DFID/Nepal Health Sector Programme 3 (NHSP3)

Monitoring, Evaluation and Operational Research (MEOR)

Report on the assessment of health-related knowledge management products and resources

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List of Acronyms

ACF	Action Contre La Faim
ADRA	Adventist Development and Relief Agency
APQC	American Productivity & Quality Centre
BPKIHS	B.P. Koirala Institute of Health Sciences
CARE	Cooperative for Assistance and Relief
CBO	Community-Based Organisation
CBS	Central Bureau of Statistics
CoP	Community of Practice
DDA	Department of Drug Administration
DFAT	Department of Foreign Affairs and Trade
DFID	Department for International Development
DHIS2	District Health Information System 2 Software
DoHS	Department of Health Services
EC	European Commission
FCHV	Female Community Health Volunteers
FP	Family Planning
GAVI	Global Alliance for Vaccines and Immunisation
GESI	Gender Equity and Social Inclusion
GHTA	General Health Technical Assistance
GIS	Geographic Information System
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GoN	Government of Nepal
H4L	Health for Life project
HERD	Health Research and Social Development Forum
HIIS	Health Infrastructure Information System
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HNN	Healthy Newborn Network
HURIS	Human Resource Information System
ICT	Information and Communication Technology
INGO	International Non-Governmental Organisation
JAR	Joint Annual Review
JICA	Japan International Cooperation Agency
JSI	John Snow Institute
KFW	Kreditanstalt für Wiederaufbau
KM	Knowledge Management
KM&D	Knowledge Management & Dissemination
KMS	Knowledge Management System
KOICA	Korea International Cooperation Agency
KU	Kathmandu University
LMD	Logistics Management Division
LMIS	Logistic Management Information System
M&E	Monitoring and Evaluation

MEOR	Monitoring, Evaluation and Operational Research
MI	Micronutrient Initiative
MMMS	Maternal Mortality and Morbidity Study
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
MPDSR	Maternal and Perinatal Death Surveillance and Response
MSI	Marie Stopes International
NCASC	National Centre for AIDS and STD Control
NCD	Non-Communicable Disease
NDHS	Nepal Demographic and Health Survey
NFPP	National Family Planning Project
NGO	Non-Governmental Organisation
NHA	National Health Account
NHEICC	National Health Education Information Communication Centre
NHRC	Nepal Health Research Council
NHSS	Nepal Health Sector Strategy
NLSS	Nepal Living Standard Survey
NMICS	Nepal Multiple Indicator Cluster Survey (NMICS)
NNHA	Nepal National Health Accounts Survey
NORAD	Norwegian Agency for Development Cooperation
NHSP3	Nepal Health Sector Programme 3
NHSSP	Nepal Health Sector Support Programme
PAHAL	Promoting Agriculture, Health and Alternative Livelihoods Project
PHAMED	Public Health Administration, Monitoring and Evaluation Division
PSI	Population Services International
PU	Pokhara University
SABAL	Sustainable Action for Resilience and Food Security Project
SAHS	Social Accountability in the Health Sector
SHOPS	Sustaining Health Outcomes through the Private Sector
SNV	Stichting Nederlandse Vrijwilligers (Netherlands Development Assistance)
TA	Technical Assistance
TABUCS	Transaction Accounting and Budget Control System
TB	Tuberculosis
TIMS	Training Information Management System
ToC	Theory of Change
ToT	Training of Trainers
TUIOM	Tribhuvan University Institute of Medicine
TWG	Technical Working Group
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VfM	Value for Money
WHO	World Health Organisation

Report on the assessment of health related knowledge management products and resources

1. Executive Summary

To support Nepal Health Sector Programme 3 (NHSP3) in achieving its outcomes, it is critical to continually produce new knowledge through assessments, reviews, research, analysis, onsite observations, etc., and to use this knowledge to inform policy-making and make programmatic corrections. Through its knowledge management (KM) work, Monitoring, Evaluation and Operational Research (MEOR) aims to strategically address the knowledge needs of key stakeholders while contributing to a culture of knowledge-sharing across Nepal's health sector. Under Output Area D, 'Improve learning and programme adaptation based on available evidence,' MEOR conducted an assessment of health-related KM products and systems. This report provides a snapshot of the opportunities and challenges around KM in the Nepal health sector.

This assessment involved an extensive review of existing health-related KM portals of key stakeholders. In addition, a number of stakeholders were consulted between October and November 2017 for a better understanding of the KM environment in Nepal. The assessment revealed that the health sector is receptive towards KM. Many good practices in health KM emerged, including: appealing data analysis and visualisation; interactive portals with user-friendly dashboards for key statistics; attractive photo stories on maternal and child health; and knowledge repositories, such as the Nepal Health Research Council's (NHRC). Stakeholders also benefit greatly from access to technical working groups (TWGs), such as the Monitoring and Evaluation (M&E) TWG chaired by the Public Health Administration Monitoring and Evaluation Division (PHAMED). TWGs are considered excellent platforms for members to freely discuss their challenges and aspirations, identify common needs, and foster innovation.

Despite good practices and a high level of appreciation of the importance of KM among stakeholders, KM area is still accorded a relatively low priority in terms of resources. While many organisations in Nepal generate health knowledge products, such as guidelines, policies, pamphlets, and radio and television broadcasts, often organisations had their own dissemination channels with little effective coordination in place to share knowledge among organisations. Other gaps revealed by the assessment include: knowledge products being focused on knowledge producers' agendas, rather than users' needs and interests; knowledge products being inaccessible to a wider population; research and evidence not being adopted to support policy decision-making; and limited adoption of ICT tools and infrastructure.

Through this assessment, MEOR has prepared a preliminary KM roster, which will be updated based on new learning. This roster will serve as a reference to establish a community of practitioners and facilitate communication within it. The roster will help MEOR to avoid duplications when developing new and/or augmenting existing health-related knowledge products. The assessment also explored different communication platforms for MEOR to share its knowledge products, for example, MEOR will utilise the existing NHSSP website to host its KM page.

MEOR will work to close the gaps identified by offering flexible and responsive solutions, including developing products targeted to specific group of audiences and disseminating evidence resulting

from surveys, further data analysis, and research. It will facilitate sharing among stakeholders, explore the possibility of leveraging resources, and effectively use technologies to reach wider audiences. The assessment has identified present and future networks and systems for knowledge to flow and opportunities for collaboration. MEOR appreciates that KM is a constant process, and will continue to work with stakeholders to garner support for its KM activities.

2. Introduction

2.1 Background

The NHSP3 Monitoring and Evaluation Lot 2 – MEOR – has been designed to enable DFID to continuously improve and adapt its programme, and ensure that the intended impact and outcomes are achieved.

MEOR operates as an independent component under the NHSP3 umbrella and is expected to support DFID by delivering on four key output areas:

- Output A: Track progress towards achievement of NHSP3 indicators;

- Output B: Improve the review and evaluation of DFID's investment in Nepal;

- Output C: Build evidence to inform NHSP3 and Nepal Health Sector Strategy (NHSS) (2015/16-2020/21) delivery; and

- Output D: Improve learning and programme adaptation based on available evidence.

As part of Output D, MEOR is responsible for developing a knowledge management system to facilitate sharing, learning and the uptake of evidence across NHSP3 suppliers and beyond. For this, MEOR is required to conduct an assessment of health-related knowledge management products and resources to identify the most effective ways to reach key audiences of the health sector and to foster the exchange of information and knowledge for shaping the strategy and design of envisaged KMS. This report presents the findings of the KM assessment carried out by MEOR.

2.2 Context

Health sector professionals operate in a fluid environment that is constantly changing and adapting. The health sector is driven by advances in technology, research, policy, medicine, tools and methods – all of which are aimed at improving the health and wellbeing of people locally and worldwide. Health is also multidisciplinary in nature and involves a wide range of stakeholders, such as policy-makers, government, NGOs and community-based organisations (CBOs), hospitals, administrators, physicians, nurses, patients, community health workers, and so on (Adibi, 2008). The health sector is knowledge intensive and this knowledge needs to be constantly updated, shared, and leveraged (Van Beveren, 2003). As such, there is a need to effectively manage knowledge in the health sector. Despite the wealth of knowledge, the sector generates, health-related knowledge is largely underutilised. This is predominately due to the lack of proper knowledge management systems (KMS), and ineffective coordination and sharing mechanisms (Ryo et al., 2003).

2.2.1 Knowledge Management in the Nepal Health Sector

The health sector in Nepal is no different – it is complex and involves a myriad of stakeholders (see Annex 1 and 2). The Nepal Health Sector Strategy (NHSS 2015-2020) sets out nine outcomes, aimed at achieving the overarching goal to "improve health status of all people through accountable and equitable health service delivery system" (MoH, 2015). The ninth outcome, "improved availability and use of evidence in decision-making," stresses applying an integrated information management approach and streamlining information from various sources (such as surveys, surveillance, research studies, policy briefs, etc.) throughout the health sector. It also requires a centralised information

storage system to ensure data can be easily accessed and used to inform key decisions in the health sector (MoH, 2015).

MEOR's initial research has revealed that multiple programmes in Nepal already produce and share knowledge, whether in the form of data, best practices or organisational learning. Often, each organisation or project has its own KM and learning practices, with very little coordination among the different efforts. Furthermore, while a vast array of information products is available in the health sector, many of these products have been developed for one-off initiatives, and poor coordination among stakeholders prevents best practices and learning being shared.

MEOR is developing a KMS to help streamline and share existing knowledge across and beyond Nepal's health sector, with the aim of improving the effectiveness of health interventions by providing evidence useful in policy formulation or designing/correcting programmatic interventions.

While the perceived benefits of developing a KMS are tangible, taking on this piece of work requires an investment. Therefore, before initiating the KMS process, MEOR prepared a detailed KM costed work plan, which was submitted as an Inception Phase deliverable. The implementation of this plan required MEOR carry out an assessment of the existing health-related KM products (e.g. policy briefs, surveys, routine and data analysis reports, etc.) and resources (e.g. libraries, websites, information sharing networks, etc.) that will help to shape the strategy and design of envisaged KMS. This document presents the existing health-related knowledge products, where they are available, and how they are updated and shared. MEOR will use the learnings from this assessment to shape its KMS.

2.3 Purpose and Objectives

The purpose of this deliverable is to foster the creation, use and exchange of knowledge and evidence within the health sector for better decision making.

For this we will develop a roster of health-related knowledge products, and assess the roster in terms of a) the type of knowledge product available, b) the channels used, and the functionality of these channels, and c) the critical gaps in health-related KM products and resources in Nepal. The objectives are:

- Identify available knowledge portals that key stakeholders are using and determine which portals and materials can be integrated into MEOR's KMS.
- Identify types of knowledge products that stakeholders produce and disseminate across the health sector.
- Identify critical gaps in knowledge management.
- Document the findings to use as reference in establishing the MEOR KMS. Provide an update on update on MEOR's progress on the web portal and knowledge products.

