GHAR GHAR MAA SWASTHYA

Consultant Report: Behavior Change Communications and Capacity Building, January 2014

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Ghar Ghar Ma Swasthya

Behaviour Change Communications
and
Capacity Building

Consultancy Report

15 January 2014

USAID's Ghar Ghar Ma Shwasthya (GGMS), or 'Healthy Homes', project seeks to assist the Government of Nepal to expand the depth, reach and impact of the private sector in social marketing for family planning (FP), maternal and child health (MDH), and HIV/AIDS prevention. GGMS is comprised of two components. A social marketing implementation component that funds Nepal CRS Company (CRS) to achieve increased self-sustainability for performance of high quality social marketing activities with focus on rural, hard to reach areas in hills and mountains. The second component funds FHI360 to provide technical assistance to assist CRS in achieving increased self-sustainability and management capacity and to plan and design generic behaviour communications activities as directed by USAID/ Nepal.

GGMS procured the services of a communications expert for a period of 40 days between 15 October and 31 December 2013 to assist the project to produce concept papers, strategy notes and presentations to various aspects of the project.

The content of this report was produced in close consultation and coordination with GGMS Chief of Party Mr Hare Ram Bhattarai and BCC and Marketing Adviser Ms Moon Pradhan. All their comments to various drafts produced by the consultant are incorporated in these final versions.

Kapil Tamot
GGMS Consultant
15 January 2014
Kathmandu

CONTENT

Women's Health: Menstrual Hygiene
Behaviour Change Communications Strategy Concept Note Page 4-12

Child Health: Chlorhexidine for Cord Care
Communications Strategy Note Page 13-22

HIV/AIDS: International Condom Day
Celebrating International Condom Day Concept Note Page 23

Capacity Building: Improved and Increased Coverage in the Media
Raising Profile of Health Sector Concept Note Page 24-27

ZINC
Presentation Concept Paper Page 28-29

Women's Health: Increasing Healthy Hygiene Practices

Generic Behaviour Change Communications Campaign

Strategy Concept Note – Final

Women's Health

There is a high correlation between poor hygiene and poor health, which in turn could also affect the health of their unborn child. Since poor sanitation can have negative implications on women's wellbeing, proper hygiene during the menstrual cycle is indispensable to avoid risk of infections that could lead to disease and other health complications.

In Nepal (and globally), approximately 52% of the female population (26% of the total population) is of reproductive age. Most of these women and girls will menstruate each month for between two and seven days. Menstruation is a natural part of the reproductive cycle, in which blood is lost through the vagina. However, in most parts of the world, it remains taboo and is rarely talked about. The practical challenges of menstrual hygiene are made even more difficult by various socio-cultural factors.[1]

A 2008 report on *Menstrual Hygiene in South Asia* by WaterAid suggested clear links between poor menstrual hygiene and urinary and reproductive tract infections. The University of Maryland Medical Center states that if not treated well, these infections can spread to the kidney and lead to other health risks. They can cause foetal wastage, congenital and perinatal infections and other complications during pregnancy. Furthermore, they can have serious consequences on newborns such as premature birth, low birth weight or perinatal death of the baby.

Menstrual hygiene (MH) is an issue in Nepal. The WaterAid report mentions that 92% of adolescent girls have heard about menstruation, but the majority of them were not prepared in any way for their first period.

In addition to this being a health concern, there are many socio-cultural barriers as well as social stigma associated with it.

Current Situation of Menstrual Hygiene in Nepal

A Knowledge Attitude and Practice (KAP) survey[2] conducted in 2011 and Nepal Adolesecent Youth Survey, 2068 (2011-12) show that:

- Mean age at menstruation: 13.5 years
- Only 51% of women are aware of sanitary napkins.
- 83% of menstruating girls used cloth and 15% used pads.
- 32% mentioned duration of using the same cloth napkin was 5-6 hours followed by 7-8 hours (28%), and 24% reported using one napkin less than 5 hours; (4%) reported using one napkin for more than 12 hours - On average, a woman used just over one pad per day for a normal menstrual period of 4 days.
- Pad use was 34% in urban areas.
- 27% of those with SLC (class 10) and above education.

[1] Menstrual Hygiene Matters; A resource for improving menstrual hygiene around the world, Sarah House, Thérèse Mahon and Sue Cavill (2012)

[2] Survey conducted in 2011 by GGMS in 49 districts of Nepal.

- Separate Rooms when they menstruated for the first time: 30%.
- Use of old cloth pieces as best way to absorb menstrual flow: 55%, more in mountains - 72%.
- A higher proportion of unmarried women of both regions (31%-44%) regarded sanitary napkins as the best way for absorbing menstrual flow than among married ones (13%-24%).
- 9% mentioned new cloth pieces as the best way to absorb menstrual flow and 6% said they did not know

In addition, the WaterAid report mentions that:

- 98% of adolescent girls believe no regular bath should be taken during menstruation.
- 91% of them report staying away from flowing water.

Poor hygiene during menstruation is a health concern for girls and women in Nepal.

Factors Responsible

If a lack of knowledge, awareness on the issue, poor hygiene in general, cost, traditional belief, etc. are main reasons for the current MH situation in Nepal, there are grave socio-cultural barriers and social stigma associated with MH that further aggravates this situation.

Monthly bleeding is not taken only as a physiological issue. In some parts of the country, treatment of women during this period is almost 'inhuman'. For example, the tradition of *Chhaupadi* is practiced in many regions in the Far-Western region where women are forced to live in a cowshed during menstruation. A woman is considered to be 'polluted' when she has her monthly period, hence, she is forbidden to attend any religious ceremonies, to look at her own reflection, to cook for the family or to touch any male. Over 30% of women stay in a separate room during their first menstruation. Psychological consequence of such practices on women is enormous.

Bringing behavioural change to healthy menstrual hygiene practice and to reduce social stigma is crucial in order to improve women's health and wellbeing. One of the four components of USAID Nepal's Ghar Ghar Ma Swastha (GGMS) project is to bring *positive change in public health behaviour of intended population*.

Responding to the Situation through an Effective Communications Strategy

Building on work of various USAID projects and working closely with Government's regulatory authority on health communications, GGMS proposes to run a nationwide generic behaviour change communications (BCC) campaign.

With cinema as the main support, the campaign will carry out a string of comprehensive (mix of media, education, public relations, social media, community mobilisation, private sector involvement, advocacy, arts, etc.) activities with the aim to encourage women to adopt healthy hygiene practices during menstruation and to reduce social stigma associated with it.

Why Cinema as the Main Vehicle?

Cinema has no borders. It is a medium of dialogue and communications among people. If movies are inspired by real life then our life is often influenced by them. Cinema transcends

culture and it has the power to create a platform for better communication. Cinema draws attention and this attention should be channelized and used to inspire people. Cinema is no doubt one of the most powerful tools of communication and expression.

USAID Nepal pioneered in using cinema to encourage behaviour change. In 2008/09, through its N-MARC project, it funded a nationwide campaign called You Are No Exception (YANE) that used short films to bring positive changes in behaviour for HIV/AIDS prevention among target groups and to increase the sell of condoms in Nepal. YANE received a series of accolades from all sectors and the initiative was replicated by other development projects. Numerous short-film screenings and competitions have been taking place since. Additionally, the campaign gave lifetime opportunity to eight emerging filmmakers to showcase their work. At least three of them are established film directors and are known names in the cinema industry in Nepal today.

