no. of ANC visit (AOR = 10.03, 95 % CI = 1.02- 98.29) was only independent factors affecting institutional delivery service utilization.	Individual
MH164	10 pilot districts - had pilot districts and comparison districts	Quantitative	Recent births	Varied between pre/post and between HMIS and DHS data		birth preparedness, antenatal care seeking, antenatal care quality, delivery by skilled birth attendant, immediate newborn care and postnatal care within 48 hours	Impact of program	community-based newborn care package (CBNCP)	Changes over time in intervention and comparison areas were similar in difference-in-differences analysis of DHS and HMIS data. Logistic regression of DHS data also did not reveal any significant improvement in combined outcomes: birth preparedness, adjusted OR (aOR)=0.8 (95% CI 0.4 to 1.7); antenatal care seeking, aOR=1.0 (0.6 to 1.5); antenatal care quality, aOR=1.4 (0.9 to 2.1); delivery by skilled birth attendant, aOR=1.5 (1.0 to 2.3); immediate newborn care, aOR=1.1 (0.7 to 1.9); postnatal care; aOR=1.3 (0.9 to 1.9). Health providers' knowledge and skills in intervention districts were fair but showed much variation between different providers and districts. CONCLUSIONS This study, while representing an early assessment of impact, did not identify significant improvements in newborn care; practices and raises concerns regarding CBNCP web and birding. The study also highlights general challenges in evaluating the impacts of a complex health intervention under 'real life' conditions.	Individual
МН165	Gorkha (Palungtar)	Quantitative	Mothers with a child <2	180	Maternal health	Institutional delivery	Age of marriage; knowledge of delivery incentive; wait times; knowledge of maternal health		93.3% of the mother gave birth to their current child at health institution. The study variables like age at marriage, knowledge on delivery incentive, long waiting hours at health facility, Information on maternal health before current pregnancy, age at first pregnancy, gestational age at first ANC visit and women knowing differences between home and institutional delivery were independent factors influencing utilization of institutional delivery service. CONCLUSIONS: Promotion of information, education and communication on maternal health services and delivery incentives could result in utilization of institutional delivery services.	Individual; health facility.

			,		η			Our well 200/ of also compare the distant of the lo from ANC and
			1					Overall, 70% of the women had started their first ANC at 4
				1		1		month or earlier. Among participants who had never attended
			1					school, just more than half (52%) received first ANC at 4 months
			1					or earlier, while majority of participants (97%) who had received
			1					higher education received first ANC at recommended time.
			1					Similarly, 89% of those from richest quintile and 48% of those
			1					from poorest quintile received first ANC at recommended time.
			1					In adjusted analysis, women from richest wealth quintile were
			1					significantly more likely to initiate ANC early (AOR: 3.74, 95% CI:
			1					2.31-6.05) compared to the poorest. Similarly, women with
			1					higher level education were significantly more likely (AOR:
			1					
			1					11.40, 95% CI: 5.05-25.73) to initiate ANC early compared to
			1					women who had never attended school. A significantly lower
			1					odds of early ANC take up was observed among madhesi other
			1					caste (AOR: 0.56, 95% CI: 0.35-0.90) compared to
			1					brahmin/chhetri women. Women whose pregnancy was
			1					unwanted were significantly less likely to attend first ANC at 4
			1					months or early (AOR: 0.73, 95% CI: 0.58-0.93) in comparison to
			1					women whose pregnancy was wanted. CONCLUSION: The
			4,148	4,148				differences in the recommended timing of initiation of ANC
				women who				were evident among women with different educational,
			had a live	had a live		1		
								economic levels, and caste/ethnic groups. Rural women were
			birth during					less likely to have checkups as per guidelines. The findings
			5 years	5 years				suggest to a need of interventions to raise female education and
			preceding	preceding			Education, wealth, caste,	improve economic status of households. Targeted interventions
MH166	National (DHS)	Quantitative	the survey	the survey	Maternal health	Use of ANC - timing	pregnancy wantedness	suitable to local context and culture are equally important. Household; individual
			ve Demographi c and Health Surveys,	between July 2005 and December 2008, obtained from the nationally representati ve Demographi c and Health Surveys,			copayment exemption compared to a cash incentive on increasing skilled birth attendance (i.e., birth	Skilled birth attendance in districts with both interventions was no higher on average than in districts with only the cash incentive. In areas with adequate road networks, however, significantly higher skilled birth attendance was observed in districts with both interventions compared to those with only the cash incentive. CONCLUSIONS: The added incentive of the user-fee exemption did not significantly increase skilled birth attendance relative to the presence of the cash incentive. User-
MH167	Net and (DUC)	Quantitative	2006 and	2006 and 2011.	A destroyed in a state	SBA	attended by a skilled health	fee exemptions may not be effective in areas with inadequate Health facility;
10101	National (DHS)	Quantitative	2011. The	2011.	Maternal health	JOBA	worker) in Nepal.; road networks	road infrastructure. community/structural
			inclusion	1		1		
			criteria	1		1		
				1		1		Monon more significantly many litely to study but the sharehold and
			were	1		1		Women were significantly more likely to give birth at health care
			women of	1		1		facilities compared to home if the distance was less than one
			reproductiv	1		1		hour, belonged to advantaged caste, had radio, television and
			e age	1		1		motorbike/scooter, decision maker for place of birth was
		1	(15-49	1		1		husband, reported their frequency of antenatal (ANC) visits at 4
			years)	1		1		or more and belonged to age group 15-19. CONCLUSION: The
			having at	1		1		analysis indicates that husbands of women giving birth influence
		1	least one	1		1		the choice of place of birth. The findings highlight importance of
		1	child below	1		1		having four or more ANC visits to the health institutions and
		1	24 months	1		1		that it should be located within one-hour walking distance.
		1		1		1		
		1	of age at	1		1		Inequity in utilisation of childbirth services at health institutions
	1	1	the time of	1		1	Distance, caste, access to certain	exists as showed by low utilisation of such services by Individual; household;
MH168	Nawalparasi	Quantitative			Maternal health	Institutional delivery	material goods, DM, etc.	disadvantaged caste. health system

		Неа	lth behavio	r of interest	: Delivery		
			Location of		Who not using		
			study		services? Reasons not		What SBC
		Factor shown to be	(specific	Population	using services?	How do culture,	intervention
Socio-		significantly associated	district,	where	Preferences for	values, and norms	s really
ecological	Reference	with institutional	region, or	association	services? Trust in	influence health	change
level	number	delivery	nationally)	found	services?	service utilization?	behaviors
					Socio-demographic;		
		Occupation; frequency			use of healthcare		
Individual	MH11	of ANC	National	Mothers	services		
		Educational status;		Non-			
		parity; birth		teenage	Socio-demographic;		
	MH11	preparedness	National	mothers	birth preparation		
	MH49	Educational status	National	Mothers	Socio-demographic		
		Education; parity;					
		previous place of					
		delivery; number of			Socio-demographic;		
		antenatal visits;			knowledge; previous		
		knowledge about place			experience;		
		of delivery; planned			preferences; use of		
		place of delivery;			healthcare services;		
	MH55	ease/convenience	Morang		birth preparation		
		Parity; education;		Mothers	Socio-demographic;		
		pregnancy experience		giving birth	previous experiece;		
		(complications);		in past 5	use of healthcare		
	MH61	attending 4 ANC	Kailali	years	services		
					Media exposure; risky		
		Television viewership;			health behaviors;		
		tobacco use; education;		Community-	previous experience;		
	MH70	birth history	National	level	socio-demographic		

			Mothers		
		National	giving birth		
		(and other	in past 5		
MH73	Parity	countries)	years	Socio-demographic	
	Adequate mass media			Media exposure; socio-	
	exposure; parity;			demographic;	
MH77	personal preferences	Mugu	Mothers	preferences	
	Awareness of				
	unexpected problems;				
	knowledge of danger				
MH79	signs	Central hill	Mothers	Knowledge	
				Use of healthcare	
	4 ANC; birth			services; birth	
MH81	preparation	National	Mothers	preparation	
	Awareness of				
	comprehensive				
	emergency obstetric				
	care; Belief that the				
	hospital is the safest				
	birth location;				
	Preferences (safety				
	prioritization in decision	-		Knowledge;	
MH98	making)	Achham	Mothers	preferences	
				Socio-demographic;	
	Age; birth planning;			birth preparation;	
	awareness of services;			perceptions;	
MH99	perception of safety	Accham	Mothers	knowledge	

					PLA did not
					have an
					association
					with
					changes in
	Education, age and	Near			institutional
MH107	parity	Kathmandu	Mothers	Socio-demographic	delivery
MH122	Education	Kapilvastu		Socio-demographic	
				Socio-demographic;	
				use of healthcare	
MH9	4 ANC; age; education	National	Mothers	services	
	Knowledge of a				
	conditional cash				
	incentive program (Safe				
	Delivery Incentive				
	Programme (SDIP));				
	exposure to news			Knowledge; media	
	media; education, first			exposure; socio-	
	birth, the number of			demographic; use of	
MH7	antenatal care visits	National	Mothers	healthcare services	
		Bhaktapur -			
		Jhaukhel-		Use of healthcare	
MH45	ANC	Duwakot	Mothers	services	
	Specific ANC				
	procedures received	National			
	(rather than # or timing	(and other		Use of healthcare	
MH56	of ANC)	countries)	Mothers	services	
	poor birth		Providers;		
MH86	preparedness practices	Rukum	community	Birth preparation	

	Birth preparations,				
	complications during				
	the most recent				
	pregnancy/delivery,				
	perceptions that skilled				
	health workers are				
	always available; not			Birth preparation;	
	knowing about the			previous experience;	
	adequacy of physical			perceptions;	
MH104	facilities	Chitwan	Mothers	knowledge	
				Use of healthcare	
MH119	ANC	National	Mothers	services	
	Knowledge of				
	institutional delivery		Women		
	benefits; Previous bad		who		
	experience in health		delivered at	Previous experience;	
MH156	facility	Makwanpur	home	knowledge	
	Knowledge of the Safe				
	Delivery Incentive				
	Programme; education;				
	first birth, the number			Knowledge; socio-	
	of antenatal care visits,			demographic; use of	
	and exposure to news			healthcare services;	
MH161	media	National	Mothers	media exposure	
				Use of healthcare	
MH163	Number of ANC visits	Chitwan	Mothers	services	

	age at marriage;				
	knowledge on delivery				
	incentive, information				
	on maternal health				
	before current				
	pregnancy, age at first				
	pregnancy, gestational				
	age at first ANC visit				
	and knowledge of				
	differences between				
	home and institutional			Knowledge; socio-	
MH165	delivery	Gorkha	Mothers	demographic	
	Frequency of antenatal				
	(ANC) visits at 4 or			Use of healthcare	
	more; age group (15-			services; socio-	
MH168	19)	Nawalparasi	Mothers	demographic	
	Age; Occupation,				
	frequency of ANC visits				
	(both the teenage and				
	non-teenage mothers);				
	educational status,		Mothers		
	parity, birth		giving birth	Socio-demographic;	
	preparedness (non-		in past 5	birth preparation; use	
MH30	teenage mothers only)	National	years	of healthcare services	
			Mothers		
			giving birth		
	Antenatal care practice,		between	Previous experience;	
	adverse pregnancy	Kavrepalanc	july 2010-	use of healthcare	
MH108	outcome	howk	july 2011	services	

	lack of awareness that				
	the facility/services				
	exist; busy;				
	embarrassment;		Staff at		
	birthing on the way; by-		hospitals	Knowledge;	
	passing the facility in		serving	perceptions/	
	favour of one further	Kathmandu	pregnant	preferences; birth	
MH152	away	Valley	women	experiences	

		Неа	lth behavio	r of interest: Delivery	/		
Socio- ecological level	Reference number	Factor shown to be significantly associated with institutional delivery	Location of study (specific district,	Population where association found	Who not using services? Reasons not using services? Preferences for services? Trust in services?	How do culture, values, and norms influence health service utilization?	What SBC intervention s really change behaviors
		Husband's	nationally)				Denaviors
		education; husband's			Spousal		
Couple	MH55	occupation	Morang	Mothers	characteristics		
		husband's occupation (other than agriculture or professional					
		/technical		Mothers giving birth in			
	MH61	jobs) Support for institutional delivery by	Kailali	past 5 years	characteristics		
	MH104	the husband decision maker for place of birth was		Mothers	Spousal support		
	MH168	husband	Nawalparasi	Mothers	Decision-making		

		Неа	lth behavio	r of interest: Deliver	/		
Socio- ecological level	Reference number	Factor shown to be significantly associated with institutional delivery	study (specific district,	Population where association found	Who not using services? Reasons not using services? Preferences for services? Trust in services?	How do culture, values, and norms influence health service utilization?	What SBC intervention s really change behaviors
Family or			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
household	MH11	SES	National	Mothers	Economic factors		
		women					
	MH11	autonomy	National	Non-teenage mothers	Gender		
	MH49	Wealth	National	Mothers	Economic factors		
		Caste;			Ethnicity; economic		
	MH55	income	Morang	Mothers	factors		
				Mothers giving birth in			
	MH61	Wealth	Kailali	past 5 years	Economic factors		
	MH70	Wealth	National	Community-level	Economic factors		
		Household socioecono mic condition, parental	National (and other		Economic factors; family		
	МН73	education	countries)	Mothers	characteristics		
	MH75	Absolute	National (and other countries)	Mothers	Economic factors		
	MH77	Cost	, Mugu	Mothers	Economic factors		
	MH98	Income	Achham	Mothers	Economic factors		

	Women's				
	land				
	ownership;			Gender; Economic	
МН99	income	Achham	Mothers	factors	
	Embracing				
	and				
	addressing				
	deeply				
	rooted				
	family			Family values,	
	values and			support, and	
MH105	traditions	National	Mothers	traditions	
MH122	Dalit/Janjati	Kapilvastu	Mothers	Ethnicity	
	Wealth;				
	religion,			Economic factors;	
MH9	ethnicity	National	Mothers	ethnicity; religion	
MH7	Wealth	National	Mothers	Economic factors	
	Caste/ethnic				
	ity, decision-				
	making (the				
	decision on				
	place of				
	delivery				
	taken jointly				
	by women				
	and family				
	members or				
	by family				
	members				
MH104	alone)	Chitwan	Mothers	Ethnicity; Gender	
MH119	Income	National	Mothers	Economic factors	

			Women with		
			disabilities; providers		
	Lack of		providing services for	Family values,	
	family		women with	support, and	
MH54	support	Makwanpur	disabilities	traditions	
	Status in				
	home (did				
	not want to				
	bring shame				
	or go				
	against				
	family; );				
	lack of				
	family			Gender; family	
	support;			values, support,	
	financial		Women who delivered	and traditions;	
MH156	constraints	Makwanpur	at home	econoimc factors	
MH161	Wealth	National	Mothers	Economic factors	
	Wealth				
	(household				
	ownership);				
	caste;				
	decision				
	maker for				
	place of				
	birth was			Gender; economic	
MH168	husband	Nawalparasi	Mothers	factors	

	Socioecono				
	mic status				
	(both the				
	teenage and				
	non-teenage				
	mothers);				
	women				
	autonomy				
	(non-				
	teenage				
	mothers		Mothers giving birth in	Economic factors;	
MH30	only)	National	past 5 years	gender	
		Kavrepalanc	Mothers giving birth		
MH108	Ethnicity	howk	2010-2011	Ethnicity	
		Near			
MH107	Wealth	Kathmandu	Mothers	Socio-demographic	
		Kathmandu	Staff serving pregnant		
MH152	financial	valley	women	Economic factors	

		Неа	lth behavio	r of interest: Delivery	/		
Socio- ecological level	Reference number	Factor shown to be significantly associated with institutional delivery	Location of study (specific district, region, or nationally)	Population where association found	Who not using services? Reasons not using services? Preferences for services? Trust in services?	How do culture, values, and norms influence health service utilization?	What SBC intervention s really change behaviors
level	Reference number	Place of	nationally)		Services	utilization	Dellaviors
Community	MH11	residence	National	Mothers	Location		
community		Place of	Nutional	Witchers	Location		
		residence					
		(which		Mothers giving birth in			
	MH61	village)	Kailali	past 5 years	Location		
			National				
		Place of	(and other				
	MH73	residence	countries)	Mothers	Location		
		Social	,				
	MH99	support	Achham	Mothers	Social support		
	MH122	Terai	Kapilvastu	Mothers	Location		
		Rural;					
		ecological					
	MH9	zone	National	Mothers	Location		
	MH7	Urban status		Mothers	Location		
	MH86	Geography	Rukum	Providers; community	Location		
		Community					Community
		Based					Based
		Newborn					Newborn
		Care			Community		Care
	MH159	Package	Bardiya	Mothers	mobilization		Package
		Linkan atotice	National	Mathana	Leastien		
	MH161	Urban status Place of	ivational	Mothers	Location		
		residence					
		(rural/urban		Mothers giving birth in			
	MH30		National	past 5 years	Location		
	101130	1	national	Ipast 5 years	Location		

		Неа	lth behavio	r of interest: Delive	Ŷ	•	
Socio- ecological level	Reference number	Factor shown to be significantly associated with institutional delivery	study (specific district,	Population where association found	Who not using services? Reasons not using services? Preferences for services? Trust in services?	How do culture, values, and norms influence health service utilization?	What SBC intervention s really change behaviors
		Time to					
		reach the					
Health		nearest					
facility or		health					
health		center;			Access; Quality of		
system	MH55	safety	Morang	Mothers	care		
		Distance to					
		health					
	MH70	facility	National	Community-level	Access		
		Distance to					
		health					
		facility; quality;					
		attitudes of					
		providers;					
		healthcare					
		system			Access; provider-		
	MH77	dysfunction	Mugu	Mothers	level; system		
		Service					
		availability					
		(comprehen					
		sive					
		emergency					
		obstetric					
	MH98	care	Achham	Mothers	Availability		
		Referral					
	MH99	capacity	Achham	Mothers	Provider-lvel		
		Upgrading					
		birthing					
		centres and					
		strengthenin					
		g the					
		competenci es of health			Quality of care;		
	MH105	personnel	National	Mothers	provider-level		
	COTUIN	Use of	INDUUIDI	woulders	provider-level		
		transport					
		(e.g. bus,					
		taxi,					
		motorcycle)					
		to reach a	Bhaktapur -				
		health	Jhaukhel-				
	MH45	facility;	Duwakot	Mothers	Access		

	1					T
		Poor quality;				
		inadequate				
		human and				
		capital				
		resources,				
		poor				
		governance;			Quality of care;	
		low level of			provider-level;	
	MH86	trust	Rukum	Providers; community	system	
		Birthing				
		facility				
		located				
		within one				
		hour's				
		travelling				
	MH104	distance	Chitwan	Mothers	Access	
		Earthquake				
		distruptions				
	MH123	to services	National	General	Availability	
	111125	Quality;	Nutional		, wanabiney	
		HWs				
		considered				
		selves		Women with		
		unprepared		disabilities; providers		
		for clients'		providing services for		
				women with	Quality of care	
		specific			Quality of care;	
	MH154	needs	Makwanpur	disabilities	provider-level	
		De en aveliter		Women who delivered	Quality of same	
	MH156		Makwanpur	at home	Quality of care	Community
		Community				Community
		Based				Based
		Newborn				Newborn
		Care			Provider-level;	Care
	MH159	Package	Bardiya	Mothers	system	 Package
		long waiting				
		hours at				
		health				
	MH165	facility	Gorkha	Mothers	Access	
		Distance to				
		health				
	MH168	facility	Nawalparasi	Mothers	Access	
		Time taken				
		to reach the				
		health		Mothers giving birth		
	MH108	institution	howk	2010-2011	Access	
		poor				
		services;				
		absence of				
		an enabling				
		environmen				
		t(avail of				
		services);				
		disrespectful	Kathmandu	Staff serving pregnant	Quality of care;	
	MH152	care	valley	women	availability	
ļ						 

		Health beh	avior of inte	erest: Delivery			
				-		How do culture,	
			Location of		Who not using	values, and	
			study		services? Reasons	norms	
			(specific		not using services?	influence	
			district,		Preferences for	health	
Socio-ecological		Factor shown to be significantly	region, or	Population where	services? Trust in	service	What SBC interventions
level	Reference number	associated with institutional delivery	nationally)	association found	services?	utilization?	really change behaviors
Societal, policy,			hationaliyy				really change behaviors
structural, or		Social expectation for institutional			Enabling social		
environmental	МН98	birth	Achham	Mothers	norms		
chuionnentai			, terment				Incentive programs
							(financing initiatives)
		Incentive programs (financing					skewed towards more
	MH58	initiatives)	National	Mothers	Incentives		accessible, wealthy areas
						Harmful	
						culture/nor	
						ms reducing	
		Harmful culture practices and			Harmful cultural	institutional	
	MH86	traditions	Rukum	Providers; community	norms	delivery	
		Maternity Incentive Scheme (MIS);				· ·	
	MH118	Aama program	National	Mothers	Incentives		
	MH123	Earthquake	National	Mothers	Environmental	1	
		delivery of care via public-private				1	Cost-effectiveness of public-
	MH97	partnership	Accham	Mothers	Public-private		private partnership
		Free birth delivery programme (long-					
		term effects on use of public					
	MH142	facilitiesnot sustained)	National	Mothers	Incentives		

Reference number	Reference	Geographical location(s)	Primary audience(s) or populations of interest	Primary health areas of interest: Family planning and reproductive health; maternal health; neonatal health; child health; adolescent health; nutrition
	Devkota, H. R., Clarke, A., Shrish, S., & Bhatta, D. N. (2018). Does women's caste make a significant contribution to adolescent pregnancy in Nepal? A study of Dalit and non-Dalit adolescents and young adults in Rupandehi district. <i>BMC Women's Health</i> , <i>18</i> (1), 23. https://doi.org/10.1186/s12905-018-0513-4			
				Family planning;
FP43 FP53	Bhandari, T. R., Dangal, G., Sarma, P. S., & Kutty, V. (2014). Construction and Validation of a Women's Autonomy Measurement Scale with Reference to Utilization of Maternal Health Care Services in Nepal. <i>Journal of the Nepal Medical Association , 52</i> (195).	Rupandehi Rupandehi & Kapilvastu	Women 14-24 MWRAs	reproductive health Maternal health; family planning; reproductive health
	Karkee, R., & Khanal, V. (2016). Postnatal and neonatal care after home birth: A community-based study in Nepal. <i>Women and Birth : Journal of the Australian</i> <i>College of Midwives , 29</i> (3), e39-43. https://doi.org/10.1016/j.wombi.2015.10.003			
FP7	Bogren, M. U., Berg, M., Edgren, L., van Teijlingen, E., &	Kaski	Pregnant women	Family planning
	Wigert, H. (2016). Shaping the midwifery profession in Nepal - Uncovering actors' connections using a Complex Adaptive Systems framework. <i>Sexual &amp; Reproductive</i> <i>Healthcare : Official Journal of the Swedish Association</i> <i>of Midwives , 10 , 48–55.</i>			Family planning; reproductive health; maternal health;
FP48	https://doi.org/10.1016/j.srhc.2016.09.008	Nepal	NGO, government	neonatal health

FP33	<ul> <li>Berin, E., Sundell, M., Karki, C., Brynhildsen, J., &amp;</li> <li>Hammar, M. (2014). Contraceptive knowledge and attitudes among women seeking induced abortion in Kathmandu, Nepal. <i>Int J Womens Health</i>, 6, 335–341. https://doi.org/10.2147/ijwh.s57370</li> </ul>	Kathmandu, nepal	WRAs	Family planning; maternal health
FP6	Dhungana, A., Nanthamongkolchai, S., & Pitikultang, S. (2016). Factors Related to Intention to Undergo Female Sterilization Among Married Women in Rural Kathmandu, Nepal. <i>Nepal Journal of Epidemiology</i> , 6 (1), 539–547. https://doi.org/10.3126/nje.v6i1.14736	rural Kathmandu (central hill region)	Married women with a child	Family planning
FP1	United States Agency for International Development, Fertility Awareness for Community Transformation Wasti SP, Simmons R, Limbu N, Chipanta S, Haile L,	41 interventions	WRAs	Family planning
	Velcoff J et al. USide-Effects and Social Norms Influencing Family Planning Use in Nepal Kathmandu Univ Med J. 2017;59(3):222-9. ns R, Limbu N, Chipanta S,Haile L,Velcoff J,Shattuck D, Side-Effects and Social Norms Influencing Family Planning Use in Nepal			
FP2		Nepal	WRAs	Family planning
FP3	Contraceptive Method Skew and Shifts in Method Mix In Low- and Middle-Income Countries	109 countries	Healtrh facilities	Family planning
FP5	"Associations of women's position in the household and food insecurity with family planning use in Nepal "	nepal	WRAs	Family planning
ED10	Mehata, S., Paudel, Y. R., Dotel, B. R., Singh, D. R., Poudel, P., & Barnett, S. (2014). Inequalities in the Use of Family Planning in Rural Nepal. <i>Biomed Res Int , 2014</i> .	Noral		Fomily planning
FP10		Nepal	MWRA	Family planning
5010	Miller, G., & Valente, C. (2016). Population Policy: Abortion and Modern Contraception Are Substitutes. <i>Demography , 53</i> (4), 979–1009. https://doi.org/10.1007/s13524-016-0492-8		For the second second	Front Handbarris
FP12	Mishra, S. R., Joshi, M. P., & Khanal, V. (2014). Family planning knowledge and practice among people living	Nepal	Fertil-aged women	Family planning
FP13	with HIV in Nepal. <i>PLoS One , 9</i> (2), e88663. https://doi.org/10.1371/journal.pone.0088663	Kaski	PLHIVs	Family planning

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	Padmadas, S. S., Lyons-Amos, M., & Thapa, S. (2014). Contraceptive behavior among women after abortion in Nepal. International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics , 127 (2), 132–137. https://doi.org/10.1016/j.ijgo.2014.05.012			
FP15		Nepal	Women after birth or abortion	Family planning
FP20	Sapkota, D., Adhikari, S. R., Bajracharya, T., & Sapkota, V. P. (2016). Designing evidence-based family planning programs for the marginalized community: An example of Muslim community in Nepal. Frontiers in Public Health, 4(122), 1–10. https://doi.org/10.3389/fpubh.2016.00122	Kapilvastu	MWRAs	Family planning
<u>FP2U</u>	Shrestha, A., Kayastha, B., Manandhar, S., & Chawla, C. D. (2014). Acceptance of family planning amongst patients attending Dhulikhel hospital obstetrics and	napiivastu	IVIVVKAS	ramily planning
	gynecology department. Kathmandu University Medical	KU, Dhulikhel Hospital		
FP23	Journal (KUMJ) , 12 (47), 198–201.	(Kavrepalanchowk)	Couples	Family planning

	Thapa, S., Paudel, I. S., Bhattarai, S., Joshi, R., & Thapa, K. (2015). Factors affecting IUCD discontinuation in Nepal:			
	a nested case-control study. Asia-Pacific Journal of			
	Public Health , 27 (2), NP1280-7.			
	https://doi.org/10.1177/1010539512458522			
FP25		Kathmandu		Family planning
	Yamamoto, Y., & Matsumoto, K. (2017). Choice of			
	contraceptive methods by women's status: Evidence			
	from large-scale microdata in Nepal. Sexual &			
	Reproductive Healthcare : Official Journal of the Swedish			
FP28	Association of Midwives , 14 , 48–54.	Nepal	Women aged 15, 40 years	Family planning
FFZ0	https://doi.org/10.1016/j.srhc.2017.09.005 Axinn, W. G., Ghimire, D. J., & Smith-Greenaway, E.	мера	Women aged 15–49 years	Family planning
	(2017). Emotional Variation and Fertility Behavior.			
	Demography, 54 (2), 437–458.			Family planning;
FP31	https://doi.org/10.1007/s13524-017-0555-5	Chitwan	WRAs and spouces	maternal health
	Puri, M., Henderson, J. T., Harper, C. C., Blum, M., Joshi,			
	D., & Rocca, C. H. (2015). Contraceptive discontinuation			
	and pregnancy postabortion in Nepal: a longitudinal			
	cohort study. Contraception, 91(4), 301–307.			
	https://doi.org/10.1016/j.contraception.2014.12.011			
				Family Planning;
FP35		Kathmandu and Terai	Women receiving MA services	maternal health
	Craig, S. R., Childs, G., & Beall, C. M. (2016). Closing the			
	Womb Door: Contraception Use and Fertility Transition			
	Among Culturally Tibetan Women in Highland Nepal.			
	Maternal and Child Health Journal , 20 (12), 2437–2450.	highland Nanal	Women who used contraception	Eamily planning
ED41	https://doi.org/10.1007/s10995-016-2017-x	highland Nepal -		reproductive health
FP41		Gorkha and Mustang	- Tibetan women	reproductive nealth
	Majumder, N., & Ram, F. (2015). Explaining the role of	Bangladesh, India,		
	proximate determinants on fertility decline among poor	Nepal, Phillipines,		Family planning;
	and non-poor in Asian countries. <i>PLoS ONE</i> , 10 (2).	Indonesia, and	WRA	reproductive health;
	https://doi.org/10.1371/journal.pone.0115441	Vietnam		maternal health
FP45				

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	Rocca, C. H., Puri, M., Harper, C. C., Blum, M., Dulal, B., &			
	Henderson, J. T. (2014). Postabortion contraception a			
	decade after legalization of abortion in Nepal. Int J	Western and eastern		
	Gynaecol Obstet , 126 (2), 170–174.	regions - Kathmandu		
FP19	https://doi.org/10.1016/j.ijgo.2014.02.020	and terai	Women getting abortions	Family planning
	Sharma, B., & Nam, E. W. (2018). Condom Use at Last			
	Sexual Intercourse and Its Correlates among Males and			
	Females Aged 15-49 Years in Nepal. INTERNATIONAL			
	JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC			
	HEALTH , 15 (3). https://doi.org/10.3390/ijerph15030535			
FP22		Nepal	Men & Women aged 15-49	Family planning
<u> </u>	Sapkota, S., Rajbhandary, R., & Lohani, S. (2017). The	- le a		
	Impact of Balanced Counseling on Contraceptive Method			
	Choice and Determinants of Long Acting and Reversible			
	Contraceptive Continuation in Nepal. Maternal and Child			
	Health Journal, 21(9), 1713–1723.	Marie stopes across	MWRA getting treated in Marie	
FP21	https://doi.org/10.1007/s10995-016-1920-5	Nepal	Stopes facilities	Family planning
	Wang, LF., Puri, M., Rocca, C. H., Blum, M., &			
	Henderson, J. T. (2016). Service provider perspectives on			
	post-abortion contraception in Nepal. Culture, Health &		IDIs with servie	
	Sexuality , 18 (2), 223–235.		providers/administrators on	
5555	https://doi.org/10.1080/13691058.2015.1073358	Kathmandu and one	post-abortion FP service	
FP26		terai district, Nepal	provision	Family planning
	Padmadas, S. S., Amoako Johnson, F., Leone, T., & Dahal,			
	G. P. (2014). Do mobile family planning clinics facilitate			
	vasectomy use in Nepal? Contraception, 89(6), 557–563.			
	https://doi.org/10.1016/j.contraception.2014.01.019			
FP14		Nepal	MWRAS	Family planning
	Paudel, I. S. (2014). Fertility desire and family planning			
	need among people living with HIV in far western Nepal.			
	INTERNATIONAL JOURNAL OF INFECTIOUS DISEASES,		420 males and females we are	
	21 (1), 120. https://doi.org/10.1016/j.ijid.2014.03.676		420 males and females people	
			living with HIV/AIDS (PLHA)	
ED16		Nanal (not specified)	under anti-retroviral treatment	Eamily planning
FP16		Nepal (not specified)	(ART)	Family planning

challenges and strategies when buildin profession. Findings from a qualitative Bangladesh and Nepal. Sexual & Repro Healthcare : Official Journal of the Swe of Midwives , 16 , 45–49. FP49 https://doi.org/10.1016/j.srhc.2018.02 Dalal, K., Wang, S., & Svanstrom, L. (20	study in ductive dish Association	NGO, government	Family planning; reproductive health; maternal health; neonatal health
	.003	NGO, government	neonatal health
Dalal K. Wang S. & Svanstrom I. 120			
partner violence against women in Neg through individual, empowerment, fan level factors. <i>Journal of Research in Heg</i> 14 (4), 251–257.	oal: an analysis nily and societal		
			Family planning;
FP42	Nationa	I WRA	reproductive health
Catling, C. J., Medley, N., Foureur, M., f Teate, A., & Homer, C. S. E. (2015). Gro conventional antenatal care for womer <i>DATABASE OF SYSTEMATIC REVIEWS</i> , ( https://doi.org/10.1002/14651858.CDC	n. <i>COCHRANE</i> 2).	WRAs	Family planning; reproductive health
McKay, K. (2017). Planning Families in I ANTHROPOLOGY QUARTERLY , 31 (2). https://doi.org/10.1111/maq.12344		outside of ndu MWRA	Family planning
Byrne, A., Hodge, A., Jimenez-Soto, E., (2014). What Works? Strategies to Incr Reproductive, Maternal and Child Heal Access Mountainous Locations: A Syste Review. <i>PLoS One</i> , <i>9</i> (2). https://doi.org/10.1371/journal.pone.0	ease Ethiopia th in Difficult to Indones matic Literature Kyrgyzs Pakistai	stan, Bolivia, a, Guatemala, sia, Kenya, tan, Nepal, n, Papua New and Tajikistan NGO, government	Family planning; reproductive health; maternal health; neonatal health
Canning, D., Shah, I. H., Pearson, E., Pra M., Senderowicz, L., Langer, A. (2016 Institutionalizing postpartum intrauter services in Sri Lanka, Tanzania, and Nej for a cluster-randomized stepped-wed	). ine device (IUD) pal: study protocol ge trial. <i>BMC</i>	- Terresia	Consilvations's a
Pregnancy and Childbirth , 16 (1), 362.           FP37         https://doi.org/10.1186/s12884-016-13		a, Tanzania, pal NGO, government	Family planning; reproductive health

	Chakraborty, N. M., Murphy, C., Paudel, M., & Sharma, S.			
	(2015). Knowledge and perceptions of the intrauterine			
	device among family planning providers in Nepal: a cross-			
	sectional analysis by cadre and sector. BMC Health			Family along in a
55.40	Services Research, 15, 39.			Family planning;
FP40	https://doi.org/10.1186/s12913-015-0701-y	Nepal	NGO, government	reproductive health
	Mahumud, R. A., Sultana, M., & Sarker, A. R. (2017).	Cambodia, Columbia,		Family planning;
	Distribution and determinants of low birth weight in	Indonesia, Jordan,		reproductive health;
	developing countries. Journal of Preventive Medicine	Nepal, Pakistan,	mothers and infants	maternal health;
	and Public Health , 50 (1), 18–28.	Tanzania, Uganda and		neonatal health
FP51	https://doi.org/10.3961/jpmph.16.087	Zimbabwe		neonatai nealth
11.51	Raj, A., McDougal, L., Reed, E., & Silverman, J. G. (2015).			
	Associations of marital violence with different forms of			
	contraception: cross-sectional findings from South Asia.			
	International Journal of Gynaecology and Obstetrics: The			
	Official Organ of the International Federation of			
	Gynaecology and Obstetrics, 130 Suppl, E56-61.	Bangladesh, India,		
FP18	https://doi.org/10.1016/j.ijgo.2015.03.013	Nepal	MWRAs	Family planning
	Puri, M., Regmi, S., Tamang, A., & Shrestha, P. (2014).			
	Road map to scaling-up: translating operations research			
	study's results into actions for expanding medical			
	abortion services in rural health facilities in Nepal.			
	Health Research Policy and Systems, 12.			Family Planning;
FP34	https://doi.org/10.1186/1478-4505-12-24	Rupandehi, Kailali	Women receiving MA services	maternal health
	Amatya, A., & Dangal, G. (2017). Family Planning 2020			
	and Nepal's Pledge. Journal of Nepal Health Research			Family planning;
FP30	Council , 15 (2), I–II.	Nepal - nationwide	NGO, government	maternal health
	Yakub, M., Schulze, K. J., Khatry, S. K., Stewart, C. P.,	·		
	Christian, P., & West, K. P. (2014). High plasma			
	homocysteine increases risk of metabolic syndrome in 6			
	to 8 year old children in rural Nepal. Nutrients , 6 (4),			
FP27	1649–1661. https://doi.org/10.3390/nu6041649	NA	Children of 6 to 9 years	Family planning
	Acharya, P., Gautam, R., & Aro, A. R. (2016). FACTORS			
	INFLUENCING MISTIMED AND UNWANTED			
	PREGNANCIES AMONG NEPALI WOMEN. Journal of			
	Biosocial Science , 48 (2), 249–266.			Family planning;
FP29	https://doi.org/10.1017/S0021932015000073	Nepal - nationwide	Nepali women	maternal health
	Chakrabarti, A. (2018). Female Land Ownership and			
	Fertility in Nepal. JOURNAL OF DEVELOPMENT STUDIES ,			
	<i>54</i> (9), 1698–1715.			Family planning;
FP39	https://doi.org/10.1080/00220388.2017.1400017	Nepal	NGO, government	reproductive health
	Rocca CH et al., Postabortion contraception a decade			
504	after legalization of abortion in Nepal, International			
FP4	Journal of Gynecology & Obstetrics, 2014, 126(2):170–174			Family planning

