



Nepal Health Sector Support Programme III (NHSSP III)

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**Report on support to provincial level planning
for referral systems improvement, including
quality of referral hospitals**

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List of Abbreviations

BC	Birthing Centre
BEONC	Basic Emergency Obstetric and Newborn Care
CEONC	Comprehensive Obstetric and Newborn Care
EOC	Emergency Obstetric Complication
FWD	Family Welfare Division
HP	Health Post
HSSO	Health System Strengthening Officer
MMR	Maternal Mortality Ratio
NDHS	Nepal Demographic Health Survey
NHSSP	Nepal Health Sector Support Programme
NMR	Neonatal Mortality Rate
PHS Act	Public Health Service Act
PPH	Post Partum Haemorrhage
SMNH	Safe Motherhood and Neonatal Health
TA	Technical Assistance
WHO	World Health Organization

Executive summary

This report documents the process and early lessons learnt from implementation of the referral system for emergency obstetric complications (EOC) in a cluster of palikas along with quality improvements at the Referral Hospital.

Nepal has made tremendous progress in reducing the maternal and neonatal mortality over the past decades. However, to achieve the ambitious targets set by the Sustainable Development Goals, Nepal must accelerate the progress. A significant proportion of women in Nepal seek childbirth services at the birthing centres that provide basic emergency obstetric and newborn care. While most of these women have a safe birth at these facilities, when unexpected complications occur a functional referral system which allows women to access health facilities that offer comprehensive emergency obstetric and newborn care is necessary.

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 manage the cases.

However, referral for EOC has been a gap within Nepal's health system. Currently though the Aama Surakshya Programme provides a transport incentive to pregnant women for institutional deliveries, it does not cover the cost for inter-facility referrals in case complications arise. The Family Welfare Division (FWD) had allocated a conditional grant to be used for EOC referral, but the implementation has been irregular.

The Public Health Services (PHS) Act, 2075 (sub-section 1 of Article 6) mandates that all health facilities should refer the patients if the facility is unable to provide proper treatment due to unavailability of infrastructure, equipment, specialised services, and other proper causes for not providing care. They should refer the cases after having provided the treatment available in their own facilities. The Safe Motherhood and Newborn health (SMNH) Roadmap 2030 also states the importance of establishing/ strengthening the referral systems for EOC.

Changes under federalism, where responsibility for delivering basic health services and associated referrals primarily sits at the local government level, is an opportunity to build momentum for referral. Making referral work in practice needs good collaboration between all three tiers of government, from both the health staff and the political leadership. NHSSP provided technical assistance to three palikas (Sandhikharka Municipality, Panini Rural Municipality and Malarani Rural Municipality) of Arghakhanchi district to develop a EOC referral plan that suits the local context of each palika. NHSSP facilitated collaboration between this cluster of palikas and the Arghakhanchi Hospital, Arghakhanchi Health Office, and the Provincial Health Directorate of Lumbini Province.

This resulted in the joint **“EOC referral guideline, 2078, Health Office Arghakhanchi, Arghakhanchi hospital, Sandhikharka Municipality, Panini Rural Municipality, Malarani Rural Municipality”**. This document is co-owned by the three palikas, the Arghakhanchi Health Office, and the Arghakhanchi Hospital and brings them together in a joint commitment to establish and improve the EOC referral system including a quality improvement plan for Arghakhanchi Hospital.

Some key early implementation lessons learnt are:

- **A participatory approach helped to ensure ownership** amongst the primary stakeholders in the three palikas and the provincial hospital and health offices.
- **Recognising that palikas are separate governments** and acknowledging that different palikas have different mechanisms/system that work best for them is essential to the ownership and enthusiasm at the palika level.
- **An incomplete understanding of priorities and how to design an effective health service** limits the extent to which palika use the conditional grants and how they are used.
- **An equal partnership approach between the two tiers of government** where both set their own priorities and mechanisms to achieve the objective is important.
- **The health office at the former district level, under the Province, can play an important role in co-ordinating** and facilitating the cluster of palikas to develop joined-up approaches to delivering services.
- **Early involvement of the elected and administrative officials of the palikas** in the discussions made the decision-making processes easier.
- **Achieving technical efficiency in the federal context**, in this case maximising MNH outcomes from the available resources, requires strong collaboration between palikas and with the provincial level.



Participants from Regional Health Directorate, Argakhanchi Hospital, Health Section's Professionals from three Palikas and ANM Staff Nurses from three birthing centers at Inter-facility Emergency Obstetric Care Referral Process Planning Workshop on 12 December 2021 in Argakhanchi.

1. Introduction

Nepal has made huge progress in reducing maternal mortality from 539 (NDHS, 1996) to 259 per 100,000 livebirths (NDHS, 2016), but an accelerated rate of progress is needed if the country is to meet its Sustainable Development Goals, 2030 commitment to reduce the current Maternal Mortality Ratio (MMR) to 70 per 100,000 live births and Newborn Mortality Rate (NMR) to less than 12 per 1,000 livebirths¹. Ensuring that many of the maternal and newborn deaths can be prevented requires the health system to deliver proven medical and programmatic strategies effectively.

Most of the deaths among pregnant women take place at the time of childbirth or soon after it due to causes such as hypertensive disorders (eclampsia/severe pre-eclampsia) and postpartum haemorrhage (PPH)², which need an immediate and appropriate clinical response from qualified health-providers. The comprehensive emergency care for a range of such potentially life-threatening complications that require specialised clinical management and skills are available only at higher levels of care at the District/Referral Hospitals or similar. In Nepal, several women, particularly from rural areas deliver at birthing centres that are available at the municipality level, which provide only basic emergency services. While most of these women have a safe birth at these facilities, when unexpected complications occur a functional inter-facility referral mechanism is critical so that timely referrals to higher level facilities can be made.

Currently in Nepal the Aama Surakshya programme provides the transport incentive to all pregnant women from their home to any facility for free institutional childbirth. However, this scheme does not provide for any further referral to a higher-level facility should any complications arise at the first site. As a consequence, women who cannot afford the expense of the travel to a higher-level facility, or lack such access due to other reasons, potentially face life-threatening consequences.

In addition to timely referrals, service readiness and quality of care being provided at the referral sites is very critical for survival of mothers who are referred to these sites. A non-functional referral site contributes to the third delay which is a well-known factor for increased maternal mortality. Although the Nepal Health Sector Strategy 2015 -2020³ clearly emphasises the need for quality health services, its practice is weak in Nepal. For example, only 56% of health workers washed their hand with soap and water before vaginal examination and only 50% deliveries had been monitored using partograph⁴.

The Public Health Services (PHS) Act, 2075 (sub-section 1 of Article 6) mandates that all health facilities should refer the patients if facility is unable to provide proper treatment due to unavailability of infrastructure, equipment, specialised services, and other proper causes for not providing care. They should refer the cases after having provided the treatment available in their own facilities. Furthermore, the PHS Act (sub-section 3 of Article 6) also requires all three

¹ Ministry of Health and Population, Nepal Safe Motherhood and Newborn Health Roadmap 2030. 2020, Government of Nepal, Ministry of Health and Population.

² Nepal Safe Motherhood and Newborn Health Road Map 2030. Government of Nepal, Ministry of Health and Population.

³ Nepal Health Sector Strategy: 2015-2020, Government of Nepal, Ministry of Health and Population.

⁴ Result from Assessing Birthing Centers in Nepal. July 2014, Government of Nepal, Family Health Division, Department of Health Services.

levels of governments to undertake necessary arrangements for developing an effective referral system between facilities providing Basic Health Services (BHS) and Specialized Services⁵.

As the PHS Act, 2075 and the Safe Motherhood and Newborn Health (SMNH) Roadmap 2030, require inter-facility referrals to be provided an integral component of service delivery, Nepal Health Sector Support Programme (NHSSP) initiated technical support to provincial and local level governments to establish / strengthen their referral system emergency obstetric complications (EOC). In coordination with the Family Welfare Division (FWD), NHSSP helped a cluster of palikas to set up a referral system and a selected referral hospital to undertake hospital quality improvements. This report presents a detailed account of these NHSSP supported activities including the following:

- a. SMNH Roadmap 2030 planning workshop in Lumbini province
- b. EOC referral system planning in three palikas (Sandhikharka, Malarani and Panini)
- c. EOC referral system district level planning at Arghakhanchi, and
- d. EOC referral process guideline development and dorientation to health workers

In the federal context, as the responsibility for delivering basic health services and associated referrals primarily is with the local governments. Therefore through-out these activities, NHSSP TA approach was underpinned by a strong focus on enabling locally rooted solutions to the issue that would help build ownership and collaboration across the sub-national governments.

2. NHSSP TA support

2.1. Planning processes

A set of activities that would enable palikas and provincial governments to arrive at a common understanding of the challenge, the strategic priorities for the country and what the implications of these are for the specific local contexts were needed. These would form the stepping-stones for palikas to set a common goal and agree responsibilities. The following steps formed the set of NHSSP TA activities which helped achieve this.

a. Cluster selection for EOC referral system

The first step for NHSSP was to select the palikas from across the three focal provinces⁶ which would be the right locations to support a EOC referral system. NHSSP adopted the following criteria to make this selection:

- Palikas that had the support of a NHSSP Health System Strengthening Officer (HSSO)
- Palikas within a district that were adjacent to each other and could form a 'cluster' (minimum of three adjoining palikas were needed to be considered a cluster).
- Presence of a functional CEONC hospital (previously called District Hospital) in a NHSSP focal palika to which referrals could be made.
- Absence of any other free EOC referral projects (i.e. other EDP or NGO projects)
- Preferably a hill region

⁵ Provision of referral services mentioned in the public health Act, 2075 (in Nepali version).

⁶ 15 palikas from province 2, 13 palikas from Lumbini Province and 7 palikas from Sudurpaschim Province.

NHSSP identified three palikas which met these criteria⁷: Sandhikharka Municipality, Malarani Rural Municipality and Panini Rural Municipality in Arghakhanchi district of Lumbini Province (See Fig 1).

