


Nepal EOP Summary & Results

	Geographic Implementation Areas <i>Provinces</i> <ul style="list-style-type: none"> 1/7 (14%)—Province 3 <i>Districts</i> <ul style="list-style-type: none"> 1/77 (1%)—Kavre <i>Medicine shops</i> <ul style="list-style-type: none"> 63/24,855 (0.3% of country total) 	Population <i>Country</i> <ul style="list-style-type: none"> 2.99 million <i>MCSP-supported areas</i> <ul style="list-style-type: none"> 395,124
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Technical Areas



Program Dates

January 1, 2017–June 25, 2019

Total Funding through Life of Project

\$500,000 plus \$127,687 core funding

Demographic and Health Indicators

Indicator	# or %
TFR	2.3
MMR (per 100,000 live births)	239
NMR (per 1,000 live births)	21
U5MR (per 1,000 live births)	39
Percentage delivered in health facility	57.4%
Percentage delivered in private health facility	10.2%
Percentage of births with a postnatal (PNC) check during the first 2 days after birth	56.8%
First PNC visit for newborn sought at private sector	9.8%

Source: Nepal DHS 2016

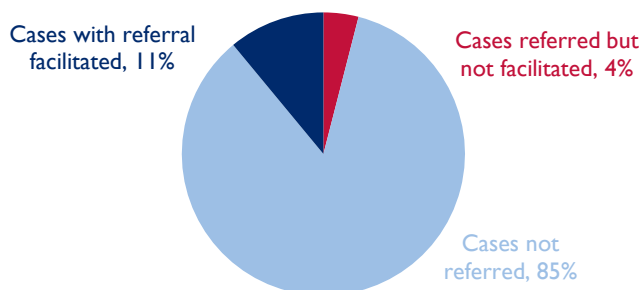
Strategic Objectives through the Life of Project

- Support the Government of Nepal to reduce newborn deaths from PSBI by documenting and disseminating key information on care practices in private-sector drug shops and clinics, and improving the quality of care for PSBI cases presenting to private medicine shops/clinics.
- Describe the national enabling environment for service implementation and quality of inpatient care for newborns and young infants, describe facility readiness to provide inpatient care for newborns and young infants, and describe issues related to WHO-defined indicators for quality of care for newborns and young infants.
- Audit the existing 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.

Highlights through the Life of Project

- Conducted a nationally representative survey providing, for the first time, a definitive picture of the current provision of outpatient PSBI care for newborns in the private sector.
- Completed a pilot to improve quality of care for PSBI among private-sector providers that was implemented with providers from 57 outlets in Kavre district.
- Supported the Ministry of Health and Population to conduct a situation analysis to understand the landscape of inpatient care currently provided for sick newborns and young infants in Nepal.

Figure 1. Cases of sick young infants (0–2 months) identified as PSBI (n = 95)*



* “Facilitated” in this context refers to a referral in which the provider called ahead to the hospital, ensured that the doctor was available, counseled care seekers on danger signs and transportation, etc.

Nepal

Background

In Nepal, newborn mortality accounts for half of all deaths among children under 5, with serious infection being one of the leading causes of death. However, little is known about the quality and appropriateness of the care Nepal's newborns and young infants (ages 0–2 months) receive from the private medicine shops and clinics that most families turn to. At the direction of USAID and the Child Health Division (which later became the Family Welfare Division after the 2018 transition to federalism) at the Ministry of Health and Population, MCSP developed a program to generate evidence on care for sick young infants ages 0–2 months in the private sector, particularly the management of PSBI. In addition, a consortium of national-level partners from across the nonprofit, government, and private sectors were involved in the early stages of planning for this pilot, allowing for critical buy-in during the scale-up phase. Results will enable the Ministry of Health and Population and the private sector to provide lifesaving treatment for sick young infants at the points of care where patient demand is well established.