	Mehata, S., Paudel, Y. R., Mehta, R., Dariang, M., Poudel,			
	P., & Barnett, S. (2014). Unmet need for family planning			
	in nepal during the first two years postpartum. <i>BioMed</i>			
	Research International , 2014 .		Postpartum women (using child-	
	https://doi.org/10.1155/2014/649567		level data) giving birth in last 5	
FP9	nttps://doi.org/10.1155/2014/649567	Nepal	vears	Family planning
FF 9	Jennings, E. A., & Pierotti, R. S. (2016). The influence of	мера	years	Fairing plaining
	wives' and husbands' fertility preferences on			
	progression to a third birth in Nepal, 1997–2009.			
	<i>Population Studies</i> , 70 (1), 115–133.			
				Family planning;
FP44	https://doi.org/https://doi.org/10.1080/00324728.2016.	Chitwan	Husbands and wives	reproductive health
FF44	1140806 Spring, H., Datta, S., & Sapkota, S. (2016). Using	Chitwan	Husballus allu wives	
	Behavioral Science to Design a Peer Comparison			
	Intervention for Postabortion Family Planning in Nepal.		clients during various stages of	
	, 3 1		the abortion and family planning	
FD24	Frontiers in Public Health, 4, 123.	National	,1 0	Family planning
FP24	https://doi.org/10.3389/fpubh.2016.00123 Benson, J., Healy, J., Dijkerman, S., & Andersen, K. (2017).	National	& service providers/counselors	Family planning
	Improving health worker performance of abortion			
	services: an assessment of post-training support to			
	providers in India, Nepal and Nigeria. <i>Reproductive</i>			Family planning;
FP32	Health , 14 (1), 154. https://doi.org/10.1186/s12978-017-	India Nanal Nigaria	NCO government	,, ,
FF 5Z	0416-0 Brainerd, E., & Menon, N. (2015). Religion and Health in	India, Nepal, Nigeria	NGO, government	maternal health
	Early Childhood: Evidence from South Asia. POPULATION			Family planning;
	AND DEVELOPMENT REVIEW , 41 (3), 439+.	India, Bangladesh,		reproductive health;
FP52	https://doi.org/10.1111/j.1728-4457.2015.00067.x	and Nepa	NGO, government	neonatal health
FFJZ	Bhandari, T. R., Kutty, V. R., Sarma, P. S., & Dangal, G.		NGO, government	neonalai nealli
	(2017). Safe delivery care practices in western Nepal:			
	Does women's autonomy influence the utilization of			Maternal health;
	skilled care at birth? <i>PloS One</i> , <i>12</i> (8), e0182485.	Nepal - Kapilvastu		family planning;
FP54		district	WRAs	reproductive health
1154	https://doi.org/10.1371/journal.pone.0182485 Raj, A., & McDougal, L. (2015). Associations of intimate		WIAS	
	partner violence with unintended pregnancy and pre-			
	pregnancy contraceptive use in South Asia.			
	Contraception, 91 (6), 456–463.	Bangladesh, India,		
FP17	https://doi.org/10.1016/j.contraception.2015.03.008	Nepal, Pakistan	MWRAs	Family planning
1 F 17	Malarcher, S., & Polis, C. B. (2014). Using measurements	Nepal, Fakistan		r anniy piannig
	of unmet need to inform program investments for health			Family planning;
	service integration. <i>Studies in Family Planning</i> , 45 (2),	Nepal, Senegal and	married or cohabitating women	reproductive health;
	263–275. https://doi.org/10.1111/j.1728-	Uganda	of reproductive age	maternal health
FP46	4465.2014.00388.x			
1140	Thapa, S. B., & Acharya, G. (2017). Women's health is not			
	in focus in disaster zones: lessons from the Nepal			
	earthquake. JOURNAL OF FAMILY PLANNING AND			Family planning;
	REPRODUCTIVE HEALTH CARE , 43 (2), 92–93.			reproductive health;
FP47	https://doi.org/10.1136/jfprhc-2016-101605	Nepal	Women	maternal health
1147	https://doi.018/10.1130/jipint-2010-101005			

	Sharma, J., & Tiwari, S. (2015). Intravenous Iron Sucrose			
	Therapy in Iron Deficiency Anemia in Antenatal and			
	Postnatal Patients. JNMA; Journal of the Nepal Medical			
RH31	Association , 53 (198), 104–107.	Kathmandu Hospital	Antenatal and postnatal patients	Reproductive health
	Abortion Incidence and Unintended Pregnancy in Nepal			
	Author(s): Mahesh Puri, Susheela Singh, Aparna			
	Sundaram, Rubina Hussain, Anand Tamang and Marjorie			
RH3	Crowell	27 districts	Health Workers	Reproductive health
	Puri, M., Singh, S., Sundaram, A., Hussain, R., Tamang, A.,			
	& Crowell, M. (2016). Abortion Incidence and			
	Unintended Pregnancy in Nepal. International			
	Perspectives on Sexual and Reproductive Health , 42 (4),			
RH21	197–209. https://doi.org/10.1363/42e2116	Nepal	Women receiving MA services	Reproductive health
	Valente, C. y. (2014). Access to abortion, investments in			
	neonatal health, and sex-selection: Evidence from Nepal.			
	JOURNAL OF DEVELOPMENT ECONOMICS , 107 ,			
	225–243. https://doi.org/10.1016/j.jdeveco.2013.12.002			
RH48		National	MWRAs	Reproductive health
	Haviland, M. J., Shrestha, A., Decker, M. R., Kohrt, B. A.,			
	Kafle, H. M., Lohani, S., Surkan, P. J. (2014). Barriers to			
	sexual and reproductive health care among widows in			
	Nepal. International Journal of Gynecology & Obstetrics,			
	125 (2), 129–133.			
	https://doi.org/10.1016/j.ijgo.2013.10.021	Kathmandu; Kavre;		
RH16		Chitwan	Widows	Reproductive health
11110	Dr. E Kennedy, A. Tamang, Dinesh Dhunghel, Romi Giri,			
	Achala Shrestha, The Qualitative Study on Assessing			
	Supply Side Constraints Affecting the Quality of			
	AdolescentFriendly Health Services and the Barriers for		Adolescents, health workers, gate	Reproductive health;
RH6	, Service Utilization in Nepal	12 districts	keepers	adolescent health
	Simkhada, B., Van Teijlingen, E. R., Porter, M., Simkhada,			
	P., & Wasti, S. P. (2014). Why do costs act as a barrier in			
	maternity care for some, but not all women? A			
	qualitative study in rural Nepal. International Journal of			
	Social Economics , 41 (8), 705–713.			
RH35	https://doi.org/10.1108/IJSE-03-2013-0072	NA	ANC users and non-users	Reproductive health
	Shrestha, M., Shrestha, S., & Shrestha, B. (2016).			
	Domestic violence among antenatal attendees in a			
	Kathmandu hospital and its associated factors: a cross-			
			pregnant women coming to	
	sectional study. BMC Pregnancy and Childbirth, 16 (1),		TUTH for their antenatal check-	
RH34	360. https://doi.org/10.1186/s12884-016-1166-7	Kathmandu	up (third trimester)	Reproductive health
DUIA	http://countryoffice.unfpa.org/nepal/drive/Facilitybaseda			
RH1	ssessmentforRHCS_August2014.pdf	39 dist	Health facilities	Reproductive health

	Ranjit, E., Raghubanshi, B. R., Maskey, S., & Parajuli, P.			
	(2018). Prevalence of Bacterial Vaginosis and Its			
	Association with Risk Factors among Nonpregnant			
	Women: A Hospital Based Study. International Journal of			
DUDC	Microbiology, 2018, 8349601.	La Phases		Denne de stiere le selate
RH26	https://doi.org/10.1155/2018/8349601	Lalitpur	nonpregnant wome	Reproductive health
	Singh, A., Singh, A., & Thapa, S. (2015). Adverse			
	consequences of unintended pregnancy for maternal			
	and child health in Nepal. Asia-Pacific Journal of Public			
DUDC	Health , 27 (2), NP1481-91.			
RH36	https://doi.org/10.1177/1010539513498769	Nepal	women aged 15 to 49 years	Reproductive health
	Samdal, L. J., Steinsvik, K. R., Pun, P., Dani, P., Roald, B.,			
	Stray-Pedersen, B., & Bohler, E. (2016). Indications for			
	Cesarean Sections in Rural Nepal. Journal of Obstetrics			
	and Gynaecology of India, 66(Suppl 1), 284–288.			
RH28	https://doi.org/10.1007/s13224-016-0890-2	Nepal	WRAs	Reproductive health
	Tran, N. T., Harker, K., Yameogo, W. M. E., Kouanda, S.,			
	Millogo, T., Menna, E. D., Krause, S. (2017). Clinical			
	outreach refresher trainings in crisis settings (S-CORT):			
	clinical management of sexual violence survivors and			
	manual vacuum aspiration in Burkina Faso, Nepal, and			
	South Sudan. Reproductive Health Matters , 25 (51),			
	103–113.			
RH47	https://doi.org/10.1080/09688080.2017.1405678	Nepal, South Sudan	Trainers	Reproductive health
	Thapa, S. (2016). A new wave in the quiet revolution in			
	contraceptive use in Nepal: the rise of emergency			
	contraception. <i>Reproductive Health</i> , 13 (1), 49.			
	https://doi.org/10.1186/s12978-016-0155-7			
RH46		Pokhara	ECP users	Reproductive health
	Sarkar, A., Chandra-Mouli, V., Jain, K., Behera, J., Mishra,			
	S. K., & Mehra, S. (2015). Community based reproductive			
	health interventions for young married couples in			
	resource-constrained settings: a systematic review. BMC			
	Public Health, 15, 1037. https://doi.org/10.1186/s12889-			
RH29	015-2352-7			Reproductive Health
	Campbell, R. K., Talegawkar, S. A., Christian, P., LeClerq,			
	S. C., Khatry, S. K., Wu, L. S. F., & West, K. P. J. (2014).			
	Seasonal dietary intakes and socioeconomic status			
	among women in the Terai of Nepal. Journal of Health,			Reproductive
RH49	Population, and Nutrition , 32 (2), 198–216.	Nepal - Terai	MWRA	health; nutrition
	Bhatta, D. N. (2014). Shadow of domestic violence and			
	extramarital sex cohesive with spousal communication			
	among males in Nepal. Reproductive Health , 11 (1), 44.			
0.10	https://doi.org/doi: 10.1186/1742-4755-11-44.			
RH9		Nepal	WRAs	Reproductive health
	Ramchandra Gaihre, Sabitri Sapkota, Ruchita Rajbhandary,	Katharan I. J. B.		
	Shilpa Lohani, Sexual and Reproductive Health among	Kathmandu, Lalitpur,		
	Young Persons' with Disability in six districts of Nepal ,	Bhaktapur, Kaski,		Reproductive health;
RH5	2015	Parsa and Morang	Young PWDs	adolescent health

	Rai, P., Paudel, I. S., Ghimire, A., Pokharel, P. K., Rijal, R., & Niraula, S. R. (2014). Effect of gender preference on			
RH24	fertility: cross-sectional study among women of Tharu community from rural area of eastern region of Nepal. <i>Reprod Health</i> , 11 (1), 15.	Sonapur VDC, Sunsari	MWRAs having one child	Reproductive health
RH37	Dhakal, L., Berg-Beckhoff, G., & Aro, A. R. (2014). Intimate partner violence (physical and sexual) and sexually transmitted infection: results from Nepal Demographic Health Survey 2011. <i>International Journal</i> <i>of Women's Health</i> , <i>6</i> , 75–82. https://doi.org/10.2147/IJWH.S54609	National (DHS)	MWRA 15-49	Reproductive health
RH14	Chowdhury, S. R., Bohara, A. K., & Horn, B. P. (2018). Balance of Power, Domestic Violence, and Health Injuries: Evidence from Demographic and Health Survey of Nepal. <i>WORLD DEVELOPMENT</i> , <i>102</i> , 18–29. https://doi.org/10.1016/j.worlddev.2017.09.009	National - Nepal DHS	MWRA randomly sampled for GBV module	Reproductive health
RH10	Bishwajit, G., Sarker, S., & Yaya, S. (2016). Socio-cultural aspects of gender-based violence and its impacts on women's health in South Asia [version 1; referees: 1 approved with reservations]. <i>F1000Research</i> , <i>5</i> . https://doi.org/10.12688/F1000RESEARCH.8633.1	(Bangladesh, India, Nepal, Pakistan, Sri Lanka	WRAs	Reproductive health
RH8	Reaching adolescents with health services in Nepal. (2017, February). <i>Bulletin of the World Health</i> <i>Organization</i> . Switzerland. https://doi.org/10.2471/BLT.17.020217	-	Adolescents	Adolescent health; reproductive health
RH17	Johnson, D. C., Bhatta, M. P., Gurung, S., Aryal, S., Lhaki, P., & Shrestha, S. (2014). Knowledge and awareness of human papillomavirus (HPV), cervical cancer and HPV vaccine among women in two distinct Nepali communities. <i>Asian Pacific Journal of Cancer Prevention :</i> <i>APJCP</i> , <i>15</i> (19), 8287–8293.	Khokana, a traditional Newari village in the Lalitpur District about eight kilometers south of Kathmandu, and Sanphebagar, a village development committee within Achham District in rural Far-Western Nepal	Women of reproductive age	Reproductive health
	Saville, N. M., Shrestha, B. P., Style, S., Harris-Fry, H., Beard, B. J., Sen, A., Costello, A. (2018). Impact on birth weight and child growth of Participatory Learning and Action women's groups with and without transfers of food or cash during pregnancy: Findings of the low birth weight South Asia cluster-randomised controlled trial (LBWSAT) in Nepal. PloS One, 13(5), e0194064. https://doi.org/10.1371/journal.pone.0194064		Married women aged 10–49	
RH30	1	Nepal	years	Reproductive Health

	Duri M. Tamang A. Chroetha D. & Jachi D. (2015) The			
RH22	Puri, M., Tamang, A., Shrestha, P., & Joshi, D. (2015). The role of auxiliary nurse-midwives and community health volunteers in expanding access to medical abortion in rural Nepal. Reproductive Health Matters, 22(44 Suppl 1), 94–103. https://doi.org/10.1016/S0968- 8080(14)43784-4	Rupandehi, Kailali	ANM and FCHV	Reproductive health
RH44	Tamang, A., Shah, I. H., Shrestha, P., Warriner, I. K., Wang, D., Thapa, K., Meirik, O. (2017). Comparative satisfaction of receiving medical abortion service from nurses and auxiliary nurse-midwives or doctors in Nepal: results of a randomized trial. <i>Reproductive Health</i> , <i>14</i> (1), 176. https://doi.org/10.1186/s12978-017-0438-7			Reproductive health
	Budhathoki, S. S., Bhattachan, M., Castro-Sánchez, E., Sagtani, R. A., Rayamajhi, R. B., Rai, P., & Sharma, G. (2018). Menstrual hygiene management among women and adolescent girls in the aftermath of the earthquake in Nepal. <i>BMC Women's Health</i> , <i>18</i> (1).	Nepal - three villages of Sindhupalchowk		
RH11 RH12	https://doi.org/10.1186/s12905-018-0527-y Budhathoki, S. S., Bhattachan, M., Pokharel, P. K., Bhadra, M., & van Teijlingen, E. (2017). Reusable sanitary towels: promoting menstrual hygiene in post- earthquake Nepal. <i>The Journal of Family Planning and Reproductive Health Care</i> , <i>43</i> (2), 157–159. https://doi.org/10.1136/jfprhc-2016-101481	district Nepal	NGO, government NGO, government	Reproductive health
RH43	Tamang, A., Puri, M., Lama, K., & Shrestha, P. (2015). Pharmacy workers in Nepal can provide the correct information about using mifepristone and misoprostol to women seeking medication to induce abortion. <i>REPRODUCTIVE HEALTH MATTERS</i> , 22 (44, S), 104–115. https://doi.org/10.1016/S0968-8080(14)43785-6	Jhapa & Morang dist	Pharmacy workers	Reproductive health
	Chaudhary, P., Vallese, G., Thapa, M., Alvarez, V. B., Pradhan, L. M., Bajracharya, K., Goyet, S. (2017). Humanitarian response to reproductive and sexual health needs in a disaster: the Nepal Earthquake 2015 case study. <i>Reproductive Health Matters</i> , <i>25</i> (51), 25–39. https://doi.org/10.1080/09688080.2017.1405664			
RH13		National level - Nepal	Adolescent girls affected by earthquake in 2015	Reproductive health

	Singh, J. K., Evans-Lacko, S., Acharya, D., Kadel, R., & Gautam, S. (2018). Intimate partner violence during pregnancy and use of antenatal care among rural women in southern Terai of Nepal. <i>Women and Birth</i> ,			
RH42	31 (2), 96–102. https://doi.org/10.1016/j.wombi.2017.07.009	Dhanusha	Pregnant	Reproductive health
RH2	MOHP/UNFPA	11 districts	WRAs	Reproductive health
DUAE	Thapa, K., Sanghvi, H., Rawlins, B., Karki, Y. B., Regmi, K., Aryal, S., Suhowatsky, S. (2016). Coverage, compliance, acceptability and feasibility of a program to prevent pre- eclampsia and eclampsia through calcium supplementation for pregnant women: an operations research study in one district of Nepal. <i>BMC Pregnancy</i> and Childbirth , 16 , 241. https://doi.org/10.1186/s12884-	Deilekh	WDA	Deproductive boolth
RH45	016-1033-6 Pun, K. D., Infanti, J. J., Koju, R., Schei, B., & Darj, E.	Dailekh	WRAs	Reproductive health
RH20	(2016). Community perceptions on domestic violence against pregnant women in Nepal: a qualitative study. <i>Global Health Action , 9 ,</i> 31964.	Dhulikhel, Nepal	Men & Women aged 15-49	Reproductive Health
01141	Singh, J. K., Acharya, D., Kadel, R., Adhikari, S., Lombard, D., Koirala, S., & Paudel, R. (2017). Factors Associated with Smokeless Tobacco Use among Pregnant Women in Rural Areas of the Southern Terai, Nepal. <i>Journal of</i> <i>Nepal Health Research Council</i> , <i>15</i> (35), 12–19.	Dhanusha		Described in the lab
RH41	Ranabhat, C., Kim, CB., Choi, E. H., Aryal, A., Park, M. B., & Doh, Y. A. (2015). Chhaupadi Culture and Reproductive Health of Women in Nepal. <i>Asia-Pacific Journal of Public Health , 27</i> (7), 785–795. https://doi.org/10.1177/1010539515602743	Kailali and Bardiya districts, Nepal	pregnant mothers,	Reproductive health
RH18	Johnson, D. C., Lhaki, P., Buehler Cherry, C., Kempf, M C., Chamot, E., Vermund, S. H., & Shrestha, S. (2017). Spatial analysis of the regional variation of reproductive tract infections and spousal migration correlates in Nepal. <i>Geospatial Health</i> , <i>12</i> (1), 513. https://doi.org/10.4081/gh.2017.513	Nepal	Women of reproductive age - married	Reproductive health

r		1		
	Glenton, C., Sorhaindo, A. M., Ganatra, B., & Lewin, S. (2017). Implementation considerations when expanding health worker roles to include safe abortion care: a five- country case study synthesis. <i>BMC Public Health</i> , <i>17</i> (1), 730. https://doi.org/10.1186/s12889-017-4764-z			
DUITE		Nepal and other	Klia	Denneductive health
RH15		countries	KIIs	Reproductive health
RH27	Raut, N. (2018). Case studies on sexual and reproductive health of disabled women in Nepal. <i>ASIAN JOURNAL OF</i> <i>WOMENS STUDIES</i> , <i>24</i> (1), 140–151. https://doi.org/10.1080/12259276.2018.1424700	Nepal	Women living with a disability	Reproductive health
	Vanessa Woog and Anna Kågesten, The Sexual and			
	Reproductive Health Needs of Very Young Adolescents Aged 10–14 in Developing Countries: What Does the			Reproductive health;
RH7	Evidence Show? 2017 Rahman, M., Haque, S. E., Zahan, S., Islam, J., Rahman,	Developing countries	youth	adolescent health
RH23	Mainfail, M., Haque, S. E., Zahah, S., Islah, J., Kainfah, M., Asaduzzaman, Mostofa, G. (2018). Maternal high- risk fertility behavior and association with chronic undernutrition among children under age 5 y in India, Bangladesh, and Nepal: Do poor children have a higher risk? NUTRITION, 49, 32–40. https://doi.org/10.1016/j.nut.2017.10.001	India, Bangladesh, Nepal	MWRAs	Reproductive Health
DU10	Parajuli, R., & Doneys, P. (2017). Exploring the role of telemedicine in improving access to healthcare services by women and girls in rural Nepal. <i>TELEMATICS AND INFORMATICS , 34</i> (7), 1166–1176. https://doi.org/10.1016/j.tele.2017.05.006	three rural recipient sites receiving telemedicine from	Women (rick	Dongoductive bestite
RH19	Shrestha, B., Onta, S., Choulagai, B., Poudyal, A., Pahari,	Kathmandu	Women/girls	Reproductive health
	D. P., Uprety, A., Krettek, A. (2014). Women's experiences and health care-seeking practices in relation to uterine prolapse in a hill district of Nepal. <i>BMC</i> <i>Womens Health</i> , 14, 20. https://doi.org/10.1186/1472-	Dhadha	uterine prolapse affected	
RH32	6874-14-20	Dhading	women	Reproductive health

M., & Krettek, A. (2015). Uterine prolapse and its impact n quality of life in the Jhaukhel-Duwakot Health bemographic Surveillance Site, Bhaktapur, Nepal. <i>Global</i> <i>lealth Action , 8 ,</i> 28771. beepika Bhatt, Raman Shrestha, Renu Lama Sabitri apkota, Youth Friendly Sexual and Reproductive Health SRH) Services: An exploratory study on the SRH xperiences and needs of young people in Nepal, 2017 hahabuddin, A., De Brouwere, V., Adhikari, R., Delamou, , Bardaji, A., & Delvaux, T. (2017). Determinants of nstitutional delivery among young married women in lepal: Evidence from the Nepal Demographic and Health urvey, 2011. BMJ Open, 7(4), e012446.		Uterine prolapse affected women Youth	Reproductive health Reproductive health; adolescent health
Remographic Surveillance Site, Bhaktapur, Nepal. Global Realth Action, 8, 28771. Reepika Bhatt, Raman Shrestha, Renu Lama Sabitri apkota, Youth Friendly Sexual and Reproductive Health SRH) Services: An exploratory study on the SRH xperiences and needs of young people in Nepal, 2017 hahabuddin, A., De Brouwere, V., Adhikari, R., Delamou, , Bardaji, A., & Delvaux, T. (2017). Determinants of nstitutional delivery among young married women in lepal: Evidence from the Nepal Demographic and Health	Morang, Kathmandu, Parsa and Kaski	women	Reproductive health;
lealth Action, 8, 28771. The pepika Bhatt, Raman Shrestha, Renu Lama Sabitri apkota, Youth Friendly Sexual and Reproductive Health SRH) Services: An exploratory study on the SRH xperiences and needs of young people in Nepal, 2017 hahabuddin, A., De Brouwere, V., Adhikari, R., Delamou, , Bardaji, A., & Delvaux, T. (2017). Determinants of institutional delivery among young married women in lepal: Evidence from the Nepal Demographic and Health	Morang, Kathmandu, Parsa and Kaski	women	Reproductive health;
eepika Bhatt, Raman Shrestha, Renu Lama Sabitri apkota, Youth Friendly Sexual and Reproductive Health SRH) Services: An exploratory study on the SRH xperiences and needs of young people in Nepal, 2017 hahabuddin, A., De Brouwere, V., Adhikari, R., Delamou, , Bardaji, A., & Delvaux, T. (2017). Determinants of istitutional delivery among young married women in lepal: Evidence from the Nepal Demographic and Health	Morang, Kathmandu, Parsa and Kaski		Reproductive health;
apkota, Youth Friendly Sexual and Reproductive Health SRH) Services: An exploratory study on the SRH xperiences and needs of young people in Nepal, 2017 hahabuddin, A., De Brouwere, V., Adhikari, R., Delamou, , Bardaji, A., & Delvaux, T. (2017). Determinants of istitutional delivery among young married women in lepal: Evidence from the Nepal Demographic and Health	Parsa and Kaski	Youth	
SRH) Services: An exploratory study on the SRH xperiences and needs of young people in Nepal, 2017 hahabuddin, A., De Brouwere, V., Adhikari, R., Delamou, , Bardaji, A., & Delvaux, T. (2017). Determinants of istitutional delivery among young married women in lepal: Evidence from the Nepal Demographic and Health	Parsa and Kaski	Youth	
xperiences and needs of young people in Nepal, 2017 hahabuddin, A., De Brouwere, V., Adhikari, R., Delamou, , Bardaji, A., & Delvaux, T. (2017). Determinants of istitutional delivery among young married women in lepal: Evidence from the Nepal Demographic and Health	Parsa and Kaski	Youth	
hahabuddin, A., De Brouwere, V., Adhikari, R., Delamou, , Bardaji, A., & Delvaux, T. (2017). Determinants of 1stitutional delivery among young married women in lepal: Evidence from the Nepal Demographic and Health		Youth	adolescent health
., Bardaji, A., & Delvaux, T. (2017). Determinants of nstitutional delivery among young married women in lepal: Evidence from the Nepal Demographic and Health			
nstitutional delivery among young married women in Iepal: Evidence from the Nepal Demographic and Health			
nstitutional delivery among young married women in Iepal: Evidence from the Nepal Demographic and Health			
lepal: Evidence from the Nepal Demographic and Health			
ttps://doi.org/10.1136/bmjopen-2016-012446	Nepal	MWRAs	Reproductive health
hakya, G., Singh, D. R., Ojha, H. C., Ojha, C. R., Mishra, S.			
., Malla, K., Regmi, K. (2016). Evaluation of SD Bioline			
IIV/syphilis Duo rapid test kits in Nepal. BMC Infectious			
Diseases , 16 (1), 450. https://doi.org/10.1186/s12879-			
16-1694-9		MWRAs	Reproductive health
harma, A., & Zhang, J. P. (2014). Risk Factors and			
ymptoms of Uterine Prolapse: Reality of Nepali			
	Nenal	MMRAS	Reproductive health
)i 1 h	<i>seases , 16</i> (1), 450. https://doi.org/10.1186/s12879- <u>6-1694-9</u> arma, A., & Zhang, J. P. (2014). Risk Factors and mptoms of Uterine Prolapse: Reality of Nepali	seases , 16 (1), 450. https://doi.org/10.1186/s12879- 6-1694-9 arma, A., & Zhang, J. P. (2014). Risk Factors and mptoms of Uterine Prolapse: Reality of Nepali	seases , 16 (1), 450. https://doi.org/10.1186/s12879-     MWRAs       .6-1694-9     MWRAs       arma, A., & Zhang, J. P. (2014). Risk Factors and     MWRAs

Specific health behaviors FAMILY PLANNING-FG	Primary predictors or explanatory variables of interest	Specific SBCC intervention component discussed/describe d (if any)	Major finding (Summarized in 1 sentence only)	Relevant level(s) of the socio- ecological model: individual, couple, household, community, health facility, or societal/structural/policy
FAMILY PLANNING-F	JCUSED			
			No significant differences by caste; education and individual behaviors (later marriage, alcohol consumption, attending fairs) were associated	
			Women who had secondary level education (OR: 0.34; 95% CI: 0.17, 0.65), had married after 17 years of age (OR: 0.02; 95% CI: 0.01, 0.14) and had attended fairs/clubs (OR: 0.40; CI: 0.21, 0.79) were significantly less likely to experience early age pregnancy. Women who drank alcohol (OR: 5.18; 95% CI: 1.02, 26.32) were significantly more likely to become pregnant during adolescence compared to women who did not drink alcohol.	
Adolescent pregnancy	women's caste, ethnicity and other socio-demographic and individual factors with early pregnancy	N/A	Reducing the number of adolescent pregnancies requires addressing the factors that lead to and perpetuate child marriage; keeping girls within education systems for longer; increase the knowledge and control of girls over their own reproductive health and planning; and actions that promote gender respect within relationships, decision-making and negotiation among both girls and boys.	Individual; societal
			The new 23 item scale is a reliable tool for assessing women's autonomy in	individual, couple,
autonomy			developing countries	household, community
			Overali, short birth spacing appeared to be inversely associated with advancing maternal age. For the multiparous group, Janajati and lower caste women, and those whose newborn was female, were more likely to have short birth spacing. CONCLUSION: The preceding interbirth interval was relatively long in the Kaski district of Nepal and tended to be associated with maternal age, caste, and sex of newborn infant. Optimal birth spacing programs should target Janajati and lower	
Birth spacing	SD; previous interval; age; caste		caste women, along with promotion of gender equality in society.	Individual; household
connections between actors establishing midwifery school			Actors promoting the profession connect through a set of facilitators and barriers, common goals and collaboration are critical for building a midwifery profession, and political priorities challenge the professional establishment	community, health facility, societal/structural/political

contraception knowledge and		Women seeking abortion in Kathmandu had shorter education and a history of	couple, household, health
attitude	Education and maternal history	more pregnancies and deliveries than women in the control group.	facility
Contraceptive intention (sterilization)	Age, durration of marriage, and number of living children	Younger age groups, those married for longer, and those with <3 children had significantly higher intention of uptake (but we don't know about actualy acceptance)	Individual/family
		The included interventions highlighted the diversity of couples counseling approaches varying from couples-based (couples counseled together) to couples-focused	,
Contropontivo uso	Knowledge male engagement		Couple
Contraceptive use	Knowledge, male engagement	(partners counseled separately) approaches. In general, improved FP outcomes	
		Nepal's recent gains in contraceptives prevalence rate will require strong educational	
		interventions addressing fertility awareness, social norms around son preference,	
		dispelling fear of side-effects while increasing the family planning method-mix.	
	Knowledge and use of FP, religion	structural barriers such as	individual; societal; health
Contraceptive use	& culture	limited family planning services, and lack of same gender providers	system
		Method mix skew is not a definitive indicator of lack of contraceptive choice or	
		provider bias; it may instead reflect cultural preferences. In countries with a skewed	
Contraceptive use	-	method mix, investigation is warranted to identify the cause.	Health facility; societal
		This study shows that household position is associated with family planning use in	
	Psition in the household, food	Nepal, and that food insecurity modifies these associations-highlighting the	
	insecurity; Co residency with	importance of considering both factors in understanding reproductive health care use	
Contraceptive use	family members	in Nepal.	Household
		Short-acting and permanent methods were most commonly	
		used, and long-acting reversible contraceptives were the least likely to be used.	
		Muslims were less likely to use family planning	
		compared to other caste/ethnic groups. Usage was also lower among younger	
		women (likely to be trying to delay or space births)	
		than older women (likely to be trying to limit their family size). Less educated	
	SD - caste, age, education (in	women were more likely to use permanent methods	
Contraceptive use	rural areas)	and less likely to use short-term methods.	Individual; household
		Using four waves of rich individual-level data representative of fertile-age Nepalese	
		women, we find robust evidence of substitution between modern contraception	
		and abortion. This finding has important implications for public policy and foreign	
	after the 2004 legalization of	aid, suggesting that an effective strategy for reducing expensive and potentially	
Contraceptive use	abortion	unsafe abortions may be to expand the supply of modern contraceptives.	Policy
		Being single, being female and having received the counselling sessions were associated with the use of FP.	
	Receipt of FP counseling; SD		
Contraceptive use	factors (marriage; gender)	High use - 2/3; high knowledge (9/10)	Individual; health facility
ontraceptive use	naciona (marnage, genuer)	[1161 03C - 2/3, 1161 NIOWICOGE (3/10)	individual, nearth facility

		The rate of discontinuation among contraceptive users was significantly higher in	
		the postabortion group (HR 1.32; 95% Cl, 1.05–1.65; P < 0.05). Women who were	
		educated, wealthier, had used contraceptives before the index pregnancy, had two	
		sons and had autonomy initiated contraceptive use significantly earlier in the post-	
		abortion period than their counterparts.	
		FROM DIGEST FROM OTHER ARTICLE:	
		"According to a study that used population-based data, only 56% of women who	
1		had had an abortion initiated contraceptive use in the 12 months following the	
		procedure. The survey collected monthly data on contraceptive use and pregnancy	
1		outcomes during the five years preceding the survey, as well as data on women's	
1		socioeconomic and demographic characteristics. Women in the post-abortion group	
1		had a higher rate of earlier method discontinuation in the first 12 months than did	
1		<b>.</b>	
		women in the postpartum group (hazard ratio, 1.3).	
		Earlier contraceptive initiation was more likely among women who had used	
		traditional methods or modern methods before the index pregnancy than among	
		those who had not used a method (3.4 and 1.8, respectively). Women aged 25-30 or	
		30-34 had a greater likelihood of earlier contraceptive initiation than did those aged	
		15-24 (1.2-1.3). Compared with women with other family compositions, women	
		with two sons were more likely to have initiated contraceptive use earlier (1.2).	
		Women reporting autonomy in household decision making had a higher likelihood	
		of earlier contraceptive initiation than women without autonomy (1.5). Earlier	
		method initiation was positively associated with wealth and education (1.4-2.1), and	
		negatively associated with having a husband who migrated for work (0.6).	
		Unexpectedly, compared with women in the relatively remote and economically	
	post-birth or post-a bortion; SD	deprived midwestern region, those in the eastern, central and western regions were	Individual; household;
Contraceptive use	factors; autonomy	less likely to initiate contraceptive use earlier within 12 months (0.7-0.8)."	community
		Discrepancy exists between current use and desire for use of FP among Muslim	
		women in future. This highlights the inadequacy of implementing the current	
		blanket policy and programs related to FP and offer ways to move forward with the	
1		national FP agenda ensuring the cultural rights and non-discrimination of women	
		Husband approval and secrecy of their personal identity affect use of any method of	
		contraception. Future plan for children and prior information regarding FP found to	
		affect current use of FP, significantly. FP word itself was found to be stigmatizing, so	
		women prefer replacing the word FP with culturally appropriate one. Furthermore,	individual: courses
Contracontivo uco		incorporating it into comprehensive package for improving women's health will	individual; couple;
Contraceptive use		definitely contribute to improve access and uptake of services. Education plays a vital role in the acceptance of family planning and decision	social/cultural
		making for the use of	
		contraception required the need for the couples to know	
Contracenting		the advantages and the disadvantages of various methods	ا مرینی نام در م
Contraceptive use	NA	and their side effects	Individual