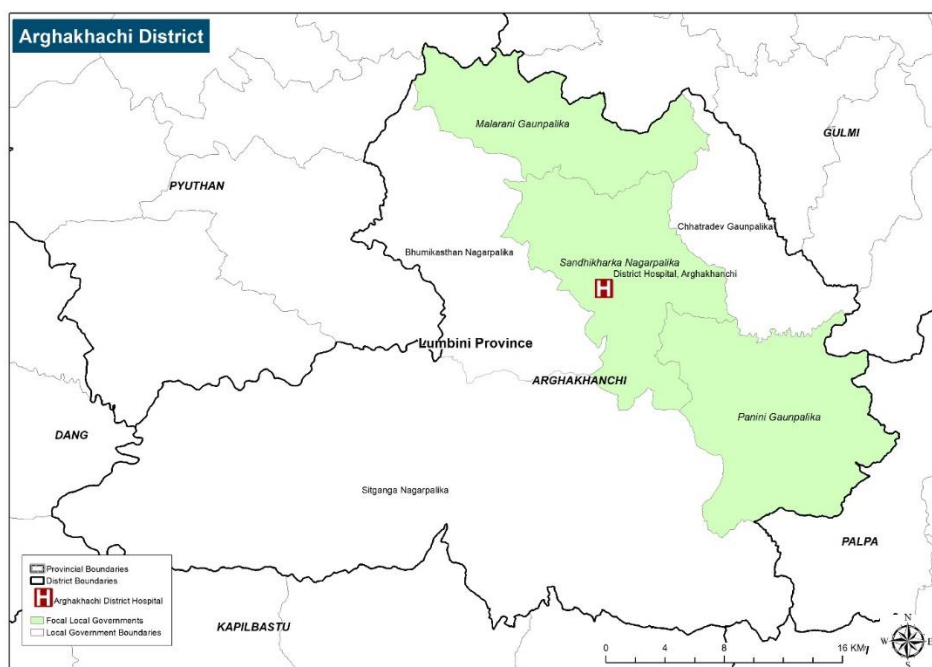


Figure 1 Selected palikas and the Referral Hospital

b. SMNH roadmap provincial planning workshop (Lumbini province)

The first step was to enable a common understanding and buy-in at the sub-national level for the EOC system, and the opportunity for this was through a provincial workshop. Following the Ministry of Health Population’s approval of the SMNH Roadmap 2030, FWD planned to orient and support provincial governments to undertake planning workshops wherein they would identify priority actions aligned with the Roadmap recommendations. In accordance with these plans, NHSSP provided technical assistance to Lumbini province to develop their provincial SMNH Roadmap Action Plan (2030), which aims to improve coverage and quality of MNH services, including family planning. This was developed through a planning workshop⁸ and a series of other meetings with the provincial officials. The Provincial government thereafter has made a commitment to include the priority activities and interventions identified in the Action Plan, in their annual budgets.

Based on the evidence presented and the discussions at the workshop, the Provincial SMNH Roadmap Action Plan prioritised the establishment and strengthening of the EOC referral system. This prioritisation within the provincial SMNH Roadmap Action Plan, formed the basis for the more specific technical support to developing the EOC referral system in Lumbini province.

⁷ Please refer to Annex 2- for the complete listing of palikas and cluster selection as per criteria

⁸ Please see Annex 1 - SMNH roadmap 2030 Provincial planning workshop agenda in Lumbini Province (Aug 2021)

c. Palika level planning workshops

Having identified the cluster of palikas where the EOC referral system could potentially be established, NHSSP held several preliminary meetings with palika officials to understand and map the local contexts of each palika. It was noted at these meetings that palikas had an ambulance system that was expected to respond to any emergency but this was not fully functional. NHSSP also learnt that palikas received a conditional grant for the referral but much of it was unused. Supporting these palikas to gain comprehensive understanding of the challenge and strengthening their capacities to establish an effective referral system was important.

NHSSP organised and facilitated workshops that focused on referral strengthening as the central component for making services more accessible and improving their quality. Workshops were in all three selected palikas - Sandhikharka Municipality⁹ followed by Panini Municipality¹⁰ and then by Malarani Municipality¹¹ which were led by the respective Palika Health Section and included the following areas of discussion and planning:

- Understanding the national, district and palika level MNH service status with key focus on the importance of a functional EOC referral mechanism
- Mapping the HR status, communication and road network availability that impact referral transport and quality MNH services
- Understanding the current referral status in each palika and designing a routine inter-facility EOC referral system.
- Developing palika level action plans for EOC referral system strengthening.

The workshops had a high-level of engagement from the elected representatives, bureaucrats and health-workers. Each palika workshop was attended by the respective Mayor, Deputy Mayor, Ward chairpersons, Municipal council members, Chief Administrative Officer, Health Post In-charges, Nursing staff, hospital representatives and Health Section staff.

These workshops adopted participatory and interactive methods that enabled knowledge sharing from all participants as well as collaborative ideation within each palika. A clear picture of the context and a clear vision enabled each palika to quickly progress to strategizing and planning. Taking ownership of the workshop and the strategy for the palikas, the Arghakhanchi Health Office (i.e. the old District Health Office) and Health Section Chief in each palika led on the planning sessions supported by the NHSSP team.

Palika level action plans¹² were developed that aimed to strengthen eight main components of the referral system.

- a. Ambulance management and list of fare
- b. Referral budget management (Federal + Local)
- c. Communication channel /mechanism, contact lists (ambulance, responsible person at BC/BEONC/CEONC)
- d. Monitoring/supervision and recording and reporting,

⁹ 5th and 6th October 2021

¹⁰ 27th and 28th October 2021

¹¹ 12th and 13th November 2021

¹² See Annexes 3,4 and 5 for – workshop schedule, participants list and action plans of the three palikas

- e. Staff capacity building
- f. Emergency medicine for EOC management and treatment
- g. Community awareness about free EOC inter-facility referral programme and
- h. Service mapping at palikas

d. Provincial level workshop in Arghakhanchi

The three workshops at the palika level, which supported the development of contextualised EOC referral plans for each palika, laid the foundation for a joint workshop. Health officials from the three palikas, the Arghakhanchi Health Office, the Provincial Health Directorate and the Arghakhanchi Hospital (Referral Hospital) came together to develop a joint referral strengthening plan for the palika cluster linked with the Referral Hospital and the Provincial Health Office. The two-day workshop¹³ was led by the Arghakhanchi Health Office and included the following¹⁴:

- Understanding the national SMNH status including the cause of mortality and quality of care, district, and hospital MNH service status.
- Reviewing the action plans developed by individual palikas
- Developing an overview of inter-facility EOC referral system
- Understanding roles and responsibilities of health facilities (BC/BEONC and CEONC), Palikas and Provincial Health Office in relation to the EOC referral system
- Developing hospital quality improvement action plan to facilitate referrals.
- Agreeing on the main components of the inter-facility EOC referral process guideline

These discussions led to the drafting the of EOC referral process guideline for the three palikas and Arghakhanchi hospital and the related hospital quality improvement plan drawing from the latest Minimum Service Standards (*“EOC referral guideline, 2078, Health Office Arghakhanchi, Arghakhanchi Hospital, Sandhikharka Municipality, Panini Rural Municipality, Malarani Rural Municipality”*)

Following the decisions on these documents, the NHSSP team helped finalise the drafts (See Annex 6.3 for Arghakhanchi Hospital Quality Improvement Plan and Annex 8 for the Free Emergency Obstetric Referral Guideline 2078). The guideline is institutionally co-owned and is a joint commitment made by the three palikas, the health office and the hospital, thereby helping ensure continued local commitment to it even if there are changes in the political leadership in the up-coming elections.

2.2. Implementation status

a. Implementation and follow-up

Subsequent to the development of the guideline, NHSSP federal and sub-national teams have been providing TA to the three palikas to ensure the effective implementation and follow-up of their respective EOC Referral Action Plans. The plans in each palika are monitored by the health section and some progress has been made.

¹³ 11th and 12th December 2021

¹⁴ See Annex 6 for workshop schedule, participants list, Hospital Quality Improvement Action Plan.

Examples of some activities achieved in each palikas include¹⁵:

- Sandhikharka Municipality has started by compiling a list of available vehicles with their contact numbers, and the fares for referrals. They have also initiated the referral process with the funds from federal government and have committed to allocating an additional amount in the upcoming budget revision process. They have also implemented programmes to promote institutional deliveries.
- Panini Municipality has set aside an EOC fund, revised existing ambulance guidelines to incorporate free referrals, and has initiated referral activities.
- Malarani Rural Municipality has implemented some community awareness activities and have initiated other activities as well such as strengthening the recording and reporting processes, discussion of the EOC with health facilities, improving communication channels between the health facilities and the ambulances.

NHSSP will continue the technical assistance, through the HSSOs of the respective palikas to monitor and support implementation of the action plans. Specific support for capacity building of the palikas in clinical skills and associated processes through the NHSSP provincial coordinators and the federal team is also planned. The aim is to strengthen the EOC referral implementation building on existing government approved programmes without creating any parallel systems of support (e.g. supporting the clinical capacity building of the health workers through clinical mentoring for skilled birth attendants; supporting quality improvements through Minimum Service Standards and the MNH standards for quality of care, strengthening recording and reporting through the use of HMIS and RDQA tools).

b. EOC referral guideline orientation to health workers

A one-day orientation workshop was conducted¹⁶ led by the Arghakhanchi Health Office. Representatives from the palikas the referral hospital, Health Office, and Province as well as health workers attended¹⁷ the workshop and contributed to finalization of the joint referral guideline¹⁸ and received an orientation on the referral criteria, associated processes and recording and reporting.

3. Key observation: palika determined pathways

The NHSSP TA interactions and support processes to the palikas revealed the importance of understanding the specificities of each context. Recognising and acknowledging that different palikas have different mechanisms and systems that work best for them is essential to ownership and enthusiasm for any intervention at the palika level.

Presented in the table below are brief notes on how the three palikas developed systems best suited to their context.

