

Institutionalizing Chlorhexidine Program and Maintaining Coverage

Chlorhexidine Cord Care Program in Nepal

Leela Khanal

Project Director

JSI Research & Training

Institute, Inc.

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Context of Neonatal Deaths

Global*

- 2.7 million newborn deaths per year
- 13% due to infection

Nepal

- 13,000 newborn deaths per year**
- 41% due to infection***

* Levels and Trends in Child Mortality Report 2015

** Nepal Multiple Indicator Cluster Survey 2014

*** Nepal Demographic Health Survey 2006

Chlorhexidine is a simple, cost effective intervention to reduce neonatal mortality *

Reduces neonatal mortality by

23%

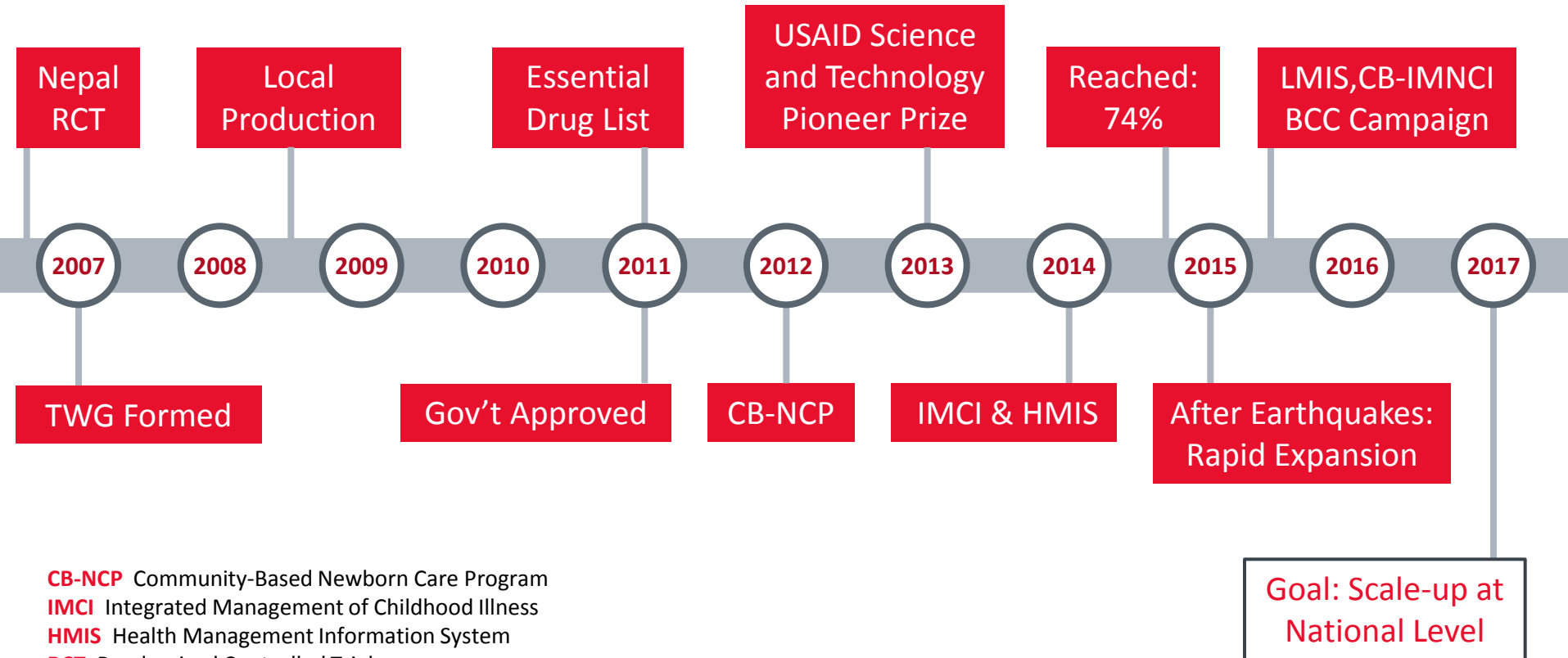
And serious cord infections by

68%

Date Source: Lancet Article: Mullany, et al. Lancet. 2006; Photo source: CNCP Nepal from Kavre district

