# Nepal Family Health Program Technical Brief #20

# Surveys & Studies

*Focus Group Discussion.*

## BACKGROUND

The Nepal Family Health Program (NFHP) was a six-year project launched in late 2001, with a primary focus to improve the delivery and use of public-sector family planning and maternal and child health (MCH) services, particularly at the community level. Reflecting the importance of monitoring and research functions, NFHP's structure includes a monitoring and evaluation (M&E) team tasked with gathering, analyzing and documenting program monitoring data and survey results. This has enabled the project to determine which strategies work well or need improvement, to identify problems and make modifications, and improve overall program performance. Data are used to assess the extent to which the program achieves its desired results and to provide USAID and the larger public health community with evidence on program implementation, outcomes and lessons learned.

Within the last six years, NFHP has conducted many studies which support, as well as challenge, the innovations that are implemented in a variety of contexts, including policies and systems.

Various types of data are obtained from surveys and assessments which are used by NFHP and its partners. Program planners rely on statistics for operational decisions and policymakers use information to prioritize activities and effectively allocate resources.

To meet the need for sound evidence on which to base policies, strategies and program decisions, NFHP has a strong internal monitoring system that provides continuously updated information. This has been supplemented in many cases with rigorous quantitative and qualitative studies, developed by the M&E team in coordination with other technical teams. Large-scale surveys have been outsourced to local contract research organizations, with close oversight by project staff. Smaller-scale studies have generally been conducted directly by project staff. For certain aspects of its applied research work, NFHP has received external technical assistance, notably from Health Research Project/Global Research Activities (HARP-GRA) for community-based safe-motherhood and neonatal programs.

## STUDY PROCESS

For the design and implementation of NFHP studies, certain standard steps and procedures are followed. The NFHP M&E Team, in coordination with the relevant program team, develops an evaluation and research agenda focusing on priority issues. This is followed by the development of standard operating procedures (SOPs) to ensure compliance with research quality and ethics, including taking informed consent from the respondents before interviews. In addition, such SOPs help to ensure that the study objectives, methodology, budget, etc. are reviewed by a select group of staff. This process has helped systematize the evaluation process as well as maintaining transparency of the research awards.
The process includes development of a concept paper in coordination with the technical teams. For

### Key Achievements

- NFHP has become a resource in generating evidence for policy formulation and program design and implementation. A variety of assessments and special studies have been conducted related to new program approaches.
- Over the life of the project, NFHP has conducted about 30 special studies and assessments.
- NFHP studies have contributed to program design, policy/strategy development/revision and capacity development of NFHP and its partner organizations.

larger studies, terms of reference are developed and proposals invited from at least five research organizations. These proposals are reviewed using standard evaluation criteria by an internal review committee. The selected research firm is given with the necessary technical support by NFHP on planning, methodology, tools, training, monitoring of fieldwork, data analysis and report preparation.

## CONTRIBUTIONS

### 1. *Contribution to Policies/Strategy*

NFHP research findings have contributed to policy/strategy formulation and implementation. For example, in order to motivate Female Community Health Volunteers (FCHVs), FCHV Endowment Funds (EFs) were created. The FCHV EF is an authorized capital investment and the principal amount cannot be used. The interest earned from these funds is deposited into a bank account and can be used for activities selected by the FCHVs. By mid-2006, 710 Village Development Committee-level, 18 municipality and 21 district-level EFs had been established. However, before further expansion, the Family Health Division of the Department of Health Services (DOHS) decided that it was important to know whether the funds were actually contributing to motivating FCHVs. To assess this, a qualitative study was conducted which found that the existing funds were, in fact, not very effective. Based on the study findings, the Family Health Division is currently revising EF guidelines/policies to better address the needs of the FCHV program.

An assessment of NFHP activities to strengthen the interaction between communities and the health service system has shown a strong need for continuous monitoring and capacity building of Health Facility Operation and Management Committee members. Based in part on these findings, a new approach called "Community and Health Facility as Partners" (CHFP) was adopted by NFHP in 2006 and incorporated into national level work by the National Health Training Centre (NHTC). (For more information, see **Technical Brief #17: Community and Health Facility as Partners.)** It is expected that this approach will create an environment more favorable for good community representation and will contribute to more accountable relationships between service providers and the community. Studies were also conducted on behavior change communication work related to communities and FCHVs. These study findings contributed to the design of BCC strategies for the National Health Education Information Communication Center at the Ministry of Health and Population (MOHP).

**Figure 1. Examples of NFHP Surveys / Studies**

**Child Health**

1. Assessment of sustainability cost recovery program.
2. Focused ethnographic study on care-seeking for acute respiratory infection among children.
3. Assessment of neonatal cases referred by FCHVs.
4. Study on coverage and compliance of zinc for treatment of diarrhea.

**Reproductive Health (RH)**

1. Baseline surveys for CB-MNC (3 districts).
2. CB-MNC follow-up surveys.
3. Process evaluation of antenatal health education.
4. Barriers to using misoprostol.
5. Maternal mortality verbal autopsy review.
6. Study on cord care practices in Bardiya and acceptability of antiseptic use.
7. Community perceptions about RH issues among married adolescents.
8. Baseline survey for married adolescent program.
9. Mobilizing men in rural Nepal for safe motherhood.
10. Evaluating role of men in RH.
11. Evaluation of RH for young married couples.
12. Barriers and enabling factor affecting the use of skilled birth attendants (SBA).
13. A study on service delivery impact of FP training of peripheral health workers.