			Logistic regression was used to analyze the data. When cases were compared with	
			controls, the results showed that place of residence, sex of last child, reproductive	
			intention, experience of side effects, and follow-up practice were associated with	
			discontinuation of the IUCD. Experience of side effects has been seen as the major	
	Place of residence; sex of child;		reason for discontinuation. The results suggest that side effects after IUCD insertion	
	reproductive intention; side		should be properly discussed and promptly treated to reduce the discontinuation	
Contraceptive use	effects		rate.	Individal; community
			Improvement in women's status (more education and less fear of their partners)	
			changed their contraceptive behaviors by increasing the probability of choosing	
Contraceptive use	education		condoms and decreasing the probability of choosing female sterilization in Nepal.	Individual; couple
	husband-wife emotional bond,			
	parent's experience, age,		the variance in levels of husband-wife emotional bond is significantly associated	
Contraceptive use	ethnicity		with their subsequent use of contraception to avert births	Couple
			Increased availability of long-acting methods in Nepal and similar settings may help	
			to prevent unwanted pregnancy and attendant maternal mortality and morbidities.	
			······································	
			Discontinuation was far lower among the 5% of women using long-acting reversible	
			methods (21/100 person-years) than among those using condoms (74/100 person-	
			years), pills (61/100 person-years) and the injectable [64/100 person-years; adjusted	
			hazard ratio (aHR)=0.32 (0.15-0.68)]. Unmarried women and those not living with	
			their husband experienced higher contraceptive discontinuation [aHR=2.16 (1.47-	
			3.17)]. The 1-year pregnancy rate for all women was 9/100 person-years. Pregnancy	
l l			was highest among those who initiated no modern method postabortion (13/100	
			person-years) and condoms (12/100 person-years), and pregnancy was lowest	
			among users of long-acting reversible methods (3/100 person-years). The poorest	
Contraceptive use				Individual
			women were at increased pregnancy risk [aHR=2.31 (1.32-4.10)]. Exploring women's attitudes/ambivalence related to contraception - migration	
			initiating use at first (for women); women using interpretive agency to interpret	
			religious ideology in ways to support or rationalize their actions; roel of state (or	
			lack thereof) in controlling reproduction	
			anthropological exploration of experience and embodiment of contraception -	
Contraceptive use	Socio-cultural factors; Religion	N/A	control over reproduction, ideas about ideal family, etc.	Individual; Societal
			The majority of countries experience fertility decline over the period of the study	
			despite diversity in economic development.	
	total fertility rate	N/A		
			increasing level of contraceptive use especially among poor women. Over the	
Contracontivo			period of time changing marriage pattern and induced abortion are playing an	Sociotal
Contraceptive use			important role in reducing fertility among poor women.	Societal

			Large proportion left without counseling or without starting a method; if chose	
	Socio-demographic factors;		larcs, low uptake 6 mo after abortion; women who did not have children or who did	
Contraceptive use (after abortion	receipt of post-abortino		not have husbands there were less likely to receive counseling or start using a	
and post-abortion care)	counseling		method	Individual; Health facility
			The prevalence of condom use at last sexual intercourse was low in Nepal, however,	
			religion, occupation, and residence type were not significant correlates of condom	
			use; moreover, HIV knowledge, having multiple sexual partners, and mobility also	
			did not have significant association with condom use in both males and females.	
			Living in Far-Western region, age and wealth quintile were positively associated	
			with condom use in both males and females. Being unmarried was the most	
			important predictor of condom use among males. Higher education was associated	Individual; household;
Contraceptive use (condoms)			with increased likelihood of condom use in females.	community
				community
	Satisfaction with LARC; other			
	background characteristics; also	Balanced	Women's reported satisfaction with LARC [AHR 0.23; 95 % CI 0.14-0.39, p = 0.000]	
Contraceptive use (LARC use;	introduction of balanced	counseling	was the single strongest determinant of LARC continuation after adjusting for all	
LARC continuation)	counseling approach	introduction	background characteristics	Individual
		Introduction	Facility factors perceived to impact post-abortion contraceptive services included on-	Individual
			site availability of contraceptive supplies, dedicated and well-trained staff and	
			adequate infrastructure; also provider biases	
			Cultural norms emerged as influencing contraceptive demand by patients, including	
	Facility-level factors; cultural		method use being unacceptable for women whose husbands migrate and limited	
Contraceptive use (Post-abortion)	factors; individual FP needs		decision-making power among women.	Health facility; societal
			The odds of a male sterilization were significantly higher in a mobile clinic than those	Treater racincy, societar
			in a government hospital (odds ratio, 1.65; 95% confidence interval, 1.21-2.25). The	
			effects remained unaltered and statistically significant after adjusting for	
			sociodemographic and clustering effects. Random effects were highly significant,	
			which suggest the extent of heterogeneity in vasectomy use at the community and	
			district levels. The odds of vasectomy use in mobile clinics were significantly higher	
	mobile sterilization clinics; SD	Mobile sterilization	among couples residing in hill and mountain regions and among those with three or	
Contraceptive use (sterilization)	factors (e.g. parity)	clinics	more sons or those with only daughters.	health facility; community
			Fifty percent of the current pregnancies were unwanted and 96% responded not	
			desiring children in future. Income, HIV status of spouse and those not having	
			current living children were more likely to have fertility desire and the association	
			remained highly significant. The PLHA who did not have son were slightly more than	
			six times more likely to desire for children than those who already had one or more	
			son (OR= 6.324, 95% CI 2.195-18.221). Considering the need of family planning 36%	
			of the PLHA who did not desire to have children in the future were not using any	
			contraceptives. FP counseling during ART and duration under ART showed highly	
Contraceptive use; unmet need	SD factors; fertility desires		significant association with current use of contraception in regression analysis.	Health facility

			This study demonstrated that building a midwifery profession requires a political	
			comprehensive collaborative approach supported by a political commitment.	health facility,
Creating health facilities			Through	societal/structural/policy
	individual level factors were			societaly structuraly policy
	measured by age, residency,			
	education, religion and			
	husband's education.			
	Empowerment factors included			
	employment status and various			
	decision making elements.			
	Family and societal factors			
	included economic status,			
	neighborhood socioeconomic			
	disadvantage index, history of			
	family violence, husband's			
	controlling behavior and other		oint decision making for contraception, husband's non-controlling behavior to wives	
GBV	issues.	N/a	and friendly feelings were emerged as less likely to be IPVAW perpetration.	нн
			Available evidence suggests that group antenatal care is positively viewed by	individual, couple,
group antenatal visits	negative health outcomes		women and is associated with no adverse outcomes for them or for their babies.	household, community
			Review highlights role of Brunson's book in highighting the implicit narratives that	· · · · · ·
			emerge about family planning in health and development programs; also highlights	
	Cultural factors; caste; social		the way social and cultural factors intersect to influence individuals' reproductive	
Having children	factors		decisions	Cross-cutting
			Task shifting, strengthened roles of CHWs and volunteers, mobile teams, and	health facility,
health care access			inclusive structured planning forums have proved effective.	societal/structural/policy
			This study will provide critical evidence on the causal effects of hospital-based	
			PPIUD provision on contraceptive choices and reproductive health outcomes, as	couple, household, health
			well as on the feasibility, acceptability and longer run institutional impacts in three	facility,
IUD placement	Institutional Impact on PPIUCD		low- and middle-income countries.	societal/structural/political

nowledge of IUDs among			Provider knowledge and attitudes towards IUD provision is low and similar across cadre and sector, supporting WHO task-sharing guidelines and validating Nepal's	h lub Gaziltan
caregivers			family planning policies.	health facility
low birth rate	antenatal care, delayed coception, low body index, SES, literacy rate	N/A	Various factors such as advanced maternal age and literacy rates are determinants of low birth rates in developing countries	
		+	++	All
marital violence	physical marital violence with contraception	NA	Sexual marital violence might increase use of contraception that need not require husband involvement (pill) but decrease use of methods that require his cooperation (condom) or support for mobility, funds, or time (sterilization	Individual/family
medical abortion	accessible and affordable services		This research provided further evidence and a road-map for expanding medical abortion services to rural areas by mid-level service providers in minimum clinical settings without the oversight of physicians, thus reducing complications and deaths due to unsafe abortion.	Policy/structure
meeting unmet need for family planning			"At the national level there is a dire need to multi-sectoral approach to reach our	societal/structural/political
Metabolic syndrome			High prevalence of hyperhomocysteinemia and MetS in this low income population suggest that Nepalese children are at a greater risk of developing CVD and diabetes in future.	Policy/structure
mistimed and unwanted last pregnancy	geographic location, husbands with paid jobs, socioeconomic status		Women from the hill region reported more untimely pregnancies and women from the Western development region reported more unwanted pregnancies.	household, individual
number of children birthed	land ownership			individual, household, societal/structural/political
PAC	access to services		efforts be made to provide information and supplies at the initial abortion visit and to explore other strategies for improving provision.	Policy/structure

software     program within 24 months of gloing bith and a nume read for family planning, with 24 months of gloing bith the protect quintile, and Muslims.     Individual, household; community       software     Software     Software     Software     Software     Individual, household; community       software     Software     Software     Software     Individual, household; community     Individual, household; community       species     Men's vs. women's fertility     Individual, household; program on the explain influence of wive's preferences, hot couple communicationmoderates influence. Wives preferences, hot couple communicationmoderates influence. Wives preferences, but couple communicationmoderates influence. Wives preferences that with y hoths among couples who hod individual; couple; household       regression to third bith     Men's vs. women's fertility     Individual; second in individual; couple; household       regression to third bith     provider behavior and previder behavior and previd		1		More than any quarter of women who gave high in the last five years became	1
binning within 24 months postpartum. Splitanethy hipher rates of unmet need     Sol factors - una/urban, hill;     Individual;     I				More than one-quarter of women who gave birth in the last five years became	
Sp Gators - vuraf/urban, hill;         were found anong rural and hilr estimatio, the poores (aunting, and Muslims, benning, and Muslims, benning) planning, parking variate (start) (					
supprutum paragenergy paragener					
Instruction         weath, castly, charity, fertility preferences/intentions         methods by women and returned fertility increased the risk of unintended         Individual; household; community           regression to third birth         preferences/intentions         orgenancy.         community         community           rogression to third birth         preferences         Mone's preferences, not men's, more towards third birth. Contraceptive use does influence. Wwe's preferences, but couple communicationmoderates influence. Wwe's preferences that partly births among couples who had discussed how many towarp performance a pains that of comparable         Individual; couple; household; cous or markers to determine whether their performance a satisfactory or in med of improvement, providers were unable to accurately assess their performance a satisfactory or in med of abortion services: a satisfactory or in provider in Individual; couple; household         Societal/structural and policy           towards y bases         to accurately assess their performance a satisfactory or in med of abortion services: a satisfactory or in med of abortion services: a satisfactory or in med accurately assess their performance a satisfactory or in providers in Individual; couple; household; neuronal, binder and stating in uteror may lead to positive selection of Mussim maine and returned fraining intervention         societal/structural and policy           uality of care for abortions         following training intervention         Stratified analysis showed that when the hystical fraining intervention         health facility           uality of care for abortions         following training intervention <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
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uality of care for abortions       following training intervention       journal bigmedcentral.com/articles/10.1186/s12978-017-0416-0       health facility         Purther routs suggest that exposure to Ramadan fasting in uter om any lead to positive selection of Muslim male infants, partially explaining the Muslim infant health advantage, but this does not fully explain the shift from Muslim advantage in Individual, commnity, societal/structural/political         eligious inspired eating habits       hindu or muslim       Individual, commnity, infancy to Hindu advantage in childhood in all three countries.       societal/structural/political         use of the common factors, women facility       giving birth at attended health       Stratified analysis showed that when the husband is educated, women's education individual, countries, seems to work partly through their autonomy in decision making.       household, community         unintended or Pre-Pregnancy       Partner violence       Victims of sexual IPV are able to acquire and use family planning services, but require more support to sustain effective contraceptive use       Household/Family         unmet need for contraception or P       Partner violence       N/A       There might be missed opportunities to reach MURA with unmet FP needs through health facility       individual, couple, houshold, health facility         unmet need for contraception or P       N/A       There might be missed opportunities to reach MURA with unmet FP needs through health facility appointments, etc.       individual, couple, houshold, health facility         use pointiments, etc.				Nepal and Nigeria. Reprod Health [Internet]. 2017 Dec 21 [cited 2018 Jul	
Partner violence       N/A       Further results suggest that exposure to Ramadan fasting in utero may lead to positive selection of Muslim male infants, partially explaining the Muslim infant health advantage in individual, community, infancy to Hindu advantage in childhood in all three countries.       individual, commnity, societal/Structural/political         eligious inspired eating habits       hindu or muslim       Stratified analysis showed that when the husband is educated, women's education factors, women' facility       individual, couple, houshold, community         socio-economic factors, women       facility       Stratified analysis showed that when the husband is educated, women's education for the women's education factors, women' facility       individual, couple, houshold, community         unintended or Pre-Pregnancy       Partner violence       Victims of sexual IPV are able to acquire and use family planning services, but require more support to sustain effective contraceptive use       Household/Family         unmet need for contraception or if P       N/A       There might be missed opportunities to reach MWRA with unmet FP needs through integrated services such as prenatal care, postnatal checkups, vaccination appointments, etc.       individual; comple, houshold, health facility         Earthquake exacerbated health challenges for women; issues with access and exiting vulnerabilities were worsened       Individual; community; societal				22];14(1):154. Available from: https://reproductive-health-	
eligious inspired eating habits       hindu or muslim       positive selection of Muslim male infants, partially explaining the Muslim infant health advantage, but this does not fully explain the shift from Muslim advantage in individual, commnity, societal/structural/political         eligious inspired eating habits       hindu or muslim       infancy to Hindu advantage in childhood in all three countries.       individual, commnity, societal/structural/political         socio-economic factors, women       facility       Stratified analysis showed that when the husband is educated, women's education seems to work partly through their autonomy in decision making.       individual, couple, household, community         unintended or Pre-Pregnancy       Partner violence       Victims of sexual IPV are able to acquire and use family planning services, but require more support to sustain effective contraceptive use       Household/Family         unmet need for contraception or p.       N/A       There might be missed opportunities to reach MWRA with unmet FP needs through appointments, etc.       individual, couple, houshold, health facility         unmet need for contraception or p.       N/A       Earthquake exacerbated health challenges for women; issues with access and papointments, etc.       individual; community; societal	quality of care for abortions	following training intervention		journal.biomedcentral.com/articles/10.1186/s12978-017-0416-0	health facility
eligious inspired eating habits       health advantage, but this does not fully explain the shift from Muslim advantage in individual, community, societal/structural/political         eligious inspired eating habits       hindu or muslim         infancy to Hindu advantage, but this does not fully explain the shift from Muslim advantage in individual, community, societal/structural/political         giving birth at attended health       Stratified analysis showed that when the husband is educated, women's education facility         socio-economic factors, women       facility         Jn intended or Pre-Pregnancy       Partner violence         Partner violence       Victims of sexual IPV are able to acquire and use family planning services, but require more support to sustain effective contraceptive use       Household/Family         Inneet need for contraception or Pre-Pregnancy       N/A       There might be missed opportunities to reach MWRA with unmet FP needs through health facility       individual, couple, houshold, health facility         Inneet need for contraception or Pre-Pregnancy       N/A       There might be missed opportunities to reach MWRA with unmet FP needs through integrated services such as prenatal care, postnatal checkups, vaccination appointments, etc.       Individual; community; societal				Further results suggest that exposure to Ramadan fasting in utero may lead to	
eligious inspired eating habits       hindu or muslim       infancy to Hindu advantage in childhood in all three countries.       societal/structural/political         socio-economic factors, women facility       giving birth at attended health       Stratified analysis showed that when the husband is educated, women's education household, community       individual, couple, household, community         unintended or Pre-Pregnancy       Partner violence       Victims of sexual IPV are able to acquire and use family planning services, but require more support to sustain effective contraceptive use       Household/Family         unmet need for contraception or Pre-Pregnancy       N/A       There might be missed opportunities to reach MWRA with unmet FP needs through integrated services such as prenatal care, postnatal checkups, vaccination appointments, etc.       individual, couple, houshold, health facility         Label Labe				positive selection of Muslim male infants, partially explaining the Muslim infant	
individual, couple, household, community         individual, couple, household, family         individual, couple, household, individual, couple, household, individual, couple, household, individual, couple, household, health facility         individual, couple, household, individual, couple, household, health facility         individual, couple, household, exit, exit, exit, gui				health advantage, but this does not fully explain the shift from Muslim advantage in	individual, commnity,
socio-economic factors, women' facility       seems to work partly through their autonomy in decision making.       household, community         unitended or Pre-Pregnancy       Partner violence       Victims of sexual IPV are able to acquire and use family planning services, but       Household/Family         unmet need for contraception or       N/A       There might be missed opportunities to reach MWRA with unmet FP needs through health facility       individual, couple, houshold, health facility         uppointments, etc.       Individual; compunity; existing vulnerabilities were worsened       Individual; community; societal	religious inspired eating habits	hindu or muslim		infancy to Hindu advantage in childhood in all three countries.	societal/structural/political
socio-economic factors, women' facility       seems to work partly through their autonomy in decision making.       household, community         unitended or Pre-Pregnancy       Partner violence       Victims of sexual IPV are able to acquire and use family planning services, but       Household/Family         unmet need for contraception or       N/A       There might be missed opportunities to reach MWRA with unmet FP needs through health facility       individual, couple, houshold, health facility         uppointments, etc.       Individual; compunity; existing vulnerabilities were worsened       Individual; community; societal					
socio-economic factors, women' facility       seems to work partly through their autonomy in decision making.       household, community         unitended or Pre-Pregnancy       Partner violence       Victims of sexual IPV are able to acquire and use family planning services, but       Household/Family         unmet need for contraception or       N/A       There might be missed opportunities to reach MWRA with unmet FP needs through health facility       individual, couple, houshold, health facility         unmet need for contraception or       N/A       Earthquake exacerbated health challenges for women; issues with access and existing vulnerabilities were worsened       individual; community; societal					
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Jn intended or Pre-Pregnancy       Partner violence       require more support to sustain effective contraceptive use       Household/Family         Inmet need for contraception or iP       Image: N/A       There might be missed opportunities to reach MWRA with unmet FP needs through individual, couple, houshold, integrated services such as prenatal care, postnatal checkups, vaccination appointments, etc.       Image: I					
Jn intended or Pre-Pregnancy       Partner violence       require more support to sustain effective contraceptive use       Household/Family         Inmet need for contraception or iP       Image: N/A       There might be missed opportunities to reach MWRA with unmet FP needs through individual, couple, houshold, integrated services such as prenatal care, postnatal checkups, vaccination appointments, etc.       Image: I					
Jn intended or Pre-Pregnancy       Partner violence       require more support to sustain effective contraceptive use       Household/Family         Inmet need for contraception or iP       Image: N/A       There might be missed opportunities to reach MWRA with unmet FP needs through individual, couple, houshold, integrated services such as prenatal care, postnatal checkups, vaccination appointments, etc.       Image: I				Victims of sexual IPV are able to acquire and use family planning services, but	1
Inmet need for contraception or P N/A There might be missed opportunities to reach MWRA with unmet FP needs through individual, couple, houshold, health facility health facility Earthquake exacerbated health challenges for women; issues with access and existing vulnerabilities were worsened	I In intended or Pre-Pregnancy	Partner violence			Household/Family
Individual, couple, houshold, integrated services such as prenatal care, postnatal checkups, vaccination appointments, etc.       Individual, couple, houshold, health facility         Individual, couple, houshold, appointments, etc.       Individual, couple, houshold, health facility         Earthquake exacerbated health challenges for women; issues with access and existing vulnerabilities were worsened       Individual, couple, houshold, health facility			1		
Individual, couple, houshold, integrated services such as prenatal care, postnatal checkups, vaccination appointments, etc.       Individual, couple, houshold, health facility         Individual, couple, houshold, appointments, etc.       Individual, couple, houshold, health facility         Earthquake exacerbated health challenges for women; issues with access and existing vulnerabilities were worsened       Individual, couple, houshold, health facility				There might be missed opportunities to reach MWRA with unmet FP needs through	
P     appointments, etc.     health facility       Earthquake exacerbated health challenges for women; issues with access and existing vulnerabilities were worsened     Individual; community; societal	•		N/A		
Earthquake exacerbated health challenges for women; issues with access and Individual; community; existing vulnerabilities were worsened societal	FP				health facility
existing vulnerabilities were worsened societal					
existing vulnerabilities were worsened societal					
existing vulnerabilities were worsened societal					
existing vulnerabilities were worsened societal				Earthquake exacerbated health challenges for women: issues with access and	Individual: community:
	REPRODUCTIVE HEALTH-F	OCUSED			

Iron doficional anomio in	ANC Core distory poods ? Cosis		Iron sucress therapy is offective in achieving target homoglable of 11 (-1) in 00%	
Iron deficiency anemia in	ANC Care, diatery needs & Socio- Economic condition	NA	Iron sucrose therapy is effective in achieving target hemoglobin of 11gm/dl in 80% of patients	Individual
regnancy		NA	Despite legalization of abortion and expansion of services in Nepal, unsafe abortion is	IIIuiviuuai
			still common and exacts a heavy toll on women. Programs and policies to reduce rates	
			of unintended pregnancy and unsafe abortion, increase access to high-quality	
abortion	Knowledge and access		contraceptive care and expand safe abortion services are warranted.	Policy/structure
	Nowied Be and decess		contraceparte cure una expanta sure abortion services dre wantanted.	
	health workers's knowledge		Despite legalization of abortion and expansion of services in Nepal, unsafe abortion	
abortion	onabortion		is still common and exacts a heavy toll on women.	Policy/structure
			However, there is no evidence that improved access to abortion increases average	
			observable investments in antenatal and perinatal health care, although sample size	
	Delivery assistance and place,		limitations prevent ruling out a positive effect on unobservable investments in	
Abortion, neonate	CAC		neonatal health that matter for the neonatal mortality rate	Individual/couple
•				
			Widows reported facing substantial obstacles to accessing sexual and reproductive	
			health care. Widows suspected of having sexual and reproductive health problems,	
			or who discussed or tried to access these services, could be ostracized by their	
			families and experience severe economic and psychological consequences.	
			Additionally, widows feared discrimination, lack of confidentiality, and sexual	
			harassment by male providers if their status was known. These barriers appeared to	
	Social isolation; discrimination;		stem from the perception that sexual relationships are necessary for widows to	
Access/seeking SRH services	etc.		require care for gynecologic problems.	Community; societal
			the MSC and the YF program continues to face the paradoxes of high awareness but	
			poor practices, for instance, higher contraceptive knowledge but lesser use; higher	
			knowledge about EC but its wider use as regular contraceptive; higher knowledge	
Age group, mensturation	Age, gendar,		about safe abortion but preference of MA	individual/family
			Cost was sometimes a barrier to seeking ANC for poor rural women. It included	
			transport costs, opportunity costs of not being able to work in the household and	
ANC	Cost	NA	service-related costs (such as blood or urine tests)	Policy and structure
	age, education, alcohol			
	consumption, extramarital		More than one-quarter found to experience some form of DV from different	
	relationship, and controlling		perpetrators. The most common form of violence among the three types was sexual	
ANC/GBV	behavior of the husban	NA	violence.	Individual/Households
-,			Out of all health facilities 45.7% were offering IUDs and 39.9% were offering implant	
vailability of services,			services on a regular basis. Sterilization services were regularly available only from	
commodities			hospitals	Policy/structure

		1		1
Bacterial Vaginosis	Marital status, literature, caste/ethnicity	NA	The highest number of BV cases was seen among 30–40 years' age group (8.8%) and least BV cases were seen in patients with age group of 10–20 and 50–60 years (1.3%). Unmarried women were more prone to BV, that is, (100%), followed by married women (24.2%).	Individual/family
Birth	unintended pregnancies.		Only 35% to 36% of the mothers availed themselves of adequate prenatal care and delivery care for their recent newborns. There are also significant socioeconomic and regional disparities in Nepal	Individual+policy/structure
cesarean section	medical, social and economic implications		government of Nepal should develop specific policies and measures, such as use of rate of cesarean section without medical necessities as one of the hospital's overall rating components, and popularizing of natural childbirth.	Policy/structure
			The S-CORT is a promising model of global and local inter-agency collaboration to optimise human capital to deliver the life-saving clinical interventions of the MISP in	
Clinical management Contraceptive use	NA Age, Education, Marital status		humanitarian settings. ECP is popular particularly among young educated women. The overwhelming majority of users are aware ECP is for emergency only. Nearly two-thirds of the ECP users described their sexual relationship as infrequent/casual	policy/structure Structural/policy
counseling, capacity building	contraceptive use, delaying pregnancy and improving pregnancy care		multi-layered community-based interventions, targeting young married women, their families and the health system can improve utilization of reproductive health services among young couples in resource-constrained settings.	Household/community
dietary intake	socioeconomic status, season		Diets of women in the Terai of Nepal lack diversity and, likely, nutrient adequacy, which may pose health risks. Key	individual, community, societal/structural/policital
domestic violence, extramarital sex, spousal communication	age, income, number of children		1. Bhatta DN. Shadow of domestic violence and extramarital sex cohesive with spousal communication among males in Nepal. Reprod Health [Internet]. 2014 Dec 13 [cited 2018 Jul 22];11(1):44. Available from: http://reproductive-health- journal.biomedcentral.com/articles/10.1186/1742-4755-11-44	individual, couple, household, community
Factors affeting SRH services	utilization of services		Majority of YPWDs were unaware of comprehensive FP methods and myths and misconception were associated with FP	Policy/structure

				1
			the gender preference affects the fertility and reproductive behavior of the respondents and it is necessary to reduce son preference for the health and well	
Fertility	gender preference		being of children and women.	Household/Family
Focus is on IPV and STI	IPV is predictor		Positive association between recent exposure to IPV and recent STI in last 12 months	Couple
			Not autonomy but mtual DM that was associated with reduced risk of violence; education negatively associated with GBV	
			At low levels of violence, the likelihood of injuries is low and injuries are generally not threatening, and as the	
GBV	Women's autonomy; mutual decision-making; education	N/A	level of violence increases, it considerably increases the probability of multiple and more serious health injuries.	нн
Gender-based violence			This study highlights the fact that GBV is essentially a socio-cultural issue which calls for developing gender-sensitive social policies and making strategic investment to promote social capital tailored especially to promote a more nuanced view of women's health and human rights.	couple, household, community, societal/structural/political
health services	access and guality		challenges for the National Adolescent Sexual and Reproductive Health Programme are in integrating services for adolescents into existing sexual and reproductive health services, quality assurance and funding	Policy/structure
Knowledge of cervical cancer;			Overall, 53.3% (n=372) of women were aware of cervical cancer with a significant difference between Khokana and Sanphebagar (63.3% vs 43.0%; p=0.001). Overall, 15.4% (n=107) of women had heard of HPV and 32% (n=34) of these women reported having heard of the HPV vaccine. If freely available, 77.5% of the women reported willingness to have their children vaccinated against HPV. Factors associated with cervical cancer awareness included knowledge of HPV (Khokana: Odds Ratio (OR)=24.5; (95% Confidence Interval (CI): 3.1-190.2, Sanphebagar: OR=14.8; 95% CI: 3.7-58.4)) and sexually transmitted infections (Khokana: OR=6.18;	
acceptance of vaccination if free	knowlede of HPV and other STIS		95% CI: 3.1-12.4; Sanphebagar: OR=17.0; 95% CI: 7.3- 39.7) among other risk factors. Food supplements in pregnancy with PLA women's groups increased birthweight	Individual
low birth weight	group participation	PLA	more than PLA plus cash or PLA alone but differences were not sustained.	Household/Family

medical abortion	ANM, FCHV		The safety, efficacy and acceptability of medical abortion provided by auxiliary nurse-midwives is now well established in Nepal.	Policy/structure
			ווטיש שכוו כזנמטווזוופט ווו ועפומו.	roncy/structure
medical abortion	age, parity, marital status, education or occupation		Women in Nepal seeking medical abortions in early first trimester of pregnancy express equal satisfaction with the service whether provided by trained nurses and ANMs or by doctors	Health facility
menstrual health management	type of managemenet		Women who were in the age group of 15-34 years (OR = 3.14; CI = (1.07-9.20), did not go to school (OR = 9.68; CI = 2. 16-43.33), married (OR = 2.99; CI = 1.22-7.31) and previously used reusable sanitary cloth (OR = 5.82; CI = 2.33-14.55) were more likely to use the reusable sanitary cloth	individual, societal/structural/political
menstrual health tools	earthquake victim		The use of reusable sanitary towels is well accepted for menstrual hygiene management in non-disaster situations and is appropriate in post-earthquake relief in Nepal.	health facility, societal/structural/policy
mifepristone and misoprostol	Training/orientation	Training to Pharmacy workers	Improvement in knowledge was more pronounced regarding recommended regimens for up to 9 weeks pregnancy; time interval between mifepristone and misoprostol administration; and non-oral routes effective for misoprostol administration	Structural/policy
		Overview of activities - RH/midwifery kits; programs on delivery, maternity, menstrual health, etc.		
Overview of activities - RH/midwifery kits; programs on delivery, maternity, menstrual health, etc.	N/A	Activities based on Minimum Initial Service Package for RH form Inter- Agency Working Group	Had activities that linked btw school and clinic; service outreach in camps; kits; etc.	Policy, intervention level

				[]
			Among 426 pregnant women, almost three out of ten women (28.9%) were exposed	
			to intimate partner violence at some point during their pregnancy. Pregnant women	
			who were exposed to intimate partner violence were less likely to: register for	
	exposed to intimate partner		antenatal care (OR 0.31; 95% CI (0.08–0.50)), take iron and folic acid, report dietary	
Partner's voilence	violence	NA	diversity.	Family
			surgical interventions have positive impact on the health of women as the quality of	
Pelvic Organ Prolapse	Age at marriage, delivery care		life of women suffering from POP has substantially improved following surgery	Policy/structure
	Acceptance and accessibility of	antenatal calcium	calcium supplementation during pregnancy, distributed through ANC, achieved the	
preeclampsia and eclampsia	Calcium	intervention	high levels of coverage and compliance.	Individual/structural/policy
			Restrictions on women's life options, movement, and decision-making authority	
Pregnanay	access, food and care		were considered impediments to pregnant women's health.	Family/Household
Pregnancy & smoke	Education, Caste	NA	Pregnant mothers who were smoking tobacco (AOR 6.01; 95% CI (1.88-19.23), having alcohol consumption The odds ratio with 95% confidence interval	Individual/Community
			showed that respondents from Kailai 2.38 (1.36-4.18), no utilization of water resource during	
			menstruation 2.78 (1.32-5.88), and who had Chhaupadi 14.6 (6.99-30.5) times risk to have reproductive	
			health problems and were statistically significant (P < .05; Table 3). Among all significant	
Reproductive health problems -	Chhaupadi as well as livelihoods,		predictors, the Chhaupadi was a high risk factor as reproductive health problem	Community;
pain, discharge, burning, vaginal	water facility, and access during		before 30.47	Societal/structural
itchiness, swelling	menstruation		(18.66-49.77) and after final adjustment 14.6 (6.99-30.5), model IV (P < .001).	(environment)
			Overall, 31.9% of the husbands were migrating for work. After adjusting for wealth,	
			contraception use, age at first marriage, urban/rural status and husband's	
			education, women whose husbands had been absent for a year or more in Nepal's	
			Mid-West region (OR 1.93 95%, Cl 1.02-3.67) or Far-West region (OR 2.89 95%, Cl	
	location of husband's migration;		1.24-6.73) were more likely to report RTI-like symptoms than others. Our results	
	education; wealth, contraceptive		suggest a potential association between husbands' migration status and Nepali	Individual; couple;
RTI for women	use, age of marriage, rural/urban		women reporting RTI symptoms by geographic regions.	environment
	use, age of marriage, rural/urbarr		women reporting for symptoms by geographic regions.	environment

	HW-related factors linked with		Several factors appeared to affect the successful implementation of including non- physician providers to provide abortion care services. These included health workers' knowledge about abortion legislation and services; and health workers' willingness to provide abortion care. Health workers' willingness appeared to be influenced by their personal views about abortion, the method of abortion and stage of pregnancy and their perceptions of their professional roles. While managers' and co-workers' attitudes towards the use of non-physician providers varied, the synthesis suggests that female clients focused less on the type of health worker and more on factors such as trust, privacy, cost, and closeness to home. Health systems factors also played a role, including workloads and incentives, training, supervision and support, supplies, referral systems, and monitoring and evaluation. Strategies used, with varying success, to address some of these issues in the study countries included values clarification workshops, health worker rotation, access to emotional support for health workers, the incorporation of abortion care	
Safe abortion care	safe abortion care		services into pre-service curricula, and in-service training strategies.	Health facility
Seeking FP/RH services	Stigma/discrimination		challenges they face in seeking sexual reproductive health information and services and their struggle to obtain rights.; intersection of disability and gender to influence their access to services Some very young adolescents in developing countries are experiencing adverse sexual	Individual; societal
sexuality education , child marriage	access to services, use of mobile technology		and reproductive health outcomes. The ages 10–14 offer an opportunity to intervene early by providing supportive policies, programs and interventions that give adolescents the tools they need to grow and thrive.	Policy/structure
Under nutrition	Nutritional behavior		With regard to the risk of chronic undernutrition, the negative effect of high-risk fertility behavior extends across all economic backgrounds and is not limited to children of mothers who were either poor or who experienced high-risk fertility.	Household/family
Use of HC services	Telemedicine		Results revealed that telemedicine reduced travel restrictions, treatment expenses, and apprehension regarding sexual and reproductive health consultation. Moreover, telemedicine decreased travel time, which helps women and girls access timely healthcare services and improve time management for household chores and other activities. The conclusion is that rural telemedicine tends to reduce gender- based barriers for women and girls in accessing healthcare services.	Individual; health facility; community
uterine prolapse	shame, having no one to share about the problem, male service provider, fear of stigma and discrimination	NA	Most participants (>85%) described the major physical discomforts of UP as difficulty with walking, standing, working, sitting, and lifting	Policy, strategies and structure

uterine prolapse	Quality of life	NA	Among 48 affected women in Phase 1, 32 had Stage II UP and 16 had either Stage I or Stage III UP showing decreased quality of life correlated significantly with Stages III	Individual, family and spousal
			MSC and the YF program continues to face the paradoxes of high awareness but poor practices, for instance, higher contraceptive knowledge but lesser use; higher	
		Rocket and Space	knowledge about EC but its wider use as regular contraceptive; higher knowledge	
Youth friendly services	Gendar, Age, myths	Youth Branding	about safe abortion but preference of MA.	individual/family
			Maternal health programs should be designed to encourage young women to receive adequate ANC (at least four visits); moreover, health programs should target poor, less educated, rural, young women who live in mountain regions, are of Janajati ethnicity and have at least one child as such women are less likely to choose institutional delivery in Nepal.	
			The performance characteristics of SD Bioline HIV/Syphilis duo kit were found almost concordant with the kits being used for HIV and Syphilis diagnosis separately and its implementation in antenatal clinics/VCTs could be an added opportunity for simultaneous diagnosis of HIV and syphilis.	Policy/structure
			Despite the fact that uterine prolapse is a matter of discomfort for women which affect many aspects of daily living they hesitate to seek medical assistance due to	
			the social positioning and conditioning.	community/household

		Health behavior of interest: Cont	raceptive use (	discontinuation, contraceptive choice,	use, etc.)		
			Location of		Who not using		
			study		services? Reasons not		
			(specific		using services?	How do culture,	What SBC
Socio-			district,		Preferences for	values, and norms	interventions
ecological	Reference	Factor shown to be significantly associated with	region, or		services? Trust in	influence health	really change
level	number	contraceptive use	nationally)	Population where association found	services?	service utilization?	behaviors
Individual							
			Bajura,				
			Nuwakot,				
			Pyuthan,				
			Rupandehi		Knowledge; side		
	FP2	Fertility awareness; fear of side effects	and Siraha	WRAs	effects		
	FP10	Age, education	Rural areas	MWRAs	Socio-demographic		
	FP13	Relationship status (single); gender (female)		PLHIVs (male and female)	Socio-demographic		Counseling
		Being post-birth or post-abortion group; education;			Socio-demographic;		
		previous use of a contraceptive method; number of sons;			use of healthcare		
	FP15	type of method; age;	National	Women post-birth or post-abortion	services;		
					Fertility intentions or		
					preferences;		
	FP20	Future fertility intentions; receipt o finformation on FP	Kapilvastu	MWRAs	Information		
					Socio-demographic;		
		Education; information about methods; lack of	Kavrepalanch		Information; side		
	FP23	information on side effects	owk	Couples	effects		
					Socio-demoraphic;		
					fertility intentions; use		
		Sex of last child, reproductive intentions, experience of			of healthcare services;		
	FP25	side effects, and follow-up practices	Kathmandu	Women discontinuing use of LARCs	side effects		
	FP28	Education influenced contraceptive choice	National	WRAs	Socio-demographic		
		Type of method being used; relationship			Use of healthcare		
		status/cohabitation (factors associated with	Kathmandu		services; socio-		
	FP35	discontinuation)	and Terai	Women post-abortion	demographic		
						Individual	
		Own migration; individual interpretations of religious	Gorkha and		Occupation; religion	reinterpretation of	
	FP41	ideology	Mustang	Women using contraception	(individual)	religion	
			-		Use of healthcare		
		Type of contraceptive method chosen; parity (no children)	Kathmandu		services; socio-		
	FP19	related to uptake of methods post-abortion	and terai	Women post-abortion	demographic		
	FP22	Education; marital status	National	Men and women 15-49	Socio-demographic		
				MWRAs getting treated in Marie			
	FP21	Satisfaction with LARCs associated with continuation	National	Stopes facilities	Satisfaction		
		Number of sons/daughters (three or more sons or those					
	FP14	with only daughters)	National	MWRAs	Socio-demographic		