Cinema Scenario in Nepal

Nepal continues to see birth of new filmmakers, thanks to ever increasing film festivals and competitions, each of which draws bigger audiences each year. In less than ten years, over ten new cinema theatres have been added only in Kathmandu. Five are under construction. The number of cinema theatres is increasing across the country. A minimum of 2% of unique Nepalis go to cinema everyday[3], a staggering 600,000 people.

No survey on cinemagoers has been carried out so far in Nepal. However, film production companies have done some research work that indicates:

- Majority of cinemagoers are between the ages of 15 and 35 but children around 10 years of age are frequently seen in theatres.
- Women make 20% of the total audience.

Target Groups

Primary Target Groups

Girls above 11 years to women of 35 years residing in urban, semi- urban and town centres who currently do not have healthy hygiene practice during menstruation.

Influencers

- Mothers, aunts and sisters
- Teachers and health volunteers
- Husbands
- Local communities and clubs
- Health professionals – obstetrician/gynaecologists, general physicians, auxiliary nurse midwives and paramedics
- Media

Why Short Films?

A digital revolution is happening with millions of web surfers watching short-films as they become instrumental in promoting ideas, values, culture, business, etc. The list goes on. In other words, they are the most relevant tool in digital communication and have the biggest potential audience than any other media.

[3] Following a survey done by Quest Team, owners of QFX cinemas in Nepal.

It has a timeless value if done properly. A short film on Youtube can be up there for years. Business and politics are increasingly making short films to increase their reach to their potential audiences online and to get them engaged with their agendas.

Looking at videos that go viral, short films not only build movements but also bring people together and connect them. Once an engaging message goes out, people adhere to it creating new possibilities and new collaborations.

Films produced under YANE in 2009 are being used as an effective communications and resource tool in 2013. Over 1000 YANE DVDs have been distributed on request in Nepal only. Building on USAID's positive experience on YANE, cashing in on the current trend in cinema in Nepal, looking at the possibilities short films can offer to reach audiences and to build support, and drawing on GGMS's experience in YANE from N-MARC, GGMS will use cinema as the core support of the proposed campaign which will be integrated into all other activities of the campaign.

The approach to screening movies for this campaign will be different than YANE campaign during which films were screened before the beginning and at the interval of a regular screening of a scheduled film in theatres. Approach to this campaign is explained further below in this document.

If done well, the campaign is expected to make a breakthrough in improving menstrual hygiene.

_____ 000 _____

The Campaign

Woman is pure! Woman is beautiful!

Purpose

To encourage women to increase healthy hygiene practices, particularly during menstruation.

Objectives

1. To bring women to adopt healthy hygiene practice during menstruation;
2. To 'normalise' menstruation as a natural process in order to reduce social stigma; and
3. To engage influencers to have dialogue with concerned females about menstrual cycle and healthy practices to manage it.

Messaging Themes

Guidelines below will be given to selected service providers to develop campaign messages:

- Promote the need to adopt healthy hygiene practice that will make sanitary napkins an attractive product for the target group.
- Promote the need to discuss menstruation in society in a way that the stigma attached to it is reduced.
- Promote the requirement for mothers, aunts and sisters to talk about MH at home.
- Engage partners and husbands to discuss about MH with their female partners.

Key Activities

1. **Short-films**: Menstruation is a monthly cycle. A year has 12 months. An EOI will be called asking emerging filmmakers to apply for funding. 12 movies of 12 min will be produced. When relevant, films would be made in regional languages, if possible, using local actors. Choice of regional languages will be influenced by geographic areas where the intervention is most needed and/or by the importance of a language by number of people speaking it.

   The campaign will have a few key messages and possibly some sub-messages, targeting a range of groups. Each of 12 movies will convey a particular message to a particular group. A same message could be conveyed through two or three or more films, in different style, hitting different target groups. A common thread will link these short films and when watched together they will form a feature film of 2 hours 24 minutes with 12 sequences. Just like Slumdog Millionaire.

   The movie will be produced following Bollywood style with all necessary *masala* and will use Nepal's most popular film stars to charm masses. Necessary promotional activities will be carried out. A quality control mechanism will be in place to ensure that they will be a high-quality product and will appeal to the masses. The feature film will be screened as a scheduled film in theatres (about 350) across the country. This activity will form the basis for all other campaign activities as mentioned below:

2. **Social Media and Apps**: The increasing number of Nepalis going abroad as migrant workers (about 25% of the population) is leading people to use Internet wherever there is a mobile phone connection to keep in touch with family members through Facebook and Skype.

A Facebook page will be created where the short films will be promoted. Facebook will also be used as a platform to generate debate and to provide information on aspects of menstruation. Informative apps (games) on the issue will also be developed and disseminated through social media.

3. **Community / Social Mobilisation**: Partnership will be formed with associations that interact and have influence among masses, mainly women, in order to spread and reinforce messages and to create demand for sanitary napkins. Some of these associations are:

   - Wives Association of security forces – Army, Police and Armed Police
   - Nepal Society of Obstetricians and Gynaecologists (NESOG)
   - Nepal Beauticians' Association
   - Female Co-operatives Association
   - Community Forest Users Groups (CFUG)
   - Associations of women journalists
   - Associations of schools

   Together, these communities have hundreds of chapters with hundreds of thousands of members spread around the country including in remote areas. Each of these associations can mobilise their field offices and members through whom the messages on healthy hygiene practices during menstruation and against social stigma will be conveyed through different activities, explained in subsequent points below. Those members range from schoolteachers to doctors, from beauty professionals to farmers, and from wives of soldiers to high-ranking official of security forces.

4. **Public Screening and Interaction**: A series of free screening will be organised in areas that do not have theatres and people do not have easy access to television. This activity will be timed when crews (composed of actor and director) of each short film will tour various parts of the country. 12 crews will tour 12 different parts of the country. This makes roughly 6 districts for each crew. Screenings will be followed by interaction sessions between the crews and *communities* mentioned under *community / social mobilisation* in *para 3*. These *communities* will mobilise their network across the country to ensure an effective participation of their members in these screenings and interactions.

5. **Art Platform**: An exhibition of photos of 'making of' short films will be organised across the country, also timed during crews' tour. It will include quotes from actors/directors on the issue. This activity will be complemented with artwork by young girls of near reproductive age on social stigma on menstruation.

6. **Education**: Artwork mentioned under *art platform* in *para 5* will be published in a booklet. Along with DVDs containing films these booklets will be distributed to educational institutions. This activity could be supplemented with a comic book on the issue. Additionally, interactions with students will be organised during crews' tours.
   Given the importance of knowledge on MH girls need to have before reaching the age of puberty, an additional separate strategy to hit just this group would make campaign more effective.

7. **Private Sector Involvement**: In order to further strengthen the campaign activities and to build ownership on the issue, partnership would be formed with Nepali business organisations that deal with public at large and that need to produce a lot of printed material for their clients. They include hospitals, airline companies, banks, etc. For example, according to 2012 data by private domestic airlines, over a million Nepalis travelled within Nepal. We will strike a deal with them to convey messages through their products such as boarding passes, hospital cards, and cheques and debit cards etc. Similarly, possibilities of partnering with manufacturers, importers and distributers of sanitary napkins in Nepal will be explored in order to strengthen campaign messages.

8. **Promotional Materials**: A range of well-targeted promotional materials – such as calendars, posters, etc. – conveying clear messages on healthy hygiene practice (napkin usage) and against social malpractice will be produced. These will be placed in places of interest for girls and women (shops, malls, beauty parlours, etc.) as well as in places such as hospitals, pharmacies, schools, government offices (DDCs, VDCs, police, courts, etc.), banks (ATMSs), etc.

