



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

**Improving quality of SBA/SHP and FP training at the  
Clinical Training Sites in Madhesh and Lumbini Provinces:  
Full technical assessment report including action plans for implementation and  
capacity enhancement**



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## List of abbreviations

ANC	Antenatal Care
BCC	Behavioral Change Communication
BH	Bheri Hospital
COC	Combined Oral Contraceptive Pills
DOHS	Department of Health Services
ECP	Emergency Contraceptive Pills
FP	Family Planning
FWD	Family Welfare Division
LARC	Long-Acting Reversible Contraceptives
ML/LA	Mini-laparotomy under local anesthesia
MNC	Maternal and Newborn Care
MNH	Maternal and Neonatal Health
MSS	Minimum Service Standard
NHSSP	Nepal Health Sector Support Programme
NHTC	National Health Training Centre
PHTC	Provincial Health Training Centre
PPFP	Post-Partum Family Planning
PPIUCD	Post-Partum Intrauterine Contraceptive Device
QI	Quality Improvement
SBA	Skilled Birth Attendant
SHP	Skilled Health Personnel
SSBH	Strengthening System for Better Health

## Executive Summary

This document is the second part of a two-part report on the TA support provided by NHSSP to strengthen the quality of Skilled Birth Attendant (SBA) and Family Planning (FP) trainings in two clinical training sites of Lumbini province and Madhesh provinces: Provincial Hospital Lumbini and Provincial Hospital Janakpur. Part 1 presented the processes covered in providing the technical support to the two hospitals in Lumbini and Madhesh provinces. Part 2 presents the key assessment findings from the clinical training sites and the combined lessons learnt from the TA support and the assessment findings.

Skilled and competent health service providers are key to delivering high quality health services. However, the capacities of MNH and FP service providers in Nepal are sub-optimal; only a third of the health facilities that offer childbirth and family planning services have service providers who have received the trainings. The importance of capacity building of the health workers through in-service trainings to improve quality of care at the point of service delivery has been emphasized through various government documents and strategies. Despite efforts, gaps have persisted in the quality and number of in-service trainings.

The UK funded Nepal Health Sector Support Programme (NHSSP) supported the National Health Training Centre (NHTC) and Family Welfare Division (FWD) who, in collaboration with the Provincial Ministry of Health, Population and Family Welfare/ Ministry of Social Development, Provincial Health Directorate, led the improvement of quality of Skilled Birth Attendant (SBA) and Family Planning (FP) trainings in two clinical training sites. NHSSP also supported to help identify four other sites for strengthening the quality of SBA and FP training and expansion of training sites where feasible.

The technical assistance (TA) involved use of a combination of assessment tools for assessing the readiness of the clinical training sites to deliver the maternal and neonatal health and the family planning services and trainings and the clinical capacities of the service providers/ trainers at these sites. The assessments were conducted using the nationally approved FP Quality improvement (QI) tools including the Infection Prevention and Health Care Waste Management QI tools, Maternal and Newborn Care QI tools, SBA Follow up Enhancement Program Tools, Training site QI tool and Sections of Minimum Standards Tool which were relevant to the maternal and newborn health (MNH) and Family planning. In addition to the assessments clinical capacity building was also conducted at the sites using individualised mentoring approach mixed with group sessions of demonstration of skills using videos.

The assessments highlighted several gaps in both the readiness of the hospitals to deliver Maternal and Newborn Health (MNH) and Family Planning (FP) services and trainings. Shortages of emergency drugs, equipment and supplies, inadequate infrastructure affected readiness, while inadequate skills in using partograph, complication management during pregnancy and delivery, history-taking and medical examinations affected capacities of service providers/trainers in providing quality services. The assessment findings were presented to the provincial stakeholders including the Provincial Ministry of Health Population and Family Welfare/ Ministry of Social Development, Provincial Health Directorate and hospital leadership and stakeholders and the external development partners. Site specific action plans were developed in the joint leadership of the federal and provincial leadership to address the key gaps identified in the assessments. Technical assistance to follow-up and facilitation for accomplishment of the action plans was also provided by NHSSP federal and provincial team in coordination with the hospital stakeholders, Provincial Health Training Centers, National Health Training Center and Family Welfare Division.

A general improvement in readiness of the sites and clinical skills of the trainers/ service providers were seen during the follow up visit to the two sites. Lessons emerging from this TA support indicate a need for establishing robust systems for quality improvement of the training sites, improving service quality through provision of adequate human resources and better approaches to care, establishing strong coordination mechanisms between the training sites, Province Health Training Centers (PHTC) and the palikas and incorporation of budgetary allocation for implementation of action plans which have cost implications into the federal, provincial and hospital AWPBs.

## 1. Introduction

Nepal has made substantial progress in reducing maternal mortality ratio from 539 per 100,000 live births in 1996 to 239 per 100,000 live births in 2016. Neonatal mortality too, despite stagnation between 2006 and 2011, has decreased to 21 per 1000 live births in 2016.<sup>1</sup> However, progress in family planning (FP) has stalled, with Modern Contraceptive Prevalence Rate stagnating at 43% since 2011<sup>2</sup>.

Skilled and competent health service providers are key to delivering high quality health services. However, the capacities of MNH and FP service providers in Nepal are sub-optimal; only a third of the health facilities that offer childbirth and family planning services have service providers<sup>3</sup> who have received the trainings.<sup>4</sup> Although the National Policy on SBAs (2006), that was introduced to overcome the shortage skills helped to modify the pre-service curriculum of Staff Nurses (SNs) to include more midwifery skills, the curriculum has been implemented by a few training institutions, and shortages in skills and competency levels have persisted. About 65% of SBA trained personnel achieved a score higher than 85% in knowledge, but in clinical skills assessment only 17.5% of them achieved these scores.<sup>5</sup> This highlights a gap in both the access to trainings and also the quality of trainings despite a substantial share of the budget in the health sector being spent on in-service trainings.

The Safe Motherhood and Newborn Health (SMNH) Roadmap 2030 made several recommendations, including updating the SBA strategy and the SBA training strategy focusing on strengthening in-service training to improve provider skills and competencies, in the short-to-medium term; while the new cadre of midwives are trained and developed in the longer-term as per the new Nursing and Midwifery Strategy (2020). Aligned with these strategic training goals, the Nepal Health Sector Support Programme (NHSSP) worked with the National Health Training Center (NHTC) and the Family Welfare Division (FWD) to provide technical assistance (TA) to improving the quality of SBA and FP trainings at two hospitals in Lumbini Province and Madhesh Province.<sup>6</sup> The TA also supported the identification of four other hospitals<sup>7</sup> for strengthening the quality of SBA and FP trainings and possible expansion of SBA and FP training sites in these sites where applicable.

This document is Part 2 of a two-part report on the TA support and its results. Part 1 presented the processes covered in providing the technical support to the two hospitals in Lumbini and Madhesh provinces. Part 2 presents the key assessment findings from the clinical training sites and the combined lessons learnt from the TA support and the assessment findings.

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<sup>1</sup> Nepal Demographic and Health Survey 1996 and 2016

<sup>2</sup> Nepal Demographic Health Survey 2011 and 2016.

<sup>3</sup> These service providers include doctors, Staff Nurses, Auxiliary Nurse Midwives and paramedics who will have received Skilled Birth Attendant (SBA) or advanced SBA training in-service.

<sup>4</sup> Ministry of Health, Nepal; New ERA, Nepal; Nepal Health Sector Support Program (NHSSP); and ICF. 2017. *Nepal Health Facility Survey 2015*. Kathmandu, Nepal: Ministry of Health, Nepal.

<sup>5</sup> Goyet S, et al (2020). On-site clinical mentoring as a maternal and new-born care quality improvement method: evidence from a nurse cohort study in Nepal. *BMC Nursing* 19. 3 (2020) ([On-site clinical mentoring as a maternal and new-born care quality improvement method: evidence from a nurse cohort study in Nepal | BMC Nursing | Full Text \(biomedcentral.com\)](#) accessed on 24/03/2022)

<sup>6</sup> Provincial Hospital Lumbini in Lumbini Province and Provincial Hospital Janakpur in Madhesh Province.

<sup>7</sup> Provincial Hospital Rapti and Bheri Hospital in Lumbini Province and Gajendra Narayan Singh and Narayani Hospital in Madhesh Province.

## 2. Methodology

### a. Site selection

NHTC and FWD selected the Provincial Hospital at Lumbini and the Provincial Hospital at Janakpur, for NHSSP to provide focused support to strengthen the quality of SBA and FP trainings. Janakpur hospital was already a SBA and FP training site but Lumbini was only a SBA training site<sup>8</sup>. These sites were chosen as they were already NHTC supported sites and had high caseload for MNH and FP services.

### b. Assessment tools

Clinical and management tools were used for the assessments at the training sites. To assess the FP/SBA training site's quality improvement (QI), NHSSP staff along-with representatives from NHTC and FWD administered 19 sections from four thematic areas including FP, SBA/MNH, Infection prevention & waste management and Training quality. A total of 281 standards assessed which included eight areas under FP; six areas under SBA/MNH, four areas under training, and Infection prevention & waste management as one overall area (Please see Annex- 1 for complete details). In addition, the Minimum Service Standards (MSS) tool for specific thematic areas (Family Planning, Maternity Services and Hospital Waste management) which included 96 standards were also used to assess the site. The SBA Follow-up Enhancement Programme (FEP) tool 2016, was used in addition to the MNC QI tool to assess the core knowledge and skills of SBAs.

### c. Hospital visits

NHTC and FWD, in collaboration with the provincial counterparts led the joint visits to six hospitals (two of which NHSSP provided the TA). Visits to the Provincial Hospitals at Rapti and Lumbini Hospital were also done in partnership with the USAID funded Strengthening Systems for Better Health (SSBH) programme which is also supporting one of the selected training sites.

### d. Assessment of the selected training sites and capacity building of the staff

The two training sites supported by NHSSP (Lumbini Hospital and Janakpur Hospital) were assessed for their readiness to provide training on the SBA/FP services and the trainers/service providers were assessed for their knowledge and skills on service delivery. The SBA FEP tool was used to assess selected MNH clinical skills, and the FP QI tool was used for assessment of FP services. As the QI tools look at the comprehensive readiness and skills to deliver specific services and do not support individualised assessment of each trainer/service provider, other methods were employed to gather a more in-depth picture of their skills. At this stage for individualised assessments no specific tools were used, but interviews, simulation models, and group sessions for video demonstration were used to understand the trainer/service-provider capacities while simultaneously also supporting their learning and filling any gaps in their knowledge and skills. The first visit therefore combined the assessment and the TA to build capacities of the hospital staff to improve the facility's performance standards as well as their own knowledge and skills.