		Health	behavior of i	nterest: Contraceptive u	se		
						How do	
						culture,	
			Location of		Who not using	values, and	
			study		services? Reasons	norms	What SBC
			(specific		not using services?	influence	intervention
Socio-		Factor shown to be	district,		Preferences for	health	s really
ecological	Reference	significantly associated	region, or	Population where	services? Trust in	service	change
level	number	with contraceptive use	nationally)	association found	services?	utilization?	behaviors
Couple							
							Couple-
							based and
							couple-
		Couple-based and couple-					focused
		focused counseling			Couple-based		counseling
	FP1	approaches	National	WRAs	counseling		approaches
		Spousal approval, secrecy					
		of women's personal			Spousal		
	FP20	identity	Kapilvastu	MWRAs	relationship		
		less fear of their partners					
		influenced contraceptive			Spousal		
	FP28	choice	National	WRAs	relationship		
		husband-wife emotional			Spousal		
	FP31	bond	Chitwan	Couples	relationship		
		having a husband who		Women post-abortion			
	FP15	migrated for work;	National	or post-partum	Spousal migration		

		Health ber	navior of inter	est: Contraceptive use			
				•		How do	
						culture,	
			Location of		Who not using	values, and	
			study		services? Reasons	norms	What SBC
			(specific		not using services?	influence	intervention
Socio-			district,		Preferences for	health	s really
ecological	Reference	Factor shown to be significantly	region, or	Population where	services? Trust in	service	change
level	number	associated with contraceptive use	nationally)	association found	services?	utilization?	behaviors
Family or							
household							
		Household position (co-resident			Household		
		with in-laws or not); food			composition;		
	FP5	insecurity	National	WRAs	economic factors		
	FP10	Caste/ethnicity/religion	Rural areas	MWRAs	Ethnicity		
		Autonomy in household decision		Women post-birth or			
	FP15	making; wealth	National	post-abortion	Gender		
			Kathmandu				
	FP35	Poverty	and Terai	Women post-abortion	Economic factors		
	5022	Moolth	National	Mon and woman 15,40	Feenomie factore		
	FP22	Wealth	National	Men and women 15-49	Economic factors		

		Health behavior of inter	est: Contrac	eptive use			
Socio- ecological level Health facility or	Reference number	Factor shown to be significantly associated with contraceptive use	Location of study (specific district, region, or nationally)	Population where association found	Who not using services? Reasons not using services? Preferences for services? Trust in services?	How do culture, values, and norms influence health service utilization?	What SBC intervention s really change behaviors
health							
system	FP2	limited access to family planning services, lack of same gender providers	Bajura, Nuwakot, Pyuthan, Rupandehi and Siraha	WRAs	Access; provider-		
			National				
	FP3	Method mix may reflect ack of contraceptive choice; provider bias (but not only)	(and other countries)	WRAs	Availability; provider-level		
	FP13	receiving counseling	Kaski	PLHIVs (male and female)	Type of services provided		Counseling
	FP19	Presence of husbands at abortion services (influencing receipt of counseling, start of method)	Kathmandu and terai	Women post-abortion	Provider-level		
	FP26	Availability of contraceptive supplies, dedicated and well-trained staff and adequate infrastructure; also provider biases	Kathmandu and terai	Providers of post- abortion FP services	Availability; provider-level		
	FP14	Mobile clinic vs. government hospital (for sterilization)	National	MWRAs	Type of services provided		
	FP16	FP counseling during ART	FarWest (location not specified)	PLHIVs on ART (male and female)	Type of services provided		

		Health be	ehavior of i	nterest: Contraceptiv	e use		
				· · · ·		How do	
		Factor				culture,	
		shown to be	Location of		Who not using	values, and	
			study		services? Reasons	norms	What SBC
		associated	(specific		not using services?		intervention
Socio-		with	district,		Preferences for	health	s really
ecological		contraceptiv	· ·	Population where	services? Trust in	service	change
level	Reference number	e use	nationally)	association found	services?	utilization?	behaviors
Community		euse	nacionaliy)		Services:		Dellaviors
Community				Momon discontinuing			
				Women discontinuing			
		place of		use of intrauterine			
	FP25	residence	Kathmandu	contraceptive devices	Location		
		Place of					
		residence					
	FP22	(region)	National	Men and women 15-49	Location		
		Place of					
		residence		Women post-abortion			
	FP15	(region)	National	or post-partum	Location		
		Place of					
		residence					
		(ecological					
	FP14		National	MWRAs	Location		
		zone)	INALIONAL	IVIVVKAS	LUCATION		

		Health behavio	or of interes	st: Contraceptive use	2		
Socio-ecological level	Reference number	Factor shown to be significantly associated with contraceptive use	Location of study (specific district, region, or nationally)	Population where association found	Who not using services? Reasons not using services? Preferences for services? Trust in services?	How do culture, values, and norms influence health service utilization?	What SBC intervention s really change behaviors
Societal, policy,							
structural, or							
environmental							
		Social norms around son	Bajura, Nuwakot, Pyuthan, Rupandehi			Social norms around son	
	FP2	preference	and Siraha	WRAs	Social norms	preference	
	FP3	Method mix may reflect cultural preferences.	National (and other countries)	WRAs	Cultural understandings/pre ferences	Method mix may reflect cultural preferences.	
	FP5	Substitution between	countries)	WRAS	Terences	cultural preferences.	
		contraceptive use and abortion - expanding supply of modern methods may reduce unsafe					
	FP12	abortion	National	WRAs	Policy		
	FP20	perceptions of the word FP and associated stigma	Kapilvastu	MWRAs	Cultural understandings/pre ferences	perceptions of the word FP and associated stigma	
	FP41	religious ideology in ways to support or rationalize their actions ; limited role of the state in controlling reproduction; engagement with ideas a obut control over reproduction, ideal family	Gorkha and Mustang	Women using contraception	Religious ideology; Cultural understandings/pre ferences	religious ideology in ways to support or rationalize their actions ; limited role of the state in controlling reproduction; engagement with ideas a obut control over reproduction, ideal family	
		increasing level of contraceptive use; changes in marriage patterns; induced abortion have led to reduced fertility among poor	National (and other				
	FP45	women. Norms that method use is unacceptable for women whose husbands migrate; limited decision making power among women.	countries) Kathmandu and terai	WRAs Providers of post- abortion FP services	National trends	Norms that method use is unacceptable for women whose husbands migrate; limited decision-making power among women.	

			1								
		Geographical	Study type: Qualitative, quantitative , or mixed	Primary audience(s) or populations	Sample	Primary health areas of interest: Family planning and reproductive health; maternal health; neonatal health; child		Primary predictors or	Specific SBCC intervention component discussed/described (if		Relevant level(s) of the socio-ecological model: individual, couple, household, community, health facility, or societal/structural/polic
Number MHSD	Reference Den, K. K., Paudel, Y. R., Khatri, R. B., Bhaskar, R. K., Paudel, R., Mehata, S., & Wage, R. R. (2015), Barriers to UNILation of Annematal Care Services in Eattern Mayel, Anneters a Public Health, <i>3</i> , 197. https://doi.org/10.3389/fpubh.2015.00197	Sosten(s) Eastern Repai - Somani	Quant	Women delivering in last year	372 women	health; adolescent health; nutrition	Specific health behaviors	explanatory variables of interest media, ethnicity, women's autonomy, wealth; inouledge	ny)	Note: finding (Summarized in 1 sentence only) The study revealed that women exposed to media hash higher datase of revening user or more AVX-visit with an adjusted doin antio (DAP 15, 5%) C1: 1.2.101    scomparison to sween who datase of having AuX-Visit han response of the study of the disadvantaged ethnic group (DAP 2, 3, 5%) C1: 1.5.6.9    and there times more likely (DAP 2, 3, 5%) C1: 1.5.6.9    and the more water wice (DAP 2, 3, 5%) C1: 1.3.9    alkely the have autonomy and were economically poor. CDX/LUS/DAP Reng from disadvantaged ethnic, lower weather is durated to material hasht service, and lower washt rank were significantly harders for effective health care with and 15% had a lease to durate and have a more instructure and incentive upon completion of AVX. Is more account with and were significantly harders for effective health care with and 15% had a lease to durate and head previous means and basits the study of the study of were previous and operation meaniment and status tost one duraternal headth more more NAL visits and 15% had a lease to duraternal headth means of previous duratement and status tost one duraternal headth means of previous means and basits that one were previous durated or the more NAL visits and 15% had a lease to duraternal headth means of previous means and basits that one were previous durate or the status and to 15% had a lease to singlementation, basits of the women were predictors of NAC Clifer age, higher parity, and higher levels of education and women whold not trunks, had a sign in dictions making whore hauthands had hyper before of education making whore hauthands had hyper before of educations making whore hauthands had hyper before of education and the more more more more more more making whore hauthands had hyper before of education and the more more more more more more more mor	y Individual; household
MH4	Joshi et al.: Factors associated with the use and quality of antenatal care in Nepal: a population-based study using the demographic and health survey data. BMC Pregnancy and Childbirth 2014 14:94.	Nepal	Quantitative	women giving birth in last 5 years	4079	Maternal Health	ANC	Older age, higher parity, and higher levels of education and household economic status		occupations other than agriculture were more likely to attend four or more visits. Other predictors of women's receipt of good quality AVC were receiving their ANC from a skilled provider, in a hospital, living in an urban area and being exposed to general media. S.S., geography and sociocultural nations raver a direct impact on	Individual; household; couple; health facility; community
MH95	Maleku, A., & Pillai, V. K. (2016). Antenatal Care in Nepal: A Socioecological Perspective. <i>Health Care for Women International</i> , 37 (4), 496–515. https://doi.org/10.1080/07399332.2014.974807	Nepal	Secondary analysis of DHS data	giving birth in last S years	DHS national level	Maternal health	ANC	uptake of ANC (# of ANC visits), SES, geography	N/A	SES, geography and sociocultural factors have a direct impact on whether pregnant access ANC services	Individual; household. Community
MH96	Malqvist, M., Pun, A., Raaijmakers, H., Kc, A., Målqvist, M., Pun, A., Ashish, K. (2017). Persistent inequity in maternal health care utilization in Nepal despire impressive overall gains. <i>Globol Health Action</i> , 10 (1), 1356083. https://doi.org/10.1080/16549716.2017.1356083	Nepal	Secondary analysis of DHS (2001, 2006, 2011) and MICSS (2014) data	pregnant women		Maternal health	ANC	SES	N/A	ANC attendance increased from 49% in 2011 to 88% in 2014 and the rate of facility delivery increased from 7% to 44%. However, SES still influences gap as lower SES women 6 times more likely to deliver without skilled attendance. Literacy, wealth, place of residence	Individual, household, community
<u>A01228</u> MH162	Upadhypy, P., Libbusetzkiu, T., Stresha, A. B., & Prafran, H. (2014). Influence of family members on utilization of maternal health care services among teen and adult pregnant women in Kathmandu, Hegal: a consectional tarking. <i>Repodscierk Health</i> , 17(1), 92. https://doi.org/10.1186/1742-4755-11-92           Pandey, S., & Karki, S. (2014). Socio economic and Demographic Determinants of Antenzial Care Services Utilization in Central Negal. <i>International Journal of MCI and AUGS</i> , 2 (2), 312-213.           Saad-Haddad, G., Delong, J., Terren, N., Restrepo-Mendez, M. C., Perin, J., Yuz, L.,, Brycs, J. (2004). Patterns and determinants of antenstat antenstational Journal of Cacel Health, 4(1), 12040.	Notwarpor	Quantitative	married women between 15-15 between 16-16 between 16-16 work of the work of the work of the work of the work of the work of the work of the the the the the work of the the the the the the the work of the	315 216	Maternal health, chiid health Maternal health	,AMC (influence on decision to seek) .AMC	<u>Ase cohort</u> Age, education, income, family type, incoversite		Both women and their husbands influenced the decision to utilize AVC and delivery care but husbands were more influential, expectably in treat and young adult. Thus, husband's involvement is crucial as a strategy to improve materna health one utilization in News were stain half of the women were not aware of the consequences of lack of antendatal care. Age, education, income, type of framily (care region), type of work (service v. agricultural work); parity, were strongly associated with the alternative at antendal care service.	Individual/Family
MH103	niųs //uccogito//styppicos/uceo	Bangladesh, Cambodia, Cameroon, Nepal, Peru, Senegal and Uganda	Quantitative	MWRAs	Not Clear (DHS data used)	Maternal health	anc			Inequality in ANC utilization patterns among women of different weaths statuses, educational backgrounds and places of residences need to be considered at the policymaking level across most of the countries we studied. From full text: weaths, education, husband's education, DM on women's batilitaire, healthcare experimence (gestational age, but in anit, preceding with interval)	Individual; couple; household;
MH114	Trinathi, V., & Singh, R. (2015), Ecological and rocin demographic differences in maternal care services in Nepal. <i>Peerl</i> , 2015 (9), https://doi.org/10.7717/peerj.1215	National	Quantitative	MWRAs (given birth within last 3 years)	7069	Maternal health	ANC: Safe delivery	Exposure to public messaging	Socio-economic status	sucio economic and demographic factors associated with AUC and safe delivery services across the three ecological zones in Negal 2014 plote of residence 1 at a disadverga (in receiving AUC (20 0.8; §55 Cl) 27-0.2) and ensuing safe delivery (R0, 6, 555 Cl 0.9; §55 Cl) 27-0.20 and ensuing safe delivery (R0, 6, 555 Cl 0.9; (S55 Cl) 27-0.20 and ensuing safe delivery (R0, 6, 555 Cl 0.9; (S56 Cl) 27-0.20 and ensuing safe delivery (R0, 6, 555 Cl 0.9; (S56 Cl) 27-0.20 and ensuing safe delivery (R0, 6, 2, 555 Cl) (27-0). South and the analyses show that the analyses show that Bach/Nacial/Kiar/Circlitism sare a significant disadvantage in encolverg AUC, women in the Terrain region are a significant advantage in ensuing safe delivery (R0, 7, 556 Cl) (2-3 Cl) (2-3).	Individual; Household; community
MH150	Seward, N., Neuman, M., Colloum, T., Qorin, D., Leoynko, S., Azed, K., "Prozi, A. (2017). Effects of women's props paracitating participatory learning and action on preventive and care-seeking behaviours to reduce neorulatin metality. A meta-analysis of ducter-randomised triabs. PLoS Medicine, 14(12), e1002467. https://doi.org/10.1371/journal.pmed.1002467	India, Bangladesh, Niepal, Malwi - NC NEPAL SPECIN	Qualitative		Ranging between 6,125 and 29,900 live births	Neonatal health; maternal health	ANC; home care behaviors			Women's groups practising PLA improve key behaviours on the pathway to neosatal motality, with the strongest evidence for Tome care behaviours and practice during home deliveries.	Individual; household
MH28	Acharya, D., Khanal, V., Singh, J. K., Adhikari, M., & Gautam, S. (2015). Impact of mass media on the utilization of antenatal care services among women of rural community in Nepal. BMC Research Notes , 8 , 345. https://doi.org/10.1186/s13104-015-1312-8	Dhanusha District Nepal	Quant	rural women of children under 1	205	Maternal Health	ANC	exposure to mass media campaign		Mass communication exposure was correlated with positive pre- netal behaviors	societal

		1					1			1	1
мнао	Acharys, P., Adhilani, T. B., Neupane, D., Thapa, K., & Bhandari, P. M. (2017). Correlates of institutional deliveries among temage and non- transport of the state of the sta	Nepähationwide	Quant	teenage mothers Mothers	5391	Maternal health	Institutional delivery	socio-ecconic status, teenage assgnancy, institutionalize delivery		Teenage mothers more likely to have institutionalized birth than non-teenage mothers. Socieconomic factors had significant role in ternage mothers who were institutionalized during birth and those who weren't. After diposite for background characteristics, teenage mothers \$500,112,015,010,000,000,000,000,000,000,000,000	individual, Nousehold;
MH108	Sharma, S. R., Poudyal, A. K., Devkota, B. M., & Singh, S. (2014). Factors associated with place of delivery in rural Nepal. <i>BMC Public Neath</i> , 14 (1). https://doi.org/10.1186/1471-2458-14-306	Kavrepalanchowk( Meche, Chatrebanjh,Patlekhe t VDC)	Quantitative	who had delivered their child between 15 July 2010 and 14 July 2011	240	Maternal health	ANC		NA	Antenatal care service utilization of four or more times was significantly associated with the practice of institutional delivery Antenatal care practice, adverse pregnancy outcome, ethnicity and time taken to reach the health institution were significantly associated with the institutional delivery.	Individual; household; health facility
141105	Damma, D., Pohhanel, H. P., Budhushaki, S. S., Yudav, B. K., B. Pohhanel, K. (2018). Amenatal Health Care Service Utilization in Sum Areas of Pathara Sub-Metropolitan Ory, Nepal. Journal of Nepal Health Research Council, 14 (12), 39–46.		Quantitati	1010 4-	400	Managelia	ANC	Diamond accountry, 9 Aug	NA	Planned pregnancy and age group 20-34 had more ANC in logitic regression. ANC users were found to be more/lines. Billey to be in age group 20-35 years (AOC = 283, 598 CC 1.1666 4841), education of sponse (AOR 0.261, 598 CC 0.1320- COOD), occupation of sponse (AOR 0.261, 598 CC 0.1320- COOD), occupation of sponse (AOR 0.261, 598 CC 0.1320- COS), occupation of the sponse (AOR 0.261, 598 CC 0.1320- COS), occupation of the sponse (AOR 0.261, 598 CC 0.1320- COS), occupation of the AOR 0.261, 598 CC 0.1320- COS), occupation of the AOR 0.261, 598 CC 0.1320- COS (AOR 0.261, 500), dealer and 598 CC 0.1320- C	Individual; couple;
MH106	Loudergs, D., Gawin, L., Heters, M. A., & John, M. (2014). Birth Preparedness and Complexition Read-ress (BCR) interventions to reduce material and neuroscilla monthly in developing contribut- systematic review and mess-solution. <i>BMICOMRV '000</i> CREDBIH's, 14. https://doi.org/10.1186/1471.2593.4.4.139	Pokhara NA	Quantitative	pregnant women received BPCR intervention s in developing countries	400 14 randomized studies (292 256 live births)	Maternal health	antenstal, intragartum, postpartum care and recostal care	Planned preparative & Age	NA Home Vuits, women Group sessions	nspoture to BPC interventions we associated with a matricially significant inductions of 15% in revealant involving in matrix and a significant inductions of 15% in revealant involving implicant reduction of 25% in maternal montality risk (seven students, RF e - 07, 25% Oc. 466, 1, 13	household
MH52	Devlada, H. R., Murray, E. Kett, M., & Groce, N. (2017). Healthcare provides's attitude towards, disability and experience of women with Reproductive Health, 14 (1), 78. https://doi.org/10.1186/s13978-017- 0380-5	Rupandehi district	Mixed methods	Healthcare providers providers maternal healthcare services Women with disabilities using maternal healthcare services at last pregnancy	396 healthcare providers 18 IDIs with disabilities using maternal healthcare services during last pregnancy	Maternal health	Use of MNCH services; Health providers' attrautes towards disabilities in visual and women with disabilities in visual and women seeking maternal healthcare	Type of provider (Nurses/auxiliary nurse midwives; general clinical health workes; female Community Health Volucteres); Age; Urban/runk; Dalits, non- dait; Previoualy providing services for women with disabilities x. no recept of disability raining		Astitudes towards disability associated with provider type aper- real/lathing and Dalt table. No workshon by having previously provided arrivant to avonen with disabilities or receipt of disability training, women with disabilities are required perceptions of providery. Incovideg, attitudes, skills in providing structures to those with disabilities	Health facility
MH111	Strestha, S., Bell, J. S., & Marais, D. (2014). An analysis of factors linked to the decline in matemal mortality in Negal. <i>PLoS One</i> , <i>9</i> (4), e93029. https://doi.org/10.1371/journal.pone.0093029	National (NDHS 96, 01, 06 & 11)	Quantitative	MWRAs		Maternal health	Maternal mortality	SBA, Access, age, education and CE group	NA	There was a significant increase from 72.5% to 83.5% in the proportion of women delivering between the ages of 20-30 wars, with freew somen delivering at high risk ages (-20 and 535 years). Fertility dropped gradually significantly, proportion of women having attended at least secondary school increased nearly four-fold from 9.7% to 36.0%	Structural/policy
MH118	Bhatt, H., Tiwari, S., Ensor, T., Ghimire, D. R., & Gavdia, T. (2018). Contribution of Nepal's free delivery care policies in improving utilisation of maternal health services. <i>International Journal of Health</i> (1997), 1997, 199			NGO,	16 837 births					Results from this study suggest that MIS and Aama policies have had a strong positive influence on the utilisation of 4 AMC visits	
			Quant	government	UITUIS	Maternal health, neonatal health	Institutional delivery; ANC	Nepal Free Delivery Care Policies		and institutional deliveries in Nepa	Policy
	Bhatta, D. N., & Aryal, U. R. (2015). Paternal factors and inequity associated with access to maternal health care service utilization in Negal: A community based cross sections taxley, PEG DHP, 10(6). https://doi.org/10.1371/journal.pone.0110380		Quant	government NGO,				Nepal Free Delivery Care Policies		and institutional deliveries in Nega Pastemal factors falle age, household wealth, number of children, ethnichy, education, knowle edge of danger sign during program, and husband's decision making for seeking mater. All and child health are are uncutal factors associated to maternal	Policy
MH119	associated with access to maternal health care service utilization in Nepal: A community based cross-sectional study. PLoS ONE, 10 (6).	Kathmandu	Quant Quant			Maternal health, reconstal health	Institutional delivery, AVC	Negal Free Delivery Care Policies		and institutional deliveries in Nega Paternal factors like age, household wealth, number of children, ethnicity, education, how-i- edge disager sign during ethnicity, education, how-i- edge disager sign during and child health are are caucil factors associated to maternal health service utilization.	Policy couple, household
MH119 MH107	associated with access to maternal health care service utilization in Negal: A community based cross-sectional study. PAG 3047, 10 (6). https://doi.org/10.1373/journal.gone.0130380 Sharma, S., Van Teilingen, E., Belsi, Vin, J. M., Hundley, V., Smithada, P., & Sour, E. (2015). Measuring what works: An impact evaluation of norms' groups on maternal health yourse in unal Negal. PAG 3087.		Quant Quant Quantitative - cross sectional survey		2200		Institutional delivery; ANC	Negal Free Delivery Care Policies education, age and parify Multiper's education, caste/community, geographical location, home of facility-based delivery	community-based health promotion intervention None decribed	and institutional deliveries in Nega Pastemal factors falle age, household wealth, number of children, ethnichy, education, knowle edge of danger sign during program, and husband's decision making for seeking mater. All and child health are are uncutal factors associated to maternal	Policy couple, household Profisiolaa, health mattern addedual, termiy, household level

									Newborn Care Package		
	Nonyane, B. A. S., K. C. A., Callaghan-Koru, J. A., Guenther, T., Strin, D., Syed, U., Baqui, A. H. (2026). Equity improvements in maternal and neebon rate indicators: results from the Bardya district of Nepal. <i>Health Today and Poince</i> , <i>31</i> (14, 43–54). https://doi.org/10.1093/heepol/cx0077			recently	630 respondents at baseline		Institutional delivery, knowledge of danger sprz. AMC Brith	changes in concentration indices (change in equity and changes in	Community motilitation and behaviour change activities includes: (1) Mr radio announcements of dama performances on the approximation of the approximation of the approximation of the approximation of the maxies group Standaya Sakritik Paristianer (3) Bibbards with needoon allibandra with needo	We observed statistically significant improvements in equity for facility delivery [Cindex: $-0.35(-0.24,-0.00]$ , inconciege of at least three newborn damper sign; $-0.026(-0.06,-0.000)$ ], at least one material avia with a slined provider [ $-0.22(-0.04,-0.00)$ ], at least increases in practices are used as a slined provider [ $-0.22(-0.04,-0.00)$ ], at least increases in practices were observed for facility delivery (SOR), immediate driving (SA) and delayde batting (SPM). These multiplicated intermediates are evidence that commutify batch intermediates are used to benerably final and the soft observed for facility delivery and delivery and observed for facility delivery (SOR). facility delivery and other newborn care behaviour. We of facility delivery and other newborn care behaviour.	Community; facility (intervention worked at
MH159		Bardiya	Quantitative	mothers	and endline	Maternal health	preparedness	coverage)	Management committees,	within Nepal in order to determine if similar results are observed. we found an improvement in population-level indicators linked to reducing maternal and infant mortality: receipt of four antenatal	multiple levels)
MH97	Maru, D., Maru, S., Nirola, I., Gonzalez-Smith, J., Thoumi, A., Nepal, P., McClellan, M. (2017). Accountable Care Reforms Improve Women's And Children's Health In Nepal. Health Aglias (Project Hope), 36 (11), 1965–1972. https://doi.org/10.1377/hithaff.2017.0579	Accham	Quantitatie	Pregnancies in the distrit during a period of time	541 at follow-up	Maternal health	Institutional delivery; ANC; institutional birth rate; PPFP	delivery of care via public-private partnership	Public-private partnership	reouring maternal and mant mortally: recept of four anternatal care visits (83 percent to 90 percent), institutional birth rate (81 percent to 93 percent), and the prevalence of postpartum contraception (19 percent to 47 percent). The intervention cost 53.40 per capita (at the population level) and 5185 total per pregnant woman who received services.	System
M8129	Anharry, D., Singh, J. K., Adhävi, S., & Jaim, Y. (2016) Association Delivers coordinangespike characteristics of female community health volunteers and their incodeloge and performance on naternal and child health service in most Megal. Journal of Mildlesophravy Kealthcare, 9, 111–120. https://doi.org/10.2147/JMDH.598700	Dhanusha district, Southern Terzil, Hegal	Quant	Fermale Community Health Volunteers	128	Maternal Health	Provision of MIOH services: involvedge and performance of Maternal and Neonatal care components	Social demographic churactheristics		consider educational level when selecting Female Community Health Volunteers. One Fodings demonstrated that sociodemographic dharacteristics were associated independently with good isoverdge of CPUN; predings in Mohara and Infant Research Activities, nongovernmental organization working area (JoR 12, 550 K 13, 54, B), and Indied caras (JoR 13, 550 K 13, 64, B), associated with MO1 services were education level secondary and above (JoR 5, 55, K) C 13, 24, B) and above (JoR 5, 75, 55) K 13, 24, B), and associated with MO1 services were education level secondary and above (JoR 6, 75, 55) K 13, 24, 24, B) and above (JoR 5, 75, 55) K 13, 24, B), and Infant Research Activities working areas (JOR 9, 05% C) 3, 5- 26, 6).	Community, Individual
MH132	Acharya, D., Paudel, R., Gautam, K., Gautam, S., & Upadhyaya, T. (2016). Knowledge of Maternal and Newborn Care Among Primary Level Health Workers in Saphrautu District of Nepal. Amols of Medical and Health Sciences Record., 61(1). 27–21. https://doi.org/10.4103/2141-9248.180266	Nepal	Quant	primary level health workers working on Maternal and Newborn Care	137	Maternal health, recontal health	Provision of MIXOH services; transwitegie of Maternal and Macoural care components	Knowledge of maternal and neonatal aspects (i.e. when to danger in pregnancy, meaning of danger in pregnancy, meaning of culture branst teeling)		Primary level health workers need additional education to improve knowledge gaps	sealth facility /
	Achanya, D., & Paudel, R. (2016). Assessment of critical knowledge on maternal and newborn care services among primary level nuse mid- wees in Kapikassa Datrict of Nepal. Rathmandu University Medical Journal , 13 (22), 351–356.			knowledge of primary level nurse- midwives on maternal and			Provision of MIXOH services;	knowledge of how to stop post-		nurse-midwives were found to have either poor or some level of	
MH133	Lama, S., & Krishna, A. K. I. (2014). Barriers in Utilization of Maternal	Kapilvastu District of Nepal Jhapa	Quant Qualitative.	newborn care Women of	68	Maternal health; neonatal health Maternal health	knowledge of Maternal and Neonatal care components	child HIV transmission, and newborn care	Not mentioned	knowledge in most of the components of maternal and newborn care services. The barriers to maternal health care service utilization were	health facility / individual, household,
MH91	Health Care Services: Perceptions of Rural Women in Eastern Nepal. Kashmandu University Medical Journal (RUMU), 12 (48), 253–258.		Exploratory study with FGDs and IDIs	reproductiv e age, mothers			Use of MNCH services			identified as social factors like family pressure, supersition, hynnes, miconcorption, negligence. Bittersylako da vaarenesa, alcoholim, in addition to economic barriers and cultural practices. Cultural practices - related to household roles, pregnancy practices, barhing traditions, indigeneous practices, etc.	societal/structural/politi cal
	Milne, L., van Teijlingen, E., Hundley, V., Simkhada, P., & Ireland, J. (2015). Staff perspectives of barriers to women accessing birthing services in Negal a qualitative study. BMC Pergnancy and Childbirth , 15, 142. https://doi.org/10.1186/s12884-015-0564-6			Staff at hospitals serving	20 interviews and non-			Individual level; facility level;		First Phase Delays are: 1) lack of awareness that the facility/services exist; 2) women being too busy to attend; 3) poor services; 4) embarrassment; and 5) financial issues. Therese for the second Phase of Delay are: 1) birthing on the way; and 2) by-passing the facility in favour of one further away. The final Bhars insubier: 1) abarance of an anaphile applications.	Individual: keestat
MH152		Kathmandu valley	Qualitative	pregnant women	participant observation	Maternal health	Institutional delivery	economic reasons (facilitating environment)		Phase involved: 1) absence of an enabling environment; and 2) disrespectful care.	Individual; health facility; household
MH100	Mehata, S., Paudel, Y. R., Dariang, M., Aryal, K. K., Lai, B. K., Ehanal, M. N., & Thomas, D. (2017). Trends and inequalities in Use of Maternal Health Care Services. In Negal: Strategy in the Search for Improvements. <i>BMMed Research International</i> , 2017. https://doi.org/10.1155/2017/5079234	Nepal	Quantitative	Mothers giving birth 3-5 years prior to survey	Varies	Material health	Use of MNOI services	30 factors		The percentage of mothers that received four anternatal care (AVC) consultations messed from %% to 47%, and the casaren section (c-section) rate increased from %% to 47%, and the casaren section (c-section) rate increased from 3% to 1940 to 6% in 2011. Inequality reduced over time (based on wealth) All sociodemographic valiables were significant practices of use of maternah health services, out of which metral educations with the most powerful. (powerty, education, and rural/urban status significantly associated)	Individual; household; community
MH42	Bhandari, G. P., Subedi, N., Thapa, J., Choulagai, B., Maskey, M. K., & Orata, S. R. (2014). A cluster anadomized implementation trial to measure the effectivenes of an intervention package animits to increase the utilization of skilled trith attendants by women for childbirth: Subgroupscote BMC Prognom of Childbirth, J4 (1). https://doi.org/10.1186/1471-2393-14-109	Nepal	Quant	NGO,	5000	Maternal health	584			Pager describes an intervention that will take multiple measures to finance, mobilize, and ensure women give birth at health facilities	household, health facility