For the purpose of this assessment, **knowledge** means evidences generated through primary survey, secondary data analysis and research

DEFINITIONS

❖ *Knowledge* refers to the credible evidence, collective insights, understandings, and practical know-how about systems and processes.

❖ *Knowledge management* refers to the collection of processes required for the capture, organisation, dissemination, and utilisation of knowledge.

❖ *Knowledge management system* refer to a system that stores and retrieves knowledge, improves collaboration, locates knowledge sources, mines repositories for knowledge, captures and uses knowledge.

reports, systematic reviews, program reviews, case studies and lesson learnt etc; **knowledge management** means processes in place for creating, sharing, using and managing the knowledge and information; **knowledge management system** is a system where created knowledge is gathered and stored and can be retrieved, accessed and used by other people.

2.4 Structure of this Report

This report proceeds in ten sections, including the **executive summary** in Section 1, followed by this section **introduction** in Section 2. Section 3 explains the **methods** undertaken to prepare this report. The fourth section presents the **MEOR KM Roster**. Section 5 presents the **assessment the MEOR KM Roster**, including (5.1) the type of knowledge products available (e.g. press releases, blogs, posters, audio/video, etc.); (5.2) the communication and learning channels used (e.g. website, community of practice, social media) and a brief assessment of the functionality of these channels; and (5.3) the critical gaps in health-related KM products and resources in Nepal. Section 6 provides an update on the second part of this deliverable; MEOR's **KM products**, which currently include the MEOR KM page on the NHSSP website and the District Health Information System Software (DHIS2) dashboard. Section 7 lays out **next steps** and Section 8 **concludes** the report. **References** are included in Section 9 and **Appendices** in Section 10.

3. Methods

 The sampling frame used for this assessment included Ministry of Health (MoH), its centre and departments (DoHS, 2017) the most recent list of INGOs (SWC, 2016); NGOs (SWC, 2014) registered with the Social Welfare Council. Out of the 260 INGOs in Nepal, 70 work in the health sector; similarly out of the 39,759 NGOs that work in Nepal; 875 work in the health sector. MEOR also used NHSSP's list of external development partners (EDPs) (NHSSP, 2017) as a sample frame which lists out 12 EDPs. From these sample frames, MEOR has selected the 67 most relevant stakeholders, which includes: six multilaterals; 11 Nepalese government and centres; 11 programmes and initiatives; 18 NGOs; 12 donors; and nine universities and research institutes. However, this is not an exhaustive list and MEOR will keep updating the list as the project proceeds based on new learnings. The methodology used for this assessment comprised of the following steps:

1. Literature Review: A review of key documents on KM; tools for KM; information management systems in the health sector informed the design of the tools used to collect information as well as the elements of the analysis in this assessment.

2. Key Informant Interview: An interview guideline consisting of open ended questions were developed for the in-depth interviews of key stakeholders the interview. The interviews followed this interview guide (Annex 4). Key points for probing were identified with flexibility to rephrase the questions and probe further based on the reflection of interviewees at the time of interview. The interview broadly dealt with issues like availability and utilisation of knowledge products in the health sector, common types of knowledge products produced, critical gaps in health-related knowledge products and portals, best practices in KM ways forward for improvement of the utilization of knowledge products in policy making process.

The MEOR team studied several KM tools and surveys to design the interview guiding questions. The team then adapted the tool from the Knowledge Management Assessment Tool (KMAT) developed by the American Productivity & Quality Centre (APQC, 2017). Once the tool was developed, MEOR

sought feedback on the questions from NHSSP. NHSSP also helped identify the relevant stakeholders to interview.

Interviews were conducted with the most relevant stakeholders who were selected purposively and were available at the given timeframe. These interviews complemented the online review to get a clearer understanding of health sector KMS. Interviews were conducted with M&E Advisor, NHSS; Health Education Administrator, NHEICC; National Professional Officer (PME), WHO; Research Officer, NHRC; M&E Specialist, CAMRIS (USAID MEL Project); Reproductive Health Specialist, UNFPA; Computer Officer, Smart Health Unit, PHAMED/MoH; Aid Development Programme Specialist MNCH, USAID; and Nepali-German Health Sector Support Programme, GIZ. Interviews were conducted by the MEOR KM&D Adviser, and lasted, on average, for 45 minutes. Interviewee inputs have been adopted in this report and will also be incorporated into the KM implementation plan and other planning efforts.

Initially, a workshop was planned with key stakeholders to discuss knowledge products and identify gaps in KM, however it was determined that initial one-on-one interviews would be more effective in gaining a deeper understanding of the current KM environment in the Nepal health sector. These interviews have assisted MEOR in sketching the path towards developing a responsive KMS, which will be continually refined as knowledge is disseminated and feedback is received.

3. Online review of existing KM health portals: An online review was conducted on existing health KM portals of key stakeholders that were identified in MEOR's communication and outreach strategy (see Appendix 1). The online review identified the knowledge producers in health, the common types of knowledge materials published in the health sector. It also identified good practices, avenues for collaboration and common gaps in the health sector and ways forward for MEOR.

4. Processing and analysis: The qualitative interviews were analysed manually. First, the interviews were transcribed, and then grouped into different themes based on common topics that came up during the interviews. Along with this information, the information collected from the online review provided key inputs to develop the MEOR KM Roster and major parts of the findings. Additionally, we drew from information included in several Inception Phase activities, including the stakeholder analysis (Appendix 1) and research on sources of health data and evidence (Appendix 2).

4. The MEOR KM Roster

This section presents the MEOR KM Roster. The Roster is laid out in a table format, listing the most relevant stakeholders (knowledge providers) with a brief description of the kind of work undertaken, the types of knowledge products created, and their KM portal/website, where available, and whether the portal has any functionality issues. The tables also detail how MEOR will refer or use information from the existing knowledge portals to generate knowledge products. The roster is not exhaustive, and includes the most relevant stakeholders; however MEOR will keep updating the roster as the project progresses.

Stakeholders include: **multilateral organisations**, such as the World Health Organisation (WHO), the Global Alliance for Vaccines and Immunisation (GAVI), and the United Nations Population Fund (UNFPA); **Nepal governmental departments and centres**, such as the MoH, the Nepal Health Research Council (NHRC), and the National Health Education Information Communication Centre (NHEICC); programmes and initiatives, such as NHSP3, the Nepal Health Sector Support Programme (NHSSP), and the Healthy Newborn Network (HNN); **NGOs**, such as the Global Fund, Save the Children and Pact;

and **donors**, such as DFID, the Norwegian Agency for International Development (NORAD), and the United States Agency for International Development (USAID).

4.1 Multilateral Organisations

Stakeholders	Brief description of the kind of work undertaken by stakeholder	Types of knowledge products created by stakeholder	KM portal/website and functionality	How MEOR will use this source to generate knowledge products
WHO	Communicable diseases; burden of NCDs; health promotion; health system strengthening; reduction of health consequences of disasters; and environmental determinants of health.	Press releases; highlights on meetings; seminars; workshops and events; WHO SitReps; bulletins; reports; journal articles; news; key statistics; factsheets; newsletters; posters.	KM portal dedicated to Nepal: http://www.searo.who.int/nepal/en/	MEOR will utilise research, reports and data for research, to produce policy briefs and other relevant knowledge materials. In addition, links to the WHO website and areas of relevance will also be shared on the KM portal of NHSSP.
World Bank	Policy advice; research; analysis; ta; capacity development in social protection, health, primary education, governance, water supply & sanitation, gender, rural services & infrastructure, reconstruction & infrastructure services.	Blogs; press releases; reports; research; data and statistics; videos; news and events.	Nepal country page: lhttp://www.worldbank.org/en/country/nepal Key data and statistics repository: https://data.worldbank.org/country/nepal Knowledge repository (journal articles, books, conference papers, etc.): https://openknowledge.worldbank.org/	MEOR will utilise research, reports and data to produce knowledge materials. In addition, links to the website and areas of relevance will also be shared on the KM portal of NHSSP.
UNFPA	Sexual and reproductive health and rights; gender equality and population dynamics.	Opinions; news; brochures; profiles; reports; manuals; press release; maps; infographics; statistics; SitReps; videos; lessons learned.	Nepal country page: http://nepal.unfpa.org/en	MEOR will utilise research, reports and data to produce relevant knowledge materials and to use in its own research. In addition, links to the website and areas of relevance will also be shared on the KM portal of NHSSP
United Nations Children's Fund (UNICEF)	Adolescents; child friendly governance; education; emergencies; health; nutrition; protection; planning; monitoring and evaluation; social policy and WASH in the 15 lowest performing districts of Nepal.	Stories; videos; photos; reports; guidelines; strategies/policies; policy briefs; working papers; surveys; annual reports; evaluations; advocacy materials; research and study; press releases.	Nepal country page: http://unicef.org.np/	MEOR will utilise research, reports and data to produce policy briefs and other relevant knowledge materials. In addition, links to the website and areas of relevance will also be shared on the MEOR's KM portal at NHSSP website.
United Nations Development Program (UNDP)	Poverty reduction; governance; energy; environment and climate change; disaster risk management; democratic transition; gender and social inclusion.	Surveys; impact assessments; midterm reports; strategy papers; case studies; lessons learned documents; research papers; information briefs; budgets.	Nepal country page: http://www.np.undp.org/	MEOR will share links to significant publications such as research studies, surveys, case studies, policy briefs that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
GAVI	Vaccines and immunisation.	Impact evaluation; progress reports; press releases; policies;	Nepal country page: http://www.gavi.org/country/nepal/	MEOR will share links to significant publications such as research studies, surveys, case studies,

		strategies; financial reports; factsheets.		policy briefs that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.