9. **Advocacy**: Contract actors and directors involved in the campaign for them to wear t-shirts (or other wears) with messages on aspects of menstruation whenever they appear in public. *Photo-ops* of such public appearances of these celebrities will be created.

   A partnership with 'Miss Teen Nepal 2014' and 'Miss Nepal Beauty Pageant 2015' would be formed. Participants would act as ambassadors in creating awareness and reducing stigma associated with menstruation.

   Possibility to link the campaign with activities during *Teej* festival will be explored. During this 100% women festival, various kinds of events, at all levels, take place several weeks around the country. The principal activity during these events is dancing to local folk songs. These songs generally tell a story. Produce a special song on menstruation that will convey campaign messages. Given *Teej* happens at a certain period of the year (in September), this activity can only be done if the work follows the timeline provided at the end of this document.

   A dinner hosted by the American Ambassador (To be confirmed by the Ambassador) in Kathmandu marking the end of the campaign to engage the Government. During this event campaign messages will be conveyed at a high level as well as the commitment of the US government to improving public health in Nepal will be reinforced. All 12 Short Films will be screened. The event will be aired live on television.

   A series of activities will be designed and carried out to sensitise media, mainly the editors and owners of key media houses.

10. **Key Agents for Change**: We will identify individuals who are already doing work on aspects of MH such as Sahana Bajracharya, a 23-year old media person. GGMS could build on her work that is principally about raising awareness on menstrual hygiene and reducing social stigma attached with menstruation.

    Sahana has been extremely sensitive to the malpractice of *Chaupadi* since the age of 14. She has been since, voluntarily working to improve negative aspects of menstruation. In 2012, she was able to make a 40-min documentary on menstrual health with which she visited 11 VDCs of remote district of Achham (Far-West Nepal) for open screening and

interaction sessions on MH with girls of reproductive age and their families. Due to lack of funding her initiative had to stop.

Sahana is a well-known figure in Nepal. She was crowned Miss Nepal 1st Runner Up and Miss Nepal Earth in 2010. She has been in the media since 2008. She currently produces and hosts a very popular weekly cinema-based show called Frame by Frame in Kantipur television.

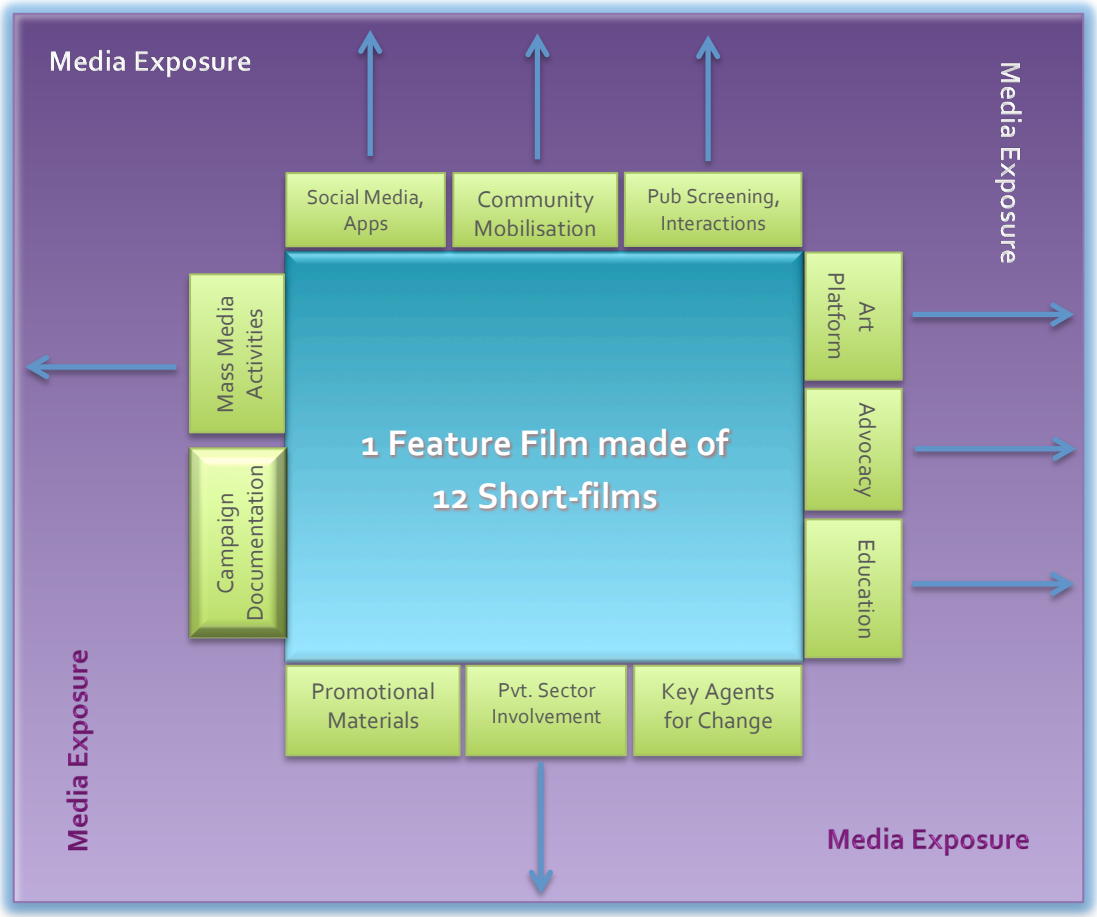
11. **Mass Media**: Most radio and TV stations have programmes targeting different segments of the society. We will identify the ones that are focussed and most popular amongst our target groups and incorporate messages in those programmes.

    Special programmes in radio and television and features in print solely focussed on the campaign.

    And a strong media plan, using all aspects of media, for coverage of all campaign activities mentioned above will be in produced.

12. **Documentation**: All above mentioned activities will be video documented and turned into a documentary, which would be used as a resource tool for other BCC projects.

Campaign Diagram and Media Exposure



Timing
The campaign would start around *Teej* festival in September 2014 and end around International Women's Day on 8 March in 2015.

Estimated Budget
US$ 800,000.00

Next Steps

1.	Get approval from USAID	End January 2014
2.	Produce communications strategy	Mid February 2014
3.	Finalise action plan	End February 2014
4.	Prepare campaign brief	Mid March 2014
5.	Select service providers	Mid May 2014
6.	Brief them – bring them upto speed	End May 2014
7.	Produce all materials	End August 2014
8.	Finalise implementation logistics	Mid September 2014
9.	Implement	October 2014 – March 2015
10.	Evaluate	April 2015

ENDS.

Chlorhexidine for Cord Care

Communications Strategy Note – Final

1. Context

In May 2013 USAID approved the concept paper for a campaign aimed at increasing the use of Chlorhexidine gel (CG) for cord care at the household and facility level. The paper mentions two areas of interventions – Service Delivery Intervention and Demand Side Intervention. A third intervention, Advocacy Side Intervention, was added and presented during a meeting with partners of CB-NCP held at Child Health Division on 23 September 2013.

Based on the above, this document outlines preliminary thoughts to develop a strategy to plan and implement the ideas outlined in the concept paper aimed at increasing prevention practices to reduce infection of new-borns. This initiative will be implemented along with the on-going Government program and system to supplement and complement Government's efforts.

