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Maternal and Child
Survival Program

Private Sector Engagement in Nepal

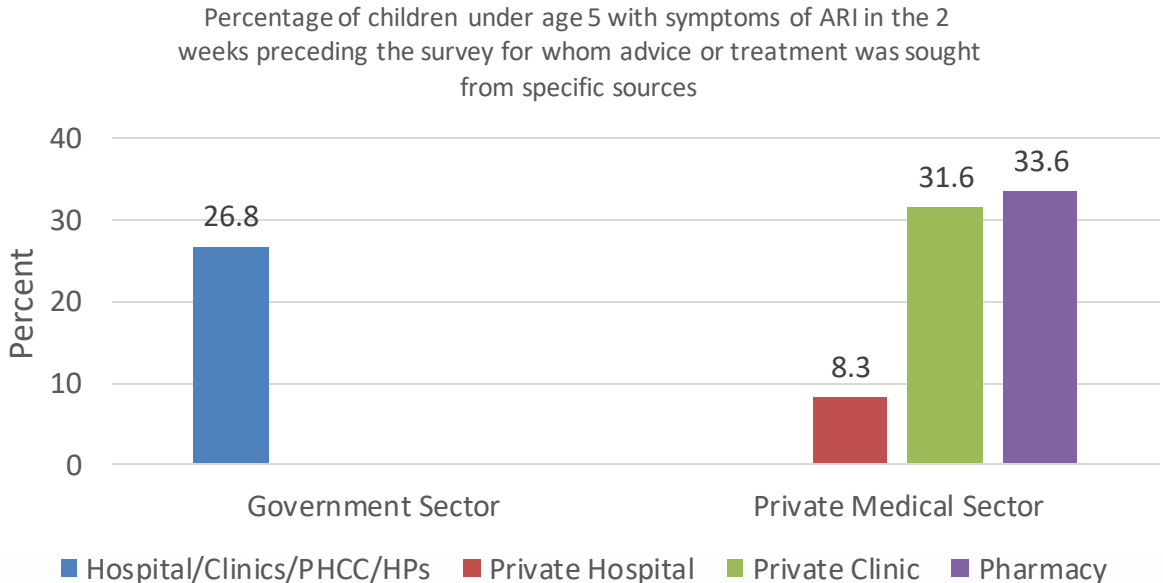
SNL Legacy Webinar
Oct 6, 2020

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Background

Among children under age 5 with symptoms of acute respiratory infection or diarrhea who were taken for advice or treatment, 74% were taken to a private-sector facility (NDHS 2016)



Background contd...

6-district situational
analysis on PSBI
Management among
pharmacies by SNL
in 2016

Findings

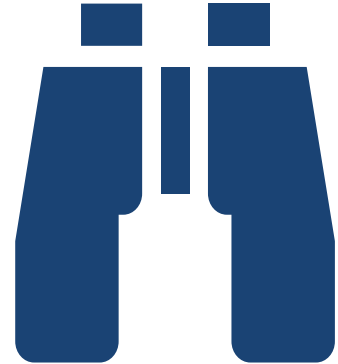
Quality of care concerns
(e.g., inaccurate and
potentially dangerous
weighing/dosing, use of
steroids for treatment of sick
young infants).

Promising opportunities for
improvements and
engagement

Need of more robust
data – a buy-in from
USAID for a national
survey channeled
through MCSP

What did we find in the survey

- Pharmacies and private clinics do see and treat newborn with PSBI
- Several problems with quality of care – e.g. inaccurate and potential dangerous weighing/dosing, use of steroids
- There was very low knowledge on PSBI signs and how it should be managed
- Lack of protocol on treatment of newborn
- Many pharmacies are not registered as they should be
- There was no consistency on referral



Publication

Ban, B., Hodgins, S., Thapa, P. *et al.* A national survey of private-sector outpatient care of sick infants and young children in Nepal. *BMC Health Serv Res* **20**, 545 (2020).
<https://doi.org/10.1186/s12913-020-05393-1>



Management of Sick Young Infants 0–2 Months of Age in the Private Sector in Nepal Results of a National Survey of Medicine Shops and Clinics

September 2018

www.mcsprogram.org

Background

In Nepal, neonatal mortality accounts for 54% of deaths among children under age 5, with neonatal infection (sepsis) being one of the leading causes. The private sector treats the largest proportion of childhood illness cases. However, nationally representative data on the quality and appropriateness of care provided in the private sector for sick young infants are limited.