### e. Action plan development and TA support

The data from two sites were compiled, analysed and key findings and gaps were presented to the stakeholders from the hospitals, Ministry of Social Development/ Ministry of Health, Population and

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<sup>8</sup> During the follow up visit Lumbini had submitted the request to NHTC to be approved as a FP training site as well (See Report Part 1)



Family Welfare, Provincial Health Directorate (PHD) and Provincial Health Training Center (PHTC) of the respective provinces (Lumbini and Madhesh). NHSSP then supported the development of action plans to address the key gaps in the assessment at both sites (Please see Annex 2 and 3 for the complete action plans).

As a part of the TA support following the development of the Action Plans, NHSSP also supported FWD to monitor implementation of the plan, increasing the FP service days at MCH clinics, ensure PFP/PPUUCD services and overcoming reporting gaps in HMIS, and coordinating with NHTC to communicate progress and seek approvals. TA support to monitoring at the hospital level and technical advice on the implementation of the action plans was continued through the NHSSP provincial team, and at FWD level by the NHSSP federal team through regular analysis of the HMIS data to assess FP service uptake at these hospitals.

Finally, NHSSP undertook follow-up assessments at Lumbini Hospital and Janakpur Hospital.

### **3. Findings**

This section presents the results from the assessments, and the findings from the capacity building inputs at Lumbini Hospital and Janakpur Hospital based on the initial and follow-up visits. As NHSSP has supported NHTC and FWD to undertake the initial assessment of four other hospitals to identify their potential to be training sites, the results from these are also presented in this report.

#### **a. Provincial Hospital Lumbini**

The Lumbini Hospital was only an SBA training site at the time of assessment, and not an approved FP training site. Following the TA support and with the recommendation from the assessment team, Lumbini Hospital sought to be officially recognized by NHTC as a FP training site, as they met the NHTC standard to a designated FP training site (>60% for training and service quality standards). The initial assessment was done from 5<sup>th</sup> to 8<sup>th</sup> August 2021, and the follow-up assessment on 8-10<sup>th</sup> March 2022. Results from this hospital are presented below.

## Family Planning (FP) standards

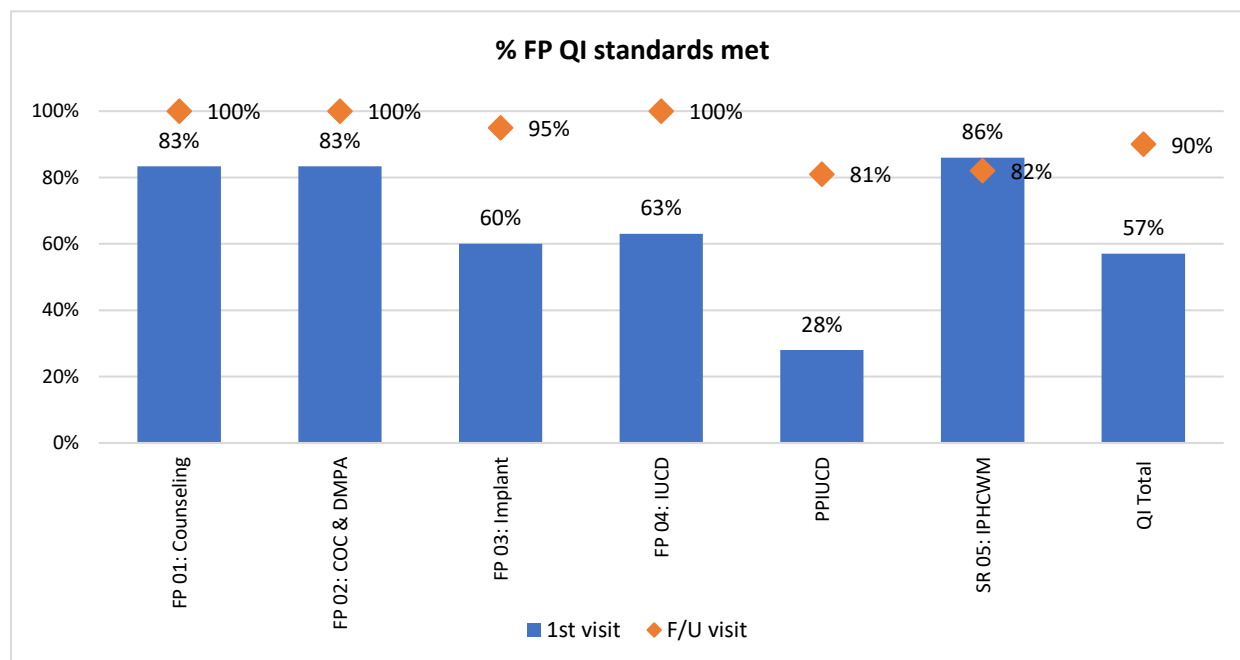


Figure 1: Scores of Family planning QI standards assessment

Six areas under FP were assessed for the standards that the hospital met, both at the initial and follow-up visits (Figure 1). The hospital showed an overall improvement in the FP QI standards by 33 percentage points, between the two visits<sup>9</sup>.

The initial assessment had showed although on some of the areas such as FP counselling or infection prevention over 80% standards were met, other areas such as implant and IUCD only around 60% were met and PPIUCD services in particular scored very poorly with only 28% of the standards being met. This was despite the Nepal Society of Obstetricians and Gynaecologists (NESOG)/ the International Federation of Gynaecology and Obstetrics (FIGO) led implementation of a pilot programme in Lumbini Hospital from 2015-19 on PPIUCD. Reasons for PPIUCD services standards being low were unavailability of the full range of contraceptive options in the labour ward and operating theatre, not performing intra-caesarean PPIUCD, inadequate post-partum family planning (PPFP) counselling and the lack of a dedicated PPFP counsellor. The position which was created at the hospital during the NESOG/FIGO pilot project had been discontinued and had most likely impacted the PPFP service provision.

Following the TA support, there was a marked improvement in performance standards at the follow-up visit across all the FP area. While standards for implant and IUCD services had increased by nearly 30 percentage points, PPIUCD performance standards improved by 57 percentage points. The improved standards achieved were mainly because of improvement in provision of privacy for clients, the quality of counselling, and knowledge and skills among assessed.

<sup>9</sup> Voluntary surgical contraception (VSC), Mini Laparotomy under Local Anaesthesia (ML LA) and Emergency Contraceptive Pills (ECP) were not assessed as they are not provided regularly from FP/MCH clinic at this hospital

Regular voluntary surgical contraception (VSC) services have not been provided regularly at the hospital since the past eight years despite having the service readiness (i.e. availability of operating theatre, instruments and equipment, and trained human resources). While Marie Stopes Nepal, in collaboration with Lumbini Hospital had started providing seasonal VSC services in the current year, clients are normally referred to the nearby Family Planning Association of Nepal clinic which is around 1.5 kms from the hospital.

The Maternal Child Health Clinic (MCH Clinic) is functional at the hospital and provides a full range of contraceptive services except for VSC and emergency contraception. At the initial visit the clinic was providing FP services only three days a week, and it had increased to six days a week at the follow-up visit.

### Maternal Newborn Health (MNH) standards

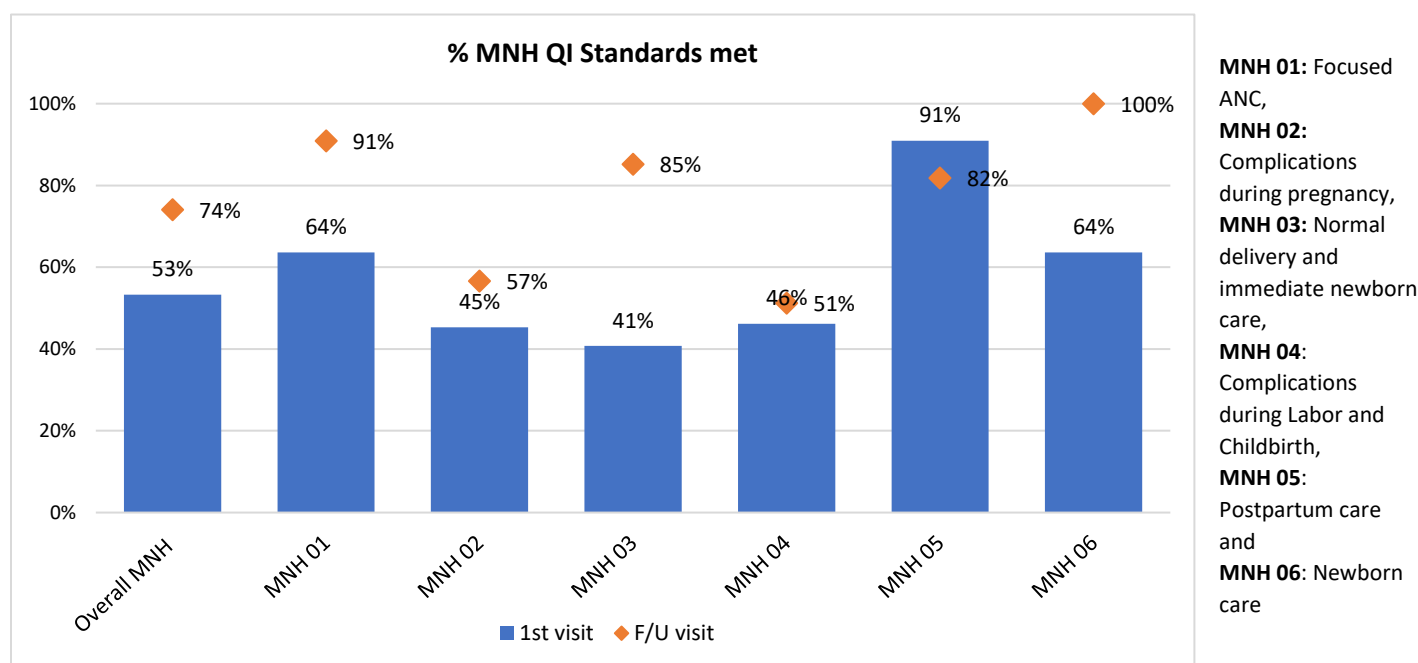


Figure 2 Scores of MNH QI standards assessment

Six areas under SBA/MNH were assessed using the MNH QI tool (see Figure 2). The assessment showed an overall MNH QI score increase from 53% at the initial assessment to 74% at the follow-up assessment. Scores at the initial visit were low across most areas except post-partum care. The low scores were a result of the lack of complete service readiness across the six areas. These included issues such as lack of equipment and supplies such as measuring tape, foetoscope, and behaviour change communication materials. Scores were also affected due to the inability of the service providers to deliver services as per standards such as incomplete history, poor physical examination, inadequate use of partograph, counselling, performing skills and procedures, and incomplete recording. Standards in complication management such as assisted delivery, post-partum haemorrhage management, newborn resuscitations were found to have gaps. While post-partum care was being provided the standards were affected by poor counselling on HIV, birth-spacing and family planning.

Despite some of the persistence in gaps at the follow-up visit, there was better service readiness, improved history taking and examinations, availability of some equipment and supplies, and an increase in knowledge and skills.

