



# Nepal Health Sector Support Programme III (NHSSP – III)

**Report on the process of review and revision of national standards, protocols and guidelines on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH); Family Planning (FP) and Nutrition with revision plans agreed with counterparts and supporting partners**

**November 2017**



**Disclaimer**

This material has been funded by UK aid from the UK government; however the views expressed do not necessarily reflect the UK government's official policies.

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## Abbreviations

AWPB	Annual Work Plan and Budget
CHD	Child Health Division
DA	Department of Ayurvedic
DDA	Department of Drugs Administration
DSF	Demand Side Financing schemes
DOHS	Department of Health Services
CSD	Director of Curative Service Division
FHD	Family Health Division
FP	Family Planning
GIZ	German International Technical Cooperation
GoN	Government of Nepal
H4L	Health For Life
HFDQS	Health Facility Development and Quality Section
HFOMC	Health Facility Operation Management Committee
MD	Management Division
MoH	Ministry of Health
NHFS	Nepal Health Facility Survey
NHSS	Nepal Health Sector Strategy
NHSS IP	Nepal health Sector Strategy Implementation Plan
PHCRD	Primary Health Care Revitalisation Division
QAI TWG	Quality Assurance and Improvement Technical working group
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RUM	Rational Use of Medicines
STP	Standard Treatment Protocol
TWG	Technical Working Group
VP	Visiting Providers

## **Introduction**

Government of Nepal (GoN) commitment to international goals aims to improve maternal and newborn health outcomes in the country. The Nepal Health Sector Strategy (NHSS) envisions that healthcare services that meet minimum standards of quality are provided at the point of service delivery, leaving no-one behind. Availability and use of clinical standards, protocols and job-aids at service delivery sites are important to standardize medical care, reduce risks, and improve quality of care. Standards/protocols and job-aids are expected to reduce undesirable variations in clinical practice, help informed decisions amongst providers as well as clients, provide quality services, and can also be used as medico-legal protection. They provide value for money, enhance clinical practice and influence patient outcomes.

In Nepal, there are a number of standards and protocols for Reproductive, Maternal, Newborn, Child and Adolescent (RMNCAH) health services, however several of them are out dated and do not fully align with other existing and emerging policies and strategies. The recent Nepal Health Facility Survey(2016) also showed that availability of standards/protocols/guidelines for clinical service management at the facility level is one of the weakest areas. Only 28% of all health institutions and 30% of public health institutions had one of the recommended clinical standards/protocols/job-aids available on the day of survey (MoH 2015).

The Health Facility Development and Quality Section (HFDQS), Management Division (MD) within the Department of Health Services, is responsible for quality of care of health services delivered by public and private facilities. It facilitates the Quality Improvement (QI) activities of District Hospitals, Primary Health Care Centres, Health Posts and other public health facilities. It also supports the Department in broader activities related to health facility development including regulating private hospitals between 51 to 200 beds and developing guidelines for health facility development. Based on the Quality Improvement Policy (2007) a Quality Assurance and Improvement Technical Working Group (QAI TWG) was formed under the chair of HFDQS chief, a QAI Advisory Committee was formed under the chair of the Director General (DG) of Department of Health Services (DOHS) and a Steering Committee under the chair of Director of Curative Service Division (CSD) of Ministry of Health (MoH, 2007) (for membership – see Annex 1- QAI TWG, QAI Advisory Committee, and QAI Steering Committee). The Department of Health Services (DoHS), in collaboration with other Departments and supporting partners has included in the Implementation Plan of NHSP3 (NHSP-IP3) the updating of standards, clinical protocols and job-aids based on emerging evidence and guidelines from WHO and to improve their availability at the facility level.

## **Purpose and Objectives**

The overall purpose of this Payment Deliverable is to support Family Health Division (FHD), Child Health Division (CHD), Primary Health Care Revitalisation Division (PHCRD) and other relevant Divisions/Centres within DoHS to review and revise standard protocols and treatment guidelines that are needed to provide quality RMNCAH, Family Planning (FP) and nutrition services; and thereafter support better availability of the recommended guidelines at appropriate service delivery sites.

The specific objectives of this Payment Deliverable (PD)<sup>1</sup> are to:

- To update the national Inventory of standards, protocols, and treatment guidelines
- To develop a plan for review and revision of national standards, protocols and guidelines

## Process

In order to achieve the stated objectives and promote better alignment within the MOH and relevant Divisions, Centres and Departments, the QAI TWG chair took the lead to facilitate the listing of an Inventory and to facilitate the relevant bodies to plan for revision and updating of standards, protocols and treatment guidelines published within MoH and DOHS. This is in line with one of the activities planned by HFDQS in NHSP-IP 3 as stated above : to *“revise and/or develop treatment guidelines/protocols and standards for each level of health facility”*.

The QAI TWG chair gave responsibility for compiling the Inventory to all active members of the TWG<sup>2</sup> The active members listed in the footnote below all participated in the exercise but it took longer than expected since the scale of the exercise was not realised at first. This resulted in frequent meetings to ensure completion of the Inventory.

