

# *Final Report*

*December, 2010*

*MAJOR HIGHLIGHTS  
Program Summary  
Challenges  
Lesson Learnt  
Innovative Practices  
Recommendations*

## Community Based New Born Care Program, Dang



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## ***BACKGROUND***

Integrated Rural Health, Development Training Center Nepal (IRHDTC/Nepal) is a service oriented non-profit private organization established in 1993 by experienced public health managers, policy makers, medical personnel, and academic leaders engaged in the field of public health and development in Nepal and abroad. It has already completed 16 years of tireless and dedicated effort for the capacity building and development of the human resources for health. Through collaborative efforts of experts, academicians, and supporting organizations, it has been able to significantly contribute in strengthening the technical, and leadership competencies and capabilities of the current and future public health workforce and has been able to build strong linkages between policies, program and research both in Nepal and abroad.

Recognizing its professional capability and competency, UNICEF has partnered with IRHDTC for the implementation of Community Based New Born Care Program (CB-NCP) in Dang District. CB-NCP is an innovative program aimed at reducing the newborn mortality and improving the health of newborn.

The Community Based Newborn Care Program is an outcome of the evolving evidence & experience of various child survival programs, globally & in Nepal. The major interventions included in the program are as follows:

1. Behavior Change and Communication (BCC) for newborn health
2. Promotion of institutional delivery and clean delivery practices
3. Postnatal care
4. Community case management of neonatal infections
5. Care of low birth weight newborns
6. Prevention and management of hypothermia
7. Recognition of asphyxia, initial stimulation and resuscitation of asphyxiated baby

The Female Community Health Volunteer (FCHV) along with facility Based –Community Health Workers (VHW, MCHW) are identified for implementation of CB-NCP. The FCHVs are to be supported by the peripheral health workers and health facilities.

## ***PROGRAM SUMMARY***

### **I. Conduction of CB-NCP Partners meeting and Materials Orientation Program**

A one day material orientation program was organized by IRHDTC/Nepal with support from UNICEF for partner NGOs of UNICEF/Nepal implementing CB-NCP program in 3 districts on 10th November, 2009. The orientation and interaction program was very significant for bringing UNICEF and partner NGOs in a single forum, share program strategies and generate common consensus for effective implementation of the program. In addition, sharing of the past experience by NCP-secretariat and government staffs was worthwhile for effective execution of the program.

### **II. Observation Visit to CB-NCP program in Bardiya**

IRHDTC/Nepal with support from UNICEF arranged field visit for observation of CB-NCP program in Bardiya District. Three staffs of IRHDTC/Nepal participated in the FCHV level training program in Rajapur and Manpur VDC from 15-29 November. The program is being conducted by DHO, Bardiya with support from Save the Children. The visit helped the staffs to acquaint with the CB-NCP program: its contents, methods in the CB-NCP Secretariat. IRHDTC also helped UNICEF in finalization of the training materials including flex for printing.

### **III. CB-NCP planning meeting and DDC orientation**

DPHO, Dang and IRHDTC/Nepal with support from UNICEF/Nepal successfully conducted the District Level CB-NCP planning meeting on 20th November, 2010 and

DDC orientation on the following day in Dang. The district planning meeting was successful in orienting the participants on the importance of CB-NCP program, strategies adopted by CHD, IRHDTC and UNICEF for the implementation of the program. Accordingly, a detailed comprehensive plan for the successful implementation of CBNCP program was developed with full participation from DHO and local level stakeholders. Representatives from Department of Health Services/ Child Health Division, District Public Health Office/Dang, UNICEF/Nepal, IRHDTC/Nepal, Rapti Sub-Regional Hospital and NGOs/INGOs participated in the meeting.

#### **IV. Completion of 5 batches of Health facility level CB-NCP DToT training and VHW/MCHW level Training**

All the five batches of Health facility level CB-NCP DToT training was completed according to schedule. DToT trainings were provided to Health facilities and Birthing Centre staffs to increase their skills and capacity to effectively implement and support the program as facilitators and supervisors. The training was very successfully and effectively conducted with impressive pre-post test results and post- training feedbacks. Similarly, IRHDTC/Nepal with support from UNICEF/Nepal successfully conducted VHW/MCHW level training in the district headquarter of Dang District. VHW/MCHW Level CB-NCP training was conducted from 29th January to 13th February, 2010. The VHW/MCHW level training consisted of 5 days.