### Training site standards

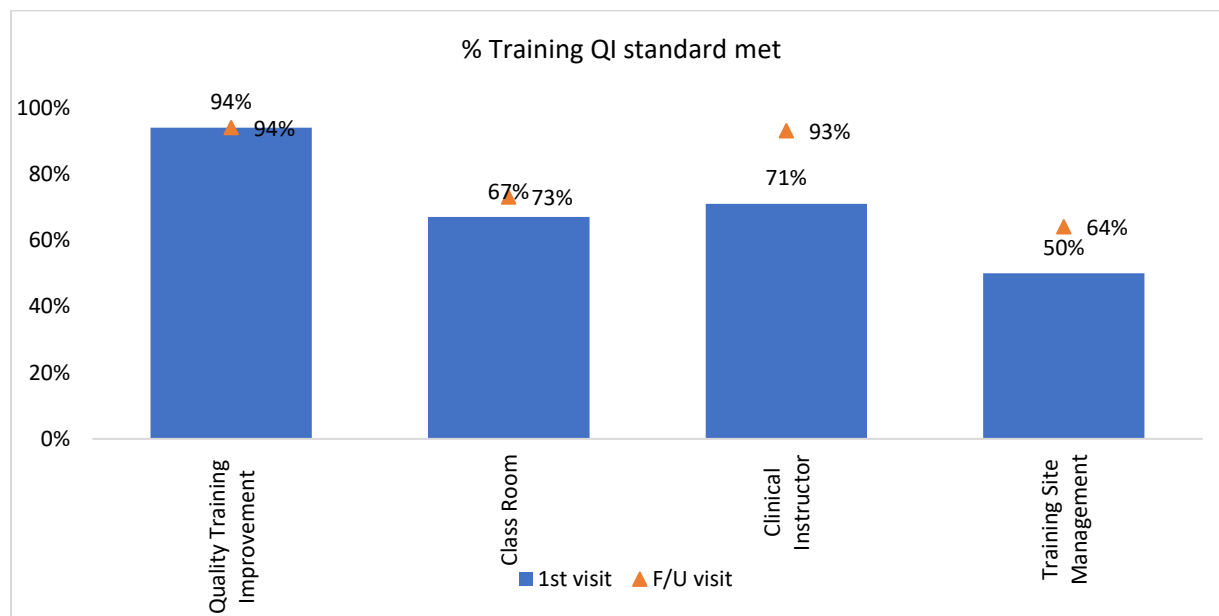


Figure 3: Scores of training QI standards assessment

The hospital scored highly on standards for training quality at both visits which was a reflection of the quality of sessions conducted. However, other standards such as the classroom, clinical instructor and training site management lagged behind and had gaps, despite showing some increase at the follow-up. This was the result of infrastructural challenges (such as inadequate space, training hall in a noisy place), lack of associated technology needed to conduct trainings (such as lack of computer, printer, photocopy machine etc), lack of adequate mannequins and models for trainings. Training site management had the lowest percentage of standards met and this was a result of irregular meetings of the in-service coordinator with the hospital management, and amongst the hospital training management committee, absence of practice of annual review and development of a training calendar including annual training plan and lack of periodic performance evaluation of the trainers.

Challenges with infrastructure and assistive technology persisted at the follow-up. But performance of the trainers improved in terms of effective demonstration of clinical skills and having smaller groups for practicing on the mannequins and model during clinical skills practice. Coordination of the training site with other hospital wards and NHTC/PHTC also improved. All this led to an overall improved performance against standards.

## Minimum Service Standards (MSS)

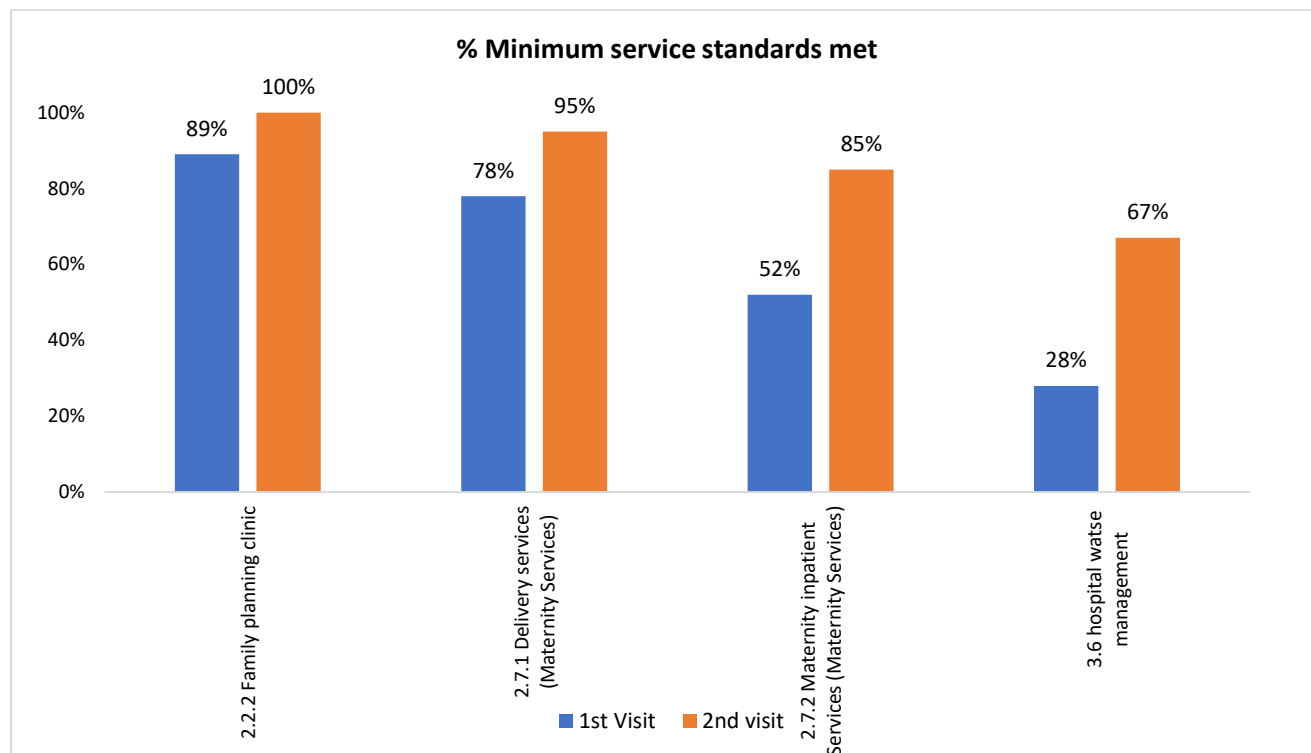


Figure 4 Scores of Minimum Service Standards assessment

Relevant sections of the MSS tool were used to assess service specific readiness for FP and MNH services (Figure 4). The existing most recent assessment was used for the information needs of the first visit to avoid duplication of efforts from the health workers, and new assessment was done at the follow-up. There was a marked improvement in the readiness of Lumbini Hospital in delivering FP and MNH services between the two assessments with the improvement being most marked in the hospital waste management readiness and practice (from 52% to 85%).

As already seen in the previous set of results from MNH and FP QI tools, infrastructure challenges, lack of equipment, drugs and supplies (such as stockout of emergency drugs, lack of defibrillator in the immediately accessible area, partograph unavailability) and inadequate staff were identified as the common limiting factors in delivering high standard FP and MNH services.

Some improvements such as having a separate operation theater for obstetric emergencies, making IEC materials available, improved availability of emergency drugs, creating separate spaces for pre-labour and post-labor women helped improve the performance in the follow-up visit. Hospital waste management practices such as allocating staff for health care waste management, improved availability and use of personal protection equipment, segregation of risk and non-risk waste products also led to an overall improvement in the MSS scores.

### SBA trainers' knowledge and skill capacity enhancement

Although the service providers assessed were SBA trainers, the assessment showed significant gaps in their skills. They were assessed using the SBA- FEP Tool. Based on the gaps identified from the QI assessment, and the SBA-FEP assessments, eight SBA trainers from the Lumbini Hospital were provided individualised needs-based mentoring through NHSSP TA support. A combination of methods using individualised and group-based approaches with a combination of use of models, audio visual materials and tools were used to build their knowledge and skills.

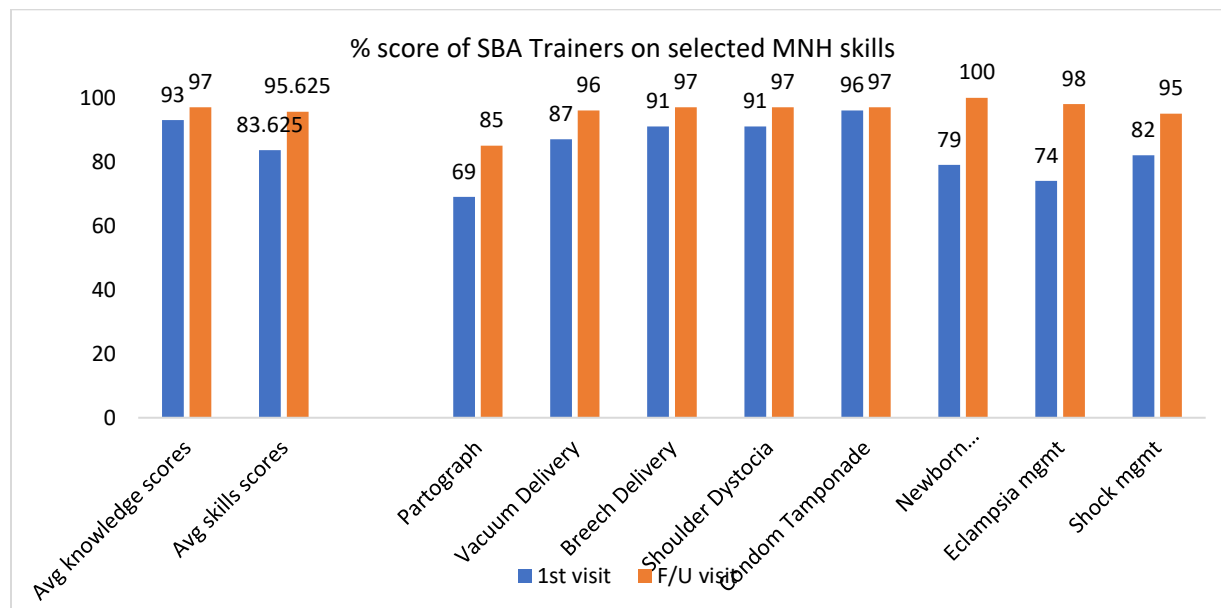


Figure 5: SBA knowledge and skills

The skill gap was most significant in use of partograph with an average score of 69%. This was reported as result of lack of use of the partographs for monitoring labour at the hospital, which had led to lack of practice. Use of partographs had been deprioritized at the hospital as there were staff shortages and the existing staff were over-burdened with the pressures of the overcrowded maternity wards, thus leaving them little time to properly use partographs. However, this inadequate use of partograph and other gaps in skills of trainers potentially have a wider impact on the quality of training the trainees at the site receive and their capacity to use partographs. This has a knock-on effect on the quality of care provided at the peripheral health facilities, if trainees are unable to identify any problems in the progress of labour in a timely manner.

