



MONITORING AND EVALUATION OF THE CHLORHEXIDINE “NAVI” CARE PROGRAM

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The USAID-funded Chlorhexidine “Navi” Care Program (CNCP), implemented by JSI Research & Training Institute, Inc. (JSI), provides technical assistance to the Government of Nepal to scale up the use of Chlorhexidine gel, an antiseptic applied to the umbilical cord of newborns to prevent infection and neonatal mortality. With the combined efforts of the Ministry of Health, a local pharmaceutical company, and development partners, Nepal’s Chlorhexidine program has achieved nationwide coverage. JSI/CNCP has estimated that Chlorhexidine cord care has prevented nearly 9,600 newborn deaths thus far. JSI/CNCP has been guided by the following principles: simplicity, sustainability, integration with existing programs and systems, and government-led/partner-supported. JSI/CNCP’s reach extends beyond Nepal to create evidence for global advocacy and provide technical support to other countries introducing and scaling up Chlorhexidine use.

While Nepal had strong clinical evidence, political will, and external funding support for Chlorhexidine program scale up, a significant challenge had yet to be addressed: how could a sustainable monitoring and evaluation (M&E) system be put in place that would allow the government to monitor progress, and yet be flexible enough to identify gaps in implementation.

A Comprehensive, Flexible M&E System

From its inception, JSI/CNCP had a rigorous M&E mechanism in place that would be able to document its progress. This mechanism included three components: integration of routine monitoring of Chlorhexidine use into existing government information systems, a program monitoring system, and use of external research and surveys for validation.

Chlorhexidine Monitoring & Evaluation Mechanism



Integration into Routine Information Systems

As part of its efforts to ensure the sustainability of routine monitoring of Chlorhexidine use, JSI/CNCP used simplicity and a step-wise technique to integrate Chlorhexidine into the existing government health management information system (HMIS) and logistics management information system (LMIS). While JSI/CNCP was interested in collecting data on many aspects of the program, it recognized that this could complicate integration into both systems. Thus, it identified only two indicators critical to government monitoring: use of Chlorhexidine, and availability of Chlorhexidine. Health Facilities and frontline Female Community Health Volunteers (FCHVs) already utilized registers to track health activities; however, HMIS recording and reporting tools such as these

are only revised every few years. JSI/CNCP could not wait that long to start monitoring. Thus, in the early stages of the program, tools were modified simply by adding columns to the existing forms. Subsequently, when tools were being officially revised, JSI/CNCP worked with government technical working groups to ensure that Chlorhexidine was included in the formal modification. Facing the same problem with integration into the government’s LMIS, JSI/CNCP used a similar, step-wise approach, beginning with a simple modification which was then followed by a formal revision.

Program Monitoring System

In order to monitor the process of program implementation, JSI/CNCP used a performance

improvement approach commonly known as technical support visits (TSVs). This approach was initiated following a 2013 mid-term assessment, which revealed that without regular follow up and technical support, it would be difficult to achieve high coverage at scale. JSI/CNCP staff conducted TSVs, both in person and by telephone, with health facility personnel, FCHVs, recently delivered women having an infant under six months of age, and pregnant women in their eighth or ninth month of pregnancy. JSI/CNCP staff identified gaps during these sessions and addressed the issues immediately through coaching or by coordinating with district or higher-level authorities. While initially paper-based, the TSVs were transitioned to a mobile data collection system, resulting in more rapid data monitoring and issue resolution. For example, data collected through TSVs identified that 20% of women did not have access to an information source about Chlorhexidine; this resulted in JSI/CNCP altering its SBCC activities to reach these women.

Research and Surveys

JSI/CNCP utilized external research conducted by partners and national surveys for validation purposes. Chlorhexidine for cord care variables were included in the Multiple Indicator Cluster Survey (2014), Nepal

Health Facility Survey (2015), and Nepal Demographic and Health Survey (2016). An external mid-term assessment was conducted in 2013 and a coverage and compliance survey was conducted in 2017. Other partners are also evaluating Chlorhexidine use in ongoing research.

Conclusion

JSI/CNCP's comprehensive and flexible M&E approach resulted in key indicators being incorporated into the government's existing information systems, allowing for sustainable monitoring and for program staff to identify and address gaps in program implementation. When a new program is launched, it is not always possible to immediately include appropriate indicators in government information systems. Keeping data requirements simple, and using a step-wise approach that takes advantage of opportunities for integration as they arise, will both promote early integration and result in greater sustainability. In addition, performance improvement monitoring, such as the TSV approach used by JSI/CNCP, can provide evidence to support implementation modifications that are critical during scaling up.



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