Key Accomplishments

Conducted a National Survey of Medicine Shops and Clinics

Table 1. Composite index of key findings

Key Indicators	Shops (N = 400)	Clinics (N = 82)
Use IMNCl guideline	15%	46%
Assess at least four severe signs	66%	71%
<i>Appropriate assessment</i>	10%	32%
Correct indication of severe illness for referral	76%	89%
Facilitate during referral	73%	81%
Appropriate pre-referral injectable	4%	5%
<i>Appropriate referral</i>	0%	4%
Follow-up of nonreferred cases on at least Days 3 and 5	53%	46%
Follow-up of infants who do not return as expected	42%	33%
<i>Appropriate follow-up</i>	5%	15%
	Shops (N = 81)	Clinics (N = 38)
Correct indication for injectable antibiotic	56%	100%
Use of appropriate injectable	66%	45%
Appropriate treatment regimen	11%	16%
<i>Appropriate treatment</i>	0%	5%

In 2017, MCSP conducted a [nationally representative survey](#) sampling 400 medicine shops and 82 clinics across 25 districts of Nepal to understand the current practices of such providers in assessing, treating, referring, and following up with sick young infants; compare these practices with evidence-based recommendations; and identify factors that influence provider practice and that could be improved (see Table 1). Findings reflected that nearly half of medicine shops were unregistered with the Department of Drug Administration, a notable percentage of private providers surveyed had not been trained in the latest protocols for caring for sick young infants, and appropriate referral and follow-up were lacking. The national survey helped fill the vacuum of information on PSBI management in the private sector, providing a comprehensive overview of provider demographics, skills, practices, and expectations for those delivering critical treatment to sick infants. This information is important for agencies and partners looking to engage

the private sector to improve newborn health, particularly the quality of care for sick young infants, and ultimately meet the country’s ENAP and Sustainable Development Goal targets. Findings were disseminated in a national workshop and then used to inform a district-level pilot.

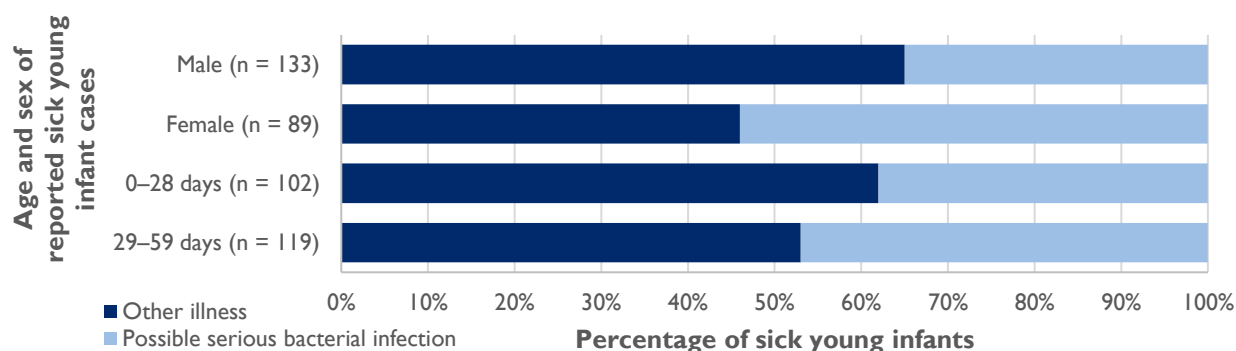
Piloted an Approach to Improve Quality of Care for PSBI Management by Private-Sector Providers

MCSP used findings from the national survey to design and pilot an intervention in a proof-of-concept approach intended to improve the quality of care for PSBI management provided at private shops and clinics. The approach included training, provision of necessary equipment, and a strengthened referral system that links a private provider with a practicing doctor at the referral hospital and allows for mobile consultations. During 9 months of implementation from June 2018 through February 2019, 30 providers reported 222 sick young infants; of these, 43% were identified with PSBI. Importantly and unfortunately, none of the medicine shops or clinics adhered to the complete protocol for treatment of the PSBI cases. However, several promising learnings, described in detail in the forthcoming pilot report, emerged from the study related to how to better motivate, train, and support private providers to manage PSBI per national protocol. Perhaps the most important conclusion from the pilot is that all participating private providers reported a positive intention in continuing to manage PSBI per the protocol. These findings have been shared with ministry and USAID officials for further discussions on implications for future programs.

Conducted a Situation Analysis of Inpatient Care of Newborns and Young Infants

MCSP supported the Ministry of Health and Population to conduct a situation analysis to understand the landscape of inpatient care currently provided for sick newborns and young infants (ages 0–59 days) in the country. This included assessing components of national and provincial policies and implementation strategies, as well as service readiness and systems in 17 facilities across the country to support quality services and clinical practices. The assessment found that nearly all of the facilities reported monitoring indicators of service quality, and the majority noted including quality assurance/QI activities to improve care. However, no facilities had been accredited externally; furthermore, few were BFHI-designated sites. With the situation analysis, MCSP built upon the findings to support the Family Welfare Division to develop recommendations for actions, supported the dissemination of findings to in-country stakeholders, and worked with the Family Welfare Division and partners to develop recommendations and action plans for inclusion in future Ministry of Health and Population work plans.