4.2 Nepal Governmental Departments and Centres

Stakeholder	Brief description of the kind of work undertaken by stakeholder	Types of knowledge products created by stakeholder	KM portal/website and functionality	How MEOR will use this source to generate knowledge products
MoH	Health policy, planning & implementation; research, planning, development; monitoring evaluation; quality assurance of all health activities in Nepal.	Policy and strategies; reports; circulars; act and rules; guidelines and reports; budgets; high-level health policy.	Functional website: http://www.mohp.gov.np/	MEOR will adhere to the policy, directives and protocols of the MoH. In addition, links to the website and areas of relevance will also be shared on the KM portal of NHSSP.
Department of Health Services (DoHS)	Deliver preventive, promotive and curative health services throughout Nepal. The DoHS is one of three departments under MoH.	Plans and policies; act and regulations; finance; annual reports; statistics.	Functional website: http://dohs.gov.np/ The document tracking system on the portal is not working.	MEOR will utilise annual reports, statistics that DoHS produces in designing the policy briefs and other relevant knowledge materials. In addition, links to the website and areas of relevance will also be shared on the MEOR's KM portal at NHSSP website.
Logistics Management Division (LMD)	Procurement, storage and distribution of essential drugs, contraceptives, maternal & child health commodities, vaccines, medical equipment, vehicles; managing LMIS, online inventory management system; rural telemedicine program	Operational manuals; procurement plans; tender notices and documents; bid notices; letter of intent	Functional website: http://dohslmd.gov.np/	MEOR will posts links to important notices on the MEOR's KM portal at NHSSP website.
Department of Drug Administration (DDA)	Activities related to regulatory control, quality assessment of drug production, import, export, storage, supply, sales, distribution in Nepal	Acts; regulations and codes; policies; directives and guidance; drug bulletin of Nepal	Functional website: http://www.dda.gov.np/	MEOR will share links to policy, directives and protocols of the DDA on MEOR's KM page in the NHSSP website.
National Tuberculosis Centre	Research; TB prevention and management	Annual reports; brochures; guidelines; training modules; implementation guidelines; fact sheets	Functional website: http://www.nepalntp.gov.np/	MEOR will utilise annual reports, statistics that DoHS produces in designing the policy briefs and other relevant knowledge materials. In addition, links to the website and areas of relevance will also be shared on the MEOR's KM portal at NHSSP website.
National Centre for AIDS and	Research; community outreach; testing and treating HIV/AIDS and STDs; public private	National policies; strategies; action plans; resource books; success stories; news	Functional website: https://www.ncasc.gov.np/	MEOR will share links to policy, directives and protocols on MEOR's KM page in the NHSSP

STD Control (NCASC)	partnership for prevention and treatment of HIV/AIDS and STDs.			website. It will also use research and data in producing knowledge products
Leprosy Control Division	Planning and implementation of leprosy control programs.	Notices; reports; factsheets; statistics; progress reports; event notifications; surveys	Functional website: http://www.lcd.gov.np/	MEOR will share links to policy, directives and protocols on MEOR's KM page in the NHSSP website. It will also use research and data in producing knowledge products
NHEICC	Planning, implementing M&E health promotion, education and communication programmes, including periodic survey and research of all health programmes and services under MoH.	Legislation; policy and directives; audios; videos; brochures; posters; booklets.	Functional website: http://nheicc.gov.np/ However, many links on the website do not work.	MEOR will adhere to the policy, directives and protocols of the NHEICC. In addition, links to the website and areas of relevance will also be shared on MEOR's KM portal at NHSSP website
PHAMED	Division within MoH responsible for monitoring performance of the health sector, formulating M&E related policies and guidelines. Leads the M&E TWG where planning, research and M&E experts from government organisations and NGOs in the health sector participate.	Meeting minutes related to M&E activities and policies, guidelines, etc. in Nepal.	Does not have a separate KM portal but there is a link for the TWG at https://sites.google.com/site/twghealthsectormne/	MEOR will adhere to the policy, directives and protocols of the PHAMED. In addition, links to important policies, announcements and events will also be shared on MEOR's KM portal at NHSSP website. Knowledge sharing will also occur in the PHAMED TWG.
Health Management Information System (HMIS)	Collect and manage the health service delivery data for all level of health service delivery outlets including services at the communities by FCHVs and community level health workers; operate data bank for the entire health system of Nepal; publish a comprehensive Annual Report of Department of Health Services; HR for HMIS.	Annual reports; population projections; raw data and statistics.	Does not have a separate online KM portal. However, relevant data is available upon request.	HMIS data will be extensively used for further data analysis and research that MEOR will carry out, and for developing other knowledge materials such as policy briefs. MEOR will coordinate with HMIS on several occasions and ensure that there is effective communication and coordination. HMIS is a key partner for MEOR.
Central Bureau of Statistics (CBS)	Collection, consolidation, processing, analysis, publication and dissemination of national statistics; Population Census every ten years; Agriculture Census; and Quinquennial Manufacturing Establishment Census.	GIS maps; statistics; population atlas; socio economic atlas; statistical yearbooks; district profiles; population projections.	Functional website: http://www.cbs.gov.np/ Links to atlases are not working (error message displayed).	Statistics and census data will be extensively used for further data analysis and research that MEOR will carry out and for developing other knowledge materials, such as policy briefs. Links to the website and areas of relevance will also be shared through MEOR's KM portal at NHSSP website.

4.3 Programmes and Initiatives

Stakeholder	Brief description of the kind of work undertaken by stakeholder	Types of knowledge products created by stakeholder	KM portal/website and functionality	How MEOR will use this source to generate knowledge products
NHSP3	This site is maintained by EDPs, namely GIZ maintaining it. The page highlights efforts between the MoH and EDPs to improve health governance, scale-up service delivery initiatives, and foster more streamlined financial and technical cooperation essential for the success of NHSP3.	Evaluation studies; annual reports; workshop reports; surveys; progress reviews.	Functional website: http://nhsp.org.np/ This site is often confused with NHSSP as the names are very similar. While the NHSSP is specific to DFID-funded programmes, this website hosts all NHSP3 partner materials. Some documents were found to be outdated such as the Results Framework for NHSS.	MEOR will liaise with NHSP3 and EDPs and source out relevant materials to be shared in MEOR's website. Links to MEOR's knowledge products will also be shared in this portal.
NHSSP	Health policy planning, including preparation for NHSP3; health financing; public financial management; procurement; infrastructure; essential health care services; gender equality and social inclusion; M&E; monitoring and measuring VfM.	Dissemination events; quarterly reports; pulse reports; thematic reports; JAR reports; research; VfM publications; photos.	Functional website: http://nhssp.org.np/about.html	This site is the gateway into DFID's NHSSP and is being maintained by Options. MEOR plans to utilise this platform to host NHSP3's knowledge management page. This platform will be used to disseminate knowledge products of the NHSP3's partners, it will include research briefs, policy briefs, further data analysis reports, etc. MEOR will use this site to post its knowledge products so that they can be accessed through this website.
Health for Life (H4L)	Health governance, improving service quality at health facilities, adolescents, youth, pregnant women, rebuilding health services and systems.	Research; news; event information; emerging issues.	Functional website: https://www.rti.org/impact/nepal-health-life	Links to significant publications such as case studies and policy briefs that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
Sustainable Action for Resilience and Food Security Project (SABAL)	Livelihoods, health and nutrition and safer migration.	Position paper; case studies; best practices and lessons learned; photos.	Does not have a separate portal, however a page is hosted on Save the Children Nepal's website: https://nepal.savethechildren.net/about-us/sabal	Links to significant publications such as case studies and policy briefs that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
Promoting Agriculture Health and Alternative	WASH; disaster risk management; financial services and products; agricultural and non-agricultural markets; natural resources management systems;	Audio; video; case studies; reports.	Does not have a separate portal, however a page is hosted on Mercy Corps website:	Links to significant publications such as case studies and policy briefs that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.

Livelihoods (PAHAL)	health and nutrition services and information.		http://nepal.mercycorps.org/projects/eco-development/pahal.php It is also available on USAID's website at https://www.usaid.gov/nepal/fact-sheets/promoting-agriculture-health-and-alternative-livelihoods-pahal	
SUAAHARA (Good Nutrition Project)	Nutrition; health; maternal, newborn, and child health services; reproductive health/family planning services; WASH.	Bulletins; factsheets; reports.	Does not have a separate portal, however a page is hosted on USAID's website: https://www.usaid.gov/nepal/fact-sheets/suaahara-project-good-nutrition	Links to significant publications such as case studies and policy briefs that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
Rural Access Programme (RAP3)	Road infrastructure; socio-economic development; food security; health; livelihoods; access to financial services; capacity and institutional development; performance management verification.	Progress reports; manuals; programme documents; presentations; briefing notes; course materials.	Functional website: http://rapnepal.com/	Links to significant publications such as news, features, newsletters that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website. MEOR will explore the use RAP3's work in assessing the contribution made by the project in nutrition programme through increased food security of intended beneficiaries.
HNN	Maternal and newborn health.	Progress reports; mortality audits; statistics; reports; research; case studies.	Functional website: https://www.healthynewbornnetwork.org/country/nepal/	MEOR will use the statistics, survey and research in further data analysis, policy briefs and research papers. Links to significant publications such as case studies and policy briefs that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
CAMRIS International	Performance indicators; evaluation designs; quantitative and qualitative assessments in the sectors of health; agriculture and food security; economic development; education; environment; humanitarian assistance; democracy and governance for all USAID projects in Nepal.	News; features; multimedia presentations.	Does not have a separate portal for Nepal, however, there is a global portal where information related to Nepal at: http://www.camris.com/news/providing-monitoring-evaluation-and-learning-services-to-usaid-nepal-shifti	Links to significant publications such as features and newsletters that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.

The Micronutrient Initiative (MI)	Research and policy; women and girls' nutrition; infant and young child health; salt iodization; supplementation and fortification	Advocacy; reports and best practices; research documents; toolkits and training documents	Functional website: https://www.nutritionintl.org/in-the-world/asia/nepal/	Links to significant publications such as features and newsletters that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website
Sustaining Health Outcomes through the Private Sector (SHOPS) Plus	Assessments; health financing; social marketing; policy and stewardship; access to financing in the fields of child health; family planning and HIV	Assessment reports; news; presentations; BCC; brochures; case studies; information sheets; journal publications; project profile; videos and tools	Functional website: https://www.shopsplusproject.org/where-we-work/asiamiddle-east/nepal	Links to significant publications such as features and newsletters that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website. This project is implemented by Abt Associates, US. Wherever possible, MEOR will try to coordinate with SHOPS plus to raise each other's profile. Opportunities for joint knowledge products will also be sought and will be disseminated by utilizing each other's networks and resources

4.4 NGOs

Stakeholder	Brief description of the kind of work undertaken by stakeholder	Types of knowledge products created by stakeholder	KM portal/website and functionality	How MEOR will use this source to generate knowledge products
Nepal Public Health Foundation	Health policy and systems research; non-communicable disease control disaster prevention and management; advocacy and communication social; determinants for health; health technology research; biostatistics and demography.	Annual reports; articles; newsletters; blogs; factsheets; event reports; situational analyses.	Functional website: http://nphfoundation.org/	Links to significant publications such as news, features and newsletters that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
New Era	Research, TA, and advisory services in: agriculture, HIV/AIDS, WASH, health and disaster risk reduction. They have conducted major national surveys such as NHDS, NHFS and many other surveys.	Research; reports; annual reports; statistics.	Functional website: http://www.newera.com.np/	MEOR will use the statistics, survey and research in further data analysis, policy briefs and research papers. Links to the website and areas of relevance will also be shared on MEOR's KM portal at NHSSP website.

