



USAID | **NEPAL**
FROM THE AMERICAN PEOPLE

G HAR G HAR MAA SWASTHYA

**CONCEPT PAPER: SBCC TO Promoting Use of
Chlorhexidine Gel for Cord Care of Newborns**

January 24, 2014

FHI 360/GGMS

COR: Mr. Pangday Yonzone

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents of this report do not necessarily reflect the views of USAID or the United States Government.

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION CONCEPT PAPER

BACKGROUND

Each year 3.6 million newborns die globally, and infection causes more than a quarter of these deaths. In resource-poor, high mortality settings, infections account for up to half of the neonatal deaths. Unhygienic exposures around the time of birth and in the first week of life increase the risk of deadly but preventable infections. WHO recommends clean and dry umbilical cord care, and its 1998 guidelines indicate that generally antiseptics are not necessary. However, the guidelines indicate that topical antiseptics (including Chlorhexidine specifically) can be appropriate for application to the cord stump and surrounding areas with high infection risk.

Big community-based randomized trials in rural areas in Bangladesh, Nepal and Pakistan have shown that applying 4% Chlorhexidine (7.1 % Chlorhexidine digluconate) to the umbilical cord and surrounding areas prevents infection by 23% and severe infection by 68%. [1,2]. These trials and concurrent research support CHLORHEXIDINE cord cleansing as an efficacious, acceptable, feasible and cost-effective newborn care intervention.

CHLORHEXIDINE CORD CARE IN NEPAL

Government of Nepal with support of Chlorhexidine Navi Care (CNC) Program/JSI and other partners is scaling up use of Chlorhexidine immediately after cord cutting to reduce newborn deaths in Nepal. The intervention aims to scale up use of Chlorhexidine at the nationwide scale. Chlorhexidine was piloted in four districts to see its coverage and compliance as well as effective implementation of the program integrating with ongoing government program, system and channel. Pilot results showed encouraging results of the program including coverage and compliance.

In a survey³, mothers reported that on average, over 50% of newborns had Chlorhexidine applied to the cord—including newborns delivered at home. In all cases, the Chlorhexidine was applied appropriately. In one district, 75% of newborns born at home had Chlorhexidine applied—showing that higher coverage is possible. Based on these results, the Government endorsed Chlorhexidine as national policy, and initiated scaling up. Chlorhexidine is to be integrated with the Community-based Neonatal Care Package (CB-NCP), with programs introducing misoprostol to prevent post-partum hemorrhage at home births, and as part of health workers curriculum.

Nepal has had the benefit of conducting the first randomized control trial. Since then, the country has done formative community acceptability and product development work, [4] and then larger-scale piloting [5]. A local manufacturer is producing a good-quality product, using a formulation conforming to household caregiver preferences. The Ministry of Health and Population, late in 2011, made a decision to proceed with nationwide implementation, and Chlorhexidine is now being rapidly rolled out.

¹ Mullany et al (2006) Topical applications of Chlorhexidine to the umbilical for prevention of omphalitis and neonatal mortality in southern Nepal: a community-based, cluster randomized trial. *Lancet* 367: 910-918.

² Mullany, Chlorhexidine cleansing of the cord in South Asia. Presentation at Women Deliver 2010, Washington DC, June 7th, 2010.

³ Kawach (chlorhexidine) Coverage and Compliance Study 2011 - Banke, Jumla and Bajhang districts of Mid- and Far-West Nepal

⁴ Hodgins S, Thapa K, Khanal L, Aryal S, Suvedi BK, Baidya U, et al. Chlorhexidine gel versus aqueous for preventive use on umbilical stump: a randomized non-inferiority trial. *Pediatr Infect Dis J*. 2010;29(11):999-1003. Medline

⁵ Ban B. Coverage and compliance of Chlorhexidine (Kawach) use and other components of community-based program in Banke, Jumla and Bajhang Districts [Internet]. Kathmandu (Nepal): Nepal Family Health Program; 2012. [cited 2012 Jul 1]. Available from: <http://nfhp.jsi.com/Res/Docs/CoverageandComplianceofKawachinBankeJumlaandBajhandistricts2011.pdf>

As of May 2013, Nepal has initiated service delivery in 33 of 75 districts, with distribution mainly through community health workers (as well as for among institutional deliveries), and is continuing rapid expansion. The scaling up program is ongoing in 11 districts and the GON plans to scale this up to 63 of 75 districts by 2014 and all 75 districts by 2015.

