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GHAR GHAR MAA SWASTHYA

Proceedings of Behavioral Change Communication (ORS + Zinc & Chlorhexidine Gel), Creative Workshop

April 20-24, 2014

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Proceedings of Behavior Change Communication (ORS + Zinc & Chlorhexidine Gel) CREATIVE WORKSHOP

A three day Creative Workshop on Behavior Change Communication (ORS+ Zinc & Chlorhexidine Gel) was organized by the National Health Education, Information and Communication Centre (NHEICC) & FHI360/Ghar Ghar Maa Swasthya (GGMS) was organized from April 22-24, 2014 in Pechora.

After the registration and introduction, a brief informal opening ceremony was organized. Welcoming the participants, Mr. Hari Sharan Karki, Chief, Reproductive and Child Health Communication Section, NHEICC highlighted the objectives of the workshop which are as follows:

1. To share the current status of ORS+ Zinc & Chlorhexidine Gel
2. To share the concept about Strategic Behavior Change Communication
3. To design and develop messages
4. To discuss the dissemination of the messages

Mr. Karki hoped that the three day workshop would provide a platform for creative energy and would be able to come up with concrete messages. He dwelt on the important role being played by the Female Community Health Volunteers (FCHVs). Mr Karki added that the involvement of different stakeholders was certain to add to the importance of the workshop.

Following the welcome remarks, Ms. Moon Pradhan FHI 360/GGMS, Marketing and Communication Advisor shared the program of the day (Refer to Annex-1 for Program of the Workshop).

Mr. Hare Ram Bhattarai, Chief of Party, FHI 360/GGMS informed that USAID is launching a worldwide drive for reducing child death and has helped many countries including Nepal in this effort. Mr. Bhattarai felt that this workshop was unique opportunity to demonstrate group intelligence to realize the objectives of the workshop. He emphasized that GGMS was pleased to work in this novel initiative under the leadership of NHEICC and wished for the success of the workshop.

Mr. Binod Bindu Sharma, Director, NHEICC began his remarks by paying respects to the frontline workers. Echoing the common sentiments expressed by the earlier speakers, he hoped that the messages developed during the workshop would be important milestones so that it could benefit the common people. Mr. Sharma called on one and all to develop appropriate messages which would be readily accepted by the community. He reminded that all of us are conveyors of communication and thus we have to develop credible messages which can be instrumental in changing behaviors. Mr. Sharma also emphasized that we have to learn from ground and practical communication from the village settings. Mere reliance on theoretical perspective would not be quite effective. He added that the creation of the context is equally important while developing message. Mr. Sharma expressed satisfaction at the participation of Mothers and FCHVs in the workshop and hoped that their involvement along with others would contribute to

develop credible and effective messages for behavior change. In closing his remarks, he requested that all concerned should look at communication from the household perspective.

After the break, Mr. Hare Ram Bhattarai presented a brief introduction to social marketing and USAID's role in supporting it in Nepal. The vision of GGMS is to assist the Government of Nepal to expand the depth, reach and impact of private sector in Nepal by providing supply of maternal child health, family planning and HIV prevention and services at affordable cost. COP Bhattarai dwelt on the two components of the project.

He also presented the objectives of the BCC campaign which are: To increase use of pediatric formulations of zinc, along with ORS as the first line of treatment for uncomplicated diarrhea in under-5 children.

Shape overall demand and practices related to the treatment of diarrhea through supply- and demand-side interventions.

Mr. Bhattarai also presented the demand and supply sides of intervention. The monitoring and evaluation mechanism was also briefly mentioned. He stressed that if messages can be conveyed at the household level, then only will our effort be considered to be successful (Refer to Annex-2 for the detailed power point presentation).

Mr. Macha Raja Maharjan, Director, Micronutrient Initiative Nepal, presented a paper entitled "Zinc and ORS Treatment of Childhood Diarrhea in Nepal-An Overview". He briefly highlighted the importance of zinc deficiency in relation to diarrhea control. Mr. Maharjan also shared some of the research findings as well as Nepal's Government policy. He mentioned about the program implementation modality since 2006 which has now increased to 30 districts. Some of the major barriers to zinc promotion are: lack of awareness about the program, inadequate and irregular supply of zinc tablets, inadequate internalization of treatment among health workers. Mr. Maharjan also presented the key findings of formative research, policy and program review as well as the current and future plan of MI Nepal for strengthening zinc and ORS program (Refer to Annex -3 for detailed power presentation).

During the discussion following the presentation, additional clarifications were sought regarding the barriers to zinc promotion. It was pointed out that while there are no negative perceptions about its promotion; resistance among the private sector was quite common. There was a need to target the pharmaceutical regarding its benefit. Awareness level among mothers regarding the use of zinc tablets is quite low. Thus there is a great need to promote the zinc terminology some of the participants emphasized that there is a tendency to discontinue the use of Zinc tablets after the child has recovered from diarrhea after ORS .More emphasis needs to be laid on the marketing of zinc and its benefits. People have to be made aware that zinc is a micronutrient and is not a medicine. This, to a certain degree, can help change the mindset of the people. Benefits of zinc need to be conveyed in an emphatic manner.

Ms. Leela Khanal, Program Manager, CNCP/JSI presented a paper on "Better Cord Care Saves Babies' Lives in Nepal". Ms. Khanal outlined the rationale for Nepal's acceptance of chlorhexidine cord care. Following this, global, regional and National scenario was presented.