The following steps were taken to implement the development of the Inventory of documents to ensure inclusion of the various standards, protocols and guidelines that need to be updated/ revised in line with national policies and strategies and international standards. The relevant Divisions, Centres, Departments and supporting partners were brought together to plan for updating/revision and to identify the necessary support required:

- Meeting with QAI TWG chairperson and supporting partners,
- Developing a template to collect the list of documents,
- QAITWG meeting decision to make an Inventory of documents,
- Collection of documents and discussion with relevant Divisions, Centres and Departments’ directors and/or staff from supporting partners, and
- Discussion on way forward at QAITWG meeting.

### Meeting with QAI TWG chairperson and supporting partners:

NHSSP and representatives from selected supporting partners (WHO, UNFPA, H4L and NHSSP) met with the QAI TWG chairperson on 15<sup>th</sup> September 2017 to discuss the possibility of undertaking an Inventory of existing standards, protocols and guidelines. The meeting agreed:

(1) to include all documents including policies, strategies, standard, protocols and guidelines published within MOH including DOHS, DDA and DA;

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<sup>1</sup> The Terms of Reference are attached

<sup>2</sup> This included WHO, UNICEF, UNFPA, H4L (secretariat of HFDQS of MD), GIZ, MSI, HSSP, PHCRD

- (2) to develop a template for collect documents and send to all QAI TWG members; and
- (3) to give responsibility to the supporting partners to collect documents.

A template was developed and shared to all partners via email by HFDQS secretariat (H4L) with the meeting minutes, and all partners were reminded to collect documents during the National QAI guideline finalisation workshop on 18<sup>th</sup> September 2017 and via emails. (Annex 2. Meeting minutes: Meeting on Mapping of Quality Related Documents).

### **QAI TWG meeting:**

During the 14<sup>th</sup> QAI TWG meeting on 6<sup>th</sup> November, the status of compilation of documents and a list with almost 250 documents was shared by the chairperson. Members from supporting partners responsible for collecting documents shared the difficulty in completing document search. This was due to a number of reasons:

- limited institutional memory;
- not all documents were uploaded in the GON websites;
- a few were only with the supporting partners;
- a few are available in printed copy only;
- it was impossible to find the printed/soft copy of some documents though we know that they exist; and.
- the vast number of existing standards/protocols and guidelines.

There was also a discussion of the possible implications of the federal context and the roles and responsibilities of the different levels of government on what documents would be required and be most useful at different levels of the system. Further responsibility was given to selected members to collect and discuss with various Divisions, Centres and Departments on the need to update the existing document list and contents. A decision was taken to present the Inventory and Recommendations on the way forward to the Health Secretary. (Annex 3: Meeting minutes - 14<sup>th</sup> Quality Assurance and Improvement TWG Meeting)

### **QAI TWG extended and ad hoc meeting:**

An ad hoc meeting was called on 12<sup>th</sup> November by the QAI TWG chairperson. The following agenda was discussed:

- incomplete collection of the documents,
- difficulty in getting opinion/decision on from few Divisions and Centres on the plan for updating, and
- what difficulties would be faced at the local level ,and the support required, in the federal context especially with the extensive number of existing documents .

Further responsibility was given to finalise document collection focusing on the status of documents and whether updating/revision is needed . Further discussion took place on the recommendations to be shared with the Health Secretary. (Annex 3: QAI TWG Ad Hoc Meeting Notes: Documents Compilation Meeting).

The following persons were responsible for collection of documents listed in the Inventory:

<b>Divisions/ Centres</b>	<b>Persons collecting documents from Divisions/Centres/Departments</b>
CHD	Dr Asha Pun (UNICEF), Chahana Sighn (UNICEF), Binita (H4L)
FHD	Dr Rajendra Bhadra (H4L), Keshu Kafle (FHD), Dr Pooja Pradhan (WHO); Dr Rajendra Gurung (NHSSP)
EDCD	Maureen (NHSSP)
LMD	Mr Ramesh (NHSSP)
PHCRD	Ms Kimat Adhikari (PHCRD), Mr K K Sighn (WHO)
LCD	Dr Maureen (NHSSP)
MD	Ms Anjana Rai (H4L), Binita (H4L)
NCASC	Dr Anita (MSI), Dr Rajendra Gurung (NHSSP)
NTC	Dr Suvesh, Anjana (H4L)
NPHL	Dr Indira Basnet (NHSSP)
NHTC	Dr Indira Basnet (NHSSP), Dr Ishwor (NHTC), Dr Rajendra Bhadra (H4L),
NHEICC	Ms Neera Thakur (UNFPA)
CSD	Dr Kishori (NHSSP)
PPICD	Dr Kishori (NHSSP)
PHAMED	Dr Kishori (NHSSP)
SHSDC	Ms Anjana Rai (H4L)
DDA	Ms Sushma (WHO)

### **Extended QAI TWG meeting:**

An extended TWG meeting was conducted on 15<sup>th</sup> November to discuss two agenda items - the Quality of Care report and finalisation of Recommendations on Document Inventory for the Health Secretary.<sup>3</sup> The meeting discussed the Inventory and Recommendations and agreed that they will be finalised via emails. The following points were discussed as Recommendations:

#### **(1) Supporting implementation of the federal system and devolving health to the local level:**

- The current documents are too many and will be unmanageable for local level health coordinators. It would be important to manage the list based on federal system needs, especially programme implementation guidelines.
- Some documents are updated, but some need updating by different Divisions.