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MH110 MH153	Shrestha, J. R., Manandhar, D. S., Manandhar, S. R., Adhikari, D., Rai, C., Rana, H., - Araban, A. (2015). Modernal and licenstal Health Inset Guass-segments Trial in Arghmenica District of Nepal Journal of Nepal Health Research Council, <i>13</i> (29), 78–83.           Morgan, A., Jimmer, Son, E., Blandari, G., & Kennode, M. (2014). Previous respectives on the walking environment required for salled birth strendores. Sealities that you are needed. Net Work 10: Morgan, A., Jimmer, Son, E., Blandari, G., & Kennode, M. (2014). Previous respectives on the walking environment required for salled birth strendores. Sealities that yin watern Negal. 70; Morgan M. (2014).           Mergan, A., Jimmer, Son, E., Blandari, M., Bartan, M. (2014).           Morgan, A., Jimmer, Son, E., Blandari, G., & Kennode, M. (2014).           Morgan, A., Jimmer, Son, E., Blandari, M., Bartan, M. (2014).           Morgan, A., Jimmer, Son, E., Blandari, M., Bartan, M. (2014).           Morgan, A., Jimmer, Son, E., Blandari, M., Bartan, M. (2014).           Morgan, A., Jimmer, Son, E., Blandari, M. (2014).           Morgan, M. (2014).           M	Aghabharchi Pélga	Qualitative	Mothers of child < 23 Mos, Health Facilities Skilled birth attendants	Mothers of <23 mos child=340, Health facilities=5 22 SBAs; 1 FGD with 10 SBA trainees; 5 Xiis 20 FCHVs, 11 health workers and 26 service	Maternal health Maternal health	Use of MICH services	Quality of Care Facility level (enabling environment for SBAs)	ΝΔ	Along with all capacity building programs, support of essential newborn care equipment enabled the health facilities of antervention area to catter better MMC services. Participants kernel the second an composition of an enabling antequate infrastructure, equipment and drugs, and timely inferrant pathway. All Sub sub practications for tunable to manage obstrictic complications because quality management of the chreatening complications requires thatestinoid more than ane Sub. In Repair. Jerkmay all drugs present the second and pasting Sub. alone, in remote chrus, needs to be reconsidered to achieve the goal of reducing maternal drugs that through timely management of obstetric complications.	Health system
мн160	Panday, S., Bissell, P., van Teijingen, E., & Simikhada, P. (2017). The contribution of female community health volunteers (FCMv) to amaternity care in head a qualitative study. <i>BAC Health Services</i> <i>Research</i> , 17 (1), 623. https://doi.org/10.1186/s12913-017-2567-7	Dhading; Sarlahi	Qualitative	FCHVs; health providers	users were purposefully selected and interviewed using semi- structured topic guides. In addition, four focus group discussions were held with 19 FCHVs	Maternal health	Contributions of FOH/s	Variations between hill/terai districts: looking at roles of FCHVs		All study participants achooseledged the contribution of FOHs in materiory care. All FOHs reported that they share far years in reservation of the study of the study of the study of the study of referred women for health checks. The main difference between the two study regions was the support available to FOH's form the local health centres. With regular training and access to medical augule, FOH's in the full villages, protected activities such as assisting with childbirth, downburkg medicines and monotable aggreduces to existent of the Soft and the nonrotable aggreduces to existent on the Soft activities works and the study of the soft activities nonrotable aggreduced as a major childger for already overburdned volumeters followed by a lack of education for FOHs.	Community
MH57	Doane, J., Sherpa, A., Schoenhals, S. E., Lama, L., Bjells, K., Chambers, A., Levy, D. (2018). BASELINE ASSESSMENT OF MATERNAL- NEONATAL HEALTH-CARE QUALITY IN LOXHIM, NEPAL. JOURNAL OF INVESTIGATIVE MEDICINE, 66 (1), 187. https://doi.org/10.1136/jim- 2017-000663.290	Solukhumbu district		Women giving birth in last 24			Quality of MNCH services	Barris da la		74% had birth preparedness plan, most had blood pressure checked, but few had anemia or urinalysis; most were home deliveries (82%); only 9% had all four parts of essential newborn care as per WHO requirements; low receipt o check-up post-birth	Health facility
	Josh / Comest-dou Josh, C., Torvakten, S., Hodgon, R., & Hayen, A. (2014). Factorn associated with the use and guality of antennatal care in Negat a population-based study using the demographic and health survey data. <i>BMC Preparary and Childbirth</i> , <i>14</i> , 94. https://doi.org/10.1186/1471- 2893.14-94 Lewis, S., Lee, A., & Simkhada, P. (2015). The role of husbands in maternal health and safe childbarth in rural Negat: a qualitative study. <i>BMC Preparary and Childbirth</i> , <i>15</i> , 182. https://doi.org/10.1186/12884-015-0599-8	Nepal Nepal Mil Villages in the Gorkha disrict of Nepal.	<u>Quantitative</u> <u>Quantitative</u>	Mothers husbands, wives, pregnant womer, in law, health workers	4,079 mothers Semi- structured, in-depth interviews were conducted with husbands (n = 17), wives (n = 15), mothers-in- law (n = 3), and health workers (n = 7).	Maternal health Maternal health Maternal health, child health	ANC (Receiving 4 or more ANC; receiving quality ANC) Role of husbands in maternal health	SD factors; smoking; women's say in DM; husband's work outside of in DM; husband's work outside of works getting AMC works getting AMC rike of husbands in natemity care a side childibit, their perceptions of the needs of smoking and second second second perceptions, and how women feet about male involvement around childbirth.	Recommendation: factors to be considered when health education for health education for health education for health education health education health education health education health education health and child health outcomes.	by health weeker Levil for scores had four or more ANC-white and ESS had at least one waik Health education, row supplementation, blood persure neasurement and testinu, toodwere the more commonly received components of ANC. Older age, higher parkty, and higher kerels of ducations and household ecconomic status of this and receiver of poort availary ANC. Weene should also more, hold a sign in decision making, which who also also more, how a sign in encodes and the status of the signal higher kerels of education and household four or more visits. Other predictions of intervention of the status of the signal in autor house and being encoded to generate and evolving and and a signal and encodes meets in maternal health and safe childrish is complex enclosed and evolving changes in attrudies taking place. Traditional beliefs influence make maternity care - they may be the only person available when a woman goes in to black ther wise is happed by their availability, takines of husbands was expressed for person available when a woman goes in to black there wise happed by their availability, takines do have an important tok in maternal health and safe childrish is complexed by their availability by their availability, takines of husbands was expressed by both espectant molecular by their real schapped by their availability, takines do have an important tok in maternal health and safe childrish.	Individual; rouple; household; health facility Individuals, couples, household; society
MH124	Choudagai, B. P., Onta, S., Subedi, N., Bhatta, D. N., Shrestha, B., Petrold, M., & Krettek, A. (2017). A cluster-randomized evaluation of an intervention to increase skilled liktih attendant utilization in mid-and far watern Negal. <i>Neuroit Policy and Planning</i> , <i>32</i> (8), 1092–1101. https://doi.org/10.1093/hepso/cra045			Women delivering a baby in past 12 months	746 and 2098 eligible women in the intervention and control groups, respectively	Maternal health	SBA; ANC	Intervention ; intervention and control communities	five-component intervention that addressed previously identified barriers to SBA services in mid- and far- western Nepal (not sure if SBCC or not)	The 1-year intervention was effective in increasing the use of skilled birth care services (08 = 1.5.7; 0: 1.19-2.08); however, the intervention had or effect on the utilization of AK services. Calls for improved quality of care, longer interventions, mobilizing community groups more, having more human resources for the intervention.	Health facility
	Pauled D. Swetha, I. B. Saberis, M. B. Behlores, E. (2017). Impact of Discontensish based mesharic an packapite Nepal. A quasi- genemental evaluation. <i>BMI Open</i> , 72016. https://doi.org/10.1136/hmippen.2016-015285	10 pilot districts - had pilot districts and comparison districts	Quantitative	Recent	Varied between pre/post and between HMIS and DHS data		Use of MNG1 services; SBA; birth preparedness, antenual care delay by skilled birth attendang, delayer by skilled birth attendang.		community-based newton care package (CBNCP)	Charges over time in intervention and comparison areas were similar in difference-in-differences analysis of DVS and HMIS data. Logotic regression of DVS data also dire towel any approximation of DVS data also direct toward any direct toward and direct toward and direct toward parallely. 2001;14 (0 Sto 2.1); delivery by Alled birth attendant, also direct toward and direct toward and direct toward and direct toward and direct toward and direct toward and direct toward consecution of DVS data and direct toward direct toward consecution of the direct toward direct direct toward direct	Individual
MH164 MH62	Funda, M., Biek, D., Matsufuji, H., & Coson, K. (2016). Spousal violence and receipt of skilled maximum care during and after pregnancy in https://doi.org/10.1016/j.midw.2016.10.005	comparison districts		Women giving birth within past 5 years and completing GBV module	1375	Maternal health	postnatal care within 48 hours	Impact of program Spousal violence; socio-dem; healthcare accessibility	[fr0]46'4.)	Yeal life conditions. Volence associated after controlling for HC access, but not once controlling for accide dem factors. Better-educated women where hubbands were provide a state of the state of the state of the state boundary of the state of the state of the state of the state of the state of the state of the state of the boundary of the pregnancy continuum or at recommended points during or after pregnancy.	Individual Individual; couple; community; health facility
MH64	Godha, D., Gage, A. J., Hotchkiss, D. R., & Cappa, C. (2016). Predicting Maternal Health Care Use by Age at Marriage in Multiple Countries. The Journal of Adolescent Health: Official Hollochion of the Society for Adolescent Medicine, 58 (5), 504–511. https://doi.org/10.1016/j.jadohealth.2016.01.001	Nepal (and other countries)	Quantitative	Pregnant	U 200	Maternal health	Use of MNCH services	age of marriage		The results show a negative association between child marriage and maternal health care use in most study countries, and this association of the study of the study of the study of the study of the point of the study of the study of the study of the study of the maternal health care use is not transplitforward but depends on maternal health care use is not transplitforward but depends on marginal effects in use of delivery care services between women marginal effects in use of delivery care services between women marginal effects in use of delivery care services between women marginal effects in use of delivery care services between women enservices and the study of the study of the study of the study of the production. The study of the study of the study of the study of the study of the study of the study of the study of the study of the study of the study of the study of the study of the study of study of	Couple; societal
MH137	Gopalan, S. S., Das, A., & Howard, N. (2017). Maternal and neonstal service sugge and determinants in fragile and conflict-effected statisticns: a systematic review of Alaia and the Middle Eds. IBAC Womer's Health, 17(1), 20. https://doi.org/10.1186/s12405-017- 0379-x	Nepal (and other countries)	Lit review	Women; neonatal; policy- makers		Maternal health; neonatal health	Summary article	Demand and supply side		Systematic ili review, including 2 articles from Nepal. Demandi side determinants of arvice-usage vere transportation, fermale educationa, soto organizzationa e anteres, and ability and pays, Supply-side determinants included sarvice availability and quality, existence or community health veneves, casts, and informal payments in health facilities. Invidence is particularly sparse on MMH in a acute orises, and remains limited in fragile quatations generality.	Individual; household; health facility

МН166	Paudol, Y. R., Jha, T., & Mehata, S. (1017). Timing of Pres Antenatal Care (MC) and hexpatilies in Early initiation of AMC in Repair. Fonders in Public Health , S., 242. https://doi.org/10.3389/fpubli.2017.00242 Motchius, D. R., Godha, D., & Do, M. (2014). Expansion in the private	Netional (DHS)	Quantitative	4,148 women who had a live birth during 5 years preceding the survey	4,148 women who had a live birth during 5 years preceding the survey	Material health	ANC (siming)	Education, wealth, caste, pregnancy wantedness		or earlier. Among participants who had enerr attended school, part more than had (25) processing for 12 Met at a hard team of the hard (25) processing for 12 Met at a hard more hard more than had (25) processing for 12 Met at a hard more hard hard hard (25) processing for 12 Met at a hard hard property and the hard (26) of the hard (26) of the hard from pooret quarticle received first AAA care commended time. In adjusted analysis, women from richest weathing quarticle were significantly more first both care commended time. 23.14 6:05 (compared to the pooret: Similarly, women with 40 Met at least the hard one: Similarly, women with who had neer attended school. A significantly lower oxids of early AAC take up woo benered among manueled were significantly more file to a take of the rich AAC at 4 months or early applicantly more file to a take of the rich AAC at 4 months or early applicantly more file could be proper to brahmmic/hebrei women. Winen who be attended the rich AAC at 4 months or early applicantly more file classifies. The finding suggest to a need of technics proper, Karal women were less likely to have divelocups a pre quark was an uncertain or ad improve economic attent and outlines. The finding suggest to a need of terms from to risk first finding and the rich and the rich and cartify ethnics. The finding suggest to a need of terms of the study suggest that the expansion of private sector supply of institutional based deliver, writes in height and there such so the study suggest that the expansion of private sector supply of institutional based deliver vertices in hypean to the subset of the study suggest that the expansion of private sector supply of institutional based deliver vertices in hypean to the such subset of the study suggest that the expansion of private sector supply of institutional based deliver vertices in hypean to hard more such and and the such subset of the such such and such such such such such such such such	Household; individual
	sector provision of institutional delivery services and horizontal equity: evidence from Nepal and Bangladesh. <i>Health Policy and Planning</i> , 29 Suppl 1, i12-9. https://doi.org/10.1093/heapol/czt062	Nepal and		Pregnant						Bangladesh has not led to increased horizontal inequity. In fact, in both countries, inequity was shown to have decreased over the study period. The study findings also suggest that the provision of government delivery services to the poor protects	
MH71	Kozuki, N., Katz, J., Khatry, S. K., Tielsch, J. M., LeClerq, S. C., & Mullany,	Bangladesh rural Sarlahi District.	Quantitative	women pregnant	6182	Maternal health Maternal health	Use of MNCH services	expansion of private sector reproductive health.	none mentioned	against increased wealth-related inequity in service use.	Health system individuals, couples,
	L. C. (2016). Community survey on neuroness and use of obstration. Interstongraphy in and Shirib Durits. <i>Publ. International Journal of Gynaecology and Distertics: The Official Organ of the International Federation of Gynaecology and Detartics</i> . J. 14 (2), 126–130. https://doi.org/10.1016/j.igo.2016.01.015	Nepal	Quantitative	women and their husbands	women	middeinian realiun		reproductive reality, scoleconomic, and other characteristics that increased the likelihood of undergoing an obstetric ultrasonographic examination.	none mendored	Initial Colds of receiving an ultrasonographic examination were higher among women with post secondary education than among those with none; for those whose husbands had post secondary education than those with hone; and odds were lower among women younger than 18years than among those aged 18- 34years.	facility
MH88							Use of obstetric ultrasonography				
MH127	Singh, J. K., Kadel, R., Acharya, D., Lombard, D., Khandi, S., & Singh, S. P. (2018). "NATRH-SUMAN" a capacity building and test messaging intervention to enhance maternal and child health service utilization mong pregnant wavement from rural Regular List per atomic of a duster mong pregnant wavement from rural Regular List per Atematics and a second second second second second second second second second https://doi.org/10.1186/h12913-018-3223-6	Descale	Quantitative	pregnant	66 000		Line of MIRCL services	promotion of health setting	MA	Capacity development of health volunteers and test messaging to pregularit women through noolie phose have about associated with increased utilization of MOI services. However, such interventions are uncommon in Regular We aim to carry of an instrument or uncommon in Regular We aim to carry of the messaging enternetion will increase the MOI service.	Societal/Amountumal
MH127		Dhanusha	Quantitative	women	66,000	Maternal health; child health	Use of MNCH services	behaviour	NA	utilisation.	Societal/structural
MH34	Adbitaci, R. (2016). Effect of Women's autonomy on maternal health service utilization in hepail: a cross sectional study. <i>BMC</i> Women's Health, 16, 26. http://doi.org/10.1186/s12965-016-0265-7	Nepal	Quant	Women	4,148	Maternal health	Use of MNCH services	woman autonomy		This study found that many socio-densegraphic variables such as age of average, authors of address horn, level of education, education, and the standard set of the s	In dividual; household; community
MH43	Bhandari, T. R., Sarma, P. S., & Kutty, V. R. (2015). Utilization of maternal health care services in post-conflict Nepal. International Journal of Women's (Nethy, 7, 783-750). https://doi.org/10.2147/IVWH.S90556	Nepal	Quant	NGO, government	10,793 women in NDHS 2006 and 13,485 women in NDHS	Maternal health	Use of MNCH services	conflict in Nepal		The utilization of maternal health care services tended to increase continuously during both the armed conflict and the post conflict previous (Regal	Societal
										At the macro level, governance with effective and committed leaders was found to be vital for achieving positive health	
MH126	Samueh, F., Amaya, A. B., & Balabanova, D. (2017). Drivers of health cystem strengthening: Learning from implementation of maternal and child health programmes in Mozarribuga. Replay and Rewinds. Health https://doi.org/10.1093/heapol/cza037	Nepal	Case study; literature review	Policy makers, donors and stakeholder s - related to maternal and child health	N/A	Maternal health; child health	Use of MNCH services			outcomes. This was underpinned by clear commitment from domos coupled by a significant increase in funding to the health sector. At the mess level, where policies are operationalized, inter-sectoral partnerships as well as determination and task- shifting emerged as critical. At micro (tervice interface) level, community-centre models and accesses lean ad parportiently that at any coentries. In clearly providers play as central role interventions. Using in delivery of policy and a sector of interventions. Using in delivery of policy and the model and interventions. Using in delivery of policy and the model on interventions. Using in delivery of policy and the model on interventions. Using in delivery of policy and the model on interventions. Using in delivery of policy and the model on intervention. Using in delivery of policy and the model on intervention. Using in the model on the model on the model on the model of the model on the model on the model on the model on the model of the model on the model on the model on the model on the model of the model on the model on the model on the model on the model of the model on the model on the model on the model on the model on the model of the model on the model	Societal/structural and policy; health facility;
	Haver, J., Brieger, W., Zoungrana, J., Ansari, N., & Kagoma, J. (2015). Experiences engaging community health workers to provide maternal and networks in performance and experimentation of four programs. <i>Hiterational Journal of Operacology and Obsterrics</i> , <i>130</i> (52), 532–539. https://doi.org/10.1016/j.iga.2015.03.006			CHWs/progr am						and distribution of commodities were transitioned to CHWs to reach understerved populations. In hepal, trained GHVs on additional things (FGHVs received an additional series) days of training Bocurad on the intervention, which involved days of training Bocurad on the intervention, which involved convenieng. and distributing misoprotical to somere who were eight months programs for self-administration at home births.) Results blowed that of the 840 post-intervention survey regramatic for self-administration at home births.) 71.28 received misoprotol, and unoroxinc coverage increased from 11.0% forder the intervention to 74.2% after the intervention 44.1 The most extensive improvements in uteratoxic coverage were sobarred in the two lowest wealth strata. This successful pilot profession the increasing body of evidence demonstrating that trained	
MH138		Nepal and other countries	Case study	implemente rs		Maternal health; neonatal health	Home delivery			CHWs could effectively deliver misoprostol for self- administration by	Health facility
MH37	Andersen, K. L., Khansi, R. C., Teiveira, A., Neupane, S., Sharma, S., Arez, V. N., & Galib, M. F. (2015). Martial status and shortion among young women in Rupandehi. Nepal. <i>BMC Women's Health</i> , <i>15</i> , 17. https://doi.org/10.1186/s12905-015-0175-4	Rupandehi, Nepal	Quant	NGO, government	600	Maternal health	Abortion	marital status		"Findings highlight the need for providing sexual and reproductive health care information and services to young women regardless of martial status"	societal/structural/politi cal
MH113	Tran, D. N., & Beno, L. A. (2015). Barriers and facilitators to the quality use of essential medicines for matemal health in low-resource countries: An Unitawa framework. <i>Journal of Cibbal Health</i> , 5 (1), 10406. https://doi.org/10.7189/pgh.05.010406	Mongolia, Nepal, Laos, DPRK, the Philippines, Vanuatu, the Solomon Island	Quantitative	MWRAs	7 reports	Maternal health	access to and use of essential medicines			The diagram highlighted the complexity between and within each health-system level that must function to ensure the availability, access, and appropriate use of medicines. The specific facilitation and barriers denrified should guide the development of tailored intervention programs to improve and expand the use of these Me-saving medicines.	Policy/structure

МН92	Lin, M., Magarajan, N., Benjit, A., Gapta, S., Shnetha, S., Ruchner, A. L., "Grone, N. S. (2016). Reproductive health cars and family planning monong women in Neural International Journal of Gynaecology and Obsterior: The Official Organ of the International Federation of Ginarcicoly and Obsterior.; J. 24 (1), Sacharol. Technology and Disterior: A strain of the International Federation of International Control (1998). A strain of the International Federation of International Control (1998). A strain of the International Federation of Hanali, V., Adhikari, M., & Karkee, R. (2014). Low compliance with iron- floate supplementation among postpartum mothers of Nepal: an	Nepal National	Quantitative . two-part population- based, cross- sectional, cluster- randomized survey corroborate d by a visual physical examination Secondary analysis of Homel Difference Secondary	Women or reproductiv e age, pregnant women postpartum mothers and their	876 female interviewee s were of reproductiv e age (12- 50years). 4,148	Material health Material health	access to care, contraceptive needs, access to care, contraceptive needs, access to payoid care, access to care accession of the contract needs, and barriers to receiving reproductive health care Anemia prevention in the postnatal period	Maternal education was the strongest predictor of domining compared to the strong of the Odds of hwing a creatmen delevery meet obsidely traven linking. Predictor of using contraception was a history of having given birth So factors; AAIC; facility delivery, compared of postnatal are	none	Reproductive healthcare disparities for women are manifold. Education for women appears to be a significant determinant of accessing reproductive health care.	individuals, health facilities
MH84	andwise of Regal Demographic and Health Survey 2011. Journal of Community Health, 39 (3), 666–613. https://doi.org/10.1007/s10900- 013-9866-6		Nepal DHS 2011	and their families						more antenatial cire visits (JoR 94, 966; 959. Cl (55.25.25.38)]]; Wedin Far-wisten wedweghnert region (JoB 13.22; 959. Cl (12.137-239)]; elivered in health facility (JoR 13.23; 959. Cl (12.137-239)]; elivered in health facility (JoR 13.25; 959. Cl (12.137-239); elivered in health facility (JoR 13.25; 959. Cl); elivered in hea	
MH78	K.C. A., Nelin, V., Wrammert, J., Ewald, U., Wirakoti, R., Baral, G. N., Moleyet, M. (2015). Biol Science antipoption stillarbitic cose- tion of the strength of the strength of the strength of the strength of the https://doi.org/10.1186/s12884-015-0567-3	Kathmandu	Quantitative	Births	307 antepartum stillbirths.	Maternal health	Antepartum stillbirth	50, provinus stellbirth, AMC visits, poverty, maternal health		An association was found between the following risk factors and anterprint stilllerth: increasing maternal age (doi: 0.05 % Cl 10.11), less than five years of node. The electronic (doi: 1.05 % Cl 10.12), increasing party 12.05 % Cl 10.13), previous stillerth (doi: 2.65 % Cl 1.6- ro, a meternial care attendance (dOR 4.2, 95 % Cl 1.6- to, a meternial care attendance (dOR 4.2, 95 % Cl 1.6- homographic) beinorging to increasing to the electronic still of the electronic doing memory. So (doi: 1.6.15, 95 % Cl 1.6-18), antepartum hemory. So (doi: 1.6.15, 95 % Cl 1.6-18), and participation genutional genutional genutional	s Individual; household; health facility
MH130	Bhandari, T. R., Dangal, G., Sarma, P. S., & Kutty, V. (2014). Construction and Validation of a Women's Autonomy Measurement Sola with Reference to Utilization of Manaria Health Care Services in Nepal. <i>Journal of the Nepal Medical Association</i> , 52 (195).		Quant; scale developmen t	NGO,	250	Family planning: reproductive health; matemail health	autonomy			The new 23 item scale is a reliable tool for assessing women's autonomy in developing countries	individual, couple,
MH131	Bhandary, T. R., Kotty, V. R., Samma, P. S. & Dongal, G. (2017). Safe delineny cert posticize: In weathern Kriggia: Does generative autonomy influence the utilization of skilled care at birth? <i>PRO</i> : One, <i>12</i> (8), e0182485. https://doi.org/10.1371/journal.pone.0182485	Nepal - Kapilvastu		NGO,		femly planning: reproductive health; maternal health		giving birth at attended health facility		Seratified analysis showed that when the husband is obscated, women's education serves to work partly through their autonomy in decision making.	individual, couple,
MH131	Pawan Acharya and Viahna thanal, The effect of mother's educational status on early instation of breastleeding, further analysis of three consecutive Manal Demographics and ethinli Surve	district	Quant	WRAs	12,845	maternai nealtn Maternai Health	autonomy Breastfeeding	mother's education		autonomy in occusion making. Mothers, with higher education were more likely to initiate breastlending with the first hour of childborth	Individual/family
MH115	Sharma, I. K., & Byrne, A. (2016). Early initiation of breastfeeding: a systematic literature review of factors and barries in South Asia. International Reviewed Journal, 17, 7. https://doi.org/10.1186/s13006-016-0076-7	Bangladesh, India, Maldives, Nepal, Pakistan, Sri Lanka	Quantitative	MWRAs	1723 studies.	Maternal health	Breastfeeding	education of mother, occupation of mother, household wealth and family size and family type.	NA	Factors at geographical, socioeconomic, individual, and health- specific levels, such as residence, education, occupation, income, methor's aga and achieven's gender, and leabth of mother and instation in south at delivery, affect any or timely breastfeeding instation in south actions.	i Individual, family & Societal
MH129	Zehner, E. (2016, April). Promotion and consumption of breastmilk substitutes and infant foods in clamboda, Nepal, Senegal and Tanzania. <i>Networkal &amp; Childranon</i> . Infand. https://doi.org/10.1111/mcn.12308	Cambodia, Nepal, Senegal, Tanzania	Mixed	Breast infants (Mother- infant pairs)		Maternal health; child health	Breastfeeding	breastmilk substitute		The study found that commercially produced complementary foods were promoted in half of the sampled stores in Jobar, but test shan 10% of stores in Phone Pech, Johannadu Valley and Dare eSistam. Point-of-sale promotions across all sites varied in content and form	Individual/family
MH157	Neuman, M., Alcock, G., Azad, K., Kuddin, A., Ourin, D., More, N. S., Proct, A. (2014). Provalence and determinants of observant section in vortice and public harbitatistic in uncervened Sudh Atain communities: cross-sectional analysis of data from Bangladesh, India and Nepal. <i>BMU Open.</i> , 4 (12), e005982.	Dhanusha and other countries (india, Bengladesti)	Quantitative	Cesarean births	45,327 births across study areas	Maternal health	Gesaraan wedigan	Location of birth/type of faility; pock-dem factors		Institutional delivery rates varied widely between settings, from 21% in rural India to 90% in urban India. The proportion of private and charatole facility birth delivere by cessarian section ways 73% in Bangledesh, 20% in ruran Megal. 12% in urban facilities in three of four study locations, even when aligned for pregnancy and delivery characteristics, material characteristics and year of delivery Bangledesh, adjusted 08 (AOB) 59, 59% CS 15 to 67. Respect AOB 23. 95% CI 24 to 14. 44, when India AD 23, in rural AD 23, adjusted 12% India AD 23, adjusted India AD 21, 25% CI 1.08 to 1.18%, the found that highly india AD 22, 5% CI 1.08 to 1.18%, the found that highly india AD 22, 5% CI 1.08 to 1.18%, the found that highly india AD 22, 5% CI 1.08 to 1.18%, the found that highly intraste facilities much India (ADA 21.05% CI 6.18 to 15.57). CONLUSION CO much India (ADA 21.05% CI 6.18 to 15.57). CONLUSION CON corrects in divergent to the highly highly increased casarean section rates in these South Asias contrifes that preferences for casarean delivery may be highly emory highly delicated women, and that individual-level and provide- level factors interact in diving casarean emotions, and also in the prohase sector, and their material and accound health barcosane, facel to casarean and even accound health accounts, regist ci casarean and and accound health accounts, regist ci casarean and and accound health accounts, regist ci casarean and and accound health accounts, regist ci casarean and and accounts head to casarean and and and accounts thead accounts accounts in the prohase sector, and their material and accounts head to account accounts accounts account the sectors and account accounts accounts accounts account and accounts accounts account accounts account accounts accounts account accounts account accounts accounts account accounts accounts account accounts accounts accounts account accounts accounts accounts accounts accounts accounts accounts account accounts accounts account a	Individual; household; facility
MH23	Bogren, M. U., Berg, M., Edgren, L., van Teijingen, E., & Wigert, H. (2016). Shaping the midwifery profession in Nepal-Uncovering actors' connections using a Complex Adaptive Systems Framework. Second & Reproductive Heelberger: Official Journal of the Swedch Ascound & Midwives , 10 , 49–55. https://doi.org/10.1016/j.srhc.2016.09.008	Nepal	Qual	NGO,	17	Family planning; reproductive health; maternal health; neonatal health	connections between actors			Actors promoting the profession connect through a set of facilitators and barriers, common goals and collaboration are oritical for building a midwifery profession, and political priorities adultanges the professional establishmers.	community, health facility, societal/structural/politi cal

				1		1	1				
	Berin, E., Sundell, M., Karki, C., Brynhildsen, J., & Hammar, M. (2014). Contraceptive knowledge and attitudes among women seeking induced abortion in Kathmandu, Nepal. In J. Womens Health, 6, 333–341.										
	https://doi.org/10.2147/jijwh.s57370										
MH17		Kathmandu, nepal	Quant	NGO, government	153	Family planning; maternal health	contraception knowledge and attitude	Education and maternal history		Women seeking abortion in Kathmandu had shorter education and a history of more pregnancies and deliveries than women in the control group.	couple, household, health facility
MURO	Majumder, N., & Ram, F. (2015). Explaining the role of proximate determinants on fertility decline among poor and non-poor in Asian countries. <i>PLoS ONE</i> , <i>10</i> (2). https://doi.org/10.1371/journal.pone.0115441	Bangladesh, India, Nepal, Phillipines, Indonesia, and Vietnam	Secondary analysis of DHS data	women of maternal age, household	DHS national level household	Family planning; reproductive health; maternal health	contraceptive use and induced abortion	total fertility rate	N/A	The majority of countries experience fertility decline over the period of the study despite diversity in economic development.	All
MH15	Axinn, W. G., Ghimire, D. J., & Smith-Greenaway, E. (2017). Emotional Variation and Fertility Behavior. <i>Demography</i> , 54 (2), 437–458. https://doi.org/10.1007/s13524-017-0555-5			NGO,	surveys	Family planning; maternal health	cotraception usage	husband-wife emotional bond		the variance in levels ofhusband-wife emotional bond is significantly associated with their subsequent use of contraception to avert births	couple, societal/structural/politi
	Bagren, M., & Erlandsson, K. (2018). Opportunities, challenges and strategies when building a midwifery profession. Findings from a qualitative study in Bangladesh and Negal. Securit & Reproductive Healthcare: - Official Journal of the Swedich Association of Midwires , 18, 45–49. https://doi.org/10.1016/j.srhc.2018.02.003										
MH24			Qual	NGO, government	33 five in- depth face- to-face interviews	Family planning; reproductive health; maternal health; neonatal health	Creating health facilities			This study demonstrated that building a midwifery profession requires a political comprehensive collaborative approach supported by a political commitment. Through	health facility, societal/structural/polic γ
	Sharma, S., van Teijlingen, E., Hundley, V., Angell, C., & Simkhada, P. (2015). Dirty and 40 days in the wilderness: Eliciting childbirth and postnatia cluthura practices and beliefin in Nepal. <i>IMC Preparancy and</i> <i>Childbirth</i> , <i>16</i> (1), 147. https://doi.org/10.1186/s12884-016-0938-4	Rural Nepal		Wome, men, health	interviews and 14 focus group discussions with mainly women, but also men and health service		Cultural beliefs around pregnancy			There were beliefs around (a) cord cutting & placenta rituals; (b) rest & seclusion; (d) purification, naming & weaning ceremonies and (d) nutrition and threastfeeding - there offered opportunities	Societal, environmental,
MH109	Brunson, J. (2017). Maternal, Newborn, and Child Health After the 2015	(anonymized)	Qualitative	providers	providers	Maternal health	and childbirth	Cultural beliefs		and barriers for health providers	policy
	Nepal Earthquaker. An Investigation of the Long-term Gendered Impacts of Disasters. Maternal and Child Health Journal , 21 (12), 2267–2273. https://doi.org/10.1007/s10995-017-2350-8			NGO,		Maternal health; neonatal health; child	dietary habits and medical center			Though families were not channeling household funds away from health care expenses for pregnant and lactating women and children under fine, the findings suggest that a delayed response by the Nepal government in administering funds for Nebuld- ing combined with an ongoing fuel crisis were negatively impacting familier' abilities to provide adequest heiter, warmth, cooking	individual, household, health facility, societal/structural/politi
MH144		Nepal	Qual	government	14	health	visits	earthquake victim		gas, and transportation for mothers and young children.	cal
MH19	Puri, M., Henderson, J. T., Harper, C. C., Blum, M., Joshi, D., & Rocca, C. H. (2015). Contraceptive discontinuation and preprinnery postabortion in Negal: a longitudinal cohort study. <i>Contraception</i> , 91(4), 301–307. https://doi.org/10.1016/j.contraception.2014.12.011	Mand	Quantitative	Women		Family Planning; maternal health	discontinuation of contraception	Wealth Index, full range of contraception knowledge		Increased availability of long acting methods in Nepal and similar setting: may help to prevent unwanted pregnancy and attendant material mortality and morbidies.	Policy/structure
10112	Clarke, K., Saville, N., Bhandari, B., Giri, K., Ghising, M., Jha, M., Prost, A. (2014). Understanding psychological distress among mothers in rural	repu		Mothers manageme nt of stress (among	0.5	renney reanning, made ner react				Arey perceived causes of distress were poor health, lack of sons, and fertility problems. Tension developed in a context of limited autonomy for women and perceived duty towards the family. Distressed mothers discussed several strategies to alleviate tension, including seeking treatment for perceived physical health problems and tension from doctors or dhamis, having	
MH47	Nepal: a qualitative grounded theory exploration. BMC Psychiotry , 14 , 60. https://doi.org/10.1186/1471-244x-14-60	Dhanusha	Qual	mothers identified as distressed according to the GHQ- 12)	22 SSIs ; one with a local healther, 12 FGDs	Maternal health	Distress and care-seeking for physical health associated with distress/tension	Socio-cultural factors; lack of sons; gender norms; family dynamcs	N/A	repeated pregnancies until a son was delivered, manipulating social circumstances in the household, and deciding to accept their fate. Their solibility to implement these strategies depended on whether they were able to negotiate with their in-laws or husbands for resources. ; sees vulnerability as manifesting itself as tension	HH; community
	Benora, L. Turcalp, O., Moran, A. C., & Campbello, C. M. R. (2018), Not just a number: examining coverage and content of antenatal care in low- income and middle-income countries. <i>BMJ Globel Health</i> , 3 (2), e000779. https://doi.org/10.1136/bmjgh-2018-000779	10 Low or Middle		NGO,	between 2857 (Nepal) to 16 721					Our findings suggest that even among women with patterns of care that complied with global recommendations, the content of	
MH134		Income Countries	Quant	gavernment	(Nigeria)	Maternal health; neonatal health	doctor visits	location		care was poor.	health facility
	Acharyo, P., & Khand, V. (2015). The effect of mother's educational status on early initiation of treastleteding: lurther analysis of three conscutive heigh a Demographic and Heist Storyen, B.M.C. Public Health , 15, 1069. https://doi.org/10.1186/s12889-015-2405-y										
MH31		Nepal - nationwide	Quant Literature	Nepali mothers young girls	12845	Maternal Health	early breastfeeding	mother's education		Maternal education was associated with a higher likelihood of early initiation of breastfeeding in each survey. Pooled	individual, health facility
MH125	Marphatia, A. A., Ambale, G. S., & Reid, A. M. (2017). Women's Marriage Age Matters for Public Health: A Review of the Broader Health and Social Implications in South Asi. Frontiers in Public Health, 5, 269. https://doi.org/10.3389/fpubh.2017.00269	Bangladesh, India, Nepal, and Pakistan	review of peer- reviewed and grey literature	young girls and women susceptible to early marriage	N/A	Maternal health; child health	early child bearing	fertility, access to health care, child nutrition, socio-cultural factors, etc.	N/A	Association of early marriage, education and SES found to influence public health outcomes.	All
	Bhandari, S., Sayami, J. T., Thapa, P., Sayami, M., Kandel, B. P., & Banjara, M. R. (2016). Dietary intake patterns and nutritional status of women of reproductive age in hepsal: findings from a health survey. <i>Technics of Phallic Intel &amp; Archives Bergels of Sonter Phallogue, 74</i> , 2.										
	https://doi.org/10.1186/s13690-016-0114-3	Mountain, Hill and		NGO,						The nutritional status of women of reproductive age is still poor especially in Terai and the dietary intake pattern is not adequate.	
MH148	Rishal, P., Joshi, S. K., Lukasse, M., Schei, B., & Swahnberg, K. (2016). "They just walk away" - women's perception of being silenced by	Terai regions of Nepa	Quant	government Experience of violence during	21,111	Maternal health; nutrition	eating habits and nutritional status	age, employment status, location		It Experiences concealed due to fear of insults, discrimination, attitudes from providers; The women wished that the health care	household, community
MH101	antenatal health workers: a qualitative study on women survivors of domestic violence in Nepal. Global Health Action, 9, 31838.	Dhulikhel and Kathmandu	Qualitative	pregnancy and who utilized ANC	12 IDIs	Maternal health	experience of domestic violence	GBV		providers were compassionate and asked them about their experience, ensured confidentiality and privacy, and referred them to services that is free of cost. more than 3/5 had experienced violence; less than 2% reported having histogram DIBING companyor. Women of women are and	Couple; health facility
MH102	Rishal, P., Pun, K. D., Darj, E., Joshi, S. K., Bjorngaard, J. H., Swahnberg, K.,Lukasse, M. (2017). Prevalence and associated factors of domestic violence among preparant women attending routine antenatal care in Nepal. Scandinavian Journal of Public Health, 1403494817723195. https://doi.org/10.1177/1403494817723195	Dhulikhel and Kathmandu	Ouserit-1	Pregnant women 12- 28 weeks of gestation attening	200-	Maternal health	experience of domestic violence	Socio-demographic factors;		physical violence DURING pregnancy. Women of young age and low socio-economic status were more likely to have experienced DV. Women who reported having their own income and the autonomy to use it were at significantly lower risk of DV compared to women with no income.; often experience of violencend tiscosed	Couple
mrt102	Г.	nationalidu	Quantitative	Lease	2004	maxethal nearth	superience of domestic violence	women's empowerment	ı	www.wenus.ubcluseu	coupie