Batch Number	No. of facilitators		No. of participants	Target Vs Achievements
	Full time	Part time*		
1	6	3	20	
2	6	3	22	
3	6	3	19	

\* Part time facilitators includes Statistical Officer, Medical Superintendent and Advanced SBA trainer of Rapti Sub-Regional Hospital, SBA Trained Nurses, Medical Officer of PHC, Central Staffs of IRHDTC/Nepal and UNICEF

## V. Completion of FCHV level training

District Public Health Office, Dang and IRHDTN/Nepal with support from UNICEF/Nepal successfully conducted FCHV level training in the 39 VDC of Dang District. FCHV Level CB-NCP training was conducted from 23<sup>rd</sup> February to 16<sup>th</sup> April, 2010. The FCHV level training consisted of 7 days which included 6 days facility based training, and one day mother's group orientation. A VDC level orientation of half day was conducted on the 6<sup>th</sup> day of training. On the eight day, Traditional Healers' (TH) Orientation was conducted.

Batches	No. of facilitators per batch	No. of participants	Target Vs Achievements
39	4	804	

### Major observations during the FCHV level training

- All the FCHVs were highly motivated to participate in such an important training and actively participated in all sessions.
- During the VDC orientations, most of the VDC were committed to support the CB- NCP program and FCHVs.
- There were some difficulties for a few (around 5%) FCHVs to participate in the training due to long distance from home. Some had to walk daily for 3 hours to reach the training center during the training period. Some had to even stay in the house of relatives or FCHV friend during the training period.
- All the training methodology eg: use of meta-card and newsprint, role play, video show, skill station were properly followed during the Training.
- Training materials were adequately supplied except Thermometer.
- Maternal and Neonatal death of within last one year information collected from FCHVs during the same time.
- UNICEF, DoHS representatives, DPHO supervisors, and Regional Director Mr Mohamad Daud closely observed FCHVs level Training.

- Sharing of CB-NCP program with RHCC, Dang. IRHDTTC is now member of RHCC Dang.
- FCHVs are highly encouraged with the FCHV incentive provision
- There are life saving fund for support to safe delivery and emergency transport in the watch groups (groups of women formed to collect emergency fund) in all ward of 39 VDC.

## **VI. Training to Village Facilitators of DACAW**

IRHDTTC/Nepal and UNICEF felt an immediate need for training village facilitators of DACAW program of UNICEF. Village Facilitators are the coordinators of community mobilization activities for implementation of DACAW activities. They are supported by 20 to 30 community mobilizers in each VDC for conducting women and children centered activities. An immediate decision was taken by UNICEF to support one batch of community level CBNCP training to 19 village facilitators. Accordingly, training was provided to 19 village facilitators during the community level training period in Dang.

## **VII. Conduction of VDC Orientation, Mother's Group Meeting and Traditional Healer's Orientation**

A major emphasis was put on successful conduction of Mother's Group meeting. The community level facilitators were regularly informed and motivated for successfully conducting mother's group orientation. As a result, the mothers group orientation along with traditional healer's orientation and VDC orientation were very successful.

### Major Observations:

During mothers group meeting

- Mothers were oriented on techniques of effective handwashing

- Treatment and referral along with counselling to mothers with newborn child
- Discussion on prevalent harmful newborn care practices and orientation on correct basic newborn care practices.

<b>S.No.</b>	<b>Activities</b>	<b>No. of batches</b>	<b>No. of participants</b>	<b>Time period</b>
1	VDC Orientation	39	637	February 23 – 16 April
2	Mother's group Meeting <ul style="list-style-type: none"> <li>• Mothers</li> <li>• Newborn</li> <li>• Treatment</li> <li>• Referral</li> <li>• Counselling</li> </ul>	804	9352 169 19 9 1697	February 23 – 16 April
3	Traditional Healers' Orientation	39	146	„

### **VIII. Facilitation and Participation in Workshop for formulation and finalization of follow-up plans and tools for CBNCP in Bardiya**

CBNCP Secretariat and Save the Children Nepal had organized a workshop for formulation and finalization of follow up plans and tool for CBNCP program in Bardiya. The workshop was facilitated by Mr. Ram Bhandari, the Executive Director of IRHDTN/Nepal. He presented the overall concept of Follow up after training and facilitated the session for finalization of tools for follow up of CBNCP training in Bardiya.