#### **(2) It would be beneficial to have:**

- All Demand Side Financing (DSF) schemes from MOH as one DSF implementation guideline
- Basic health services (BHS) management guidelines for different levels of health services ( this is in process of development for endorsement will form the basis of legislation)
- Pre-requisites for providing basic health services
- Overall financial management guideline
- Updated technical standards/protocols
- Intervention Implementation guidelines in the federal context - to improve quality of care and increasing access

<sup>3</sup> See Annex 4 Meeting Minutes, Annex 5 Recommendations, Annex 6 Document Inventory in Excel file, Annex 7 Power point presentation.



- AWPB implementation guidelines and programme implementation guidelines (example – Visiting Providers (VP ) guidelines and VP programme guidelines)

The issues need to be raised to the level of the Health Secretary both for briefing on the Inventory and sharing Recommendations for way forward. (see Annex 3) Interest and support has been generated among partners for continuing support of the process. The broad areas going forward are indicated in the Power Point intended for the Secretary ( see the discussion in the paragraph below and Annex 8). QAI TWG chairperson (Dr Hemant Ojha) planned to present to the Health Secretary during the week of 26<sup>th</sup> November. However, a new section chief for HFDQS was in the office on the 26<sup>th</sup> November

## **Discussion**

The objective to update the national Inventory of standards, protocols, and treatment guidelines and to develop a plan for review and revision of national standards, protocols and guidelines as stated in the Terms of Reference of this Payment Deliverable has resulted in useful insights into the complex status of the various guidelines and protocols that currently exist. With the participation of QAI TWG members, both government officials and supporting partners, the Inventory as completed has been widely shared and all soft copies are filed in HFDQS secretariat and NHSSP. This will improve institutional memory within MOH.

However while collecting these documents the members of the TWG, both partners and government officials, realised that not all documents are uploaded in the relevant government websites, some standards/protocols are out-dated, and the current extensive number of documents ( 368) could cause confusion especially at local and provincial levels. This supported the underlying hypothesis for this work that improved knowledge management, led by MOH, would be beneficial for all potential users of these documents. Overall the Inventory exercise has served thereby to sensitise both government and partners to the need for the Ministry of Health to better manage information ( standards, guidelines, protocols) to ensure up-to-date guidance for service delivery, especially in the context of the new information needs and challenges within the federal arrangements.

In the current situation of lack of clarity on roles between different levels of government and in the expected turnover of staff in key roles following the elections, it is prudent to delay revising *implementation* guidelines but commence work on *updating all out-dated technical standards and protocols* as soon as possible. A number of standards/protocols/guidelines are being revised by relevant Divisions and Centres, and a number of partners including WHO, UNFPA, UNICEF, and NHSSP are currently supporting the process. This is work in progress.

## **Likely next steps for NHSSP**

The Inventory exercise has revealed substantial areas for the MOH to decide responsibilities in terms of programme implementation/financial/administration guidelines. This needs to be done in

consultation with or agreement with local/provincial government and will require clarity on negotiable and non-negotiable guidelines in the programme implementation . Examples are the implementation guidelines for the Basic Health Care Package ( once determined) and some Demand Side Financing (eg. Aama) which needs to be non-negotiable while the local/provincial level will decide evidence based interventions to be implemented for increasing access and quality improvement in their respective localities.

NHSSP will orient the new HFDQS chief on the processes taken in developing the document Inventory and on the agreed action points, and will request for QAI TWG meeting and to take the Recommendations to the Health Secretary by end of January 2018 (assuming the new Health Secretary will be appointed).

In the reorganisation of federal health system, NHSSP will provide technical assistance as per the instructions of the Health Secretary and the responsible body (possibly QA steering committee unless a new body for knowledge management is formed).

The following support could be provided:

- among listed 45 technical standard/protocol/guidelines, 24 are an up to date version, 9 are being updated/ revised or planned to be revised within 2018, 3 are considered as archived, 5 identified as needing revision and 4 are unknown state. NHSSP will support QAI TWG to take further action on updating technical standard/protocol/guidelines with relevant Divisions/Centres with supporting partners. This could be facilitated within 2018.
- However, programme implementation guidelines and administrative and financial guidelines revision need to wait till the federal structure is finalised and roles and responsibilities of different levels of government are identified within the defined structure. NHSSP will provide technical assistance to the responsible body (as mentioned above) to revise or develop programme implementation / financial implementation / administration guidelines based on the defined structure and roles/responsibilities with participation of different levels in revision process. Timeline for this may be 2018-2019.
- Web based library (current MOH library update) could be supported using NHSSP-TARF funds if requested by government.

### **In addition**

- NHSSP is in the process of discussion with PHCRD to update the Standard Treatment Protocol (2012) (STP) and roll out the protocol through training provided by NHTC. NHSSP staff met with PHCRD director and focal persons and agreed to form a Technical Working Group (TWG) with members representatives from CHD, EDCC, FHD, NTC, NCASC, NHTC, LCD, CSD, DDA, PHCRD, LMD (Pharmacist), and supporting partners (WHO, Save the Children International, Institute of Medicine). The purpose of the TWG will be to revise the STP according to the revised “Basic Health Package” submitted to MOH by PHCRD. A “Tipanni”<sup>4</sup> has been submitted to the PHCRD director to form the TWG. A concept paper on the need for an updated Standard Treatment Protocol is being drafted by NHSSP and PHCRD to present to the TWG.

