



नेपाल सरकार  
स्वास्थ्य तथा जनसंख्या मन्त्रालय  
स्वास्थ्य सेवा विभाग  
नर्सिङ तथा सामाजिक सुरक्षा महाशाखा

# COMMUNITY HEALTH NURSES' DELIVERED COMMUNITY-BASED BUNDLED RMNCH INTERVENTION IN NEPAL: EARLY INSIGHTS FROM IMPLEMENTATION RESEARCH

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# OUTLINE

- 1. Background of the community health program**
- 2. Intervention**
- 3. Research objectives**
- 4. Methodology**
- 5. Results**
- 6. Discussion and next steps**

राष्ट्रिय स्वास्थ्य नीति २०७६

- Despite the progress in Maternal and child health indicators, in Nepal, 70% of maternal deaths could have been prevented (WHO, 2023; MOHP, NSO, 2022; Nepal Safe Motherhood and Newborn Health Road Map 2030)
- Evidence-based medicines, technologies, and protocols exist to prevent many of the annual 300,000 maternal, 2.7 million neonatal, and 9 million child deaths, but are not being effectively implemented and utilized in rural areas- Nepal is behind in meeting SDGs
- जिवनपथको अवधारणा अनुरूप सुरक्षित, मातृत्व, बालस्वास्थ्य, किशोर-किशोरी तथा प्रजनन स्वास्थ्य, प्रौढ तथा जेष्ठ नागरिक लगायतका सेवाको बिकास तथा बिस्तार गरिनेछ (६.२०- National Health Policy, 2076)
- Community health workers (CHWs) recognized as an important cadre in achieving universal health coverage and SDG3 in low-income settings (WHO, 2018)

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Estimates by WHO, UNICEF, UNFPA, WFP and UNDESA/Population Division

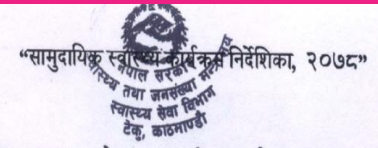
# Nepal Safe Motherhood and Newborn Health Road Map 2030

WHO guideline  
on health policy and  
system support to  
optimize community  
health worker  
programmes

Family Welfare Division  
Ministry of Health and Population  
GOVERNMENT OF NEPAL  
November 2019

ले पहुँच विस्तार गर्ने

# THE INTERVENTION Community Health Program “सामुदायिक स्वास्थ्य नर्सिंग घर दैलो कार्यक्रम”



## प्रस्तावना:

समुदायमा परिवार केन्द्रित स्वास्थ्य सेवा तथा जीवनपथको अवधारणा अनुरूप प्रत्येक व्यक्तिको स्वास्थ्य तथ्याङ्क (पारिवारिक लागत सहित) राखी नियमित अनुगमन गर्नको साथै सुरक्षित मातृत्व, बाल स्वास्थ्य, किशोर-किशोरी स्वास्थ्य, प्रजनन स्वास्थ्य, मानसिक स्वास्थ्य, सन्त तथा नसन्त रोगहरुको रोकथाम र नियन्त्रण तथा जेष्ठ नागरिक स्वास्थ्य सेवाको विकास तथा बिस्तार गर्न राष्ट्रिय स्वास्थ्य नीति, २०७६ को दफा ६.२० र जन स्वास्थ्य ऐन, २०७५ को दफा २४ को उपदफा ५ को मर्म बमोजिम सामुदायिक स्वास्थ्य सेवा कार्यक्रमलाई व्यवस्थापन गर्न वाञ्छनिय देखिएकोले, जन स्वास्थ्य सेवा ऐन, २०७५ को दफा ६४ ले दिएको अधिकार प्रयोग गरी मन्त्रालयबाट यो, “सामुदायिक स्वास्थ्य कार्यक्रम निर्देशिका, २०७८” जारी गरिएको छ।