Save the Children	Education; emergency response; health and nutrition; HIV/AIDS; livelihoods; protection.	Position papers; training manuals; reports; stories; photos; case studies.	Functional website: https://nepal.savethechildren.net/	Links to significant publications that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
Plan International	Education; earthquake response; health; WASH.	Case studies; photo books; annual highlights.	Functional website: https://plan-international.org/nepal	Links to significant publications that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
ADRA	Health; livelihood; disaster risk management; education	Reports; flyers and brochures; books; audio and visuals; impact stories	Functional website: http://www.adranepal.org/	Links to significant publications that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
ACF	Nutrition and health; mental health and care practices; water, sanitation and hygiene and food security and livelihood	Newsletter; case studies; audio; video;	Functional website: http://www.actioncontrelafaim.org/en/content/nepal	Links to significant publications that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
JHPIEGO	Adolescents; anaemia; cervical cancer; child health; family planning and reproductive health; gender; HIV/AIDs; immunisation; infectious diseases; malaria prevention; maternal and newborn health; non-communicable diseases; nutrition; tuberculosis	Stories; field notes; research; programme briefs; news; advocacy briefs; annual reports; training manuals; lessons learnt	Functional website: https://www.jhpiego.org/where-we-work/nepal/	Links to significant publications that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website
CARE	Women and girl's empowerment; natural resource management; environment; livelihood; equity and justice	Photos; press releases; videos; newsletters; annual reports; studies; reports	Functional website: http://www.carenepal.org/	Links to significant publications that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website
One Heart World - Wide USA.	Maternal and newborn health	Case study; documentaries; reports; financial reports; annual reports; quarterly reports	Functional website: https://www.oneheartworld-wide.org/	Links to significant publications that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website
AMDA Nepal	Women and children health; dental health; primary health care; adult literacy classes	News; notices; programme reports; blogs; protocols	Functional website: http://www.amda.org.np	Links to significant publications that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website
Population Services International (PSI)	Child Health; contraception; gender based violence; HIV and sexually transmitted infections; malaria; maternal health; non-communicable diseases; respiratory illness	Research papers; impact reports; annual reports; research briefs; case studies; press releases; videos	Functional website: http://www.psi.org/country/nepal/#about	Links to significant publications that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.

Hellen Keller International	Nutrition; health; vision improvement.	Stories; news; press kits.	Functional website: http://www.hki.org/helen-keller-international-nepal#.Wem-H1uCzIU	Links to significant publications such as case studies and policy briefs that align with NHSP3's goals will be shared MEOR's KM portal at NHSSP website.
Marie Stopes International (MSI)	Safe abortion; contraception; sexual health services	Data and research; case studies; annual reports; press releases; videos	Functional website: http://www.mariestopes.org.np/np	Links to significant publications such as case studies and policy briefs that align with NHSP3's goals will be shared MEOR's KM portal at NHSSP website.
FHI 360	Civil society; communication and social marketing;economic development; education; environment; gender; health; nutrition; research; youth	News & announcements; research; blogs; annual reports; technical briefs; case studies; fact sheets; surveys; lessons learnt	Functional website: https://www.fhi360.org/countries/nepal	Links to significant publications such as case studies and policy briefs that align with NHSP3's goals will be shared MEOR's KM portal at NHSSP website.
Ipass Nepal	Advocacy; abortion; gender based violence; research; training	News; research summaries; advocacy papers; training curricula; press releases; blogs	Functional website: http://www.ipas.org/en/Where-We-Work/Asia/Nepal.aspx	Links to significant publications such as case studies and policy briefs that align with NHSP3's goals will be shared MEOR's KM portal at NHSSP website
Pact	Health; capacity development; governance.	Case studies; news and newsletters.	Functional website: http://www.pactworld.org/country/nepal/project	SAHS is another NHSP3 supplier and its knowledge products will be hosted on NHSP3's knowledge portal. In addition, links to SAHS will also be added to the MEOR's KM portal at NHSSP website.
HERD	Local health governance; national surveys; reproductive health; nutrition; hygiene and sanitation; operational research; gender equality and social inclusion (GESI); capacity building.	News and events; blogs; field diaries; annual reports; case studies; reports.	Functional website: http://www.herd.org.np/#	HERD is another NHSP3 supplier and its knowledge products will be hosted on NHSP3's knowledge portal. In addition, links to HERD will also be added to the MEOR's KM portal at NHSSP website.
Resource Centre for Primary Health Care (RECPHEC)	Reconstruction; advocacy; urban health; indigenous health; community outreach; media mobilisation in health	Policy; brochures; annual reports; press releases; case studies; newsletters; audio; video	Functional website: http://recphec.org.np/	Links to significant publications such as news, features and newsletters that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.

4.5 Donor Organisations

Stakeholder	Brief description of the kind of work undertaken by stakeholder	Types of knowledge products created by stakeholder	KM portal/website and functionality	How MEOR will use this source to generate knowledge products
DFID	Economic development; girls and women; climate change; governance and security; health; WASH.	Reports; policy and guidance; impact assessments; policy reports; notices; research reports; statistics; regulations.	Functional website: https://www.gov.uk/world/organisations/dfid-nepal	MEOR will use the statistics, survey and research in further data analysis, in policy briefs and research papers. Links to significant publications such as case studies and policy briefs that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website Furthermore, MEOR will liaise with DFID to ensure that relevant links from NSHP3 are also shared on DFID's website.
USAID	Agriculture and food security; democracy, human rights; governance; economic growth and trade; education; environment and climate change; global health; crises and conflict.	Press releases; events; factsheets; multimedia; newsletter; data; and other publications.	Functional website: https://www.usaid.gov/nepal	Links to significant publications such as case studies and policy briefs that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
Netherlands Development Assistance (SNV)	Agriculture; energy; WASH.	Photo stories; video; factsheet; toolkits; research papers; report; practice brief; evaluation; case study; brochures; manuals; policy briefs; newsletters; news articles; books; magazines.	Functional website: http://www.snv.org/country/nepal	Links to significant publications such as case studies and policy briefs that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
Korean International Cooperation Agency (KOICA)	Maternal, neonatal and child health; health insurance; health care Improvement.	Policies and strategies; annual reports; evaluation reports; statistics; brochures.	Does not have a separate portal for Nepal, however, there is a KOICA global portal where knowledge products related to Nepal at: http://www.koica.go.kr/english/main.html	Links to significant publications such as case studies and policy briefs that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
Japan International Cooperation Agency (JICA)	Education; health; water resources; governance; peace-building; social security; transportation; ICT; energy and mining; economic policy; private sector development; rural and urban development; environment; gender and	News; press releases; announcements; annual reports; brochures; books; reports; periodicals.	Functional website: https://www.jica.go.jp/nepal/english/	Links to significant publications such as case studies and policy briefs that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.

	development; poverty reduction; disaster risk reduction.			
NORAD	Climate and clean energy; education; good governance; peace and reconciliation; women and gender equality.	Guidelines; statistics; evaluation reports; training reports; lessons learned; research.	Functional website: https://www.norad.no/en/front/countries/asia-and-oceania/nepal/	Links to significant publications such as case studies and policy briefs that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	Rural development; sustainable infrastructure; social development; security; reconstruction and peace; governance and democracy; environment and climate change; economic development and employment.	News; short films; event reports and announcements; newsletters; press releases; research and publications.	Functional website: https://www.giz.de/en/worldwide/378.html	Links to significant publications such as case studies, policy briefs and newsletters that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
European Commission (EC)	Agriculture; nutrition; food security; governance; health; media empowerment	Annual Plans; project profiles; policies; annual work programs; evaluation reports; factsheets; case studies; stories; videos; photos; press releases	Functional website: https://ec.europa.eu/europeaid/countries/nepal_en	Links to significant publications such as case studies, policy briefs, factsheets and newsletters that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
Kreditanstalt für Wiederaufbau (KFW)	Economic development; renewable energy; healthcare	Evaluation reports; policy briefs; stories; research; newsletters; press releases; annual reports	Functional website: https://www.kfw-entwicklungsbank.de/International-financing/KfW-Development-Bank/Local-presence/Asia/Nepal/	Links to significant publications such as case studies, policy briefs and newsletters that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website
Canadian International Development Agency (CIDA)	Health and rights of women and children; economic growth and climate change; governance; peace and security; humanitarian crisis; effectiveness and transparency.	Stories; discussion papers; infographics.	Does not have a separate portal for Nepal, however, there is a global portal where information related to Nepal at: http://www.international.gc.ca/international/index.aspx?lang=eng	Links to significant publications such as case studies, policy briefs and newsletters that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
Australian Department of Foreign Affairs and Trade (DFAT)	Employment and economy; governance and policy implementation; education.	News; speeches; social media; videos; case studies.	Functional website: http://dfat.gov.au/geo/nepal/development-assistance/Pages/development-assistance-in-nepal.aspx	Links to significant publications such as case studies, policy briefs and newsletters that align with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.
Global Fund	HIV/AIDS; tuberculosis; malaria human rights; community	News; stories; videos; policies; reports.	Functional website:	Links to significant publications such as case studies, policy briefs and newsletters that align

	responses & systems; key populations; women & girls; resilient systems for health; domestic financing; equitable access initiative.		https://www.theglobalfund.org/en/portfolio/country/?k=778aa112-0067-4fe9-a0b4-e4bd72ef67de&loc=NPL	with NHSP3's goals will be shared on MEOR's KM portal at NHSSP website.

4.6 Universities and Research Institutes

Stakeholder	Brief description of the kind of work undertaken by stakeholder	Types of knowledge products created by stakeholder	KM portal/website and functionality	How MEOR will use this source to generate knowledge products
NHRC	Approval of research proposals; M&E of research conducted; research grants; compiling and publishing research related books, research reports, national and international scientific journals and bulletins; disseminating activities for research based information; collaborative research with research institutions and organisations within and outside Nepal.	Policies; guidelines; research priorities; training reports; reports; research; journal articles; news; briefs.	Functional website: http://nhrc.gov.np/ Also has a digital library: http://library.nhrc.gov.np:8080/nhrc/	NHRC research and data will be extensively used for further data analysis and research that MEOR will carry out, and for developing other knowledge materials such as policy briefs. MEOR will coordinate with NHRC to ensure that there is effective communication and coordination. MEOR will also seek avenues for publishing knowledge products collaboratively. MEOR will very closely work with NHRC and will help improve its research capacity.
Tribhuwan University Institute of Medicine (TUIOM)	Medicine; public health; paramedical; nursing and traditional medicine (Ayurved Science).	Research; journals on health; notices and announcements.	Functional website: http://www.iom.edu.np/examsection/about-lib.html	Links to relevant research and surveys will be shared in the MEOR's KM portal at NHSSP website.
B.P Koirala Institute of Health Sciences (BPKIHS)	Medicine; dental surgery; nursing, public health and community medicine.	Academic eBook collection; journals and magazine on health.	Functional website: http://www.worldlibrary.org/articles/bpkihs	Links to relevant research and surveys will be shared in the MEOR's KM portal at NHSSP website.
Kathmandu University (KU)	Medicine; dentistry; nursing physiotherapy.	News and events; journals; research; notice and announcements.	Functional website: http://www.ku.edu.np/	Links to relevant research and surveys will be shared in the MEOR's KM portal at NHSSP website.
Pokhara University (PU)	Pharmaceuticals; public health; health promotion; nursing.	Brochures; journals; annual reports; bulletins.	Functional website: http://pu.edu.np/edu/	Links to relevant research and surveys will be shared in the MEOR's KM portal at NHSSP website.
Nepal Policy Research Network	Health; population; economy; development; culture; action research;	Policy documents; research; journals; blogs	Function website: http://www.nepalpolicynet.com/new/	Links to relevant research, survey, journals will be shared in the MEOR's KM portal at NHSSP website.