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<sup>4</sup> Tipanni = official request for approval process

- NHSSP is also proposing to support the monitoring of the Rational Use of Medicines (RUM) Guideline by the PHCRD. RUM is part of the STP. The revised STP, the roll out plan through NHTC (example to be included training such as Mid-Level Practicum training) and PHCRD (Orientation to health workers at district<sup>5</sup> level), the monitoring plan by PHCRD, and early implementation status will be reported by NHSSP in November 2018. Dissemination of the revised STP will be supported together with relevant stakeholders.
- NHSSP will also support roll out in 2018 of the revised protocols and standards (for example the STP, RUM and Reproductive Health protocols) through supporting implementation of the Hospital Quality Improvement Process and SBA clinical mentoring process implemented through AWPBs.

## Conclusion

The development of an Inventory of documents in terms of national standards, protocols and guidelines on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH), Family Planning (FP) and Nutrition to guide service delivery proved a more complex and time-intensive task than originally envisaged. It also revealed a considerable need for up-dating documentation and thereby served a useful purpose in highlighting for government and partners the need to manage documents so that they are current and serve the purpose intended. Another useful result of the exercise has been to highlight the need to consider the information requirements within the federal context, particularly the information for the local levels of government that now have the responsibility for local services. This review concludes with an indication of how NHSSP can support the processes of revision of protocols, notably for STP, RUM and reproductive health which will serve as a national resource for service delivery and also support the development of implementation guidelines in terms of what is required and appropriate for the local level.

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<sup>5</sup> Current AWPB plan for district level orientation

## Annexes:

### Annex 1: QAI TWG, QAI Advisory Committee, and QAI Steering Committee

#### The Quality Assurance and Improvement Working Group – Members

SN	Designation	Organisation	Committee Position
1	Chairperson	Section Chief. HFDQS, MD Division	Chair
2	Representative	Section Chief, Monitoring and Supervision Section, MD	Co-Chair
3	Representative	Section Chief, Planning, MD	Member
4	Representative	Family Health Division	Member
5	Representative	Child Health Division	Member
6	Representative	Logistic Management Division	Member
7	Representative	Epidemic and Disease Control Division	Member
8	Representative	Primary Health Care Revitalisation Division	Member
9	Representative	National Centre for Aids and STD Control	Member
10	Representative	National Health Training Centre	Member
11	Representative	National Health Education Information Communication Centre	Member
12	Representative	Supporting partners – NHSSP, GIZ, H4L/USAID, WHO, NSI	Members

*Note: Based on revised draft revised National QAI Guideline (2017)*

#### The QAI Technical Advisory Committee – Members

SN	Designation	Organisation	Committee position
1	Director General	DoHS	Chairperson
2	Director	Management Division	Co-chair
3	Director	Family Health Division	Member
4	Director	Child Health Division	Member
5	Director	Logistics Management Division	Member
6	Director	Primary Health Care Revitalisation Division	Member

7	Director	National Centre for AIDS and STD Control	Member
8	Director	National Health Training Centre	Member
9	Director	National Public Health Laboratory	Member
10	Director	National Health Education, Information and Communication Centre	Member
11	Director	Epidemiology and Disease Control Division	Member
12	Director	Sukraraj Tropical and Infectious Disease Hospital	Member
13	Director	Paropakar Maternity and Women's Hospital,	Member
14	Section Chief	HFDQS, Management Division	Member Secretary
External development partners* and other stakeholder representatives may be invited to the meetings as required.			

**\* This includes the partners that are currently supporting the development of health care quality assurance systems (GIZ, H4L, NHSSP, NSI and WHO)**

*Note: Based on revised draft revised National QAI Guideline (2017)*

#### **QA Steering Committee – Composition:**

<b>SN</b>	<b>Designation</b>	<b>Organisation</b>	<b>Committee Position</b>
1	Chief Specialist	Curative Division	Chairperson
2	Director General	Department of Health Services	Member
3	Director General	Department of Drug administration	Member
4	Director General	Department of Ayurveda Medicine	Member
5	Representative	Nepal Health Research Council	Member
6	Legal Officer	MoH	Member
7	Representative	Consumer Forum	Member
8	Representative	APHIN	Member
9	Chief	Monitoring, Evaluation and Public Health Administration Division	Member Secretary

*Note: Based on Quality Assurance and Improvement Policy (2007)*

## **Annex 2. Meeting minutes: Meeting on Mapping of Quality Related Documents**

**Date:** Sept 15, 2017, 11am- 1pm

**Venue:** Meeting Hall, Management Division

**Attendance:** Dr. Hemant C. Ojha (MD), Amrit K.C (LMD), Anjana Rai (H4L), Dr. Mira Upadhyaya (WHO), Dr. Maureen Dar lang (NHSSP), Dr. Rajendra Bhadra (H4L), Dr. Kishori (NHSSP), Kamala Shrestha (NHSSP), Dr. Pooja Pradhan (WHO), Neera Thakur (UNFPA)

**Agenda: List existing protocols/guidelines on Quality**

Dr. Hemant C. Ojha started the meeting with NHSS outputs for Management Division.