परिच्छेद-१

प्रारम्भिक

## १. संक्षिप्त नाम र प्रारम्भ:

(१) यस निर्देशिकाको नाम “सामुदायिक स्वास्थ्य कार्यक्रम निर्देशिका, २०७८”

रहने छ।

(२) यो निर्देशिका मन्त्रालयद्वारा स्वीकृत भएको मिति देखि लागू हुनेछ।

## २. परिभाषा: विषय वा प्रसंगले अर्को अर्थ नलागेमा यस निर्देशिकामा,

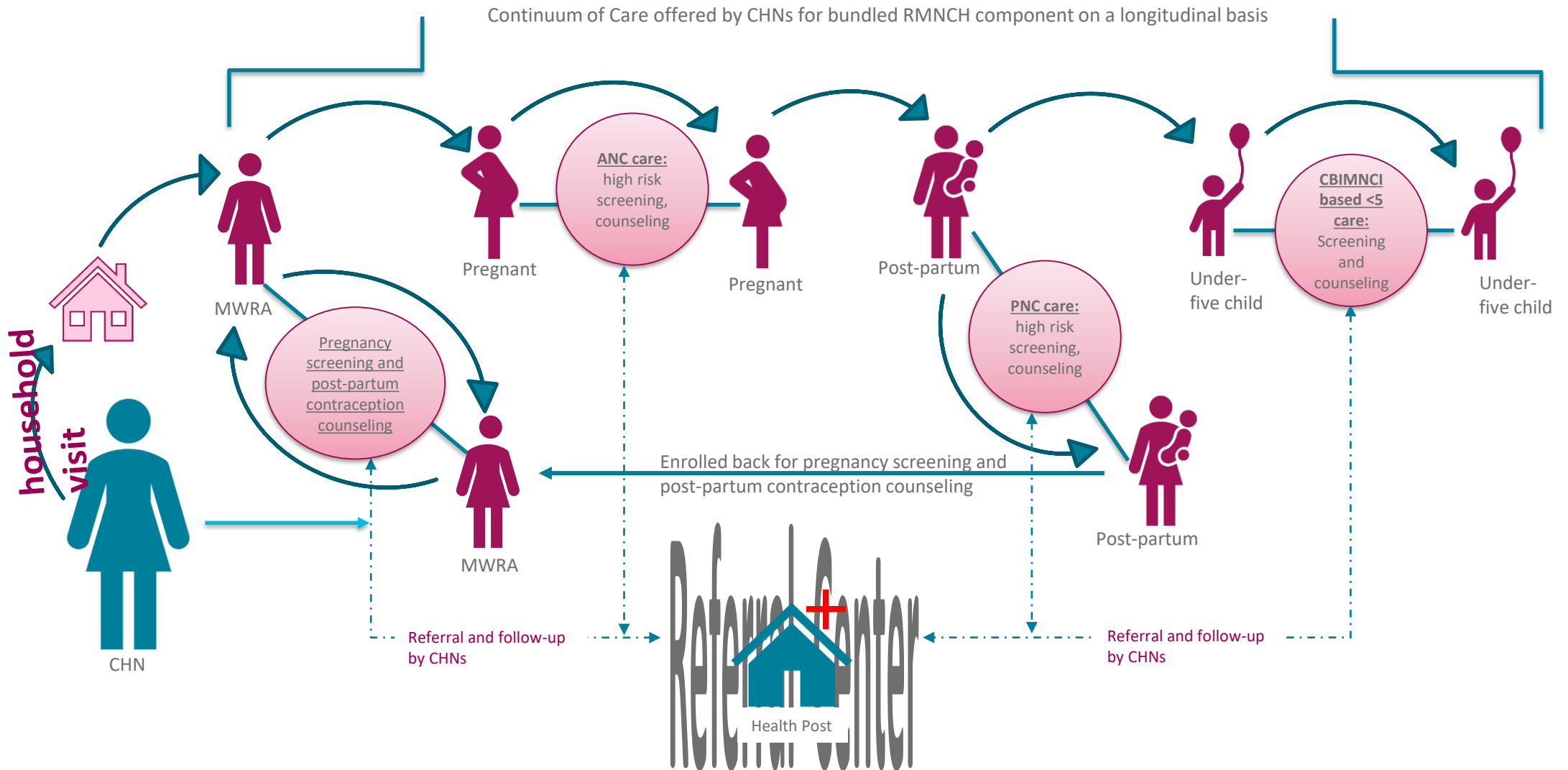
(क) “कार्यक्रम” भन्नाले सुरक्षित मातृत्व, बाल स्वास्थ्य, किशोर-किशोरी तथा प्रजनन स्वास्थ्य, मानसिक स्वास्थ्य, जेष्ठ नागरिक स्वास्थ्य प्रवर्धन, सन्त तथा नसन्त रोगहरुको रोकथाम र नियन्त्रणका साथै स्वास्थ्यलाई प्रत्यक्ष असर पार्ने सुचाइहरुको नियमित अनुगमन गरी घरपरिवार तथा समुदाय स्तरमा सामुदायिक स्वास्थ्य सेवा कार्यक्रमलाई सम्झनुपर्दछ।