### **IX. research activities**

- 1. Ethnographic study on Newborn Care Practices**
- 2. Traditional healing practices in Dang**
- 3. Verbal Autopsy**

**X. Participation in various meetings, workshop and disseminations related to CB-NCP program**

IRHDTC/Nepal has actively participated in various meetings, workshop and dissemination program related to CBNCP program during the period. During all meetings, IRHDTC/Nepal shared the implementation status of the program and shared its learning of the field activities. Similarly, the sharing of other partner organizations was very helpful for the future activities. IRHDTC participated in the following meetings:

- Sharing of Implementation status of CBNCP organized by Child Health Division and CBNCP secretariat on 14th of March
- Partner's Meeting organized by UNICEF on 26th of March, 2010
- CB-NCP Secretariat Workshop for finalization of plans and tools for CBNCP training Follow up in Bardiya (20 April, 2010, Hotel Orchid)
- Partner's Meeting organized by UNICEF on 26th of April
- Participation in CB NCP Incentive Orientation Program in Sunsari

**XI. Participation in the Follow up activities of CBNCP Baridya**

Mr. Ram Bhandari and Dr.Nitin Bhandari participated in the CBNCP follow up program in Bardiya scheduled from 28 May to 8 June, 2010.

**XII. Observation Visit to CB-NCP Dang District by Ms. Lily Kak and the team on 25<sup>th</sup> August 2010**

**Visited Site:** Gadawa VDC, Ward No. 6

Team Members:

- I. Ms. Lily Kak, USAID USA
- II. Betsy Hendrickson, USAID USA
- III. Ms Narmay Limbu, USAID Nepal
- IV. Mr. Deepak Paudel, USAID Nepal

- V. Dr. Sudhir Khanal , UNICEF Nepal
- VI. Mr. Ram Bhandari, IRHDTC, Kathmandu.
- VII. Mr.Rajesh Saru Magar, UNICEF Dang
- VIII. Mr.Bishnu Pokharel , DPHO Dang
- IX. Mr. Dharma Raj Mahatara, IRHDTC Dang

**Persons Visited at the site:**

- I. Kailasi Chudhari -FCHV, Ward No. 6
- II. Uma Ghimire –FCHV, Ward No. 2
- III. Shivahari Sharma- Gadawa HP Incharge
- IV. Kasi Pd.Chaudhari –VHW
- V. Tara Yadav -VF DACAW Program
- VI. Uma kanta Panta- HFMOG Member
- VII. Khema Nanda Pandey- HFMOG Member

**BRIEF SUMMARY OF THE VISIT:**

FCHVs and Mother’s group of Gadawa VDC, Ward No. 6 were visited to discuss and observe knowledge and skills of FCHV related to Community Based New Born Care Program, Dang. At the Health Facility, HP incharge Mr.Shiva Hari Sharma shared to the team about Birthing Centers, staffs involved, its accessibility and the major changes observed after implementation of CB-NCP program in the District. HFMOG members actively participated during the discussion. Similarly a presentation on “CB-NCP in Dang District” was given by District Public Health Administrator Mr. Kesab Raj Pandit. DPHO and supervisors participated during the sharing program. Also Dr. Sudhir Khanal, UNICEF shared his view and his commitment to support the DPHO Dang for the future planning of CB-NCP program.

**XIII. Visit by key stakeholders in Dang**

During the FCHV level training program, official from UNICEF and Regional Director of Western Region Mr. Mohammad Daud visited the training sites. They

shared their experience, and praised IRHDTC for the effective conduction of CBNCP training. During the FCHV level training program, Makalu Health Academy (CBNCP implementing partner of UNICEF) observed the FCHV level training.

#### **XIV. CB-NCP software installation program in Dang District**

CB-NCP software installation program was successfully conducted on 9-10 June 2010 in Dang District. The program was organized by IRHDTC with support from UNICEF and Save the Children. The total number of participants in the program was:

DPHO/ Dang	= 3
IRHDTC	= 2
Save the Children	= 2
UNICEF	= 1

#### **XV. CB-NCP training materials distributed in Dang District**

FCHV level additional training materials were bought and distributed by IRHDTC in all the 39 VDCS of Dang District.

#### **XVI. Completion of FCHV Incentive Orientation Program**

The FCHV Incentive Orientation Program was conducted from 30th June to 1st July. The total number of participants in the program was 51 including 39 health facility level in charge and 12 DPHO staffs. The participation of following personnel during the Incentive Orientation Program was highly appreciated:

##### **Central level:**

Mr. Satish Bista	CHD
Dr. Purshottam Sedai	CHD

##### **Regional level:**

Mr. Mohammad Daud	Regional Director, Surkhet
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**Supervisor:**

DPHO/ Dang

**XVII. Completion of After Training Follow Up**

The follow-up after training was conducted in Dang district from 12th-29th of September, 2010. The CB-NCP training was conducted in all the VDC's of the district covering all the health workers and community level health workers.