¹⁵ For details, please see Annexes – 3, 4 & 5 Palika Action Plan Status:

¹⁶ 8 January 2022

¹⁷ Annex 7 – workshop schedule, participants list

¹⁸ Annex 8 – EOC referral guideline

Sandhikharka Municipality	Panini Rural Municipality	Malarani Rural Municipality
<p>The palika established an <i>Emergency Referral Fund</i> leveraging the conditional budget from FWD and some additional funding from local revenue.</p> <p>Referral design They designed the referral system agreed on the following process:</p> <ul style="list-style-type: none"> • Birthing centres (i.e., the initiating facilities) on identifying the obstetric complication communicate with Arghakhanchi Hospital to notify about the case being referred • Birthing centres then facilitate transport by notifying the ambulance/vehicle driver • The birthing centre hands over the <i>Vehicle Cost Claim Form</i> to ambulance/vehicle driver when the patient is picked-up, • Patients are sent to the hospital with documented referral form • Palika reimburses the amount to vehicle driver based on the above claim form and get a signed copy of <i>Vehicle Cost Receipt Sheet</i> from the driver. 	<p>The palika already owned two ambulances and had ran an <i>Ambulance Management Committee</i>. These ambulances were being utilised only for free referral transport facility for pregnant women to birthing centres from their homes but did not offer inter-facility services for obstetric emergency or any other emergency.</p> <p>Referral design The palika decided the following:</p> <ul style="list-style-type: none"> • Revise the existing <i>Palika Ambulance Operational Guideline</i> to include the provision of inter-facility free referrals for obstetric complication cases from birthing centre to the hospital. • Create an <i>EOC Referral Fund</i> pooling the amount from the conditional grant and local resources. • Designate an Ambulance Focal Person in the palika to increase accountability to ensure the palika ambulances are deployed on need; and when it is not available facilitate use of other private vehicles. • Birthing centres would receive an agreed amount in advance from the Palika for referrals to directly reimburse the Ambulance/Vehicle driver using the <i>Vehicle Cost Receipt Form</i>. • Palikas to maintain a separate bank account for the <i>Ambulance Management Committee</i> where the palika ambulance driver has an obligation to deposit the income generated in the bank account fortnightly (1st and 15th of every month). 	<p>The palika was actively providing free transport to pregnant women from home to birthing centres within the palika catered by two palika-owned ambulances.</p> <p>Referral design For the inter-facility referral the following decisions were taken:</p> <ul style="list-style-type: none"> ▪ Establish a palika-level <i>Ambulance Operation and Management Committee</i> which would operate the ambulances and set-up a new bank account to manage the accounts. ▪ Use the federal conditional budget and budget from the bank account for EOC referrals. ▪ On identifying the complication, the referring facility communicates with the ambulance driver and referral hospital. ▪ If the palika ambulance is not available, other vehicles can be used but need to inform the Palika- Health Section Chief prior to such use. ▪ For use of other private vehicles, the birthing centre has to provide the <i>Vehicle Cost Claim Form</i> to the driver who needs to use it to claim the amount from the Palika. <p>Adaptation: The northern area of this palika far from the Arghakhanchi hospital and would be difficult to access in a timely manner for referral purposes. The palika decided to make provisions for referral to be made to the referral hospital in Gulmi district, which is adjoins this palika in the north.</p>
<p>Ongoing work: Tracking referrals is still a challenge across palikas. Currently the total number of referrals made by the birthing centres are being reported to Palika at the end of each month. But this is not sufficient to monitor and assess whether the referral mechanism is functioning appropriately. Palikas are in discussion on what would be the best</p>		

mechanism to monitor these which they plan to discuss in quarterly review meetings and aim to draw up a more robust system.

4. Some early lessons

1. **A participatory approach helped to ensure ownership** amongst the primary stakeholders in the three palikas and the provincial hospital and health offices. NHSSP's engagement was based on emphasising the evidence, the national strategies and the importance of a functional EOC referral system. The palika/province action plans were thereafter developed and owned by the officials. This approach which was not prescriptive but that which emphasised on drawing out their knowledge and vision for their jurisdictions helped arrived at consensus on various decisions and charted the way forward.
2. **Limited understanding of the importance of referral system for EOC leads to limited utilisation of funds.** Although FWD had allocated funds for EOC referrals at the palika level previously a weak understanding meant the funds were not utilised appropriately. Panini and Malarani Rural Municipalities allocated these funds for transportation from home to health facilities which was duplicating the Aama programme. There were neither any funds nor the mention of the need for interfacility referrals in case of complications in their previous implementation guidelines. NHSSP TA helped in developing this understanding and a consensus around the importance of EOC inter-facility referral and setting it up showing the need for focused support at sub-national levels to build capacities.
3. **An equal partnership approach between the two tiers of government** where both set their own priorities and mechanisms to achieve the objective is important. This approach helped to develop a collaborative guideline owned by all the three palikas, the Hospital and Health Office. This guideline brought together all the stakeholders together in a joint commitment to improve the referral system for EOC for a cluster of palikas.
4. **Early involvement of the elected and administrative officials of the palikas** facilitated in the decision-making processes especially those which involved financial and procedural commitments. All three palikas in addition to making commitments to strengthen the technical aspect of the EOC referral system committed to allocating funds for EOC referral services in the upcoming budget revision opportunity which ensures elimination of financial barriers for EOC referral.
5. **The health office at the district level can play an important role in co-ordinating** and facilitating the cluster of palikas to develop joined-up approaches to delivering services. Although the Arghakhanchi Health Office (i.e. the old District Health Office) did not carry any administrative authority over the palikas, they continue to hold the relationships and technical knowledge of the context and played an important role as convenors and facilitators. As they had a better understanding of the context than the Provincial Health Directorate, they were able to lead the conversations and steer the group towards joint agreements.
6. **Achieving technical efficiency in the federal context**, in this case maximising MNH outcomes from the available resources, requires strong collaboration between palikas and with the provincial level.

7. Conclusion

Timely referral of women who experience obstetric emergencies at lower-level health facilities to a CEONC facility, has been a weak link in the health system in Nepal for a long time. Changes under federalism, where responsibility for delivering basic health services and associated referrals sits primarily at the local government level, is an opportunity to build momentum for referral. Survival of mothers and babies is often high priority on the political agenda at the local level, which can create the impetus to build mechanisms and ownership of referral as a critical missing piece to improving access and quality of care.

Annexes

Annex 1. SMNH roadmap 2030 Provincial planning workshop (Lumbini Province)

Workshop Schedule

Safe Motherhood and Newborn Health Roadmap 2030 Planning Workshop Two-day schedule, Lumbini Province

Date: 17-18 August 2021 (1-2 Bhadra 2078)

Time: 10 am to 4 Pm

Place: Butwal, Lumbini Province

Day One:		
10:00	Introduction and welcome participants	PHD
10:30	Objective of the meeting Process of developing roadmap Sharing goal/outcomes	Presentation PPT - FWD
11:00	Presentation on MNH situation and rationale for developing roadmap	Presentation PPT (FWD)
15 min	Tea break	
11:45	Presentation by Lumbini Province Province profile and MNH status Health infrastructure - current and future plan/HR status MNH status trends Major issues / AWPB on SMNH SMNH programme MNH programme budget allocation MNH programme status (CEONC sites, HF with BEONC, HF with BC, HF with FP 5 methods, HF with MVA/MA, MPDSR, MPDR, hospitals with OCMC, hospitals with SSU, Robson's, etc) SMNH – HR status (SBA trained, IUCD/Implant trained, MA trained, MVA trained)/Major issues	Presentation PPT – Province Health Directorate
12:15	Group work – Divide into 6 groups- based on 5 outcomes & 1 Zero home-delivery planning group. - Groupwork will be organized in 2 halls (3 groups in each hall) -Provide each group with executive summary and outcome tables. -Discussion on Roadmap key areas by the group member, -Gaps identification for the province and -Priority areas for next fiscal year planning and – -Immediate (upto 2 years)/midterm (3-5 years)/ long-term plan (5-10 years).	Group 1- Outcome 1: The availability of high-quality maternal and newborn health services increased, leaving no one behind. Group 2- Outcome 2: The demand for and utilisation of equitable maternal and newborn health services increased Group 3- Outcome 3: The governance of maternal and newborn health services is improved, and accountability is ensured

		<p>Group 4- Outcome 4: Monitoring and evaluation of maternal and newborn health improved</p> <p>Group 5- Outcome 5: Emergency preparedness and response for maternal and newborn health strengthened</p> <p>Group 6- Zero Home delivery planning</p>
1-2 pm	Lunch Break	Divide into 2 groups for lunch (1 to 1:30 for Grp 1,2,3 & 1:30 to 2 pm for Grp 4,5,6)
Till 4 pm	Continue group work after lunch.	
Day Two:		
10:00	Group work continue, if needed	
11:15	Tea Break (15 mins)	
11:30	Presentation by 6- groups (15-20 mins for each group)	<ul style="list-style-type: none"> -Presentation based on outcomes of roadmap -Priority areas for Lumbini Province -Plenary discussion.
1-2 pm	Lunch Break	
2:00	Continue Presentation by the groups on the key areas of roadmap and priority areas for Lumbini Province, and plenary discussion	Presentation PPT – Province Health Directorate
2:30	Agreed priority areas for AWPB 2021/22 and Immediate/medium/long-term plan need (may be also add key areas that are not in the roadmap)	PHD/FWD
3:00	Closing/Remarks	PHD/FWD

Annex 2. Cluster selection criteria for EOC referral system strengthening

S N	Province	District	Name of Palika	Type	Availability of NHSSP staff-HSSO (yes/no)	Geographical region (Mountain/Hill/Terai)	Cluster 3 adjoining Palikas (yes/no)	Functional CEONC hospital (name)	Partners support in referral during COVID
1	Lumbini	ARGHAKH ANCHI	Malarani Rural Municipality	Rural Municipality	yes	Hill	3 adjoining Palikas (yes)	Arghakhachi hospital	X
2	Lumbini	ARGHAKH ANCHI	Panini Rural Municipality	Rural Municipality	yes	Hill			
3	Lumbini	ARGHAKH ANCHI	Sandhikharka Municipality	Municipality /District Headquarter	yes	Hill			
4	Lumbini	ROLPA	Tribeni Rural Municipality	Rural Municipality	yes	Hill	2 adjoining Palikas (no)	Rolpa hospital	UNFPA
5	Lumbini	ROLPA	Gangadev (Sukidaha) Rural Municipality	Rural Municipality	yes	Hill			
6	Lumbini	ROLPA	Rolpa Municipality	Municipality /District Headquarter	yes	Hill			
7	Lumbini	RUKUM EAST	Putha Uttanganga Rural Municipality	Rural Municipality	yes	Hill	3 adjoining Palikas (yes)	no hospital with CEONC services	X
8	Lumbini	RUKUM EAST	Bhoome Rural Municipality	Rural Municipality	yes	Hill			
9	Lumbini	RUKUM EAST	Sisne Rural Municipality	Rural Municipality/ District Headquarter	yes	Hill			
10	Lumbini	RUPANDEHI	Butwal Sub-Metropolitan City	Sub-Metropolitan City/ Province Headquarter	yes	Terai	no cluster		UNFPA
11	Lumbini	NAWALPA RASI	Pahlinandan Rural Municipality	Rural Municipality	yes	Terai	no cluster		X
12	Lumbini	DANG	Ghorahi Sub-Metropolitan City	Sub-Metropolitan City/ Referral hub for Hilly district	yes	Terai	no cluster		X
13	Lumbini	KAPILBAS TU	Yasodhara Rural Municipality	Rural Municipality/ Existing LL site	yes	Terai	no cluster		X

