

MCHIP Nepal

Annual Report, FY 2012

Program Year 4, (October 1, 2011 to September 30, 2012)

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1. Major Accomplishments

- Started the calcium pilot for prevention of pre/eclampsia (PE/E) among pregnant women in Dailekh district
- Completed a national assessment of the community-based newborn care package (CB-NCP) with full support and ownership of the Government of Nepal (GON) and key stakeholders
- Facilitated the research workshop on “Evidence based policy and program in public health” led by the Nepal Health Research Council (NHRC)
- Others
 - Provided technical assistance as requested by Health Right International (HRI), a USASID child survival grant recipient. MCHIP introduced the performance improvement of maternal and newborn health services in all health facilities in Argankanchi district in Jul 2011 and Jan 2012. In this reporting period, MCHIP staff provided follow up support with the HRI team to facilities to help assess their progress, and also conducted postpartum family planning training.
 - With MCHIP core funding, Director, FHD, Dr. Kusum Thapa, and Stephanie Suhowatsky participated in Asia Regional Meeting on “Intervention for Impact in Essential Obstetric and Newborn Care” on 3-6 May 2012. There were three presentations on Nepal successes on various panels including -“NEPAL: A Pioneer in Community-Based Distribution of Misoprostol for Prevention of PPH at Homebirth”.

2. Brief Description of Major Accomplishments

During this program year, MCHIP/Nepal continued to work in close partnership with the Family Health Division and Nepal Family Health Program II (NFHP II) in four key areas, described below:

Objective 1: Provide technical assistance on calcium supplementation for prevention of pre-eclampsia and eclampsia (PE/E)

Several activities were conducted during this year to implement the calcium pilot:

- 1.1 Official processes and national advocacy:** Received official approval (*tippani*) from Ministry of Health and Population for the calcium pilot to be conducted in Dailekh district on March 2012. To oversee the pilot, formulated

a technical advisory group (TAG) was formulated. Regular meetings were held to share the progress. Likewise, to build support for the calcium pilot and potential scale-up, various meetings were held with different health and nutrition donors and stakeholders.

1.2 Ethical approval: Approval for the pilot was received from the Nepal Health Research Council (NHRC) in March 2012 and also from Johns Hopkins University Institutional Review Board in August 2012.

1.3 Procurement of calcium: Securing a low-cost supply of calcium has been a significant hurdle for the calcium pilot and one that was finally solved in this year. 16500 bottles of calcium for the pilot was received from Mission Pharma on June 2012, and this was especially manufactured for MCHIP, through funding from Jhpiego corporate funds (non-USAID funding).

1.4 Development of training and BCC materials for the calcium pilot: Training and BCC materials were developed with the help of NFHP II. Materials included the calcium training manual, calcium information related bag, brochure, poster (flex) for calcium promotion at health facilities, a page for BPP flip chart, recording and reporting tools.

1.5 District level planning, training and orientations: A district level orientation to stakeholders and planning for district level trainings was held on April 2012. A district level training of trainers (TOT) was also conducted. A thorough planning for community level trainings was done in coordination with DHO on June 2012, supported by NFHP staff. A total of 268 HW and 789 FCHV were trained in June/July 2012 from whole district for implementation of the pilot. In summary one batch of district TOT, three batches of TOTs for district supervisors, health facility (PHCC/HP/SHP) in-charges and other relevant, 60 batches of health workers level training and 60 batches of FCHV level trainings were conducted.

1.6 Logistics supply: Prior to facility level trainings, calcium and other logistics including the urine test kit, sample collection bottles, BCC materials, training manual, and recording/reporting tools were supplied to all health facilities.

1.7 Calcium distribution and counseling: Calcium distribution is initiated from all health facilities immediately after the training of ANC care providers. As per the protocol, calcium is being provided to all pregnant women coming for ANC checkup, at any visits. Likewise, FCHV's are

counseling women on calcium and supporting to promote calcium during pregnancy and ensure compliance. Due to the different timing of training the initiation time of calcium distribution differs slightly across facilities, by the end of July 2012, all facilities had initiated calcium distribution. During the one and a half months period since the initiation of the pilot, a total of 2598 3417 PW received calcium and 7392 bottles of calcium was distributed.

