Inter-facility Emergency Obstetric Care referrals: lessons to strengthen referral in the federal context in Nepal

I. INTRODUCTION

Over the last decade there has been a major shift in the Country from most women giving birth at home to most women having an institutional delivery[1]. This increases the importance of having a functional referral system from the local health facility to a hospital which provides Comprehensive Emergency Obstetric Care (CEONC) for the 10-15% of women who are likely to need this specialist care during delivery. Inter-facility referral has been a weak link in Nepal's health system.

Although the Aama Surakshya Programme has provided the transport incentive to pregnant women for institutional deliveries, it does not cover the cost for inter-facility referrals if complications arise. Inter-facility referral is now mandated as part of the Public Health Services (PHS) Act, 2075. All three levels of governments must undertake necessary arrangements for developing an effective referral system between facilities providing Basic Health Services (BHS) and specialised services. Family Welfare Division (FWD) has allocated a conditional grant to the palikas to be used for EOC referral, but its implementation has been irregular.

As the PHS Act2075 and the Safe Motherhood and Newborn Health (SMNH) Roadmap 2030 require inter-facility referrals to be provided as an integral component of service delivery, the Nepal Health Sector Support Programme (NHSSP) provided technical assistance (TA) to a cluster of palikas[2] in Lumbini Province to create a contextualised referral system and associated information system. This briefing provides an account of the referral system set-up in Argakhanchi which offer lessons for other similar contexts.

Figure 1 Map of Argakhanchi district and palikas linking for referral
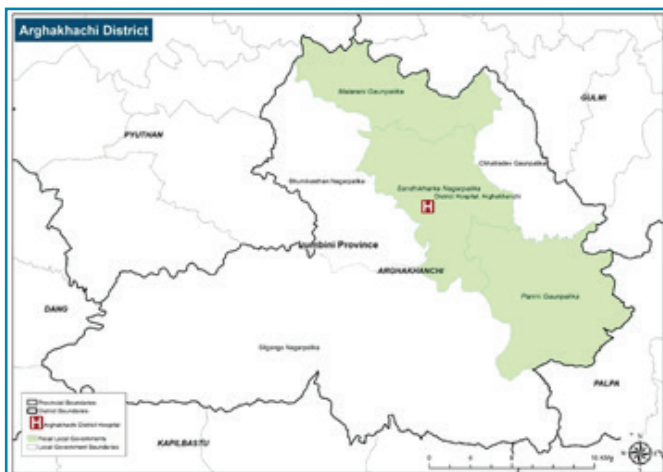
II. STEPS FOLLOWED TO SET-UP A REFERRAL SYSTEM:

1. **Linking adjacent palikas:** EOC referral is a shared responsibility across the three tiers of government, but palikas are responsible for making the referrals as a part of BHS. As linkages between facilities are important, enabling adjacent palikas to establish links amongst themselves and with the nearest referral hospital is the first step.

2. **Building understanding of when to refer:** Strengthening palika level health facilities' capacities to recognise obstetric complications and making appropriate referrals with prior pre-referral communication with the referral site is very important.

3. **Coordinating through the Provincial Safe Motherhood and Newborn Health (SMNH) Roadmap Action Plan**: The SMNH Roadmap 2030 helps set long-term goals for all MNH services and guides the three tiers of government to plan specific interventions and systems relevant for each geography and context. It provides an opportunity for a coordinated approach for improving referral systems through the province specific SMNH roadmap. In Lumbini Province, the SMNH Roadmap Action Plan was developed at a provincial level planning workshop and through series of other meetings with the provincial officials. This triggered a commitment by the Provincial government to include the priority activities and interventions identified in the Action Plan, in their annual budgets. EOC referral strengthening was included as key a intervention to strengthen MNH services.

4. **Designing the referral system at the palika level:** Preliminary discussions with palikas had confirmed that maternal and neonatal health (MNH) was an area of political interest, but the local leaders (i.e. mayors, chief administrative officers) had limited understanding of the specific interventions needed and how referral funds allocated by the federal level could be used. Focussed support to strengthen the knowledge base on EOC referral and developing localised and contextualised plans to strengthen it can help channel political willingness in to action (see Box 1).

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[1] with Institutional delivery: 35.3% in NDHS 2011 and 57.4% in NHDS 2016
[2] Sandhikharka Municipality, Panini Rural Municipality and Malarani Rural Municipality

5. **Developing a joint referral strengthening plan across palikas and Province:** Formalising the linkages between palikas, the health facilities, the referral hospital and the provincial government is important for smooth implementation. Well-defined roles and responsibilities helps clarity with regard to actions needed by all involved to strengthen complex processes such as EOC referral, where two or more tiers of government are directly involved to make it functional. In Lumbini Province, at a workshop facilitated by the Health Office (Argakhanchi District), the mayors and other officials from the three palikas, representatives from the Argakhanchi Hospital and the Provincial Health Directorate, agreed on the principles for strengthening EOC referral strengthening, and made a joint commitment to it via a guideline – *"The EOC referral guideline, 2078, Health Office Arghakhanchi, Arghakhanchi Hospital, Sandhikharka Municipality, Panini Rural Municipality, Malarani Rural Municipality".* (See below a snapshot of EOC guideline).