OP 2.1- Quality health services delivered as per protocols/guidelines

OP 2.2-Quality assurance system strengthened

OP 2.3- Improved infection prevention and health care waste management practices

This meeting was mainly focused on OP 2.1 of the NHSS and the decision was taken to create an Inventory of the existing standards/ protocols/ guidelines and policies related to quality. This will allow assessment of the status of the documents and enable decision on the way forward.

**Decisions:**

The following **decisions** were taken at the meeting:

1. Develop an Inventory of the existing documents on quality:
  - a. Policies, strategies, plans
  - b. Technical/clinical standard, protocol guidelines
  - c. Program Implementation Plan guidelines
2. The following people are responsible for collecting documents from respective Divisions/Centres and MoH

<b>Divisions/Centres</b>	<b>Person Responsible</b>
CHD	Dr Asha Pun (UNICEF)
FHD	Dr Rajendra Bhadra (H4L)
EDCD	Dr Rajan Rayamajhi (WHO)
LMD	Mr Amrit K.C (LMD)
PHCRD	Ms Kimat Adhikari (PHCRD)
LCD	Dr Maureen Dar lang (NHSSP)
MD	Ms Anjana Rai (H4L)
NCASC	Rajan Bhattarai (WHO)
NTC	Rajan Bhattarai (WHO)
NPHL	Dr Indira Basnet (NHSSP)
NHTC	Dr Indira Basnet (NHSSP)
NHEICC	Ms Neera Thakur (UNFPA)
CSD/MOH	Dr Kishori (NHSSP)
PPICD/ MoH	Dr Kishori (NHSSP)
PHAMED/MOH	Paban Ghimire (WHO)
SHSDC/MoH	Ms Anjana Rai (H4L)
DDA	Ms Sushma (WHO)

3. The deadline for completion of mapping/ collecting documents by responsible person is October 16, 2017

**Annex 3: Meeting minutes - 14<sup>th</sup> Quality Assurance and Improvement TWG Meeting**

**Date: Nov 6<sup>th</sup>, 2017**

**Venue:** Management Division, Teku

**Present:**

Dr. Bhim Singh Tinkari (MD), Dr. Hemant Chandra Ojha (MD) , Lilam B.K. (MD), Dr. Ishwor Updahyaya (NHTC), Keshu Kafle (FHD), Dr. Maureen (NHSSP), Dr. Kishori Mahat (NHSSP), Ian Chadwell (NSI), Dr. Binamra Rajbhandari (GIZ), Dr. Anita Shrestha (SIFPO/MSI), Dr. Neeta Shrestha (UNFPA), Dr. Rajendra Bhadra (H4L), Basanti Chand (H4L), Anjana Rai (H4L), Binita Shrestha (MD),  
Consultants: Dr. BK Subedi and Dr. Tsering Pema Lama

**Introduction and Welcome Remarks:**

Dr. Hemant HFD&Q section chief facilitated TWG meeting starting with the formal introduction of new Director of Management Division Dr. Bhim Singh Tinkari followed by individual introduction of all the other attendees.

Dr. Tinkari welcomed all and provided encouragement and added emphasis on need of Quality Assurance and Improvement.

**Agenda and Decisions:**

**Agenda 1: Further analysis of Nepal Health Facility Survey**

- Dr. Pema updated on the ongoing further analysis.
- Discussed about the dimensions of quality especially focusing two dimensions: patient centered and culturally appropriate and how to differentiate these two dimensions. Ideas on whether culturally appropriate could be rephrased as “appropriate” only for the further analysis. Decision was made to look for data availability on “culturally appropriate” dimensions and way forward will be determined on the next meeting.
- It was also stated that PHAMED is the decision maker for overall objective of further analysis.

**Agenda 2: Guideline revision**

- The final draft of the guideline was reviewed and decision was made to replace the word “implementation directives”<sup>6</sup> as “implementation guidelines” from title on the cover page.
- Discussed that client satisfaction interview format was relevant for OPD services but not for higher level hospitals. It was decided that the interview format not include inpatient services for now however, some changes can be made and comments are welcome.
- A week timeline was decided for any changes to be made in the client satisfaction interview format.
- For reporting of QI activities, decision was made to use same format as HMIS uses and further discussion can be done once the GoN provides new structure.

**Agenda 3: QoC report:**

- Dr BK. Subedi, consultant suggested to present the report in Input-Process-Outcome format.
- Discussions were done and it was decided that another meeting to be scheduled another meeting on Nov 16<sup>th</sup>, 2017 Thursday at Management Division.

**Agenda 4: Compilation of QoC documents**

- Shared the QoC documents compilation till date.

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<sup>6</sup> Direct translation into English from Nepali

- Dr Ojha is planning to present the list with Recommendations from the TWG to the Health Secretary. The TWG members will complete collection and finalization of the documents by Nov 8<sup>th</sup> 2017 as per allocated responsibility.
- Person responsible for finalization for respective Division related documents: Dr. Binamra Rajbhandari- CHD, Kesu Kafle-FHD, Maureen-EDCD and LMD, Kimat Adhikari/Binita-PHC-RD, Dr. Hemant C Ojha/Binita-MD, Dr. Anita Shrestha-NCASC, Dr. Suvesh/Anjana- NTC, Dr. Ishwor Upadhyay-NHTC. Dr. Maureen and Binita Shrestha will also support compilation.

