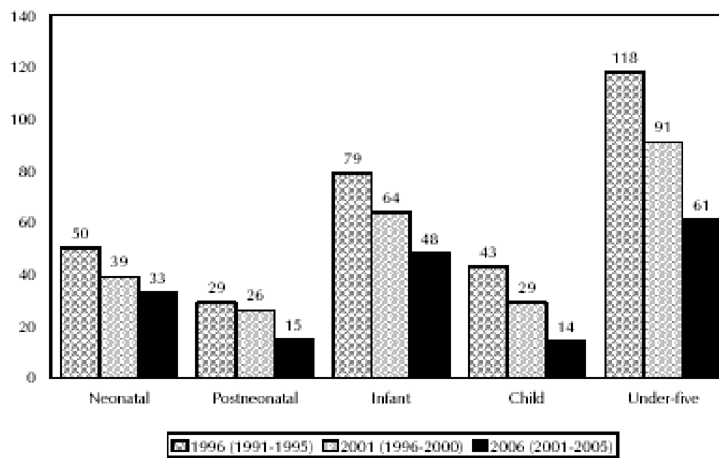
Community-Based Newborn Care Package
(unofficial translation)

1. Newborn Health in Nepal

Nepal Demographic and Health Survey 2006, estimates the neonatal mortality to be 33 deaths per 1,000 live births, having decreased by 34% from the previous NDHS Report of 1996.[1] Over the same period, mortality in one to eleven months old decreased by 48%, and mortality in one to four years by 67%. This indicates a substantially more rapid rate of mortality decline contribute to by child survival programs such as EPI, IMCI and nutrition. Neonatal mortality now contributes to 54% of under-five mortality, making its reduction a key for reaching Nepal's Millennium Development Goal (MDG) 4.



Hospital based data suggest that the major causes of neonatal death in Nepal are infection, birth asphyxia, preterm birth, and hypothermia.[2] More recent, community based data presents similar picture.[3] A constellation of underlying problems contribute to high mortality rates, including early childbearing, poor maternal nutrition, micro-nutrient deficiencies, and inadequate access and utilization of quality care during pregnancy, delivery, and the post partum periods. Fundamental to these problems is the low status of women and newborns.

Strategies to address neonatal mortality in Nepal must consider the fact that 81% of births take place at home.[4] The 2006 NDHS reported that 19% of deliveries were assisted by skilled birth attendants (SBA), 19% by traditional birth attendants and 50% by relatives or other untrained person. Seven percent of deliveries were without any assistance at all. The high neonatal mortality rate goes hand in hand with low skilled birth attendance and institutional delivery rates.

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[1] Ministry of Health and Population (MOHP) [Nepal], New ERA, and Macro International Inc. 2007. *Nepal Demographic and Health Survey 2006.* Kathmandu, Nepal: Ministry of Health and Population, New ERA, and Macro International Inc.

[2] Save the Children. State of the Nepal's Newborns. Kathmandu: Save the Children, 2002.

[3] Manandhar D, Osrin D, Shrestha B, Meskey N, Morrison J, Tumbahanghe K, Tamang S, Thapa S, Shrestha D, Thapa B, Shrestha J, Wade A, Borghi J, Standing H, Manandhar M, del Costello A. Effect of a participatory intervention with women's groups on birth outcomes in Nepal, cluster randomized controlled trial. Lancet 2004: 364: 970-979.

[4] Nepal 2006 DHS

Over the past several years, neonatal health has been the focus of increasing attention both globally and in Nepal. Policy and programs have incorporated neonatal health as an integral component of safe motherhood efforts. The National Neonatal Health Strategy was endorsed in 2004, to improve the health and survival of newborn babies. Promoting healthy newborn practices, discouraging harmful practices, and strengthening the promotive, preventive, and curative neonatal services at all levels of the health system are the objectives of this strategy. The strategic interventions include behaviour change and communication (BCC), strengthening of health service delivery and program management for essential newborn care, and promotion of research for evidence based programming. The above strategies have guided the development of this Community Based Newborn Care Package (CB-NCP).