* Imdad A, Mullany LC, Baqui AH, et al., 2013

Nepal Progress



- CB-NCP** Community-Based Newborn Care Program
- IMCI** Integrated Management of Childhood Illness
- HMIS** Health Management Information System
- RCT** Randomized Controlled Trial
- LMIS** Logistics Management Information System
- CB-IMNCI** Community-Based Integrated Management of Newborn & Childhood Illness
- TWG** Technical working group
- BCC** Behavior Change Communication

In Nepal, a groundbreaking program (Chlorhexidine Cord Care) has prevented at least **7,223** newborn deaths to date



USAID
Pioneers Prize
in Science and
Technology

Project Name: Chlorhexidine Navi (Cord) Care Program

Program Period: 2011-2017

Principal Donors: USAID, the Government of Norway, Bill & Melinda Gates Foundation, Grand Challenges Canada, DFID

Partners: Ministry of Health and Population, UNICEF, PLAN, CARE, SAVE, OHW, Lomus Pharmaceuticals

Why Nepal accepted Chlorhexidine cord care

Addressing a problem with high population health burden

Prevalent harmful cord care practice

Strong evidence

Simple, safe and acceptable

Health system compatibility & scalability

CHX Implementation Modalities in Nepal



Service available
at both facility and
home deliveries



Integrated with
ongoing maternal
and neonatal
health programs

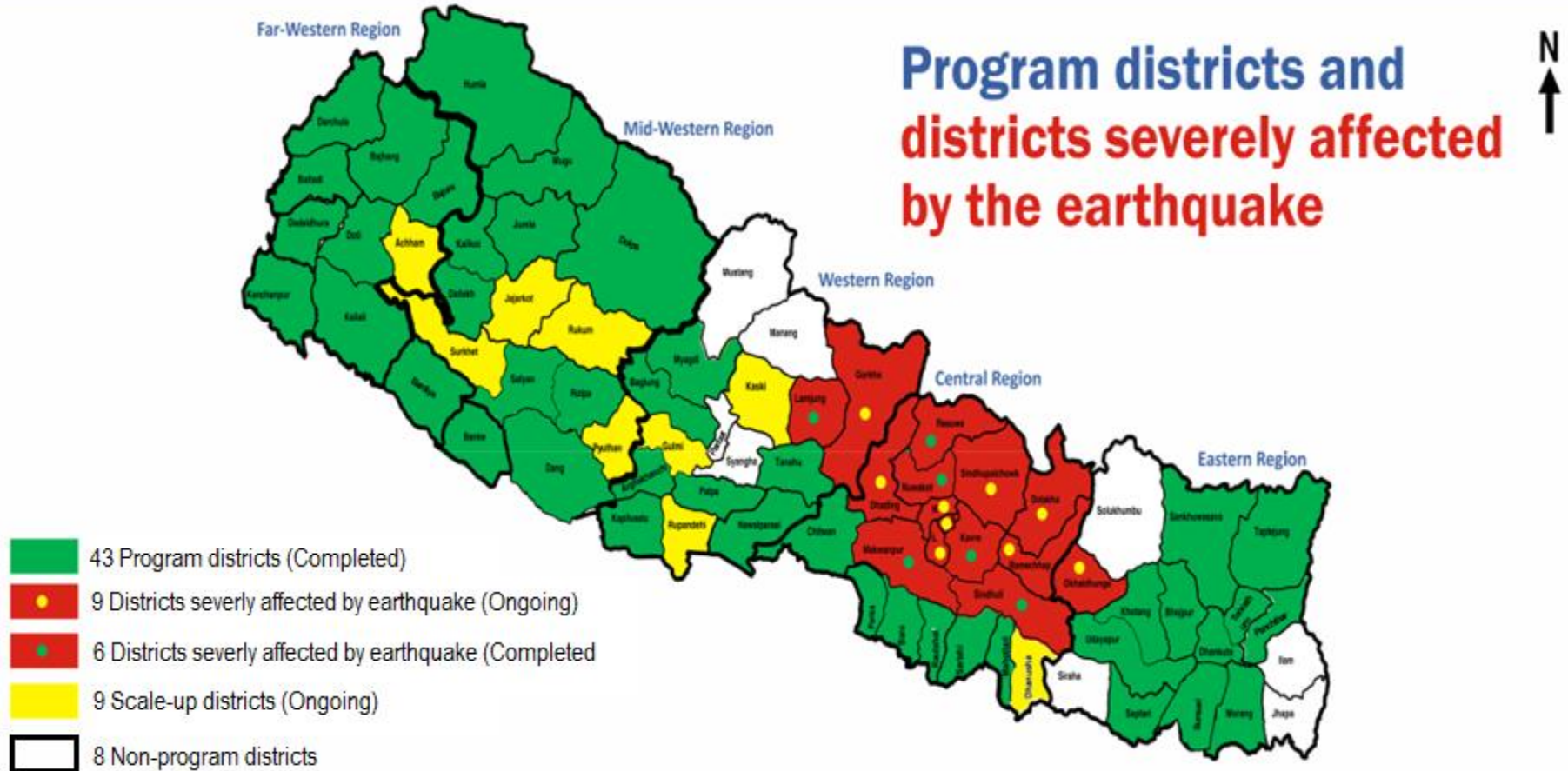
Institutionalizing CHX Program

- ▶ Involvement of government, professional societies and implementing partners from initial phase
- ▶ Utilization of existing public health delivery system
- ▶ Integration with ongoing health programs at both health facility and community
- ▶ Integration of CHX in pre-service and in-service curricula
- ▶ Availability of quality local product and supply through the existing government system
- ▶ Included in multi-year procurement plan, HMIS, essential drug list and BCC programs

Maintaining CHX Coverage

- ▶ Health workers and volunteers trained
- ▶ Supply to pregnant woman through health facility and community
- ▶ Regular monitoring of service at health facility, community and beneficiary levels