Timeline since 2007 was presented. Implementation status was highlighted. The concept of living university was briefly dealt. Some of the enabling factors for its promotion were indicated. BCC activities were shared. Recording and reporting system were also discussed. Findings of mid-term survey were shared. Perceptions of the community members regarding chlorhexidine were presented. Finally, efforts to sustain the initiative were highlighted

Dr. Pius Raj Mishra, Consultant MASS, presented Seven Cs of communication which are: create attention, cater to heart and head, clarify the message, communicate a benefit, create trust, be consistent, call for action. It was hoped that this presentation would assist group members to design and develop effective messages

Group Work

Following his presentation, the participants were divided into four groups namely: TVS, TV & Radio, Key Chain and Display Rack for ORS and Zinc and Calendar and posters and key chain for Chlorhexidine gel. Each group had common terms of reference which was as follows:

- To intensively discuss the two presentations,
- To discuss the existing materials.
- To design and develop appropriate messages and
- To present in the plenary for feedback

The group on Radio and TV for chlorhexidine gel proposed that the messages would be conveyed by mother-in law and celebrity. Target audience would be pregnant women and family members. The two important messages that was agreed in the plenary would be:

नाभी काटने वित्तिकै नाभीमा नाभी मलम लगाउनु पर्दछ ।
नाभी मलम लगाएपछि अरु कुनै कुरा लगाउनु हुदैन

- Brainstorming and discussion on the concepts
 - Message / Concepts finalized
 - नवशिशुलाई संक्रमण हुनबाट बचाउन नाभी काटने वित्तिकै नाभी मलम लगाउन नविसौं
 - Finalization of health worker as a celebrity instead of father-in-law

1. RADIO SPOTS

- Two adaptations (one targeted at **FCHVs/service providers and another targeted at pregnant women and family members**)
 - Spot A : Primary Target audience:
 - FCHV/service providers
 - Spot B: Primary Target audience:
 - Pregnant women and family members
- Brainstorming and discussion on the concepts

○ Message / Concepts finalized

➤ नवशिशुलाई संक्रमण हुनबाट बचाउन नाभी काट्ने वित्तिकै नाभी मलम लगाउन नविसौं

The group on posters for chlorhexidine gel proposed the following three messages for pregnant women and family members:

- १ के तपाईंले निः शुल्क वितरण हुने नाभी मलम स्वास्थ्यकर्मीबाट पाउनु भयो ?
- २ नाभी मलम लगाउँदा अपनाउनु पर्ने पाँच चरणहरू
- ३ नाभी मलमका फाइदाहरू

The following two messages for health workers:

- १ नाभी मलम लगाएको कुरा आमालाई जानकारी दिनु भयो ?
- २ नाभी मलम लगाइसकेपछि, सफा र सुख्खा राख्ने बारे बताउनु भयो ?

The following two messages for FCHVs:

- १ गर्भवती महिलालाई गर्भको आठौं महिनामा उचित परामर्श सहित नाभी मलम दिनु पर्छ ।
- २ नाभी मलम लगाउँदा अपनाउनु पर्ने पाँच चरणहरू.....

After intensive discussion, it was agreed that the primary audience would be health workers and following messages would be finalized:

- नाभी मलम लगाएको कुरा आमालाई जानकारी दिनुभएको छ ?
- नवशिशुलाई संक्रमण हुनबाट बचाउन नाभी काट्ने वित्तिकै नाभी मलम लगाउन नविसौं ।

The layout for poster was finalized.

After feedback, it was decided that mobile string with card would be developed.

Activity performed

Identification of target audience for mobile string with card

- Primary audience : Pregnant women

Message finalized:

- ढ महिना गर्भ रहेको सबैले नाभी मलम लिनुभयो त?

Its layout was finalized

The TVC group for the promotion of ORS and Zinc proposed the following messages.

- १ जिङ्ग चक्की र पुर्नजलिय भोल खाएमा १० दिनसम्म लगातार हुँदैन पखाला वारम्बार
- २ जिङ्ग चक्की र पुर्नजलिय भोल पखालाको प्रभावकारी उपचार
- ३ जिङ्ग चक्की र पुर्नजलिय भोल उपचार हो यो अनमोल
- ४ जिङ्ग चक्की र पुर्नजलिय भोल पखाला विरुद्ध हानौं गोल

It identified primary target audience as Mothers/caretakers while health workers/ Pharmaceuticals' and FCHVs as secondary audience functional.

Functional Message

- १ जिङ्ग चक्की र पुर्नजलिय भोल २ देखि ६ महिनासम्म बालबालिकालाई आधा चक्की र ६ देखि ५ वर्षसम्मका बालबालिकालाई १ चक्की निरन्तर १० दिनसम्म खुवाउनुहोस् । यसले दिशाको मात्रा कम गराई पखाला छिटो निको पार्छ ।
- २ जिङ्ग चक्की र पुर्नजलिय भोल गाँउकै स्वास्थ्य स्वयम सेविका, स्वास्थ्य चौकीहरुमा सितैमा तथा नजिकको औषधी पसलमा समेत पाइन्छ ।

CHARACTERS

महिला
 दिपा श्री निरौला
 सुन्तली
 चम्सुरी
 मैया
पुरुष
 दिपक राज गिरी
 धुर्मुस
 जोगेन्द्र
 माग्ने बुढा
 मुन्द्रे
 रातामकै
 बटारे कान्छो
 Selected characters/celebrities:
 Deepa Shri
 Suntali
 Chamsuri
 Maiya
 Dhurmus

After in-depth discussions, the group felt that the third option regarding Jogender would not be very feasible as it would not be credible given his occupation. Use of celebrities for product promotion was discussed weighing both the pros and con of it. In the end, it was agreed that their involvement would be useful in promoting the products.

The group on display rack and key chains presented set of ideas and concepts and messages targeting pharmacy:

सन्देश

- १ पुर्नजलिय भोलका साथै जिङ्ग चक्की १० दिनसम्म अनिवार्य.....छोटो मिठो सन्देश
- २ चित्र ...टि भि संग मिल्दो जुल्दो हुनुपर्यो
- ३ रङ्ग: गुलाबी निलो(उज्यालो)
- ४ एउटै सन्देश शक्तिशाली
- ५ ORS / Zinc दुवै आउनु पर्यो
- ६ दुवैसंग ५ ORS / Zinc भन्ने कुरा महत्वपूर्ण रुपमा आउनु पर्यो
- ७ आमा र बच्चा दुवै देखिनु पर्यो

- ८ प्रयोग बारे निर्देशन नचाहिने धेरै सन्देशले सन्देशको उद्देश्य नदेखिने
९ Procedure of usage and dosage shall also be included

लक्षित समुह Target Audience

FCHVs and Mothers

Primary: Mothers/Caregivers

Secondary: Private and public sector health providers]

Product Description जिङ्गबारेमा वयाख्या

Clarity Message सजिल्यै बुझ्न सकिने

Proportion of Pictorials and Text Message (balance)