2. Rationale of the Community Based Newborn Care Package

Reduction of high neonatal mortality is an urgent priority for achieving MDG 4. Nepal has high rates of home delivery without skilled assistance and poor access and utilization of facility-based services, particularly in rural areas. The country however has had success in reduction of under five mortality due to the implementation of community-based child health programming at scale throughout the country over the past decade, particularly Vitamin A and Community Based Integrated Management of Childhood Illnesses (CB-IMCI) services provided by FCHVs. These factors indicate the need and probable success of a community-based newborn care package in Nepal.

The Lancet Neonatal Survival Series notes "Early success in averting neonatal deaths is possible in settings with high mortality and weak health systems through outreach and family-community care, including health education to improve home-care practices, to create demand for skilled care, and to improve care seeking. Family-community care has similar costs to outreach but greater potential effect. In general, clinical care services are more costly to implement than outreach or family-community services and also more challenging in terms of human resource management. The potential for postnatal care to have substantial effect, greater than that of antenatal care and similar to that of intrapartum care but at lower estimated cost, is noteworthy."[5]

The Rapid Assessment of Newborn Health in Nepal, Department of Health Services states, "Despite various community based packages focusing on specific issues/ interventions, no single integrated package currently exists for community based neonatal health programming." The report recommended the following: "Develop one integrated community based package for improving neonatal health – perhaps integrating it with existing SM and CB-IMCI packages." Based on this recommendation, the Ministry of Health and Population, constituted a Technical Working Group to develop a Community Based Newborn Care Package which would be tested and thereafter finalised for scale up in the country.

3. Interventions Included in the Package

The following criteria were adapted from the Johnson-Masotti et.al.[6] and used for choosing the interventions and strategies for inclusion in the package:

1. Amount of evidence for impact of the intervention/strategy;
2. Percent reduction in all-cause neonatal mortality or morbidity/major risk factor;
3. Suitability for Nepal if implemented at scale;

[5] Evidence-based, cost-effective interventions: how many lives of newborn babies can we save? Gary L Darmstadt, Zulfiqar A Bhutta, Simon Cousens, Taghreed Adam, Neff Walker, Luc de Bernis for the Lancet Neonatal Survival Steering Team, www.thelancet.com, March, 2005

[6] A Decision Making Framework for the Prioritization of Health Technologies, Ana P. Johnson-Masotti, Ph.D., Kevin Eva, Ph.D.

4. Cost of implementation; and,
5. Status of or experience with the intervention/strategy in Nepal to date.

The Community Based Newborn Care Package is intended to be a dynamic package, with new interventions being added reflecting evolving evidence & experience, globally & in Nepal. Based on the selection criteria, the following interventions were identified for inclusion in the package:

1. Behavior Change and Communication (BCC)
2. Promotion of institutional delivery and clean delivery practices in case of home deliveries
3. Postnatal care
4. Community case management of pneumonia/ Possible Severe Bacterial Infection (PSBI)
5. Care of low birth weight newborns
6. Prevention and management of hypothermia
7. Recognition of asphyxia initial stimulation and resuscitation of newborn baby

The Female Community Health Volunteer (FCHV) is identified for implementation of CB-NCP. The FCHVs, who are in continuous contact with the community people and from the same ward, will be provided with the performance based incentive at the completion of the set of identified activities. To encourage institutional delivery, the FCHV would be encouraged to advice/accompany the mother to the health facility for delivery and would receive her incentive at the completion of the postnatal care. The FCHVs will be supported by the peripheral health workers and health facilities.