	natural resource; environment; government; livelihood			
CREHPA	Consultancy research; policy research; training & action research in the field of health and population	Policy brief; surveys; research; fact sheets; reports	Function website: http://crehpa.org.np/	Links to relevant research and surveys will be shared in the MEOR's KM portal at NHSSP website.
Valley Research Group	Research in areas of neonatal and child health; maternal and reproductive health; disabilities, etc.	Research reports; statistics.	Does not have a separate online KM portal. However relevant data can be made available upon request	Research and data will be used for further data analysis, researchers that MEOR will carry out and for developing other knowledge materials such as policy briefs.
JSI Research and Training Institute	Family planning and reproductive health; health service delivery; health systems strengthening; logistics services; immunization; maternal health; newborn and child health; nutrition; social and behaviour change	Journal articles; newsletter; blog; video; audio; lessons learnt; training manuals; guidelines	Function website: http://jsi.com/JSIInternet/IntlHealth/where/display.cfm?tid=1030&id=245	Links to relevant research, survey, journals will be shared in the MEOR's KM portal at NHSSP website.

5. Assessment of the MEOR KM Roster

This section assesses the MEOR KM Roster presented in Section three, above. This includes an assessment of (4.1) the type of knowledge products available (e.g. press releases, blogs, posts, audio/video, etc); (4.2) the communication and learning channels used (e.g. website, community of practice, social media); and (4.3) the critical gaps in health-related KM products and resources. The assessment helps MEOR identify the key knowledge products that we can refer to, and can capitalise on. It also gives a sense of what to avoid in terms of duplication, where MEOR can collaborate and what key knowledge products to prioritise. Communication channels have been identified that MEOR can augment. MEOR will aim to close the key gaps that were evident from the web review and stakeholder consultations either on its own or with relevant stakeholders.

5.1 Assessment of the Types of KM Products Available

The online review and stakeholder interviews unfolded many health-related KM products as shown in the MEOR KM Roster. These can be categorised into diverse types of products, such as guidelines, policies, and manuals targeted at a technical audience, to pamphlets, brochures, and television and radio programmes targeted at reaching the wider public. The most commonly produced knowledge products are included below. The list of knowledge products is not exhaustive. MEOR will keep updating the roster based on additional information and stakeholder consultations. The results are based on the products produced from 1991 to 2017.

Press Releases	
Commonly Produced By… Government bodies, (MoH and NHEICC) and agencies such as World Bank, JICA, USAID, GIZ, GAVI, USAID, UNICEF, DFID, EC, KfW, CARE, PSI, MSI, Ipass, RECPHEC, EC, KfW and UNFPA.	Press releases often contain information related to celebrating achievements, programme launches, major contributions and developments, release of reports and studies, conclusion of the programme, etc. They mainly portray the work of the organisation and highlight their key activities and achievements.
Blogs	
Commonly Produced By… Multilaterals and NGOs, such as World Bank, UNFPA, HERD, NPHF, AMDA, FHI 360 and Nepal Public Health Foundation.	Blogs are less common among the stakeholders. They are mostly related to firsthand experiences, observations and opinions. The few blogs that are available are interactive and allow users to post comments and engage with the author.
Posters	
Commonly Produced By… WHO and NHEICC	Although an efficient tool in reaching the public, posters are less common across the web-based KM portals. The few that are available were found to be very static and narrative without strong visualisations, which is challenging to users that are unable to read. However, it is likely there are more posters printed and distributed by individual partners, however assessing these were outside the scope of this deliverable

Audio and Video	
Commonly Produced By… Government (NHEICC), multilaterals agencies (World Bank, UNFPA, UNICEF, Global Fund, SNV,SHOPS PLUS,ACF,CARE,PSI,MSI,RECPHEC,EC,JSI DFAT) and programmes such as PAHAL	Audio and video products are popular among stakeholders to disseminate targeted messages to a wider audience. Most products are entertaining and informative, and focused on spreading information about the organisation's cause, feature stories or raising awareness around key issues. UNFPA has distributed smart projectors to rural areas where there is little or no access to televisions or mobile phones. Videos on subjects such as adolescent sexual health are played on a projector to a group of people. MEOR found this to be a good solution to the challenge of reaching people in the remote areas.
Policy Briefs	
Commonly Produced By… UN agencies and some donors, such as WHO, UNICEF, UNDP, SNV, Ipass, FHI 360, MSI, EC, KfW, CREPHA	Clear and concise policy briefs summarising key issues are found in very few organisations. There is a need for more policy briefs to be developed in easy to understand language with the aim of informing and influencing government policy-makers and other high-level stakeholders of the significance, relevance and urgency of an issue and the need to adopt recommendations. This is an area that most stakeholders said was important to focus on as it was felt that the health sector as had little influence on high-level policy-makers to date.
Announcements, Events, Circulars, and Emerging Issues	
Commonly Produced By… Government bodies (MoH); multilaterals (WHO, World Bank); programmes (NHSSP); NGOs (HERD); donor organisations (USAID, JICA, GIZ); and universities (TU, KU)	Almost all stakeholders have good systems of posting information about upcoming events and emerging issues. Important notices and circulars are available on almost all KM portals.
Brochures, Newsletters, Bulletins, and Factsheets	
Commonly Produced By… Government bodies (NHEICC); multilaterals (UNFPA, WHO); donor agencies (SNV, KOICA, JICA); and universities (PU)	Brochures, newsletters, bulletins, and factsheets are used by many health stakeholders; however, these were found to be less informative and contained mostly narrative. Some are outdated, with poor content, and often were posted on the portals in a haphazard fashion. Some are in English without Nepali translations, which limits their reach. Furthermore, some of the products lack informative graphs, infographics and catchphrases to grasp the audience's attention of the people. A number of the products were also found to be too crowded with information on assorted topics and therefore the key take-away information was not

clear. Some good practices were Swasthya Khabar Patrika an online news portal that gives the users up-to-date information on health facts, latest news, tips and suggestions in an easy to understand language.

Data, Statistics, Maps, GIS Maps, and Infographics	
Commonly Produced By… Government bodies such as (HMIS, CBS); Research Institutes such as (New Era, NHRC) and multilateral organisations such as (WHO and the World Bank)	MEOR found there to be some good practices in data analysis and visualisation in Nepal. For example, *Nepal in Data* (https://nepalindata.com), hosted by Bikash Udhyami, is an interactive portal with user-friendly dashboards for key statistics, accessible to everyone. Another example is the *Open Data Nepal* platform (http://data.opennepal.net/nepal-at-glance), which includes informative data visualisations, interesting blogs, and other resources. Global examples include *Gap Minder* (https://www.gapminder.org), an attractive portal with accessible graphs and maps to help audiences understand complex data, and *the Institute for Health Metrics and Evaluation* (IHME) (http://www.healthdata.org/), which specifically presents health data in visually appealing graphics. The Insurance Management Information System (IMIS) is also a good system to track enrolment and availability of services for social health insurance. This is the first system in Nepal to have patient-specific information on diagnosis. Despite these examples, it was expressed by stakeholders that, while data and statistics are available, there is a need for more in-depth analysis of the data and more appealing infographics and data visualisation to tell stories or identify emerging trends that prompts the health sector to act faster. One stakeholder interviewed commented that there a large outbreak of cholera in 2007 was not detected early enough, despite data being collected on cholera every year through HMIS. If trends were analysed and disseminated, this could have been picked up earlier and the outbreak may have been prevented.
Case Studies, Field Diaries, and Stories	
Commonly Produced By… NGOs and programmes including H4L, NHSSP, AAMA, HERD, One Heart Worldwide, JHPIEGO	These products are commonly used to spotlight a key issue and illustrate the impact/potential of the programme to address the issue. Stakeholders noted good practices, such as the attractive photo stories on maternal and child health published by H4L on their website; case studies by NHSSP; and case studies with infographics on the Aama Programme by the Health Financing Unit that are eye-catching and effective in getting the message across. Interesting stories

and blogs that are regularly updated from Possible Health, an NGO that runs on public-private partnership in Accham and Dolakha were cited as good examples. Despite these good practices, it was generally felt by stakeholders that more of these case studies and stories are needed as they can provide qualitative measures of success. They are also ways to demonstrate accountability to our stakeholders, both upwards and downwards. Additionally, it was felt that the case studies and stories should also be addressed to the public to help a wider audience relate to the stories and make positive health decisions.

Lessons Learned	
Commonly Produced By… Multilateral organisations, such as UNFPA, UNDP, NORAD, JHPIEGO, FHI 360, JSI, and programmes, such as SABAL	While documenting lessons learned is an important aspect of project management, very little documentation around lessons learned is available across the web portals reviewed by MEOR. Only a handful of bilateral organisations and I/NGO made this information available. Documenting and sharing lessons learned could allow users to convert best practices and failed initiatives into useful knowledge products for the future. It is felt that more of this documentation is needed in the health sector to facilitate learning from each other's experiences.
Policy, Guideline, Manuals, Strategies Legislation, Acts, and Directives	
Commonly Produced By… Predominately government departments and bodies, including MoH, DoHS, and NHEICC	MEOR found there to be policies, strategies, guidelines, acts and directives dating back ten years and further. However, some of the policies uploaded are scanned versions of the print copies, which were often faded and hard to read. Often, the products are not catalogued in any perceivable order (e.g. by date or sector, etc.), making it difficult to access and retrieve the policy, guideline or act a user is looking for. Hard copies of these were also dispatched to all regional and district-level offices and health institutions, however, a key stakeholder mentioned that during some of his field visits he has not seen copies of important policies and legislation at the point of care in the remote health posts. Stakeholders expressed that they had difficulties in assessing whether their knowledge products have reached all intended audiences.
Research Briefs	