चित्र र सन्देशको उचित मिश्रण मात्रा

Outcomes (Result)

Include core message मुख्य सन्देश हुनु पर्ने

Simple message / more pictorials

थोरै सन्देश, धेरै चित्रद्वारा बुझाउने

Zinc to be used continuously for 10 days

जिङ्ग १० दिनसम्म लगातार खुवाउनु पर्ने सन्देश मुख्य हुनु पर्ने

Long term benefits of zinc and ORS

जिङ्गको फाइदाहरु दिर्घकालिन हुनु पर्ने

Procedures of usage and also dosage to be included

प्रयोग गर्ने प्रक्रिया तथा मात्रा हुनु पर्ने

Consistency in message and color

सन्देश एकै किसिमको हुनु पर्ने

महिलाहरुलाई मन पर्ने खालको अथवा जिङ्गको प्रयोग भएको रङ्गलाई प्राथमिकतामा राख्नु पर्ने

Include the availability of the product

जिङ्ग कहाँ पाइन्छ भन्ने कुरा उल्लेख गर्नु पर्ने

Text should be readable for everyone

Understandable and clear text

लेखिएका शब्दहरु देखिने हुनु पर्यो

Children belonging to different age group should be adequately reflected, since the dose is also different.

During the third day, video shoot of both ORS+zinc and Chlorhexidine gel was organized and screened. It was agreed that all the materials required additional work keeping in mind the feedback received from the participants. These would be presented during the workshop in Dhulikhel.

Closing:

A simple closing was organized to mark the conclusion of the three day workshop on April 24, 2014.

Mr. Hare Ram Bhattarai Chief of, Party FHI360/GGMS expressed that behavior change cannot be viewed in isolation. It is a collaborative effort. Mr. Bhattarai appreciated the leadership role NHEICC has played in this regard. He thanked everyone for their meaningful contribution and hoped for the same in the days to come.

Mr. Dhruva Raj Ghimire , Director, Planning Section, Child Health Division felt that the participation of all ranging from mother group members to department level was really appreciable and had contributed to the success of this workshop. The input received during workshop was highly valuable and also reflected the ground reality.

Mr. Bhogendra Raj Dotel, Senior Public Health Administrator reiterated that the participation of all was commendable. He felt that message development was a continuous and evolving process and cannot be done in one single day. The challenge is to develop messages which can contribute to behavior change. He suggested that we should aim for such activities which are small in scale but have significant impact. Mr. Dotel also briefly mentioned about the approval process of messages developed.

Annexes

Annex 1

Program Schedule and List of Participants

Annex 2

Presentation by:

Mr. Hare Ram Bhattarai

COP, FHI260/GGMS

Annex 3

Presentation by:

Mr. Macha Raja Maharjan

Director, Micronutrient Initiative (MI)

Annex -1
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**Behavior Change Communication (ORS + Zinc & Chlorhexidine Gel)
CREATIVE WORKSHOP
April 22 - 24, 2014; Pokhara**

Wednesday, Baishakh 10, 2071 (April 23, 2014)

Time	Activities	Facilitators	Remarks
8:30 – 9:00	Breakfast	All Participants	
9:00- 9:15	Re-Registration	All Participants	
9:15 -9:25	Program of the day	Ms Moon Pradhan FHI360/GGMS	
9:25-10:10	Review of previous day business	Mr Hari Sharan Karki, NHEICC	
10:10-10:45	Group Presentation Group 1	Mr Hari Sharan Karki, NHEICC Ms Moon Pradhan	All Participants
10:45-11:30	Group 2		
11:30 – 12:00	Networking and tea		
12:00-12:30	Group 3	Mr Hari Sharan Karki, NHEICC Ms Moon Pradhan	
1:00 – 2:00	Lunch and networking		
2:00 – 3:00	Group 4	Mr Hari Sharan Karki, NHEICC Ms Moon Pradhan	
3:00 – 4:30	Discussion and feedback sharing on group presentation	All participants	
4:30-5:00	Networking and tea		
5:00- 5:30	Reflection of the day and meeting of the facilitators		



**Behavior Change Communication (ORS + Zinc & Chlorhexidine Gel)
CREATIVE WORKSHOP
April 22 - 24, 2014; Pokhara**

Thursday, Baishakh 11, 2071 (April 24, 2014)

Time	Activities	Facilitators	Remarks
8:30 – 9:00	Breakfast	All Participants	
9:00- 9:15	Re-Registration	All Participants	
9:15 - 9:25	Group photo session	All Participants	
9:25-10:10	Review of previous day business	Dr L. N. Thakur	
10:10 - 10:30	Program of the day	Ms Moon Pradhan	
10:30 - 11:30	Video shooting		
11:30 – 12:00	Networking and tea		
12:00 – 1:00	Discussion and feedback sharing on video shooting	All Participants	
1:00 – 2:00	Lunch and networking		
2:00 – 2:30	Next steps	Ms Moon Pradhan, FHI360/GGMS	
2:30 – 3:00	Closing Remarks	<ul style="list-style-type: none"> • FHI 360/GGMS • NHEICC • CHD • FHD 	
3:00 – 3:30	Networking and tea	Administration Procedures	

Annex 1-2: 3-day Residential Creative Workshop with GoN and Concerned Partner Organizations