2. Background

According to NDHS 2011 about 42% of neonatal deaths is attributed to infections. Newborn care is a priority program of the Government. A Community Based Newborn Care Program (CBNCP) was developed by GON in 2007 and has so far reached 39 districts. One of the seven components of CBNCP is to carry out activities to create change in behaviour of masses[4].

Training of FCHVs on how to create awareness among pregnant women and family members has already taken place through various organizations and has reached 41 districts (Annex I). The *mid-term assessment on use of Chlorhexidine for better cord care* (Annex II) in these districts, presented in July 2013, shows that messages on the need to provide care for new-borns have reached the community through FCHVs, but major gaps still exist.

The assessment highlighted a participant's quote: "Unhealthy cord cutting practice still exists but it can be changed by promoting awareness and institutional delivery"[5]. Similarly, it was found that only 54% of the FCHVs who know about CG are suggesting its use to people[6]. Additionally, it shows that the acceptability of CG from communities is high[7]. Finally, the assessment highlights the existence of 'traditional cord care practices' as a major challenge[8].

In order to build on the on-going work to reduce infections that cause death of neonates, there is a need to reach the broader community through targeted communication activities and other appropriate techniques.

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[4] Goal: To improve the health and survival of newborn babies.
Objectives: 1) To prevent and manage newborn infection, 2) To prevent and manage hypothermia & LBW babies, 3) To manage post–delivery asphyxia, 4) To develop an effective system of referral of sick newborns
Intervention: BCC: Promotion of institutional delivery and clean delivery practices in case of home deliveries: Postnatal care: Community case management of pneumonia/PSBI: Care of low birth weight newborns: Prevention of hypothermia; Recognition of asphyxia, initial stimulation and resuscitation of newborns.

[5] Slide 15, Presentation: Mid-term Assessment on Use of Chlorhexidine for Better Cord Care, (Annex II)

[6] Slide 18, Presentation: Mid-term Assessment on Use of Chlorhexidine for Better Cord Care, (Annex II)

[7] Slide 16, Presentation: Mid-term Assessment on Use of Chlorhexidine for Better Cord Care, (Annex II)

[8] Slide 23, Presentation: Mid-term Assessment on Use of Chlorhexidine for Better Cord Care, (Annex II)

3. General Objective

'To reduce neonatal death by encouraging healthy prevention practices to prevent infection of new-borns.'

4. Specific Objectives

Objective 1 – *Service Delivery Intervention*: To ensure FCHVs follow the protocol of timely distribution of CG and informing families about necessary steps to take after applying it on new-born both at home and health facilities. To encourage obstetrician/gynaecologists (OB/GYNs), and nurses to inform about the application of CG to their patients (mothers and her family) and the steps to take thereafter.

Objective 2 – *Demand Side Intervention*: To encourage people to use CG immediately after cord cutting at the household and facility levels. To encourage obstetrician/gynaecologists (OB/GYNs) to recommend the use of CG to their patients (pregnant woman and her family).

Objective 3 – *Advocacy Side Intervention*: To gather support from key stakeholders to encourage the use of CG.

5. Target Audiences

Primary Target Audience

The primary target group are pregnant women from socio-economic classes C and D, who are living in rural and semi-urban areas.

Given Nepal's complex socio-political, economic and development scenarios, and family structures, the primary target groups are highly influenced by other audiences.

The key influencers are:

Objective 1:

- Doctors: OB/GYNs and general practitioners; and
- Health practitioners – nurses, midwives, traditional birth-attendants, FCHVs

Objective 2:

- Family members: Husbands, mothers and female members of the family;
- Doctors: OB/GYNs and general practitioners; and
- Communities.

Objective 3:

- Government;
- Development partners; and
- Media

5. Theme

Navi Malam: Prevents! Protects!

6. Messages

The campaign has three distinct target groups who need to be conveyed different specific messages in order to bring different sets of changes in their behaviour as well as build support for the use of CG.

Different targets groups will have different set of messages as below:

6.1 Objective 1 involves working with health professionals, chiefly FCHVs, to ensure timely distribution of CG and it's application at the right time. It also involves making sure that these health workers, upon delivery of the child, inform families about application of CG and the steps to take then after.
Key messages to this group are:

1. Do not forget to distribute CG to pregnant mothers during their 8th month;
2. Apply CG after cord cutting; and
3. Inform the mother and her family about the application of CG and nothing else is should be applied on the cut chord.

6.2 Objective 2 involves making pregnant women and families well aware of the fact that new-borns are very susceptible to infections and how CG prevents and protects from deadly infections, thus generating demand for CG. It also involves sensitisation of OB/GYNs so that they recommend CG to their patients (pregnant women and their families) during their prenatal visits.

Key messages to this group are:

1. Children need optimal care immediately after they are born;
2. Unsafe practices puts their life in danger;
3. Cleanliness is important but not enough;
4. A small effort will save the life of your child – ask for CG to your health counsellor;
5. Make birth attendants apply CG to your new-born; and
6. Do not put anything else on the cut cord.

6.3 Objective 3 involves building support from key stakeholders for the use of CG by bringing their attention to negative consequences (infection that may lead to death of new-borns) due to harmful practices and to positive evidences (following the use of CG).

Key messages to this group are:

1. Cleanliness is not enough;
2. Harmful practices continue to take life of new-born; and
3. CG prevents and protects.

7. Achieving Objectives

The campaign will promote a 'product' while encouraging changes in behaviour of health practitioners, mainly FCHVs, and families (that are going to welcome new-borns) to use this product.

The campaign needs to be carefully carried out in areas that the work hasn't started (districts not covered by projects), as CG would not be available in those areas. The work, so far, has been completed in 41 districts and currently it is being implemented in 11 districts (Annex I). As per CG Implementation Plan, by the end of 2013, about 70% of the country would be covered – the product would be available and FCHVs would be trained – including all districts in the Terai except one, most districts in mid-hill and in almost half of the mountainous districts.

Given the areas of interventions and considering the target audiences, the campaign will not take a broad multi-media approach but would take the 'narrow-casting' approach. Each objective will be achieved through a set of distinctive tasks as below:

7.1 Objective 1: Targets - Doctors, health practitioners and FCHVs.
The *service delivery intervention* will require production of a series of guidance and reminder materials, which will be supplemented by on-going coaching and mentoring activities. Some of the documents to be produced are:

- Posters;
- Calendars;
- Presentations;
- Job aids;
- Quality standards (TBD);
- Technical updates (when relevant)

7.2 Objective 2: Targets - Family members, doctors, communities.
For *demand side intervention*, most work would be done by mobilisation of 'communities' for consumer education through interpersonal and awareness generating communications activities. Some form of media, mainly local FM radios and regional television (if available) would be used. And where relevant, adverts on local print and television would also be released, ensuring the messages effectively reach target districts.

7.21 Community mobilisation
This activity is the key component of this objective and of the campaign. There are number of communities (associations) that interact with and have influence on women from various backgrounds. It is vital to collaborate with a few of them to create a consumer education platform on CG at the community level in the target districts.

Some of such potential associations are:

1. Nepal Beauticians' Associations
2. Association of Army and Police wives
3. Female Co-operatives
4. Community Forest Users Groups (CFUG)
5. Nepal Society of Obstetricians and Gynaecologists (NESOG)
6. Nurses' Association (if relevant)

The communication focus of this activity should be centred on interpersonal, dialogue-based approaches organised in places that the target groups are comfortable. For example women would be reached through beauty sessions in saloons, through interaction sessions among peers in security forces barracks and through CFUGs meeting under a tree. As for men, they could be reached through local communities (e.g. cooperative meetings, community forest user groups).