Box 1 Main components of the referral system.

1. Ambulance management & costs
2. Referral budget management
3. Communication mechanism
4. Monitoring and reporting
5. Staff capacity building
6. Emergency medicine
7. Community awareness on free inter-facility referral
8. Service mapping at palikas

Palika pathways to referral strengthening

An effective referral system is dependent on health worker capacities in identifying any complications early, clear communication pathways between the referring and higher facilities, a functional transportation system and the required skills and capacities at the referral hospitals to provide quality emergency care for the mother and newborn. Communication with the pregnant women and her family about the need for rapid transfer to another facility and support for transport costs are important components of effective referral. Understanding the specificities of each context and self-determination is essential to ownership and enthusiasm for any intervention at the palika level. The notes below present how the three palikas developed systems best suited to their context. Referral designs may vary across terai, hill and mountains based on the transport modes available/possible.

Sandhikharka Municipality	Panini Rural Municipality	Malarani Rural Municipality
Established an *Emergency Referral Fund* leveraging the conditional budget, and added own resources. Birthing centres were made pivotal to the design for all communication with higher facility and ambulance providers and managing the process. Palika health offices were made responsible for financial management and would rely claims signed by birthing centres for any payments.	Two palika-owned ambulances and the *Ambulance Management Committee* previously used only for free referral to birthing centres were mobilised for inter-facility referral too. Operational guidelines were revised to include inter-facility referral, an EOC referral fund was created, and palika health offices were made central to all operations which birthing centres were given the responsibility for day-to-day transactions.	Two palika-owned ambulances previously used only for free referral to birthing centres were mobilised for inter-facility referral too. An *Ambulance Operation and Management Committee* was set up which had the responsibility for managing funds and accounts, while birthing centres looked after day-to-day transactions. The palika also agreed to reimburse all referrals to a second hospital which was on its border.

Monitoring the use of EOC referral system

Information on referrals is meant to be captured as part of the health system within the Health Management Information System (HMIS), which is at the core of monitoring all health services in Nepal. However, current recording and reporting system is irregular, reflecting the weak inter-facility linkages. If palikas and hospitals have to regularly monitor use of referral services as well as contribute to a national picture, it is essential that regular data capture through HMIS is emphasised. Strengthening monitoring therefore includes:

1. ***Creating awareness about challenges of EOC referral monitoring and supporting its strengthening:*** Irregular use of the referral form (HMIS 1.4) creates a reporting gap and loss of valuable information on the pre-referral treatment provided at the referral sites and feedback from receiving sites on the treatment and appropriateness of the referral. This data can help both the referring and receiving facilities have a better picture of each case referred. In Argakhanchi, at the consultative workshops the effect of poor recording and reporting practices were highlighted, and the importance of regular and complete monitoring data to help palikas make decisions on investment in MNH care was emphasised. An outcome of this was the action plan to strengthen the recording and reporting processes in each palika. The EOC referral guideline laid out the roles and responsibilities of the various institutions (birthing centres, palika, health office and hospital) in strengthening the EOC monitoring, and these were clearly communicated to health workers at all facilities through focussed capacity building measures.

2. *Gathering additional monitoring data for EOC referral:* As the current HMIS system does not record all information on the EOC referral that a palika would need to assess the level of use, a separate reporting form was introduced (see Fig 2). The MNH register at the facility records if the women were referred out, but the reporting into HMIS (HMIS 9.3 register) does not include this information or the reason for referrals. In Argakhanchi, to address this inherent challenge the separate reporting form was developed which compiles the existing data from the MNH register, with the Health Office taking the responsibility to ensure this information is used for palika plans.

3. *Strengthening the HMIS at the federal level:* To enable long-term sustainable improvements in recording and reporting system for EOC nationally, NHSSP has successfully supported IHIMS to add components of EOC referral reporting into the revised form (HMIS 9.3) as a part of the ongoing HMIS revision process. The revised form incorporates the number of referrals from a health facility disaggregated by the cause for referrals and provides valuable information for monitoring the EOC referral system.

Figure 2 EOC Monthly Monitoring

EOC Referral Monthly Reporting Form												
Name of HF (BC/BEONC/CEONC):												
Name of Palika:												
Date: Month and Year of Reporting:												
SN	Referral Date (dd/mm/yy)	Client Name	Caste code	Age	Address			Referred from (name of facility)	Referred to (name of hospital)	Referred for (Diagnosis)	Obstetric first aid/treatment provided	Ambulannce cost provided (NPR)	Remarks
					ward no.	Palika	District						
1													

Some early lessons:
- **Emphasis on national strategies and targets, using robust evidence helps** build a clear understanding among the palika leaders who may not have complete knowledge of the issues which leads to poor planning and limited utilisation of funds.
- **An equal partnership approach between the two tiers of government** where both set their own priorities and mechanisms to achieve the objective is important and leads to joint commitments for strengthening EOC referral system.
- **Consultative approaches rather than prescriptive discussions** help in developing contextualised plans and builds ownership among the local leaders such as the mayor and health chief.
- **Early involvement of the elected and administrative officials of the palikas** facilitates decision-making processes especially those which involve financial and procedural commitments.
- **The health office at the district level can play an important role in co-ordinating** and providing focussed technical assistance to palikas.
- **Weak monitoring systems need to be improved by addressing systemic gaps** rather than introducing new systems which may not be sustainable.