Pokhara

April 22 - 24, 2014

List of Participants

1.	Mr. Binod Bindu Sharma	Director, NHEICC
2.	Mr. Hari Sharan Karki	Chief, Reproductive and CH Communication Section, NHEICC
3.	Mr. Hograth Bhurtel	Artist Officer, NHEICC
4.	Mr. Bhogendra Raj Dotel	Sr. PHA, FHD
5.	Ms. Mangala Manandhar	Sr. PHO, FHD
6.	Mr. Dhruva Raj Ghimire	Director, Planning Section, CHD
7.	Mr. Dipak Raj Chaulagain	Sr. PHO, CHD
8.	Ms. Sharada Adhikari	Computer Officer, CHD
9.	Ms. Laxmi Gaudel	PHO, LMD
10.	Mr. Dipak Subedi	Focal Person, FP Program, DPHO, Baglung
11.	Ms. Bhagawati Chapagain	FCHV, Paiupata VDC, Baglung
12.	Ms. Nirmala Chhetri	Chairperson, Health Mother Group, Paiupata VDC, Baglung
13.	Ms. Hira Khadka	FCHV, Sigana VDC, Baglung
14.	Ms. Chitrakala Khadka	Chairperson, Health Mother Group, Sigana VDC, Baglung
15.	Ms. Bhabikala Thapa	FCHV, Bhimapokhara VDC, Baglung
16.	Ms. Uma Devi KC	Chairperson, Health Mother Group, Bhimapokhara VDC, Baglung
17.	Ms. Juna Niure	FCHV, Malika VDC, Baglung
18.	Ms. Parbati Khadka	Chairperson, Health Mother Group, Malika VDC, Baglung
19.	Mr. Hare Ram Bhattarai	COP, FHI 360/GGMS
20.	Dr. L N Thakur	DCOP, FHI 360/GGMS
21.	Ms. Moon Pradhan	Marketing and Communication Advisor, FHI 360/GGMS
22.	Mr. Macha Raja Maharjan	Director, Micronutrient Initiative (MI)
23.	Ms. Leela Khanal	Program Manager, CNCP/JSI
24.	Mr. Hari Krishna Bhattarai	Program Officer, CNCP/JSI
25.	Mr. Ujaya Shakya	Outreach Nepal
26.	Ms. Pritina Shakya	Outreach Nepal
27.	Mr. Tara Wosti	Outreach Nepal
28.	Ms. Rashmi Shrestha	Outreach Nepal
29.	Mr. Ravi Bhatta	Outreach Nepal
30.	Mr. Sudip Thapa	ANS Creation
31.	Ms. Prashana Dhakal	ANS Creation
32.	Mr. Roshan Raut	ANS Creation
33.	Mr. Raiesh Bhatta	ANS Creation
34.	Dr. Pius Raj Mishra	MASS /Sr. Advisor, Watchdog Media Service
35.	Mr. Shreekrishna Shrestha	MASS
36.	Mr. Rajan Khadka	MASS
37.	Mr. Sharad Maharjan	MASS/ Photographer, WMS
38.	Mr. Ashok Bhandari	MASS /Cameraman, WMS



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Annex 2:
Ghar Ghar Maa Swasthya (GGMS)
Project
2010-2015

Nepal CRS Company and FHI 360
2010-2015



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Background

- Social marketing is a vital component to the Government of Nepal's vision of **ensuring accessibility to essential public health products and services**
- USAID/Nepal's support in social marketing began in 1978 with the **Nepal CRS Company**, one of the oldest and most successful locally managed social marketing agencies in the world



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Ghar Ghar Maa Swasthya (GGMS)

Vision

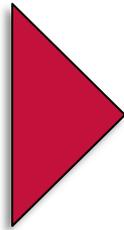
The program will assist the Government of Nepal to expand the depth, reach and impact of the private sector in social marketing, by providing **supply of maternal child health** family planning and HIV prevention products and services **at affordable cost.**



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Ghar Ghar Maa Swasthya Project *Two Components*

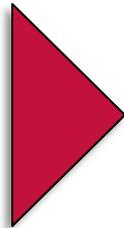
CRS



- Implement cost-effective social marketing activities
- Focus on sustainability
- Expand access in rural, hard-to-reach areas



FHI 360



- Assists CRS to achieve increased self-sustainability
- **Implementation of behavior change communication activities in generic areas**



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Promotion of use of

- ORS + zinc in treating uncomplicated diarrhea of under 5 children
- Chlorhexidine Gel in navel care of newborns



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Objective of BCC Campaign

- To increase use of pediatric formulations of zinc, along with ORS as the first line of treatment for uncomplicated diarrhea in under-5 children.
- Shape overall demand and practices related to the treatment of diarrhea through supply- and demand-side interventions.



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Demand-side Intervention

- **Harmonization of messages**
- **Posters and other promotional materials**
 - Reproduce existing poster and compliance card
 - Produce Display rack (similar to the one produced for Baby Zinc)
 - Produce Keychain with reminder messages adapted from poster
- **Audience-centered and appealing media**
 - New 60” TVC and adapted 30” Radio spot



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Supply-side Intervention

- Technical updates (when needed)
- Reproduce Job aids
- Reproduce Posters
- Orientation Programs (when needed)
- Commitment from the government for consistent supply of zinc



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Medium of reaching to Caregivers

- Message dissemination will concentrate on Radio and Television
- Will be understood by even illiterate populations for caregivers
- Will be in six languages – Maithili, Tharu, Bhojpuri, Abadhi, Nepali, and Tamang
- Messages will legitimize FCHVs' roles.



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Monitoring and Evaluation

- *Post-test only retrospective cross-sectional survey*
- to assess the influence of the media and factors influencing the trial and adoption of recommended ORS and zinc treatment.

Annex 3: Zinc and ORS in the Treatment of Childhood Diarrhea in Nepal

An Overview



22 April 2014

WHY ZINC DEFICIENCY CONTROL IS IMPORTANT:

- Zinc deficiency is widely prevalent.
 - Approximately 33% of the world's population at risk of inadequate Zn intake

Zinc deficiency disables and kills children.

- Zinc deficiency places children in many low-income countries at increased risk of illness and death from infectious diseases
- More limited data also suggest that the incidence of acute lower respiratory infection and clinical attacks of malaria may also be affected by zinc deficiency.

Zinc deficiency is preventable / treatable

भाडापखालाको उपचारमा जिङ्को प्रयोग किन ?

