

Terms of Reference (ToR)

National Guideline Development for Hyperglycemia in Pregnancy (HIP) with Clinical and Operational Protocols

1. Background

Globally, including in Nepal, the burden of non-communicable diseases (NCDs) is increasing, with hyperglycemia in pregnancy (HIP)—which encompasses pre-existing diabetes and gestational diabetes mellitus (GDM)—emerging as a significant public health concern. GDM is the most common medical complication during pregnancy, and it significantly increases the risk of stillbirth and neonatal death.

Nepal faces challenges in addressing HIP/GDM, including inadequate equipment, a lack of standardized protocols, and insufficiently trained personnel at primary healthcare facilities. The absence of national guidelines has led to inconsistent screening, referral, and treatment practices across health facilities, contributing to delayed diagnosis, poor maternal and neonatal outcomes, and unreliable prevalence data. Weak referral systems and limited community awareness further hinder effective care.

To address gaps in the management of HIP/GDM, FWD/DoHS is taking strategic measures by leading the development of the National HIP Guideline along with associated clinical and operational protocols, in collaboration with technical experts and relevant stakeholders. These guidelines and protocols are designed to:

- Harmonize practices across all levels of the health system.
- Strengthen early identification, referral, counter-referral, and follow-up mechanisms.
- Standardize the diagnosis, management, and counseling of women with HIP to ensure continuity of care.

Aligned with global best practices and adapted to the Nepalese context, these guidelines provide a standardized, evidence-based approach to improving maternal and neonatal health outcomes.

In collaboration with FWD, Helen Keller Intl is implementing the Nurturing Health Project with support from the World Diabetes Foundation (WDF). The project supports the GoN in strengthening the screening, referral, and management of HIP, including GDM, within the health system. To enhance maternal and newborn health, the project integrates the prevention, early detection, and management of NCDs into the continuum of maternal health services, promoting healthy lifestyle practices through a life-course approach. This includes a combination of community-based interventions, health system strengthening, and health promotion efforts. As part of its support, Helen Keller provides technical and financial assistance to FWD for developing national HIP Guideline and Associated Clinical & Operational Protocols, Nepal, for the management of HIP/GDM.

2. Purpose of Hiring:

The purpose of hiring two consultants—one Gynecologist and one Endocrinologist—is to ensure that the development of the National HIP Guideline integrates operational and clinical management perspectives.

- The Gynecologist will provide maternal and reproductive health expertise to develop operational guidelines that integrate HIP screening, referral, and follow-up within existing maternal and newborn health services.
- The Endocrinologist will provide specialized expertise in diabetes and metabolic disorders to develop clinical management protocols for diagnosing, treating, and following HIP.

The guideline development process will be carried out in close coordination with FWD/DoHS, technical experts, including the Nurturing Health Project Project Advisory Group (PAG), and Helen Keller to ensure a context-specific guideline for HIP/GDM management in Nepal's healthcare system.

3. Scope of Work:

A. Gynecologist Consultant

- Review global and national guidelines on maternal health, ANC, and obstetric services.
- Develop operational guidelines for integrating HIP care within maternal health services, including workflows, referral pathways, and training frameworks.
- Provide technical advice to ensure maternal and newborn health services effectively incorporate HIP screening, referral, and follow-up at different levels of health facilities.
- Ensure alignment with national maternal and newborn health policies and global best practices.

B. Endocrinologist Consultant

- Review global and regional best practices in diagnosing and managing diabetes in pregnancy.
- Develop clinical management protocols covering HIP's diagnosis, treatment, follow-up, and monitoring.
- Provide technical guidance for referral and counter-referral mechanisms across primary, secondary, and tertiary care levels.
- Ensure clinical protocols align with global diabetes care standards while adapting to local resource availability.

4. Joint Responsibilities

- Work collaboratively to draft National HIP Guideline and Associated Clinical & Operational Protocols
- Participate in consultations with FWD/DoHS, PAG, and other stakeholders.
- Test/pilot the draft national Guideline and Associated Clinical & Operational Protocols protocol in selected facilities (public and private).
- Incorporate feedback from pilots and inputs from technical experts to finalize the National guideline.
- Finalize National HIP guideline.

