

Sharing our Promising Approaches

Background

The neonatal mortality rate in Nepal is 33 per 1,000 live births and has remained stagnant for the past five years, according to DHS. Almost two-thirds of all deliveries occur at home in generally unhygienic conditions, increasing the risk of neonatal infection—which is the leading cause of death among neonates. Among newborns, exposure of the freshly cut cord stump to pathogens through hands, instruments, cloths, etc., may lead to infection and death.

Chlorhexidine (CHX) is a broad-spectrum antiseptic that is safe and effective for reducing bacterial colonization on the skin and umbilical stump of newborns. Pooled analysis of several studies has shown that immediate cleansing of the umbilical cord with 4% CHX reduces mortality risk by about 23%.



Application of chlorhexidine antiseptic to a newborn's umbilical stump reduces risk of infection that may cause death.



The Chlorhexidine Navi (cord) Care Program, a three year JSI project awarded by the Saving Lives at Birth Partners, supports the Government of Nepal to scale up use of chlorhexidine as a national program to reduce neonatal mortality.

Methodology

Two preliminary studies conducted in 2008-09 tested the effectiveness of using CHX on reducing neonatal infection. The first study was hospital-based and demonstrated that a gel preparation was as effective as an aqueous preparation. The second study, an acceptability study, was done at the community level and demonstrated a clear preference for a gel preparation. Completion of these studies paved the way for a pilot to determine the coverage and compliance in the Nepalese context and within the existing public health service delivery system. This pilot was conducted in four districts: Banke, Bajhang, Jumla, and Parsa.

JSI's Chlorhexidine Implementation Approach



Scale Up

Based on the encouraging results of this pilot study, the Government of Nepal approved in late 2011 the use of 4% CHX for umbilical cord care as part of essential newborn care. The scale-up plan, currently being implemented, aims to bring CHX to newborns in at least 63 of Nepal's 75 districts over three years. Scale-up involves the integration of CHX into ongoing government programs including the Community Based Newborn Care Program and the Misoprostol program for prevention of postpartum hemorrhage. CHX will be included in the skilled birth attendant curriculum. The Government has included 4% CHX on its essential drug list and since 2013 has taken responsibility for procurement of the product.



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