- जिङ्को शरीरका भौतिक क्रियाकलापहरु सुचारु राख्न नभइ नहुने एक सुक्ष्मपोषक तत्व हो । जसले :-
 - रोग प्रतिरोधात्मक शक्ति बढाउँछ ।
 - पखालाको कडापन र अवधीलाई घटाउँछ ।
 - पखाला हुँदा आन्द्राका क्षय भएका कोषहरूलाई तन्दुरुस्त बनाई पानी शोषण गर्ने प्रक्रियालाई सुचारु राख्न मद्दत गर्दछ ।
 - भविष्यमा हुने पखाला र श्वास प्रश्वास सम्बन्धी रोगहरूबाट जोगाउँछ ।
 - खानामा रूची जगाउन र शारिरीक बृद्धि विकाशमा मद्दत पुऱ्याउँछ ।

अनुशान्धानबाट पत्ता लागेका तथ्यहरू

- पखालाको अवधिमा २५% ले कमि आएको
- दीर्घ पखालामा २९% कमि
- मृत्यु वा असफल उपचारमा ४० % ले कमि
- अनावश्यक औषधिहरूको प्रयोगमा ७० % ले कमि तथा पुर्नजलिय भगोलको प्रयोगमा बृद्धि

नेपाल सरकारको नीति:

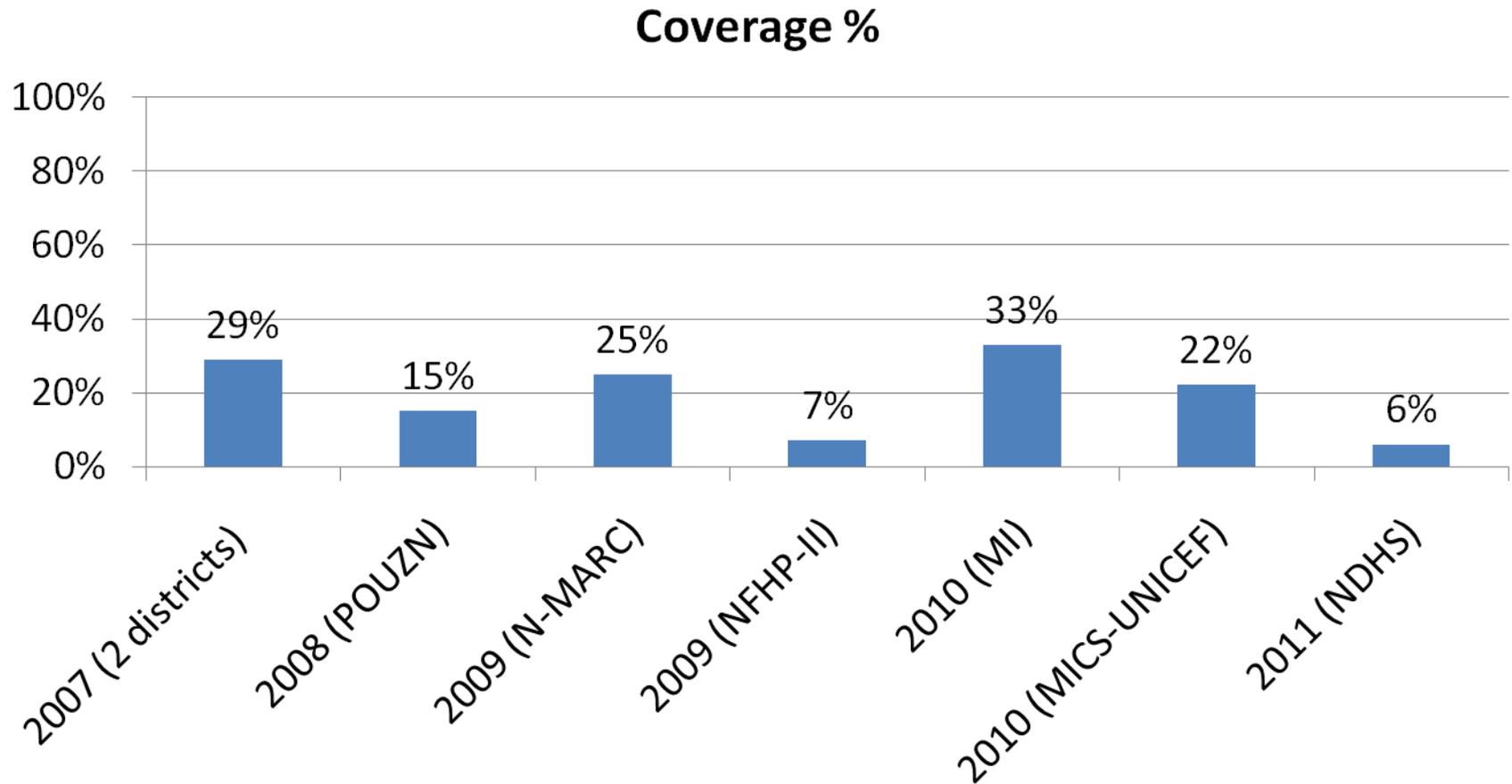
- ५ वर्ष मुनिका बच्चाहरूलाई पखाला लाग्दा पुनर्जलीय उपचारको साथै जिङ्ग चक्कीद्वारा पनि उपचार गर्ने ।
- जिङ्ग चक्कीद्वारा उपचार गर्दा निम्नानुसारको मात्रा निर्धारण गर्नु पर्ने हुन्छ ।
 - २ महीना देखि ६ महीना सम्मको बच्चालाई १० मि. ग्रा. को चक्की दिनमा १ पटक १० दिन सम्म ।
 - ६ महीना देखि ५ वर्ष सम्मको बच्चालाई २० मि. ग्रा चक्की दिनमा १ पटक १० दिन सम्म दिने ।
- उपलब्ध श्रोत साधनलाई परिचालन गरी यो उपचार पद्धति देशका विभिन्न जिल्लाहरूमा क्रमिक रूपमा विस्तार गर्दै जाने ।

- औषधी व्यवस्था विभागको **Essential Drug List** मा जिङ्ग चक्कीलाई समेत समावेश गर्ने ।
- जिङ्ग चक्की उत्पादन गर्ने कम्पनीलाई उत्पादन गर्न, आयात गर्न र विक्रि वितरण गर्न प्रोत्साहित गर्ने ।
- नेपाल सरकार अन्तरगतका स्वास्थ्य सेवा प्रदान गर्ने संस्थाहरू, स्वास्थ्य संग सम्बन्धीत गैर सरकारी संघ संस्था तथा प्राइभेट अस्पताल, तथा समुदायस्तरबाट समेत पखाला लागेको बच्चालाई जिङ्गद्वारा उपचार गराउने ।
- जिङ्ग चक्की उपलब्ध गराउन देशका विभिन्न भागहरूमा सरकारी, गैरसरकारी तथा प्राइभेट संघ संस्थाहरूलाई परिचालन गर्ने ।
- जिङ्ग चक्कीको प्रयोगबारे विभिन्न स्तरका स्वास्थ्य कार्यकर्ताहरूको ज्ञान अभिवृद्धि गर्न परिचयात्मक गोष्ठी सञ्चालन गर्ने ।
- जन समुदायलाई यस पद्धतिद्वारा उपचार गर्न जानकारी गराउन राष्ट्रिय तथा स्थानीय स्तरका सार्वजनिक प्रचार प्रसारका माध्यमहरूको प्रयोग गर्ने ।