7.22 Educative and Promotional Materials
A range of educative and promotional materials will be developed in a way that the materials grab the attention of audiences and messages are conveyed in a language that they understand. Materials such as short films, posters, and hospital client

cards would contain messages that promote awareness of children's health (neonate infections) and prevention practices (CG use) that will reach target groups.

7.3 Objective 3: Targets - Government, development partners and media.
The *advocacy side intervention* will be carried out through workshops, one-to-one discussions, case studies, testimonies of beneficiaries, and by building relations and winning trust of the target groups.

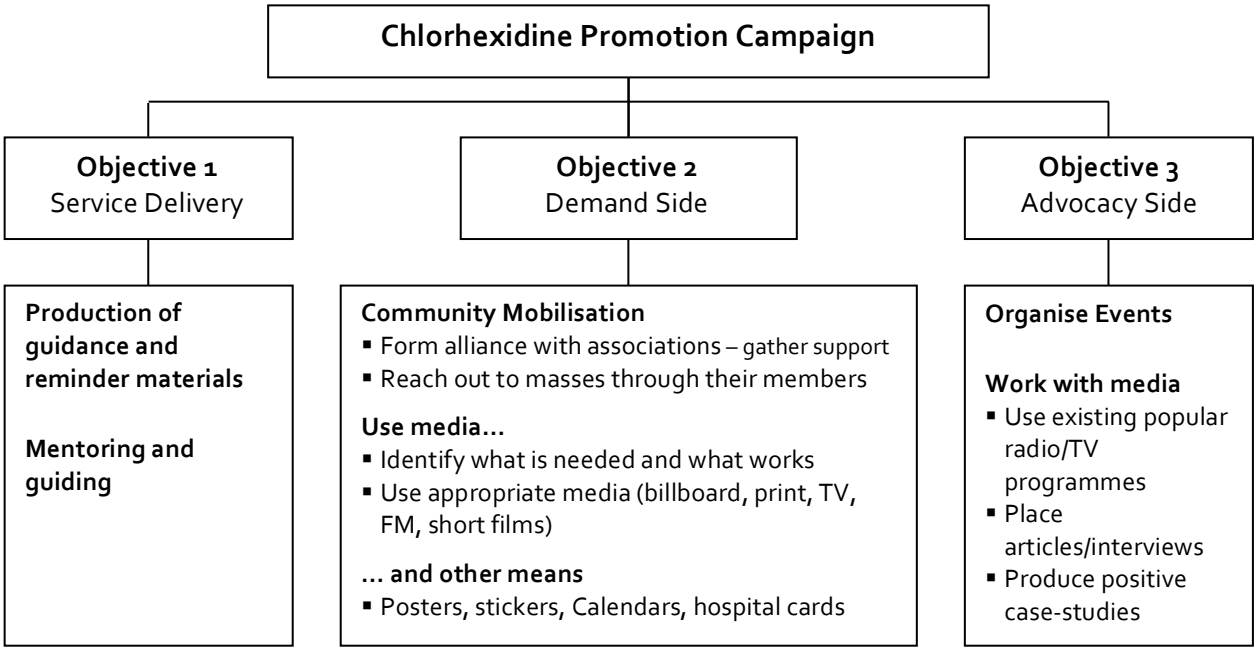
Some of the activities include:

- Presentations;
- Case studies of those who benefitted;
- Interactions with professionals and beneficiaries;

Additionally, we will also work with the media by:

- Enhancing their knowledge; and
- Working with them – news, interviews, reports, features…

8. Strategy diagram



9. Timing

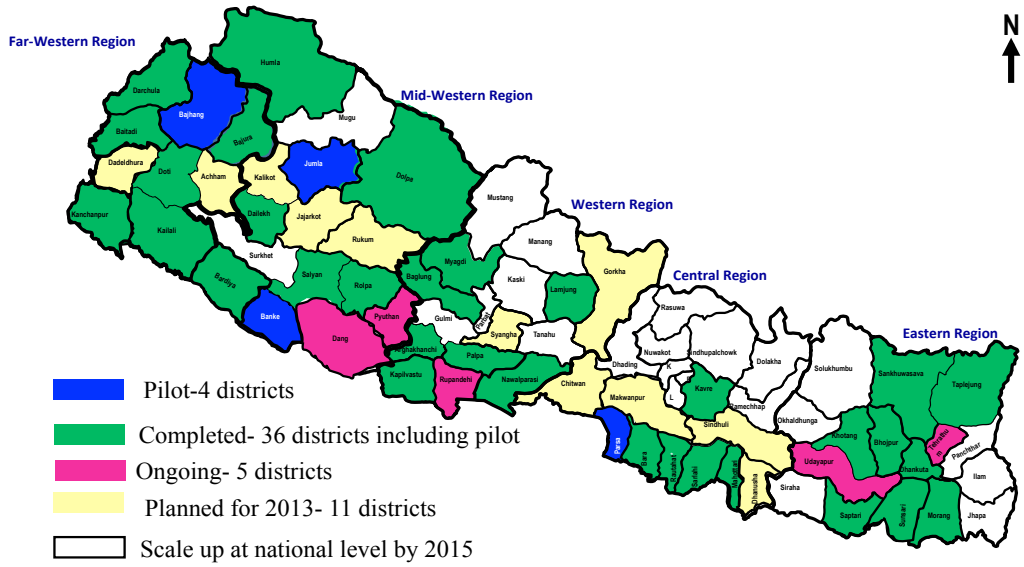
December 2014 to April 2015 (17 months)

10. Next steps

- Share with the government – get their consent
- Share with the development partners – get their feedback
- Get consent from USAID on the strategy
- Produce a detailed strategy
- Prepare an action plan as per template below:

Target groups	Activities	Lead	Where?	When?	Partner(s)	Remarks

Annex I


Far-Western Region
Mid-Western Region
Western Region
Central Region
Eastern Region
N
Humla
Darchula
Bajhang
Mugu
Baitadi
Bajura
Dadeldhura
Doti
Achham
Kalikot
Jumla
Dolpa
Mustang
Kanchanpur
Kailali
Dailekh
Jajarkot
Rukum
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Surkhet
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Lamjung
Bardiya
Banke
Dang
Pyuthan
Gulmi
Parbat
Syangja
Tanahu
Rasuwa
Nuwakot
Sindhupalchowk
Dolakha
Solukhumbu
Palpa
Kapilvastu
Rupandehi
Nawalparasi
Chitwan
Dhading
Makwanpur
Kavre
Ramechhap
Sindhuli
Okhaldhunga
Sankhuwasava
Taplejung
Bhojpur
Udayapur
Siraha
Saptari
Morang
Jhapa
Ilam
Pachthar
Pilot-4 districts
Completed- 36 districts including pilot
Ongoing- 5 districts
Planned for 2013- 11 districts
Scale up at national level by 2015

Annex II

Mid-term Assessment on Use of Chlorhexidine for Better Cord Care

Key Findings

23 July 2013

1

Introduction

- The CNC Program Focuses on Use of 7.1% w/v Chlorhexidine Digluconate Immediately after Umbilical Cord Cutting at both Institutional and Home Delivery to Prevent Neonatal Sepsis
- The Program Utilizes Existing Government Health Systems
- Female Community Health Volunteers (FCHV) Counsel and Distribute Chlorhexidine in the Community

