



# Nepal PY4 Summary & Results

	<p><b>Geographic Implementation Areas</b></p> <p><i>Provinces</i></p> <ul style="list-style-type: none"> <li>• 1/7 (14%)</li> </ul> <p><i>Districts</i></p> <ul style="list-style-type: none"> <li>• 1/77 (1.3% of districts in Nepal)</li> </ul> <p><i>Private-sector medicine shops in Kavre District</i></p> <ul style="list-style-type: none"> <li>• 50/63 (79% medicine shops in district)</li> </ul>	<p><b>Population</b></p> <p><i>Country</i></p> <ul style="list-style-type: none"> <li>• 26 million</li> </ul> <p><i>MCSP-supported areas</i></p> <ul style="list-style-type: none"> <li>• Kavre District: 381,000</li> </ul>																			
<p><b>Technical Areas</b> </p>																					
<p><b>Program Dates</b> December 2016–April 2019</p> <p><b>Cumulative Spending through End of PY4</b> Field funding: ██████████ Core funding: ██████████</p>	<p><b>Strategic Objectives</b></p> <ul style="list-style-type: none"> <li>• Develop an intervention for improving management of sick young infants with PSBI and test the intervention in a proof-of-concept approach within facilities belonging to the existing Contraceptive Retail Sales network. Disseminate pilot findings and provide recommendations for improving care in the private sector, including recommendations for a national-level strategy.</li> <li>• Through a small and sick newborn assessment, describe the national enabling environment for service implementation and quality of inpatient care for newborns and young infants, facility readiness to provide inpatient newborn and young infant care, and issues related to WHO-defined indicators for quality of care for newborns and young infants.</li> <li>• Audit the existing MNH training modules available in Nepal that target improved care for women and newborns around the continuum of care, describe variations in the training content, and generate recommendations on strengthening integrated and standalone MNH training programs in Nepal.</li> </ul>																				
<p><b>Demographic and Health Indicators</b></p> <table border="1"> <thead> <tr> <th>Indicator</th> <th># or %</th> </tr> </thead> <tbody> <tr> <td>Population &lt; 5 years<sup>[1]</sup></td> <td>2,988,133</td> </tr> <tr> <td>TFR (births per woman)<sup>[1]</sup></td> <td>2.3</td> </tr> <tr> <td>MMR (per 100,000 live births)<sup>[1]</sup></td> <td>239</td> </tr> <tr> <td>NMR (per 1,000 live births)<sup>[1]</sup></td> <td>21</td> </tr> <tr> <td>U5MR (per 1,000 live births)<sup>[1]</sup></td> <td>39</td> </tr> <tr> <td>Early initiation of breastfeeding<sup>[1]</sup></td> <td>55%</td> </tr> <tr> <td>Postnatal checkup<sup>[1]</sup></td> <td>57%</td> </tr> <tr> <td>SBA<sup>[1]</sup></td> <td>58%</td> </tr> <tr> <td>CHX application<sup>[1]</sup></td> <td>39%</td> </tr> </tbody> </table>	Indicator	# or %	Population < 5 years <sup>[1]</sup>	2,988,133	TFR (births per woman) <sup>[1]</sup>	2.3	MMR (per 100,000 live births) <sup>[1]</sup>	239	NMR (per 1,000 live births) <sup>[1]</sup>	21	U5MR (per 1,000 live births) <sup>[1]</sup>	39	Early initiation of breastfeeding <sup>[1]</sup>	55%	Postnatal checkup <sup>[1]</sup>	57%	SBA <sup>[1]</sup>	58%	CHX application <sup>[1]</sup>	39%	<p><b>Key Accomplishment Highlights</b></p> <ul style="list-style-type: none"> <li>• A stakeholder meeting was organized in July under the auspices of the Ministry of Health and Population to officially disseminate the results of the PSBI survey and to agree on implications. In addition, a webinar was organized at the global level to share findings.</li> <li>• Based on the PSBI survey results, a pilot to improve private providers' quality of care for PSBI was started in Kavre District; 50 providers were trained in July, and implementation of the 9-month pilot began in June.</li> <li>• After working with the MOHP to form a technical advisory group and after receiving institutional review board approval, activities were initiated for small and sick newborn assessment in Nepal, including development and translation of tools.</li> <li>• MCSP supported the MOHP to conduct a two-phase study in Nepal to evaluate the effectiveness of integrated versus standalone MNH training programs and a report.</li> </ul>
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<p><i>Source: <sup>[1]</sup> Nepal Demographic Health Survey (NDHS) 2016.</i></p>																					

## Nepal

### Key Accomplishments

During PY4 in Nepal, MCSP continued to build the knowledge base on treatment of PSBI for infants among private-sector providers. This included the dissemination of findings from the national survey conducted in PY3 aimed at documenting the appropriateness of care that private medicine shops and clinics in Nepal provide for PSBI in sick infants ages 0–2 months and initiation of a pilot program aimed at improving quality of PSBI management by private providers in Kavre District. An updated work plan for MCSP in Nepal was approved, which included an extension through April 2019 to allow the pilot 9 months of implementation.

#### *Dissemination of PSBI Survey Results*

Preliminary survey findings were shared with national, regional, and global audiences, which helped to inform revisions to the design of the pilot and allowed for cross-country sharing of experiences. Key audiences included the national IMNCI technical committee, USAID, and global newborn experts. In addition, a discussion was organized with MCSP's Child Health team in Nigeria to share respective experiences working with the private sector on PSBI. The survey report will be finalized in the first half of PY5.