## b. Provincial Hospital Janakpur

The team which included NHSSP and representatives from NHTC and FWD, conducted the initial assessment at the Janakpur Hospital from 3<sup>rd</sup> to 7<sup>th</sup> September 2021, and the follow-up assessment from 14 to 16<sup>th</sup> March 2022. Janakpur Hospital was already an approved training site for both SBA and FP services at the time of this assessment. Below are the results from the assessment at this hospital.

### Family Planning (FP) standards

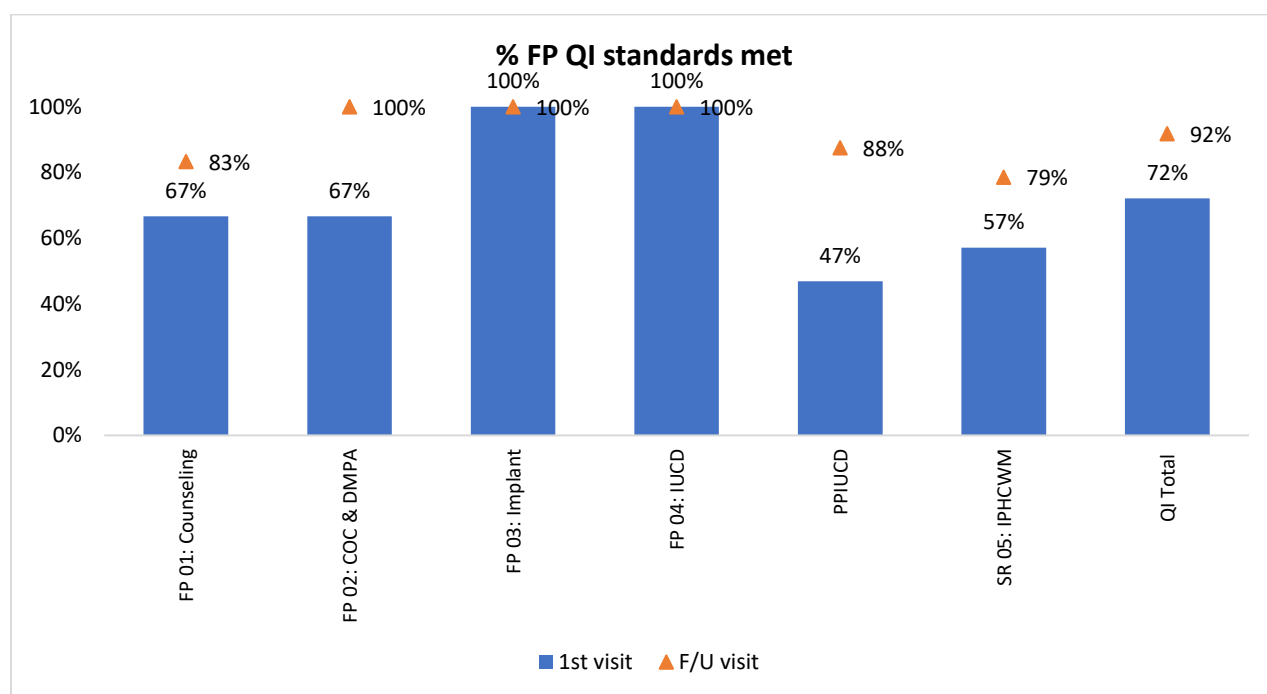


Figure 6: Family planning QI standards assessment

Although Janakpur Hospital was an established FP training site, several gaps in FP service related indicators were identified at the initial assessment. While the standards for implant and IUCD services scored highly (100%), PPIUCD services were poorly performing with only 47% of the standards being met. Infection prevention and health care waste management standards were also very low here unlike in Lumbini. Inadequate human resources, lack of proper infrastructure, equipment and supplies (such as needle cutter, full range of contraceptives, colour coded buckets for waste management as per guidelines, IEC materials), gaps in providers skills (such as poor counselling and inadequate use of IEC materials for counselling, knowledge and skill gaps), irregularity in service provision from MCH clinics, inaccurate recording and reporting contributed to the low achievement of the standards.

At the follow up visit, except for LARC, for which the service related indicators were already 100%, all other themes showed improvements. PPIUCD standards nearly doubled as compared to the initial visit. Improved adherence to standards on counselling, history taking and physical examinations, improved knowledge and skills on provision of specific contraceptives and recording/reporting practices, improved availability of equipment and supplies were noted at the follow-up visit.

QI assessments for voluntary surgical contraception (VSC), Mini Laparotomy under Local Anaesthesia and emergency contraception were not conducted as they are not provided regularly at MCH clinic. Discussions revealed that despite the demand for VSC services, they are only being provided periodically because the budget allocated to these activities at the hospital was inadequate. ADRA Nepal’s PFPF project has laced a dedicated PFPF counsellor at the hospital, but the sustainability of such positions following the completion of the NGO projects is usually difficult .

**Maternal Newborn Health (MNH) standards**

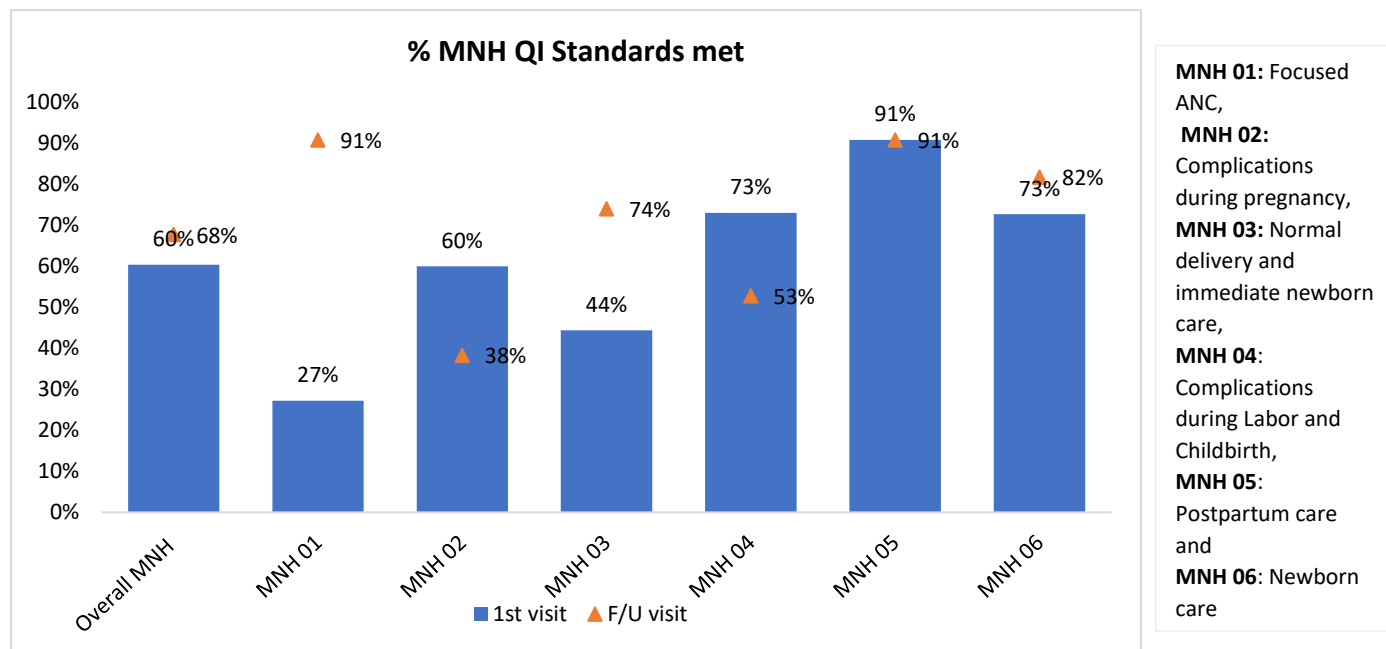


Figure 7: MNH QI standards assessment

The assessment showed an increase of the overall MNH QI score from 60% at the initial assessment to 68% at the follow-up assessment. The biggest increase was seen in the standards met for focused ANC which was the least at the initial visit at only 27%, but was at 91% at the follow-up visit. Lack of equipment and supplies (such as lack of foetoscope, thermometer, weighing scale, IV cannula, BCC materials, etc.) and gaps in knowledge and skills (such as incomplete history, physical and obstetric examination, counselling and advising for appropriate tests) resulted in the low achievement of performance standards for focused ANC.

Similar challenges affected other areas too, especially with complication management, assisted deliveries and use of partograph which contributed to the poor attainment of the standards. At the follow-up, the standards for two areas - complications during pregnancy and complications during labour and childbirth dropped, despite the mentoring support to the SBA trainers. While there was some improvement in knowledge and skills among the trainers, the lower performance was driven by the drop in service readiness (equipment, supplies, infrastructure). This highlights the fact that the lack of an enabling environment can severely affect quality of care, despite the availability of clinical skills.



Improved knowledge and skills of the service providers with regard to taking history, physical examinations, performing specific procedures such as vaginal examinations, active management of third stage of labour, complication management, newborn examinations and counselling were the main drives of any improvements in the standards at the follow-up assessment.

