Chlorhexidine (CHX) For Cord Care Implementation Project Western Kenya

KPA Annual Conference Eldoret April 2016
Outline

- Objective
- Implementation plan
- Monitoring and Evaluation
- Baseline Survey + Progress
- Lessons Learned (successes and challenges)
- Recommendations
Objective

- Support MOH introduce 7.1% chlorhexidine gluconate (delivering 4%) for umbilical cord care in a phased manner in 5 APHIAplus supported counties in Western and Nyanza regions for one year (Oct 2015-Sept 2016)

- Output and impact of this introduction effort be clearly measured namely
  - coverage
  - user adherence
  - acceptability
  - supply chain effectiveness

- Inform 3-5 year national strategy scale up plan
## Implementation Plan

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Product</td>
</tr>
<tr>
<td>2</td>
<td>Target population</td>
</tr>
<tr>
<td>3</td>
<td>Product distribution</td>
</tr>
</tbody>
</table>
# Implementation Plan

<table>
<thead>
<tr>
<th>Intervention</th>
<th></th>
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</thead>
</table>
| **4 Service Delivery**| CHX provided at ANC and/or maternity by HCWs  
Application immediately at birth by HCWs  
Follow-up by CHVs at home and at PNC (recall)  
Documentation of CHX issuance and application in  
mother-baby booklet and ANC, Maternity and  
PNC/CWC register  
Exit interview for mother after delivery and at  
PNC/CWC at 6 weeks |
| **5 Training HCWs**   | Capacity building HCWs using national guidelines  
Support from NCAHU and County RMNCH  
coordinators |
| **6 Communication**   | Health Education on CHX by HCWs  
IEC materials from MOH/NCAHU |
Monitoring and Evaluation

- Indicators to measure and evaluate output and impact
- Use of MOH reporting tools
- Data collection tools
- Exit interview questionnaire
- Baseline and end point surveys conducted
Progress: Baseline Survey on Existing Cord Care Practices

<table>
<thead>
<tr>
<th>County</th>
<th>Facilities</th>
<th>Mothers</th>
<th>Health Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
<td>N</td>
</tr>
<tr>
<td>Homa Bay</td>
<td>5</td>
<td>9.1%</td>
<td>19</td>
</tr>
<tr>
<td>Kakamega</td>
<td>22</td>
<td>40.0%</td>
<td>86</td>
</tr>
<tr>
<td>Migori</td>
<td>6</td>
<td>10.9%</td>
<td>24</td>
</tr>
<tr>
<td>Nyamira</td>
<td>12</td>
<td>21.8%</td>
<td>42</td>
</tr>
<tr>
<td>Vihiga</td>
<td>10</td>
<td>18.2%</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>100.0%</td>
<td>211</td>
</tr>
</tbody>
</table>

Table 1: Distribution of respondents by county

<table>
<thead>
<tr>
<th>Response</th>
<th>Expectant mothers</th>
<th>Service providers</th>
<th>Total (N=317)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
<td>N</td>
</tr>
<tr>
<td>Yes</td>
<td>66</td>
<td>31.3%</td>
<td>56</td>
</tr>
<tr>
<td>No</td>
<td>145</td>
<td>68.7%</td>
<td>50</td>
</tr>
<tr>
<td>Total</td>
<td>211</td>
<td>100.0%</td>
<td>106</td>
</tr>
</tbody>
</table>

Table 2: Application of cord care substance

**Method:**
- Randomly selected 10% health facilities targeted for CHX implementation
- Convenience sampling to select respondents 211 mothers and 106 health providers
Progress: Baseline Survey on Existing Cord Care Practices

**Key Findings**

- 66 mothers (31.3%) said cord care substance applied to last child. Antiseptics were the most commonly applied. 50% said applied other antiseptics such as Methylated Spirit, Gentian Violet, Savlon, and Dettol and only 3% Chlorhexidine.

- 56 providers applied cord substance at last delivery handled. 39.3% applied Chlorhexidine while 32.1% applied other antiseptics.

**Implications to chlorhexidine introduction and scale-up:**
An effort should be made to distinguish the use of Chlorhexidine (CHX) for umbilical cord care from other commercially available antiseptics to ensure that service providers and mothers use the correct product for cord care (7.1% CHX delivering 4% CHX on cord area).
Progress: Health Facilities Using CHX and HCWs Trained on CHX Use

<table>
<thead>
<tr>
<th>Implementation Period Covered: Oct 2015-April 2016</th>
<th>Homa Bay</th>
<th>Kakamega</th>
<th>Migori</th>
<th>Nyamira</th>
<th>Vihiga</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Facilities Providing CHX Commodity</td>
<td>38</td>
<td>51</td>
<td>66</td>
<td>97</td>
<td>54</td>
<td>306</td>
</tr>
<tr>
<td>Total A+ Supported RMNCH Sites</td>
<td>42</td>
<td>196</td>
<td>66</td>
<td>122</td>
<td>72</td>
<td>498</td>
</tr>
<tr>
<td>% coverage CHX Use at A+ supported RMNCH sites</td>
<td>90%</td>
<td>26%</td>
<td>100%</td>
<td>80%</td>
<td>75%</td>
<td>61%</td>
</tr>
<tr>
<td>HCWs trained on CHX Use</td>
<td>124</td>
<td>304</td>
<td>200</td>
<td>250</td>
<td>251</td>
<td>1,129</td>
</tr>
</tbody>
</table>

- Commodity procured through partner mechanisms from Universal Pharma Kenya
- Training of HCWs done using MOH developed clinical guidelines and protocol
Progress: Use of MOH Guidelines and Job-aids for HCW Mentorship

A guideline for the use of Chlorhexidine for newborn umbilical cord care in Kenya

April 2016
Progress: Successes

- Health providers and mothers have embraced CHX for cord care
- Mentorship of HCWs and health education for mothers critical for uptake and proper use of CHX for cord care
- HCWs and mothers knowledgeable on use, application and safety of CHX for cord care
- Integration of CHX for cord care in newborn health interventions package
- Chlorhexidine commodity available with no stock-outs
- Support from CHMT, RMNCAH coordinators in uptake of CHX for cord care
Progress: Challenges

• Too many indicators being tracked for CHX for cord care implementation with corresponding data collection and collation tools (NB: This is an implementation research project)

• Inadequate coverage to all RMNCH sites in Western Kenya contingent on donor funding

• Proper documentation for inventory tracking at dispensing points to ensure commodity security at all times.

• Regular supportive supervision to include review of CHX use for cord care as part of integrated newborn interventions.
Recommendations

- Integration of CHX for cord care in newborn package of interventions
- Scale up use of CHX for cord care through mentorship of HCWs and health education of mothers using MOH developed guidelines and job-aids
- Consider 1-2 CHX reporting indicators to be tracked and this incorporated in existing MOH RMNCH reporting tools
- Based on the national CHX implementation strategy to be developed, CHX commodity availability through KEMSA supply chain as well as private sector channels e.g. MEDS
- Integrated newborn health interventions supportive supervision at sites
- Engagement with MOH/NCAHU, CHMTs, implementing partners and donors to support scale-up of CHX for cord care implementation in all 47 counties
Thank you.

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