REACHING EVERY NEWBORN WITH CHLORHEXIDINE IN NEPAL

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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.

Availability of quality products is critical to the success of any public health program. A primary goal of JSI/CNCP was to ensure that every newborn, irrespective of place of birth, received Chlorhexidine application on the umbilical cord after cord cutting. However, making this a reality was challenging given that many communities are isolated within the hills and mountains or secluded in the vast southern plains. JSI/CNCP supported the governments' distribution systems to ensure that Chlorhexidine was available through every frontline Female Community Health Volunteer (FCHV) and health facility, thus maximizing accessibility.

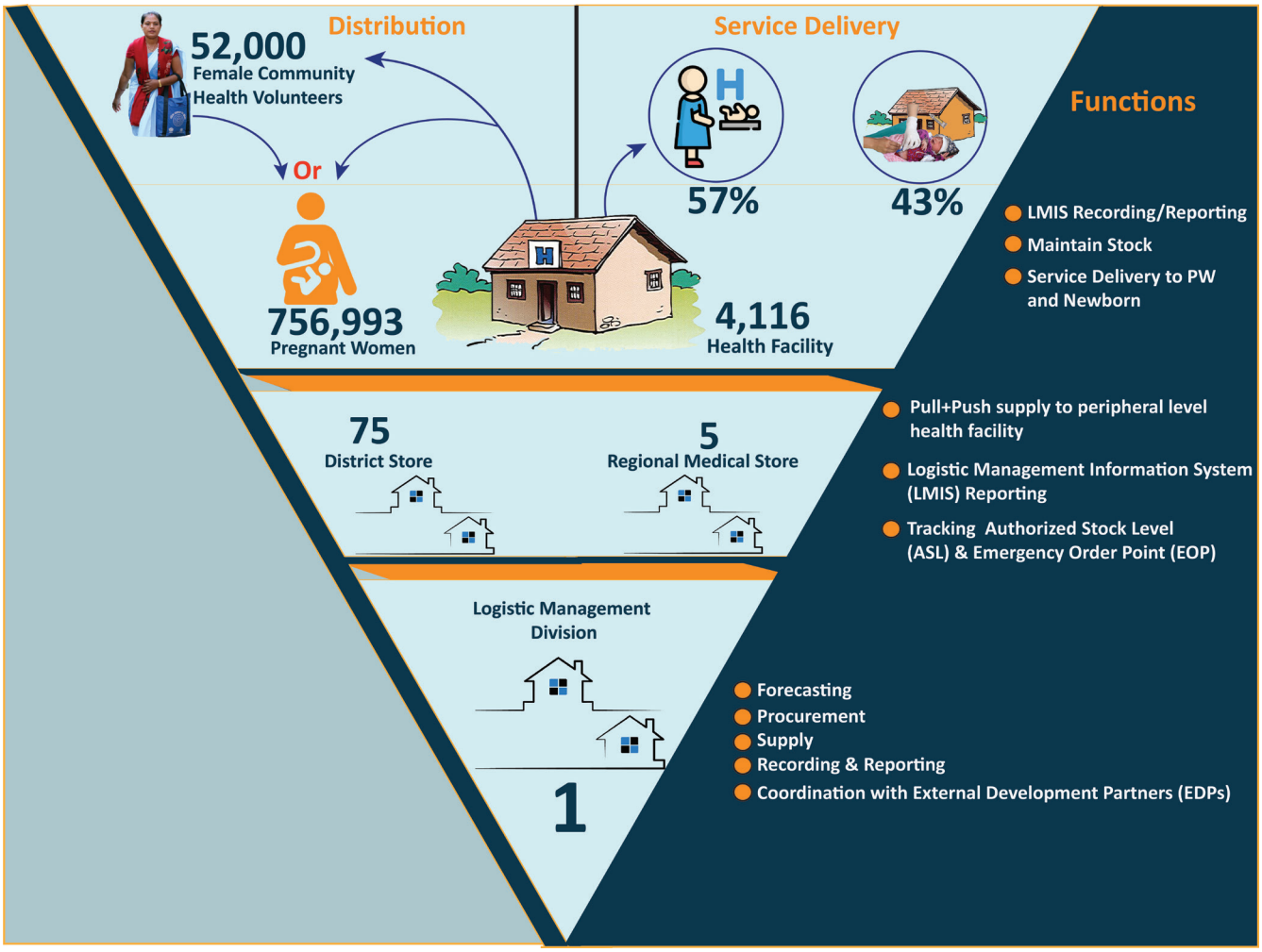
Srijana and Bimala's stories

Srijana and Bimala are sisters-in-law living in the same household in a rural hill village in western Nepal. Both women were pregnant for the first time, with just two months separating their delivery dates. Srijana and Bimala attended routine antenatal checkups (ANC) at their village health post and mothers' group meetings led by Durga, their village FCHV. It was during one of these meetings that they learned about the importance of Chlorhexidine and how to use it. Srijana received her tube of Chlorhexidine through a health worker during an ANC visit in her eighth month of pregnancy, and carried it with her when she delivered her baby at the health facility. The health facility had its own stock of Chlorhexidine, and it was appropriately applied to Bimala's newborn. Both she and her baby were healthy. Following delivery, the health worker explained to Srijana that she could return her tube of Chlorhexidine to Durga who would then distribute to another pregnant woman.

On the other hand, Bimala did not visit the health post during her eighth month. While Durga had visited Bimala's house on one occasion to talk more about Chlorhexidine, Bimala was not at home. While Bimala knew about the importance of Chlorhexidine, she had not received a tube prior to going into labor and delivering at home. Bimala requested her husband to go to Durga's house to get a tube of Chlorhexidine. He and her father-in-law walked 30 minutes to Durga's house, in the middle of the night, and requested a tube of Chlorhexidine. It was their fortune that Durga had gone just the day before to the health facility to resupply her stock; she provided them with a tube to take back to Bimala. Bimala's mother-in-law applied Chlorhexidine to the umbilical cord stump, and both Bimala and her baby were healthy.

Reaching Every Newborn