Government of Nepal has allocated adequate resources for the procurement of commodities and to cover some demand creation activities. As is true with any scaling up efforts, strong communication program is necessary. It has been found that the current level of resources that are at the disposal of the Government is not adequate to cover the anticipated cost of the demand creation strategy. Clearly, demand generation remains a gap in scaling up the program.

Results from a mid-term evaluation of the program by CNCP/JSI are planned to be released in July 2013 that will provide a more in-depth understanding of the drivers and barriers to Chlorhexidine use at both the household and facility level. FHI360 plans to work with the Government and CNCP/JSI in order to create a SBCC campaign to increase use of Chlorhexidine for cord care at the household and facility level.

SOCIAL AND BEHAVIOR CHANGE CAMPAIGN FOR CHLORHEXIDINE

Nepal's Chlorhexidine program has been a model for other countries and continues to progress rapidly; however, awareness among the mothers and caregivers about the need to use Chlorhexidine for cord care needs to be reinforced. The Ghar Ghar Maa Swasthya (GGMS) project proposes to conduct a social and behavior change communication (SBCC) campaign to support Government efforts to reduce the burden of neonatal death caused by umbilical cord related infection. GGMS's overarching model would be based on the assumption that sustainable improvements in the prevention of umbilical cord infections among neonates can be achieved through strategies to create, shape and support demand for use of Chlorhexidine at the household and facility levels.

OBJECTIVE OF THE CAMPAIGN

The overall objective of campaign would be to increase use of Chlorhexidine gel immediately after cord cutting at the household and facility levels.

APPROACH

Service delivery interventions will focus on improving service delivery through the public sector while demand-side interventions will focus on increasing Chlorhexidine demand and use among pregnant women, family members, mother's groups and community leaders. FHI 360, with technical support from CNCP/JSI, will design and implement a comprehensive program to address both service delivery- and demand-side interventions in accordance with the below.

Service delivery interventions

The objective of service delivery interventions is to ensure access to timely and accurate Chlorhexidine information and quality services in the public sector through:

- **Technical updates** tailored to the specific needs of service providers and development of revised training modules and curriculum

- **Job aids** such as checklists, counseling cards and compliance cards to help service providers negotiate behaviors with pregnant women and families
- **Quality standards** for public sector service providers
- **Monitoring, learning and evaluation** efforts will use existing Government monitoring system to measure the coverage and compliance of the program

Demand side interventions:

For the demand side interventions, GGMS will use existing research and assessments conducted from 2012-2013 to identify priority audiences and appropriate communication channels. Messages and materials will be developed and tested with a limited number of core messages. The strategy will address both individual behaviors and social norms and conditions as part of the essential newborn care package. The implementation components will include:

- **Harmonization of messages** through stakeholder meetings, technical working group, and outreach with various agencies and organizations to achieve consistency in messaging as part of the essential newborn care package
- **Interpersonal communication** to personalize message, ask and respond to questions, teach and demonstrate skills, and provide ongoing encouragement and support during home visits, group discussions.
- **Audience-centered and appealing media** including TV, radio spots, training video, outdoor media, village promotion and programs, client materials, certificates for providers, and branding materials to reinforce messages, remind audiences of the desired behaviors, recognize achievement and increase the perceived 'value' of Chlorhexidine cord care. Special attention will be given to ensuring messages are delivered in multiple languages and print materials are accessible to illiterate populations.
- **Measurement, learning and evaluation** to assess the impact of the media and factors influencing the trial and adoption of recommended Chlorhexidine cord care practices as part of the essential newborn care package.

NEXT STEPS

1. Conduct stakeholder meeting led by CHD with the Government to get formal approval and agree on plan of action
2. Use existing CBNCP Technical Working Group to oversee the implementation
3. Plan and implement activities leading to the development and implementation of appropriate communication strategies, materials and processes directed to the increase in use of Chlorhexidine gel in cord care across communities and facilities in the country.