- ▶ Technical support from partners
- ▶ Regular review meetings and feedback process
- ▶ BCC campaign to increase effective demand

Implementation Status



The power of the program came from its scale



8,582 health workers and
34,250 female community
health volunteers trained



1,255,337
babies treated



68 of 75
districts to date



Monitoring & Evaluation

Routine Health
Information
Management System

- CHX indicators included in regular government HMIS
- Major Indicators:
 - ▶ CHX use among facility births
 - ▶ CHX use among home births



Monitoring & Evaluation

Technical Support

Visits (TSV) by Project

- Project field staff as mentors
- Tools for different levels-facility, volunteers, RDW and PW
- Both need-based and random approaches for TSV
- Monthly reporting system



Monitoring & Evaluation

Technical Support

Visits (TSV) by Project

- Shared findings with stakeholders – national partners and district health offices
- Mid-term and final evaluations
- Integrated with relevant surveys



Current Status

No.	Indicators	Status
1	Population coverage of program (source: project report, 2015)	75%
2	Proportion of newborns with CHX applied to cord (source: HMIS 2014/15)	
	Total	87%
	Institutional delivery	96%
	Home delivery	75%
3	Proportion of facilities having CHX stock all year round (source: TSV, 2015)	83%
4	Proportion of Female Community Health Volunteers having CHX stock (source: TSV, 2015)	70%



BCC Campaign

- National Media (Radio and Television)
- Local FM radio stations in local language
- Print materials (Application poster, Reminder poster, Job aids and Action cards)
- Health Camps

Based on
experience of
Nepal CHX
program,
we recommend:



Ensure government leadership
from the beginning

Plan integration from the
beginning

Join existing networks

Add CHX to the essential
medicines list

Leverage resources from other
countries and programs

Ensure funding commitments
for sustainability



Thank You!

Leela Khanal

Project Director

JSI Research & Training Institute, Inc.

lkhanal@cncp.org.np