(ख) “मन्त्रालय” भन्नाले नेपाल सरकारको स्वास्थ्य सम्बन्धि विषय हेर्ने मन्त्रालयलाई सम्झनुपर्दछ।

(ग) “महाशाखा” भन्नाले विभाग अन्तर्गतको नर्सिङ तथा सामाजिक सुरक्षा महाशाखा सम्झनुपर्दछ।

(घ) “विभाग” भन्नाले मन्त्रालय अन्तर्गतको स्वास्थ्य सेवा विभाग सम्झनुपर्दछ।

# Service Delivery Modality of Pilot



## Who are CHNs?

PCL Nursing graduates,  
usually locals, trained,  
salaried, work full-time,  
regularly supported and  
monitored



## What do they do ?

Provide community based  
longitudinal health service using  
continuum of care approach,  
services include: RMNCH, NCDs,  
mental health, communicable  
diseases prevention and  
management, referral and follow-  
up

## How do they do?

Using mobile platform  
(Community Health Toolkit  
(CHT)) integrated with  
questionnaire, logic flow and  
decision support,  
Coordinating with FCHVs and  
local health facilities



# Objectives

- To examine the effectiveness of nurses delivered community-based bundled RMNCH intervention on institutional deliveries (IBR), protocol defined all postnatal care (PNC) visits, post-pregnancy contraceptive use, and decreased proportion of underweight amongst under two-year children
- To assess the population level impact of nurses delivered community-based bundled RMNCH intervention on maternal and child health (i.e. IBR, Antenatal care (ANC) coverage, neonatal mortality, home based PNC coverage and full immunization of children under two years)
- To assess the implementation process of nurses delivered community based bundled RMNCH intervention using RE-AIM framework, including costing analysis