#### *Pilot to Improve PSBI Treatment in Private-Sector Medicine Shops*

During the first half of PY4, MCSP undertook extensive efforts preparing for the pilot in Kavre District. This included the development and finalization of implementation materials for training, service delivery, and monitoring. MCSP also coordinated closely with the district health office and the district chapter of the Nepal Chemists and Druggists Association, and established relationships with local partners—Contraceptive Retail Sales Company to support implementation and Partner for Social Development Nepal to finalize the clinical protocol. The pilot was initiated in the later part of PY4. This included mapping 63 medicine shops across the district, with PSBI orientation training and treatment startup kits distributed to providers from 45 of the shops. To support the pilot's implementation, two district coordinators were hired, and monthly monitoring visits were held. Implementation is expected to continue through March 2019, with results available soon afterward.

#### *Situation Analysis of Inpatient Care of Newborns and Young Infants*

MCSP undertook all the preparatory work for supporting the Ministry of Health and Population to conduct a situation analysis of inpatient care for newborns and young infants. This core-funded study is part of a broader global initiative led by USAID and partners that aims to understand the strengths and weaknesses of health systems and the quality of services in the care of small and sick newborns; MCSP conducted a parallel study in Rwanda. In Nepal, PY4 activities included drafting protocols and the implementation plan, receiving international institutional review board approval and submitting for in-country approval, forming an operations team and a technical advisory group, and adapting all necessary tools. Once approval is received from the Nepal Health Research Council, MCSP will begin data collection in early PY5.

#### *MNH Integrated Training*

With catalytic core funding, MCSP evaluated the effectiveness of integrated versus standalone training programs to improve knowledge, skills, and practice for essential care during labor, childbirth, and newborn care in Nepal and Ethiopia. The aim of the study was to generate evidence to inform MNH training programs and to assist both countries' MOHs to use the evidence to strengthen their national training policies. In PY4, MCSP conducted key informant interviews and focus group discussions with trainers, doctors, and nurses, then vetted all preliminary results in a validation workshop with MNH stakeholders and experts under the leadership of the Ministry of Health and Population. The study identified gaps in routine and emergency obstetric and newborn care manuals that had been used to provide integrated MNH training. Strengths identified in the Nepal system included post-training follow-up, a national training database, and certified training centers. Following the workshop, MCSP drafted a report to share recommendations with the Ministry of Health and Population. Due to changes in the Ministry of Health and Population, MCSP has

faced some challenges in further follow-up actions but will continue supporting the sharing of findings and recommendations in PY5 to the extent possible. A manuscript will also be developed in PY5 to distill and disseminate study findings from both countries to national and global audiences.

## Way Forward

Once ethical clearance is received from the Nepal Health Research Council, MCSP will initiate data collection for the small and sick newborn assessment. Areas to be assessed include components of national policy, implementation strategy, service readiness, and systems to support quality services and clinical practices. Afterward, a workshop will be held with stakeholders to develop and disseminate recommendations.

Findings from the review of MNH training programs in Nepal and Ethiopia will be used to develop a cross-country learning manuscript that will be disseminated at global and national levels.

MCSP will complete the PSBI pilot in Kavre District, document and share results, and support USAID and the Ministry of Health and Population in identifying recommendations and country-level implications for further uptake of the approach. This will include exploring program platforms that incorporate private-sector engagement. Additionally, MCSP plans to disseminate PSBI survey results to the global community through publication of two peer-reviewed articles and through MCSP channels.

Key PSBI pilot indicators are highlighted in the table below. No service providers adhered to the terms of commitment, which serves as a composite of compliance with other indicators (use of IMNCI protocol for assessment and treatment of PSBI, complete recording of all cases, following up on treated cases, and facilitating referrals). Particularly, adherence to treatment regimens as per IMNCI guidelines and follow-up of cases on days 3 and 5 were found to be important areas for improvement. As the table shows, 80% of medicine shops facilitate the referral process as per the protocol.

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	Achievement
Number and percentage of eligible private-sector medicine shops <sup>1</sup> who successfully complete the PSBI management improvement training	45/45 (100%, target: 100%, 100% achieved)
Number and percentage of trained private-sector medicine shops who sign a formal commitment letter	45/45 (100%, target: 100%, 100% achieved)
Number and percentage of participating private-sector medicine shops demonstrating adherence to the terms of commitment	0/15 (0%, target: >50%, 0% achieved) <sup>2</sup>
Percentage of private-sector medicine shops' adhering to at least 80% of IMNCI guideline to treat all PSBI cases	0/15 (0%, target: 70%, 0% achieved) <sup>2</sup>
Percentage of private-sector medicine shops who follow up all non-referred cases on at least day 3 and 5	2/15 (13.3%, target: ≥65%, 20% achieved)
Number and percentage of PSBI cases referred by participating private-sector medicine shops who complete referral	5/5 (100%, target: >85%, >100% achieved)
Number and percentage of PSBI cases referred by participating private-sector medicine shops in which the referral is facilitated	4/5 (80%, target: >90%, 89% achieved)

[1] In previous project documents, medicine shops may also be referred to as "outlets" or "private-sector outlets."

[2] Targets are for end of project and not specifically PY4.