14	Province 2	BARA	Pheta Rural Municipality	Rural Municipality	yes	Terai	3 adjoining Palika (yes)	Kalaiya hospital	UNFPA
15	Province 2	BARA	Prasauni Rural Municipality	Rural Municipality	yes	Terai			
16	Province 2	BARA	Kalaiya Sub-Metropolitan City	Sub-Metropolitan City / District Headquarter	yes	Terai			
17	Province 2	RAUTAHAT	Boudhimai Municipality	Municipality	yes	Terai	no cluster (3 are separate)	Gaur hospital	UNFPA
18	Province 2	RAUTAHAT	Yamunamai Rural Municipality	Rural Municipality	yes	Terai			
19	Province 2	RAUTAHAT	Gaur Municipality	Municipality/ District Headquarter	yes	Terai			
20	Province 2	SARLAHI	Parsa Rural Municipality	Rural Municipality	yes	Terai	no cluster (3 are separate)	Malangawa hospital	UNFPA
21	Province 2	SARLAHI	Malangawa Municipality	Municipality / District Headquarter	yes	Terai			
22	Province 2	SARLAHI	Balara Municipality	Municipality	yes	Terai			
23	Province 2	SIRAHA	Siraha Municipality	Municipality / District Headquarter	yes	Terai	no cluster	Siraha hospital	X
25	Province 2	SIRAHA	Dhangadhimai Municipality	Municipality / Existing LL site	yes	Terai			
24	Province 2	DHANUSHA	Janakpur Sub-Metropolitan City	Sub-Metropolitan City / Province Headquarter	yes	Terai	no cluster	Dhanusha hospital	UNFPA
26	Province 2	Saptari	Rajbiraj Municipality	Municipality	yes	Terai	3 adjoining Palika (yes)	Gajendra Narayan Singh Academy of Health Science	X
27	Province 2	Saptari	Rajgadh (Belhi chapena) Rural Municipality	Rural Municipality	yes	Terai			
28	Province 2	Saptari	Bishnupur Rural Municipality	Rural Municipality	yes	Terai			
29	Sudurpashchim	DADELDIRA	Aalital Rural Municipality	Rural Municipality	yes	Hill	2 adjoining palika (no)	Dadeldhura hospital	UNFPA
30	Sudurpashchim	DADELDIRA	Ajayameru Rural Municipality	Rural Municipality / Existing LL site	yes	Hill			
31	Sudurpashchim	DADELDIRA	Amargadhi Municipality	Municipality / District Headquarter	yes	Hill			

32	Sudurpashchim	KAILALI	Mohanyal Rural Municipality	Rural Municipality	yes	Terai	no cluster	Dhangadhi province hospital	UNFPA
33	Sudurpashchim	KAILALI	Dhangadhi Sub-Metropolitan City	Sub-Metropolitan City / Province Headquarter	yes	Terai			
34	Sudurpashchim	KANCHANPUR	Krishnapur Municipality	Municipality	yes	Terai	no cluster	Mahakali hospital	UNFPA
35	Sudurpashchim	KANCHANPUR	Bhimdatta Municipality	Municipality /District Headquarter	yes	Terai			

Annex 3. EOC referral system strengthening planning workshop in Sandhikharka Municipality

Workshop Schedule

Inter-facility EOC referral system strengthening planning workshop Schedule

Date: 5 to 6 October 2021

Time: 10 am to 5 pm

Place: Sandhikharka (Hotel Old Everest)

Objective of the workshop:

Development of inter-facility referral strengthening plan for focused Palika (Sandhikharka Municipality)

Day One:		
10-11	Welcome, Objective of the workshop, Introduction	Local level
11-11:30	National SMNH situation including cause of mortality	Presentation PPT – NHSSP
11:30-12:45	Palika/district SMNH service status	PPT presentation – local level /Province
12:45-13	Tea break	
13 - 14	HR status, Road network, communication availability	Local level
14-15	Lunch Break	
15 – 16	Overview of inter-facility EOC referral system	NHSSP
16 - 16:45	<p>Group work: How to do listed referral management process? And what are the actions to be implemented to improve inter-facility EOC referral system at local level?</p> <p>Note: Provide action plan format to each group for planning</p>	<p>Group work topics:</p> <p>Group 1: Ambulance management process and list of actual fare, Referral budget management (federal/local from AWPB plan)</p> <p>Group 2: Communication channel/mechanism and contact list (ambulance, responsible staffs at BC/BEONC/CEONC), Monitoring/supervision and recording and reporting</p> <p>Group 3: Staff capacity building, Emergency medicine for EOC management and treatment</p> <p>Group 4: Community awareness about free EOC inter-facility referral programme, Service mapping: (Palika Map-HF by ward, BC/BEONC, CEONC, catchment population, distance between BC to CEONC, hard to reach village in each ward)</p>
16:45-17	Closing with Tea	
Day Two		
8:30-9:00	Breakfast	All
9:00-10:00	Group works continue	All
10:00-11:00	Group work Presentation and discussion	<i>Facilitators will be participated with group</i>
11:00 -12:00	Group work Presentation and discussion continue	<i>Presentation and discussion (action plan)</i>
12:00-12:15	Tea break	<i>Presentation and discussion (action plan)</i>
12:15-13:15	Group work Presentation and discussion continue	<i>Presentation and discussion (action plan)</i>
13:15-14:15	Final group work presentation (palika and HF responsibility -action plan)	Health Section Chief
14:15-15:15	Closing and Lunch Break	

3.2 Workshop Participants

Attendance sheet				
Inter-facility EOC referral system strengthening planning workshop				
Place: Sandhikharka Municipality, Arghakhachi				
Date: 5-6 Oct. 2021				
SN	Name	Designation	Organization	Mobile Number
1	Kamal Prasad Bhusal	Mayor	Sandhikharka Municipality	9857066875
2	Thakur Kumar BK	Deputy Mayor	Sandhikharka Municipality	9857066874
3	Narayan Aryal	Chief Administrative Officer	Sandhikharka Municipality	9857076111
4	Purna Prasad Parajuli	Health Section Chief	Sandhikharka Municipality	9897063998
5	Anita Bhusal	Sr ANM	Sandhikharka Municipality	9847108346
6	Dharma Raj Panthi	PHI	Sandhikharka Municipality	9845156114
7	Deepak Acharya	Office Assistant	Sandhikharka Municipality	
8	Narendra Acharya	Acting ward chairperson	ward 11	9867005932
9	Karishma Shrestha	Ward Chairperson	ward 4	9847108514
10	Lila Ram Gautam	Ward Chairperson	ward 3	9857069243
11	Pritam Bahadur Thapa	Ward Chairperson	ward 7	9857069247
12	Laxmi Narayan Chudali	Ward Chairperson	ward 10	9857069250
13	Narayan Khadka	Ward Chairperson	ward 12	9857061219
14	Yam Kala Thapa	Municipal Council member	Sandhikarka Municipality	9847072524
15	Krishna Bahadur Acharya	Ward Chairperson	ward 6	9857069246
16	Padma Bhusal	Municipal Council member	ward 5	9867200964
17	Basanta KC	Municipal Council member	ward 7	9857187423
18	Devi Thapa Bhusal	Acting ward chairperson	ward 8	9847315257
19	Shrijana BK	Municipal Council member	ward 3	9867743023
20	Ashok Khanal	President	Press Association	9897023791
21	Sushma Shrestha	Municipal Council member	ward 2	9847055715
22	Minraj Poudel	Sr AHW	Wangla HP	9857063994
23	Himraj Bhattarai	AHW	Argha HP	9847107608
24	Prakash Pariyar	HA	Kimdada HP	9857063542
25	Shravan Panthi	PHI	Narapani HP	9857061533
26	Prem Chandra BK	AHW	Khanchikot HP	9857066801
27	Chhabilal Bhusal	PHI	Dibharna HP	9863211836
28	Gita Bhusal	PHN	HO Arghakhachi	9867176617
29	Saraswati Banjade	HNS	Arghakhachi hospital	9847108421
30	Rupa BK	Municipal Council member	Sandhikharka Municipality	9847156612
31	Apsara Oli	ANM	Argha HP	9867300359
32	Sushila Panthi	ANM	Narapani HP	9857315112
33	Roshana Belbase	ANM	Wagla HP	9843221511
34	Laxmi GC	ANM	Dibharna HP	9867237284
	NHSSP Staffs			
1	Kamala Shrestha	C&Q Specialist (Access)		

2	Dr. Paras Chipalu	C&Q Specialist (Quality)		
3	Saraswati Giri	C&Q PC		
4	Anil Dhungana	HSSO		

Action plan on EOC referral – Sandhikharka Municipality

Action plans on free EOC referral- Sandhikharka Municipality						
S N	What action	How to do	By when	Responsible	Remarks	Status update
A. Management of Ambulance on EOC						
1	Prepare the list of the ambulances available in district with their contact number.	Coordinate with District Ambulance Management Committee and collect the details regarding the ambulance.	Kartik 10, 2078	Health Office & Municipality	For EOC	Prepared the list of ambulance
2	Prepare the list of contact numbers of the taxi and other private vehicles available within the ward.	Coordinate with Taxi Professional Committee and collect the details regarding the ambulance and taxi	Kartik 10, 2078	HP- Incharge of respective wards	For EOC	Prepared the list of taxi available locally
3	Prepare the costing of Ambulance/Taxi fares to refer from Birthing Centers within the municipality to Arghakhanchi Hospital	Prepare the cost as per the rate set by District Ambulance Management Committee	Kartik 10, 2078	Health Office & Municipality	For EOC	Prepared the tentative cost fare
4	Prepare the cost list of Ambulance/Taxi fares to refer from HFs (having no BCs) within the municipality to Arghakhanchi Hospital	Prepare the cost as per the rate set by District Ambulance Management Committee	Kartik 10, 2078	Health Office & Municipality	for Normal delivery	Prepared the tentative cost fare
5	Identify remote inaccessible areas and arrange transport means to reach the motarable road from those areas.	Arrange stretcher, <i>doko</i> or other means (give responsibility to tole development committee)	Poush 2078	Municipal Council	for Normal delivery	
B. Budget Management for EOC (inter- health facility)						
1	To implement the budget received from the federal government for EOC referral.	Follow the program implementation guideline	Kartik 2078	Health Section	For EOC	One case was referred and paid as per the guideline
2	Arrangement of budget from municipality to refer women with obstetric complications to Arghakhanchi Hospital for Comprehensive Emergency Obstetric services.	Arrange required budget from Winter Municipal Convention	Poush 2078	Municipality and Health Section	For EOC	On process of allocation of budget from municipality
3	Provide the cost for the fares of ambulance/taxi by municipality if service provider from BC identify the complications and has to refer to higher center.	The birthing center will provide the referral card along with the recommendation notes to the driver by mentioning the amount of fare accrued for referring the client and the Municipality will pay	Poush 2078	Health Section	For EOC	Provided from the federal budget