### Training site standards

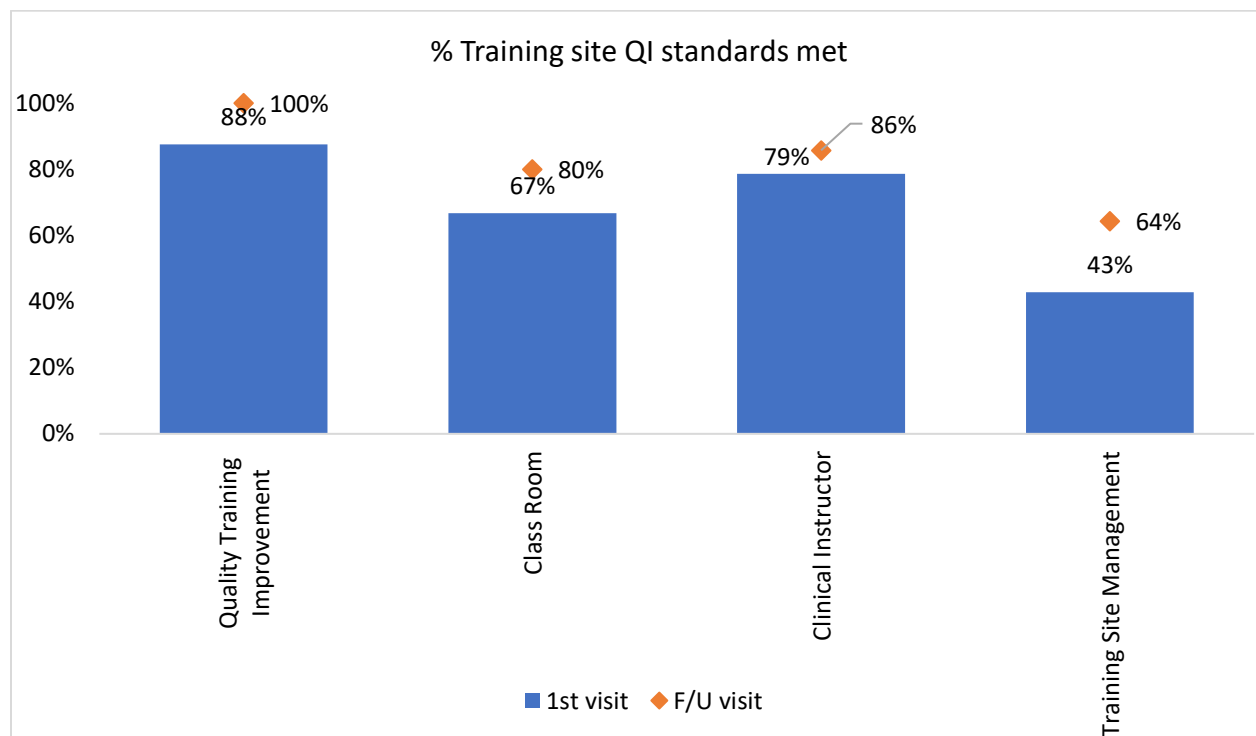


Figure 8: Training QI standards assessment

Standards for the training quality improvements were high at both during the initial and follow-up assessment. This set of standards reflect the quality of training sessions conducted at the clinical training sites. However, there were significant gaps in the other standards which could potentially impact the overall quality of trainings being delivered. Some improvements were made – for example, at the initial visit, there was no dedicated training hall for conducting clinical trainings, but at the follow-up visit a dedicated hall was set up at the Janakpur Nursing Campus. But other significant gaps in infrastructure, technology supporting the training (e.g. projector, computer, etc.) and human resources and management of the training site persisted.

There were also some improvements in the availability and management of the training materials and models, but lack of coordination, meetings between the in-service training coordinator and the hospital management, irregular meeting of the hospital training management committee, financial management process, lack of training plans contributed to low standards. There was also some improvement in coordination between the hospital management and other departments.

## Minimum Service Standards

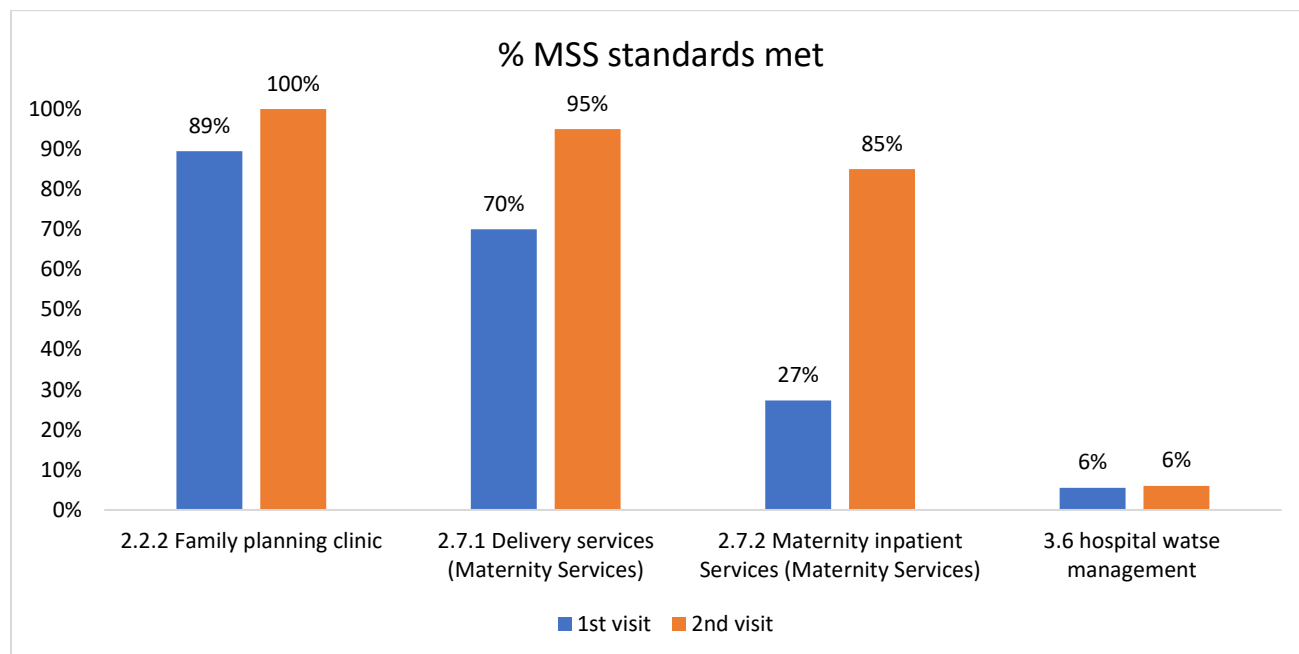


Figure 9: Minimum Service Standards assessment

Similar to the results seen from the QI tools, the MSS too showed good performance with regard to the FP clinic but the standards for maternity in-patient services and hospital waste management were very low at 27% and 6% respectively.

Similar to the Lumbini Hospital, in Janakpur too inadequate human resources, non-use of partograph to monitor labour, lack of emergency life-saving drugs (such as labetalol, dopamine, adrenalin, digoxin, etc.), lack of IEC materials, lack of supplies (such as needle cutter, IV cannula etc), affected the performance. However, a marked improvement in availability of drugs and supplies, improved control of visitor traffic in the wards, availability of separate space for visitors, availability of hand sanitizer at the wards was recorded at the follow-up visit.

The health care waste management practices at the hospital were very poor with gaps ranging from the point of generation where there are no colour-coded buckets as per the national guidelines, to segregation, transportation, and disposal of the health care waste. There was no improvement in these practices at the follow up.

### SBA trainers' knowledge and skill capacity enhancement:

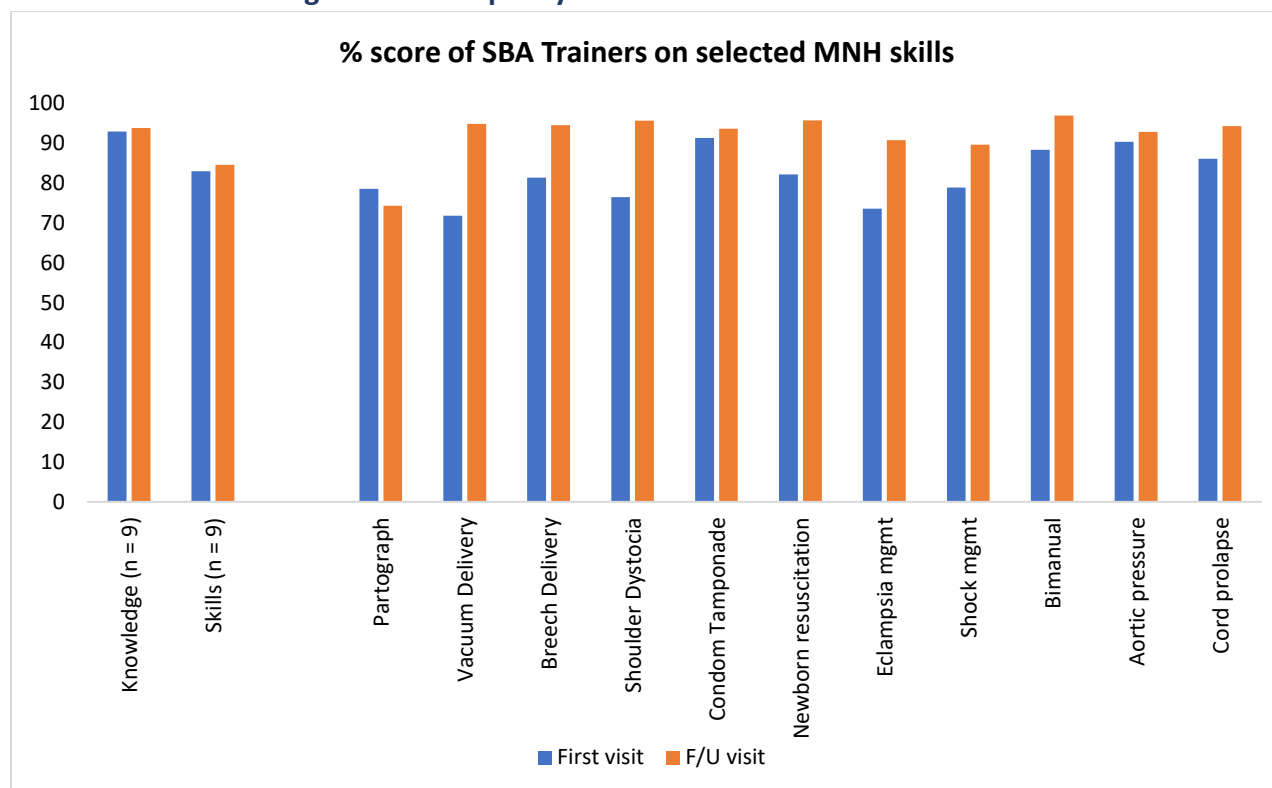


Figure 10: SBA trainers assessment on selected MNH skills

Nine SBA trainers from Janakpur Hospital were mentored to build capacities on selected skills. This was based on the gaps identified during QI assessment. Similar to Lumbini Hospital, inadequate knowledge and skills in selected MNH amongst the trainers were identified. Although there was a general improvement in knowledge and skills during the follow up visit, skills on using partograph, which already had one of the poorest performances, dropped further. With an inadequate number of nursing staff available in the maternity ward at any one working shift, the use of partograph to monitor labour is almost non-existent. Critical shortages in human resources increased individual workloads and affected performance.

### c. Assessments of four hospitals: Rapti, Bheri, Narayani and Gajendra Narayan.

NHSSP also supported NHTC and FWD to undertake initial assessments at other four hospitals: Provincial Hospital at Rapti, and Bheri Hospital in Lumbini Province; and Narayani Hospital and Gajendra Narayan Singh Hospital in Madhesh Province. This engagement was led by NHTC, FWD and respective PHTCs, while NHSSP’s role was to help identify the potential for strengthening any existing sites and expanding the number of SBA/FP training sites through support to the initial visit. This visit constituted the initial assessment in terms of service readiness. At Rapti, the responsibility for these activities were shared with SSBH, with an aim to familiarize them with standard assessment processes. Rapti Hospital was the only one that was not already a training site, and SSBH was aiming to provide the support to establish it as a SBA/FP training site.