Commonly Produced By… NHRC, HERD, PSI, MSI, IPASS, FHI 360	Although important for facilitating use of evidence, research briefs were not easily available over the web. While many full research articles were available, research briefs that summarised the main points of a full research report with easy to understand graphics and language were not found during the web search. During the interview stakeholders also opined that more research briefs need to be prepared, as users are will more likely read them compared to lengthy research reports.
Research, Studies, and Surveys	
Commonly Produced By… A wide range of stakeholders, including multilaterals (WHO, World Bank, UNICEF, UNFPA), government bodies (NHEICC, NHSSP, MoH, NHRC), NGOs such as New Era, and universities and research institutions, IOM, KU,PU, Nepal Policy Research Network, CREPHA, JSIand Valley Research Group.	There is a large selection of research studies, both national and international, with links to journal articles. NHRC and MoH have a central location where researchers and students can access electronic versions of articles, surveys and reports. The NHRC also has its own journal, JNHRC. The key academic institutions in Nepal have their own digital libraries with links to national and international journals. IOM, KU and PU also had their own journals. The areas of research available include medical science, public health and health care management, and cover ethical and social issues in health. Original articles, reviews, case reports, viewpoints and letters to the editor were also available to view and download. These portals are very useful resources for researchers, students and development professionals for accessing scholarly articles. NHRC, IOM, KU and PU required an account and a username and password to sign in. Most of these portals were free and did not charge for accessing full text articles. Research articles could be searched by the author's name or title of the study which was a useful for retrieving the studies that a user is looking for without spending too much time. WHO circulates abstracts of all published journals in health to key health stakeholders, this was a good practice that was appreciated as a crucial resource and an example of good KM. MEOR has mapped out the key national level surveys in Nepal (Appendix 3) along with sources of evidence (Appendix 2). This is crucial for MEOR in projecting the values for milestone indicators and verification of results. It also promotes VfM by avoiding the duplication of existing research.
Reports	
Commonly Produced By… Multilateral organisations (WHO, World Bank, UNFPA, UNICEF, UNDP,	Various reports were available for download, ranging from progress reports, quarterly reports, financial reports, JAR reports, PULSE reports (which are quarterly reports on

GAVI, Global Fund); government bodies (MoHS, DoHS, HMIS); programmes (PAHAL, SUAAHARA, HNN); NGOs (NPHF, Save the Children, HERD); donors (DFID, SNV, KOICA, JICA, NORAD, GIZ); and research Institutes (New Era, NHRC, Valley Research Group). | major updates in the health sector), annual reports, training reports, thematic reports, evaluation reports, audit reports, situation reports, and VfM reports. Reports were found to be useful in communicating key results of programmes, as well as maintaining transparency. Many reports also could be used as key references by the respective stakeholders when designing new projects or making important decisions.

Mobile Phone Applications	
Commonly Produced By… UNFPA, MoH	Given the popularity of smart phones in today's technology-driven world, these devices have become important vehicles to communicate and transfer information anywhere, anytime. Some stakeholders have utilised this platform to raise awareness and share key health-related information. Good examples that MEOR found through its interaction with stakeholders include the android application developed by UNFPA, *Khulduli*, which is a fun application with games to communicate important messages and key facts regarding adolescent reproductive and sexual health. This was an innovative substitute for brochures or factsheets. Another initiative is the *Mero Swastha* application developed by the Smart Health Unit, MoH, which is aimed at improving access to health services. Anyone can download the application and access information about key diseases and health services near them.

5.2 Communication and Learning Channels Used

MEOR found stakeholders use many channels to exchange and disseminate knowledge. The table below summarises the prominent communication and learning channels, including which stakeholders were found to use them and what kind of products were disseminated through the channels. This table is followed by more detailed descriptions of MEOR's findings for each channel.

Central KM Website	
Commonly Used By… Multilateral organisations, government departments and centres, NGOs, donor organisations, universities and research institutes	**Products Disseminated…** Factsheets, brochures, reports, lessons learned, progress reports, policy briefs, key events and announcements, case studies.
Training of Trainers (ToT)	
Commonly Used By … Government departments and centres	**Products Disseminated…** New policy, guidelines, manuals, regulations
Internal Learning and Sharing Mechanism	
Commonly Used By…	**Products Disseminated…**

Multilateral organisations, programmes and initiatives, NGOs and donor organisations	Lessons learned, mandatory courses, key events announcements, progress reports, strategy documents, new plans and policies
Community of Practice	
Commonly Used By…	**Products Disseminated…**
Multilateral organisations, government departments and centres, programmes and initiatives, NGOs, donor organisations, universities and research institutes	Factsheets, brochures, reports, lessons learned, progress reports, policy briefs, key events and announcements, case studies, new policies, guidelines, manuals, regulations
Direct Distribution of Print, Audio and Video	
Commonly Used By…	**Products Disseminated…**
Government departments and centres, NGOs	Factsheets, brochures, posters, policy, guidelines, manuals, regulations, jingles, radio programs, television advertisements
Social Media	
Commonly Used By…	**Products Disseminated…**
Multilateral organisations, government departments and centres, NGOs, donor organisations,	Factsheets, brochures, posters, policy, guidelines, manuals, regulations, pictures, case studies, success stories, links to jingles, radio programs, television advertisements, key events

CENTRAL KM WEBSITE. Many health sector stakeholders have a website that operates as the central KM portal for the organisation. Some stakeholders, such as INGOs and bilateral organisations, have both external (Internet) and internal (Intranet) websites. There is often an allocated person or unit that maintains the website, including carrying out major updates, deleting irrelevant pages, and reviewing content.

Where stakeholders do not have their own dedicated KM portal, MEOR found that their information was often hosted on a donor or partner website. For example, programmes such as PAHAL, SABAL, CAMRIS, whose information was hosted either on the partner's website or USAID. Donors such as KOICA and CIDA did not have separate pages for Nepal, however users could navigate and search for knowledge products on their global websites. While these websites are functional, it was noted that some of the relevant links provided do not work and display error messages. MEOR also found that many documents and datasets accessible through partner websites are outdated versions.

In general, the quality of the KM portals varied from one stakeholder to the next. While some had interactive websites with relevant content and numerous resources and links, some had very static pages with key links that did not work. MEOR noted that most stakeholders lack a consistent process for updating website content. Moreover, there appears to be poor understanding of individual roles and responsibilities with regards to the central KM websites across some stakeholders. While MEOR did find procedures to collaboratively update website content, these were often not put into practice. Finally, most of the existing KM portals are limited to a one-way communication, with no options for users to subscribe and engage (e.g. post comments, etc.) on a topic of interest.

TRAINING OF TRAINERS (TOT). MEOR found that government stakeholders used ToT as means of knowledge exchange and learning. This is also an opportunity for district-level staff to learn about recent changes and emerging practices in the health sector. The stakeholders interviewed expressed that these ToTs were conducted each time there was a new manual or policy change. However, they also expressed that while ToTs were important means of learning and sharing, the effectiveness of these trainings has not been assessed and the knowledge transfer from trainees to other stakeholders in the district has not been evaluated.

INTERNAL LEARNING AND SHARING MECHANISM. Most INGOs and bilateral organisations offer access to a number of free online courses through their intranets. There are often mandatory training sessions that employees are required to complete, such as anti-corruption, gender in the workplace, etc. Stakeholders also used internal forums, workshops, and meetings to share knowledge, learning and other information (such as upcoming events, etc.) However, stakeholders expressed that sometimes these lacked a clear purpose and were poorly planned. It was suggested that there is a need for these to be better organised and with learning in mind.

COMMUNITY OF PRACTICE. Many stakeholders interviewed greatly appreciate their access to different technical working groups (TWGs), such as the Nutrition TWG, the Health Sector M&E TWG, the GESI TWG, the Health Financing TWG, etc. These more informal knowledge sharing platforms were found to be used effectively – multiple stakeholders expressed that they have learned from each other's knowledge and experience through these groups. Such communities of practice are platforms for members to freely discuss their challenges and aspirations, identify common needs, and foster innovation. However, information on TWGs in Nepal is difficult to find online; MEOR did not find instructions or guidelines on how to contact or join TWGs, nor directories of key personnel to facilitate people contacting each other. Although directories were maintained at the individual organisation level, they are generally difficult to find and are often not available in the public domain and at a national level.

DIRECT DISTRIBUTION OF PRINT, AUDIO AND VIDEO. Print, audio and video are the most common channels for communicating health knowledge products to the public at all levels of the health system. There are many examples of successful campaigns, for example, the MoH's *Smart Family* campaign launched in 2015, *Golden 1000 Days*, launched by the Nepal Planning Commission and MoH, MoH's *Mero Barsha and the 5 Commitments*, and sanitation campaigns. However, stakeholders noted that in some cases there is an inadequate quantity of print materials. Furthermore, strong mechanisms for ensuring appropriate distribution and monitoring of distributed materials are often lacking and it is difficult to know whether all materials have reached the intended users. These factors can have negative effects on service delivery. In general, most stakeholders commented that there is a need for stronger systems to ensure the effective flow of information from the central government to the districts.

SOCIAL MEDIA. In addition to central websites, many stakeholders interviewed also used social channels to broadcast and exchange information, including Facebook, Instagram, Twitter, and YouTube. Stakeholders considered social media networks to be essential vehicles to disseminate key message to wider audiences. However, the networks may not be credible sources for circulating and accessing technical updates and new research findings. Rather, social media platforms are used in a more informal capacity to engage with the public. Most stakeholders' social media pages had many followers and content was updated regularly. However, for some, content was rarely updated or posted haphazardly, for example, pictures that were blurred, posts without captions, scans of print media where text was unclear, etc.

5.3 Critical Gaps

The online review and stakeholder analysis revealed the critical gaps in health-related knowledge products and resources.

MEOR found that the health sector lacks a centralised document repository which has made it difficult to retrieve KM products that are scattered. For example, one key stakeholder noted it has taken more than six months to prepare a standard orientation package on health for orienting newly elected government officials. This was because there was no synthesis or compilation of documents to refer to and no mechanism to bring everything together at one place.

Stakeholders felt that KM portals and products are predominately focused on what development actors and organisations want to portray, rather than what users are most interested in.

Importantly, most knowledge products are technical and very descriptive, catering to a small segment of the population – namely students, researchers and development professionals. While some factsheets and brochures were in Nepali, most research articles and policy briefs reviewed were only in English, which make them inaccessible to a large segment of the population. There is lack of concise, catchy and user-friendly materials that resonate with the end users of the health sector, the public. The technical knowledge products that are currently available are also not suitable for high-level, influential stakeholders, such as the Minister and other policy-makers who require very short briefs in easy to understand language.

CRITICAL GAPS

! Poor collaboration across stakeholders.

! Focus on knowledge producers' agendas, rather than users' needs and interests.

! Products are commonly inaccessible to wider population.

! Research and evidence not being adopted to support policy decision-making.

! Poor dissemination of new evidence and learning.

! Weak or under-resourced quality oversight functions.

! Inadequate funding and political will for KM activities.

! Limited adoption of ICT tools and infrastructure to support KM.

There is inadequate research and evidence to back up policy. Often, it is not clear who the target audiences for dissemination are. Despite some good examples, such as successful projects being documented and shared to scale up at the national level including the chlorohexidine pilot, misoprostol pilot and Vit A campaign, MEOR found that most evidence has not been able to reach the executive and ministerial levels to lobby for policy change. Stakeholders expressed that, while a huge body of data exists, there is need for more in-depth analysis of the data, infographics and appealing data visualisation to tell stories or identify emerging trends.