In 2017, USAID Nepal asked the Maternal and Child Survival Program (MCSIP) to coordinate a large, nationally representative survey to obtain a more definitive picture of private sector outpatient care for possible severe bacterial infection (PSBI) among newborns and young infants. Study partners included the Child Health Division (CHD) of the Ministry of Health and Population, USAID, and New ERA.

Survey Objectives

The survey aimed to document the appropriateness of care that private medicine shops and clinics in Nepal provide for PSBI in sick infants ages 0–2 months. The specific objectives were to:

- Characterize the current practices of service providers in private medicine shops and clinics in the assessment, treatment, referral, and follow-up of sick young infants;
- Compare these practices with nationally and globally recommended practices; and
- Identify factors that influence providers' practices that could be amenable to improvement efforts.

Methods

Researchers conducted the survey in a representative sample of 25 districts in Nepal between June and July 2017 (Figure 1). Researchers divided medicine shops in each district into three strata: proximal (within 30 minutes of the identified referral hospital), semi-proximal (30–60 minutes from the hospital), and remote (more than 1 hour from the hospital). In total, the survey targeted 400 medicine shops and 150 physician-run private clinics¹ that managed cases and provided antibiotics for sick young infants. The researchers conducted initial screening interviews with providers at 501 shops, and omitted 101 shops because they had not treated sick young infants in the previous 6 months. Ultimately, researchers interviewed 400 shops that managed and treated sick young infants with antibiotics. Of these, 200 were proximal, 100 were semi-proximal, and 100 were remote. Researchers completed only 82 interviews with providers at physician-run private clinics because the number of such clinics was unexpectedly limited (particularly in the more rural hill and mountain districts) and because some physicians were not willing to consent to an interview.



Photo credit: Save the Children

¹ The private clinics were not stratified.

What Next?



Expected Outcome of Pilot

The completion of this project should yield a feasible, scalable intervention approach, which when implemented in private sector medicine shops, will lead to demonstrated improvement in quality of PSBI management, specifically leading to timely and appropriate care for potentially serious infections in young infants (<2 months of age)

Implementation of Pilot

Training of 62 participants (Formal Training and Onsite Coaching)

Review Meeting

Monitoring Visits (Periodic and Joint)

Data Collection, Cleaning and Analysis



Management of Possible Serious Bacterial Infection in the Private Sector of Nepal's Health System Pilot study report

March 2020



Findings of the Pilot

- PSBI Classification based on signs were encouraging as they were able to appropriately use flip-chart job aid and color-coded service registers
- Pre-referral injectable antibiotics were not used as recommended: Most common reasons cited were either guardian refusal or the providers themselves are not comfortable administering them
- Referral of cases and communication with referral hospital was encouraging

Learnings for National partners – Non-profit, Government and Private sector

- Need to be aware of two ends of argument –

Are we promoting medicine shop service providers (instead of public HP/PHCC/Hospital) to treat PSBI cases?

Vs

If guardians of children 0-59 days keep on going to medicine shop service providers (which we know they are), what are we going to do about it?



Learnings for national partners – Non-profit, government and private sector...

- A multi-partner effort, leveraging corporate support, is needed to increase the safety and quality of care for sick young infants by private providers
- Further exploratory work is needed to design and test sustainable and scalable strategies to enable and empower private providers to deliver quality care
- Access to and use of relevant clinical protocols should be promoted

Learnings for National partners - Non-profit, Government and Private sector

- Functional mechanisms to facilitate timely and reliable referral/coordination of care for more critically ill cases for care at hospital level are important
- Quality improvement efforts should focus on high-volume providers
- Registration of medicine shops will be important

Challenges

- Working with “unregistered” medicine shops – Department of Drug Administration (DDA) regulation requirements for shops Vs Programmatic need to engage
- Determining “profit” for the service providers – need constant motivation
- Constant mentoring and coaching in large and difficult terrain can be extremely challenging
- Not enough time for Pilot to understand all aspects

Acknowledgement

This is being presented on behalf of all SNL and MCSP team in SC Nepal and SC US

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Anjana KC

Deepak Joshi

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Honey Malla

Shraddha Manandhar

Roshna Rajbhandari

SC US:

Stephen Hodgins

Elaine Scudder

Tanya Guenther

Samantha Herrera

Thankyou

For more information, please visit
www.mcsprogram.org

This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.

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