#### **Agenda 5: Field Testing of QMIS**

- Shared the field testing plan and the QMIS application

#### **AOB**

- Decided to collect the QA focal person name from respective Divisions

### **Annex 4: QAI TWG Ad Hoc Meeting Notes: Documents Compilation/Inventory Meeting**

**Presence:** Dr Hemanta Ojha, Dr Ishwor Upadhyya, Ms Keshu Kafle, Dr. Rajendra Bhadra, Dr Anita Shrestha, Ms. Binita Shrestha, Dr BK Subedi, Maureen Dar lang

**Venue:** Meeting Hall, Management Division

**Date:** 12<sup>th</sup> November 2017

#### **Meeting Notes:**

<b>Agendas and Agreed Actions</b>	<b>Deadline</b>
<p><b>1. Collecting soft copies:</b></p> <ul style="list-style-type: none"> <li>- We currently have soft copy of about 250 documents.</li> <li>- Binita will call all Divisions to collect the soft copies.</li> <li>- <b>All partners to send the soft copies to Binita via email or in CD.</b></li> </ul>	15 <sup>th</sup> November 2017
<p><b>2. Finalizing list:</b></p> <p>The following will update the list in discussion with concerned Division/Centres</p> <ul style="list-style-type: none"> <li>- H4L - Dr Bhadra (FHD, NHTC, NHEICC)</li> <li>- H4L- Binita (MD, PHCRD, SHSDC)</li> <li>- NHSSP - Maureen (CHD, EDCD, LCD, NPHL, LMD) (all MOH with Dr Kishori)</li> <li>- MSI - Dr Anita (NCASC)</li> <li>- H4L - Anjana (NTC)</li> <li>- Homeopathic and other alternative are not included (Binita – H4L)</li> <li>- Financial management guidelines (Dr Bhadra – H4L)</li> <li>-</li> </ul> <p><b>The list will be categorised into:</b></p> <p>(1) current documents (document published in or after 2007, and all policies)</p> <p>(2) the one that needs updating/revision (all technical document, strategies and implementation guidelines before 2007 unless considered obsolete by the concerned Division/Centre)</p> <p>(3) to be archived.. (Older version plans, strategies, policies, and document</p>	15 <sup>th</sup> November 2017



<p>considered obsolete) If there is revised/updated documents, we will include the latest version in “current list” and the older version in “to be archived list”.</p> <p><b>All to send all the list to Binita by 15<sup>th</sup> November.</b></p>	
<p><b>3. What to present to the Health Secretary:</b></p> <p>The final Inventory listing and Recommendations will be discussed and finalized on 16<sup>th</sup> November meeting.</p>	16 <sup>th</sup> Nov 2017
<p><b>4. Way forward</b> QAI TWG chairperson (Dr Ojha will present the list with Recommendations from the TWG to the Health Secretary).</p> <p><b>Issues to discuss for Recommendations:</b></p> <p><b>In the federal system context:</b></p> <ul style="list-style-type: none"> <li>- The current documents are too many and will be unmanageable for local level health coordinators. It would be important to manage the list based on federal system needs, especially programme implementation guidelines. (Knowledge Management to make sure that documents are divided in categories, uploaded in appropriate website)</li> <li>- Some documents are updated, but some need updating by different Divisions.</li> </ul> <p><b>It would be beneficial to have:</b></p> <ul style="list-style-type: none"> <li>○ All Demand Side Financing (DSF) schemes from MOH as one DSF implementation guideline</li> <li>○ Basic health services (BHS) management guidelines for different levels of health services (in process of development for endorsement and to form the basis of legislation)</li> <li>○ Pre-requisites for providing basic health services</li> <li>○ Overall financial management guideline</li> <li>○ Updated technical standards/protocols</li> <li>○ Intervention Implementation guidelines in the federal context - to improve quality of care and increasing access – AWPB implementation guidelines and programme implementation guidelines (example – Visiting Providers (VP ) guidelines and VP programme guidelines</li> </ul> <p><b>Problems/ duplications etc will be flagged up</b></p> <ul style="list-style-type: none"> <li>○ (Health Facility Operation Management Committee (HFOMC) - MD/PHCRD) (Hospital management guidelines - MD/CSD)</li> </ul> <p><b>STP and rational use of drugs to be aligned</b> and implemented as part of quality improvement; all programmes’ protocol and STP to be aligned.</p>	TBC
<p>To send to Dr Ojha the final Inventory and situational analysis and Recommendations on Friday 17 November 2017. In PPP presentation slides.</p>	

## **Annex 5: QAI TWG Extended Meeting**

**Date:** Nov 15<sup>th</sup>, 2017

**Venue:** Management Division, Teku

**Present:**

Dr. Hemant Chandra Ojha (MD), Sagar Dahal (PHCRD), Dr. Maureen, Dr. Kishori Mahat (NHSSP), Birendra B. Pradhan (UNICEF), Dr. Anita Shrestha (SIFPO/MSI), Mahesh Pant (SIFPO/FPAN), Dr. Rajendra Bhadra, Anjana Rai (H4L), Binita Shrestha (MD)