2

General Objective

Midterm Assessment of CNC Project Performance

3

Specific Objectives

- Assess Progress in Implementing the Middle Phases of the Program
- Explore Community Acceptability of the Intervention
- Identify Barriers/Challenges Related to the Intervention
- Measure Coverage and Compliance of Chlorhexidine

4

Study Methodology

- 6 Districts that has Completed 6 months of Intervention were Purposively Chosen Representing Hill/Mountain and Terai and Partners Support
- 3 Health Facilities (HF) in Each District Selected Purposively Based on HF Level and Distance
- Both Quantitative and Qualitative (IDI and FGD) Methods were Used

5

Study Districts

Sankhuwasabha, Dailekh, Doti, Baitadi, Mahottari, Kapilbastu

6

Sample Size

Types of Respondents	Number
IDI with Central Level Stakeholder	8
IDI with District Officials	33
IDI with Health Facility Staff	36
IDI with FCHVs	54
IDI with HFOMC	18
FGD with Mothers/Caretakers	10
Interview with RDW	100

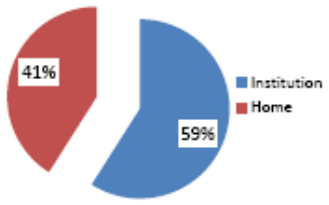
RDW (Recently Delivered Women): Women who Delivered within the Last Six Month Preceding the Survey

Characteristics of RDW

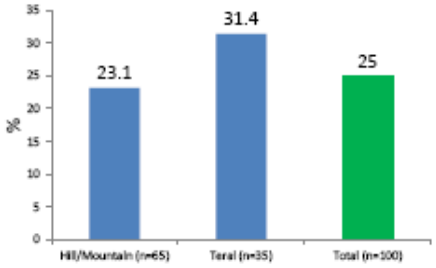
- Median Age 23 Years
- Each 27% of RDW were Disadvantaged Janjatis and Upper Caste Groups
- 62% of RDW had Ever Attended School
- 65% of RDW were from Hill/Mountain and 35% from Terai

Key Findings

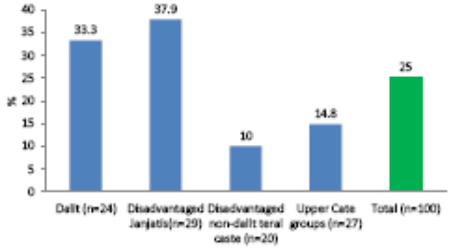
Place of Delivery



RDW receiving Chlorhexidine

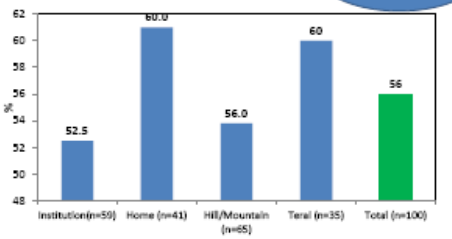


RDW receiving Chlorhexidine by Caste



Use of Chlorhexidine

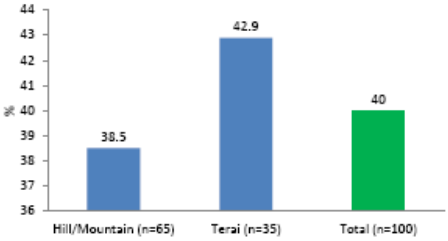
17% do not know (Inst 82% Vs Home 18%)



[2] Coverage is defined as the percentage of RDW who reported Chlorhexidine was used both at institution and home delivery

13

Compliance[3] of Chlorhexidine



[3] Compliance is defined as the percentage of neonates receiving Chlorhexidine in a single application to the cord stump and surrounding areas within two hours of cutting the cord during home delivery * it is assumed that institutional delivery has complete compliance

14

Perception of Community Members

- Cases of Infection have Decreased
- Still in Few Cases People are Hesitant to Apply Ointment because of the Traditional Practices

"Unhealthy cord cutting practice still exist such as use of sickle, knife and used blade. But it can be changed by promoting awareness and institutional delivery".
-FGD Participant

"When I had my first baby I used powder but I was not satisfied with it. Therefore, when I had my second baby I used navi malam and I have personally experienced that it is the best. There is no need to apply anything after using navi malam".
-FGD Participant

15

Community Acceptability

- Warm Reception of Chlorhexidine
- Replaced Traditional Practices

"Navi malam is accepted by every one because they understand about its benefits. So everyone is in favor of it".
- FGD Participant

"I have not used anything after returning from the hospital because navi malam worked well".
- FGD Participant

"The program is good. The traditional methods of using oil and turmeric are replaced by navi malam and babies are safe from infections now".
- FCHV

16

Stock of Chlorhexidine

Distributors (level)	Total	Mean	Range
District	18,484	3080.67	950-5834
Health Facility (HF)	1,273	70.7	0-280
FCHVs	187	3.65	0-50
Total	**19,944**		

17

Knowledge of Chlorhexidine among FCHV

FCHV who know about :	%
Suggesting to Use Chlorhexidine	54.0
Distributing Chlorhexidine with Proper Counseling at the Eight Months of Pregnancy	72.2
Immediate Application Right after Cord Cutting	91.0
Importance of Hand Washing with Soap and Water Before the Application	89.0
Application of Chlorhexidine on Stump and its Surrounding Area	91.0
Keeping the Cord Stump Untouched by Clothes	81.0
Avoiding any Application on the Cord Stump Other than Chlorhexidine	87.0

18

Skill of Chlorhexidine Application among FCHV

FCHV who have:	%
Ever Applied Chlorhexidine on Umblical Cord	57.0
Washed Hands Prior to Application	93.0
Opened the Lead of the Tube Properly	89.0
Used all the Conent of the Tube	98.0
Applied Chlorhexidine First on the Stump and then Around the Umbilical Cord	80.0
Kept the Chlorhexidine Open for Some Time to Dry out the Chlorhexidine	72.0
Demonstrated Proper Application Procedure on a Doll	78.0

19

Monitoring and Supervision

- Need to strengthen Supervision
- Supervision Irregular in Hill and Mountain
- Few FCHVs use Assistance while Recording and Reporting Formats

"I cannot read and write so HF staff helps me for recording and reporting during the review meeting. I do not know much about the formats".
- FCHV

"Monitoring is done in an integrative form and it is not sufficient". – HF Staff

"Nobody come for supervision. It would be good if anyone would come for supervision because that would help to revive knowledge and get suggestions for problems".
- FCHV

20

Perception towards Planning and Intervention

Central Level Stakeholder

- Well Integrated into CBNCP
- Great Involvement of FCHVs
- Successful Training at All the Levels

District/Health Facility Level

- Well Organized and Inclusive Planning
- Frequent Transfer of District and Health Facility Staff
- Increase in Institutional Birth after the Implementation

21

"The modality of its implementation was designed by child health division in consultation with all stakeholders of CB-NCP program. The modality of its implementation as one of the component of CB-NCP program is well planned".
-DoHS

"Navi care program implementation began after FCHVs were trained and required materials were provided. After that, the institutional delivery case has comparatively increased in the PHCC".
-HF Staff

"Institutional delivery is increasing each day in this hospital. 3-4 mothers gives birth daily. Only the trained staffs are involved during birth and they are guided to use navi malam in every child".
- Hospital Matron

"It was a great planning. Partners were shared information. They were all informed and brought together at the central level".
– INGO

22

Challenges and Constraints

- Traditional Cord Care Practices Still Observed
- Lack of Accessibility of Chlorhexidine
- Irregular Stock and Supply of Chlorhexidine in Hill/Mountain
- Lack of Program Ownership due to Frequent HRH
- Issues with FCHV Recording and Reporting

23

Celebrating International Condom Day

Concept Note

USAID Nepal's Ghar Ghar Maa Swasthya (GGMS) project seeks to assist the Government of Nepal to expand the depth, reach and impact of the private sector in social marketing for, among others, HIV/AIDS prevention. One of the key GGMS programme outcome includes "increased sales of HIV/AIDS/STI prevention measures in *hot-zones*".