1.8 Programme supervision and monitoring: M&E tools for the pilot were developed in line with the existing HMIS tools and M&E system for the pilot was established. For the regular monitoring and support to the pilot, MCHIP Nepal has hired two field staff based in the district, who are continuing need based technical support visits (TSV) to health facilities, FCHVs, and pregnant women in coordination with DPHO focal persons, collecting data and entering into the designed database in Epi info. Entered data is being sent monthly to Jhpiego Kathmandu office for analysis. MCHIP office was set up at the district health office for the pilot.

Objective 2: Develop an affordable reliable test to detect PE/E at community level

Three steps of the proteinuria studies were successfully funded by MCHIP/Nepal. All four of the studies, including the step 4 received JHU IRB and NHRC approval. Based on the findings from the first 3 steps of the proteinuria validation study, a small study (Step 4) was designed in three village development committees (VDCs) in Morang district. During this year, we continued to validate the point-of-care proteinuria test, using USAID Development Innovation Venture (DIV) funds to determine if the new self-test for PE/E detection is comparable to more expensive, lab-based standard tests and if pregnant women are willing and able to use the self-test correctly. Study began in October 2011 and concluded in November 2011. The phase IV mobilized female community health volunteers (FCHVs) to teach pregnant women how to use the self-test. Due to over-sensitivity of the test, the study was halted in the first two weeks for further investigation. A separate report has been shared with USAID, NHRC and the JHU IRB. Once the laboratory investigations are completed, next steps to conduct and complete step 4 will be discussed.

Jhpiego has also kept AID/W involved in the discussions on innovations, and has contributed extensive support in kind from its partnership with the Johns Hopkins University School of Engineering on the self-test development and forthcoming blood pressure test device.

MCHIP is planning to organize one sharing meeting of the study especially for the MOHP/DOHS focal points and other key individuals.

Objective 3: Support Implementing Partner in Advocacy, Documentation and Dissemination of Evidence-based MNCH/FP Interventions at national level

MCHIP/Nepal continues to facilitate consensus-building around the various integration frameworks. Renewed discussions with FHD and CHD in coordination with NFHP II and Save the Children in the Spring 2012 on the continuum of care and the need for integration of services and trainings – as well as the implications on HMIS, logistics, etc. This activity has contributed to further dialogue and joint activities on community-based initiatives, such as the CB-NCP assessment. In August 2011, MCHIP was asked to support Dr Robert McPherson as the team leader for the national assessment of the CB-NCP.

This package was developed by Saving Newborn Lives/Save the Children under the leadership of the Child Health Division and Family Health Division of the Ministry of Health and Population to address the high and stagnant rates of newborn mortality. CB-NCP was initially piloted in 10 districts, and rapidly scaled up in many other districts. In 2011, USAID, UNICEF and Save the Children agreed to jointly support an assessment of the pilot so it could be validated, revised and finalized for further scale up. Given the recent 2011 DHS findings that neonatal mortality remains at 33, the need for an evidence-based CB-NCP nationwide is compelling.

The assessment initiated in 10 initial pilot districts, by hiring the CB-NCP evaluation consultant Bob McPherson who has worked since August. He visited Nepal twice in 2012: in March 2012 to assist the local research team with the qualitative analysis; and again in May 2012 to conduct a series of consultative meetings over two weeks on the findings to date. Both of these trips were cost shared between Save the Children and MCHIP. In July 2012, the final draft report was submitted to MCHIP. In August, the draft report was shared with MOHP officials, USAID and a small group of EDP stakeholders - with a series of workshops planned beyond this reporting period to further discuss findings and plan for next steps for the national CB-NCP program.