As NHSSP’s role was to enable NHTC, FWD, the respective PHTCs and SSBH to carry forward the work on mentoring and other support, no follow-up visits/assessments were done by NHSSP. Presented below therefore include only the results of the initial assessment on service readiness.

#### Family planning (FP) standards

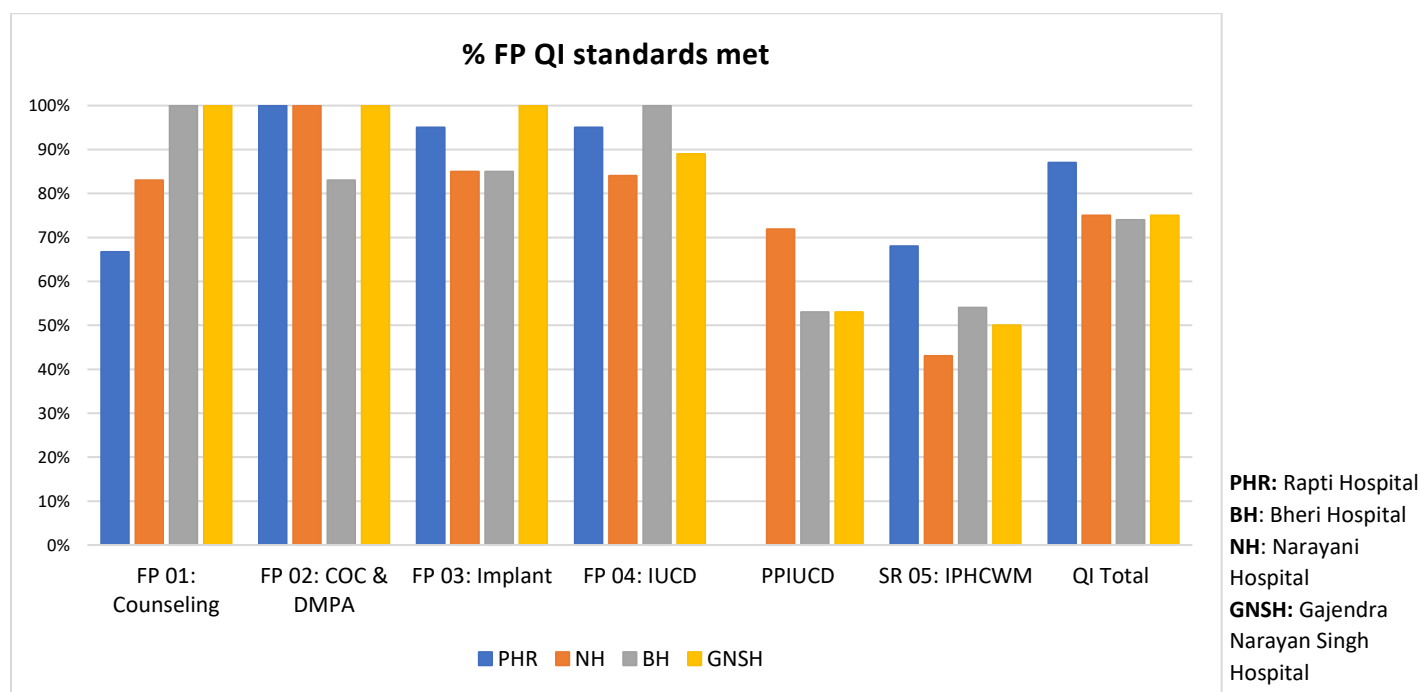


Figure 11: Family planning QI standards assessment 4 hospitals

The FP QI standards were relatively high across the areas in all the four hospitals except for PPIUCD and infection Prevention and Healthcare Waste Management where it was less than 70%. Overall, Bheri hospital was comparatively better than other three hospitals on FP QI standards (Figure 11)

### Maternal and newborn Health (MNH) standards

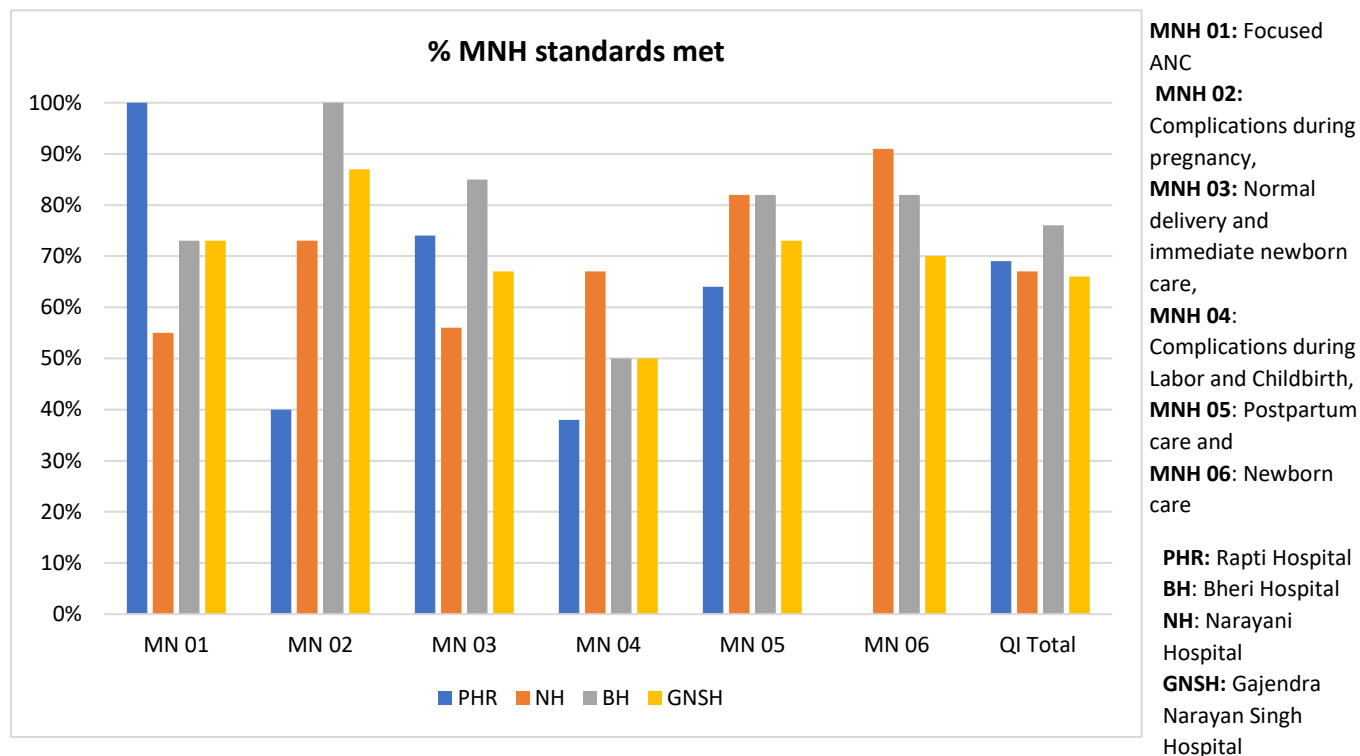


Figure 12: MNH QI standards assessment 4 hospitals

QI standards related to complication management during labour and childbirth (less than 70%) needs to be improved in all the 4 hospitals (Figure 12). MNH standards for Provincial hospital Rapti were consistently low for normal delivery, immediate newborn care and complications management. Overall, the MNH Standards met for Bheri hospital was comparatively higher to other three hospitals.

### Training site standards

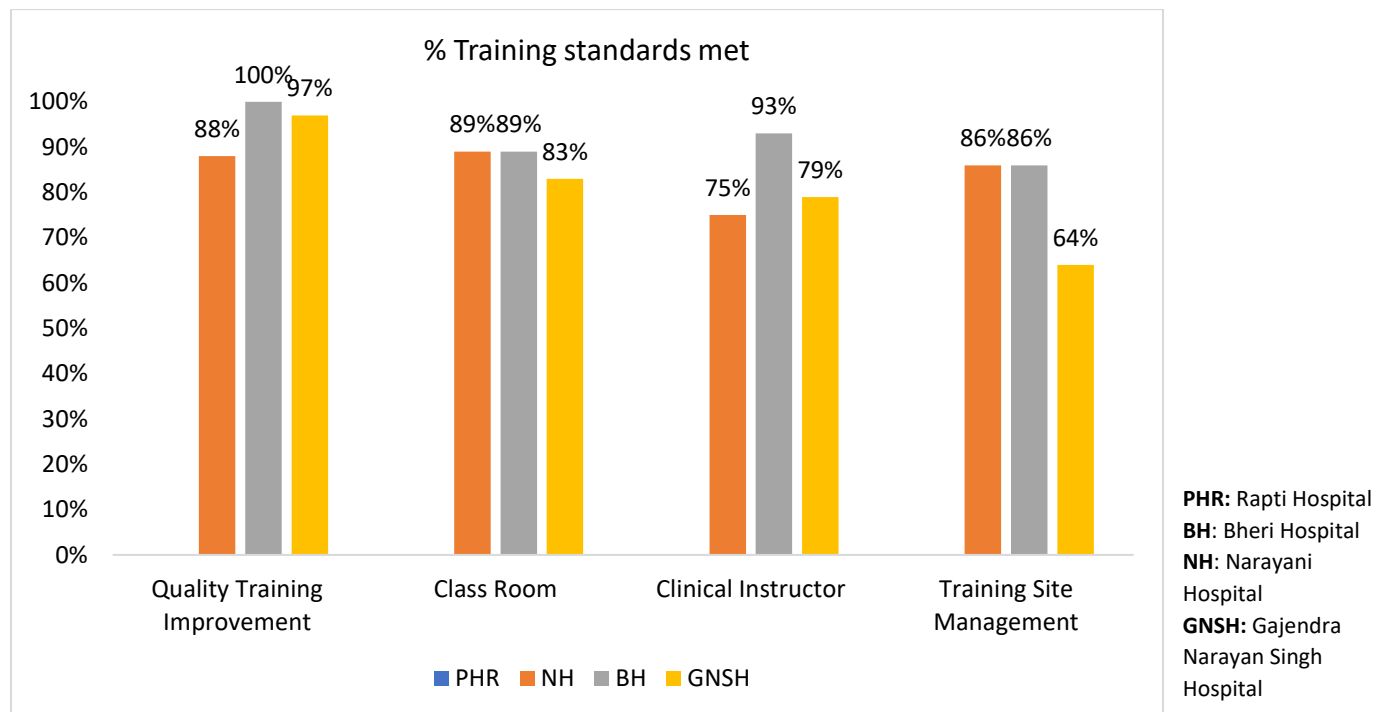


Figure 13: Training standards assessment 4 hospitals

Overall, training standards for Narayani Hospital, Bheri Hospital and Gajendra Narayan Singh Hospital were good with standards for Quality Training Improvement scoring more than 80% in all the three hospitals (Figure 13). The standards for Provincial Hospital Rapti was not assessed as it was not a training site.