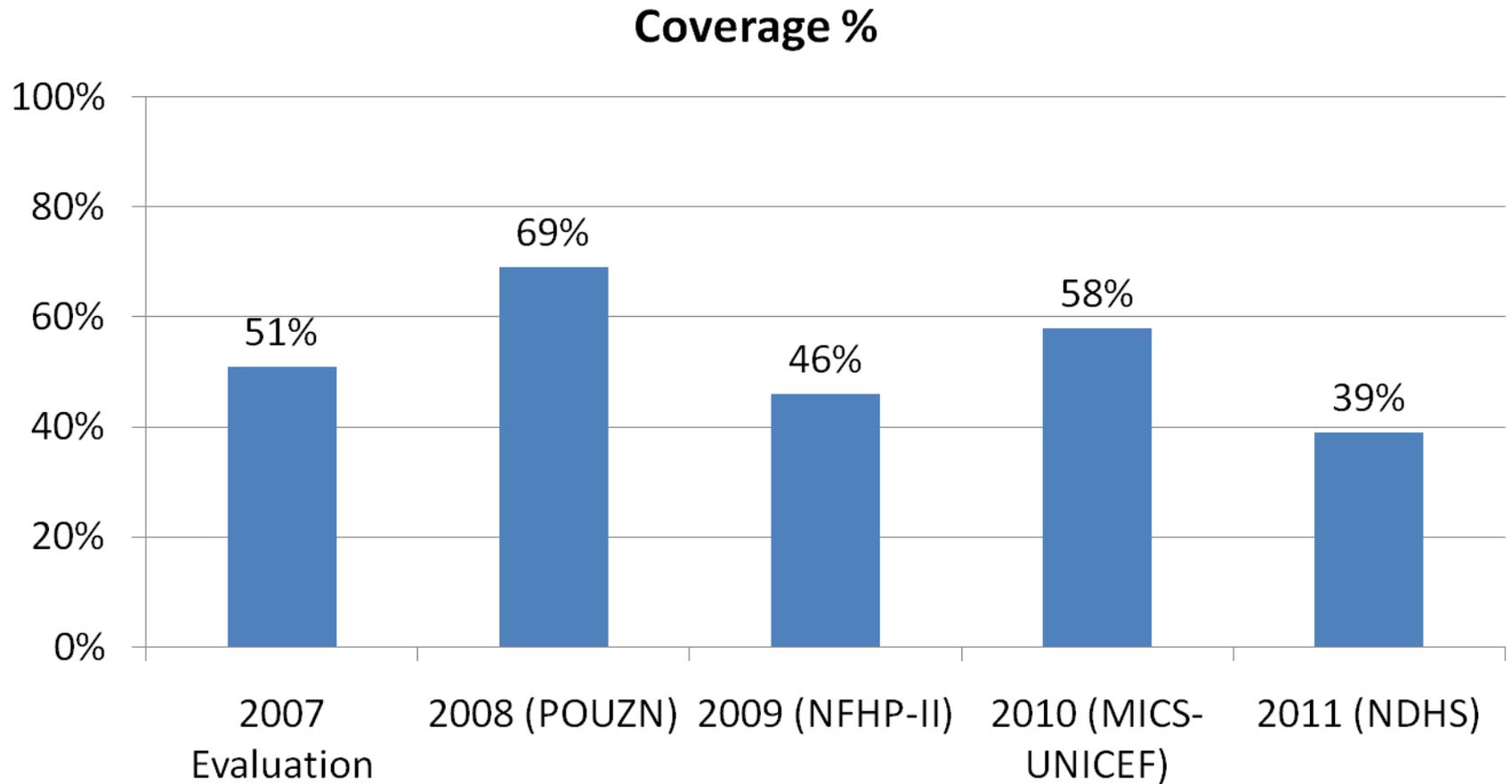
Program Implementation

- **Nepal government introduced zinc supplementation for treatment of diarrhea in 2 districts in 2006**
 - Later incorporated into IMCI program and expanded nationwide by 2010
- **Zinc tablets along with ORS provided by networks of health facilities and Female Community Health Volunteers (FHCVs) free of cost**
 - Government has taken up responsibility of procuring zinc tablets since 2009
- **Government has also initiated social marketing project for zinc treatment through private sector providers in 30 districts**
 - Zinc tablets produced by Nepali companies made available in markets for reasonable prices