Srijana and Bimala's stories, and the roles played by Durga and health facility staff, are not unique in Nepal. There are more than 52,000 FCHVs, like Durga, providing frontline service to improve maternal, neonatal and child health in Nepal. Initially, JSI/CNCP used a one-door policy for distributing Chlorhexidine tubes, meaning that only FCHVs distributed tubes to pregnant women. This model was based on experience with the distribution of misoprostol for the prevention of post-partum hemorrhage, which also targeted pregnant women. JSI/CNCP sought to capitalize on synergies with misoprostol in the supply chain. However, after a few years of implementation, data from JSI/CNCP's mid-term assessment revealed that many pregnant women did not receive Chlorhexidine from FCHVs – only one in four pregnant women had. Chlorhexidine Coverage and Compliance Survey 2017 (CCCS 2017) revealed that only 2 in 10 women received a Chlorhedixine gel tube during pregnancy and the majority (62%) of them received a tube from an FCHV.



This could have serious consequences for a newborn delivered at home. According to CCCS 2017, umbilical cord infection is significantly higher among neonates who did not have Chlorhexidine applied, compared to those who received the application. The government used this evidence to modify its strategy to include distribution during the eight-month ANC visit, which resulted in an increase in the likelihood of pregnant women getting a Chlorhexidine tube.

In addition to supporting the distribution of Chlorhexidine, JSI/CNCP has provided technical support to the government in quality product supply, quantification of demand and procurement.

Conclusion

Ensuring the availability of the right product to the right person, at the right time, at the right place is essential to the success of any intervention. As the stories of Srijana and Bimala show, one size doesn't fit all. The change made to the Chlorhexidine distribution system in Nepal has helped more newborns receive it. Making such modifications in supply chain management is critical during the scale up process for maximizing coverage and benefit. The combination of efforts from health facility staff and the FCHVs helped to ensure that both of Srijana and Bimala's newborns received Chlorhexidine and had a healthy start to their life.

DISCLAIMER: *This technical brief is made possible by the support of the American People through the United States Agency for International Development (USAID). The contents of this technical brief are the sole responsibility of JSI Research & Training Institute, Inc./Chlorhexidine Navi Care Program and do not necessarily reflect the views of USAID or the United States Government.*