## Minimum Service Standards

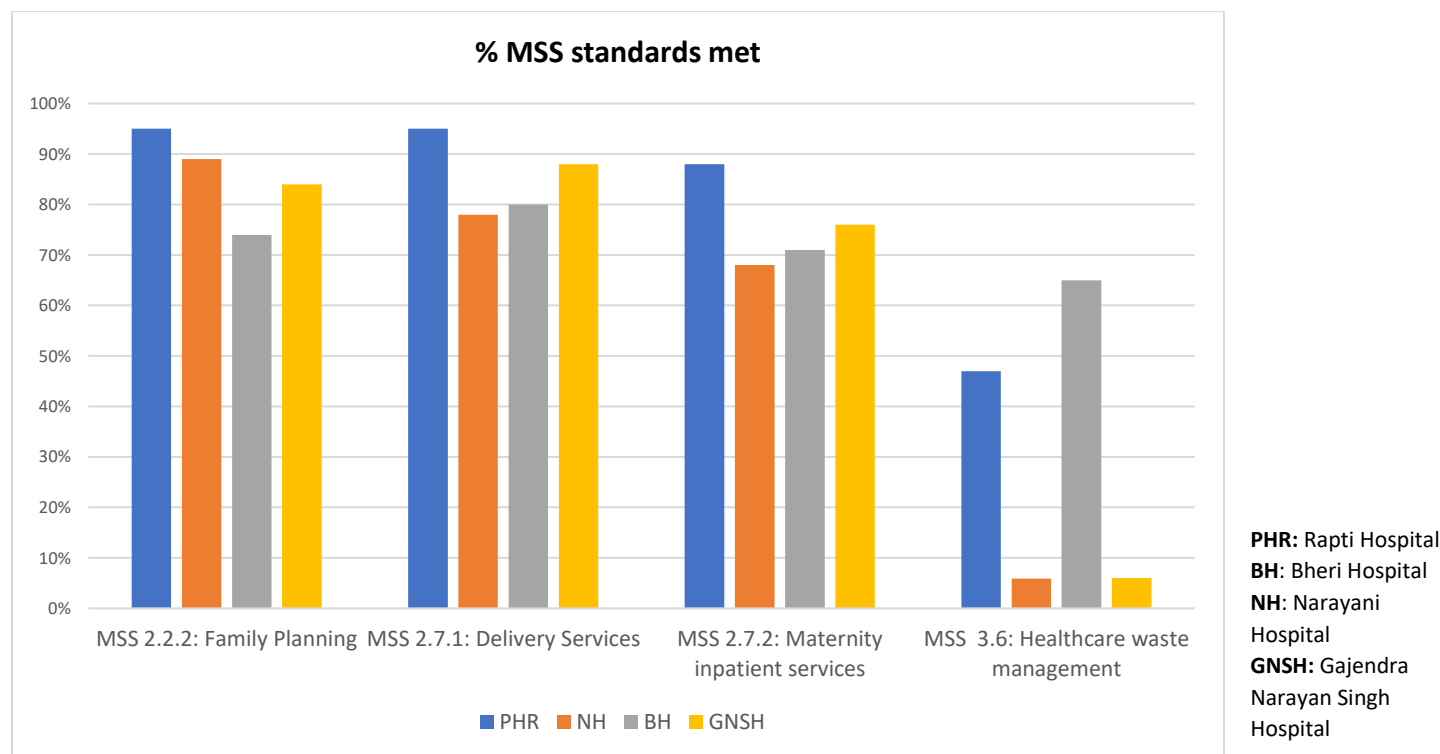


Figure 14: MSS standards assessment 4 hospitals

The MSS standards for family planning, delivery services and maternity inpatient services were more than 70% for all four hospitals except for Narayani Hospital where the MSS standards for Maternity Inpatient Services was 68%. However, standards for healthcare waste management needed significant improvement especially in Narayani and Gajendra Narayan Singh Hospital (Figure 14).

As mentioned above, no further support or follow-up visits were undertaken by NHSSP. Information on the status of the training site development at the four hospitals gathered from NHTC is given below:

Name of the Hospital	Date of NHSSP visit	SBA/ SHP training site		Family planning training site	
		Status during NHSSP visit	Status as of March 2022 (as reported by NHTC)	Status during first visit	Current status
Provincial Hospital Rapti	11-12th September 2021	No	Provisional approval from NHTC	No	Provisional approval from NHTC
Bheri Hospital	21-24th December 2021	Yes	Yes	Yes	Yes
Narayani Hospital	9-12th December 2021	Yes	Yes	No	Approval sought from NHTC
Gajendra Narayan Singh Hospital	11-14th January 2022	Yes	Yes	No	Approval sought from NHTC

## 4. Emerging lessons

### Systems for quality improvement of the training sites

1. **A combined approach focusing on strengthening the clinical and management competencies of the training sites** has the potential to yield better results than siloed approaches. The enabling environment at the training sites to deliver high quality trainings potentially has as much impact as the clinical competence of the trainers and is more likely to be strengthened through improved management capacities.
2. **A robust standard based monitoring and supervision mechanism** is needed to monitor and strengthen the existing training sites and trainers. This has been a weak link in the system and leads to inadequate capacities of the trainers and training sites to provide clinical trainings of optimum quality. The Provincial Health Training Centers could potentially play a crucial role in strengthening the monitoring and supervision of the clinical training sites.
3. **The need to use multiple tools to assess the service specific clinical skills and management competence complicates the process of QI and readiness assessment for training sites.** A comprehensive Reproductive Health Training site approach could facilitate the process of developing an integrated tool and the use of the standard tool.

### Quality of healthcare services being delivered at the training site

4. **A continuum of care approach with integration of FP and MNH services is needed for uptake of postpartum family planning services** at the high-volume service delivery sites where very often MNH services and FP services are being delivered by different personnel. Pregnancy offers the opportunity of multiple contacts of a woman with the health system. These contacts need to be utilized for counselling women on postpartum family planning.
5. **Constraints in human resources leads to inability to use standard clinically proven interventions** (eg. Use of partograph was poor with shortage in HR cited as the key reason for inability to use partograph). This might lead to poor modelling of clinical practice in the trainees (only 20.2% of MNH service providers could interpret partograph<sup>2</sup>) or inability to perform skills despite knowledge (75% average score in knowledge compared to 48% average score in clinical skills amongst SBA<sup>10</sup>). This is further compounded by rotation system of personnel trained in FP and SBA/SHP to other departments, which is often practiced by hospitals, leading to shortage of trained personnel to provide these services.
6. **Safe motherhood and Neonatal Health Roadmap 2030 recommends establishing onsite birthing units at the high volume delivery sites** to reduce overcrowding at these sites and to potentially provide higher quality of care. Since the training sites are usually the high-volume sites, establishing onsite birthing units at these sites has the potential to not only improve the quality of care at the site but also the quality of trainings provided at these sites.

### Coordination mechanisms between the training sites, Province Health Training Centers (PHTC) and the palikas

7. **Weak linkages exist between the palikas and the training sites/PHTC/NHTC** for training needs assessment/request and training delivery. Capacity building of the PHTC and the training sites on

<sup>10</sup> Nsi.edu.np. 2022. [online] Available at: <[http://www.nsi.edu.np/images/category/Assessing\\_the\\_Quality\\_of\\_SBAs\\_in\\_Rural\\_Nepal.pdf](http://www.nsi.edu.np/images/category/Assessing_the_Quality_of_SBAs_in_Rural_Nepal.pdf)> [Accessed 27 April 2022].



management aspects such as development of annual training plan could strengthen the linkages between the training sites, PHTC and the palikas.

8. **Inadequate human resources at the PHTC** especially because of vacant sanctioned position hinders the ability of PHTC to provide support to the quality improvement efforts at the training sites. Sanctioned position at the training sites for planning and management of the training site and trainings could strengthen the linkages of the training site to the PHTC, NHTC and the palikas.
9. Appropriate linkages of the budgetary allocations between Palikas, PHTC and training sites for receiving and delivering trainings could facilitate the delivery of needs-based trainings. Appropriate measures to ensure budget allocation for priority action plans having budget implications during the federal, provincial and the hospital AWPB development needs to be strengthened.

## 5. Conclusion

Motivated and competent human resources for health are essential to deliver health services of optimum quality<sup>11</sup>. In-service trainings provide an opportunity to the health care providers to retain and enhance their skills which support provision of high-quality health care services.

However, deficits in both the access to and the quality of in-service trainings exist in Nepal. Moreover, the quality of care being delivered at the clinical training sites are also questionable with issues in readiness such as chronic shortage of human resources, infrastructure deficits, stock out of essential drugs and supplies and inadequate skills in the trainers/ service providers at these sites resulting in the poor quality of health care services. The shortage in human resources at these sites is also contributing to inadequate practices of skills such as use of partograph which hampers the quality of services being provided at these sites. Considering the training sites are usually the hospitals with the highest volumes of service delivery, the poor quality of services affects a significant number of care seekers at these sites.

However, the impact of poor clinical practices at these sites has a more far-reaching impact than the care seekers at these sites as these practices during a training can cause poor modelling of clinical practices in the trainees who in turn go back to their respective health facilities to provide health services.

Hence, whilst strengthening a clinical training site, a combination of approaches to enhance the clinical and management skills to ensure conducive environment for delivery of high-quality health services and high-quality trainings needs to be adopted.