Consultant: Dr. BK Subedi

**Agenda and Decisions:**

**Agenda 1: Finalizing format for QoC report and way forward**

- Dr. BK Subedi (consultant) presented the proposed QoC report outline and format.
- Discussed about the contents of the QoC report especially:
  - Ideas were given to present “background” correlating quality with existing policy, guideline, history and “context” based on federal system. Decision was made to focus QoC at point of service delivery for QoC report.
  - QoC definition was proposed by Dr. BK Subedi. Further decision was made to look for existing definitions from Quality Health Service Policy and other national documents and propose definitions as well in coming meetings.
  - Discussed about eight dimensions of quality as quantifiable or non-quantifiable. Decided to base findings on the definition provided by WHO for 6 dimensions. Further discussions were done on the meaning of “culturally appropriate” and “reliable” however no decision on the definition was made. Discussions were done to categorize dimensions into 1) Health Facility Level (safe, timely, reliable, client Centred) and 2) Governance Level (Culturally Appropriate, Equitable, Efficient and Effective). Future meetings will also include this agenda.
  - Although Dr. BK Subedi proposed to focus on four areas (Child health, Family Health, Communicable Disease and OPD) at the initial for QoC report. Dr. Hemant recommended not to limit the QoC report to four services and also to incorporate Patient Safety Assessment findings in the report.
  - Discussed about the matrix for mapping quality interventions. Discussions were made whether the domains are for ideal quality intervention or Quality of Care. It was decided that the proposed matrix needs further work (scoring, weights) and could recommended its use in QoC report.

**Agenda 2: Final Compilation of QoC Inventory of documents and Way Forward**

- Discussion was more focused on the way forward.
- Updating and finalizing the list by CoB Nov 16<sup>th</sup>. All the responsible individuals will update the list in discussion with respective Divisions/Centres and send the updated list to Binita for final compilation by COB 16<sup>th</sup> Nov.
  - ✓ Binita (MD)

- ✓ Maureen (CHD,NPHL)
- ✓ Binita (Department of Ayurveda)
- ✓ Dr Bhadra (Financial management guidelines)
- Recommended to present QoC compilation and way forward with Secretary
- Maureen will share the note taken on the way forward agreed by TWG (separate document on Recommendations – Annex 5 is based on agreed recommendation points by the TWG)

## **Annex 6: Recommendations: Inventory of Policies, Strategies, Plans, Technical Standards/Protocols, Financial and Administrative Guidelines, Programme Implementation Guidelines**

- QAI TWG made an Inventory of Policies, Strategies, Plans, Technical Standards/Protocols, Financial and Administrative Guidelines, Technical Implementation Guidelines.
- 368 documents available within MoH by different Departments, Divisions and Centres
- 43 are considered to be archived (published before 2007), 139 are up to date and 18 need revision & 8 in draft version
- 35 Documents being updated/revised or planned revision 2017/18.
- The concerned Divisions and Centres did not clarify the status of 125 documents whether they need updating or revision..
- The following table shows the current situation of the document Inventory:

<b>Types of Documents</b>	<b>Total</b>	<b>Ongoing revision/ Planned revision</b>
Directives and Regulation	15	1
Policy, Strategy, Plan	102	15
Standards, Protocol	45	8
Working Procedure, Guideline, Implementation Plan	192	11
Others	14	0
<b>TOTAL</b>	<b>368</b>	<b>35</b>

- Knowledge management will be one of the important tasks in transition to the federal system. The following areas could be included in knowledge management in the federal context:
  - Not all document listed are uploaded in MOH or DOHS or relevant Divisions/Centres' websites. It is recommended to categorize and upload each category of the documents in the websites of respective Divisions/Centres and MoH or MoH digital

library (<http://elibrary-mohp.gov.np/index.php/digital-library>) and all Divisions/Centres/Relevant body should upload new and revised documents as soon as the document is approved.

- A number of technical standards/protocols are old and need updating/revision. For this a circular from MOH to all Divisions/Centres will be important.
- At present, all Demand Side Financing schemes are in different guidelines developed by responsible Divisions/Centres. It will be important to develop one consolidated DSF guideline for all existing DSF schemes – including Aama, free new born care, free abortion, free POP surgery, multi-drug resistant TB, HIV, etc.
- Different financial management guidelines exist from Divisions/Centres for training/orientation/programme implementation. Aiming to develop one financial management guideline would ensure uniformity across the MOH.
- To improve access and quality of basic health care provided at different levels of health facilities, Divisions/Centres are implementing “evidence based interventions” and implementation guidelines were developed for these interventions. There are about 196 implementation guidelines from different Divisions and Centres. In the federal context, it is crucial to manage these guidelines in a manner useful and practical for local and provincial levels, this will require prioritising and simplifying guidelines for local level health coordinators/managers to facilitate proper implementation of priority programmes.
- Annual AWBP budget implementation guidelines, annual consolidated procurement plans and NHTC’s training packages are not included in the above list since they change every year.

