

Creating a Worksheet for Community Health Workers in Nepal: A Use Case of the Health Campaign Effectiveness Integration Decision Tool 2022

The Health, Education, Agriculture, and Logistics Group (HEAL), in Nepal, used *HCE's Decision Guidance Tool for People-Centered Integration of Health Campaigns* to create a worksheet for community health workers to identify the factors that would provide a rationale for integrating the lymphatic filariasis (LF) and Vitamin A Supplementation (VAS) campaigns.

The Need and Context

- The Rainas Municipality in the Lamjung district of Nepal is home to 18,257 people. Lymphatic filariasis (LF), a neglected tropical disease, is endemic in this mountainous region of Rainas Municipality in the Mamjun district of Nepal, despite 17 years of government interventions through mass drug administration
- Vitamin A supplementation (VAS) campaigns conducted since 1993 have achieved consistently high coverage and remain popular with the population of more than 18,000 people
- Working closely with the Epidemiology & Disease Control Division (EDCD) and Family Welfare Divisions (FWD), HEAL facilitated collaborative planning for the integration of the LF elimination and VAS campaigns in the Rainas Municipality. Female community health volunteers (FCHVs) used a Complementary Monitoring and Supervision approach (CMS) during home visits to support the partial integration of the campaign interventions.

Worksheet for Community Health Workers

- HEAL, EDCD, and FWD, recognized the importance of involving FCHVs, who are familiar with the target population, in their decision-making process to help address potential barriers early on. To do so, they adopted “Appendix B: Criteria Across Health Domains and Specific Interventions for Selecting Potential Campaign Integration” from the HCE integration decision tool to create an exercise sheet that was introduced during orientation. Nepal’s FCHVs were asked to share information on both health interventions (LF & Vitamin A), such as:
 - Who their target group was
 - Where, by whom, and when to administer the medicine,
 - The responsible institutions,
 - Pre-implementation activities

Description	National LF Elimination Campaign	National Vitamin A Supplementation Campaign	Possible to Integrate (Yes/No)
Target Group	Population of above 2 years except pregnant, antenatal mothers and severely sick patients age	Children 6 to 60 months	
Medicines	<ul style="list-style-type: none"> • Diethylcarbamazin • Albendazole Tablet 	<ul style="list-style-type: none"> • Vitamin A Capsule 	
Where to Administer Medicine	<ul style="list-style-type: none"> • First day in a suitable place • Door to door campaign from the second day 	<ul style="list-style-type: none"> • First day in a suitable place • Door to door campaign from the second day 	•
By who (Medicine Administration)	<ul style="list-style-type: none"> • By health workers with FCHVs support 	<ul style="list-style-type: none"> • FCHVs 	•
When to Administer	districts as per <u>pre scheduled</u> date	<ul style="list-style-type: none"> • Baisakh 6-7 (April) • Kartik 2-3 (October) 	
Responsible Institutions	<ul style="list-style-type: none"> • Local Elected Body (Municipality) and Health Facilities • Epidemiology and Disease Control Division, and <u>Management Division</u> at the Center 	<ul style="list-style-type: none"> • Local Elected Body (Municipality) and Health Facilities • Family Welfare Division and <u>Management Division</u> at the Center 	
Pre-Implementation Activities	<ul style="list-style-type: none"> • Meetings • Training • Interaction 	<ul style="list-style-type: none"> • Meetings • Training • Interaction 	
Medicine Procurement/ Supply and Transportation	<ul style="list-style-type: none"> • Diethylcarbamazin • Albendazole Tablet 	<ul style="list-style-type: none"> • Vitamin A Capsule 	
Advocacy and Awareness Raising Activities	<ul style="list-style-type: none"> • Advertisement • Banner • Poster/Pamphlet 	<ul style="list-style-type: none"> • Advertisement • Banner • Poster/Pamphlet 	
Discussion and Counseling by FCHVs at the time of Household Visits	Discussion and Counseling by FCHVs at the time of Household Visits	Discussion and Counseling by FCHVs at the time of Household Visits	
Monitoring and Supervision	It is being done from the higher level. It could be done to complement both campaigns.	Could be done at the time of supervision of FCHVs work by complementing both campaigns	
Prepone or postpone dates of both campaigns (which campaign to conduct first)			Suggestions on campaign dates (changing dates of campaign)
Many missed activities.....			

- In total, 41 health workers completed the exercise sheets. Health workers believed that the aspects of the campaigns would make them compatible. Considering partial integration (collaboration) of the LF and vitamin A campaigns, HEAL staff found that health workers believed that advocacy, awareness-raising, orientation, and supervision/monitoring were the campaign functions that HCWs deemed most appropriate for partial integration.

Impact on Quality of Campaign Planning

- Stakeholders and partners from the LF elimination and VAS programs were involved in the collaborative planning process, which was both novel and well received. Four levels of stakeholders were involved in the process:
 - health sector federal program divisions,
 - local governing bodies,
 - local health service providers, and
 - the community.
 - During meetings directors and the focal person of the program divisions' and municipality officials provided feedback on project documents and directives for implementation.
- HEAL's decision to sensitize local health workers to their plans for campaign integration using the HCE tool is now a promising practice that HCE is sharing with other stakeholders and partners.

Useful links

- [See the HCE Decision Tool here in English, Spanish, and French](#)
- [See full details of Nepal's case study on collaborative planning](#)
- [See additional, practical tools for integrated campaigns in Nepal](#)