FOCUSING ON THE HARD-TO-REACH: LESSONS LEARNED FROM SOCIAL BEHAVIOR CHANGE COMMUNICATION ACTIVITIES FOR 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.

While Nepal has had success at achieving national-level population coverage, the journey has not been without challenges. One important challenge was determining an effective way to create demand for Chlorhexidine, especially in hard-to-reach communities, which required local approaches that evolved as the program progressed.

Focusing on the Hard-to-Reach

From its inception, JSI/CNCP had a social and behavior change communication (SBCC)

component that sought to create awareness on the use of Chlorhexidine at the household level. Initial activities focused on training providers, including frontline Female Community Health Volunteers (FCHVs), improving counseling skills and distributing print materials. Subsequently, in 2013, JSI/CNCP expanded its SBCC activities to include radio and television public service announcements to broaden its reach. In order to account for the multiple languages spoken in Nepal, mass media activities were broadcasted in nine languages. JSI/CNCP used a combination of national and local media for dissemination.

However, in 2015-2016, program monitoring data revealed that 20 percent of recently delivered women were not aware of Chlorhexidine. Many women were not receiving messages through health providers or FCHVs nor did they have access to radio or television. JSI/CNCP revisited its SBCC interventions and added more localized, intensive, and interactive activities in hard-to-reach communities.

In coordination with district health office teams, JSI/CNCP identified 10 hard to reach communities in each of its 19 districts using the following criteria: high rate of home deliveries; long distance from health facilities; low literacy level and health awareness; prevalence of traditional cord care practices; and limited or no access to mass media. Once the communities were selected, JSI/CNCP provided guidance to district teams on budget ceilings and the types of activities that could be implemented to create demand. Each district team was empowered to tailor the types of activities to what would be most appropriate in their district. Activities focused on leveraging the credibility of secondary audiences such as community leaders (e.g. Health Facility Management Committees and School Management Committees) and creating awareness through community events to extend the reach of activities as much as possible with the limited budget and time available.

Over the period of six months (December 2016-May 2017), district

19
Districts

88
Health Facility Management Committee (HFMC)

1,281
HFMC Members

88
School Managemet Commitee(SMC)

5,074
Students

809
Teachers

275
SMC Members

137
Community Orientation

4,907
Community People

17,000
Leaflets

138
Wall Painting

59
Poster

14
Street Drama

1,500
People Observed

teams carried out the following activities:

- **Community leader orientations:** Recognizing the community leadership roles of Health Facility Management Committee and School Management Committee members and teachers, JSI/CNCP conducted Chlorhexidine orientations to encourage them to communicate the value of Chlorhexidine within their communities.
- **Chlorhexidine awareness program for school students:** Recognizing the role that students can play in providing information to families, JSI/CNCP conducted Chlorhexidine orientations at schools and encouraged students to share what they had learned with their families.
- **Community-level awareness programs:** With the goal of reaching larger local audiences, JSI/CNCP conducted community-level awareness programs with health mothers' group members, pregnant women, recently delivered women and FCHVs.
- **Street Drama:** To increase public awareness, JSI/CNCP designed and orchestrated locally appropriate street dramas, using local students and actors, in 14 communities, reaching approximately 1,500 people.
- **Outdoor media:** To increase the visibility of Chlorhexidine in these communities, JSI/CNCP employed a number of outdoor media approaches including wall paintings, posters and sticker placements in high traffic areas.

Conclusion

While JSI/CNCP had an SBCC component in place from the outset, it did not account for the localized, intensive activities required to ensure coverage in hard-to-reach communities. Modifications to SBCC activities as the program evolved were critical to creating demand, especially in hard to reach communities. In retrospect, JSI/CNCP could have initiated these localized approaches in parallel from the beginning of the program to maximize SBCC reach. While considering such a parallel approach, programs such as JSI/CNCP need to balance the costs of localized SBCC activities, which can be expensive in Nepal, with other investments.

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