Figure 2. Sick young infant cases (n = 222) disaggregated by demographic and diagnosis



Completed an Analysis of Integrated MNH Training

MCSP completed a mixed-methods study in Ethiopia and Nepal to assess integrated versus standalone MNH training and the effect of integration on the quality of training, health worker knowledge, and skill gains. In Nepal, the study’s aim was to generate evidence to inform MNH training programs and assist the Ministry of Health and Population to use the evidence to strengthen the national training policies. Key findings of the study included gaps in the nonalignment of clinical messages and information, inadequate content and time for newborn health during theoretical and practical sessions, and differences in educational methodologies.

Strengths of the Nepal system included post-training follow-up, a national training database, pre- and post-test documentation, and the availability of certified training centers. The results of the study informed the ongoing debate regarding the value of integrated versus standalone MNH training with an evidence-based perspective. This is especially relevant to the possibility of redesigning existing training modalities as the Ministry of Health and Population finalizes the guidance it will provide to provincial and municipal levels on training program models. In Nepal, study findings were presented at a workshop led by three main divisions of the then-Department of Health Services; although there was strong commitment at the time to utilize these results in the future design of MNH training materials, recent changes in Ministry of Health and Population division structure and leadership have led to delays in implementing these commitments. MCSP is also developing a manuscript to summarize and disseminate the findings from both countries more broadly.

Recommendations for the Future

The findings from the PSBI survey and pilot will serve as important evidence to continue to advocate with and inform stakeholders, both nationally and globally, of the importance of working with the private sector and how best to do so. Many implications and recommendations have been identified for consideration by Nepal’s Ministry of Health and Population and partners that are also applicable to other countries and sectors. The primary recommendation is to undertake a multipartner effort, leveraging corporate support, to increase the safety and quality of care for sick young infants by private providers. MCSP also recommends the following:

- **Carry out exploratory work to design and test sustainable and scalable strategies to enable and empower private providers to deliver quality care.**
- **Promote access to and use of relevant clinical protocols.** Protocols and training programs could also be developed or revised to better reflect provider realities.
- **Establish functional mechanisms to facilitate timely and reliable referral/coordination of care for more critically ill cases for care at the hospital level.**
- **Design an approach that would facilitate registration of the medicine shops providing basic care to the community.** This would allow for better monitoring of practices and inclusion of providers/outlets in formal awareness or QI initiatives.
- **Invest in the future research agenda.** Additional findings could further inform current debates regarding the role of private-sector providers in health care and service delivery.

Findings from the newborn and young infant assessment led to the following recommendations:

- **Support the Family Welfare Division to work with partners to review the findings and develop actionable recommendations that can be included in the division’s annual work plan.** The division should particularly review existing strategies for special newborn care unit expansions in the country, in light of study findings, to further strengthen efforts to improve services for small and sick newborns.
- **Share findings with relevant provincial-level stakeholders to develop action plans for improvement of newborn and young infant services.**

Selected Performance Indicators	
Global or Country Performance Monitoring Plan Indicators	Achievement (Target)
Percentage of eligible private-sector medicine shops that successfully complete the PSBI management improvement training ¹	100% (target: 100%; target achieved)
Percentage of trained private-sector medicine shops that sign formal commitment letter	100% (target: 100%; target achieved)
Percentage of participating private-sector outlets demonstrating adherence to the terms of commitment ²	0% (target: ≥ 50%; target not achieved)

Selected Performance Indicators	
Global or Country Performance Monitoring Plan Indicators	Achievement (Target)
Percentage of private-sector outlets that follow up at least once to the nonreferred cases ²	50% (target: ≥ 85%; target not achieved)
Percentage of PSBI cases referred by participating private-sector outlets that complete referral ²	35.7% (target: > 85%; target not achieved)
Percentage of PSBI cases referred by participating private-sector outlets in which the referral is facilitated ²	71.4% (target: > 90%; target not achieved)
Percentage of participating private-sector outlets that intend to continue in the PSBI management improvement initiative (renew their formal commitment)	100% (target: > 90%; target achieved)

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

² When setting targets for the pilot, there was limited knowledge in the sector about how to encourage private-sector providers to adhere to standard protocols. Therefore, many targets were overestimated.

For a list of technical products developed by MCSP related to this country, please click [here](#).