		the driver on fortnightly basis.				
4	In case of service unavailability at district, District Hospital will manage the budget to refer outside district	Use of the budget from federal government		Arghakhanchi Hospital		
C. Budget management						
1	While formulating the ward level annual program plan for the coming year, the In-charge of the health facility of the concerned ward will prepare and present the budget for the continuation of safe delivery service.	Make a decision from the meeting of the HFOMC and submit it to concerned forum.	Ward level Planning (Jestha 2079)	HF In-Charge	For EOC and Normal Deliveries	
2	Arrange for free transportation to and from each pregnant woman for safe delivery services (including emergency obstetric service).	To establish EOC fund at ward or Municipality level HFOMC will be responsible for its operation	Poush 2078	Mayor	For EOC and Normal Deliveries	Orientation about Zero Home delivery to HFOMC and FCHVs
3	Prepare the operation guideline for EOC fund	Health Section will prepare the guideline and present to the Municipal Council	Poush 2078	Health Section and Municipality Council	For EOC and Normal Deliveries	On process
D. Management of Information and Communication						
1	Appoint Focal Person for communication.	Appoint the nursing staff as a focal person	Kartik 15	HF In-charge		All HFs has appointed focal person
2	Arrange official phone for Communication	With coordination with Ward and Municipality, arrange the phone at institution level	Kartik 16	HF In-charge & Health Section		Some HFs have allocated the communication cost to nursing staffs
3	Prepare the list of contact number of the taxi and other public vehicles available with the ward.	Coordinate with Taxi Professional Committee and collect the details regarding the ambulance and taxi	Kartik 2078	HF In-charge and Ward Chairperson		Prepared the list of ambulance
E. Recording and Reporting						
1	Use of Referral Card (HMIS 1.4)	Ensure the use of Referral Card	Kartik 2078	HF In-charge & Health Section		Has been using
2	Prepare referral Register	Prepare referral register including the reason of referral, date and the	Kartik 2078	HF In-charge & Nursing Staff		Has been using

		procedure of treatment				
3	Update HMIS 3.6	Update recording format as per HMIS 3.6 (Referral date, reason for referral and provisional diagnosis)	Kartik 2078	Nursing Staff		Has been using
4	Prepare the referral criteria and display it at HF.	Prepare on Newsprint or print on Flex	Kartik 2078	Nursing Staff		Prepared and kept at Delivery room
F. Monitoring and Supervision						
1	Prepare the report of referred woman monthly.	Submit the prepared report at Municipality while submitting HMIS 9.3 report	5th of every month	HF In-charge & Nursing Staff		Reported to municipality
2	Monitoring of Referral System	Discuss about the referral system during monthly and quarterly review meeting (including budget, communication, recording/reporting and list of referred women).	Monthly and quarterly	Health Section		
G. Emergency medicine for EOC management/treatment and staff capacity building						
1	Timely availability of emergency drugs (Inj Oxytocin, MgSO4, cap depin 10 mg, Inj. Gentamycin)	Coordinate with municipality and ensure timely procurement and supply from the health section.	Quarterly	Health Section		Medicine has been supplied to HFs
2	Procure and keep stock of Emergency medicine.	Coordinate with municipality and ensure the stock of emergency drugs	Quarterly	Health Section		In case of not availability at Municipality, BCs buy themselves
3	Ensure drugs as per the Essential drug list	Demand the drugs and maintain stock as per Essential drug list	Yearly as per need	Health Section		
4	Keep the stock of FP commodities at BC	Procure and keep stock of the commodities	Yearly as per need	Health Section		Maintained stock
5	Keep update of medicine and other logistics by HF staffs	Use of checklist regularly	Daily	HF staffs		Prepared the emergency kit at BCs
6	Provide Training to nursing staffs who haven't receive the training	Coordinate with concerned level for training	As per Need	Health Section		
7	Provide refresher trainings to staffs	Coordinate and collaborate with municipality and Hospital	As per Need	Municipality and Hospital		
8	Enhance the capacity of nursing staffs	Continue MNH and Clinical mentoring	Quarterly	Health Section		

9	Improve Referral system	Prepare EOC Fund	This FY	Ward and Municipality		
10	Quality improvement of Referral System	Provide primary treatment and refer to higher center together with nursing staff to monitor the situation	As per need	Health Facilities		
11	Prepare emergency drug kit and keep updated	Keep updated PPH , SHOCK MGNT, MGSO4, resuscitation sets and Cervical clamping set	Daily	Health Facilities		Prepared the emergency kit at BCs
12	Fill up the MNH card during ANC checkup.	Fill the card and counsel accordingly	During ANC checkup	Nursing Staff		Filled up the card
H. Community awareness about free EOC inter-facility referral program						
1	Aware communities for timely referral to HFs	Awareness and interaction program with Mothers' Groups and local clubs. HH visit by elected members to motivate for Institutional delivery.	Kartik 2078	FCHV, Health workers, elected members		Oriented HMGs regarding institutional delivery at 4 BCs
2	Aware community about institutional deliveries	Inform about the complications that may arise during pregnancy and post-delivery. Identify the house of pregnant and lactating mothers and aware about the institutional deliveries	Kartik 2078	ANM, FCHV, elected members, HMGs		Oriented HFOMCs about the importance of institutional delivery at 4 BCs
3	Motivate the partner and the HH members of pregnant woman for timely ANC check ups	Involve the partner or the HH member during ANC visits and counsel about the probable complications during pregnancy and delivery	Kartik 2078	Health workers, Elected members		Counselled pregnant woman to visit ANC check ups with her spouse
4	Increase community trust towards HFs.	Deploy the trained staffs at HFs	Magh 2078	Ward and municipality		
5	Inform and communicate about institutional delivery at HMG meetings	Health worker visit HMG meetings and inform about the importance of institutional delivery and the complications during pregnancy	Kartik 2078	Health workers, Elected members, FCHVs,		Oriented HMGs regarding institutional delivery at 4 BCs
6	Establish EOC fund in HMG	Demand grant from ward and municipality	FY 2078	HF IN-charge, Elected members		

7	Prepare the list of contact number of the taxi and other public vehicles available within the ward and display at public places.	Printing the list of public vehicle and ambulance with contact numbers.	Kartik 2078	Incharge		Prepared the list of ambulance
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Annex 4. EOC referral system strengthening planning workshop in Panini Rural Municipality

4.1 Workshop Schedule

Inter-facility EOC referral system strengthening planning workshop Schedule

Date: 27-28 Oct. 2021

Time: 10 am to 5 Pm

Place: Panini Rural Municipality (meeting hall), Durgaphant

Objective of the workshop:

Development of inter-facility referral strengthening plan for focused Palika (Panini RM)

Day One		
10-11	Welcome, Objective of the workshop, Introduction	Local level
11-11:30	National SMNH situation including cause of mortality	Presentation PPT – NHSSP
11:30-12:45	Palika/district SMNH service status	PPT presentation – local level /Province
12:45-13	Tea break	
13 - 14	HR status, Road network, communication availability	Local level
14-15	Lunch Break	
15 – 16	Overview of inter-facility EOC referral system	NHSSP
16 - 16:45	<p>Group work: How to do listed referral management process? And what are the actions to be implemented to improve inter-facility EOC referral system at local level?</p> <p>Note: Provide action plan format to each group for planning</p>	<p>Group work topics:</p> <p>Group 1: Ambulance management process and list of actual fare, Referral budget management (federal/local from AWPB plan)</p> <p>Group 2: Communication channel/mechanism and contact list (ambulance, responsible staffs at BC/BEONC/CEONC), Monitoring/supervision and recording and reporting</p> <p>Group 3: Staff capacity building, Emergency medicine for EOC management and treatment</p> <p>Group 4: Community awareness about free EOC inter-facility referral programme, Service mapping: (Palika Map-HF by ward, BC/BEONC, CEONC, catchment population, distance between BC to CEONC, hard to reach village in each ward)</p>
16:45-17	Closing with Tea	
Day Two:		
8:30-9:00	Breakfast	All
9:00-10:00	Group works continue	All
10:00-11:00	Group work Presentation and discussion	<i>Facilitators will be participated with group</i>
11:00 -12:00	Group work Presentation and discussion continue	<i>Presentation and discussion (action plan)</i>
12:00-12:15	Tea break	<i>Presentation and discussion (action plan)</i>
12:15-13:15	Group work Presentation and discussion continue	<i>Presentation and discussion (action plan)</i>
13:15-14:15	Final group work presentation (palika and HF responsibility -action plan)	Health Section Chief
14:15-15:15	Closing and Lunch Break	