There are barriers – both cultural and institutional – to sharing data, and seeking and using evidence. It was evident from the stakeholder consultations that there is a disconnect between research and practice, with many health practitioners not aware of new evidence. Interviewees stated that lengthy reports and publications were less likely to be read. Locating, accessing, and reviewing research was also believed to be a lengthy and time-consuming process, which further hindered the use of evidence.

The quality of knowledge products differed according to the organisation, funding available, and capacity. Some have interactive websites with up-to-date content, whereas others have websites with, for example, non-functional links and outdated content. The GoN has instigated quality assurance mechanisms for

health-related knowledge products, requiring products are reviewed by the MoH and NHEICC. There are specific ToRs on communication materials to be published; however, this one door policy has not been effectively monitored, leading to duplication of efforts, inferior quality, and inaccurate information in some cases. Moreover, there is no way of knowing whether knowledge products have reached all the intended audiences as the systems for monitoring their distribution from central- to district-level is weak.

Budgets are also driven by the programme and, as KM is a cross-cutting area, little focus is often given to it. Many stakeholders agreed that KM is an area that is under resourced both in terms of budget and staff. This is compounded by the restructuring and the new leadership and federal structures, which may hinder or delay not just the KM activities but all project activities. Most stakeholders interviewed by MEOR have a dedicated person responsible for gathering, reviewing, and synthesising the content and disseminating it to the wider public, however some stakeholders, for example in government, expressed that they were understaffed and there was no one to update contents in their KMS.

Finally, while there are immense opportunities for utilising technology (such as creating e-libraries and infographics), government offices, even at the central level, do not have the up-to-date infrastructure, tools or capacity for this. The problem is worse at the regional and district levels.

6. MEOR Knowledge Products and Resources

This section provides updates on the second part of this deliverable, web portal developed and updated with KM products. The MEOR KM Roster and assessment provided in this report is already inputting into the progress in the preparation and dissemination of MEOR knowledge products and resources identified in our Communication and Outreach Strategy. For example, right now we are looking at the best option for utilising the NHSSP website, and preparing the DHIS2 dashboard. This section sets out two options for hosting MEOR's main KM webpage and provides a brief update on the DHIS2 dashboard.

6.1 Options for Hosting the MEOR KM Webpage

6.1.1. Option 1: Including MEOR KM Webpage in NHSSP Website

During the process of this assessment, MEOR studied existing communication platforms in use and interacted with key stakeholders. MEOR has identified existing NHSSP website to host its main KM page, instead of creating a new portal . This strategy will create VfM and promote collaboration with other NHSP3 partners. MEOR met with NHSSP to discuss on the possibility of using this platform (see meeting minutes attached in Appendix 4). NHSSP was positive to the idea and agreed that space will be provided in the NHSSP portal for NHSP3 KM once formalised. A demonstration tab has been created titled *MEOR* and placeholders have been established for key knowledge products to be uploaded as they are developed as the project proceeds. The demonstration tab can be accessed at http://www.nhssp.org.np/demo/

6.1.2. Option 2: Including MEOR KM Webpage in NHSP3 (maintained by EDP, currently hosted by GIZ)

Figure 1. Demonstration of MEOR KM Portal at NHSSP Website

To facilitate knowledge sharing among stakeholders, GIZ had established a web portal (http://nhsp.org.np/). The purpose was to use as a knowledge clearing house where each stakeholder would upload important information related to their work and their knowledge products. However, since it was created, not much has been done to update and maintain it. There is a lot of useful information such as the detailed assessments conducted after the earthquake. Other important documents are the JAR reports, reports on eHealth convergence workshops etc. GIZ has not been able to duly update the site due to lack of both time and human resources, and expressed its willingness to hand this website over to other stakeholders such as MEOR, given its KM portfolio. GIZ also mentioned the availability of some funds within its eHealth portfolio that MEOR could use to revamp, make it more interactive and maintain as necessary. This could be a good partnering opportunity for MEOR and would be an excellent value for money initiative through leveraging of resources with stakeholders. This would approach will add value as this website will be recognized as a standalone health knowledge management portal for the health sector of Nepal. This portal can be handed over to GoN after the completion of the MEOR project. As an exit strategy, MEOR can involve MoH staff in its design and operation from the beginning to facilitate transfer of expertise.

These options were discussed within the team and with DFID; it has been felt that including MEOR's KM Webpage in NHSSP Website is the most feasible options given that it is already a popular website and has key resources that stakeholders are already using.

6.2 Update on DHIS2 Dashboard

To facilitate the process of tracking and verifying results, MEOR has developed the DHIS2-based dashboard. This dashboard provides a platform to integrate all NHSP3 and NFPP results in one place. A prototype of this dashboard was developed during the Inception Phase and is now extended to include the data entry screen of the NHSP3 master and suppliers' logframe indicators and display of planned versus achieved status of each of these indicators. The link is publicly available at http://dhis2.abtassoc.com.au:8080/dhis-web-commons/security/login.action, however usernames and passwords will only be shared with suppliers once MEOR has approval from DFID. MEOR will also further add additional data and graphics before it is shared with the suppliers. A snapshot of the dashboard is presented below.

Figure 2. Demonstration of DHIS2 Dashboard
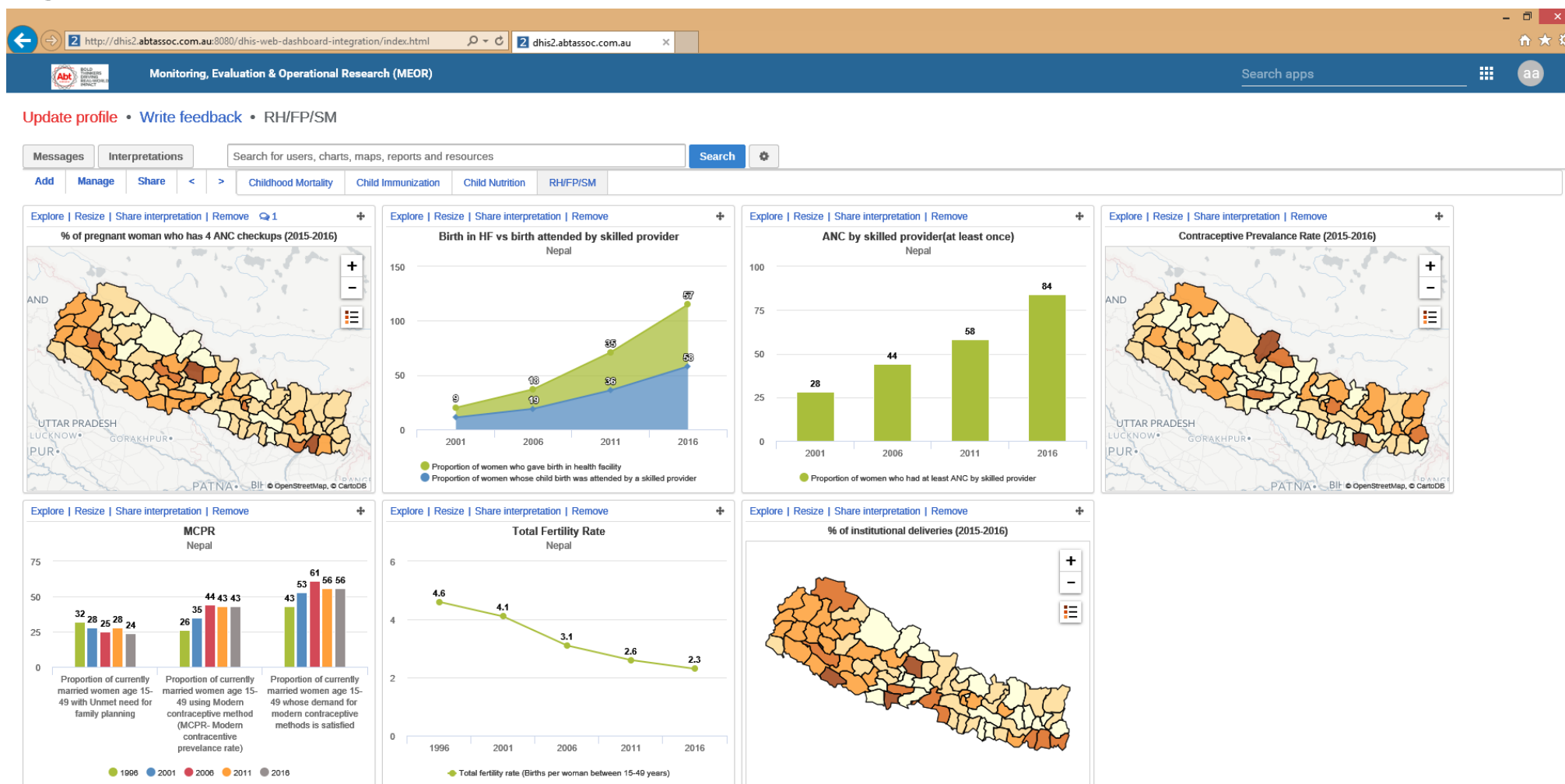
7. Next Steps

❖ It appears that the health sector is very receptive towards KM. Although all stakeholders interviewed shared a strong appreciation of the importance of KM, the area is still accorded a low priority in terms of resources. MEOR will work with key stakeholders to increase the profile of KM and generate support for KM activities in the health sector. Where possible, avenues for collaboration in KM will be identified for mutual gains. MEOR will explore partnerships when disseminating knowledge products, especially where materials need to be printed. For example, if we need to distribute printed case studies, we will collaborate with other organisations that have established distribution channels and will seek to share the costs as appropriate.

❖ To facilitate the increased use of evidence, the key products for MEOR will be documenting and disseminating lessons learned, best practices, and results through tracking and verifying of NHSP3 results, secondary analysis, and operational and health policy research. The knowledge products developed will support our aim of disseminating data analysis and operational research findings. Some knowledge products will be orientated more towards advocating a key message or building capacity in a specific area. While these will not be the core focus of MEOR, other stakeholders will be able to easily use the information provided in MEOR knowledge products to produce their own. In this way, MEOR can play a catalytic role in the wider use of information.

❖ MEOR will carefully define target audiences for each knowledge product it develops. MEOR will identify target users of knowledge to best align the format and approach most appropriate to reach them. We will also carefully design the knowledge products through the lens of specific issues and local contexts in consultation with the stakeholders involved.

❖ Given that most of knowledge products were technical in content and style, and found to be directed at development professionals, MEOR will aim to close this gap by catering to all segments of the population. We intend to create user-centric knowledge products that are easy to grasp so that they be used to inform policy decision-making and, ultimately, affect better health outcomes.

❖ Stakeholders felt that infographics were the preferred method of relaying complex information. MEOR will create infographics and dashboards that will relay data in a simple, accessible fashion. To this end, MEOR will create systems to update charts and graphs automatically when data is refreshed or updated.