#### **Annex 7: The Inventory of documents**

See the attached Excel file

#### **Annex 8: Presentation to the Health Secretary**

See the attached PowerPoint file

## Nepal Health Sector Programme III (NHSP3)

### SIGN-OFF SHEET: TERM OF REFERENCE

<b>Title of the Payment Deliverable</b>	Report on process of review and revision of national standards, protocols and guidelines on RMNCAH, FP and Nutrition, and agreed revision plans with counterparts and supporting partners (November 2017) <sup>7</sup>
<b>Technical Adviser</b>	Maureen Dar lang Lead advisor, Service Delivery
<b>Team Leader</b>	Gerard O'Brien Team Leader, NHSSP
<b>DFID Health Advisor</b>	Nichola Cadge Health Advisor

### TERMS OF REFERENCE

#### **Report on process of review and revision of national standards, protocols and guidelines on RMNCAH, FP and Nutrition, and agreed revision plans with counterparts and supporting partners**

##### **1. Introduction**

Government of Nepal (GoN) as per its commitment to international goals aims to improve maternal and newborn health outcomes in the country. Nepal Health Sector Strategy (NHSS) envisions that healthcare services that meet minimum standards of quality are provided at the point of service delivery, leaving no-one behind. Availability and use of clinical standards, protocols and job-aids at service delivery sites are important to standardize medical care, reduce several kinds of risk, and improve quality of care. Standards/protocols and job-aids are expected to reduce undesirable variations in clinical practice, provide quality services, help informed decisions amongst providers as well as clients, and can also be used as medico-legal protection. They provide value for money, change clinical practice and influence patient outcomes.

Although in Nepal, there are a number of standards and protocols for Reproductive, Maternal, Newborn, Child and Adolescent (RMNCAH) health services, several of them are outdated and do not fully align with other existing and emerging policies and strategies. The recent Nepal Health Facility Survey (MoH , 2016) also showed that availability of standards/protocols/guidelines for clinical service management at the facility level is one of the weakest areas. Only 28% of all health institutions and 30% of public health institutions had one of the recommended clinical standards/protocols/job-aids available on the day of survey.

The Department of Health Services (DoHS) in collaboration with other departments and supporting partners, therefore plans to update standards, clinical protocols and job-aids based on emerging evidence and guidelines from WHO; and improve their availability at the facility level.

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<sup>7</sup> A payment deliverable on "A revised national medical standard volume number volume 3" will be submitted in November 2018

## **2. Purpose and Objectives**

The overall purpose of this work is to support Family Health Division (FHD), Child Health Division (CHD), Primary Health Care Revitalisation Division (PHCRD) and other relevant Divisions/Centres within DoHS to review and revise standard protocols and treatment guidelines that are needed to provide quality RMNCAH, Family Planning (FP) and nutrition services; and thereafter support better availability of the recommended guidelines at appropriate service delivery sites.

The specific objectives of this Payment Deliverable (PD) are to:

- To update the national Inventory of standards, protocols, and treatment guidelines
- To develop plan for review and revision of national standards, protocols and guidelines

## **3. Methods**

The objectives will be achieved by supporting MD, FHD, CHD, PHCRD and other Divisions and Centres within DoHS, in coordination with other supporting partners. The specific steps that will be taken include:

- Helping create an Inventory of standards, protocols and treatment guidelines by updating the list made during Nepal Health Facility Survey (2016)
- Identifying the various standards, protocols and guidelines that need to be updated (revised) in line with national policies and strategies and international standards
- Agreeing with supporting partners on plan for updating/revision and the support needs

The above activities will be reported as a PD in November 2017. Based on the agreed plan, NHSSP will provide technical support to revise and implement at least one of the national standards/protocols identified, and the development of related job-aids for the protocol<sup>8</sup>.

## **4. Expected Outputs**

Expected output of the work proposed for this PD is:

An Inventory of national standards, protocols, guidelines and job-aids with a review and revision plan, agreed by government and supporting partners

Subsequent to the process proposed in this current PD, other related outputs in the following years could include:

- A revised standard/protocol by November 2018 (for example: National Medical Standards for Reproductive health (NMS) volume III) and
- revised protocols/ job aids based on the revised NMS volume III (the specific protocol/job-aids to be revised with the support of NHSSP will be identified during consultations and reported in November 2017 PD)
- Availability of recommended standards/protocols/ guidelines/job-aids at service delivery sites (will be reported annually and end of the programme report)

## **5. Deliverables**

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<sup>8</sup> The NHSSP has had a preliminary discussion with FHD about supporting the revision of National Medical Standards (NMS) for Reproductive Health Volume III (maternal and neonatal care) in collaboration with various supporting partners including UNICEF and further revision of clinical protocols and job-aids based on revised NMS volume III. This will be discussed further and confirmed as a part of the proposed process to identify protocols and standards to be updated.

Report on process of review and revision of national standards, protocols and guidelines on RMNCAH, FP and Nutrition, with

- An Inventory of national standards, protocols, guidelines and job-aids with a review and revision plan, agreed by government and supporting partners

To be submitted by the end of November 2017

## **6. Timeline**

The report will be submitted at the end of November 2017.

## **7. Risks**

Change of leadership could affected already agreed plan

## **8. Audience and dissemination requirements**

The report on the process of consultation meetings will be only for DFID and government counterparts. However, the national Inventory of standards/protocols/guidelines will be for both government and supporting partners.

## **References**

MoH . (2016). *Demographic and Health Survey 2016 Key Indicators Report*. Kathmandu: Ministry of Health Nepal.