4.2 Workshop Participants

Attendance sheet				
Inter-facility EOC referral system strengthening planning workshop				
Place: Panini Rural Municipality, Arghakhachi				
Date: 27-28 Oct. 2021				
SN	Name	Designation	Organization	Mobile Number
1	Achyut Gautam	Chairperson	Panini Rural Municipality	9857086500
2	Laxmi Gautam	Vice Chairperson	Panini Rural Municipality	
3	Netra Prasad Ghimire	Chief Administrative Officer	Panini Rural Municipality	9857015186
4	Sheshkant Ghimire	Health Section Chief	Panini Rural Municipality	9857086531
5	Ram Prasad Ghimire	Health Sub-coordinator	Panini Rural Municipality	9857066218
6	Pitambar Pokhrel	HF chief	Panena HP	9857050886
7	Dhruba Raj Ghimire	HF chief	Pokharathok HP	9847412572
8	Maina Rayamajhi	HF chief	Khidim HP	9847501367
9	Ganesh Prasad Ghimire	HF chief	Patauti HP	9857063022
10	Jagadish Ghimire	HF chief	Maidain HP	9857066149
11	Mitradev Poudel	HF chief	Dhatibang HP	9857061290
12	Punaram Bhusal	HF chief	Adguri HP	9857069506
13	Nira Belbase	HF chief	Pali HP	9847093102
14	Lekha Tamlami	ANM	Pali HP	9847438172
15	Tuk Kumari KC	ANM	Pokharathok HP	9847071110
16	Sabitra Khanal	ANM	Khidim HP	9867722717
17	Salikram Bhattarai	Ward no 1 chairperson	Panini Rural Municipality	9857086501
18	Netra Prasad Bhattarai	Ward no 2 chairperson	Panini Rural Municipality	9857086502
19	Devi Bahadur Chettri	Ward no 3 chairperson	Panini Rural Municipality	9857066683
20	Sthaneshowr Ghimire	Ward no 4 chairperson	Panini Rural Municipality	9857086504
21	Jibalal Ghimire	Ward no 5 chairperson	Panini Rural Municipality	9857086505
22	Subha Badhadur Saru Thapa	Ward no 6 chairperson	Panini Rural Municipality	9857066959
23	Gunakhar Adhikari	Ward no 7 chairperson	Panini Rural Municipality	9847197393
24	Minraj Aatreya	Ward no 8 chairperson	Panini Rural Municipality	9857086508
25	Ishwari K.C.	Palika Executive Member	Panini Rural Municipality	9867212616
26	Man Bahadur BK	Palika Executive Member	Panini Rural Municipality	
27	Om Prakash BK	Palika Executive Member	Panini Rural Municipality	9857086514
28	Nabin Kumar Tondon	Palika Representative Member	Panini Rural Municipality	9847197393
29	Mohan Sharma Pandey	Support Staff		
30	Madan Aryal	Support Staff		
	NHSSP Staffs			
1	Kamala Shrestha	C&Q Specialist (Access)		
2	Dr Paras Chipalu	C&Q Specialist (Quality)		
3	Pratistha Dhakal	HSSO		

4.3 Action plan on EOC referral – Panini Municipality

Action plans on free EOC referral- Panini Rural Municipality					
SN	What action	How to do	By When	Responsible	Status update
A. Ambulance management & Referral budget management					
1	Ammend Ambulance Guideline to provide free ambulance service to the cases with obstetric complications	Ammend the second point on annex 1 of existing ambulance guideline to provide free ambulance service to the complicated cases identified by birthing center	Poush 15	Panini RM, Health Section	Draft in process
2	Installing GPS system in available ambulances	Coordination with Province Health office, send official letter with the details of ambulance	Poush last	Panini RM, Health Section	In process
3	Providing the contact list of ambulances available in district to all health facilities	Coordination with District Ambulance Management Committee	Poush last	Health Section	Done
4	Prepare and publish the ambulance fare rate list for the places inside RM	Prepare rates from different places inside palika to the BEONC and CEONC centers	Poush Last	Panini RM, Health Section	
5	Coordinate with drivers of Public vehicles to decide uniform fare rates to refer complicated emergency obstetric cases	Conduct a coordination meeting with drivers of public vehicles to make them understand the sensitivity of timely referral of EOC cases and also sign MOU for uniform transportation rate	Poush last	Panini RM	In process
6	Create EOC referral fund	Check the possibility of keeping the conditional budget as EOC referral fund by consulting with account section	Poush 15	Health Section	In process
7	Setting a clear payment process for referral	Opening Ambulance Management Bank account according to clause 5, subclause 1 of Ambulance guideline	Poush last	Panini RM	In process
8		Providing advance amount to Birthing Center Incharge and payment to ambulance service providers for EOC referral by keeping referral slip and Vehicle cost receive sheet		Panini RM, Birthing center chief	draft in process
9		Providing advance amount to Birthing Center Incharge and payment to ambulance service providers for EOC referral by keeping referral slip and Vehicle cost receive sheet		Health section, birthing center chief	In process
10				Panini RM	

		Making the provision of reimbursement to the PNC mother or family with the amount equal to ambulance's cost in case of use of public vehicles during unavailability of palika's ambulance		executive	Draft of ambulance guideline
11	Selection of Ambulance Focal person	selection of ambulance focal person for proper management of ambulance service.	Mangsir last	Panini RM	In process
B. Communication, EOC monitoring and evaluation, recording and reporting					
1	Mobile phone at health facility for communication	Mobile phone (android which supports GPS app if possible) and monthly communication expense	Poush last	Panini RM , Ward chairs	
2	Use of MNH tools while providing MNH services	Update the phone number of ANC mother, selected place for delivery and keep back Referral slip	FY 2078/79	HF nursing staff	In process
3	Coordination with CEONC for communication on cases of referral	Provide contact list of CEONC center to the birthing centers of palika	Mangsir last	Panini RM, Health Section	
4	Select focal person	Select focal person of both birthing centers and CEONC center	Mangsir last	Health section	
5	Ensuring safe referral service	When referring a case, contacting the focal person of CEONC center to provide the details of the patient, filling up the referral slip and providing ambulance driver and patient with the contact no of CEONC focal person	Poush last	HF nursing staff	
6	Back referral and recording of follow up	Coodination with CEONC to provide back referral through the patients, receive the back referral slip and update the status in MNH register	FY 2078/79	HF nursing staff	
7	Keep the records of institutional deliveries and home deliveries	Along with the monthly reports, compiling and sending the data of home and institutional deliveries on catchment area of each health facility	Mangsir last	HF incharge	In process
C. Capacity development of HR and EOC emergency drugs management					
1	Providing SBA and SBA refresher training to the nursing staffs	Coordination with HO and PHTC to demand training	FY 2078/79	Panini RM Health section	
2	Conducting MNH onsite coaching and mentoring	In coordination with health office and clinical mentor of Arghakhanchi	Poush last	Panini RM, Health Section	
3	Aware health care workers on emergency obstetric complications referral	Sharing the knowledge of workshop to the HFs by participants, Orientation on EOC by NHSSP	Poush last	All participants, NHSSP	In process

4	Procurement of essential medicines and emergency drugs	Procurement of drugs required for the management of EOC	Poush last	Panini RM health section, HF incharge, HFOMC	In process
5	Seek the possibility of developing a SBA clinical mentor	coordination with Health Office Arghakhanchi and PHTC	FY 2078/79	Panini RM, Health Section	
D. Community awareness and Social mapping					
1	Orient health mother groups on RMs EOC referral policy	Health care workers shall orient both FCHVs and health mother groups by making a referral package	Monthly basis	health facility,	In process
2	Frequent meetings of HFOMCs	To aware the stakeholders on EOC free referral and ambulance service	once in every 2 months	Health facilities, Panini RM	
3	Develop the trust of community people on HF	Management of obstetric cases at birthing centers	Continuously	Panini RM	
4	Awareness on obstretic complication and birth preparedness to the mothers and their family	Ask mothers to bring their family members along with them during ANC checkup and counsel them together	From mangsir	Health facility	In process

Annex 5. EOC referral system strengthening planning workshop in Malarani Rural Municipality

5.1 Workshop Schedule

Inter-facility EOC referral system strengthening planning workshop Schedule

Date: 12 to 13 Nov. 2021

Time: 10 am to 5 pm

Place: Malarani Rural Municipality (Municipality Hall)

Objective of the workshop:

Development of inter-facility referral strengthening plan for focused Palika (Malarani Rural Municipality)

Day One		
10-11	Welcome, Objective of the workshop, Introduction	Local level
11-11:30	National SMNH situation including cause of mortality	Presentation PPT – NHSSP
11:30-12:45	Palika/district SMNH service status	PPT presentation – local level
12:45-13	Tea break	
13 - 14	HR status, Road network, communication availability	Local level
14-15	Lunch Break	
15 – 16	Overview of inter-facility EOC referral system	NHSSP
16 - 16:45	<p>Group work: How to do listed referral management process? And what are the actions to be implemented to improve inter-facility EOC referral system at local level?</p> <p>Note: Provide action plan format to each group for planning</p>	<p>Group work topics:</p> <p>Group 1: Ambulance management process and list of actual fare, Referral budget management (federal/local from AWPB plan)</p> <p>Group 2: Communication channel/mechanism and contact list (ambulance, responsible staffs at BC/BEONC/CEONC), Monitoring/supervision and recording and reporting</p> <p>Group 3: Staff capacity building, Emergency medicine for EOC management and treatment</p> <p>Group 4: Community awareness about free EOC inter-facility referral programme, Service mapping: (Palika Map-HF by ward, BC/BEONC, CEONC, catchment population, distance between BC to CEONC, hard to reach village in each ward)</p>
16:45-17	Closing with Tea	
Day Two		
8:30-9:00	Breakfast	All
9:00-10:00	Group works continue	All
10:00-11:00	Group work Presentation and discussion	<i>Facilitators will be participated with group</i>
11:00 -12:00	Group work Presentation and discussion continue	<i>Presentation and discussion (action plan)</i>
12:00-12:15	Tea break	<i>Presentation and discussion (action plan)</i>
12:15-13:15	Group work Presentation and discussion continue	<i>Presentation and discussion (action plan)</i>
13:15-14:15	Final group work presentation (palika and HF responsibility -action plan)	Health Section Chief
14:15-15:15	Closing and Lunch Break	

5.2 Workshop Participants

Attendance sheet				
Inter-facility EOC referral system strengthening planning workshop				
Place: Malarani Rural Municipality, Arghakhachi				
Date: 12-13 Nov. 2021				
SN	Name	Designation	Organization	Mobile Number
1	Balkrishna Sharma Acharya	Chairperson	Malarani Rural Municipality	9857028457
2	Pramila Kshetri	Vice Chairperson	Malarani Rural Municipality	9857069357
3	Ramesh Panthi	Chief Administrative Officer	Malarani Rural Municipality	9857066432
4	Bal Krishna Acharya	Ward Chairperson	Malarani Ward - 1	9857067138
5	Bishnu Prasad Bhusal	Ward Chairperson	Malarani Ward - 2	9857061183
6	Shobhakar Khanal	Ward Chairperson	Malarani Ward - 3	9857063434
7	Narayan Prasad Aryal	Ward Chairperson	Malarani Ward - 6	9857063264
8	Phan Bahdur Pun	Ward Chairperson	Malarani Ward - 9	9847411147
9	Indira Acharya	Palika Executive Member	Malarani Rural Municipality	9847598878
10	Sita BK	Palika Executive Member	Malarani Rural Municipality	9847598878
11	Nim Bahadur Sunar	Palika Executive Member	Malarani Rural Municipality	9847155290
12	Man Bahadur BK	Palika Executive Member	Malarani Rural Municipality	9867238588
13	Bhabishwor Khanal	Health Section Chief	Malarani Rural Municipality	9857066795
14	Putala Khanal	Sr. ANM	Malarani Rural Municipality	9843697980
15	Rajendra Prasad Khanal	Sr. AHW	Malarani Rural Municipality	9857066504
16	Madan Acharya	Sr. AHW	Mareng HP	9847229582
17	Madhav Khanal	Sr. AHW	Khanadaha HP	9867113498
18	Bhabishwor Khanal	Sr. AHW	Khana HP	9857063595
19	Jaya Lal Panthi	Sr. AHW	Wangi HP	9844788509
20	Dipak Poudel	Sr. AHW	Hansapur HP	9847384095
21	Hum Kanta Poudel	AHW	Gokhunga HP	9867598448
22	Dr. Sarada Adhikari	MO	COVID Hospital	9845806154
23	Shrijana Poudel	SN	COVID Hospital	9841587279
24	Ganga Shrestha	ANM	Mareng HP	9847393970
25	Mina Raut	ANM	Hansapur HP	9867307228
26	Devaka Khanal	ANM	Khana HP	9869672515
27	Sabitra Thapa	ANM	Wangi HP	9867803785
28	Netra Prasad Khanal	Programme Officer	Malarani Rural Municipality	9857061472
29	Khubi Ram Panthi	Account Officer	Malarani Rural Municipality	
30	Top Bahadur Raut	Ambulance Driver	Malarani Rural Municipality	9863658288
31	Hem Raj Khanal	Support staff	Malarani Rural Municipality	9857063464
32	Maalata Acharya	Support staff	Malarani Rural Municipality	
33	Dadhi Ram Bhusal	Support staff	Malarani Rural Municipality	
	NHSSP Staffs			
1	Kamala Shrestha	C&Q Specialist (Access)		
2	Dr Paras Chipalu	C&Q Specialist (Quality)		
3	Preeti Bhattarai	HSSO		