		1							1		
										91% reported GBV	
										Most of the respondents (87%) faced economic violence followed by psychological (53.8%), sexual (41.8%), and physical (4.3%)	
	Gurung, S., & Acharya, J. (2016). Gender-based Violence Among									violence. Women experienced: (1) psychological violence with most complaining of angry looks followed by jealousy or anger	
	Pregnant Women of Syanja District, Nepal. Osong Public Health and Research Perspectives, 7 (2), 101–107.									while talking with other men, insults using abusive language and neglect; (2) economic violence with most complaining of financia	
	https://doi.org/10.1016/j.phrp.2015.11.010									hardship, denial of basic needs and an insistence on knowing where respondents were and restricting them to parents' home	
										or friends/relatives' houses (jealousy); (3) physical violence by slapping, pushing, shaking, or throwing something at her,	
				Pregnant women						twisting arm or pulling hair, and punching and kicking; and (4) sexual violence by physically forcing her to have sexual	
				attending						intercourse without consent, and hurting or causing injury to private parts. Most (100%) of the perpetrators were found to be	
MH67	Khanal, V., Adhikari, M., Karkee, R., & Gavidia, T. (2014), Factors	Syangja National	Quantitative Secondary	care Policy	202	Maternal health Maternal health	experience of GBV Factors assocated with accessing	Descriptive Urban or Rural households.	None described but	husbands and mothers-in-law (10.7%) who violated them rarely. The majority of postnatal mothers in Nepal did not seek	Individual; household Individual, couple.
	associated with the utilisation of postnatal care services among the mothers of Nepal: analysis of Nepal demographic and health survey	Nuclonal .	analysis - 2011 Nepal	makers, Mothers	mothers	Processing realized	postnatal care	mother's education and occupation, partner's education	recommendation provided: Increasing	postnatal care. Mothers who were from urban areas, from rich families, who were educated, whose partners were educated.	facility
	2011. BMC Women's Health , 14 , 19. https://doi.org/10.1186/1472- 6874-14-19		DHS data	mothers				and occupation, antenatal care visits, delivery at facility or home	utilisation of the recommended four or	who delivered in a health facility, who had attended a four or more antenatal visits, and whose delivery was attended by a	
	08/4-14-13							visits, dervery at facility of nome	more antenatal visits, delivery at health facility	skilled attendant were more likely to report attending immediate postnatal care and at least one postnatal care visit. On the other	
									and increasing awareness	hand, mothers who reported agricultural occupation, and whose	
									and access to services through community-based	partners performed agricultural occupation were less likely to have attended immediate postnatal care or at least one postnatal care visit.	
									programs especially for the rural, poor, and less	postnatal care visit.	
									educated mothers may increase postnatal care		
MH85									attendance in Nepal.		
MH1	neoal.unfoa.ore		Quantitative	WRAS	different (mics.ndbs)	Maternal Health	FP. Maternal health	use of LARC. midwifery education		Delaying pregnancy is an important means of lowering maternal mortality: young girls' bodies are not ready to give birth.	Policy/structure
MH1	nepai.untpa.org	National	Quantitative	WKAS	(mics, nans)	Maternal Health	FP, Maternal nealth	use of LARL, midwitery education		mortality: young girls bodies are not ready to give birth.	Policy/structure
	Byrne, A., Hodge, A., Jimenez-Soto, E., & Morgan, A. (2014). What Works? Strategies to Increase Reproductive, Maternal and Child Health										
	in Difficult to Access Mountainous Locations: A Systematic Literature Review. PLoS One., 9 (2).										
	Review. PLoS One, 9 (2). https://doi.org/10.1371/journal.pone.0087683										
		Afghanistan, Bolivia,									
		Ethiopia, Guatemala, Indonesia, Kenya,									
		Kyrgyzstan, Nepal, Pakistan, Papua New	Systematic	NGO,	4130	Family planning; reproductive health;				Task shifting, strengthened roles of CHWs and volunteers, mobile teams, and inclusive structured planning forums have proved	health facility, societal/structural/polic
MH25		Guinea and Tajikistan	Review	government	articles	maternal health; neonatal health	health care access			effective.	y
	Adhikari, R., Smith, P., Sharma, J. R., & Chand, O. B. (2018). New forms										
	of development: branding innovative ideas and bidding for foreign aid in the maternal and child health service in Nepal. Globalization and										
	Health , 14 (1), 33. https://doi.org/10.1186/s12992-018-0350-0										
										foreign aid for the provision of MCH services in Nepal is channeled increasingly to its beneficiaries, not through the	
MH33		Nepal	Qual	NGO's		Maternal health	how NGO's obtain funding and the use of branding in that process			Government system, but rather via various intermediary organisations, employing branding and bidding processes.	societal/structural/politi cal
										children of mothers with no prenatal care were at increased risk	
										of neonatal death (OR = 2.03, 95 % CI = 1.28-3.23). Compared to women with no prenatal care, those with more than three visits	
										were more likely to immunize their children (OR = 2.66, 95 % CI = 2.10–3.36) and more likely to initiate breastfeeding within 1 h	
	Neupane, S., & Nwaru, B. I. (2014). Impact of prenatal care utilization on infant care practices in Nepal: a national representative cross-									after birth (OR = 1.25, 95 % CI = 1.02–1.54). Having skilled attendants at prenatal care and at birth was also associated with	
	sectional survey. European Journal of Pediatrics, 173 (1), 99–109. https://doi.org/10.1007/s00431-013-2136-y			women age 15–49 years						better infant care practices. Conclusion:Neonatal mortality is still high in Nepal. Adequate prenatal care utilization may represent a	
	nttps://doi.org/10.100//300431-013-2136-y			old who had						key preventative strategy, which, in the present study, was	
				delivered within three						associated with improvement in neonatal mortality, higher likelihood of having immunization, and initiation of breastfeeding	5
				years prior to the				Prenatal care visits; having SBA at		within 1 h after birth. Public health awareness programs and interventions are needed in Nepal to increase the utilization of	
MH158		National	Quantitative	survey	4,136	Maternal health; neonatal health	Infant care practices	prenatal care		prenatal care as well as delivery assisted by skilled attendants.	Individual; Facility
							]				
	Pandey S (2018) Women's knowledge about the conditional cash incentive							education, wealth, urban status, first		The knowledge of the SDIP was associated with nearly three-fold	Individual: bousebold:
MH7	program and its association with institutional delivery in Nepal: PLoS ONE 13(6):e0199230.https://doi.org/10.1371/journal.pone.0199230	Nepal	Quantitative	WRAs	4,036	Maternal Health	Institutional delivery	birth, the number of antenatal care visits, and exposure to news media		increase in institutional delivery. Nearly 90% of the women who had delivered in the past five years knew about the SDIP.	community
							]				
							]				
				ever-married young							
				women (15-24 years			]			inequality exists in the use of institutional delivery among young	
	Shahabuddin ASM, De Brouwere V, Adhikari R, et al. Determinants of			of age) who had had at						married women in Nepal. Several factors were associated with and influenced young women's use of institutional delivery. Among all	
	institutional delivery among young married women in Nepal: Evidence from the Nepal Demographic and Health Survey, 2011. BMJ Open			least one birth in the 5			]	decision-making autonomy,		factors, receipt of an adequate number (at least four) of ANC visits had a strong and positive association with the use of institutional	Individual; family; health
MH9	2017;7:e012446. doi:10.1136/ bmjopen-2016-012446	Nepal	Quantitative	years	1662	Maternal health	Institutional delivery	accessibility		delivery.	facility
							]				
										While the association of most of the background characteristics with	
	Acharya P, AdhikariTB, Neupane D, Thapa K, Bhandari PM (2017) Correlates of institutionaldeliveries among teenageand nonteenage mothers in Nepal.						]	Place of residence, occupation,		institutional delivery was uniform for both teenage and non-teenage mothers, the association with educational status, parity, birth	
MH11	PLoS ONE 12(10): e0185667.https://doi.org/10.1371/journal.pone.0185667	Nepal	Quantitative	Teenage mothers	381	Maternal health	Institutional delivery	socioeconomic status, and frequency of ANC visits		preparedness and women autonomy was significant only for non- teenage mothers.	Individual; household; community
	Choulagai, B. P., Aryal, U. R., Shrestha, B., Vaidya, A., Onta, S., Petzold, M., & Krettek, A. (2015). Jhaukhel-Duwakot Health Demographic	Bhaktapur - Jhaukhel-		Women who	3505 HHs; 434 women					Women who accessed antenatal care and used transport (e.g. bus, taxi, motorcycle) to reach a health facility were more likely	
	Surveillance Site, Nepal: 2012 follow-up survey and use of skilled birth attendants. Glob Health Action , 8 , 29396.	Duwakot Health Demographic		delivered baby in past	delivering baby in past		]	ANC; use of transport to reach		to access institutional delivery.	
MH45	https://doi.org/10.3402/gha.v8.29396	Surveillance Site	Quant	2 years	2 years	Maternal health	Institutional delivery	facility;	N/A	Low adequate use of postnatal care Institutional delivery increased with wealth and education; In	Health facility
	Das, S., Alcock, G., Azad, K., Kuddus, A., Manandhar, D. S., Shrestha, B. P., Osrin, D. (2016). Institutional delivery in public and private sectors	National - in demographic					]			Bangladesh and urban India, the proportion of deliveries in the private	
	in South Asia: a comparative analysis of prospective data from four demographic surveillance sites. BMC PREGNANCY AND CHILDBIRTH ,	surveillance sites in Bangladesh, Nepal,		Pregnant	52750			household asset index, maternal schooling, maternal age, and		sector increased with wealth, maternal education, and age. The opposite	
MH49	16 https://doi.org/10.1186/s12884-016-1069-7	and India	Quant	women	deliveries	Maternal health	Institutional delivery	parity	N/A	was observed in rural India and Nepal. Ease/convenience associated with home delivery; safety	Individual; household
	Dhakal, P., Shrestha, M., Baral, D., & Pathak, S. (2018). Factors affecting				93 mothers;		]			associated with institutional delivery; "there was a significant association between caste, education of mothers, education of	
	the place of delivery among mothers residing in Jhorahat VDC, Morang, Nepal. International Journal of Community Based Nursing and	Jhorahat VDC,			93 mothers; 2 FGDs with decision-					spouse, occupation of spouse, per capita income, time to reach	Individual; couple;
	Midwifery , 6 (1), 2–11.	Morang district,	Mixed	Mart	makers and	Mekeral keeld	Institutional C. V.	Socio-demographic factors;		the nearest health center, parity, previous place of delivery, number of antenatal visit, knowledge about place of delivery,	household; health
MH55	Dixit, P., Khan, J., Dwivedi, L. K., & Gupta, A. (2017). Dimensions of	Nepal	methods	Mothers	FCHVs;	Maternal health	Institutional delivery	ease/convenience; safety		planned place of delivery, and place of delivery."	facility
1	antenatal care service and the alacrity of mothers towards institutional	National (DHS) -	1	Women				ANC visits (timing and # of visits;		Stronger association between specific ANC procedures received and institutional delivery than between timing/# of visits and	
	delivery in South and South East Asia. PloS One , 12 (7), e0181793.	compares across		having given							
MH56	delivery in South and South East Asia. PloS One , 12 (7), e0181793. https://doi.org/10.1371/journal.pone.0181793	compares across south asia	Quantitative	birth Individuals		Maternal health	Institutional delivery	specific ANC procedures received)		institutional delivery (Across settings)	Individual
MH56	delivery in South and South East Asia. <i>PloS One</i> , <i>12</i> (7), e0181793. https://doi.org/10.1371/journal.pone.0181793 Ensor, T., Bhatt, H., & Tiwari, S. (2017). Incentivizing universal safe delivery in Nepai: 10 years of experience. <i>Health Policy and Planning</i> ,	south asia	Quantitative	birth				Incentive programs (financing		institutional delivery (Across settings) The beneficial impact of maternal financing policies in Nepal is skewed towards areas and households that are geographically	Individual
MH56 MH58	delivery in South and South East Asia. PloS One , 12 (7), e0181793. https://doi.org/10.1371/journal.pone.0181793 Ensor, T., Bhatt, H., & Tiwari, S. (2017). Incentivizing universal safe	compares across south asia National (DHS)	Quantitative Quantitative	birth Individuals having		Maternal health Maternal health	Institutional delivery			institutional delivery (Across settings) The beneficial impact of maternal financing policies in Nepal is	Individual Policy

MH61	Freidoony, L., Ranabhat, C. L., Kim, CB., Kim, CS., Ahn, DW., & Doh, Y. A. (2018). Predisposing, enabling, and need factors associated with utilization of institutional delivery services. A community-based cross- sectional study in travestern Repair Moment and Health S & (1), S1-71. https://doi.org/10.1080/03630242.2016.1267689	Kailali district	Quantitative	Mothers giving birth in past 5 years	500	Maternal health	Institutional delivery	Socio-dem factors; health status; ANC visits;		Primparity, having a secondary or higher education level, living in the Dorgau Village, having husdands with occupations other than agriculture or professional/technical jobs, and having attended four or more antential care (ARC) visits had significantly increased use of institutional deliveries. Also, belonging to the relact 20X of the community and having experienced pregnancy complications were marginally isanificantly associated.	Individual; couple; community
	Hodge, A., Byrne, A., Morgan, A., & Jimener-Soto, E. (2014). Utilization of Health Services and Geography: Deconstructing Regional Differences in Barriers to Facility-Based Delivery in Negal. Moternal and Child Health Journal. J 9 (3), 566–577. https://doi.org/10.1007/s10995-014- 1540 ×							Factors that influence health		The mean coverage of facility-based deliveries was 18.6 and 36.3 % in the mountains region and the rest of Nepal, respectively, between 54.8 and 74.1 % of the regional coverage gap was explained by differences in observed characteristics. Factors rillencing health behaviour, (growing by mothers' declaration, viewership and tobacco use, and household wealthi) and subtective distance to the health facility were the mainer factors.	
MH70	Huda, T. M., Hayes, A., & Dibley, M. J. (2018). Examining horizontal	Nepal	Quantitative	Community level		Maternal health	Institutional delivery	behaviors; distance to facilities; mother's birth history		contributing between 52.9 and 62.5 % of the disparity. Mothers' birth history was also noteworthy. The decomposition analysis revealed that facility delivery is	Individual; community; health facility
MH73	inequity and social determinants of inequality in facility delivery services in three South Asian countries. <i>Journal of Global Health</i> , 8 (1), 10416. https://doi.org/10.7189/jogh.08.010416	Nepal and other countries	Quantitative	Women in DHS (and HH data)	Varies	Maternal health	Institutional delivery	Horizontal inequities		driven mostly by the social determinants of health rather than the individual health risk. Household socioeconomic condition, parental education, place of residence and parity emerged as the most important factors.	Individual; household; community
	Joseph, G., da Sika, I. C. M., Fink, G., Barros, A. J. D., & Victora, C. G. (2021). Absolute income is a better predictor of coverage by Ailled birth attenduce than relative weath quintiles in a multicountry analysis: comparison of 100 low- and moleti-income countries. <i>BMC</i> <i>PREGNANCY AND CHILDBIRTH</i> , <i>18</i> . https://doi.org/10.1186/s12884- 013-1734-0									Information on income allowed identification of countries - stuch as Burkins Falso, Cambodia, Egypt, Negal and Rwanda - which were well above what would be expected solely from changes in income. Absolute income is a better predictor of SBA and Conclusional effects on the relative messure of quantities and may help identify countries where increased of wealth index and may help identify countries where increased in wealth index and may help identify countries where increased in the second seco	
MH75		Nepal and other countries	Quantitative	Women	Varies	Maternal health	Institutional delivery	Absolute income vs. wealth		coverage is likely due to interventions other than increased income. Multivariate logistic regression analysis showed that women who	household
	Joshi, D., Baral, S. C., Giri, S., & Kumar, A. M. V. (2016). Universal institutional delivery among mothers in a remote mountain district of Nepai: what are the challenges? <i>Public Health Action</i> , 6 (4), 267–272. https://doi.org/10.5588/pha.16.0025							Access; media; parity; preferences;		resided within 1 h distance from the birthing centre, had adequate mass modile aeposure on had only one child were more likely to deliver in hospital. Reasons for non-institutional delover, (n 173) were related to geographical access (49%), personal preferences; (13%) and precieved poor quality care (45%). Mother who accessed institutional delivery (n = 97) also reported difficulties related to travel (60%), costs (28%), dyfunctional health system (13%) and unificially duritudes of the health- are	Individual; household;
MH77		Mugu	Quantitative	Mothers	275	Maternal health	Institutional delivery	perceived quality of care		providers (7%). In particular, women who acknowledged that unexpected problems could occur during pregnancy and childbirth were more likely (ordic ratio [DB15-83_95% confidence in theora) [C12_95-	health facility
MH79	Karkee, R., Baral, O. B., Khanal, V., & Leo, A. H. (2014). The role of obstetric knowledge in utilization of delivery service in Nepal. <i>Health Education Research</i> , 29 (6), 104–1048. https://doi.org/10.1093/her/cyu059	central hills district of	Quantitative	Pregnant women with more than 5 mo gestation	701	Maternal health	Institutional delivery	Knowledge of obstetrics; Birth Preparedness and Complication Readiness program:	Birth Preparedness and Complication Readiness program	Interprotons and (xn) 2.63, 2.97 commence metric (x) 2.93 11.52) to deliver at a health facility than others unaware of the possible consequences. Similarly, women who knew any antepartum danger sign (0R 2.16, 95% CI: 2.07-6.64) and any postpartum danger sign (0R 3.47 95% CI: 1.93-6.25), tended to deliver at a health facility.	Individual
	Karkes, R., Lee, A. H., & Khanal, V. (2014). Need factors for utilisation of institutional delivery services in Negal: an analysis from Negal Demographic and Netti Sorvey, 2011. 360 (Jone, 4 (3), e004372. https://doi.org/10.1136/bmpport.3013.004372			Subset of						low ANC; low facility delivery; low birth prep activities After adjusting for external, predisposing and enabling factors, women who made more than force antenatal care wisks were live times more likely to deliver at a health factility when compared to those who paid no vinit (adjusted 0R 4.94, 55% 0.314 to 776). Similarly, the likelihood for facility delivery increased by 3.44old among women who prepared for at least no of the four	
MH81	Vestel 0.0. Danni T.O. Cautam D. Skratska V.M. S.Hawar, C.S.E.	Nepal	Quantitative	married women		Maternal health	Institutional delivery	antenatal care visits and birth preparedness activities;	Decementation.	activities compared to their counterparts who made no preparation (adjusted OR 3.41, 95% CI 2.01 to 5.58).	Individual
MH86	chard, R. B., Dang, T. P., Gastam, R., Shrenhu, K. N., & Komer, C. S. E. (2027). Barries to utilization of childbirth versions of a rual burners of a rual burners of a rual burners of the rual burners of the rual burners of the rule burners of	rural community of Rukum district, Nepal	Qualitative study	Pregnant women, their families, health workers at birthing centers	26 in depth interview with service with service with service providers, and three focus group discussions with community key informants in a rural community of Rukum district. The Adithya Cattamanch i logic model was used as a guiding framework for data analysis.	Maternal health	Institutional delivery	Quality of services, human resources, government, health system challinges, geography, theth preparedness, cultural practices and traditions	Recommendation: avarantes: raking activities, local resource mobilisation, ensuing and equipment and other ingesterm infrastructure development works could unitaration of childboth proves the quality and unitaration of childboth both y context.	Women did not use the services at rurb borthing centers because of systematic and contentiab barries. Installand and poor against services, hadrequate human and capital resources, and poor governames were health system challenges which prevented poor beint preparedness practices, harmful caluue practices and traditions and one were of traut were also forward to contribute to underutilization of the borthing center.	Health facility: community; societal
MH98	Maru, S., Bargura, A. H., Mehta, P., Bitta, D., Borgatta, L., Pende, S., Maru, D. (2017). Impact of the roll out of comprehensive emergency obstetric care on institutional birth rate in rural Nepal. BMC Preparaty and Childbirth, 17 (1), 77. https://doi.org/10.1186/s12884-017-1267-y	Achham	Quantitative and qualitative	Postpartum women	2 groups - 77 and 133	Maternal health	Institutional delivery	Implementation of comprehensive emergency obstetric care; beliefs about safety; preferences; income		emergency colstetic care implementation (from 3 to 75%, 0 R $-73$ ), the bh hoght (0 K 2 3) and the whosh facilities (0 R 4, a p - 0.01 for all). The logitist: ergension indicated that comprehensive emergency obstratic: care availability (0 C 8, b), bleff that the hoght is the safet to birh location (0 R 4 4.3), safety prioritization in dicatione maying (0 R 7.3), and higher income (0 R - 1.3) predict institutional birh ( $p < -0.01$ for all). Call and the safet to birh location with emergency obstratic: care availability (0 C 8, a), safety prioritization in decision making (0 R 7.3), and higher income (0 R - 1.3) predict care partnerses, increased comprehensive emergency obstratic care availability, and birth glaining as impactifications.	Individual; household; health facility; societal
	Maru, S., Rojney, S., Pokhrel, R., Poudjol, A., Mehra, P., Bista, D., Maru, D. (2016). Deterministic of Institutional birth among women in and Reputa. Imakendos cross scienci usbug. <i>BMC Programmy</i> and Childhirth , <i>16</i> , 252. https://doi.org/10.1186/s12884-016-1022-9		Quantitative and	Postpartum				Age, income, land ownership ;		The institutional birth rate for the hospital catchment area population user catched to the 0.20 bit home births, 22 facility birthi, Institutional birth was more likely as age decreased (ORs in the range of 0.20 cal2) and as increase increased (ORs in range of 1.88 i.4.6). Institutional birth among women who owned bard was believed (OR = 0.28 (0.70, 0.29)). Nively percent of participants in the institutional birth group identified adely and good care as the most important factors determining location of birth, whereas 60 % of participants in the home birth group reported distance from hospital as a well determinant of a social support, financial resources, birth planning, awareness of arxives, percention of safety, and referral capacity in ahleving an institutional birth.	Individual; household;
MH99		Accham	qualitative	women		Maternal health	Institutional delivery	beliefs (safety, distance)		most said hospital safest, even if they didn't go	health facility
	Shah, R., Rehfuess, E. A., Maskey, M. K., Fischer, R., Bhandari, P. B., & Delus, M. (2015). Factors affecting institutional delivery in rural Chitwan district of Nega1: a community-based cross-sectional study. BMC Prepranary and Childbirth, 15, 27. https://doi.org/10.1186/s12884- 015-0454-γ									With multiple incentives present, the decision to deliver in a health facility is affected by a complex interplay of solid-demographic, solid-cultural, and what service-related	
MH104		Chitwan, Nepal	Qualitative			Maternal health	Institutional delivery			factors	Policy/structure
MH105	Shah, R., Rehfuess, E. A., Paudel, D., Maskey, M. K., & Delus, M. (2018). Barriers and facilitators to institutional delivery in rural areas of Chilwan district, Negal a qualitative study. Negroductive Health, 15(1). 110. https://doi.org/10.1186/s12979-018-0553-0	Nepal	Mixed	MWRAs, husband, CHW, HWs		Maternal health	Institutional delivery	access, decisions and support		Despite much progress in recent years, this study revealed some important barriers to the utilization of health services, while suggesting that a combination of uggrading brithing centres and strengthering the complexities of health personnel while embraring and addressing deepy rotest family values and tadiotions can import existing programmas and forther noises and the strengthering the commencing the strengthering married disable women considered pregnancy and childright to the strengthering the commencing the strengthering and children to the strengthering the strengthering the strengthering the strengthering the strengthering the strengthering the strengthering the strengthering the streng	family; facility
MH154	Morrison, J., Basnet, M., Budhathoki, B., Adhikari, D., Tumbahangshe, K., Manashan, D., Groce, R. (2024). Disabled women's maternal and neadown tashib sec. In mark Negal: Aquations: marks Michigan J. (1), 1122–1139. https://doi.org/10.1016/j.midw.2014.03.012	Makwanpur	Qualitative	Married women with disabiltiles recently delivering a baby (last 10 years); also health workers	27 interviews with disabled married women with disabilities	Maternal health	Institutional delivery	Quality; cost; lack of family support		married available advanter bonumers programs, and ordination to outs and lack of many layoptor verse as particular to failability women as they were for their non-disabled peers. Health workers for layoptared to more the maternal health needs of disabled womens. New site and to monitor programs of the advanta- tioning concila may improve maternal health care for disabled anomen. There is an end to monitor program of interventions that taking concila may improve maternal health care for disabled data, to then that clashed women are benefining equality in de first to improve acces to matternal health care.	Household; facility
	1	romunpdl			annontures			Tracking	1	and a sumprove access to maternal health care.	

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	Morrison, J., Thapa, R., Basnet, M., Budhathoki, B., Tumbahangghe, K., Mnandhar, D., Oxin, D. (2044). Exploring the first delay: a qualitative study of more delayeria in Mawayme district Negal. BMC Pregnancy and Childbirth, 14, 89. https://doi.org/10.1186/1471-2893- 14-89			Women who had deliveredat	33			Awareness; Family support; household position/roles; quality		Many women were aware of the benefits of institutional delivery yet their status in the home restricted their access to health facilies. Other they do not wish to three game on their family by any status in they other fails that the status of the any status of the status of the status of the problem for their family. Some fet that government incentives were insufficient. Other, a lack of family support at the time of delivery means that women delivered at home. Past bud experiment, and poor quality health streture, also provention that any status of the status of the status of delivery means that women delivered at home. Past bud experimence, and gover quality health streture, also prevention the status of the status of the status of the status of the status of the status of the status of the status of the status of the status of the status of the status of the status of the status of the status of	Individual; household;
MH156		Makwanpur	Qualitative	home	interviews	Maternal health	Institutional delivery	of health services		women from having an institutional delivery. Approximately 90% of the women knew about the SDIP. About	facility
MH161	Panday, S. (2018). Women's investingle about the conditional cash intentive program and its association with institutional delivery in Nepal. P&S One, J.2 (6), e0199230 https://doi.org/10.1371/journal.pone.0199230 Pathalx, P., Shrestha, S., Deviota, R., & Thapa, B. (2018). Factors Associated with the Utilization of Institutional Delivery Service among	National (DHS)	Quantitative	Women of reproductiv e age giving birth in past 5 years	4,036 had given births in the past five years	Maternal health	institutional delivery	Knowledge of SDIP; healthcare seeking; educ; wealth; rural/urban; exposure to media	Safe Delivery Incentive Programme	Approximately solve of the working here adout the SJAP - Adout 42% of the working how how adout the SJAP and SJA of the working who did not know about the SJAP and SJA of the most reser- tion and a strategies and the SJAP and the strategies and the most solve about the SJAP compared to a software who did not know about the SJAP. Other factors that predicted institutional delivery included extraction, wealth, uthan status, for kinnth, the model and extractional care visits, and exposure to reves media. While ethnicity, ductational level, party were significantly ascited in bixariate models, but in the multivariable logistic regression analysis, no AdM Xeik (AGN = 100.39, SK G = 110.30, SK SK G = 110.	Individual; household; community
MH163	Mothers. Journal of Nepal Health Research Council , 15 (3), 228–234.	Chitwan	Quantitative	Mothers	129	Maternal health	Institutional delivery	Number of ANC		98.29) was only independent factors affecting institutional delivery service utilization.	Individual
MH165	Paudel, G., Yadav, U. N., Thahuri, S. J., Singh, J. P., B. Marahatta, S. B. (2016). Utilization of services for institutional deliveries in GoAba District. Journal of Nepatr Health Research Council, 14 (14), 202–206.	Gorkha (Palungtar)	Quantitative	Mothers with a child		Maternal health	Institutional delivery	Age of marriage; knowledge of delivery incentive; wait times; knowledge of maternal health		3.13.5 of the matching give birth to their current child as health statution. The study variables like gas at manage, browdege an delivery incentive, long waiting hours at health facility, information on material health before current pregurance, gas fart pregnance, gestational age at first ARC visit and women knowing differences between home and institutional addings delivery varies. CONCLUSIONS Promotion of information, education and communication on materian health services and delivery controls.	Individual: health facility
				The							
MH168	Mahato, P. K., van Trojingen, E. Simhhoda, P. Shoppord, Z. A. & Shad, R. C. (2017), Saroon related to chaice of place of birth in a durint in Negal. Secura & Reyadoctice Healthcare. Swedish Association of Midwiver, 13, 91–96. https://doi.org/10.1016/j.srb.2017.07.002 Khandi, V., Khandi, P., & Lee, A. H. (2015). Sustaining progress in	Nawalparasi	Quantitative	inclusion criteria were women of reproductiv e age (15-49 years) having at least one child below 24 months of age at the time of survey	626	Naternal health Maternal health; child health	Institutional delivery Institutional delivery; Breastfeeding;	Distance, caste, access to certain material goods, DM, etc. Earthquake	N/A	Women were significantly more likely to give birth at health care facilities compared to home if the distance was less than one how, beinged to advantaged cash, build, disc, television and motorbik/cooter, decision matter for place of birth was hubband, reported the infraegured of attential (AKI) while at or more and belonged to age group 15-39. CONCLUSION: The analysis indicates the hubbands of women going birth influence having for our more AKI whits to the health institutions and that a choide be located within one how withing distance. Integrily utilisation of childfirth services at health institutions exists as showed by low utilisation of sub- stretce by disadvantaged caste.	Individual; household; health system Health facility;
	maternal and child health in Nepal. The Lancet , 385 (9987), 2573. https://doi.org/10.1016/50140-6736(15)60963-1						Immunization			influencing health servies and need to invest to ensure that women and children's access to services (maternal,	environmental
MH123	Lamichhane, P., Sharma, A., & Mahal, A. (2017). Impact evaluation of free delivery care on maternal health service utilisation and neonatal health in Negal. <i>Health Tolicy and Plenning</i> , <i>32</i> (10), 1427–1436. https://doi.org/10.1093/heapol/csr124	national level - Nepal	Secondary anaylsis of data	pregnant women, families, policy makers	4457 live- births reported between 2001 and 2008 from Nepal Demographi c and Health Surveys for 2006 and 2011.	Maternal health; neonatal health	Institutional delivery; SBA	Impact of free birth delivery programme on place of delivery, the presence of skilled birth attendants (SBAs) and neonatal mortality	none	mmunization) are not affeted Negal introduced free delivery services for births in public facilities in 2005 in 25 districts with the intervention initially restricted to some with less that have long colliders and/or women with obsteritic complications. After November 2007, dipbility conditions were relaxed to initially all womens, and the programmenus late expanded to cover an additional 50 facilities for birthan addelexing attended by Alka were rate subliced over a longer exposure period. The results on normalal mortality persisting with longer programme exposure, although the effects were smaller in magnitude.	policy makers, health facilities
MH142					-						
MH26	Anand, E., Unia, S., & Singh, J. (2017). INTIMATE PARTNER VIOLENCE AND UNINITENDED PREGNANCY AMONG ADOLISISINT AND YOUNG ADULT MARIED WOMEN IN SOUTH ASA. JOURNAL OF BIOSOCIAL SOUTH, 49(1), 2002-21. https://doi.org/10.1011/50021932016000286	Bangladesh and Neoal	Quant	NGO,	0.766	Maternal health	intimate partner violence	are and location		The findings indicate that IPV is a risk factor for unintended oremancy amoug adolescent and young adult married women."	couple, societal/structural/politi
IMH30		Nepai	Quant	government	3788	Waternal nearth	internate partner violence	age and location		pregnancy among addrescent and young addit married women.	cai
<u>M8440</u> M8487	Atterays, M. S., Grawall, S., & Song, I. H. (2015). Factors Associated With Internate Partner Violence Against Marriel Women In Repat. (7), 1226–1246. https://doi.org/10.1177/0886240514538845 Kohns B. A., & Bourny, C. (2010). Guiure and Connochdity. Internate Partner Violence at a Common Nucl. Each of Mateman Meetal Illiness and Reproductive Math Pholoma samorg, Grane Child Solders in Negal. <i>Medical Anthropology Quarterly</i> , 30(4), 515–535. https://doi.org/10.1111/mag.12336	<u>Nepal</u> Nepal	auant Qualitative	NGO, government	3373 13 female chid soldiers	Maternal health Maternal health	utimate partner violence	female literacy, wealth, violent family history, lack of decision- making autonomy Calture influences investi material and the second second second health care (medical) processes, alternatia fait & d comorbidity arous contexts.	none described.	"At the community level, women most at risk of IPV were those bring in the Terai region, and women beforging to underprividged cases and their groups." Teeler participants said they house the second probability of the second s	couple, socies/structura/politi individual, household, couples, family, society
MH 35	Ashibi, K. C., Whammert, J., Swald, U., Gark, B. B., Souton, J., Band, G., Malayin, M. (2010). Incidence of intragatives stillarth and associate risk factors in tertiary care setting of Nepal a case-control study. <i>RePRODUCTIVE IEEUTr.</i> , 13. https://doi.org/10.1186/s12978- 016-026-9	Nepal	Quant	NGO,	4476	Maternal Preath	jatagartum stillbirths	weshh		"Being born preterm with a small-for-gestation al age was suscisted with the highest risk for integratum sillion	health facility, couple