Objective 4: Support capacity building to institutionalize research for decision-making to improve health outcomes

MCHIP facilitated the first research capacity-building activity led by the NHRC. The research workshop in September 2011 led by NHRC with USAID support, identified a set of priorities for evidence based policy and program in public health. Discussion with NHRC, USAID and other stakeholders has not progressed to

identify subsequent activities. Hence, in consultation with USAID, a follow up meeting is planned in October 2012 to follow up on the workshop and take it further.

3. Challenges and Opportunities

- A major challenge during this program year was identifying a fund for calcium pilot beyond September 2012. However, could secure fund for the pilot till completion after series of dialogues and requests.
- A real opportunity in Nepal continues to be the GON openness and willingness to pilot new MNCH interventions
- Calcium in particular as one of the few evidence-based maternal nutrition interventions available has much interest in both health and nutrition circles. GON is particularly interested in this as PE/E is leading cause of maternal mortality in Nepal
- Another opportunity lies in combining a set of PE/E interventions (calcium; POC self-test, BP device and magnesium sulphate) for implementation as a pilot in 1-2 districts

4. Success Story/Anecdote

1. MCHIP and the Family Health Division Launch a District-Wide Calcium Supplementation Pilot to prevent Pre-eclampsia/Eclampsia among pregnant women

Realizing the importance of calcium to prevent PE/E and urgency of reducing maternal and newborn mortality, GON with support from MCHIP, initiated a district wide pilot of calcium supplementation to pregnant women in Dailekh, starting from July 2012. The pilot aims to assess whether coverage and compliance are sufficient to invest in a national calcium supplementation program for all pregnant women in Nepal. Based on annual number of expected pregnancy, the pilot estimates to



Female Community Health Volunteers getting orientation on calcium supplementation. Photo source: Jona Bhattarai, MCHIP

cover 7500 pregnant women in one year. This is the first pilot program of this type and there is global interest in understanding both its process and the results. As a part of pilot, 268 HW and 789 FCHV were trained over a period of two months and rapidly initiated the calcium supplementation district wide. Calcium is distributed at ANC through health workers. Every pregnant women coming for ANC are now getting calcium during their ANC visit at health facilities from where FCHV is reinforcing calcium messages and other related BPP information. The pilot is being continually monitored and the end-line survey is scheduled at the end of 2013.



Materials developed for the calcium pilot. Photo source: Joba Bhattarai, MCHIP

The following paragraph tells the story of pregnant women who is very happy by getting calcium free of cost at the health facility:

Sunita (Name changed), 25 years lady is from Pagnath VDC, Dailekh. She is pregnant for the third time. She was regularly attending the health facility for ANC, and taking iron and folic acid. By the time she was 7 months pregnant, FCHV come to meet her and shared about the calcium and suggested her to go the nearby health facility to receive a new medicine called calcium. FCHV explained about the timing of calcium intake, why she should take calcium, using BPP flipchart. She was already aware of calcium as she had bought calcium costing 800 nepali rupees while she was pregnant for the first time. It was only possible because her husband was working in Nepalgunj (a major city in Nepal) in armed force and she had been to a big hospital for check-up. She was not taking calcium this time in spite of getting aware of it. She went to the facility next day, where health workers tested her urine, measured BP, counseled on calcium and provided her with the bag containing 2 bottles of calcium, and a leaflet. During the technical support visit, she shared her experience with the MCHIP field officer *“I already finished one bottle and initiated second bottle and I am feeling better. I have recovered from the weakness which I was*



Pregnant women receives calcium at the health facility. Photo source: Jona Bhattarai, MCHIP

experiencing.” She is really happy by getting it free of cost. She does not feel it difficult to swallow the tablets, and she encourages other pregnant women to go for ANC and take calcium as prescribed.

Though not as a routine, private practitioners in Nepal was already prescribing calcium to pregnant woman in some parts, however intake was dependent on the ability of the clients to pay. Hence, this type of intervention will be ensuring the universal coverage of calcium irrespective of the ability to pay.

2. Improved FP/MNCH Quality of Care as a Result of MCHIP and HealthRight International (HRI) Collaboration (will be sent soon).....