5.3 Action plan on EOC referral – Malarani Municipality

Action plans on free EOC referral- Malarani Rural Municipality					
S.N	What action	How to do	By when	Responsible	Status update
A. Ambulance management & Referral budget management					
1	Provide free general delivery services.	Provide free ambulance service for delivery services for all pregnant women who visit in health facilities within the palika	Continuous	Palika, health institutions	Continuous
2	Provide information of Free ambulance services provision to community.	Provide information on free ambulance in mother's group meeting and display in wall at public places.	Kartik 2078	Palika	Continuous
3	Use of other alternative vehicles	if ambulance not available on time, use of alternative vehicle and manage from conditional budget, and if additional budget is needed then manage from palika.	FY 78/79	Palika	
4	Take approval of Health Section Chief, if other vehicle is needed.	Contact to health section chief and take approval	Mangsir 2078	Palika, health institutions	
5	Management of referral fund.	Establish and manage emergency referral funds for ambulance operations.	FY 78/79	Palika	
6	Manage one additional ambulance	Addition of one ambulance for basic hospital (which is being constructed).	FY 80/81	Palika	
7	Free EOC referral services	Free EOC referral services should provided for referral done from BC to Sandhikharka and Tamghas hospital, Gulmi.	Mangsir 2078	Palika	Continuous
B. Communication management for free referral					
1	Community awareness about the services provided from health facilities.	Provide health education about free referral for obstetric complication to mother's group, FCHVs at community level	Every month	Political leader, Health incharge, health workers, palika	Done
2	Dissemination of information on types of service provision by BC.	Provide information to mother's group meeting and display information board in public places	Every month	Political leader, Health facility incharge, health workers, palika	Done
3	Displaying the contact number of B/CEONC in BC	Display contact number of services provider of BC /CEONC hospital in visible area of birthing center	Mangsir 2078	health facility incharge	Continuous
4	Ambulance contact number should be displayed in BC	Place the list of driver contact number of ambulance and other vehicle and when necessary should contact them.	Mangsir 2078	Health facility incharge, service provider	Continuous

5	Every BC and referral hospital (CEONC service provider) should have communication between them.	Every BC service provider if not able to manage the complication they should contact to CEONC service provider for its management but if not able to manage they should inform about them of free referral cases.	Mangsir 2078	Nursing staff	In process
6	Manage recharge cost for mobile phone communication.	Arrange certain amount of mobile phone recharge cost for services providers to communicate for referral.	FY 78/79	Health section chief	Not done
C. Monitoring and Supervision					
1	Monitoring and supervision	monitoring and supervision by focal person should be done from Palika for necessary suggestion and feedback	Quarterly	Palika, health incharge, Management committee	Not done
2	Record of referral	Every health institution should manage register to record for EOC referral cases.	Mangsir 2078	health institution	Continuous
3	Management of staffs for night-duty.	Provide refreshment allowance to nursing staffs for night duty.	FY 78/79	Palika, health institutions	Not done
D. Recording and reporting of free referral					
1	Complete recording and reporting on maternal health services provided.	Keep record of contact number of pregnant mother/ family members in MNH register, and follow up looking over the protocol if late ANC checkup and nearby date of delivery, contact them and request to come in health facility to take the services	FY 78/79	health institution	In process
2	Keeping complete records and reporting regarding general and emergency maternity services	Keep records in MNH register of EOC management and treatment and reporting to HMIS 9.3 according to the record kept	Mangsir 2078	Nursing staff	Done
3	Recording and reporting of maternal services provided	Keep records of every mother who went to her own institution or other health institution with a normal and complex maternity service on the MNH register and reporting monthly at HMIS 9.3 according to records	Mangsir 2078	health institution	In process
4	Birth Preparedness	Birthing and non-birthing HF should inform for pregnant women for safe delivery, where to go for delivery and prepare for it. Use and aware of MNH card for emergency	Every month	Health incharge, health section	Continuous

		maternity and newborn complication and also keep record in MNH register.			
5	Providing PNC services	Keep record of 1st PNC checkup within 24 hours, 2nd visit in 3 days and 3rd visit in 7 days in MNH register post-delivery in health institution.	Every month	Nursing staff	Continuous
6		Providing lunch, warm clothes and heater for mother and children after delivery to keep in BC for 24 hours	FY 78/79	palika/health institution	
E. Capacity development for health workers and management of necessary medicine needed for emergency maternal services					
1	Provide Clinical trainings to Health workers.	SBA training to new staff in coordination with health office	FY 78/79	palika, province	Not done
2		Refresher training of SBA	FY 78/79	palika, province	Not done
3		Training related to infection prevention should provide for supporting staffs	FY 78/80	palika, province	Not done
4		Provide EOC 1st aid training to paramedics and nursing staff	FY 2078	palika	Not done
5	Onsite Clinical coaching/Skill development	onsite coaching for nursing staff where there is low institutional delivery		FY 78/79	Not done
6		Send nursing staff at low institutional delivery to high institutional delivery for about 2 weeks in order for skill development	FY 2080/81	palika	Not done
7	Discussion in monthly meeting	Discussion in reproductive health, maternal complications at least 1 time in 3 months at monthly meeting and provide services accordingly	FY 2078/79	palika	done in review meeting
8	Public awareness program	Conduct public awareness program at community level for low home delivery	FY 2078/79	palika/health institution	FCHVs and mother's group meeting
9	Management of necessary medicine and equipments	Preparing emergency kit box - PPH management set - Eclampsia management set - Cervical tear repair set			
10		Management of necessary medicine and equipment for maternal complication			

11		For infection prevention management necessary equipment needed in ward should be kept clean and safe and check and aware about necessary instruments needed in every month	FY 78/79		
12	Orientation for emergency referral process of maternal complication	Conduct one-day orientation programme on free referral process for HFOMC and FCHVs	FY 78/79	health section	this year plan to organize on Hansapur BC
13	Inform to mother's group meeting	Conduct awareness program on free referral process in mother's group meeting through FCHVs	FY 78/79	Health incharge	In process
14	Awareness and information provide to pregnant women	Conduct awareness program on free referral process through health institution and FCHVs at community level	FY 78/79	health institution	In process
15	Awareness camapign at community level	Health institution in coordination with ward of political leaders should organize campaign in remote place about - Free ambulance in general maternity services - Free EOC referral system	FY 78/79	palika/health institution	Not done

Annex 6. EOC referral system strengthening planning workshop in Arghakhachi (Province level)

6.1 Workshop Schedule

Inter-facility free EOC referral system strengthening planning workshop Schedule

Date: 11 to 12 Dec. 2021

Time: 10 am to 5 Pm

Place: Sandhikharka (Hotel Old Everest)

Objective of the workshop:

- To develop an inter-facility free EOC referral process guideline in Arghakhachi district (between 3 Palikas and CEONC hospital).
- To initiate inter-facility free EOC referral process based on developed guideline in the district.

Day One		
10-30	Welcome, Objective of the workshop, Introduction	Province
10:30 -11:30	National SMNH situation including cause of mortality	Presentation PPT – NHSSP
11:30-12:30	District/Hospital SMNH service status	PPT presentation – Province HO + Hospital
12:15-12:30	Tea break	
12:30 – 13:30	Palika free referral plan sharing (FU action plan, process of free EOC referral, support expectation)	Sharing/presentation: how to provide free EOC referral service by palika?
13:30 -14:30	Lunch Break	
14:30 to 15:30	Overview of inter-facility EOC referral system	Presentation PPT – NHSSP
15:30 - 17:00	Group work for free EOC referral system strengthening Group 1: Roles and responsibilities of BC/BEONC, CEONC Group 2: Roles and responsibilities of local level and province gov. Group 3: Hospital quality improvement action plan Note: Provide action plan format to group no 3	Group work topics: Group 1: 1 from each Palika (3) +2 from hospital (1 technical& 1 manager) + 1 from HO + 3 NHSSP Group 2: 1 from each palika (3) + 1 from HO + 1 from Hospital (manager) 1 from HD + 1 from Ambulance committee) + Specialist NHSSP Group 3: all hospital team + 1 from HO + PC NHSSP and other
17:00	Closing with Tea	
Day Two		
8:30-9:00	Breakfast	All
9:00-10:00	Group works finalization continue	All
10:00-11:00	Group work Presentation and discussion	Facilitators will make note on the agreed point (3 HSSOs for group 1)
11:00 -12:00	Group work Presentation and discussion continue	Facilitators will make note on the agreed point (HO+HD for group 2)
12:00-12:15	Tea break	
12:15-13:15	Group work Presentation and discussion continue	Facilitators will make note on the agreed point (specialist NHSSP+ HO)
13:15-14:15	Responsibility of overall district free EOC referral guideline drafting and sharing with local, provincial gov. and hospital	Health Office + Health Directorate team
14:15-15:15	Closing and Lunch Break	