Behavior Change and Communication:
Home based, ward based and facility based BCC activities will be implemented through FCHVs, Skilled Birth Attendants, other health facility staff and community influential and leaders. The well tested Birth Preparedness Package will be adapted and modified for the CBNCP. It will be used for interpersonal and group education through mothers' groups and one on one communication by FCHVs, SBAs and other health staff. Focused social and communication campaign will be initiated in pilot districts, while mass media campaign will be developed through National Health Education and Information Communication Center (NHEICC) for nation wide awareness raising of key neonatal messages.

Promotion of institutional delivery and clean delivery practices in case of home deliveries
Skilled Birth Attendants, Health Facility Staff and FCHVs will be encouraged to promote institutional deliveries, including the importance of clean delivery practice through awareness creation messages in the BPP. Performance based incentives will also be provided to FCHVs for accompanying the woman to a health facility for delivery. Where institutional deliveries are not undertaken by the family members, FCHVs will encourage the presence of a SBA at home delivery and will be provided performance based incentives for attending those births to ensure conduct of clean deliveries by providing free Clean Delivery Kits. Social marketing of Clean Delivery Kits too will be encouraged, to ensure reach to those home deliveries not reached by FCHVs.

Postnatal Care:
Skilled Birth Attendants and Health Facility staff will be encouraged for facility based postnatal care of both the mother and her newborn. They will also be encouraged to provide home based postnatal care. FCHVs will be trained to provide 3 postnatal visits at home for both the mother and her newborn and the performance based incentive provided for attendance of home deliveries, will only be provided on the completion of the required number of visits and care. Functional linkages between the FCHVs and health workers and health facilities will be established to ensure effective referral.

Community case management of pneumonia / PSBI:
FCHVs will use algorithms to identify neonatal infections during postnatal visits or when called upon by the families. If they diagnose PSBI, they will initiate and provide 5 days of oral

Cotrimoxazole treatment and refer to health facility staff for provision of Injection Gentamicin, as per protocol.

Care of Low Birth Weight newborns:
FCHVs, SBAs and other health facility staff will be trained to weigh all newborns at birth to identify low birth weight babies. LBW babies will be provided home based or facility care, including Kangaroo Mother Care, feeding support etc. For all LBW babies receiving care at homes, the FCHVs will establish a functional linkage with health workers and health facilities for effective referral of very low birth babies and LBWs with danger signs.

Prevention and management of hypothermia:
SBAs, health facility staff, FCHVs and families will be made aware of the importance and prevention of hypothermia in newborns through BPP. Peripheral health facility staff will be trained to manage hypothermic newborns and refer to appropriate health facility for higher level of care.

Recognition of asphyxia, initial stimulation and resuscitation of newborn baby:
SBAs and health facility staff will be made competent in managing birth asphyxia. For home deliveries, FCHVs will be made competent to identify and manage birth asphyxia as per guidelines.

Interventions for the Community-Based Newborn Care Package (CB-NCP)

#	Intervention	Who	Where	Strategy
1.	BCC	• FCHVs • SBA & other HF staff • Influentials / Community leaders	• Home based • Ward-based • Facility based	• Awareness creation through BPP focusing on mothers' groups and community resources / influentials and one-on-one health education by FCHVs. • Mass media nation wide • Social Mobilization Campaign in pilot districts
2.	Promotion of institutional delivery and clean delivery practices in case of home deliveries	• SBA & HF staff • FCHVs	• HF based • Home based	• Awareness creation through BPP focusing on mothers' groups and community resources / influential, and one-on-one health education by FCHVs. • Performance based incentive to FCHVs to accompany the woman to a health facility for delivery or to be present at the time of delivery at home • Free distribution of CDK • Encourage social marketing CDK
3.	Postnatal care	• SBA & HF staff • FCHVs	• HF based • Home based	• FCHVs to provide 3 postnatal care visits to both mothers and their newborns at home • Establish functional linkages with the health workers and health facilities for effective referral
4.	Community case management of pneumonia/PSBI	• FCHVs • HF staff	• Home based • HF based	• FCHVs to use algorithm to identify neonatal infection, initiate oral Cotrimoxazole, provide the course to the mother and refer to provide Inj. Gentamicin by HF staff as per protocol