Status of Zinc Supplementation in Treatment of Childhood Diarrhea



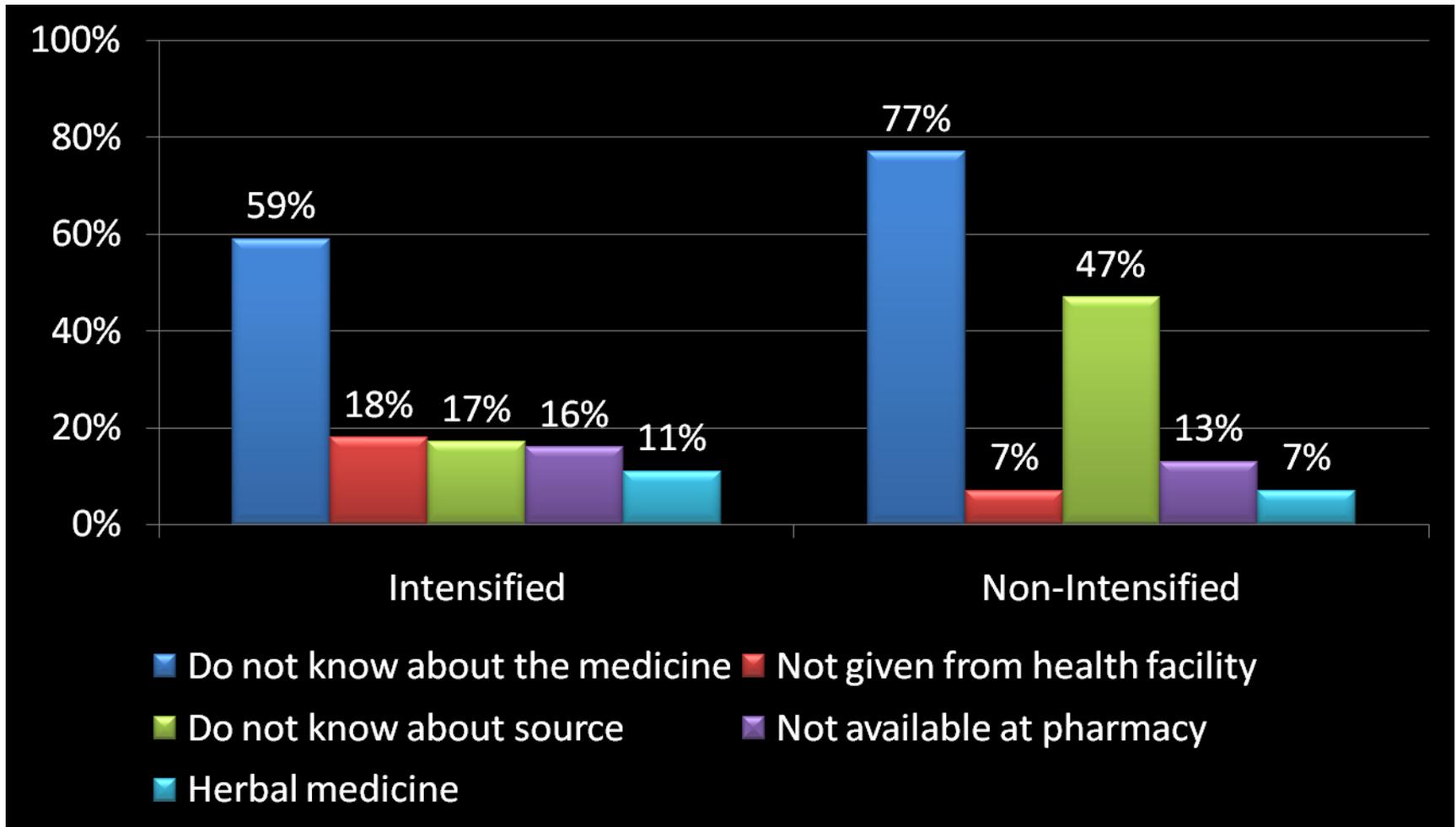
Coverage of ORS



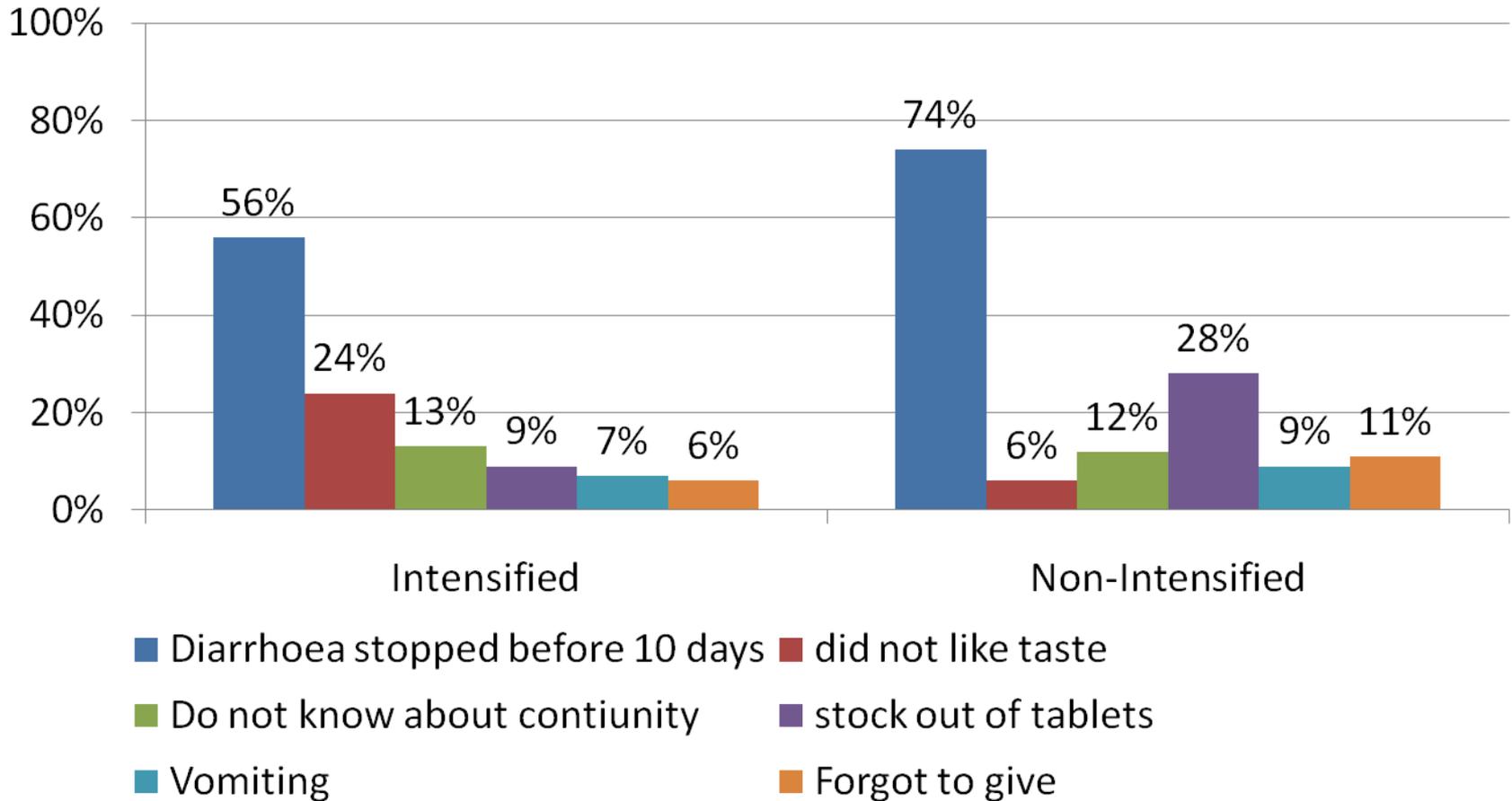
Major Barriers

- **Behaviour Change Communication**
 - Lack of awareness about the program
 - No national scale BCC campaign in place
- **Supply and its management**
 - Inadequate and irregular supply of zinc tablets
- **System Capacity**
 - Inadequate internalization of the treatment among health service providers
- **Private Sector Involvement**
 - A lot of diarrhea cases treated at private sector but zinc tablets available only in urban and semi-urban areas of a limited number of districts

