Institutionalizing Chlorhexidine Program and Maintaining Coverage

Chlorhexidine Cord Care Program in Nepal

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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***

** 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

2007
- TWG Formed

2008
- Local Production

2009
- Essential Drug List

2010
- Gov’t Approved

2011
- CB-NCP

2012
- USAID Science and Technology Pioneer Prize

2013
- Reached: 74%

2014
- IMCI & HMIS

2015
- After Earthquakes: Rapid Expansion

2016
- LMIS, CB-IMNCI

2017
- BCC Campaign

Goal: Scale-up at National Level

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

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

Program districts and districts severely affected by the earthquake

43 Program districts (Completed)
9 Districts severely affected by earthquake (Ongoing)
6 Districts severely affected by earthquake (Completed)
9 Scale-up districts (Ongoing)
8 Non-program districts
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

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

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