#	Intervention	Who	Where	Strategy
5.	Care of low birth weight newborns	• FCHVs • SBA & HF staff	• Home based • HF based	• FCHVs to identify LBW by weighing • Provide home based care including Kangaroo Mother Care (KMC) (Maya ko angaalo), feeding support • Establish functional linkages with health workers and health facilities for effective referral of VLBW & LBW with danger signs
6.	Prevention and management of hypothermia	• Family • FCHVs • SBA & HF staff	• Home based • HF based	• Awareness creation through BPP focusing on mothers' groups and community resources / influential, and one-on-one health education by FCHVs. • HF staff to be trained to prevent, recognize and manage hypothermia
7.	Recognition of asphyxia, initial stimulation and resuscitation of newborn baby	• FCHVs • SBA & HF staff	• Home based • HF based	• The FCHV must be present at every home birth in her ward to assess, identify birth asphyxia and resuscitate as per guideline

Specific Systems Requirements for the testing of CB-NCP in pilot districts of Nepal:

I. Policy and Strategy Requirements

1. Approval of policy allowing FCHVs to be present at homes at the time of delivery to provide Essential Newborn Care for the newborn.
2. Approval of policy to provide CDK free of cost for each pregnant woman through FCHVs
3. Approval of policy allowing FCHVs to manage birth asphyxia with bag and mask, if necessary.
4. Approval of policy allowing FCHVs to provide home-based postnatal care, including management of sepsis with oral Cotrimoxazole and provision of care for Low Birth Weight babies.
5. Approval of policy allowing community health workers (VHW and MCHW) to give Injection Gentamicin to neonates with sepsis
6. Inclusion of Injection Gentamicin in Essential Drug Lists for all the peripheral health institutes
7. Policy to promote linkage between the FCHVs and the peripheral health service providers and health facilities.
8. Approval of incentive scheme for FCHVs to provide specified care for newborns (antenatal, natal (including referral and accompanying the mother for institutional delivery), and postnatal periods)

II. Protocol, guideline requirements

1. BCC communication messages in line with the CB-NCP for nationwide dissemination
2. BCC campaigns in line with the CB-NCP for pilot districts
3. Review and updating of BPP as per CB-NCP
4. Protocols & guidelines for FCHVs to provide ENC at delivery, postnatal period, including birth asphyxia, sepsis and LBW management
5. Protocols & guidelines for health workers to provide ENC at delivery, postnatal period, including birth asphyxia, sepsis and LBW management

III. Logistics supply requirements

1. Clean Home Delivery Kits – free supply through FCHVs
2. De Lee's suction apparatus
3. Self inflating bag and mask
4. Color coded thermometer
5. ARI timers
6. Oral Cotrimoxazole with FCHVs
7. Injection Gentamicin at peripheral health facilities
8. Weighing scales (color coded)
9. Job Aids for ENC, PNC, management of birth asphyxia, sepsis, LBW
10. Forms and registers
11. Training materials

IV. Human resource requirements, including skill development

1. The FCHV will implement the CB-NCP under close linkage and supervision of community health workers and the peripheral health facilities

2. The peripheral health facilities will be strengthened including the skills of the peripheral health service providers for complementary services for the CB-NCP and referral
3. Up date the job descriptions of FCHVs and community health workers to implement CB-NCP

V. Behavior Change & Communication Requirements

1. National BCC package to be developed by NHEICC, CHD, FHD and other stakeholders
2. Pilot districts BCC campaign to be designed by NHEICC, CHD, FHD and other stakeholders

VI. Training

1. Review of existing training materials, e.g. CB-IMCI, BPP, MINI, CB-MNC, LWB etc for the development of training package for CB-NCP
2. Training packages to be developed by a technical working group lead by NHTC, CHD, and FHD
3. Job Aids development
4. Competency based training
5. Refresher training to re-enforce skills, especially with management of birth asphyxia, sepsis, LBW care