❖ It is evident through this assessment that there are many existing portals that can be used for disseminating NHSP3 knowledge products. MEOR will use mainstream communication platforms that already exist (e.g. the NHSP3 website, HMIS website, NHRC website, etc.) to share our knowledge products, rather than creating new and expensive platforms. As discussed in Section 5.1 above, MEOR plans to host KM information on the NHSSP website. MEOR has also held informal discussions with all stakeholders interviewed for this report regarding sharing MEOR links on their organisational website; most were supportive of this idea. Further, MEOR has plans to post or provide references to relevant knowledge derived from national and global experiences on its KM page.

❖ MEOR will work with the key stakeholders to establish a community of practice around KM and develop a database of contacts to help build a network of key stakeholders. The aim is for members to regularly exchange knowledge, best practices, and lessons learned across this learning network.

❖ To ensure that there is no duplication of efforts, MEOR will continue to monitor and interact with stakeholders when developing knowledge products, as it might not have been possible to identify all existing products and materials during this assessment.

8. Conclusion

This report provides a snapshot of the challenges and opportunities in KM faced by the health sector in Nepal. MEOR has identified present and future networks and systems for knowledge to flow. Avenues for collaboration have also been identified. It is clear from this assessment that the health sector is a dynamic environment, requiring flexible and responsive solutions, such as, increased knowledge sharing between stakeholders, more efficient processes, and better of leveraging resources and effective use of technologies to reach wider and more remote audiences. While all stakeholders agreed that KM is invaluable in the health sector, there is a need for improved uptake and utilisation of knowledge by individual stakeholders and within the sector. There are also barriers to overcome, such as the low prioritisation given to KM in the current organisational culture. MEOR appreciates that KM is a constant process, and will continue to work with stakeholders to garner support for its KM activities.

NHSP3's current commitment is limited to December 2020. To ensure that, the knowledge management system continues even after project phases out, MEOR will maintain links with all important stakeholders. They will be involved throughout the KM process. MEOR will work closely especially with the MOH and NHRC in developing and publishing all its key knowledge products ensuring that the technical knowledge of the NHSP 3's knowledge management system is transferred to these entities over the course of the project. We will ensure that all products produced and uploaded in MEOR pages will be handed over to MOH/NHRC before the project closes. This will have an important and sustainable legacy in the health sector of Nepal.

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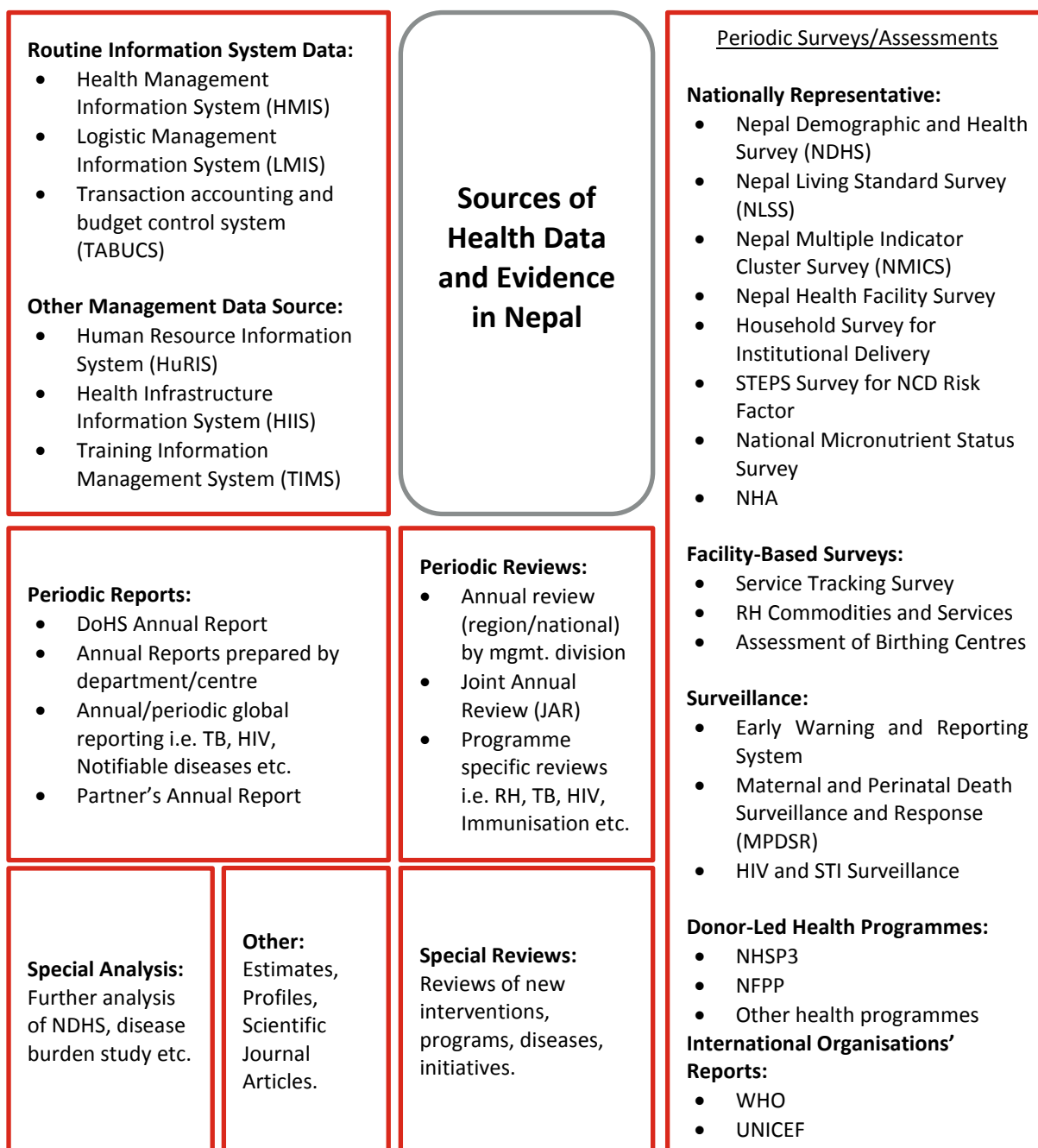
10. Appendices

Appendix 1. Stakeholder Mapping

In June 2017 MEOR conducted preliminary stakeholder mapping, which was updated in September. This exercise identified key audiences and informed the stakeholder analysis included in the Communication Outreach Strategy, submitted on 30 September 2017.

Parliament, legislature, Council of Minister formulating guidelines/policy on M&E	**NHEICC:** Review and feedback on materials developed	**MoH:** e.g. PPICD, Curative, specialists/e-health unit	**DoHS:** *Divisions and Centres* – Programmes, Logistics, Training, Communications, Disease Control	**PHAMED:** Monitoring performance, formulating guidelines/policy on M&E
HMIS/DoHS: Health System Routine Data, tools, annual reports preparation.	**MoWCSW/DWSS:** NHSP3 given importance in their respective agendas	**NPC:** Policy guidelines, National plans, targets/ achievements	**NHRC:** Research ethical review, policy, capacity building/training and carrying out research	**CBS:** Population estimates, studies census, further analysis
EDPs/Bilateral Donors: USAID, DFID, GIZ, KOICA, Global Fund, GAVI, WB; policy feedback, funding in assessment, reviews technical assistance	**UN Bodies:** WHO, UNICEF, UNDP, UNFPA. Policy feedback, specialised system support, project implementation	**International NGOs/Agencies/Projects:** H4L-RTI, NHSSP-Options, SAHS-Pact, PPFM-Crown Agents, Suaahara II, Sabal, Save the Children, HKI, Care, Plan International, CAMRIS etc	**Local NGOs/Agencies:** HERD, New Era, Public Health Foundation, Valley Research	**Others:** Policy makers who were retired from the services, consultants, experts)
National and Local Media: of highlighting NHSP3 results and influencing a wide range of stakeholders	**Direct Beneficiaries, Public Accessing services:** voice for health service users, and are involved in advocacy, sensitisation	**Community/ Voluntary Health Workers:** front lines of health care and public health, raising awareness and, and providing a basic level of care	**Health Care Providers:** responsible for delivering general health care services. They would be interested in and benefit from our activities	**Academic Institutions:** e.g. TUIOM, BPKIHS, KU, Pokhara University

Appendix 2. Sources of Health Data and Evidence in Nepal

In June 2017, MEOR mapped out the prominent sources of health data and evidence in Nepal. MEOR will use this map as reference for ongoing coordination with stakeholders. At the time of this report, there have not been any changes to the map since it was developed, however MEOR will update it as required.

Sources of Health Data and Evidence in Nepal

Routine Information System Data:
- Health Management Information System (HMIS)
- Logistic Management Information System (LMIS)
- Transaction accounting and budget control system (TABUCS)

Other Management Data Source:
- Human Resource Information System (HuRIS)
- Health Infrastructure Information System (HIIS)
- Training Information Management System (TIMS)

Periodic Reports:
- DoHS Annual Report
- Annual Reports prepared by department/centre
- Annual/periodic global reporting i.e. TB, HIV, Notifiable diseases etc.
- Partner's Annual Report

Special Analysis:
Further analysis of NDHS, disease burden study etc.

Other:
Estimates, Profiles, Scientific Journal Articles.

Periodic Reviews:
- Annual review (region/national) by mgmt. division
- Joint Annual Review (JAR)
- Programme specific reviews i.e. RH, TB, HIV, Immunisation etc.

Special Reviews:
Reviews of new interventions, programs, diseases, initiatives.

Periodic Surveys/Assessments

Nationally Representative:
- Nepal Demographic and Health Survey (NDHS)
- Nepal Living Standard Survey (NLSS)
- Nepal Multiple Indicator Cluster Survey (NMICS)
- Nepal Health Facility Survey
- Household Survey for Institutional Delivery
- STEPS Survey for NCD Risk Factor
- National Micronutrient Status Survey
- NHA

Facility-Based Surveys:
- Service Tracking Survey
- RH Commodities and Services
- Assessment of Birthing Centres

Surveillance:
- Early Warning and Reporting System
- Maternal and Perinatal Death Surveillance and Response (MPDSR)
- HIV and STI Surveillance

Donor-Led Health Programmes:
- NHSP3
- NFPP
- Other health programmes

International Organisations' Reports:
- WHO
- UNICEF

1. What are the common KM products available in the health sector?
2. What are some of the knowledge products that you produce/plan on producing?
3. What platforms do you use to share knowledge? (e.g. central KM portal, libraries, web-sites, information sharing networks etc.)
4. Do you feel that the health sector is receptive to knowledge management?
5. What are the best practices in Knowledge Management? Some examples you can think of?
6. What are the critical gaps in health-related knowledge products and portals?
7. What are some ways forward you suggest for health sector KM?