Question or Comment	Response
Did the study ask what specific antibiotics and dosage levels would be used for child health as well as NBH treatment?	Yes and No. For NN and CH conditions of interest (aligned with CB-IMNCI and regional priority illnesses) we asked providers to tell us how they would treat the client (open ended). If they mentioned administration of antibiotics we probed re: dosage. This was to solicit an honest response as a proxy to 'actual practice' which we could compare to guidelines. If you'd like the full conditions list and questions re: antibiotics or other treatments please email me at james_white@abtassoc.com.
What were the transportation options to the provincial hospital? Did families had to organize them or was it provided by the higher level facility? Any private options for medical transportation?	Ambulance, private care, hitchhiking, or walking. This was of particular importance for those in Naraynan or Barahtal municipalities which were both significant distance from SPH and travel was through winding mountain roads.
Given low levels of neonatal and child health service delivery, would you recommend using provision of these services as a starting point for future engagement efforts (in Nepal or elsewhere)? Is there government interest in taking on a regulatory role with private providers? And/or any contracting or reimbursement mechanisms to incentivize private provision of neonatal and child health services? Are you moving towards standardizing or accrediting private providers?	Indeed the low service provision was a dialogue point with MOH to help determine where/if particular services should be implemented. Subsequent to this effort, the larger private facilities did receive full CB-IMNCI training and the smaller facilities are being provided with orientation on referral practices. The core of your question really comes down to *if* all services should actually be offered at all facilities. Although we're focused on providing all cadres/private facilities with CB-IMNCI training and materials, whether they provide the service or not will come down to their proximity to SPH. In many cases it might be best to continue referral. For part two of your question, there is indeed interest among government to regulate and effectively engage the private sector, however, as in most parts of the world there is limited capacity to do so. As a result, again as we see worldwide, we have political will to regulate, limited capacity, and therefore misaligned incentives to move forward. IPs such as ourselves are seeking to identify easier and less resource intense options for private regulation such as the streamlined reporting, streamlined referral, and supportive supervision that involves private umbrella bodies to help the government take on this role more effectively without expecting massive increases in their capacity/budget. Contracting options are indeed on the table for future in Nepal, however, the context is at the very foundational stages of private engagement so that is not appropriate for discussion yet. Our vision is that as CB-IMNCI services become more available in private rural facilities, those could indeed be contracted by government for particular services or campaigns. The government is moving toward more effectively organizing the private sector, accreditation and/or quality ratings are in discussion for the future.
There are various gaps identified. Is there a way these are being prioritized? What comes first?	Great question as related to my responses above. In terms of management functions 'what comes first' is patient handling processes, referral procedures, and information handling (as defined for Nepal's context). That was followed closely by the priority for training in CB-IMNCI and increasing private provider knowledge across all clinical areas. The team is now in the stage of assisting private facilities to determine what (realistically) their service package should include. Do they need to offer all services? what is best to continue referring for? What do they want to implement but dont have supply chain or equipment for? Many priorities to address which are indeed specific to each facility.
I think this is about lack of proper regulation of the sector. I have seen that this lack of proper attention has led to the mushrooming of many diverse private providers, which may not be the best solution for complex patients like neonates.	Indeed the public sector's lack of capacity, finance, (or in some contexts) interest in effectively engaging or regulating the private sector is THE prohibitive factor. In all contexts we have found that being transparent with private sector providers about the importance of engaging with government was a key first step, finding those that were willing to (from the private side) put in the necessary work to partner with government. On the government's side we need to be transparent that we are asking for supportive supervision etc. that will cost resources. Government's are often in the position where they are having trouble effectively regulating and supporting public sites, let alone private entities. By offering streamlined methods of supportive supervision (i.e. through engaging private umbrella bodies), streamlined private reporting, improved referral etc. we are hopeful IPs can provide government with realistic options to engage private sector in existing regulatory functions without asking either party to invest beyond their capacities. Also per your point, for neonates in particular the best option may be to continue referring to SPH but providing private sites with better emergency transport funds/options. These types of regulatory and partnership decisions must be made at the community level as has been done in Karnali province, and IPs will need to raise this with partners in all contexts. Great point!
SSBH is also supporting the Karnali Province to develop a regulatory guidelines to regulate the private health sector. Also supporting the municipalities for same.	Yes indeed, all of the work presented and responses outlined above related to the broader effort between SSBH and GON to develop the PSE strategy for Karnali province. This demonstration effort showed private and public partners that this type of engagement CAN work. Now they are in the process of codifying it, and establishing the long-term systems related to many of the great questions above.