In 2008, the USAID supported N-MARC project launched a short-film competition and a nationwide campaign on HIV/AIDS prevention titled *You Are No Exception* with the objective to – 1) increase self-risk perception and promote condoms as a reliable product for prevention; and 2) reduce social stigma attached to HIV/AIDS.

Eight short films of eight minutes each were produced under the campaign theme. Over 1000 DVDs of these films were distributed nationwide at the request of the Government, the UN agencies, and national and international NGOs. Almost 1000 copies of these DVDs are still left. GGMS has an opportunity to organise a very cost-effective event(s) to mark the upcoming international condom day on 14 February 2014 by using these remaining DVDs.

14 February is also Valentine's Day, which falls on Friday this year. February being the month of romance offers an opportune moment for promoting safe sex especially among the younger population. Valentine's weekend will be an ideal time to reinforce the message of love – loving oneself and loving your partner. This presents a creative opportunity for GGMS to get the message out on the importance of condom use and to distribute the above-mentioned DVDs. A series of events could be organised involving key stakeholders as below:

1. **In the morning** – Screening of top-three films at the US Embassy for a small group where top-government officials, the media and relevant groups could be invited.
2. **In the afternoon** – An event at a hotel in Kathmandu for a bigger group where concerned stakeholders including the government and the media could be invited. Top-three films would be screened and an interaction between the directors and actors of these three films and target groups would follow.
3. **In the evening** – A special 30-min programme on television. The top-movie will be screened and there will be discussion with the crew of the movie, etc.
4. **In the evening** – Free screening of these movies at hot-zones such as bus parks, town centres, etc.
5. **Throughout the day** – Screenings of movies in a theatre targeting teenagers and adults to make them aware of what safe sex is and what the use of condom could mean to them in the long run. It not only keeps you away from unwanted pregnancy, it also protects you from many Sexually Transmitted Diseases (STD) including AIDS.

ENDS.

Raising profile of health sector through improved and increased coverage in the media

Concept Paper

Nepal health sector

USAID is the oldest and one of the largest bilateral donors in Nepal's health sector with activities reaching 14 million people of reproductive age and nearly 4 million children under the age of 5. In strong and collaborative partnership with the government, USAID's support has helped Nepal remain on track to meet more than two Millennium Development Goals (MDGs) in Nepal. These progresses are commendable. However key challenges remain, particularly in making health a priority sector for the government. For example, infant mortality in rural areas is 55 deaths per 1,000 live births compared with 38 deaths per 1,000 live births in urban areas.

While right health care services are essential, prevention is a key aspect in improving public health. An equally important aspect is an increasingly well-informed populace who with knowledge are able to act against disparities between urban and rural population in accessing health care. More effort needs to be made so that professionals in health sector are able to draw the necessary attention of concerned groups to pressing health issues. There is also a need to share with the public the 'good work' the government has been undertaking with donor partners. The role of media is vital in informing, educating and advocating on key issues such as health.

Media scenario in Nepal

Nepal took a giant leap in expansion of media following political changes in 1990. From one state controlled radio and television stations, the county today counts 19 nationwide television channels, including four regional, and over 300 FM radios covering 90% of the country. There are over 30 national and regional dailies, over 100 weekly and monthly publications and online news portals.

Limitations of the Nepali media

Now twenty years old, the Nepali media is still growing, learning, progressing and trying to be more professional. However, the line between the role of publishers/owners and editors is often blurred, resulting in significant influence on what is published, broadcast and what is not.

Due to ongoing two decades long political instability, and politicisation of almost all sectors in the country, politics is the most sought after topic in the media. Hence, the content in the Nepal media is highly dominated by political stories taking a toll over socio-economic issues.

Furthermore, the media has often has very limited resources in districts and are not in a position to dedicate journalists to one particular issue.

Finally, the market to generate revenue, which is mostly advertisements, is small and many are sharing this small piece of the pie. As a result, marketing units often have more influence on the content than the editorial team in most media houses. Most articles, other than the 'headlines' are often solicited. Stories filed by journalists do not always get or get little space in the media.

Working with the media
Through its various projects in the health sector, USAID has been helping Nepali media to build its capacity. Some of these initiatives achieved milestones such as Pictures and Words, a week training in 2008 through N-MARC project, to TV journalists of then newly formed Sagarmatha Television led to establishment of 'health news' in television, for the first time Nepal. The work was done in partnership with Nepal CRS Company.

Although, over the last twenty years, the country saw an exponential growth in the number of media outlets, the quality and the quantity of coverage on public health remains desirable. Due to the current trend in reporting and the way media functions in Nepal, journalists' ability to cover health issues is limited. Initiatives supported by donors are not always sustained. The above mentioned 'health news' was eventually discontinued.

Building sustainable partnership the Nepali media
USAID is keen on improving the quality and the quantity of health reporting in Nepal, through capacity building events and exposure visits to project sites, so that the plight of poor and excluded accessing health services is more openly and constructively debated, and the 'good works' that are being carried out is highlighted so that the profile of the health sector is raised among key stakeholders of the society.

With this purpose USAID Nepal organised a workshop with the media in Kathmandu in 2013. Along with editors of a daily and a weekly English paper a number of journalists attended the event. The editors strongly recommended that USAID must keep them in the loop while dealing with their reporters. In other words, editors were asking for direct and better coordination efforts.

For reasons mentioned under *limitations of the Nepali media*, it is equally important, if not more, that this coordination is taken a step higher – with publishers and owners of the media – in parallel while working with journalists. This will ensure that the efforts that will be put in building capacity of reporters to improve the quality of coverage are seen and heard while encouraging a long lasting partnership between USAID funded health projects and the media.

Working with the publishers/owners (media houses) would mean that there would be a formal agreement between participating USAID projects and them. The media houses will provide dedicated space/time for health issues and projects will provide support to fill the gap in resource.

What and how could we do it?
We will carry out a series of activities with a two-pronged approach:

