Baseline Assessment of Sexual and Reproductive Health and Rights (SRHR) Component of Pre-service Education of MBBS, Nursing and Midwifery Cadre in selected Medical Institutions

Background:

The WHO Country Office (WCO) Nepal is committed to provide technical assistance to MoHP, Nepal, in achieving universal coverage to Sexual and Reproductive Health and Rights (SRHR) in the country. In this endeavor, a timebound project, encompassing the Health System Strengthening (HSS) approach, is being implemented to ensure access to comprehensive package of SRHR by the women and girls in the country. The comprehensive package of SRHR services includes quality services for family planning, safe abortion (as per the national law) and post abortion care (including post-abortion family planning and management of the consequences of abortion).

The overall goal of this project is to support the Ministry of Health and Population (MoHP)) in achieving universal access to sexual and reproductive health care services (SDG 3.7); to achieve universal access to sexual and reproductive rights (SDG 5.6); and to reduce maternal mortality (SDG 3.1) in Nepal.

One of the objectives of the project is to create a model of quality pre-service education at selected medical, nursing and midwifery colleges. This will further ensure that quality education and training are imparted in the education institutions, and competent health workforce are graduated from these institutions.

To achieve the above-mentioned objective, customized action plans based on a formal gap assessment of the selected institutions would be the key document.

The purpose if this Expression of Interest (EoI) is to select a suitable agency through a competitive bidding process to carry out a gap assessment of medical, nursing and midwifery education at selected 05 institutions based on the national standards of education; and develop the customized action plans to address them. WHO will have a contractual agreement with the selected agency to carry out the task.

Rationale:

There are different health cadres of human resources engaged in providing SRHR at different levels of health care system. However, Doctors, Nurses and Midwives are the crucial HRH providing SRH services.

Nepal has over total 3 public, 2 Army, and 20 private medical colleges and Nursing colleges. These medical and nursing colleges are registered under various universities or directly under the MoHP or CTEVT. In the year 2016 Government of Nepal took a progressive step to incorporate midwifery education and currently three institutions are providing the midwifery course.
As of now, country has the capacity to produce over 1800 medical doctors and over 4000 nurses every year and first batch of bachelor midwives is expected to graduate in early 2020.

However, evidence suggests that there are huge gaps in the level of knowledge and competency of the fresh graduates as compared to what is needed to provide services as per the protocols. Assessment of ANM’s pre-service education done in 2016, showed that only 26.7% of the students were competent on SBA skills (Source: Stakeholders’ Meeting, 22 Mar 2017, Health for Life Project report). The Report of Assessing Birthing Centers in Nepal, FHD, 2014 reveals that 79% SBA trained health care providers practice correct hand washing in contrast to only 21% of those, who were not trained.

Because of this, the governments have to spend a lot of resources in providing in-service training to them. This causes an additional burden to an already resource crunched health systems and delay in strengthening services across the country. For example, the National FP Costed Implementation Plan (2015-20) has estimated 793.8 million NPR for capacity building of service providers (training) in family planning services.

Considering the above facts, investing in pre-service education of HRH is considered as one of the best buys to improve quality of healthcare services.

**Objective:**

The main objective of this activity is to carry out a Baseline Assessment of SRHR component of pre-service education of MBBS, Nursing and Midwifery cadre in selected five medical institutions and to develop customized action plans to address them.

**Scope of work:**

Although the educational institutions play a critical role, there are other factors and stakeholders that influence pre-service education like entrance requirements, service delivery sites, graduation requirements, licensing requirements deployment policies and other additional policies and practices unique to educational system which influence the quality of pre-service education, e.g. whether the classroom teachers practice their clinical skills.

It is expected that enough information is gathered and analyzed; and customized action plans are developed in consultation with stakeholders. These plans will further be used to strengthen the SRHR component in pre-service education curriculum of various cadres.

The information can be collected through meetings, informal interviews, questionnaires, documents, reports and direct observation of teaching institutions and their clinical practical sites. It is recommended to have information in the following areas, however, the bidder may like to modify this.
Policy -

- Who determines the curriculum contents? What is the role of health ministry and education ministry in that?
- What are the entrance requirements? How are they determined? Who determines that?
- What is the pay structure? Who pays for the education?
- What are the graduation requirements? Who determines them? What is the role of ministry of health or ministry of education? The role of Nepal Medical Council, Nepal Nursing Council, Nepal Nursing Association, Medical Association or any other Professional Association of Doctors, Nurses and Mid-wives?
- What are the licensing requirements? Who determines them? What is the process? Whether relicensing required? If yes, the criteria for that.
- Whether the job descriptions of different cadres is in place? If yes, what are the responsibilities of different cadres in the SRHR area? Whether the JDs are aligned with the requirements of the SRHR related National Programme?
- How are new graduates deployed? Who is responsible and what are the criteria for the deployment? Do graduates owe to serve in the public health care system?