	1		1	1	1	1		1			1
							]			A large proportion of the women had adequate BMIC and UIC; however, a subset had high iodine	
	Henjum, S., Kjellevold, M., Ulak, M., Chandyo, R. K., Shrestha, P. S.,									concentrations. These findings emphasize the importance of carefully	
	Froyland, L, Strand, T. A. (2016). Iodine Concentration in Breastmilk and Urine among LactatingWomen of Bhaktapur, Nepal. NUTRIENTS , 8 (5). https://doi.org/10.3390/nu8050255									monitoring iodine intake to minimize the risk of iodine excess	
	8 (5). https://doi.org/10.3390/nu8050255									and subsequently preventing transient iodine-induced	
MH68		Bhaktapur	Quantitative	Lactating women	485	Maternal health	lodine in breastmilk and urine	Descriptive		hypothyroidism in breastfed infants.	Biological; household
										In multiple regression analyses, there was a weak positive	
	Henjum, S., Manger, M., Skeie, E., Ulak, M., Thorne-Lyman, A. L.,									association between dietary Fe intake and body Fe (beta 0.03, 95% Cl 0.014, 0.045). Among the women with children aged < 6 $$	
	Chandyo, R., Strand, T. A. (2014). Iron deficiency is uncommon among lactating women in urban Nepal, despite a high risk of									months, but not those with older infants, intake of Fe supplements in pregnancy for at least 6 months was positively	
	among lactating women in urban Nepai, despite a right insk of inadequate dietary iron intake. The British Journal of Nutrition , 112 (1), 132–141. https://doi.org/10.1017/S0007114514000592									associated with body Fe (P for interaction < 0.01). Due to a relatively high dietary intake of non-haem Fe combined with low	
	254 274. https://doi.org/10.101//S000/114514000592						]			bioavailability, a high proportion of the women in the present study were at the risk of inadequate intake of Fe. The low	
MH69		Bhaktapur	Quantitative	Lactating women	500	Maternal health	Iron deficiency	Age of child; dietary Fe		prevalence of anaemia and Fe deficiency may be explained by the majority of the women consuming Fe supplements in pregnancy.	Biological
	Devkota, R., Khan, G. M., Alam, K., Sapkota, B., & Devkota, D. (2017). Impacts of counseling on knowledge, attitude and practice of			Pregnant							
	medication use during pregnancy. BMC Pregnancy and Childbirth, 17 (1), 131. https://doi.org/10.1186/s12884-017-1316-6			women presenting							
		Western Nepal		with complicatio							
MH54		(Manipal Teaching Hospital, Nepal)	Quantitative	ns (at least one)	275	Maternal health	KAP related to medication use for complications	Exposure to counseling on mediction use	Counseling intervention (interpersonal)	Significant increase in KAP after exposure to counseling.	Health facility
										High interest in learning about nutrition - positively associated with women's education We found that rural women are	
	Schumer, J. E., Bernell, S. L., Bovbjerg, V. E., & Long, M. L. (2014).									interested in learning about nutrition regardless of educational attainment and that level of education is strongly associated with	
	Factors influencing maternal nutrition in rural Nepal: an exploratory									interest in learning about nutrition (p <.001). Although the majority of women with no education expressed interest in	
	research project. Health Care for Women International, 35(10), 1201–1215. https://doi.org/10.1080/07399332.2013.862792									learning about nutrition (71%), a substantial percentage (22%)	
		Mentor	0	Women of cildbaring		Al. 4. (1)	Knowledge of micronutrients (folic		GNE education program - and micronutrients given	were not interested. Education and the teaching of basic health messages may hold important benefits for improving maternal and shild health	teralization 1
MH151		Western region	Quanitative	age	2500	Nutrition; maternal health	acid, iron)	program participation	to participants	and child health.	individual
									Suaahara had a specific focus on social behavior		
									change and communication (SBCC)		
									and gender and social inclusion (GESI), including		
							]		the targeting of disadvantaged groups		
							]		(DAGs), that is, those identified as being food		
	Cunningham, K., Singh, A., Pandey Rana, P., Brye, L., Alayon, S., Lapping, K., Klemm, R. D. W. (2017). Suaahara in Nepal: An at-scale,								identified as being food insecure and vulnerable due to socioeconomic,		
	Lapping, K., Klemm, R. D. W. (2017). Suaahara in Nepal: An at-scale, multi-sectoral nutrition program influences knowledge and practices while enhancing equity. <i>Maternal &amp; Child Nutrition</i> , 13 (4).						]		cultural, or physical		
	while enhancing equity. Maternal & Child Nutrition , 13 (4).						]		factors. Suaahara integrated its	A higher proportion of DAG households in Suaahara areas	
							]		programming across nutrition, health services,	reported exposure, were knowledgeable, and practiced optimal behaviors related to nearly all maternal and child health,	
							]		family planning, WASH, and	nutrition, and WASH indicators than DAG households in non-Suaahara areas and sometimes even than non-DAG	
									agriculture/homestead food production (HFP)	households in Suaahara areas. Moreover, differences in some of these indicators between DAG and non-DAG households were	
				HH-level data -			levels of knowledge and practices related to health, nutrition, and		with four key objectives: (a) to improve household	significantly smaller in Suaahara areas than in comparison areas. These results indicate that large-scale integrated interventions	
MH136		Multiple districts across Nepal	Quant	process evaluation	480	Maternal health; neonatal health	water, sanitation, and hygiene (WASH)	Exposure to Suaahara; DAG status of household;	nutrition, health, and hygiene behaviors; (b) to	can influence nutrition-related knowledge and practices, while simultaneously reducing inequities.	нн
		Cambodia. Columbia.			DHS						
	Mahumud, R. A., Sultana, M., & Sarker, A. R. (2017). Distribution and determinants of low birth weight in developing countries. <i>Journal of</i>	Indonesia, Jordan, Nepal, Pakistan,	Secondary analysis of	mothers	national	Family planning; reproductive health;	low birth rate	antenatal care, delayed coception,	N/A	Various factors such as advanced maternal age and literacy rates	
	Preventive Medicine and Public Health, 50 (1), 18–28. https://doi.org/10.3961/jpmph.16.087	Tanzania, Uganda and	DHS data (2010-2013)	and infants	level household	maternal health; neonatal health	low birth rate	low body index, SES, literacy rate	N/A	are determinants of low birth rates in developing countries	
		Zimbabwe			surveys						
							]				
							]				
MH26											All
							]				
	Bhaskar, R. K., Deo, K. K., Neupane, U., Chaudhary Bhaskar, S., Yadav, B. K., Pokharel, H. P., & Pokharel, P. K. (2015). A Case Control Study on										
	Risk Factors Associated with Low Birth Weight Babies in Eastern Nepal. International Journal of Pediatrics, 2015, 807373.						]				
	International Journal of Pediatrics, 2015, 807373. https://doi.org/10.1155/2015/807373										
							]			maternal blood group AB, normal maternal BodyMass Index	individual, household,
MH117			Quant; case control	NGÖ, government	318	Maternal health, neonatal health	low birth weight	maternal blood group, BMI, age		(BMI), mother's age of30 or more years, and starting ANCvisit earlier were found to be protective for LBW	societal/structural/politi cal
							]				
1											
							]				
	Budhathoki, S., Poudel, P., Bhatta, N. K., Singh, R. R., Shrivastava, M. K., Niraula, S. R., & Khanal, B. (2014). Clinico-epidemiological study of low										
	birth weight newborns in the Eastern part of Nepal. Nepal Medical College Journal : NMCJ , 16 (2–4), 190–193.										
							]				
MH135		Eastern None'	Ouret	NGO,		Maternal basility excents to only	low birth weight	Birth weight, gestational age,		Incidence of LBW babies in our hospital was 14.45%, More than 4/5 (92,2%) habits, mother ware primier with	individual, health facility
MH132		Eastern Nepal	Quant	government	2587	Maternal health; neonatal health	iow orth weight	apnoea and mechanical ventilation		4/5 (82.2%) baby's mother were primigravida	mulviqual, nealth facility
1			1							In adjusted analyses, third trimester EPO (supplementation) was associated with a reduction in low birthweight, whereas cortisol	
	Christian, P., Nanayakkara-Bind, A., Schulze, K., Wu, L., LeClerq, S. C., & Khatry, S. K. (2016). Antenatal micronutrient supplementation and third				1		]			was negatively associated with length of gestation and higher risk of preterm birth. Iron and multiple micronutrient	
	Khatry, S. K. (2016). Antenatal micronutrient supplementation and third trimester cortisol and erythropoietin concentrations. Maternal & Child			rural			1	1	1	supplementation may enhance birth outcomes by reducing mediators of maternal stress and impaired erythropoiesis.	Individual (biological)
MH149	Khatry, S. K. (2016). Antenatal micronutrient supplementation and third	Sarlahi, Nepal	Quant	rural Nepalese women	737	Maternal health; nutrition	Low birth weight	Vitamin/nutrient supplementation	nutrition intervention	mediacors or maternal scress and impaired erythropolesis.	manyadan (biological)
MH149	Khatry, S. K. (2016). Antenatal micronutrient supplementation and third trimester cortisol and erythropoietin concentrations. Maternal & Child	Sarlahi, Nepal	Quant		737	Maternal health; nutrition	Low birth weight	Vitamin/nutrient supplementation	nutrition intervention	mediators or maternal scress and impaired erythropolesis.	individual (biological)
MH149	Khatry, S. K. (2016). Antenstal: micronutrient supplementation and thrite trimester oroitoal and erythropielien concentrations. Mechanica & Child Nutrition, 12(1), 64–73. https://doi.org/10.1111/mcn.12138	Sariahi, Nepal	Quant		737	Maternal health; nutrition	Low birth weight	Vitamin/nutrient supplementation	nutrition intervention	mediators or maternal scress and impared elyonopoesis.	incivitual (coological)
MH149	Ktatry, S. K. (2016). Antenatal incronutions upplementation and thread immeter constant and enytheopietic necessritorism. <i>Meternol &amp; Child</i> <i>Natrition</i> , 22 (1), 64–73. https://doi.org/10.1111/mcn.12188	Sarlahi, Nepal	Quant		737	Maternal health; nutrition	Low birth weight	Vitamin/nutrient supplementation	nutrition intervention	menatoris on materinal suess ano impaneor eryon oporeso.	marked (conget)
MH149	Ktatry, S. X. (2016). Antenatal incronutient supplementation and thirth interactic costical and enytheopletic nocentrations. <i>Molernal &amp; Child</i> <i>Nutrition</i> , J2 (1), 64–73. https://doi.org/10.1111/mcn.12188           Yargawa, J., & Lonardi-Bee, J. (2015). Male involvement and maternal	Sarlahi, Nepal	Quant	Nepalese women	737	Maternal health; nutrition	Low birth weight	Vitamin/nutrient supplementation	nutrition intervention	mesarius or materna suess ano impareo e pro opoess.	manneden (derringedin)
	Ktatry, S. K. (2016). Antenatal microantient supplementation and thirth immester constant and enytheopletic nocurrisitions. <i>Molernal &amp; Child</i> <i>Nutrition</i> , 22 (1), 64–73. https://doi.org/10.1111/mcn.12138           Yargawa, J., & Leonard-Bee, J. (2015). Male involvement and matemal health outcome: systematic review and meta-analysis. <i>JOURNAL OF NATION</i> , 69 (6), 60–512.	Sarlahi, Nepal	Quant	Nepalese women Men & Women	737				nutrition intervention	Male involvement is associated with improved maternal health	
MH149 MH116	Ktatry, S. K. (2016). Antenatal interconstricts tupplementation and birth timester constant and enytheopletic nocurrations. <i>Micron &amp; Child</i> <i>Natrition</i> , 22 (1), 64–73. https://doi.org/10.1111/mcn.12188 Yargawa, J., & Leonard-Bee, J. (2015). Male involvement and matemal health outcome: systematic review and meta-analysis. <i>JOUPNAL OF EPOINMOLOGY TAX COMMUNITY FALLS</i> , 98 (6), 664–612. https://doi.org/10.1136/jech.2014.201784 Kozuki, N., Katz, J., LeClerg, S. C., Khatry, S. K., West, K. P. J., &	Sarlahi, Nepal	Quant Qualitative Analysis of mointion	Nepalese women Men & Women aged 15-49 Mothers of	737	Maternal health Maternal health; neonatal health;	male involvement Maternal chronic and acute	health outcomes risk factors for and mortality	nutrition intervention	Male involvement is associated with improved maternal health outcomes in developing countries. Maternal drivers and and malfurthing appear to be associated	individual/family Individual/family
	Kitatry, S. K. (2016). Antenatal microantient supplementation and their interact consist and enyheopoietin counsentations. Micron al & Child Nutrition, J2 (1), 64–73. https://doi.org/10.1111/mcn.12138 Yagzawa, J., & Leonard-Bee, J. (2015). Male involvement and maternal health outcome: systematic review and meta-analysis. JOURNAL OF ENDEMOLOGY AND COMMUNITY ALL ITY, 69 (8), 604–617. https://doi.org/10.1156/n.2014.0707 For Community, March J., Jedforg, S.C., Natary, S.E., Wast, K.F. J. & Constain, P., 2013). Bist lations and movinal/inference internation for the constaint of a community of the community for the moving meta- malifier generationance area and review internation fraction. The common sensitive generation and movinal/inference moving for the moving meta- malifier generationance area and review internation for the moving meta- tion of the sensitive generation. The common sensitive field. The common sensitive generation and movinal/inference moving field for the sensitive generation. The common sensitive generation and movinal field for the sensitive generation. The common sensitive generation and movinal field for the sensitive generation. The common sensitive generation and movinal field for the sensitive generative gen	-	Analysis of existing data from	Men & Women aged 15-49 Mothers of newborns and	737	Maternal health	male involvement Maternal chronic and acute malvutrition and the associations between small-forgestational age	health outcomes risk factors for and mortality consequences of small-for- gestational-age (GAA) and preten		Male involvement is associated with improved maternal health outcomes in developing countries. Maternal chronic and outer multivition appoint to be associated with SGA outcomes. Because of high SGA prevalence in South Asia and he increased and relinant contail yin risk mortality in risk mortal and the increased and relinant mortality risk.	individual/family
	Katarty, S. K. (2016). Antenatal incronutions tapplementation and three interest considual endyrheopoint concentrations. Meternal & Child Natimion, J2(1), 64–73. https://doi.org/10.1111/mcn.12188 Yargawa, J., & Leonard-Bee, J. (2015). Male involvement and maternal health outcome: systematic review and meta-analysis. JOURNAL OF EPIOLMOLICY: AND COMMUNT FALL IV, 69 (6), 604–612. https://doi.org/10.1136/jpchr.2014.204784 Karuki, N., Katz, J., LeClerg, S. C., Kharty, S. K., West, K. P. J., & Contains, P. (2005). Bish Eators and resonatal/Inform mortaling into of of Motorand-Feat & Aneonada Medicine: The Offsetal Journal of the Contains, P. (2005). Bish Eators and resonatal/Inform mortaling into of of Motorand-Feat & Aneonada Medicine: The Offsetal Journal of the Offsetargenet Association of Perinalel Medicine: The Offsetal Journal of Association of Asia and Peringenet Association of Perinalel Medicine: The Offsetal Journal of Association of Journal of Asia	-	Analysis of existing	Men & Women aged 15-49 Mothers of newborns	737	Maternal health Maternal health; neonatal health;	male involvement Maternal chronic and acute malnutrition and the associations	health outcomes risk factors for and mortality consequences of small-for-		Male involvement is associated with improved maternal health extremes in developing counties. Maternal chores and acute manumention appear to be associated with SGA outcomes.	individua\/family
	Krahry, S. K. (2016). Antenatal microantrient supplementation and three immester consist and enytheopoietic nocentrations. Micronol & Child Natmiton, 12 (1), 64–73. https://doi.org/10.1111/mcn.12188 Yargawa, J., & Loostrid-Bes, J. (2015). Male involvement and maternal health outcomes: systematic review and meta-analysis. JOURNAL OF EPIGEMOLOGY AND COMMUNITY IEELTIN, 69 (B), 604–612. https://doi.org/10.1136/jech-2014-204784 Korvak, N., Katz, J., LeCostrig, S. C., Matry, S. K., West, K. P. J., & Christian, P. (2015). Biak factors and neostal/informt mortality risk of small Anderson-Fred Research Medicine: Dir Editional of the Europie Neoscola Medicine: Dir Editional of the Europie Neoscola Medicine: Dir Editional of the Europies Neoscola Medicine: Dir Editional of Alexie.	-	Analysis of existing data from maternal micronutrie nt supplement	Men & Women aged 15-49 Mothers of newborns and		Maternal health Maternal health; neonatal health;	male involvement Maternal chronic and acute malnutrition and the associations between small-forgestational-age (GAU/pretern brith and	health outcomes risk factors for and mortality consequences of small-for- gestational-age (GAA) and preten		Male involvement is associated with improved maternal health outcomes in developing countries. Maternal chorus calcute mail/unitrol support to be associated haia and the increased resonat and inter mortality risk associated with SAL there is an ugent need to interview with the associated with SAL there is an ugent need to interview with the sociated with SAL there is an ugent need to interview with the maternal second	individual/family
	Extarty, S. K. (2016). Antenatal interconstrinet supplementation and their immester constrol and enytheopoletic nocentrations. Meternol & Child Natrition, 22 (1), 64–73. https://doi.org/10.1111/mcn.12188 Hanggawa, J., & Leosend-Berg, J. (2015). Male involvement and maternal heath-outcomes: prystematic review and meta-analysis. JOURNA OF EPIDEMOLOCY AND COMMUNY HEALTH, 63 (b), 604–612. https://doi.org/10.1136/jech-2014-204784 Karuki, N., Katz, J., LeCleng, S. C., Khatry, S. K., West, K. P. J., & Contain, P., 2015). Bisk factors and meanality/Intern morality fields (Maternal-Feel & Khoreal Medicine: The Official Journal of the European Association of Perinated Medicine, the Federation of Asian of European Association of Perinated Medicine, the Federation of Asian Official European Association of Perinated Medicine, the Federation of Asian Official	-	Analysis of existing data from maternal micronutrie nt	Men & Women aged 15-49 Mothers of newborns and		Maternal health Maternal health; neonatal health;	male involvement Maternal chronic and acute malnutrition and the associations between small-forgestational-age (GAU/pretern brith and	health outcomes risk factors for and mortality consequences of small-for- gestational-age (GAA) and preten		Male involvement is associated with improved maternal health outcomes in developing countries. Maternal chorus calcute mail/unitrol support to be associated haia and the increased resonat and inter mortality risk associated with SAL there is an ugent need to interview with the associated with SAL there is an ugent need to interview with the sociated with SAL there is an ugent need to interview with the maternal second	individual/family
	Krahry, S. K. (2016). Antenatal microantrient supplementation and three immester constant and enytheopoietic nocentrations. Micronol & Child Natmiton, 12 (1), 64–73. https://doi.org/10.1111/mcn.12188 Yargawa, J., & Loostrid-Bes, J. (2015). Male involvement and maternal health outcomes: systematic review and meta-analysis. JOURNAL OF EPIGEMOLOGY AND COMMUNITY IEELTIN, 69 (B), 604–612. https://doi.org/10.1136/jech-2014-204784 Korvak, M., Katz, J., LeCostrig, S. C., Matry, S. K., West, K. P. J., & Christian, P. (2015). Biak factors and neostal/influent mortality risk of small Anderson-Fred Research Medicine: Dir Editional of the European Association of Science and Christian of Association of Asia anallof orgenizational-age and preterm birth in rural Negal. The Journal Otherson-Fred Science and Networks. The Edition of Asia European Association (2016), 103–1035.	-	Analysis of existing data from maternal micronutrie nt supplement	Men & Women aged 15-49 Mothers of newborns and		Maternal health Maternal health; neonatal health;	male involvement Maternal chronic and acute malnutrition and the associations between small-forgestational-age (GAU/pretern brith and	health outcomes risk factors for and mortality consequences of small-for- gestational-age (GAA) and preten		Male involvement is associated with improved maternal health outcomes in developing countries. Maternal chorus calcute mail/unitrol support to be associated haia and the increased resonat and inter mortality risk associated with SAL there is an ugent need to interview with the associated with SAL there is an ugent need to interview with the sociated with SAL there is an ugent need to interview with the maternal second	individual/family

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M8441	<ul> <li>Baron, E. C., Hanlon, C., Mall, S., Honikman, S., Brouer, E., Kathren, T., - Tomlinson, M. (2010). Matemal mental health in jurinary care in free Services Research. <i>16</i>, 53. https://doi.org/10.1186/s12913-016-1291- z</li> <li>Lee, Y. Q., Collim, C. E., Gordon, A., Bae, K. M., &amp; Pringle, K. G. (2018). The Relationship between Matemal Nutrition during Pregnancy and Offsping Kidney Structure and Function in Humans: A Systematic Review. <i>NUTRENTS</i>, <i>10</i> (2). https://doi.org/10.3396/nu10020241</li> </ul>	Ehogis, Inda, Nepal, South Africa and Usando	situational analysis Systemtatic review	NGO, <u>government</u> Mothers, children,	10 studies	Maternal health Maternal health; neonatal health; nutrition	maternal mental health maternal mentalson during pregnancy and child health	relationship between maternal nutrition during pregnancy and offspring kidney structure and function in humans.	Not mentioned	It is difficult to anticipate demand for mental health care at district level in the five countries, given the lisk of endence on the prevalence and transfer to coverge of owner with matternal Deficiencies in matternal folders, utamin A, and total energy during pregnancy, we associated with beforemail impacts on kidny structure and function, measured by kidney volume, protennius, GRIT(and in other creation elarance in the offspring, Additional operimental and longitudinal prospective indigenous populations where the risk of renal disease is greater.	societa/structural/politi adi individual, family, facility level
MH147											
	Puri, M., Regni, S., Tamang, A., & Shrestha, P. (2014). Road map to scaling-up: translating operations research study's results into actions for the study of the study of the study of the study of the Negal Health Research Policy and System, 12. https://doi.org/10.1186/1478-4505-12-24	Rupandehi, Kailali	Quantitative	Women		Family Planning, maternal health	medical abortion	accessible and affordable services		This research provided further evidence and a road-map for expanding medical abortion services to rural areas by mill-tool service providers in minimum chinal settings without the overlight of physical fluor and evidence. Note whether	
MH18	Amatya, A., & Dangal, G. (2017). Family Planning 2020 and Nepal's	kupandeni, Kallali	Quantitative	MA services		Family Planning; maternal nealth	medical abortion	accessible and attordable services		due to unsafe abortion.	Policy/structure
MH14	Amatya, A., & Dangai, G. (2017). Family Planning 2020 and Repai s Pledge. Journal of Nepal Health Research Council , 15 (2), I–II.	Nepal - nationwide	Review / Position paper	NGO, government		Family planning; maternal health	meeting unmet need for family planning			"At the national level there is a dire need to multi-sectoral approach to reach our targets and for the implementation of CIP so that no one is left behind"	societal/structural/politi cal
	Mahato, P. K., van Teijingen, E., Smithada, P., Angell, C., & Ireland, J. (2013). Qualitative evaluation of mental health training of auxiliary masse midwein on una Healt. <i>Mine Education Today, 66</i> , 44–50. https://doi.org/10.1016/j.nedt.2013.03.025	Nepal	Qualitative	auxillary nurse midwive(AN M)	15	Maternal health	mental health		Training as a way to raise awareness amd cange attitudes about mental heath issues in pregnant women	The main three themes that emerged from the interviews include: 1) issues related to mental, such as importance of maternal mental health training health; 2) societal attitudes and Sigma and 3) support for women.	individual, health facility and societal/structural/polic y
MH94											
MH13	Acharys, P., Gaulam, R., & Aro, A. R. (2016). FACTORS INFLUENCING MISTINEE AND UNWANTED PREGNANCIES ANDING REPAIL WOMEN. Journal of Bioscopic Server, ed (1), 144-06. https://doi.org/11.1017/00021532035000073	Nepal - nationwide	Quant	Nepali women	5391	Family planning; maternal health	mistimed and unwanted last pregnancy	geographic location, husbands with paid jobs, socioeconomic status		Women from the hill region reported more untimely pregnancies and women from the Western development region reported more unwanted pregnancies. The pooled results of three lings this in Regal, Clasma and	household, individual
MH143	McCauley, M. E., van den Broek, N., Dou, L., & Othman, M. (2015). Vaam ha kupplementation during pregnancy for maternal and medborn outcomes. <i>The Cochanne Databased of Systematic Reviews</i> , (10), CD008666. https://doi.org/10.1002/14651858.CD008666.pub3 Kozuki, N., Mulluny, I. C., Ehstry, S. K., Ghimire, R. K., Paudel S. Bahamone, K., Katz, I. (2016). Accuracy of Hom-Baned Ultrasonographic Diagnosis of Osterier. Rek Factors by Primary-Leed Harbit Care Workers in Juni Nead, Odc. Starier. and Genecology, 128 (3), 604–612. https://doi.org/10.1097/AOG.00000000000558	Nepal and other countries	Quantitative - review	Pregnant women		Maternal health-neosatal health Maternal health	Ngh blindness, maternal mortality, other Not a behavioral study	Vitamin A supplementation	No SBCC	Banglideh (with over 133.500 somend; do not currently sugget a offer or enterat all units in Auspendensentiation to reduce maternal or perintatal mortality. However, the oppations studied were problems with follow-up of women. There is good evidence that anternal all tatima is opplementation reduces maternal angli different with regular public sources with the inverse version. And the supplementation are tiffy opplementation in the supplementation in the Wath how the training primary how the host are worken in training has a supplementation in the supplementation in the supplementation in the supplementation in the supplementation in the supplementation in the host of the supplementation in the supplementation in the host opplementation in the supplementation in the supplementation in the supplementation in the supplementation in the supplementation in the host opplementation in the supplementation in the supplementation in the supplementation in the supplementation in the supplementation in the supplementation in the supplementation is supplementation in the supplementation in the supplementation in the supplementation in the supplementatin the supplemen	Individual; health system
	Katz, J., Englund, J. A., Steinhoff, M. C., Khatry, S. K., Shrestha, L., Kuppen, J., Tiekch, J. M. (2017). Nutritional status of inferent as the randomized placebo-controlled trial in rural Nepal. Voccine, J 51 (4) Pt B), 6743–6750. https://doi.org/10.1016/j.vaccine.2017.09.095	Sarlahi District, southern plains of Nepal,	Quantitative - A randomized placebo- controlled trial of year round influenza immunizati on was conducted in two annual	Infants and mothers	3693 women and 3646 infants	Maternal health; neonatal health; child health	Not a behavioral study		Not a SBCC study	Although maternal immunization reduced low birth weight by 13%, only wasting at 6 months in the 2nd othert was statistically againstantly difference. However, the study was underpowered to detect reductions of public health importance.	
MH145			cohorts							More than 2 million women in Asia and sub-Saharan Africa are living with fistula and each year between 50,000 to 100,000 women	
MH2 MH93	nepilumpaong Lubon, A., J., Erchick, D. J., Khatry, S. K., LeClerra, S. C., Agrawal, N. K., Reynolds, M. A., Mullany, L. C. (2018). Oral health knowledge, behavior, and care seeking among pregnant and recently-delivered women in rural Neural: a qualitable with <i>BMC OBAL HEALTH</i> , <i>18</i> . https://doi.org/10.1186/s12903-018-0564-9	National	Quantitative Qualitative	WRAs pregnant and recently delivered women	Not clear IDIs=16; FGDs= 3 groups of 23 participants	Maternal Health Maternal health	obstetric fistula oral health diseases (importance of taking care of oral health during pregnancy)	Awareness, treatment and training	N/A	worldwide are affected by this condition Women felt conditioned describing signs and symptoms of oral health diseases but did not have knowledge of where to seek care and relied heavily on their community as a source of information. Some women use toothhrush and toothpaste at least once a day while others use more traditional methods such as use of local shrubs or trees.	individual/family individual, household, community, health facility
MH72	Howening, T. A. J., Morrison, J., Alcack, G., Azad, K., Das, S., Hossen, M., Costello, A. (2016). Reaching the poor with health interventions: programme-indemce analysis of seven randomised trials of women's groups to reduce network mortality in Asian Advized. Journal of fpderinsional community Health, 20(1), 31–41. https://doi.org/10.1136/j.comment/in- Chulin M. Genether M. & Datvis, D. (2016). Commentation	Nepal and other countries (Nepal- Makwanpur, Nepal- Dhanusha)	Quantitative	Pregnancy data Women	70574 (not all in Nepal)	Maternal health	Participation in women's group meetings	SE and SD factors		Socieconomic differences in worre's group attendance were small, except for occusional lower attendance by elites. Sociodemographic differences were large, with lower attendance by young primigravity women in Anticana set als is solarit kann uters. The intervention was cardinated neuron and interventing to group and anticana set and anticana set als solarit kann provement outside the home retricted attendance among promingravity women, Reportable head the functional procession exploration and the reportable head the procession exploration and the functional set and procession exploration and the functional set and multitered statics in thereased splate:	Individual; household
MH27	Chailee, M., Steenkamp, M., & Chailee, B. (2016). Factors enabling women with pelvic organ prologue to seek surgery at mobile surgical camps in two remote districts in Nepa1-a qualitative study. WHO South- East Asia Journal of Public Health , 5 (2), 141–148. https://doi.org/10.4103/2224-3151.206251	2 districts - 1 hilly, 1 himalaya	Qual	recruited in 2 week-long mobile surgical camps	21	Maternal health	Pelvic organ prolapse	Looking at factors affecting women's seeking of surgical treatment for pelvic organ prolapse	N/A	Health system factors - accessibility and affordability; support of FCHVS sociocultural - being closer to end of reproductive years; having family support individual - symptoms, fear of cancer, etc.	Health facility / sociocultural / individual
MH6D	Fitchett, J. R., Bhatta, S., Sherpa, T. Y., Malla, B. S., A Fitchett, E. J., Samen, A., & Kristneren, S. (2015). Non-surgical Interventions for pelvic organ prolapse in rural Nepal: a prospective monitoring and evaluation study. <i>ISM Open</i> , 6 (12), 2054;270415608117 https://doi.org/10.1177/2054270415608117	Baglung	Quantitative	Women with pelvic organ prolapse symptoms	74 women	Maternal health	Pelvic organ prolapse	Socio-dem factors; kegels/rings given (non-surgical response to POP)		Universities analyses identified age at screening, age at onset of symptoms, the duration of symptoms and an associated rectocele as factors associated with increasing POP servity (p < 0.05). Kogel exercises were taught to 25 (33.8%) women with POP and ring pessaries were offered to 47 (63.5%) women with POP.	Health facility
MH51	Devicta, H. S., Clarke, A., Murray, E., & Gracz, N. (2017), Do experiences and perceptions about quality of care differ among accial groups in Negal? - A study of maternal healthcare experiences of women with and without disabilities, and Dalit and non-Dalit women. <i>Pist One</i> , <i>12</i> (12), e0188554. https://doi.org/10.1371/journal.pone.0188554	Rupandehi	Quant	15-49 aged women pregnant within last five years and used maternal care services in public health facility	343 women	Maternal health	Perceived quality of care	women with disabilities from both the non-Dailt population and Dailt population and their pers without disabilities from both non-Dailt and Dailt communities	N/A	Perceptions about the quality of care differed significantly by disability status but not by caste (except for a single dimension cleanilness of services). All groups rated the quality of healthcare divery, interprotonal and genoral factors and las access to services 'low.' Poor service user experiences and perceptions of quality of care undermite opportunities to translate increased healthcare coverage into improved access and outcomes.	health facility

	Kurkee, R., Lee, A. H., & Binns, C. W. (2013). Bypassing birth centres for childbirth: an analysis of data from a community-based prospective cohort study in Nepal. <i>Health Policy and Planning</i> , 30 (1), 1–7. https://doi.org/10.1093/heapol/c1090			pregnant women of 5 months or more gestation recruited from the community had access to local						Bypassers tended to be weathy and have intrapartum complications, but the likelihood of sypassing apparently dereseade by higher parity and frequent (four or more) antenual are writs. Availability of operating facility, because of medical are writs. Availability of operating facility.	
MH80		Kaski	Quantitative	birth centres.	353	Maternal health	Place of delivery (bypassing birth centers)	Wealth; parity; complications; availability		supplies and equipment and competent health staff at the facility were the main reasons for their bypassing decision.	Individual; household; health facility
MH5	thanal et al. Factors associated with the utilisation of postnatal care services among the mothers of Negal: analysis of Negal Demographic and Health Survey 2011. BMC Women's Health 2014 34.19	Nepal	Qualitative	WRAs	4079	Maternal Health	PNC	Occupation, residence, place of delivery		43.7% reported attending postnatal care within the first six weeks of justit, while 40.9% reported attending immediate postnatal care	
MH6	Xanwar, D., Corey, E. K., Sharma, P., & Bisal, A. (2015). Screening for	Bangladesh, Ghana, Kygyz Republic, and Nepal, Those who delivered	Quantitative	WRAs Postpartum	-	Maternal Health Maternal health	PNC postpartum depression	timing of check-up, place of delivery sociodemographic and	Recommended: mothers	The most recent MICS round 6 and DHS phase 7 have both included a number of quantoms on the content of the first check within the first 2 days following thru linciding contamiling and observation and consumiting on participants flat cause a number to take a newborn to halth care. Peostparture days for the content of the content of the participant of the cause and the prosision flat cause a non-the to take a newborn to halth care.	Policy
	potaptirum depression and associated factors among women who deliver at a university hoppin, Hepsil. <i>Rathmandu University Medical</i> <i>Journal</i> , 13 (46), 44–48.	at Dhulikel Hospital		women	postpartum women			sociocultural factors, and mother- related, pregnancy-related, and child related factors	with high risk should be routinely screened for postpartum depression.	can be detected early in the postpartum periods; and many psychosoid factors the programs(compositions, infant's health problems and vaginal delivery are associated with it.	
4H90 4H59 4H139	Fedhaus, I., LeFore, A. E., Rai, C., Bhattarai, J., Russo, D., Rawlim, B., 	Dailekh district mothers in armed confict areas. Studies from Libya, Bosnia, Herzegovina, Israel, Palestine, Kosovo, Yugoslavia, Nepal, Somalia, Irac, Kuwait and Afghanistan.	Quantitative - economic analysis Literature review	Policy makers (pregnant women) Mothers	N/A 13 studies	Maternal health Maternal health, neonatal health	Pre-eclampila pregnancy outcomes.	Calcium supplementation during presentary impacts of exposure to armed conflicts on the pregnancy outcomes.	none mentioned	Calcium supplementation for pregnant mothers for prevention of $F_{\rm eff}^{\rm C}$ provided with MgGA for treatment holds pomine for the matrix structure and mother year motion and the matrix structure and the $F_{\rm eff}^{\rm C}$ . The motion motion and the matrix structure and the $F_{\rm eff}^{\rm C}$ . The motion and the matrix structure and the $F_{\rm eff}^{\rm C}$ . The motion and the matrix structure and the $F_{\rm eff}^{\rm C}$ motion and the matrix structure and the form and the structure and the matrix structure and the form and the matrix structure and the structure and	Health facility societal, environmental, policy
MH53	Devkoza, R., Yhan, G. M., Alam, K., Regmi, A., & Sapkota, B. (2016). Medication utilization pattern for management of prepansory complications: a study in Western Heyal. IAC Pregnancy. and Childerth, 16, 272. https://doi.org/10.1186/s12884-016-1068-8 Khanal, V., Zhao, Y., & Sauer, K. (2014). Role of anteniatal care and iron supplementation during pregnancy in preventing low birth weight in supplementation during prevention during preventi	Western Nepal (Maripal Teaching Hospital, Nepal) National level - Nepal	Quantitative Secondary analysis of data. Pooled data from the Nepal Demographi c and Health Surveys (NDHS) of 2006 and 2001 were analysed and compared	Pregnant women presenting complicatio ns (at least one) Newborns, mothers	2845 children (i.e. 923 children in 2006 and 1922 children in 2011, who had low birth weight recorded)	Material health Material health, neonatal health	Prescription of medications in mapping to complications Prevention of low birthweight of newborns	No predictors - descriptive antensi, care, iron supplicentation and geographical location were and locality in the start factors - and locality heater factors - acostated with how that within the (LBW) of newborns	None described. Canclusion identified a decreasing the high rate of LBW through increasing anternatic are and consumption of iron anternatic are and consumption of iron pregnancy.	Drugs prescribed to pregnant women said to be in keeping with safe prescription. Some terratopenic drugs prescribed Nea attending amenatal care increased the odds of having a LBW adate by more than too terrate (DR 2.402, SV CL 1.538, 2-437), pregnancy were more likely to have LBW indexs (DR 1.339, 95% (CL 1.282, 2-381), actioning in the Faveware and LBM regions were also significant risk factors for LBW in the pooled dataset and in 2011 survey.	Health facility Individuals, coupler, households, health facility
MH48	Clarke, K., Swille, N., Shrestha, B., Costello, A., King, M., Manandhar, D., – Prost, A. (2014). Predictors of psychological distress among study. <i>J Affect Disord</i> . <i>156</i> , 74–66. https://doi.org/10.1016/j.jsd.2013.11.018 Cederfield, J., Carlsson, J., Begley, C., & Berg, M. (2016). Quality of intra- partum care at a university hospital in Nepal: A prospective coss- partum care at a university hospital in Nepal: A prospective coss- sectional survey. Executional & Reproductive Nethorace: <i>Official Journal of the Swedich Association of Molewer, J.</i> , 52–57.	Dhanusha	Quant	Mothers screened for distress after delivery	9078 mothers who were screened for distress using the 12 item General Health Questionnair re (GHQ-12) around six weeks after delivery	Material health	Psychological distress	Food insecutity, multiple births, C- section, perintal health problems, education, AKC, parky, husband's education, age		Factors that predicted distress were severe food insecurity (1) 12.1 (DN confidence interval 14.3, 40()), having a multiple birth provide the severe severe the severe severe severe severe severe provide links the providence (15.8 (12.3, 10.0)), no exclusing (12.10, 10.80, 17.90), fevere assets (13.81, 14.3, 160)), not assing (12.10, 14.80), exologia, having never had a son (13.1 (1.44, 149)), not saying in the parent had nen in the postnatul acred (3.1 (1.54, 149)), not saying in the parent had nen in the postnatul acred (3.1 (1.54, 149)), not saying in the parent had nen in the postnatul acred (3.1 (1.54, 149)), not saying in the parent had nen in the postnatul acred (3.1 (1.54, 149)), not saying in the parent had nen in the postnatul acred (3.1 (1.54, 149)). Not saying in the parent had nen in the postnatul acred (3.1 (1.54, 149)), not saying in the parent had nen in the postnatul acred (3.1 (1.54, 149)). Not saying in the parent had neg (1.54, 10.57, 10.0). Socioecoromic disadvantage, healthcare-seeking/fitt; gender- related factors and social norms linked with maternal distress	Individual, 184
				NGO,						The management of care in normal birth could be improved in the studied setting, and there is a need for more research to	
4H44	Bennon L. Heady J. Dijkennan S. Bonderson, K. (2017). Improving hashib works performance of abortion or index. In an another of post- training support to providen in India, Nepal and Nepris. Reproductive Health , 24 (1), 154. https://doi.org/10.1186/s12978-017-0416-0	Nepal India, Nepal, Nigeria	Quant	<u>government</u> NGO, <u>government</u>	: 292 : 3471	Maternal health Femily glanning, maternal health	quality of care	following training intervention		Support such Improvement <ol> <li>Benson J, Healy J, Dijkerman S, Andersen K. Improving health worker performance of abortion services: an assessment of past- turing support to powder. In IndiA, Jengan A Nigeria, Report Health (Internet), 2017 Dec 21 (Jené 2018) and 231;44(1):154. journal.biomcdentus (and).microlification and Nigeria Report Jenseth Schlauber (and Antonio 1996). The second secon</li></ol>	health facility
MH82	Karkes, R., Lee, A. H., & Pokkurej, P. K. (2014). Womer's perception of quarker of natembry verses: a longitudinal survey in hegal. <i>Biol.</i> <i>Programmy and Childbirth</i> , <i>14</i> , 45. https://doi.org/10.1186/1471-2393- 14-45 Ahmed, S. M., Rawel, L. B., Chowdhury, S. A., Murray, J., Ansott Millis, S., Jack, S., Konvilla, S. (2020). Crois scentry analysis of strategies for achieving organization stravesk global galaxies for surveys in database.	Kaski	Quantitative	Pregnant women	701	Material health	Quality of services	Type of facility (priv vs. public)		Administration back adjusted on the section of the	Health facility
MH120	for achieving progress towards global goals for women's and children's health. Builtein of the Vorid Yelech for goaraction , 94 (5), 352–361. https://doi.org/10.2471/BLT15.168450		Systematic Review	10 low and middle income countries that met MDG's early	r	Maternal health; child health	reducing maternal and child mortality rates	consistent and coordinated policy and programs		Reducing maternal and child mortality in the 10 fast-track countries can be linked to consistent and coordinated policy and programme inputs across health and other sectors.	societal/structural/politi cal