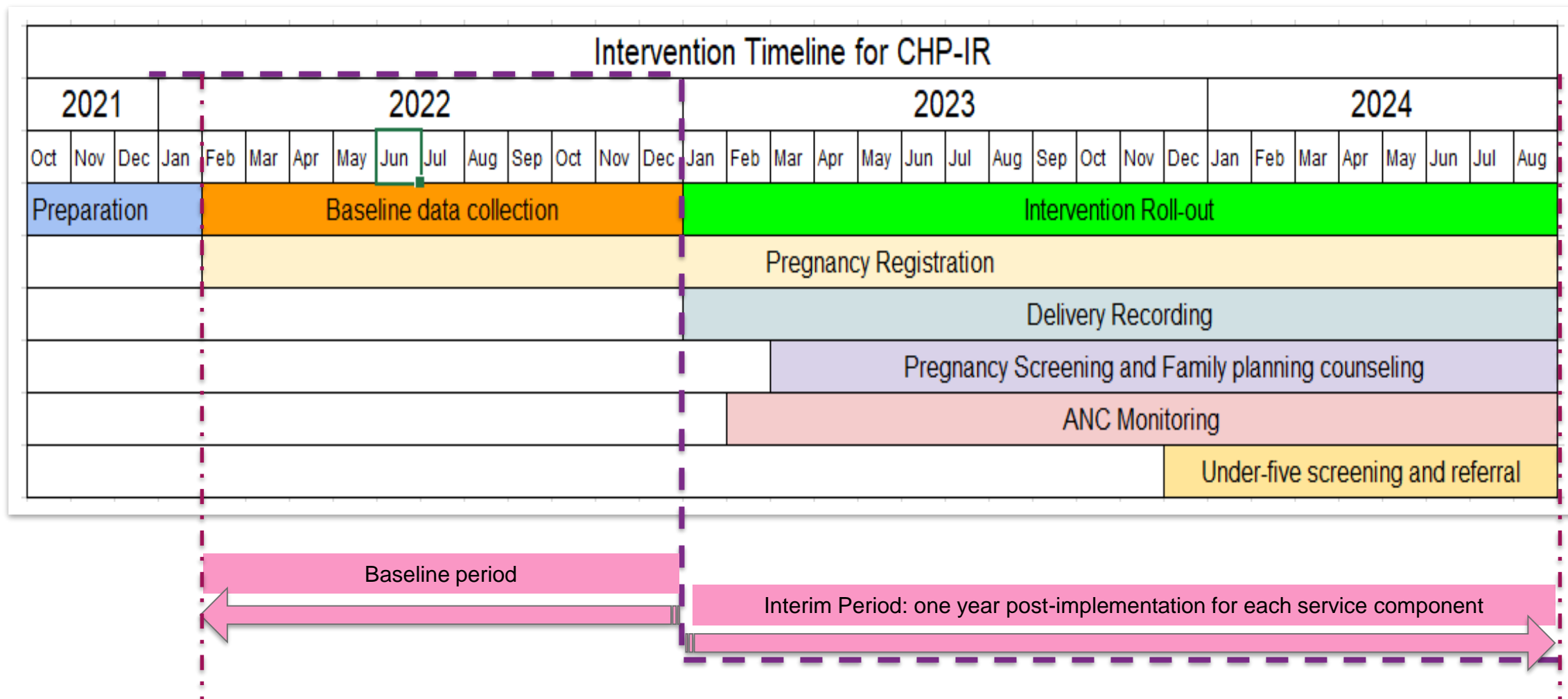
# Methodology

- Type II hybrid effectiveness-implementation design with quasi-experimental mixed-method approach
- Bardibas municipality

Hybrid design	Method	Data Source	Sampling procedure
<b>1: Effectiveness</b> of the intervention	<b>Interrupted Time Series</b>	<b>HMIS data</b> of pilot municipalities for sixteen different data points (8 before and 8 after the intervention).	All registered cases at HMIS recording
<b>2: Effectiveness:</b> population level impact of the intervention	<b>Pre-post analysis with mixed method approach</b> using <b>RE-AIM</b> [Reach, Effectiveness, Adoption, Implementation and Maintenance] Framework	Service data collected in the process of program implementation in <b>CHT</b>	Census Approach
<b>3: Implementation process</b> of the intervention		<ul style="list-style-type: none"><li>- Service data from CHT and</li><li>- <b>Qualitative data from interviews, focus group discussions and observations</b></li></ul>	Census Approach