Conclusion

EOC referral has long been a weak link in the continuum of care. But federalism now provides an opportunity to build local ownership and contextualised mechanisms. The prioritisation of MNH services as a political agenda at the local level could be used opportunistically to build mechanisms and ensure local understanding and ownership of referral as a critical missing piece to improving access and quality of care. Systems can be successful if appropriate linkages and coordination between the different tiers of government are established. The lessons learnt on the process for developing the join referral guidelines can be applied to other health system functions where a coordinated approach between palikas and with the province is important.

Referral strengthening: A snapshot of the jointly owned EOC referral guideline in Argakhanchi

	Leadership & Governance	Financing	Health Information	Medicines and Logistics	Human resources	Service delivery
Birthing Centres (BC)/ BEONC sites	• Communicate with the referral site prior to sending the patient (health worker calls at maternity ward). • Coordinate with relevant authorities to make transport available • Provide partograph and referral slips to the caretaker while referring. • Provide information about the referral site and focal person to caretaker before referring.	None	• Complete partograph and referral slips. • Record all referral details in the MNH service register, including cause of referral and the facility that patient was referred to. • Act on the feedback in the referral form (HMIS 1.4) from the referral facility file it for records.	• Make essential drugs, equipment and commodities available at the health facilities.	• Coordinate with palikas for appropriate capacity building opportunities.	• Delivery services as per protocol. • Use SBA job aid for clinical assessment for early identification of complications that requires referral. • Develop a system to ensure a health worker accompanies a patient to the referral facility in case of severe complications.
CEONC site	• Provide free ambulance for next level referral • Revitalise QI committee and meet regularly • Regularly discuss CEONC challenges in Hospital Development Committee meetings.	• Use the vehicle cost receipt to reimburse the vehicle used for referral and develop a system for filing the signed vehicle cost receipt. • Use CEONC funds from the federal and provincial government to make CEONC services functional and seek additional funds if needed.	• Regularly use the referral register capture relevant information in the form. • Regularly fill referral form (HMIS 1.4) and feedback to the referring facility. • Keep records of the cases referred to the health facility in the MNH service register and HMIS 9.3.	• Make essential drugs, equipment and commodities required for CEONC services, available at the facility.	• Coordinate with the federal and provincial govt. to fulfil sanctioned positions and recruit contracted staff if needed. • Implement onsite coaching and mentoring at the CEONC site and support BC/BEONC through the clinical mentors. • Ensure coordination with the federal and provincial government for relevant capacity building opportunities.	• Ensure readiness for receiving referred cases and provide services as per protocol. • Review the referral form (HMIS 1.4) to ensure pre-referral treatment received by the patient and also provide feedback to the referring health facilities. • Ensure there is a nominated focal person for the management of referrals.
Palika level	• Revitalise health facility management committees • Ensure coordination with the ambulance management committees and with association of public vehicles to ensure timely transport availability.	• Allocate EOC funds and develop implementation plans for fund use. • Ensure adequate funds are available for EOC referrals. • Set-up and monitor mechanisms to make timely payments for referral transport used.	• Make HMIS registers available and strengthen recording and reporting through onsite monitoring and supervision. • Include recording and reporting of relevant data for any variables are missing in the HMIS register. • Ensure data use in planning processes.	• Make essential medicines and commodities available at the birthing centres. • Ensure emergency medicines and commodities are arranged in kits and are available at health facilities.	• Ensure implementation of onsite coaching and mentoring program for MNH. Monitor training needs of the health workers and coordinate with federal or provincial level to provide appropriate training and refreshers.	• Ensure health facilities readiness to deliver quality health services including infrastructure, equipment and commodities and trained health personnel. • Ensure availability of appropriate means of transport for referrals.
Health Office	• Facilitate the revitalisation of Health Facility Management Committees. • Coordinate with the Ambulance management committee for appropriate management of the ambulance services.	• Provide support to palikas for implementation and proper utilisation of the free EOC referral funds received from the FWD.	• Support use of HMIS tools through onsite monitoring and supervision. • Conduct review of the EOC referral system in the district.	• Coordinate to ensure availability of essential drugs and commodities at the birthing centres.	• Ensure coordination for implementation of onsite coaching and mentoring programme to enhance health workers capacities. • Identify training needs for health workers and coordinate with the provincial and federal level to fulfil needs.	• Ensure availability of guidelines and protocols for MNH service delivery at health facilities. • Coordinate with Nepal Red Cross Society and/or other stakeholders to ensure availability of blood services.

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