Reasons for Not Giving Zinc Tablets during Last Diarrhoeal Episode



Reasons for Not Giving Zinc Tablets for 10 Days



Formative Research

Key Objectives

- Assess the knowledge and prescribing and counseling behavior (in relation to zinc and ORS) of health workers, private pharmacies and FCHVs for treatment of diarrhoea;
- Identify the media habits (information source) of caretakers and key decision makers;
- Identify the underlying factors/barriers (cultural and programmatic) behind the low utilization of Zinc and ORS;
- Assess the effectiveness of the existing IEC and training materials on zinc supplementation along with ORS;
- Develop comprehensive BCC plan focusing the deprived groups;
- Develop and test BCC materials

Key Findings of Formative Research

- No significant difference among respondents on their knowledge and practices in relation to management of childhood diarrhoea
- Awareness about and usage of zinc for treatment of childhood diarrhea is very low
 - Lack of awareness about zinc and its sources
 - Low awareness among private pharmacists about benefits of zinc
 - Inadequate training to health workers and FCHVs
- The community does not have access to IEC materials on zinc and ORS and even the existing materials were found to be less effective
 - Benefits of zinc are not illustrated,
 - Pictures are not clear to deliver clear messages to illiterate persons,
 - The materials are not in local languages

BCC Matrix

Target Group	Objective	Material	Delivery Channel	Frequency	M & E
Primary: Mothers / Caretakers (including general public/ community)	Increase the Awareness, Knowledge and Use of Zinc and ORS in the Treatment of childhood Diarrhoea	IEC 5 (Small Poster)	HWs/ FCHVs, Civil Society Organizations, Women Groups, School Children	Needs to be calculated based on the size of the identified pilot district	Output: No. of posters produced and disseminated
		Social Mobilization	Civil Society Organizations	Facilitate orientation and sensitization workshops for each women groups and schools in the district	Output: No of orientations, in school and mothers groups. No of Mothers and children reached
		TVC Radio Jingle	Nepal TV Local FM Stations	TVC to be aired in-between all news daily for 3 months. And in at least 2major weekly entertainment serials/family dramas for 6 months on a seasonal basis (Starting March to August). Also include msg within the story (if possible) 12-15 radio spots per day in major local FMs for 6 months	Output: Airing certificate
		Locally Adapted Designs for Hoardings/flex boards	New and Strategically selected sites within the district	Create/adopt locally appropriate designs and select at least 20 spots within a district to place the boards	No of locations identified and hoardings placed

BCC Matrix

Target Group	Objective	Material	Delivery Channel	Frequency	M & E
Secondary: FCHVs / Health Workers (including pharmacists)	Increase the Awareness, Knowledge and <u>recommendation</u> of Zinc and ORS Supplementation in the Treatment of childhood Diarrhoea	IEC 1 (Job Aid)	HWs/ FCHVs	Needs to be calculated based on the size of the identified pilot district	Output: No of Job Aids produced and distributed among the target group.
		IEC 2 (Dangler/Poster)	HWs/ FCHVs Civil Society Organizations	Needs to be calculated based on the size of the identified pilot district	Output: No of posters produced and distributed among the target group.
		Mass Media TVC	Nepal TV	TVC to be aired in-between all news daily for 3 months. And in at least 2 major weekly entertainment serials/family dramas for 6 months	Output: Airing certificate
		Radio Jingle	Local FM Stations	12-15 radio spots per day in major local FMs for 6 months	
		Training and Training Manual	HWs/ FCHVs Civil Society Organizations	Needs to be calculated based on the size of the identified pilot district	Output: No of trainings organized and HWs attending training

Policy and Program Review

Key Recommendations

- Knowledge and counseling skills of health workers and FCHVs need to be enhanced through additional follow-up support
- Piloting of zinc and ORS combo pack is important to increase coverage of zinc at par of ORS
- Compliance of zinc supplementation can be significantly enhanced by expanding the use of compliance cards to all districts
- Expand and strengthen distribution of zinc through private sector as well

Key Recommendations

- There is an urgent need to implement a comprehensive BCC plan developed based on the formative research promoting ORS and zinc in treatment of childhood diarrhea
 - This should take full advantage of local FM radio messages that are delivered in the appropriate local languages
- Mass media messages should include mention of and legitimization of FCHVs role
- If possible, a local celebrity “Champion” may ideally be linked to the campaign

Current and Future Plan of MI Nepal for Strengthening Zinc and ORS Program

Current Plan and Activities

Program:

Strengthening Zinc and ORS Treatment in Childhood Diarrhea

Objective:

To increase coverage and compliance of zinc supplementation (along with ORS) by enhancing knowledge and skill of service providers

Working Area: 30 priority districts in 3 years

Program Districts



Components of the Program

- TOT for district supervisors at district level
- Orientation for private pharmacies at district level
- Refresher workshops during FCHV monthly meetings
- Distribution of [compliance cards](#) along with zinc and ORS
- Distribution of Zinc Job Aid to Service Providers
- Distribution of [Flex Board](#) to all health facilities and FCHVs for promotion of zinc
- Piloting of comb pack of zinc and ORS in 1 district (Chitwan)
- Supportive supervision by MI Field Officers
- Evaluation of the program
 - Baseline in May 2014
 - Endline in December 2015

Future Plans

- MI is in process of supporting a pilot project for incorporation of zinc into existing ORS social marketing campaign of Nepal CRS Company

Thank You