	<b>Total Number</b>	<b>Total Visited</b>	<b>Percentage coverage</b>
Health Facility	39	36	92%
Primary Health Centre	3	3	100%
Health Post	10	9	90%
Sub-health Post	26	24	92%

	<b>Total Number</b>	<b>Total Interviewed</b>	<b>Percentage coverage</b>
Health Facility Staff	87	57	65%
VHW/MCHW	64	36	56%
FCHV	808	141	17%

**XVIII. Technical Support Visit**

The technical support visit by IRHDTC team was on going until the discontinuation of IRHDTCs activities in Dang effective from 15th of December, 2010. Regular Technical Support Visit was carried out by IRHDTC field officer with periodic Supervision Visit from the Central level. Before the closure of activities a Central level technical support visit (December 2-6, 2010) was made in 6 Health Facilities. During the visit, FCHVs in close proximity to the HF were visited and were interviewed for any technical difficulties faced and feedbacks was shared.

#### XXIV. Efficient Management of the program

The overall management of the program at the field level was ensured through regular supervision and support from DHO, IRHDTC/Centre and UNICEF/Nepalgunj. During the HF level training, VHW/MCHW level training and FCHV level level training, IRHDTC/Kathmandu, UNICEF/Nepalgunj-Dang, UNICEF/Kathmandu, CB-NCP secretariat, CHD and NFHP closely monitored the program.

Similarly, the management of the central level activities was ensured through regular weekly meetings and planning with regular support visit from UNICEF Nepal to the central office of IRHDTC/Nepal for the observation of management of the CBNCP program including the financial management.

Thanks to all the working hands of grass root health workers and district health authorities, CB-NCP in Dang has become one of the model district. With the completion of all the proposed activities, IRHDTC has closed all the support activities in Dang.

#### XXV. Supervision Visit during Program implementation

Program	Dignitary	Centre
Planning Meeting	Dr. Purusottam Raj Sedai	CHD
HF level training	Mr. Satish Bista	CHD
VHW/MCHW level training	Mr. Parsuram Shrestha	CHD
FCHV level training	Mr. Mohammad Daud	Regional Director
After Training Follow-up	Dr. Y.B Pradhan	Director General
	Dr. R.P Biccha	CHD
	Mr. Hira Baral	CHD
	Mr. Parsuram Shrestha	CHD

	<p>Mr. Mohammad Daud Mr. Om Acharya Mr. Kedar Parajuli</p>	<p>Regional Director</p>
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## CHALLENGES

- In the first two batches of HF level training, complete sets of printed training materials were not ready. There was some difficulty in conducting the trainings due to inadequate training materials. The essential materials were color printed and photocopied by IRHDTC.
- The training schedule was very tight as a result of which time management was very challenging. However, the support and coordination from participants enabled the management team (IRHDTC/DPHO) to timely complete the training without compromising on the quality.
- Some of the training materials like: Flexible doll without cloth and with cord stump could have been very useful for KMC and cord care session (for KMC, Cord care) but they were not in the supply list. We strongly recommend the provision of such materials in future.
- Clinical sessions were difficult to conduct especially in small place setting where the hospital did not have sufficient delivery cases. There were extremely few cases for newborn and no cases to observe immediate new born care throughout the training period (during day time 8 a.m. - 5 p.m.).
- There was no gentamycin vial as a result of which gentamycin ampoule was used which created confusion. Eventually, a vial for practice was locally managed. Similarly, cotrim tabs that were provided had some practical problems: could not be easily broken into halves and did not dissolve easily in water.
- Logistics Management (Thermometer and medicines delivery delay).

- Regular entry of accurate data in the CB-NCP software was a big challenge. However timely monitoring, reinforcement and supervision by CB-NCP section of CHD facilitated the regular entry of the data in the CB-NCP software.
- The analysis of results of after training follows up showed on an average that the knowledge regarding the key CB-NCP components among all level health workers is very good maintaining above 80 percent. Similarly, the observational skill assessment showed on an average a good result that too maintaining above 80 percent. On the other hand, the knowledge of health workers regarding the management of hypothermia was found out to be low. Also, the skill assessment of management of asphyxiated newborn baby showed a poor performance among all level health workers with score of below 50 percent. This shows the grave need of regular technical support visit, refresher training and follow-up of health workers in order to increase their performance level and to give over all support to program maturity.

## **LESSON LEARNED**

- Mix participants for training is very desirable as it fosters the sharing and critical discussion among the participants.
- Focusing on target skills and areas by emphasizing and revision by adaptation of adult learning techniques (Edutainment, Learning using pictures and linking method) increases the in taking capacity of the health staffs.
- Immediate feedback during skill station reinforces the skills.
- The first few batches were conducted with full effort and dedication, it sent a positive message to the participants due to come for the training and the following batches were mentally prepared.
- *Learning is a process not an event* therefore it is necessary to realize that one shot of training is not sufficient for a health worker to effectively

implement the knowledge which has been acquired during the training period.