5. Deliverables.

Each consultant will contribute to the following key deliverables:

Consultant	Deliverables
Gynaecologist Consultant	<ul style="list-style-type: none"> • Final National HIP Guideline: Compile and submit the finalized guideline, including associated clinical and operational protocols, <u>in Nepali</u> (e-copy and hard copy). • Training Framework package: Develop and operationalize a framework for capacity-building of health workers on the HIP National Guideline within maternal and newborn health services. • Consultative Meeting Presentations: Submit the presentation slides used during stakeholder consultation meetings.
Endocrinologist Consultant	<ul style="list-style-type: none"> • Final Clinical Management Protocols: Submit finalized clinical management protocols for HIP <u>in Nepali</u> (e-copy and hard copy). • Technical Advisory Support: Provide ongoing technical guidance to the Gynaecologist Consultant during the compilation and finalization of the

	<p>National HIP Guideline to ensure clinical feasibility and evidence-based practice.</p> <ul style="list-style-type: none"> • Consultative Meeting Presentations: Submit the presentation slides used during stakeholder consultation meetings.
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6. Timeline and Level of Effort

- Gynecologist Consultant: 55 days of effort over 4 months.
- Endocrinologist Consultant: 35 days of effort over 3 months.

The consultants will collaborate to ensure the timely delivery of high-quality outputs. The scope of work and responsibilities for each delivery will guide the allocation of effort.

Annex 1 includes a tentative work schedule and timeline, which will be finalized during the inception phase in coordination with FWD/DoHS and Helen Keller.

7. Reporting and Supervision

The consultants will report to the Maternal and Newborn Health Section Chief, FWD, for technical oversight. For overall coordination and management, they will report to Helen Keller, Team Lead—Nurturing Health.

8. Required Qualifications

A. Gynecologist Consultant

- Advanced degree in Obstetrics and Gynecology and registered medical practitioner specializing in maternal or reproductive health.
- 7–10 years of relevant clinical experience, including developing national guidelines and protocols.
- Demonstrated experience in maternal and newborn health programming at national or provincial levels.
- Proven ability to facilitate stakeholder consultations and engage in policy-level discussions.
- Strong understanding of Nepal's public health system and national health policies.
- Excellent communication and report-writing skills in Nepali.

B. Endocrinologist Consultant

- Advanced degree in Endocrinology and registered medical practitioner specializing in diabetes or metabolic disorders.
- 7–10 years of clinical experience, including development of national protocols and guidelines.
- Strong knowledge of Nepal's public health system, policies, and service delivery.
- Experience in maternal health and NCD integration.
- Skilled in stakeholder engagement and policy-level consultations.
- Excellent communication and report-writing skills in Nepali.

9. Benefits and Remuneration

- Helen Keller will provide remuneration as per the organization's Norms.
- No additional benefits will be provided beyond the agreed consultancy fee.
- Helen Keller will reimburse approved travel and field-related expenses, if any, based on actual expenses incurred, per Helen Keller's travel policy, and upon submission of valid supporting documents.

10. Payment:

Payment will be made in installments based on the satisfactory completion of key deliverables, as outlined in the contract, according to the following milestones:

- Submission of Inception Report – 20% of the total contract value
- Submission of Draft Protocol – 30% of the total contract value
- Submission of Final Protocol, Job Aids, and Guidelines – 50% of the total contract value

11. Tentative Detail Deliverable Timeline

Deliverable	Timeline	Consultant - Gynaecologist (working day)	Consultant - Endocrinologist (working day)	Description
Inception Report	Within two weeks of contract signing	7 days	7 days	Desk review, stakeholder mapping, 1 st consultative meeting, finalize work plan.
Draft Guideline and Protocol	By the end of the second month	15 days	15 days	Development of the Guideline/protocol, consultation with stakeholders, and technical experts
Final Guideline Protocol,	By the second week of the third month	13 days	13 days	Finalization of protocol based on feedback, pilot testing, and validation.
Compile the National guideline and develop the Training Framework	By the end of the fourth month	20 days	0	Compilation of the Final National HIP Guideline and Training Framework package