VII. Comprehensive Monitoring, Supervision and Evaluation Systems

- Development of monitoring & supervision checklists, including the check-lists for assessing skills of FCHVs and other health workers
- A good monitoring system to evaluate this pilot program
- Thorough documentation
- Strategic review for taking pilot tested package to scale

Proposed Performance Based Incentive Scheme for the FCHVs implementing the CB-NCP (to be tested in pilot districts only):

1. Performance Based Incentive at the completion of the set of identified activities
2. Implementation Guideline for the Performance Based Incentives in consultation with experts – incorporate lessons learnt from the maternity incentive scheme
3. The type, amount of incentive & mode of delivery to be worked out
4. To encourage ***institutional delivery***, the FCHV would be encouraged to advice/accompany the mother to the health facility for delivery and would receive her incentive at the completion of the postnatal care
5. The FCHVs will be supported & monitored by the peripheral health workers and health facilities, and would randomly cross check for authenticity of reporting.
6. Local VDCs and Health Facility Management Committees would have a pivotal role in this scheme

Implementation Standards for piloting of the CB-NCP:

1. All agencies supporting the CHD & FHD in pilot testing CB-NCP will join the TWG to jointly develop and follow CB-NCP guidelines
2. Pilot districts will be identified by TWG
3. Phase-wise introduction of interventions in pilot districts
4. Strengthening of the district hospitals in the pilot districts so that these district hospitals can manage babies who are referred
5. An in-service training for peripheral health workers. Skills of the peripheral health workers will be strengthened according to the interventions of the package
6. Skills assessments of FCHVs & peripheral health workers until adequate competency is established
7. Regular TWG meeting for review, planning and implementation
8. Training materials, job aids, forms and formats will be approved by the TWG before implementation
9. All pilot districts will follow the M&E plan developed by the CHD and FHD
10. The pregnancy registration, birth and death registration system will be strengthened in the pilot districts.
11. Joint analysis of data, including interpretation, modification of programming will be done on a semi-annual basis.
12. No fragmentation of the package content by the supporting agencies while pilot testing in districts

ANNEX I

Contribution

Technical Working Group Members for development of the Package-2007			
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ANNEX II

After the endorsement of the Community Based Newborn Care Package strategic paper-2007, five Sub-Committees were formed by the CB-NCP Technical Working Group in March 2008 under the leadership of the Divisional Directors with the respective terms of reference to develop the implementation models and materials required for the pilot implementation of the program.

Sub-Committee members-2008

Strategy Sub-Committee			
Terms of Reference: Develop the Policy and Strategy Requirements for enrolling the CB-NCP program			
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Training Sub-Committee			
Terms of Reference: To develop the training manuals, materials and implementation plan to pilot implement the program			
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Monitoring and Evaluation Sub-Committee			
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Annex III

Abbreviations

BCC	Behavioral Change Communication
CB-MNC	Community Based Maternal and Newborn Care
CHD	Child Health Division
DoHS	Department of Health Services
FHD	Family Health Division
GTZ	German Technical Cooperation
HMIS	Health Management Information System
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
IOM	Institute Of Medicine
JHU/CCP	John Hopkins University/Center for Communication Program
KCH	Kanti Children's Hospital
LMD	Logistic Management Division
MD	Management Division
MINI	Morang Innovative Neonatal Intervention
MIRA	Maternal and Infant Research Activity
MoHP	Ministry of Health and Population
NFHP	Nepal Family Health Program
NHEICC	National Health Education, Information and Communication Center
NHTC	National Health Training Center
PMWH	Paropakar Maternity and Women's Hospital
SC/US	Save the Children US
SSMP	Support to Safe Motherhood Program
UNFPA	United Nations Population's Fund
UNICEF	United Nations Children's Fund