## **INNOVATIVE/GOOD PRACTICES**

- Full support, dedication and coordination from participants.
- Adaptation of Adult learning techniques with innovative training methodology (Edutainment, Learning using pictures and linking method).
- Team effort (Facilitators-DHO-management staffs). During facilitation, while one facilitator was facilitating, the other facilitators closely monitored the first one whether the session is being conducted according to the guideline and accordingly provided feedback during the post training meeting.
- Repeated stress and focus on major skills in every chapters.
- Good coordination and support from DPHO, Dang and Rapti Sub-regional Hospital.
- Onsite support from CHD, UNICEF, CB-NCP secretariat and NFHP.
- Use of Breast model for KMC and Expressed Breast Milk Feeding
- Recording and Reporting session conducted by Statistical Officer of DPHO and Clinical session supported by Dr. Bikash (Advanced SBA trainer) and SBA nurses.
- Following the recommendation of IRHDTTC, UNICEF/Nepalgunj office printed two flex charts of KMC and handwashing and contributed to the Post delivery section of the sub-regional hospital.
- Similarly, after training, many health staffs committed to provide atleast “TOPI” and “MOJA” to newborn in their respective institutions.
- Message Printed copies and files for FCHV.
- Use of Skill Assessment Checklist.
- Meeting and Review among facilitators after three lot of FCHV Level training.

- Monitoring of Training activities by central and field staffs of IRHDTC, DHO, UNICEF Field Office.
- Regular infield Supervision of CB-NCP activities in Dang by IRHDTC central office.
- IRHDTC provided support to Save the Children in CB-NCP follow up after training program in Bardiya
- FCHV Incentive Orientation Program provided opportunity to review the program and its challenges with CHD. This program motivated FCHVs and health workers as well
- Technical support visit has shown positive impact on FCHV knowledge and skills enhancement and motivated them to work more effectively.

## **RECOMMENDATIONS**

- CB-NCP program should also address the TBA issues
- Reduced training contents where ever possible for better time management.
- Need to Conduct review monitoring meeting half yearly and one yearly .(District and community level)
- Need to involve Ghorahi and Tulsipur Municipality FCHVs in CB-NCP program.
- It is essential to ensure the consistent supply of quality color coded thermometer by CHD.
- Regular supply of essential logistics.
- Timely and quality revision of CB-NCP video and training materials
- It is essential to include CB-NCP in integrated supervision.
- Organize CB-NCP annual review meetings of HF in charge, CHWs and FCHV.
- Drop out training.

## CONCLUSION

IRHDTTC has recently completed the after training follow up of program. The results have come out to be very fruitful, it has not only shown the success of program implementation but has also identified points which need further refreshing and follow up. On an average, the knowledge regarding the key CB-NCP components among all level health workers is very good maintaining above 80 percent. Similarly, the observational skill assessment showed on an average a good result that too maintaining above 80 percent.

On the other hand, the knowledge of health workers regarding the management of hypothermia was found out to be low. Also, the skill assessment of management of asphyxiated newborn baby showed a poor performance among all level health workers with score of below 50 percent. This shows the grave need of regular technical support visit, refresher training and follow-up to health workers in order to increase their performance level and to give over all support to program maturity.

With the near completion of the contract period of CB-NCP program in Dang, time has come to decide on the further planning of the program in Dang. With the successful completion of Training activities along with Follow up after Training it has now become very crucial to decide upon the upcoming program modality. The CB-NCP is in its developing phase, the outcome has not been realized yet. The Government of Nepal with its overwhelming and costly program strategy has planned to extend the program in other districts of Nepal without referring to the program outcome in the pilot districts. This means that the program will need an additional budget for successful program implementation. In the context of our country, the economy can only support those programs that have a very big impact in the targeted area. Therefore it is necessary to study the progress of the program in Dang district, this will not only give us the opportunity to learn about the program impact but also help the Government and the Program Policy

makers to decide on programs with more relevance as this will save a huge amount of country's budget. Therefore we recommend the program be given sustainability for at least 2 years to let it mature and to see the program impact.

The true success of the CB-NCP will be felt after the true decrement of Newborn mortality rate along with increment in Institutional delivery rate. The impact of the training would be assessed only in near future. Overall, the training program along with technical support visit was effectively conducted with full support from DHO and local stakeholders. There are many challenges that lie ahead hence strategies should be developed for addressing those issues at early.

IRHDTC is committed in the effective implementation of the pilot project and contribute in the improvement of the newborn and maternal health.