# Intervention Timeline and Interim Analysis Period

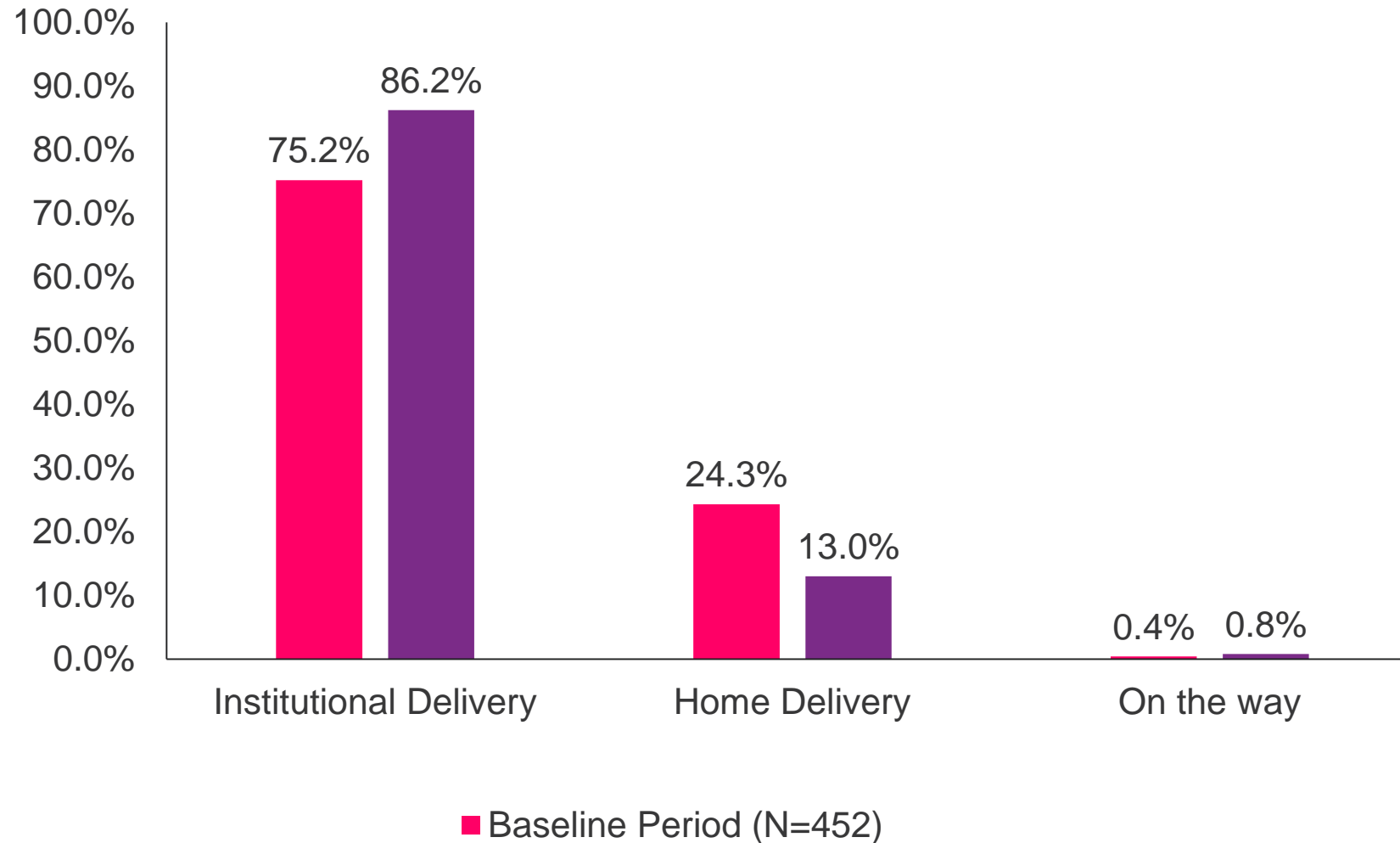


# REACH of the Pilot

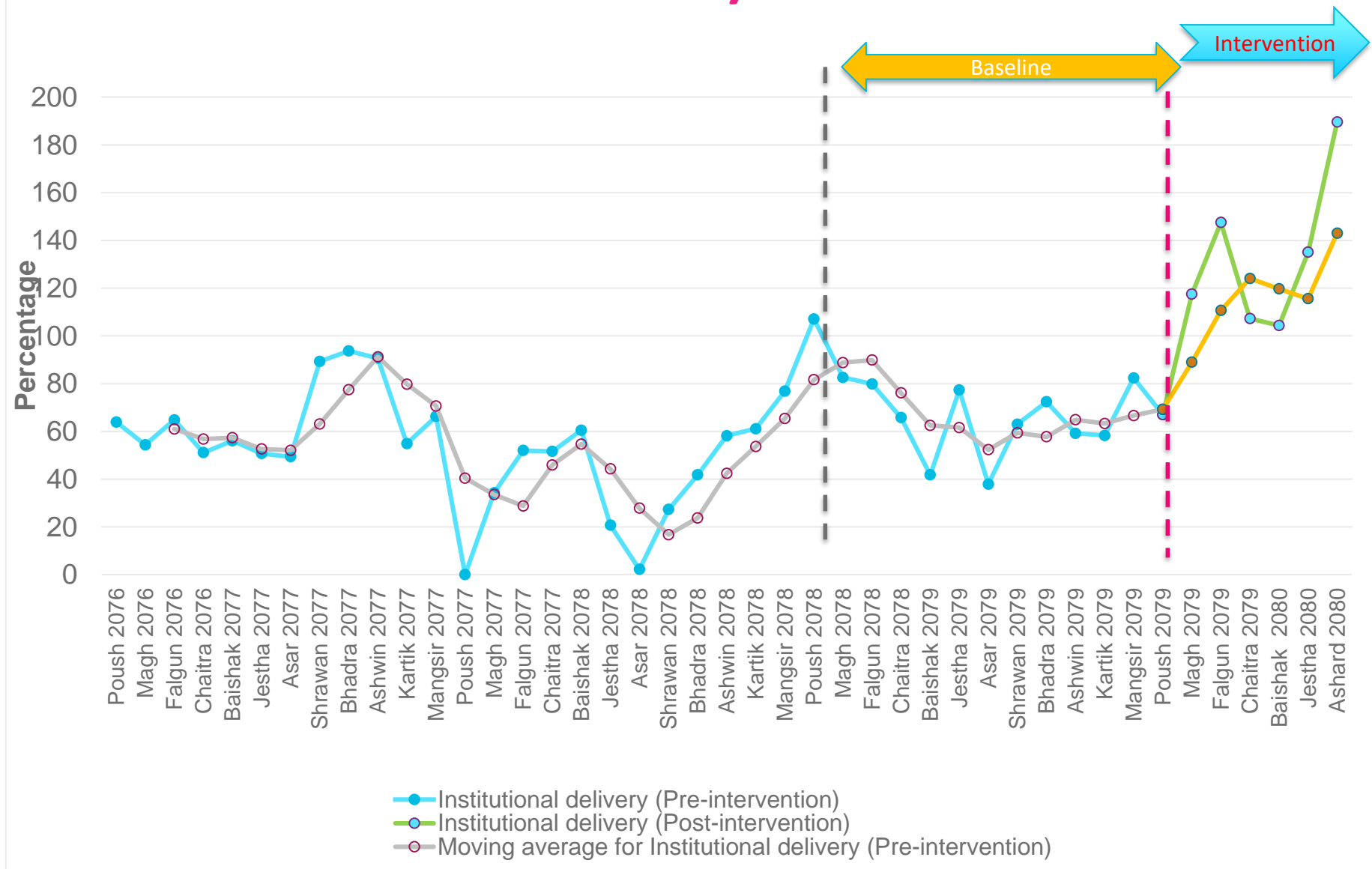
	Baseline Period N (%)	Interim Period N (%)
Total Households	1,4020	1,5320
Total Population	70077	73221
Female	36,292 (48.2)	37791 (48.4)
Male	33,772 (51.8)	35426 (51.8)
Others	13 (0.0)	3 (0.0)
Women of Reproductive age group (WRA)	19108	20483
MWRA	14133 (74.0)	14504 (70.8)
Under-five children	5390	4751