			1	1	1		1			Γ	1
MH3	MOHP/UNFPA	Makingal	1 mail	1177.6-		Manager 1 Jac Sta	RH Morbidities	Age, literacy and CE group		POP prevalence decreased from 10% in 2006 to 6.4% Still very high. Conservative management of POP needs to be prioritized equally to surgical management. • Need for focused strategy to increase awareness and identify women with OF.	Policy/structure
MH3	MUHP/UNPA	National	Moted	8,785	8,785	Maternal Health	NH Morbidities	Age, literacy and LE group		awareness and identify women with UF.	Policy/structure
				children	children						
				born between	born between						
				July 2005 and	July 2005 and						
	Pradhan, E., & Fan, V. Y. (2017). The Differential Impact of User-Fee Exemption Compared to Conditional Cash Transfers on Safe Deliveries			December 2008,	December 2008,						
	in Nepal. Health Services Research , 52 (4), 1427–1444. https://doi.org/10.1111/1475-6773.12536			obtained from the	obtained from the					Skilled birth attendance in districts with both interventions was no higher on average than in districts with only the cash	
	nttps://doi.org/10.1111/14/3*07/3.12350			nationally representati	nationally representati					incentive. In areas with adequate road networks, however, significantly higher skilled birth attendance was observed in	
				ve Demographi	ve Demographi			copayment exemption compared		districts with both interventions compared to those with only the cash incentive. CONCLUSIONS: The added incentive of the user-	
				c and Health Surveys,	Surveys,			to a cash incentive on increasing skilled birth attendance (i.e., birth		fee exemption did not significantly increase skilled birth attendance relative to the presence of the cash incentive. User-	
MH167		National (DHS)	Quantitative	2006 and 2011.	2006 and 2011.	Maternal health	SBA	attended by a skilled health worker) in Nepal.; road networks		fee exemptions may not be effective in areas with inadequate road infrastructure.	Health facility; community/structural
	Kc, S., Neupane, S., Situ, K. C., & Neupane, S. (2016). Women's Autonomy and Skilled Attendance During Pregnancy and Delivery in Nepal. MATERNAL AND CHILD HEALTH JOURNAL, 20 (6), 1222–1229.		Secondary analysis -	Pregnant women and	4148	Maternal health	SBA	Women's autonomy was assessed on the basis of four indicators of	none discussed but recommendation could be	Women's autonomy was significantly associated with the maternal health care utilization by skilled attendants. This study	Policy/societal level
	Nepal. MATERNAL AND CHILD HEALTH JOURNAL, 20 (6), 1222–1229. https://doi.org/10.1007/s10995-016-1923-2		2011 Nepal DHS data	skilled attendants				decision making: healthcare, visiting friends or relatives,	to look at improving women's autonomy	will provide insights for policy makers to develop strategies in improving maternal health.	
								household purchases and spending earned money.			
								association between women's autonomy and skilled attendance			
MH83								during pregnancy and delivery			
	Ghimire PR, AghoKE, Renzaho A, Christou A, Nisha MK, Dibley M, et al. (2017) Socio-economic predictors of stillbirths in Nepal (2001-2011). PLoS ONE									Access to antenatal care services and skilled birth attendants for women in the mountainous and hilly ecological zones of Nepal is	
MH10	12(7): e0181332.https:// doi.org/10.1371/journal.pone.0181332	Nepal	Quantitative	WRAs having still birth	335	Maternal health	Still birth	ecological zone, occupation, schooling, open defecation		needed to further reduce stillbirth and improved services should also focus on women with low levels of education	Policy
										Stillbirth increased significantly among women that lived in the hills ecological zones (aRR 1.38, 95% CI 1.02, 1.87) or in the	
	Ghimire, P. R., Agho, K. E., Renzaho, A., Christou, A., Nisha, M. K., Dibley, M., & Raynes-Greenow, C. (2017). Socio-economic predictors of									mountains ecological zones (aRR 1.71, 95% Cl 1.10, 2.66). Women with no schooling (aRR 1.72, 95% Cl 1.10, 2.69), women	
	stillbirths in Nepal (2001-2011). PloS One , 12 (7), e0181332. https://doi.org/10.1371/journal.pone.0181332			Pregnancies - at least 28						with primary education (aRR 1.81, 95% CI 1.11, 2.97); open defecation (aRR 1.48, 95% CI 1.00, 2.18), and those whose major	
MH63		Nepal	Quantitative	weeks gestation	18386	Maternal health	stillbirth	Socio-dem; health behaviors		occupation was agriculture (aRR 1.80, 95% Cl 1.16, 2.78) are more likely to report higher stillbirth.	Indivdual; Household; community
	Self, J., Haardrfer, R., Stein, A., Pandey, P., Martorell, R., & Girard, A. W. (2015). How Does Homestead Food Production Improve Child			Mothers with							
MH12	Nutrition? Path Analysis of the AAMA Project in Nepal. FASEB JOURNAL, 29 (1).	Far west Nepal	Quantitative	children 12- 48 months	2614	Child health; maternal health	Stunting (height-for-age); maternal and child hemoglobin		HKI AAMA Project	Agricultural inputs had strongest path; some concerns about intervention fidelity mentioned (but it was an abstract)	Household
	Goyet, S., Tamang, L., Alvarez, V. B., Shrestha, I. D., & Bajracharya, K. (2017, February). Progress and challenges to introduce midwifery										
MH65	education in Nepal. Lancet (London, England). England. https://doi.org/10.1016/S0140-6736(17)30341-0	Nepal	Comment	Health workforce	N/A	Maternal health	Training of midwives			Positive commentary on progress of training midwives to be SBA	Health facility
	Malarcher, S., & Polis, C. B. (2014). Using measurements of unmet need to inform program investments for health service integration. Studies	Nepal, Senegal and	Secondary analysis of	married or cohabitating	national	Family planning; reproductive health;				There might be missed opportunities to reach MWRA with	individual, couple,
	to inform program investments for health service integration. Studies in Family Planning, 45 (2), 263–275. https://doi.org/10.1111/j.1728- 4465.2014.0038.x	Nepal, Senegal and Uganda	DHS data (2010 or	women of reproductiv	level household	Family planning; reproductive health; maternal health	unmet need for contraception or FP		N/A	unmet FP needs through integrated services such as prenatal care, postnatal checkups, vaccination appointments, etc.	individual, couple, houshold, health facility
MH21	**************************************		later)	e age Clean	surveys						
				delivery kit users and							
	Morrison, J., Jacoby, C., Ghimire, S., & Oyloe, P. (2015). What affects			non-users; health						CDK users were aware of its benefits, and utilization was largely compatible with birth practices. Utilization was prevented by lack	
	Clean Delivery Kit utilization at birth in Nepal? A qualitative study. Asia- Pacific Journal of Public Health, 27 (2), NP1263-72.			providers; birth						of awareness about the benefits and lack of availability. Participants believed that CDKs were for home use.	
	https://doi.org/10.1177/1010539512458950			attendants; household						CONCLUSION: Poor promotion of CDK is related to the disjuncture of promoting CDK use, while encouraging	
				Dmers; central level	18 FGDs; 40					institutional deliveries. If CDKs are made available and marketed for use in households and health institutions, utilization may	
MH155		6 districts	Qualtative	personnel	interviews	Maternal health; neonatal health	Use of clean delivery kit	Awareness; availability		increase.	Individual; health facility
	Arguello, M. A., Schulze, K. J., Wu, L. S., Dreyfuss, M. L., Khatry, S. K., Christian, P., & West, K. P. (2015). Circulating IGF-1 may mediate										
	improvements in haemoglobin associated with vitamin A status during pregnancy in rural Nepalese women. Asia Pacific Journal of Clinical										
	Nutrition , 24 (1), 128–137.										
				NGO,						*Increasing IGF-1 was likely one mechanism by which retinol	health facility, societal/structural/polic
MH38		Nepal - rural areas	Quant	government	1186	Maternal health	Vit A levels	IGF-1, and Hb		improved circulating Hb in pregnant women of rural Nepal,"	у
	Aihara, Y., Shrestha, S., & Sharma, J. (2016). Household water insecurity, depression and quality of life among postnatal women living										
	insecurity, depression and quality of life among postnatal women living in urban Nepal. JOURNAL OF WATER AND HEALTH , 14 (2), 317–324. https://doi.org/10.2166/wh.2015.166										
				1	1						
										Multiple regression models showed that women with high levels of stress derived from household water insecurity had greater	
1				postnatal women							
MH35		Urban Nepal	Quant	women living in urban Nepal	267	Maternal health	water insecurity, depression, and quality of life	levels of stress from water insecurity		odds of probable depression and lower physical HRQOL scores than did women with low HWIS scores.	community, household, individual
MH35		Urban Nepal	Quant	women living in urban Nepal Mothers participatin	267	Maternal health	water insecurity, depression, and quality of life	levels of stress from water insecutity		odds of probable depression and lower physical HRQOL scores than did women with low HWIS scores.	community, household, individual
MH35	Gram, L., Skordis-Wanzall, J., Manandhar, D. S., Strachan, D., Morrison, J., Swille, N.,	Urban Nepal	Quant	women living in urban Nepal Mothers participatin g in a community	267	Maternal health	water insecurity, depression, and quality of life	levels of stress from water insecurity		odds of probable depression and lower physical HRQQL scores than did women with low HW/S scores. In original trial: At the end of the trial, a 30% reduction in neonatal mortality and a 78% reduction in maternal mortality	community, household, individual
MH35	J., Saville, N., Heys, M. (2018). The long-term impact of community mobilisation through participatory women's groups on women's agency	Urban Nepal	Quant	women living in urban Nepal Mothers participatin g in a community randomized trial in 2001-	267	Maternal health	water insecurity, depression, and quality of life	levels of stress from water insecurity		odds of probable depression and lower physical HRQOL scores than did women with low HWIS scores.	community, household, individual
MH35	J., Saville, N., Heys, M. (2018). The long-term impact of community	Urban Nepal	Quant	women living in urban Nepal Mothers participatin g in a community randomized trial in 2001- 3 who were recruited for	267	Maternal health	water insecurity, depression, and quality of life	levels of stress from water insecurity		odds of probable depression and lower physical HRQOL scores than did women with low HWS scores. In organial traits: At the end of the trait, a 30% reduction in monatal mortalia a 78% reduction in maternal mortality was observed in defineries occurring in intervention compared to control clusters Found no association between participation and agency at long-	individual
MH35 MH66	J., Saville, N., Heys, M. (2018). The long-term impact of community mobilisation through participatory women's groups on women's agency, in the household: A follow-up study to the Makwanpur trial. PLOS ONE , 13 (5). https://doi.org/10.1371/journal.pone.0197426	Urban Nepal Makwanpur district	Quant	women living in urban Nepal Mothers participatin g in a community randomized trial in 2001- 3 who were	-	Maternal health	water insecurity, depression, and quality of life Women's agency	levels of stress from water insecurity Participation in a PIA intervention	PLA women's groups	oddis of probable depression and lower physical HRQOL scores than did women with low HWS scores. In original traits At the end of the trait, a 30% reduction in reconstal mortality and a 78% reduction in maternal mortality was observed in deliveries occurring in intervention compared to control clusters.	community, household, individual Individual/Couple/house hold
	J., Swelle, N., Heys, M. (2018). The long-term impact of community molihilation throngo participatry overnet is groups on women's agency in the household: A follow-up study to the Makwapur trial. PLOS ONE, J.2 (5). https://doi.org/10.1371/jJournal.pone.0197426			women living in urban Nepal Mothers participatin g in a community randomized trial in 2001- 3 who were recruited for follow-up in	-	Maternal health	quality of life	insecurity	PLA women's groups	odds of probable depression and lower physical HRQQL scores than of women with low HVVS scores. In original trial: At the end of the trial, a 20% reduction in recordal mortality and a 78% reduction in maternal mortality was observed in defensive scoruming in intervention compared to control clusters. Found no association between participation and agency at long- term follow up. Segest that agency may be a pre-req not a consequence.	Individual
	J., Saville, N., Hey, M. (2018). The long-term impact of community mollisation through participatry wave meris' groups on womer's genergin in the household: A follow-up study to the Makwanpur trial. PLOS ONE, J3 (5). https://doi.org/10.1371/journal.pone.0197426 Thapa, S. B., & Acharya, G. (2017). Women's health is not in focus in		Quant Quantitative Commentar Y	women living in urban Nepal Mothers participatin g in a community randomized trial in 2001- 3 who were recruited for follow-up in	-		quality of life	insecurity	PLA women's groups	odds of probable depression and lower physical HBQQL scores than did women with low HWMS scores. In original trials. At the end of the trial, a 30% reduction in executal monthle diverse occurring in intervention compared to control clusters found no association between participation and agency at long- term follow u-C_Seeps that agency may be parered not	individual
	J., Saville, N.,			women living in urban Nepal Mothers participatin g in a community randomized trial in 2001- 3 who were recruited for follow-up in	-	Maternal health Family planning: reproductive health;	quality of life	insecurity	PLA women's groups	odds of probable depression and lower physical HRQOL scores than dia women with low HVVS scores. In orginal trial: At the end of the trial, a 30% reduction in neosatal mortality and a 78% reduction in maternal mortality was observed in deletives occurring in intervention compared to control clusters Found no association between participation and agency at long- term follow up. Suggest that agency may be a pre-req not a consequence.	individual Individual/Couple/house hold Individual; community;
	J., Saville, N.,			women living in urban Nepal Mothers participatin g in a community randomized trial in 2001- 3 who were recruited for follow-up in	-	Maternal health Family planning: reproductive health;	quality of life	insecurity	PLA women's groups	odds of probable depression and lower physical HRQOL scores than dia women with low HVVS scores. In orginal trial: At the end of the trial, a 30% reduction in neosatal mortality and a 78% reduction in maternal mortality was observed in deletives occurring in intervention compared to control clusters Found no association between participation and agency at long- term follow up. Suggest that agency may be a pre-req not a consequence.	individual Individual/Couple/house hold Individual; community;
	J., Saville, N.,			women living in urban Nepal Mothers participatin g in a community randomized trial in 2001- 3 who were recruited for follow-up in	-	Maternal health Family planning: reproductive health;	quality of life	insecurity	PA women's groups	odds of probable depression and lower physical HRQOL scores than dia women with low HVVS scores. In orginal trial: At the end of the trial, a 30% reduction in neosatal mortality and a 78% reduction in maternal mortality was observed in deletives occurring in intervention compared to control clusters Found no association between participation and agency at long- term follow up. Suggest that agency may be a pre-req not a consequence.	individual Individual/Couple/house hold Individual; community;
	J., Saville, N.,			women living in urban Nepal Mothers participatin g in a community randomized trial in 2001- 3 who were recruited for follow-up in	-	Maternal health Family planning: reproductive health;	quality of life	insecurity	PLA women's groups	odds of probable depression and lower physical HRQOL scores than dia women with low HVVS scores. In orginal trial: At the end of the trial, a 30% reduction in neosatal mortality and a 78% reduction in maternal mortality was observed in deletives occurring in intervention compared to control clusters Found no association between participation and agency at long- term follow up. Suggest that agency may be a pre-req not a consequence.	individual Individual/Couple/house hold Individual; community;
	J., Saville, N.,			women living in urban Nepal Mothers participatin g in a community randomized trial in 2001- 3 who were recruited for follow-up in	-	Maternal health Family planning: reproductive health;	quality of life	insecurity	PLA women's groups	odds of probable depression and lower physical HRQOL scores than dia women with low HVVS scores. In orginal trial: At the end of the trial, a 30% reduction in neosatal mortality and a 78% reduction in maternal mortality was observed in deletives occurring in intervention compared to control clusters Found no association between participation and agency at long- term follow up. Suggest that agency may be a pre-req not a consequence.	individual Individual/Couple/house hold Individual; community;
MH66 MH22	J., Saville, N., Heye, M. (2018). The long-term impact of community automation to impact in groups on women's agency in the household A follow-up study to the Maxwaper that PLOS DNE, J. 25 (J. Marg, K.G. and 2013). Thy Journal and a DSPACE Thapa, S. B., & Acharya, G. (2017). Women's health is not in focus in disaster canons: lessons from the Negal earthquake. J (2014). J Radier J Ackimsk, and DERPRODUCT MARL, J CARE, J (2), 92–93. https://doi.org/10.1136/forthc.2016-201605			women living in urban Nepal Mothers participatin g in a community randomized trial in 2001- 3 who were recruited for follow-up in	-	Maternal health Family planning: reproductive health;	quality of life	insecurity	PLA women's groups	odds of probable depression and lower physical HRQOL scores than dia women with low HVVS scores. In orginal trial: At the end of the trial, a 30% reduction in neosatal mortality and a 78% reduction in maternal mortality was observed in deletives occurring in intervention compared to control clusters Found no association between participation and agency at long- term follow up. Suggest that agency may be a pre-req not a consequence.	individual Individual/Couple/house hold Individual; community;
MH66 MH22	J., Saville, N., Heys, M. (2018). The long-term impact of community automatication through anticipatry overhead in groups on women's agency in the household: A follow up to the Makemport and PLOS ONE, J. 25 (). https://doi.org/10.1137/journal.public and SIX-26 Thapas, S. B., & Acharya, G. (2017). Women's health in not in focus in disaster rooms: lessons from the Nepal earthquake. JOURAL OF Andler XAMMAR DE REPROJUCTIVE MICHATIC ARE, 43 (2), 92–93. https://doi.org/10.1136/forthc.2016-101605			women living in urban Nepal Mothers participatin g in a community randomized trial in 2001- 3 who were recruited for follow-up in	-	Maternal health Family planning: reproductive health;	quality of life	insecurity	PLA women's groups	odds of probable depression and lower physical HRQOL scores than dia women with low HVVS scores. In orginal trial: At the end of the trial, a 30% reduction in neosatal mortality and a 78% reduction in maternal mortality was observed in deletives occurring in intervention compared to control clusters Found no association between participation and agency at long- term follow up. Suggest that agency may be a pre-req not a consequence.	individual Individual/Couple/house hold Individual; community;
MH66 MH22	J., Saville, N.,			women living in urban Nepal Mothers participatin g in a community randomized trial in 2001- 3 who were recruited for follow-up in	-	Maternal health Family planning: reproductive health;	quality of life	insecurity	PLA women's groups	odds of probable depression and lower physical HRQOL scores than dia women with low HVVS scores. In orginal trial: At the end of the trial, a 30% reduction in neosatal mortality and a 78% reduction in maternal mortality was observed in deletives occurring in intervention compared to control clusters Found no association between participation and agency at long- term follow up. Suggest that agency may be a pre-req not a consequence.	individual Individual/Couple/house hold Individual; community;
MH66 MH22	J., Saville, N., Heys, M. (2018). The long-term impact of community automatication through anticipatry overhead in groups on women's agency in the household: A follow up to the Makemport and PLOS ONE, J. 25 (). https://doi.org/10.1137/journal.public and SIX-26 Thapas, S. B., & Acharya, G. (2017). Women's health in not in focus in disaster rooms: lessons from the Nepal earthquake. JOURAL OF Andler XAMMAR DE REPROJUCTIVE MICHATIC ARE, 43 (2), 92–93. https://doi.org/10.1136/forthc.2016-101605			women living in urban Nepal Mothers participatin g in a community randomized trial in 2001- 3 who were recruited for follow-up in	-	Maternal health Family planning: reproductive health;	quality of life	insecurity	PLA women's groups	odds of probable depression and lower physical HRQOL scores than dia women with low HVVS scores. In orginal trial: At the end of the trial, a 30% reduction in neosatal mortality and a 78% reduction in maternal mortality was observed in deletives occurring in intervention compared to control clusters Found no association between participation and agency at long- term follow up. Suggest that agency may be a pre-req not a consequence.	individual Individual/Couple/house hold Individual; community;
MH66 MH22	J., Saville, N., Heys, M. (2018). The long-term impact of community automatication through anticipatry overhead in groups on women's agency in the household: A follow up to the Makemport and PLOS ONE, J. 25 (). https://doi.org/10.1137/journal.public and SIX-26 Thapas, S. B., & Acharya, G. (2017). Women's health in not in focus in disaster rooms: lessons from the Nepal earthquake. JOURAL OF Andler XAMMAR DE REPROJUCTIVE MICHATIC ARE, 43 (2), 92–93. https://doi.org/10.1136/forthc.2016-101605			women living in urban Nepal Mothers participatin g in a community randomized trial in 2001- 3 who were recruited for follow-up in	-	Maternal health Family planning: reproductive health;	quality of life	insecurity	PLA women's groups	odds of probable depression and lower physical HRQOL scores than dia women with low HVVS scores. In orginal trial: At the end of the trial, a 30% reduction in neosatal mortality and a 78% reduction in maternal mortality was observed in deletives occurring in intervention compared to control clusters Found no association between participation and agency at long- term follow up. Suggest that agency may be a pre-req not a consequence.	individual Individual/Couple/house hold Individual; community;
MH66 MH22	J., Saville, N., Heys, M. (2018). The long-term impact of community automatication through anticipatry overhead in groups on women's agency in the household: A follow up to the Makemport and PLOS ONE, J. 25 (). https://doi.org/10.1137/journal.public and SIX-26 Thapas, S. B., & Acharya, G. (2017). Women's health in not in focus in disaster rooms: lessons from the Nepal earthquake. JOURAL OF Andler XAMMAR DE REPROJUCTIVE MICHATIC ARE, 43 (2), 92–93. https://doi.org/10.1136/forthc.2016-101605			women living in urban Nepal Mothers participatin g in a community randomized trial in 2001- 3 who were recruited for follow-up in	-	Maternal health Family planning: reproductive health;	quality of life	insecurity	PLA women's groups	odds of probable depression and lower physical HRQQ scores than of avoinner with low HVVS scores. In original trial: At the end of the trial, a 20% reduction in neostal mortality and a 78% reduction in maternal mortality was observed in defined soccurring in intervention compared to control clusters. Found not association between participation and genery at long- term follow-up. Suggest that agency may be a pre-req not consequence. Earthquake exacerbated health challings for women; issues with access and existing submobilities were worsened.	individual Individual/Couple/house hold Individual; community;
MH66 MH22	J., Saville, N., Heys, M. (2018). The long-term impact of community automatication through anticipatry overhead in groups on women's agency in the household: A follow up to the Makemport and PLOS ONE, J. 25 (). https://doi.org/10.1137/journal.public and SIX-26 Thapas, S. B., & Acharya, G. (2017). Women's health in not in focus in disaster rooms: lessons from the Nepal earthquake. JOURAL OF Andler XAMMAR DE REPROJUCTIVE MICHATIC ARE, 43 (2), 92–93. https://doi.org/10.1136/forthc.2016-101605	Makwanpur district	Commentar Y	women lineing in urdna Neodi Mothers: gan a community washower washower gan a community washower washower washower washower hower women	-	Maternal health Family planning: reproductive health;	quality of life	insecurity	PLA women's groups	odds of probable depression and low physical HRQQL scores than of a worm with low HVVS scores. In original trial: At the end of the trial, a 20% reduction in recostal mortality and a 78% reduction in maternal mortality was observed in definited scoruming in intervention compared to control clusters. Forum of base-usicable between participation and agency at long- common diseases, Suggest that agency may be a pre-req not a using score and existing scheme participation and agency at long- common diseases. Suggest that agency may be a pre-req not a consequence. Earthquake exacerbated health challenges for women; issues with access and existing schemebilities were worsened.	individual Individual/Couple/house hold Individual; community;
MH66 MH22	J., Saville, N., Heys, M. (2018). The long-term impact of community automatication through anticipatry overhead in groups on women's agency in the household: A follow up to the Makenaport ratal. PLOS DNE, J. 25 (). https://doi.org/10.1137/journal.public and ISPA2E Thapa, S. B., & Acharya, G. (2017). Women's health in not in focus in disaster rooms: lessons from the Nepal earthquake. JOURAL OF Andler J. Andler A. B. B. Acharya, G. (2017). Women's health in not in focus in disaster rooms. Income from the Nepal earthquake. JOURAL OF Andler J. Andler A. B. B. Acharya, G. (2017). Women's health in not in focus in disaster rooms. Income from the Nepal earthquake. JOURAL OF Andler J. Andler A. B. B. Acharya, S. (2016). In Takes More than a Village Inducting a Network of Softwy in Nepal's Mounchin Communities, Marchare and Child Health Journal. J. (2012), 2422–2430.			women linning in untan Read Mothers partipating in an accommunity and motion and and an accommunity and and accommunity and accommunity women Women	-	Maternal health Family planning: reproductive health;	quality of life	insecurity	PLA women's groups	odds of probable depression and low rythysical HRQQL scores than dia women with low HVVS scores. Then dia women with low HVVS scores. The indigeneous results and a regimal trial, a 30% reduction in meanal mortality and a 78% reduction in maternal mortality and a first score in the intervention compared to control clusters. The first score is an exceeded with a cores and existing with erabilities were worsened.	individual Individual/Couple/house Individual; community;
<u>Mil22</u>	J., Saville, N., Heys, M. (2018). The long-term impact of community automatication through anticipatry overhead in groups on women's agency in the household: A follow up to the Makenaport ratal. PLOS DNE, J. 25 (). https://doi.org/10.1137/journal.public and ISPA2E Thapa, S. B., & Acharya, G. (2017). Women's health in not in focus in disaster rooms: lessons from the Nepal earthquake. JOURAL OF Andler J. Andler A. B. B. Acharya, G. (2017). Women's health in not in focus in disaster rooms. Income from the Nepal earthquake. JOURAL OF Andler J. Andler A. B. B. Acharya, G. (2017). Women's health in not in focus in disaster rooms. Income from the Nepal earthquake. JOURAL OF Andler J. Andler A. B. B. Acharya, S. (2016). In Takes More than a Village Inducting a Network of Softwy in Nepal's Mounchin Communities, Marchare and Child Health Journal. J. (2012), 2422–2430.	Makwanpur district	Commentar y	women linning in urdna Neody grid a commission grid a commission grid a velower provided the commission a velower provided the commission commission commission commission commi	-	Maternal health family planning: reproductive health; minternal health	quality of life	insecurity	PLA women's groups	odds of probable depression and low rphysical HRQQL scores than dia women with low HVVS scores. Then dia women with low HVVS scores. The individual dial low HVVS scores with a low HVVS scores with a score of the field of the trial, a 30% reduction in meanal mortality and a 78% reduction is maternal mortality was observed in defined soccuring in intervenion compared to control clusters. Function on sacculation between participation and agency at long clusters for women; low go agest that agency may be a pre-reg not a consequence. Each quadra exactly and the scores and existing suberabilities were worsened with access and existing suberabilities were worsened.	Individual/Couple/house hold Individual/couple/house societal

	Dangal, G., & Bhandari, T. R. (2016). Updates on maternal and child health. <i>Kothmandu University Medical Journal</i> , <i>14</i> (54), 94–95.								Reductions in MMR; birth attendance by SBA increased; challenges in access to reproductive healthcare; improvements in reducing child mortality and improving messles immunization; reducing neonatal deaths a continued challenge	
									calls to improve targets to be more inclusive of hardest to reach	
MH121			Editorial			Maternal health; child health				Societal
			Quantitative R			Maternal health; neonatal health		obstetric complications and rural-	About one in five mothers reported some adverse obstetric	
	obstetric symptoms and rural-urban difference in cesarean delivery in	Western Nepal	: A r	mothers	mothers			urban difference in cesarean	symptoms. Obstetric problems were more common in the rural	
	Rupandehi district, Western Nepal: a cohort study. REPRODUCTIVE		community-		within one			delivery rate in Western Nepal.	areas, whereas cesarean delivery rate was much higher in the	
	HEALTH , 13 . https://doi.org/10.1186/s12978-016-0128-x		based		month				urban areas.	
			cohort		postpartum					
			study							
1			1 1				1			
MH140										

		Health behavi	or of intere	st: ANC			
Socio-			Location of study (specific district,	Population where	Who not using services? Reasons not using services? Preferences for	How do culture, values, and norms	What SBC intervention s really
ecological	Reference	Factor shown to be significantly associated with	region, or	association	services? Trust in	influence health	change
level	number	ANC	nationally)	found	services?	service utilization?	behaviors
Individual							
		Exposure to media; knowledge of maternal health		Women delivering in			
	MH50	services and incentives	Sunsari	last year	Media; kmnowledge		
		Age, parity, education; smoking; exposed to general		Women giving birth in last 5	Socio-demographic;		
	MH4	media	National	years	risky health behaviors		
				Women giving birth in last 5			
	MH95	Education	National	years	Socio-demographic;		
	MH96	Literacy	National	Women giving birth in last 5 years	Socio-demographic;		
	MH162	Age, education, type of work (service vs. agricultural work); parity	Makwanpur	Women delivering in last year	Socio-demographic;		
	MH103	Healthcare experiences (gestational age, birth rank, preceding birth interval); education	National	Women delivering	Healthcare experiences; Socio- demographic;		
	MH114	woman's education	National	Women delivering in last 3 years	Socio-demographic;		
	MH106	Age, planned pregnancy	Pokhara	Women delivering	Socio-demographic; birth preparation		
	MH107	Age, education, parity	Near Kathmandu	Mothers	Socio-demographic;		

			pregnant	I	
			women,		
			postnatal		
			mothers,		
			mothers-in-	Perceptions/attitudes;	
			law and	knowledge; Socio-	
	Superstition, shyness, misconception, negligence,		service	demographic; risky	
MH91	illiteracy, lack of awareness; alcoholism	Jhapa	providers	health behaviors	
			Women		
			delivering in		
			last 3-5		
MH100	Education	National	years	Socio-demographic;	
	Age of marriage (varies depending on parity, area of				
MH64	residence)	National	Mothers	Socio-demographic;	
				Socio-demographic;	
MH166	Education; pregnancy wantedness	National	Mothers	birth preparation	
MH34	Age, parity, education	National	Mothers	Socio-demographic;	
			Mothers of		
			children		
MH28	Exposure to mass media communication campain	Dhanusha	under 1	Exposure to media	

		Health behavio	r of interes	t: ANC			
Socio- ecological level	Reference number	Factor shown to be significantly associated with ANC	Location of study (specific district, region, or nationally)	Population where association found	Who not using services? Reasons not using services?	health service	What SBC intervention s really change behaviors
Couple							
	MH4	Spousal education; spousal occupation	National	Women giving birth in last 5 years	Spousal characteristics		
	MH103	Husband's education	National	Women giving birth	Spousal characteristics		
	MH114	husband's education	National	Women delivering in last 3 years	Spousal characteristics		
	MH106	Education of spouse; occupation of spouse	Pokhara	Women delivering	Spousal characteristics		
		Paternal age, education, knowledge of danger sign during pregnancy; husband's		Husbands of woman	Spousal characteristics;		
	MH119	decision making for seeking maternal and child healthcare	Kathmandu	Husbands of women giving birth	spousal role in decision-making		

		Health behav	vior of inter	est: ANC			
Socio- ecological level	Reference number	Factor shown to be significantly associated with ANC	Location of study (specific district, region, or nationally)	Population where association found	Who not using services? Reasons not using services? Preferences for services? Trust in services?	How do culture, values, and norms influence health service utilization?	What SBC intervention s really change behaviors
Fam or							
household							
					Ethnicity; women's		
		Ethnic group; women's autonomy;		Women delivering in	autonomy;		
	MH50	wealth	Sunsari	last year	economic factors		
					women's		
				Women giving birth in	autonomy;		
	MH4	Household SES; Women's role in DM	National	last 5 years	economic factors		
				Women giving birth in			
	MH95	Wealth	National	last 5 years	economic factors		
	MH96	Wealth	National	Women giving birth in	economic factors		
	MH96	wealth	National	last 5 years Women delivering in	economic factors		
	MH162	income, type of family (caste, religion)	Makwannur	last year	ethnicity; religion		
	10111102		wakwalipul	last year	women's		
					autonomy;		
	MH103	Wealth, DM on women's healthcare;	National	Women delivering	economic factors		
				Women delivering in			
	MH114	wealth quintile	National	last 3 years	economic factors		
	MH106	Income	Pokhara	Women delivering	economic factors		
				Husbands of women			
	MH119	Household wealth	Kathmandu	giving birth	economic factors		
			Near				
	MH107	Wealth	Kathmandu	Mothers	economic factors		

	economic barriers (large family size, jobless, unnecessary expenditure on		pregnant women, postnatal mothers, mothers-in- law and service		
 MH91	health services)	Jhapa	providers	economic factors	
			Women delivering in		
MH100	Poverty	National	last 3-5 years	economic factors	
				economic factors;	
MH166	Wealth; Caste	National	Mothers	ethnicity	
				women's	
				autonomy;	
				economic factors;	
MH34	ethnicity, wealth index, autonomy	National	Mothers	ethnicity	

		Health behavio	or of interes	st: ANC			
Socio- ecological level	Reference number	Factor shown to be significantly associated with ANC	Location of study (specific district, region, or nationally)	Population where association found	Who not using services? Reasons not using services? Preferences for services? Trust in services?	How do culture, values, and norms influence health service utilization?	What SBC intervention s really change behaviors
Community							
	MH4	Living in an urban area Residence (urban vs. rural; ecological	National	Women giving birth in last 5 years Women giving birth in	Place of residence		
	MH95	zone)	National	last 5 years	Place of residence		
	MH96	Residence (urban vs. rural; ecological zone)	National	Women giving birth in last 5 years	Place of residence		
				Women delivering in			
	MH114	Place of residence (rural vs. urban)	National	last 3 years	Place of residence		
	MH107	community-based health promotion intervention using women's groups	Near Kathmandu	Mothers	Community-based		
	МН159	Community Based Newborn Care Package	Bardiya	Mothers	Community-based		Community Based Newborn Care Package
			2 di di ya	Women delivering in			1 401480
	MH100	Rural/urban status Community-level intervention (five- component intervention that addressed previously identified barriers to SBA	National	last 3-5 years	Place of residence		
		services in mid- and worked with existing community groups and funds	Delleses				
		Family support; Financial assistance; Transport; Women-friendly environment	Bajhang, Dailekh and				
	MH146	at health facilities; SBA security	Kanchanpur	Women giving birth	NOT SIGNIFICANT		
	1011140	community-based newborn care package	Kanchanpur		NOT SIGNIFICANT		
	MH164	(CBNCP)	National	Women giving birth	IMPACT		
	MH166	rural/urban;	National	Mothers	Place of residence		
	MH34	place of residence	National	Mothers	Place of residence		

		Health behavio	r of interes	t: ANC			
Socio- ecological level	Reference number	Factor shown to be significantly associated with ANC	Location of study (specific district, region, or nationally)	Population where association found	not using services? Preferences for	How do culture, values, and norms influence health service utilization?	What SBC intervention s really change behaviors
Health			nationaly				Schuviors
facility or							
, health							
system							
		Receipt of ANC from a skilled provider;		Women giving birth in	Provider-level; type		
	MH4	receipt of ANC in a hospital	National	last 5 years	of services		
				Women with			
		Provider biases towards providing services		disabilities seeking			
	MH52	to women with disabiltiies	Rupandehi	maternal healthcare	Provider-level		
			Arghakhanc	Mothers of children	Health system		
	MH110	, , ,	hi	aged 0-23 months	strengthening		
		Expansion of private sector and provision of government services reducing inequity in					
	MH71	service use	National	Mothers	type of services		
		Community-centered models of health					
		system strengthening; emerged as critical.					
		At micro (service interface) level,			Health system		
		community-centred models; accessibility			strengthening;		
	MH126	and training of providers	National	Mothers	provider-level		

		Health be	havior of ir	nterest: ANC			
Socio-ecological level	Reference number	Factor shown to be significantly associated with ANC	Location of study (specific district, region, or nationally)	Population where association found	Who not using services? Reasons not using services? Preferences for services? Trust in services?	How do culture, values, and norms influence health service utilization?	What SBC interventions really change behaviors
Societal, policy, structural, or environmental							
	MH118	Free delivery care policies (MIS and Aama policies)	National	Mothers; births	Policy		
	MH97	delivery of care via public-private partnership	Accham	Mothers	Public-private		Cost-effectiveness of public- private partnership
	MH91	Cultural practices (household roles, pregnancy practices, birthing traditions, indigeneous practices)	Jhapa	pregnant women, postnatal mothers, mothers-in- law and service providers	Cultural practices		
	MH43	Increased trend in MCH care utilizatin post-conflict	National	Mothers	National trends		
	MH126	Governance with effective and committed leaders; commitment from donors; increase in funding to the health sector; inter-sectoral partnerships as well as decentralization and task-shifting	National	Mothers	Governance; Funding; Public- private		