6.2 Workshop Participants

Attendance sheet				
Inter-facility EOC free referral system strengthening planning workshop (Province level)				
Place: Sandhikharka, Arghakhachi				
Date: 11 to 12 Dec. 2021				
SN	Name	Designation	Organization	Mobile Number
1	Dr. Rajendra GC	Hospital Director	Arghakhachi hospital	9858054120
2	Shree Krishna Bhusal	Chairperson	Arghakhachi hospital, hospital management committee	9857028214
3	Dr Deepesh Kunwar	MDGP	Arghakhachi hospital	9849026077
4	Abinash Bhusal	Medical Recorder	Arghakhachi hospital	9844733147
5	Dr Puja Pantha	Medical officer	Arghakhachi hospital	9860070697
6	Maya Ghimire	Sr ANM	Arghakhachi hospital	9840098312
7	Hima Thapa	Sr. ANM	Arghakhachi hospital	9847078844
8	Gita Bhusal	Sr ANM	Arghakhachi hospital	9857063054
9	Saraswati Banjade	HNS	Arghakhachi hospital	9847608426
10	Dev Kumari Bhusal	Sr ANM	Arghakhachi hospital	9847048132
11	Nim Bahadur Rana Magar	PHI	Arghakhachi hospital	9847109142
12	Seshkant Ghimire	PHI	Panini RM	9857086531
13	Ram Prasad Ghimire	Officer 6th level	Panini RM	9857066218
14	Dharmaraj Panthi	PHI	Sandhikharka Municipality	9845156117
15	Purna Prasad Parajuli	Sr.AHW Officer (HC)	Sandhikharka Municipality	9857063998
16	Deepak Gaha	Ambulance Driver	Ambulance Association	9857069938
17	Kalpana Poudel	PHN Officer	Health Directorate Lumbini Province	9857060640
18	Bijaya BK	FPS Officer	Health Office Arghakhachi	9857063615
19	Gita Bhusal	PHN Officer	Health Office Arghakhachi	9867176617
20	Basanta Prasad Pokhrel	Statistics Assistant	Health Office Arghakhachi	9844752844
21	Bhabi Swor Khanal	Health Section Chief	Malarani RM	9857066795
22	Putala Khanal	Sr ANM	Malarani RM	9843697930
NHSSP Staffs				
1	Sanjeev Sapkot	FO	NHSSP	9841384120
2	Anil Dhungana	HSSO Sandhikharka Municipality	NHSSP	9841917883
3	Saraswati Giri	C&Q Coordinator	NHSSP	9841721705
4	Dr Paras Chipalu	C&Q Specialist	NHSSP	9841351626
5	Pratistha Dhakal	HSSO Panini RM	NHSSP	9846784566
6	Preeti Bhattarai	HSSO Malarani RM	NHSSP	9841528487
7	Kamala Shrestha	C&Q Specialist	NHSSP	9848305284
8	Lakha Mani Rai	Driver	NHSSP	9841528487

6.3 Hospital Quality Improvement Plan

Arghakhanchi Hospital Quality Improvement Plan

S.N.	Section	Standards	Action plan	By When	Responsibility	Remarks
1	Governance & Management Section	Governance	Conduct orientation of HMC members on HMC Functions.	Feb-22	Medical Superintendent/ HMC chairperson	MSS Action Plan
2		Organizational Management	Conduct Handover meetings and morning conference everyday.	Immediately	Ward Incharge/ Matron	Workshop Action Plan
3			Conduct Intra-departmental meeting and update current situation 2 weekly and inter-departmental coordination meeting once a month.	Jan-22	Information officer/Unit incharge	Workshop Action Plan
4			Coordination and collaboration meetings with health office and EDP's for maternity waiting home/room establishment.	Mar-22	HMC Chairperson/Medical Superintendent	Workshop Action Plan
5		Quality Management	Conduct onsite Clinical coaching/mentoring & QIP in the hospital every six months and ensure adequate reporting system by related ward incharge.	Apr-22	Nursing Incharge (Clinical Mentor)	Workshop Action Plan
6		Human Resource Management & Development	Establish separate nursing incharge office.	Mar-22	Medical Superintendent and Nursing Incharge	Workshop Action Plan
7			Keep Duty rosters of doctors, nurses, paramedics and support staffs visibly in nursing station.	Jan-22	Information Officer	Workshop Action Plan
8			Conduct CPD/CME classes to technical staffs weekly.	Jan-22	Medical Superintendent, MDGP Doctor/Nursing Incharge	Workshop Action Plan
9			Maternity Inpatient Service	Completely fill the Admission and discharge registers by on-duty nurses & doctors.	Immediately	Nursing Incharge
10		Keep emergency life saving drugs and emergency cart ready and prepare checklist of each medicine supplies with regular handover shiftwise.		Jan-22	Nursing Incharge	Workshop Action Plan

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S.N.	Section	Standards	Action plan	By When	Responsibility	Remarks
11	Clinical Services	Delivery & Post Natal Service	Allocate 2-3 beds for post-delivery observation in maternity department.	Feb-22	HMC	Workshop Action Plan
12			Provision of lodging/fooding/warm environment (Heater/AC) to patient & visitors to increase post-delivery hospital stay.	Mar-22	HMC/Medical Superintendent	Workshop Action Plan
13			Use of PNC checklist and counsel the patient before discharge.	Immediately	Nursing Incharge	Workshop Action Plan
14		Family Planning	Start Non-Scalpel Vasectomy service atleast once a Month.	Mar-22	Medical Superintendent/MDGP	Workshop Action Plan
15		OPD Service	Ensure Quality Antenatal Care by operating ANC clinics daily and screening of high risks pregnancy (by use of stamps)	Feb-22	Medical Superintendent/Nursing incharge	Workshop Action Plan
16			Delegate nursing staffs for MCH clinic.	Jan-22	Nursing incharge	Workshop Action Plan
17		Referral	Use of Referral slip and two way communication with the referral as well as referring health facility.	Jan-22	Maternity ward incharge	Workshop Action Plan
18			Proper use of referral budget in the hospital according to the guideline.	Jan-22	HMC	Workshop Action Plan
19	Hospital Support Services	CSSD	Prepare schedule for daily cleaning and washing of hospital IPD and maternity ward.	Immediately	Housekeeping and nursing Incharge	Workshop Action Plan
20		Laundry	Construction of separate laundry room.	Apr-22	Administration/HMC	MSS Action Plan
21		Repair, Maintenance & Power system	Adequate wiring to minimize electricity risk to the patients, visitors and staff.	Feb-22	Nursing Incharge, Medical Superintendent & administration	Workshop Action Plan
22		Hospital Waste management	Sterilize infectious waste before disposal.	Jan-22	Medical Superintendent, Nursing Incharge & Office Assistant	Workshop Action Plan
23			Construct/Designate separate area for solid waste management.	Mar-22	HMC/Medical Superintendent	MSS Action Plan

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Annex 7. EOC referral guideline orientation to health workers

7.1 Orientation programme schedule

Inter-facility EOC referral system process orientation programme Schedule

Date: 8 January 2022

Time: 10 am to 5 Pm

Place: Sandhikharka, Arghakhachi

Objective of the workshop:

- To finalise an inter-facility free EOC referral process guideline in Arghakhachi district (between 3 Palikas and CEONC hospital).
- To provide inter-facility free EOC referral process orientation to EOC service providers and managers.

One day orientation programme		
10-30	Welcome, Objective of the workshop, Introduction	Name, organization, interesting experience on obstetric care
10:30 -11	Overview of the guideline development (palika, province referral and QI planning)	HO Arghakhachi
11-12	Guideline presentation, review, and update from cover page to different level roles (roles of BC/BEONC, CEONC and Health Office)	HO Arghakhachi
12-12:15	Tea break	
12:15 – 13:15	Guideline presentation, review, and update continue and different level roles (Palika wise)	Palika Health Section
13:30 -14:30	Lunch Break	
14:30 to 15:30	Process and clinical criteria for EOC referral (indication of EOC referral)	HO/NHSSP
15:30 – 16:30	Recording and reporting of EOC referral services	HO/NHSSP
16:30 - 17:00	Closing with Tea	

7.2 Orientation programme participants

Attendance sheet				
Inter-facility EOC referral guideline (referral) process orientation programme				
Place: Hotel Old Everest, Arghakhachi				
Date: 8 Jan, 2022				
SN	Name	Designation	Organaization	Contact no
1	Dr Rajendra G.C.	Medical Suprentanden	Arghakhachi Hospital	9858054120
2	Dr Dipesh Kunwar	MDGP	Arghakhachi Hospital	9849026077
3	Dr Puja Pantha	Medical Officer	Arghakhachi Hospital	9860070691
4	Gita Bhusal	PHN	Arghakhachi Hospital	9867176617
5	Saraswati Banjade	HMS	Arghakhachi Hospital	9847108421
6	Hima Thapa	Sr.ANM	Arghakhachi Hospital	9847078844

7	NIM Bahadur Rana	PHI	Arghakhachi Hospital	9847109142
8	Purna Prasad Parajuli	Sr. AHW, Officer	Sandhikharka	9857063998
9	Laxmo G.C.	ANM	Divrana HP	9867237284
10	Laxmi Khanal	ANM	Wangla HP	9857069998
11	Basanta Bhusal	ANM	Argha HP	9867201401
12	Lekha Tamllami	ANM	Pali HP	9847438172
13	Tukm Kumari K.C.	ANM	Pokharathok HP	9847071110
14	Shabitra Khanal	ANM	Khidim HP	9867722717
15	Seshkant Ghimire	PHI	Panini RM	9857086531
16	Sushila Panthi	ANM	Narapani HP	9847315112
17	Savitra Thapa	ANM	Bangi HP	9867803785
18	Mina Rout	ANM	Hansapur HP	9867307228
19	Ganga Shrestha	ANM	Mareng HP	9847393970
20	Devaka Khanal	ANM	Khara HP	9869672515
21	Babishwer Khanal	HSC	Malarani RM	9857066725
22	Ram Prasad Ghimire	Officer	Panini RM	9857066218
23	Putala Khanal	Sr.ANM	Malarani RM	9843697980
24	Sabita acharya	Office Assistant	Arghakhachi Hospital	
Resource persons				
1	Gita Bhusal	PHN	HO Arghakhachi	9867176617
2	Kamala Shrestha	C&Q Specialist	NHSSP	9848305284
3	Anil Dhungana	HSSO	NHSSP	9841917883
4	Pratistha Dhakal	HSSO	NHSSP	9846784566
5	Preeti Bhattarai	HSSO	NHSSP	9841528487

Annex 8 EOC referral guideline
Please see attachment