

Nexus Planning Workshop on HBNC+

The Home Based Newborn Care Plus (HBNC+) program of the National Health Mission (NHM) of India is one of the many initiatives aimed to reduce maternal and infant mortality rates (MMR & IMR). A key element of this program is periodic home visits by Accredited Social Health Activists (ASHAs) every quarter until the first birthday of an infant where they perform a checklist of healthcare procedures to ensure healthy mothers and babies.

Norway India Partnership Initiative (NIPI) commenced worked on HBNC+ since 2014 in 13 high priority districts of four states, through its Newborn Project team. All four NIPI states are planning scale up and government is trying to emulate the good works across other high priority districts of India.

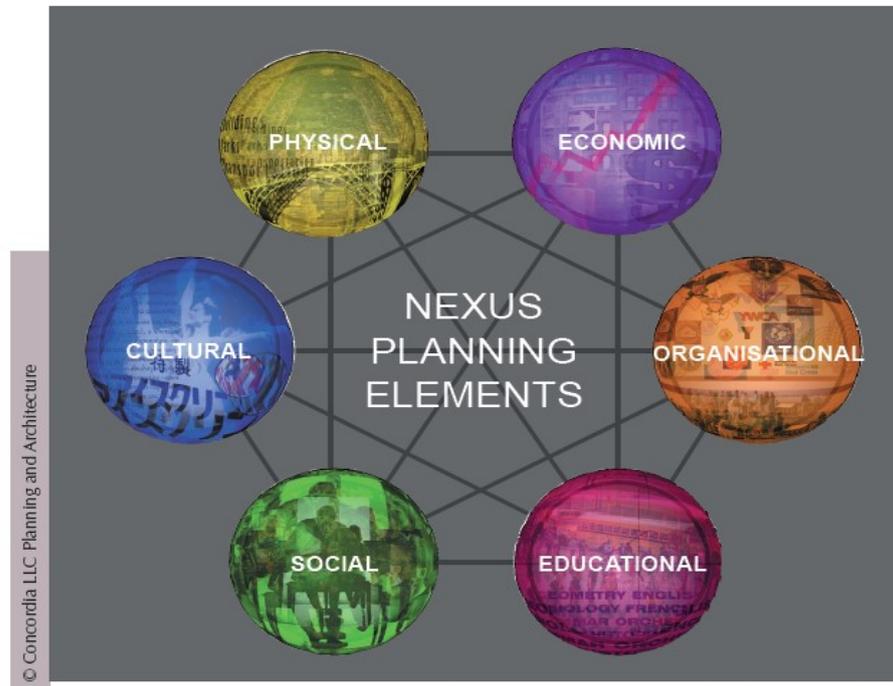
Whilst the home visit is the crucial backbone of this program, it faces societal barriers that tend to impede its plausible success and sustained growth.

To address this inherent challenge, NIPI contracted INCLIN (International Clinical Epidemiology Network) Trust International to 'assess the effectiveness of HBNC+'. Research commenced in January 2016 in a randomly selected district of Raisen. The broad objectives of the study are:

- To assess the usefulness of HBNC + in reducing infant mortality rate
- To understand the implementation process and challenges at district and sub-district level
- To understand the mechanism and challenges in training of ASHAs, monitoring and supervision of the program, inter and intra sectoral coordination, and incentive payment to ASHAs
- To understand the status and limitations of key channels of social mobilization in the community
- To know perception, awareness and practice about acceptability of program and reasons for utilization and non-utilization of services by the community and compliance to the advice by ASHAs

A part of the assessment contained a community engagement workshop called Nexus Planning Workshop. The concept of Nexus Planning was conceived by Concordian LLC, New Orleans, who are pioneers in developing community engagement programs with evidenced scientific results. Using six parameters of Physical, Economic, Organisational, Cultural, Educational, Social, a democratic framework is formulated to run community development programs.

Nexus planning: where the whole is greater than the sum of its parts



Nexus Planning workshop for HBNC+ was conducted in Raisen from 15 – 19 May 2017. Using the six elements, the forum brought together communities of Raisen district with whom initial findings of INCLEN’s research were shared. Thereafter plausible solutions were brainstormed amongst stakeholders and relevant conclusions were made. Stakeholders included ASHAs, their supervisors, Auxiliary Nurse and Midwives (ANMs), district chief, senior medical officers and villagers of the community. The three days discussions saw an enthusiastic participation of over 100 villagers and stakeholders. Gender balance was ensured and the program was eco-friendly in the sense that organic and locally fruits and vegetables were sourced for preparing lunches at the event for the attendees.

The findings of the workshop are currently being synthesized by INCLEN and CONCORDIAN LLC.

Notable highlights of the workshop include:

- 1) The village community found the consultation process highly motivational and inspirational. They felt strong, heard and a valuable contributor to government’s programs rather than just be seen as mere recipients and implementers. The workshop was held in true democratic spirit. A community trust was felt through the workshop.
- 2) Families had knowledge of HBNC+. Mothers and their families remembered the key components of the procedures that ASHAs performed when visiting their homes.

- 3) Families acknowledged that periodic ASHA visits helped them take care of new mothers and infants better. Homes without ASHA visits showed less experience in handling issues of mothers and newborns.
- 4) ASHAs were seen as very relevant revolutionaries in the society. They felt empowered and recognized. They seemed to have a voice and were thought to be influencers. Non-ASHAs seemed encouraged to take part in this revolution.

The most common challenges identified as impediments to the progress of HBNC+ and ASHA visits were:

- 1) Families accepted that traditional superstitions and caste differences still exist, and they cannot do away with these customs. ASHAs from low caste are not allowed to enter houses of upper caste.
- 2) ASHAs were overloaded with administrative and non-clinical tasks that tend to reduce their efficiency. An urgent and immediate requirement to recruit more ASHAs and ASHA supervisors were noted.
- 3) Lack of proper logistics prevented ASHAs to commute long distances.

The very important and sensitive issue of timely and better incentivisation was also brought up by ASHAs but was not discussed in this forum. INCLEN research and NIPI Newborn project briefed officials of the national health mission on the Nexus Planning workshop.

While HBNC+ is a health development program, at the heart of this concept lies valuable lessons for life in the area of development work. At the most basic level, involving community members not only as recipients but also as equal partners of growth health development programs has several bearings to societal development. As HBNC+ progresses, it also brings to fore inherent factors of women empowerment, infrastructure development, education and sanitation as enabling factors in the sustained growth of a community development program.