Ethnicity	Baseline period N (%)	Interim period N (%)
Dalit	7607 (10.9)	8,078 (11.0)
Janajati	22843 (32.6)	23,848 (32.6)
Madhesi	23443 (33.5)	24,401 (33.3)
Muslim	1588 (2.3)	1,712 (2.3)
Brahmin/Chhetri	13526 (19.3)	14,062 (19.2)
Other	1070 (1.5)	1,120 (1.5)
Total	70077 (100.0)	73,221 (100.0)

# Impact on Institutional Delivery (population level data)



# Institutional Delivery recorded in HMIS



Interim analysis

# Initial insights from in-depth interviews and focus discussions

*“We were treated poorly and subjected to disrespectful behavior. They accused us of selling medicines in the community and made derogatory remarks...”*

*“Initially, since we were only collecting data, they told us that we were only there to collect data, but as we are providing services now, we get good responses from the communities”*

- Initial days: difficult trusting CHNs, not keen to share data
- with care delivery, continuous visits and presence of CHNs, gradually started appreciating
- Recognize mostly for RMNCH care and measuring BP

**Community's  
perception towards  
CHN**

**THEME**

# RESULTS

## THEME

### Support for CHNs

- CHNs feel being supported
- Supervisors: regular communication; some wished for timely feedback
- Local authorities: Supported to conduct programs, mobilizing community, reviewing health status and mitigating challenges; level of support differed between municipalities
- CHT: helps to follow their work and plan their visits but still difficult to generate reports

*“...We have a lot of support from the CHO in every aspect. If we don't know something, if we need any other help, then she is there”*

*“They are the ones who understand the most. They introduced us to the health post and to each ward members.... also introduced us to community people and told them that we will be visiting...”*

*“When the task is generated, we get a notification for ANC and PNC visits. We know where to visit the next day. It has become very easy for us due to this app”*

# RESULTS

## Challenges faced by CHNs

- Duplication of efforts during baseline: Household number plate, device and CHT
- Distant areas and security concerns
- Cultural and social norms as challenges: difficulties in maintaining privacy and confidentiality while providing care; subjected to violence

THEME

*While doing the PNC checkups, we aren't allowed to visit till for 5-7 days.....The mother and baby are kept on straw bed and we are not allowed to touch. Without seeing the baby, we have to ask from the distance whether the baby's cord has infections or not, or if the mother is facing any problem. Their mother-in-law also comes and sits next to us to ensure we don't touch her daughter-in-law.*

*There is a very dense forest, and we have to go through the river.... takes 5-6 hours to go to from one house to the other..... We need assistance to go there, it's scary so we rarely go there not on a regular basis that's why, they could not get the same service as like in the lower part*



# RESULTS

## Satisfying Experiences of CHNs

- appreciation of the community people
- community people care and show concern for them as opposed to ignoring them in the initial days

*“A pregnant mother’s blood pressure hadn’t decreased for three days, and I referred her to the health facility. She was told by the doctors that she came timely, otherwise there could have been complications. When I went to the PNC, they were quite happy and said that they reached health facility on time. I felt quite satisfied with what I did. CHN, Bardibas”*

**THEME**

# Next steps

- Final analysis for all the outcome indicators, including RE-AIM
- Costing analysis by the end of this fiscal year
- Additional iteration of the program based on the findings
- Dissemination and sharing

# Acknowledgements

- Community Health Program- Technical Working Group members
- CHP- Implementation Research Committee members
- Bardibas Municipality
- Nepal Health Research Council
- Medic
- Possible
- Community Health Nurses, Community Health Officer and all the beneficiaries and stakeholders

For more details, please contact  
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