**Social / Behavioral Change**

1. BCC formative research (four studies).
2. A study on radio listeners groups.

**Training**

1. Assessment of provider's performance–FP/ counseling.
2. Assessment of provider's performance–operating theatre management.
3. Impact assessment of FP refresher training for Village Health Workers and Maternal Child Health Workers.

**Female Community Health Volunteer (FCHV)**

1. An evaluation of FCHV refresher training.
2. A study on FCHV endowment fund.

**Logistics**

1. An assessment of pull system and decentralized logistics management information system.

**NFHP General**

1. NFHP midterm survey.
2. Appropriateness/ usefulness of USAID-funded support staff in the Ministry of Health and Population.
3. Assessment of NFHP activities to strengthen the interaction between community & health service system.
4. A study on clients' views towards health service delivery.

## 2. *Program Development & Refinement*

The Community-Based Maternal and Neonatal Care (CB-MNC) program was piloted in three districts. The objective was to significantly increase coverage of a minimum package of high-impact, cost-effective and largely community-based interventions, with the potential for real mortality impact over the short-to-medium term. The package, to a considerable extent, was based on existing service elements and other recent experiences in Nepal but included some innovative components. The Banke program also focused on a new intervention in Nepal—notably the provision of misoprostol to women late in pregnancy, by FCHVs, in order to reduce the risk of life-threatening postpartum hemorrhage. Baseline and follow-up survey findings have provided evidence of impact and implementation feasibility within the government system.

As preparation for possible piloting of the use of chlorhexidine (CHX) for umbilical cord-stump care, an exploratory, qualitative study addressed current cord-care beliefs and practices as well as openness to use of a disinfectant for cord-stump care; it was conducted among three caste/ethnic groups in Bardiya. This study has provided important information about prevailing behavior and perceptions relating to umbilical cord care. This will enable programmers to design a suitable approach.

Under CB-MNC, FCHVs provide antenatal counseling. The process evaluation on antenatal health education was carried out in Banke and Jhapa districts to determine how counseling and other complementary health education elements have performed in influencing care-seeking and household practices. It found that the FCHV-provided health education was effective in changing target behaviors and the supporting print materials were helpful though need to be simplified.

**NFHP is using research evidence to ensure good quality training of health professionals**

To strengthen capacity of service providers to deliver quality FP/MCH services, NFHP has supported large-scale trainings. One example is the Operation Theatre Technique Management (OTTM) training which started in Nepal in 1999. By 2004 NHTC had trained 117 service providers. In order to assess post-training performance, a follow-up study was conducted. Based on the study findings, the OTTM training package has been updated and standardized by the National Health Training Center, MOHP.

Another example is a nine-day refresher training on FP provided to 1,664 Village Health Workers (VHWs) and Maternal Child Health Workers (MCHWs). After the training, in order to measure improvement in performance and quality of services provided, an assessment was done by using pre- and post-intervention utilization rates of temporary contraceptives. The study found a significant overall increase in the number of new pill and Depo Provera® acceptors and an improvement in continuation rates for both FP methods. This type of information is useful for program managers when deciding whether to expand the training program to other districts.

## *3. Capacity Development in Research*

NFHP also focuses on strengthening the research capability of staff and partner organizations with the aim of maintaining high levels of technical and ethical standards of research programs in Nepal.

A workshop on Qualitative Methods for Process Evaluation was organized by NFHP in collaboration with Johns Hopkins School of Public Health in 2005 in which NFHP staff and partners, research organizations, academic institutions, and other implementing agencies participated. They have been using their skills in studies such as Process Evaluation of CB-MNC, umbilical cord care study, FCHV Endowment Funds, etc. There are further plans for utilizing their skills in future research studies.

## INFORMATION ACCESS

A NFHP resource center has been established with the purpose of providing policy and program documents, health information as well as research reports. The center has a collection of hard copies as well as CD-ROMs. Electronic copies of all NFHP reports are posted on the computer server in the central office. NFHP study results are shared through presentations, distribution of publications and the DOHS website.

## LESSONS LEARNED

- **Baselines studies early in a project provide critical comparison data against which to measure future performance.**
- **Even in the absence of baseline data, program outcomes can be measured using secondary data.** A mid-term survey was carried out by NFHP using many of the same items as in DHS surveys, and the program outcomes were compared with the 2001 Nepal Demographic and Health Survey (DHS) which roughly corresponded to the start of NFHP.

- **Survey instruments and methodologies should be standardized.** In order to validate research results between comparative surveys, instruments and methodologies must be standardized. Therefore, NFHP as far as possible, uses the standard questions and responses as applied in the DHS. Moreover, NFHP cluster identification codes are consistent with that of the Central Bureau of Statistics.
- **Wider dissemination and sharing of NFHP study and survey findings among MOHP and EDP partners would increase the likelihood of acceptance and utilization of the results.** Greater efforts should be made to formally disseminate study and survey findings through various channels—meetings, documentation, etc. This was not done for all NFHP studies and therefore, the information was not utilized as widely as was possible. For example, not all studies have been posted on the Department of Health Services/MOHP website.

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