Teaching Institutions

- How many institutions are there for above-mentioned 3 cadres of health professionals? Ad how are they distributed in terms of administration (Public, private, autonomous), locations etc.
- Do they all use the same curriculum or does each have its own? How the curriculum is designed? Who is responsible to design the curriculum? Who is responsible to ensure that the curriculum fulfills the essential requirements and implemented as envisaged?
- When was the curriculum updated? Does it include both knowledge transfer and skills development? Are they using appropriate teaching methodology?
- What are the gaps in the curriculum especially in the area of SRHR? How it can be strengthened?
- What is the Teacher Student ratio in the class? How many teachers are involved for SRHR contents of the curriculum? How many Clinical trainers are involved for SRHR related skills development?
- Whether the teaching aids, for e.g Audio Visual Equipment, are used?
- What kind of reference materials are used by the teachers? To the students? Are these reference material available in the library? Or students have to buy them?
Clinical practice sites:

- How many clinical sites per institutions? What type of the facilities are they? Where are they located?
- How many students are sent at a time? Are they accompanied by supervisor or teacher?
- Who is responsible for teaching student at practice site? Are they clinical preceptors? Are the classroom teachers and preceptors are the same individual? Are there clinical staff designated for clinical teaching? If yes, are they prepared to do that or compensated for that?
- What is the link between classroom teachers and clinical preceptors? DO they interact on students’ learning objectives and performance? Are students allowed to practice at clinical site?
- Is the clinical training structured well? Or are the students left without direction?
- Is there adequate space in the clinical area for students?
- Is there any provision of skills labs? or any demonstration rooms with anatomical models so that students can practice?
- Is the clinical practical site equipped and have adequate supplies?
- Are the SRHR services being provided? If yes, whether they are in accordance with the national guidelines and standards?
- Are the clinical sites receptive to receiving, teaching and training students?

The agency in close consultation with WCO, will coordinate with FWD/WCO, Nepal Nursing Council, selected educational Institutions and other stakeholders to carry out following tasks–

1. **Formation of working group (s):** Working group(s) will be formed to help coordinate and facilitate the activity. There may be a joint working group for strengthening PSE of each cadre with representation from 05 institutions and other relevant stakeholders or separate WG for each institution. The WGs will provide overall strategic guidance and ensure the assessment is done in an unbiased and holistic manner and customized action plans are made for each institute for strengthening PSE of medical, nursing and midwifery cadre.

2. **Development of study protocol and tools for assessment –**
   A comprehensive study protocol, based on a scientific approach, providing information on sample size, sampling methodology, techniques and implementation plan will be prepared.
   The information can be collected through meetings, informal interviews, questionnaires, documents, reports and direct observation of teaching institutions and their clinical practical sites.
Standard assessment tools will be prepared for assessment of pre-service education for MBBS, Nursing and Midwifery education to impart competency-based training especially on SRHR.

The tools will be based on the national level educational standards laid by the Nepal Nursing Councils, Nepal Medical Council, National Quality Assurance and Regulation Division, FWD and NHTC and other relevant authorities. Standard assessment tool will cover different areas of pre-service education like – standards of programme graduate attributes; various areas of program development and revision; curriculum (SRHR related); clinical and academic faculty, admission policy and selection etc and will be able to provide the information mentioned above.

3. **Conduct the assessment at selected 5 institutions:**
   Assessment of pre-service education of MBBS, Nursing and Midwifery at following 5 institutions (selected on a predesigned criterion and in consultation with FWD and MoHP) and the selected courses (nursing course in all selected colleges; midwifery in 3 colleges;) following the sample size, techniques and tools, approved in the study protocol -
   - BP Koirala Institute of Health Sciences, Dharan, Province-1
   - Patan Academy of Health Science, Patan, Province-3
   - National Academy of Medical Sciences, Kathmandu, Province-3
   - Academy of Health Sciences, Pokhara, Province-4
   - Karnali Academy of Health Sciences, Jumla, Province -6

4. **Development of customized plan for each of the 5 institutions;**
   Gap analysis based on the standards by using both qualitative and quantitative data will be done to draft baseline assessment reports of 5 institutions. Based on the gaps identified customized action plan will be developed to strengthen medical, nursing and midwifery courses with focus on SRHR.