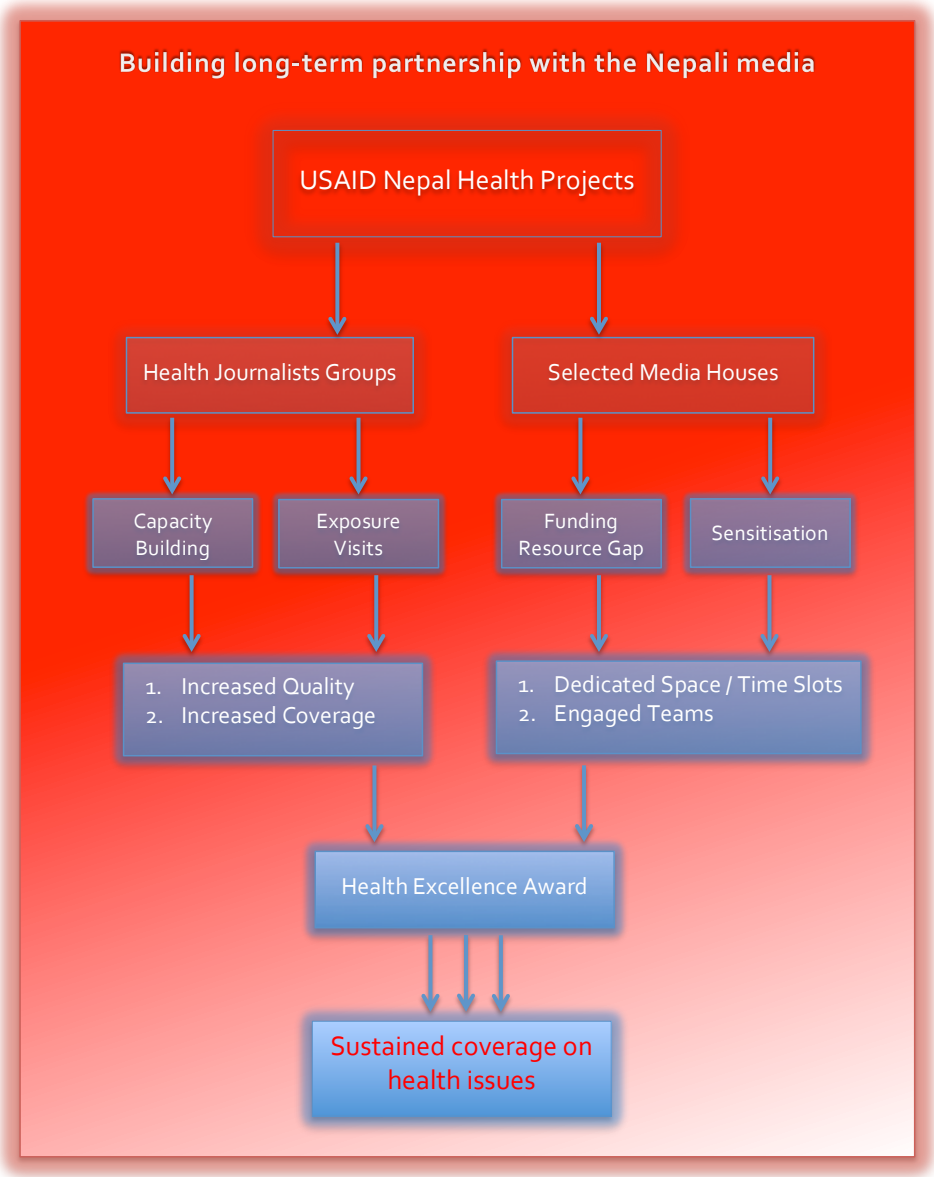
1. By establishing USAID Nepal Annual Health Excellence Award; and
2. By working directly with media houses to secure dedicated space in the media for health issues.

1. USAID Nepal Annual Health Excellence Award
As mentioned earlier, journalism in Nepal is still very young. If on the one hand, there is room for improvement of the quality of reporting, on the other, journalists' 'good works' often go unnoticed. Establishing an annual award on health reporting will supplement USAID's other efforts such as capacity building and exposure visits. It will also engage journalists to further report on health issues.

Health Journalists' Groups (there are two) have shown interest to be part of this initiative. HJGs, following capacity building events and exposure visits, will monitor stories published and aired in the media. Best stories would be selected to participate in the final selection of an annual award ceremony (hosted by the AID) during which two best stories (one by each HGJ) would be awarded a prize.

2. Working Directly with Media Houses

We will negotiate a cost-sharing deal with selected media houses. Ongoing efforts will include sensitising them on public health issues. If receptive, we will advise them on 'how to cash in' on the dedicated space/time they will set aside for health issues. This will enable a long lasting partnership between USAID and the media. The diagram below illustrates how this exercise can help build a long-term partnership with the Nepali media.



In December 2013, GGMS held informal discussion with another USAID funded health project (Suhaara) on this matter. There is full support for this kind of initiative. Partnership among USAID health project now needs to be formalised.

Next Steps

1. Get approval from USAID on concept.
2. USAID convenes a meeting with all its health sector projects.
3. Bring Health Journalists Groups on board.
4. Prepare capacity building event.
5. Select key media houses. Hold meetings and agree a way forward with them.
6. Prepare a planning of materials to be published in the media – frequency, timing, genre, etc.
7. Prepare a planning for 'USAID Annual Health Excellence Award 2014'.
8. Organise capacity building event.
9. Hold exposure visits to project sites.
10. Hold the Award Ceremony.

ENDS.

USAID FROM THE AMERICAN PEOPLE

ORS + Zinc

Social and Behavior Change Communications

Concept Paper

FHI360/GGMS

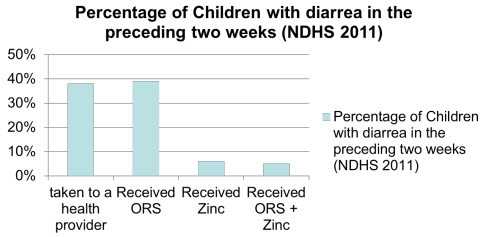
USAID FROM THE AMERICAN PEOPLE

Diarrhea Situation In Nepal

- Overall incidence of diarrhea in preceding two weeks among children < 5 years was 14 %.
- Children age six to 23 months most susceptible to diarrhea.
  - NDHS 2011

USAID FROM THE AMERICAN PEOPLE

ORS + Zinc Treatment Among Children < 5



USAID FROM THE AMERICAN PEOPLE

ORS + Zinc Treatment Among Children < 5 (Contd.)

Supply Side

- MOHP distributes ORS/Zinc through health facilities and FCHVs.
- Only 3% of children with diarrhea were taken to FCHVs for treatment
  – NDHS 2011

Demand Side

- Lack of awareness among caregivers (not aware about zinc and its sources) is main factor behind low coverage of zinc.
- Low awareness among mothers that FCHVs are equipped with ORS and zinc and are capable of treating diarrhea.

USAID FROM THE AMERICAN PEOPLE

Way Forward – Supply Side Interventions

- Knowledge/counseling skills of health workers, (including in the private sector) and FCHVs need to be enhanced.
- Job aids need to be scaled up nationally to increase counseling on compliance with the 10-day course of zinc treatment.

USAID FROM THE AMERICAN PEOPLE

Way Forward – Demand Side interventions

- Run a comprehensive BCC* program to generate greater awareness and use of ORS + zinc treatment.
- Expert review and update existing materials to ensure:
  - They reflect audience's increased capacity to understand messages.
  - Benefits of ORS + zinc are effectively communicated to all target groups - both literate and illiterate.
- Ensure mass media messages reflect caregivers' values and legitimize FCHVs' roles.

* *Will seek to shape overall demand and practices related to the treatment of diarrhea through supply- and demand-side interventions.*

BCC CAMPAIGN – Supply Side Interventions

- **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 mothers and families.
- **Quality standards** for public and private sector service providers.

BCC CAMPAIGN – Demand Side Interventions

- Harmonization of messages and reinforcing them in appropriate language.
- Interpersonal communication.
- Promotional materials.
- Audience-centered and appealing media
  - Mass media, client materials, certificates, branding
- Measurement, learning and evaluation.

BCC CAMPAIGN – Anticipated Timeline

	Activities	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
1	Hold stakeholders meeting	X							
2	Procurement of campaign agency	X							
3	Selection of Partners		X						
4	Formal Contract with Partners		X	X					
5	Actual implementation by Partners			X	X	X	X	X	X
6	End of the Campaign Report								X

ENDS.

Any Question?

10