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<sup>11</sup> Fritzen S. Strategic management of the health workforce in developing countries: what have we learned? Human Resource for Health. 2007;5(1):4

## Annexes

### Annex 1: Areas of Assessments

	Thematic Area Tools	Total Standards		Thematic Area Tools	Total Standards
<b>1</b>	<b>Family Planning</b>		<b>4</b>	<b>Training</b>	
1.1	FP 01: Counseling	6	4.1	Quality Training Improvement	16
1.2	FP 02: Combine Oral Contraceptive (COC) (Pills) & DMPA (Depo injection)	6	4.2	Classroom	15
1.3	FP 03: Implant	20	4.3	Clinical Instructor	14
1.4	FP 04: IUCD (Intrauterine Contraceptive Device)	19	4.4	Training Site Management	14
1.5	FP 05: NSV (No Scalpel Vasectomy)	9		<b>Training Sub Total</b>	<b>59</b>
1.6	FP 06: ML LA (Mini laparotomy under Local Anesthesia)	12		<b>QI Tools Total</b>	<b>281</b>
1.7	FP 07: EC (Emergency Contraceptive)	3		<b>Minimum Service Standards (MSS)</b>	
1.8	PPIUCD (Postpartum Intrauterine Contraceptive Device)	32	Code	<b>MSS Area</b>	<b>Standards</b>
	<b>FP Sub Total</b>	<b>107</b>	2.2.2	Family Planning Clinic	17
<b>2</b>	<b>Maternal and Newborn Care (Skill Birth Attendant/SBA-MNC)</b>		2.7.1	Delivery Services (Maternity Services)	34
2.1	MN 01: Focused Antenatal care (FANC)	11	2.7.2	Maternity Inpatient Services (Maternity Services)	27
2.2	MN 02: Complications During Pregnancy	15	2.7.3	Birthing Centre Service (Maternity Services)	NA
2.3	MN 03: Normal Delivery and Immediate Newborn Care	27	3.6	Hospital Waste Management	18
2.4	MN 04: Complications During Labor and Childbirth	26		<b>MSS Sub Total</b>	<b>96</b>
2.5	MN 05: Postpartum Care	11		<b>QI and MSS Grand Total</b>	<b>377</b>
2.6	MN 06: Newborn Care	11			
	<b>SBA-MNC Sub Total</b>	<b>101</b>			
<b>3</b>	<b>Infection Prevention and Health Care Waste Management (IPHCWM)</b>	<b>14</b>			

## Annex 2: Action plan of Provincial Hospital Lumbini

SN	Programme/Activity/Tasks	(Timeline)	(Responsible person)	Means of Verification	(Status by March 2022)
<b>A</b>	<b>Ensure FP/SBA service quality at service delivery point</b>				
1	Ensure the availability of life saving tracers drugs for immediate use (e.g., ergometrine, methergine, nifedipine, tetracycline eye ointments, xylocaine 1% with adrenaline, injections (digoxin, verapamil, labetalol, amiodarone, nitroglycerine), Sodium chloride-15%w/v) at service delivery point	3 months	MS/NS/Ob/Gy HOD	Physical verification, stock report	On going
2	Initiate measures to improve visiting hours for visitors and crowd control at hospital	3 months	HMC/MS/NS	Report	Done
3	Increase the number of days for FP service delivery at MCH clinic	3 months	MS/NS/Ob/Gy HOD	Records, Report (DHIS2)	Increased
4	Re-initiate full range of FP services including VSC services from MCH clinic	3 months	MS/NS/Ob/Gy HOD	Records, Report	Ongoing
5	Regular follow up of MNH service delivery as per national guidelines (e.g., use of partograph)	3 months	MS/NS/Ob/Gy HOD	Report/QI assessment	Ongoing
6	Ensure year-round availability of functional selected equipment and instruments in MCH, ANC, maternity, and labor room (e.g., fetoscope, measuring tape, baby blanket, Mattress with bedcover, pillow with pillow cover, blanket with cover, baby heater)	3 months	MS/NS/Ob/Gy HOD	Physical verification, Report	Complete
7	Initiate and continue the self-assessment of FP/MNH services at every six months (semi-annually) by using QI and MSS tools by the hospital itself	semi-annually	HMC/MS/NS/Ob/Gy HOD	Report/MSS/clinical mentoring/QI assessment	Ongoing
8	Organize periodic refreshers/standardizations trainings for service providers to enhance capacity for quality FP/SBA service delivery	semi-annually	MS/NS/Ob/Gy HOD/supporting partners	minutes, report	Ongoing
	<b>Training Quality</b>				
1	Develop consensus to make Lumbini Hospital as a FP (LARCs) training site	1st wk Bhadra 2078, in 3 wks	MS, HoD-Ob/Gy, NI, SBA.FP trainers	Meeting minutes/notes	Complete
2	Make official request to NHTC and PHTC for accreditation of FP training site at Lumbini Hospital	1st wk Bhadra 2078, in 3 wks	MS, HoD-Ob/Gy, NI, SBA.FP trainers	Letter from PHL, minutes	Complete
3	Prepare work-plan to organize training in coordination with PHTC and NHTC	2nd wk of Asoj 2078 or 4 weeks	MS, HoD-Ob/Gy, NI, SBA.FP trainers	Draft training Action Plan and schedule	Ongoing
4	Make official request for LARCs coach/mentoring, LRP to NHTC	8 weeks	MS, HoD-Ob/Gy, NI, SBA.FP trainers	request letter for LRP	Complete

5	Appoint training coordinator or focal person for LARCs training by the hospital (Lumbini)	before training	MS, HoD-Ob/Gy, NI, SBA.FP trainers	Meeting minutes	Complete
6	Issues a formal request for training models to NHTC and PHTC	within 8 weeks	MS, HoD-Ob/Gy, NI, supporting partners	official letter, minutes	SSBH
7	Organize/execute the refresher/standardization training for SBA/FP trainers (coach) periodically	every 6 months	MS, NI, NHTC, PHTC	official letter, training attendances, minutes	Ongoing
8	Develop the estimated budget required for training site development and request for budget allocation as planned	6 months	MS, Account, MoHP	official letter, minutes	Ongoing
9	Involve and expand academia and private sector's role in FP/RH training management	9 months	NHTC, PHTC, LH, supporting partners	Coordination meeting notes, minutes	Ongoing
10	Allocate adequate and appropriate space for training site	3 months	MS, Account, MoHP	Site visit	Ongoing
11	Mobilize/deploy LARCs and iPPIUCD trainers during training	as per need	MS, HoD-Ob/Gy, NI	duty roster	Complete
12	Establish and accredit LH as LARCs and iPPIUCD coach/mentor training site	3 months	MS, NI, NHTC, PHTC	Progress report	Ongoing
13	Conduct facility based LARCs and iPPIUCD coach/mentor training	3 months	MS, NI, NHTC, PHTC	Progress report	Ongoing
14	Provide opportunities for staffs to participate in IUCD, Implant, iPPIUCD, CTS, ML/LA, COFP/C, OTTM, ASBA trainings	6 months	PHTC/NHTC, MS, Ob/Gy HoD, NS	Progress report	Ongoing
15	Institutionalize and sustain LH as PPIUCD training site	6 months	PHTC/NHTC, MS, Ob/Gy HoD, NS	training report, minutes	Complete
16	Provide computer/laptop for training sites and increase the quantity of training models (1:4)	6 months	PHTC/MS/NS/Ob/Gy HOD/supporting partners	report	Ongoing
17	Ensure the availability of reference document like, LRPs, Standards- if not available at training site	3 months	PHTC/NHTC/NHSSP/supporting partners	report	Ongoing
18	Initiate the practice of training review and annual training plan development	annually	PHTC/MS/NS/Ob/Gy HOD/supporting partners	annual review and planning report	Ongoing

### Annex 3: Action plan of Provincial Hospital Janakpur

7th September 2021, Janakpur Dhanusha						
SN.	Key/Prioritized gaps	Actionable steps/tasks	Timeline	Responsible person	Means of verification	Status by March 2022
A	Ensure FP/SBA service quality at service delivery point					
1	Availability of some life saving tracers drugs for immediate use	Ensure the availability of life saving tracers drugs for immediate use (e.g., e.g., adrenalin injection etc)	3 months	MS/NS/Ob/Gy HOD	Physical verification, stock report	Ongoing
2	Overcrowding and visiting hours	Improve visiting hours, crowd control at hospital, arrange provisions to ensure fewest people present during child birth	3 months	HMC/MS/NS/Ob/Gy HOD/MoSD	Report,	Ongoing
4	Full range year round FP services from MCH clinic (currently seasonal VSC)	Year-round VSC services from MCH (IFPSC) clinic: deploy/mobilize dedicated VSC provider	3 months	MS/NS/Ob/Gy HOD	Records, Report (DHIS2)	Ongoing except VSC
5	Dedicated FP/PPFP counselor	Deploy/mobilize dedicated FP/PPFP counselor	12 months	MS, PHD, Sub Metropolitan City	Records	Ongoing till March
6	Budget allocation for VSC services	Allocate adequate budgets for VSC services from province government, MoSD	annually	FWD, MoSD, PHD, MS, Sub Metropolitan City	Annual program and budget, Reports	FWD-OK MoSD/PHD??
7	Provision of MNH service delivery as per national guidelines	Regular follow up/monitoring/coaching of MNH service delivery as per national guidelines (e.g., steps of management of complication during labor and child birth, use of partograph, AMTSL, on demand BF, steps of FANC, newborn care)	every 6 months	MS/NS/Ob/Gy HOD	Report/QI assessment	Ongoing
8	Availability of selected equipment & instruments in MCH, ANC, maternity, labor room	Ensure year-round availability of selected equipment and instruments in MCH, ANC, maternity, and labor room (e.g., needle cutter, covered plastic container, curtains, fetoscope, measuring tape, pillow with pillow cover, blanket with cover)	3 months	MS/NS/Ob/Gy HOD	Physical verification, Report	Needle cutter available Ongoing

9	Self-assessment of FP/MNH services for quality improvement	Initiate and continue the self-assessment of FP/MNH services at every six months (semi-annually) by using QI and MSS tools by the hospital itself	semi-annually	HMC/MS/NS/Ob/Gy HOD	Report/MSS/clinical mentoring/QI assessment	MSS completed, HQIP ongoing
10	Capacity enhancement of FP/SBA service providers/trainers	Organize periodic refreshers/standardizations trainings for service providers to enhance capacity for quality FP/SBA service delivery	semi-annually	MS/NS/Ob/Gy HOD/supporting partners	Minutes, Training/orientation reports	QI completed
B	Training quality					
1	PHJ as a FP (LARCs, PFP/iPPIUCD, SBA) training site	Resume, enhance LARCs, ML/LA, iPPIUCD, SBA training Mobilize/deploy LARCs and iPPIUCD trainers during training	as per need	MS, HoD-Ob/Gy, NI	duty roster	Ongoing, ML, PPIUCD, IUUCD, Implant training completed
2	Janakpur Provincial Hospital as a LARCs and iPPIUCD coach/mentor training site	Conduct facility based LARCs and iPPIUCD coach/mentor training Make official request for LARCs and iPPIUCD coach/mentoring, LRP to NHTC/PHTC	3 months	MS, NI, NHTC, PHTC	Progress report	Not planned in this year
3	Refresher training for SBA/FP trainers and coach/mentors	Organize/execute the refresher/standardization training for SBA/FP trainers and coach/mentors periodically	every 6 months	MS, NI, NHTC, PHTC	official letter, training attendances, minutes	QI done
4	Adequate and appropriate space for training site (current SBA/FP training site has limited space)	Identify and allocate adequate and appropriate space for training site	3 months	MS, Account, MoHP, PHTC	Site visit,	In plan (top of labor room, FP/MCH)
5	Training to staffs on IUUCD, Implant, iPPIUCD, CTS, ML/LA, COFP/C, OTTM, ASBA	Provide opportunities for staffs to participate in IUUCD, Implant, iPPIUCD, CTS, ML/LA, COFP/C, OTTM, ASBA trainings	6 months	PHTC/NHTC, MS, Ob/Gy HoD, NS	TIMS, Progress report	1 staff CTS trained
6	Availability of reference document like, LRP, Standards	Ensure the availability of reference document like, LRPs, Standards- if not available at training site	3 months	PHTC/NHTC/NHSSP/supporting partners	report	Ongoing