**Deliverables**

1. Study protocol, standards of assessment of medical, nursing and midwifery to impart quality education on SRHR; study tools
2. Baseline assessment report
3. customized plan for each institute based on the gap assessment - to strengthen medical, nursing and midwifery courses with focus on training on SRHR.
4. Data set - both quantitative and qualitative (electronic)

**Time frame:**

Total duration – 18 weeks
From 1 August 2019 to 15 December 2019
Deliverables | Timeline
---|---
Study protocol, standards of assessment of medical, nursing and midwifery to impart quality education on SRHR; study tools | Within 6 weeks of signing the contract
Baseline assessment report | Within 12 weeks of signing the contract
Customized plan for each institute based on the gap assessment to strengthen medical, nursing and midwifery courses with focus on training on SRHR | Within 15 weeks
Submission of final report, data (raw data, tables, statistical analysis etc) and SoE | 18 weeks
Total duration | 18 weeks

**Institutional competency and experts**

**The service provider institution should have:**

- Good understanding and proven experience of carrying out public health related activities and researches;
- Good knowledge on strengthening pre-service education models from other countries and capacity to adapt them in the local context; involvement on similar kinds of work in any of the country would be an asset;
- Excellent understanding of political and social complexities related to abortion care and other SRHR issues in the local context;
- Understanding the institutional mechanism of medical education in the country including governance and financial models of the public, private and autonomous institutions; role and capacity of regulatory and professional bodies; availability of medical education standards and mechanism to ensure quality of education as per the standards;
- Understanding of the local context and capacity to provide practical and sustainable solutions;
- Readiness to take responsibility of viability, feasibility and applicability of the recommendations;
- Roster of experts;
- Experienced team leader;

The contractual partner should have a team lead having excellent academic background and sufficient relevant experience. A mix of professionals is needed for the work due to cross cutting nature of the work extending from public health, medical education, pre-service education, human resource for health, statistical analysis, interpretation of results, customized planning etc. Following are the minimum categories of team members needed to accomplish the work.
- Team leader – 01- preferably a public health expert with proven communication and coordination skills and experience to work in the relevant areas;
- Public Health Expert – 01 – preferably with academic background with good understanding and/or experience of implementing pre-service education programme
- Nursing and Midwifery Officer– 01 -02 team members with nursing and midwifery background, preferably with academic background with good understanding and/or experience of implementing pre-service education programme
- Research expert /Statistician – 01 or 02
- Assessors (04-06) - to carry out the baseline; assessors should be competent enough to assess the educational and training components of the curriculum, assessment of capacity of faculty members and quality of clinical trainings.
An adequate number of assessors with required competency and skills would be required. Doctors, nurses midwives with experience of carrying out capacity assessment or with training skills would be preferred.

Budget and Payment modalities

The payment will be done in three instalments. First instalment of 25% will be provided upon sharing of study protocol and tools. Second payment of 50% will be done after upon submission of draft baseline report. Last payment of 25% will be made upon submission of final report along with customized action plans, data and tools, and SoE.

Evaluation Criteria

An evaluation team in WHO country office will evaluate the technical and financial proposal based on ToR, other specific criteria and the following documents;

Technical Evaluation:

- Institutional profile
- Institutional experience
- Study methodology and plan on how to develop study tools; references of material and experience from other countries to be used for developing tools and protocol;
- Team composition
- Qualification and experience of the professionals including team lead
- CVs of all personnel proposed

Financial Evaluation

- Professional fees
- Cost of the field work
- Total cost (taxes separately mentioned)
- Mode of payment (if mentioned other than ToR)

Other terms and conditions are applied as per terms of reference and WHO’s rules and regulations.
References:
Pre Service implementation guide – a process for strengthening pre service education; Jhpiego.
http://resources.jhpiego.org/system/files/resources/preserviceimplementationguide.pdf

Pre-Service Education (PSE) Toolkit for Midwives: Jhpiego and MCHIP
https://www.ghdonline.org/nursing/discussion/pre-service-education-pse-toolkit-for-midwives-j-2/

Programme Roadmap- Pre service education; Jhpiego, MCHIP, USAID
https://www.k4health.org/sites/default/files/MCHIP%20Preservice%20Roadmap%20January%202013%20v1.3.pdf

Strengthening Nursing Midwifery Pre-service Education in India: A national initiative Factsheet: April 2015

https://www.who.int/hrh/nursing_midwifery/hrh_global_standards_education.pdf

Global standards for the initial education of professional nurses and midwives
http://www.emro.who.int/child-adolescent-health/imci/imci-pre-service-training.html

Building Capacity of midwifery educators:WHO
https://www.who.int/hrh/nursing_midwifery/building_capacity_midwifery_educators14116.pdf