

## TECHNICAL BRIEF

# Assessing Health Systems and Capacity Status of Municipalities in Karnali and Lumbini

### Introduction

USAID's Strengthening Systems for Better Health (SSBH) Activity carried out municipal capacity assessments across 79 municipalities in Karnali Province and 26 municipalities in Lumbini Province in Quarter Four of FY 2020/21. These assessments are done annually as routine monitoring after the first round of similar assessments were conducted during FY 2018/19. The routine assessments help to track the progress of municipal readiness to plan, implement, manage, and monitor health programs, which determines the progress being made by municipalities to govern health system at the local level. Information collected is used by SSBH to identify, prioritize, and provide need-based technical assistance to municipalities as a part of adaptive management. This learning brief highlights the major changes observed using overall and disaggregated municipal capacity scores and highlights major contributions from the Activity to enhance municipal health systems.

### Methods

A team of trained SSBH staff performed the first iteration of Health Systems and Capacity Assessments between December 2018 and July 2019. This assessment was repeated the assessment between April and July 2021, and analysis presented here includes comparison of the results obtained from the recent assessment with the baseline.

The Activity followed the mandates outlined in the Local Governance Operation Act of 2018<sup>1</sup>, as well as pertinent information from USAID's Organizational Capacity Assessment Tool (OCAT)<sup>2</sup> and Health Systems Assessment Approach v3.0<sup>3</sup>, and the Ministry of Health and Population's Health Facility Quality Improvement Modules (2017)<sup>4</sup>, to design a tool to collect municipal capacity data. The tool has 81 items across eight dimensions, as shown

1 <https://bit.ly/2yF7iRJ>;

2 <https://bit.ly/2GfEbbg>;

3 <https://bit.ly/38LlBEh>;

4 <https://bit.ly/2Gil0NZ>

#### Box 1: Eight Dimensions (Number of Items)

- Legal and Policy Frameworks (10)
- Institutional Arrangements (9)
- Planning, Budgeting and Budget Execution (16)
- Human Resources Mobilization and Management (8)
- Information Management and Review System (11)
- Essential Medicines Logistics and Supply (13)
- Monitoring, Evaluation and Supervision (7)
- Governance and Other Systems (7)

in Box 1. During data collection, each item was scored 2 if "Completely Agree", 1 if "Partially Agree" or 0 if "Disagree/Don't know/Not Applicable". The scores were combined, and component level scores were converted to a 100-point scale. Average, minimum, and maximum scores were presented across various municipal characteristics, which include: province (Karnali and Lumbini); Region (mountain, hill, Terai); districts (13 districts); type of municipality (rural and urban), and program intensity (Core [62] and Core Plus [43] municipalities).

The assessment team visited each municipality and briefed the relevant stakeholders about the process and importance of the assessment. The team interviewed elected officials, including mayors, deputy mayors, chairpersons, and other senior staff at municipal level to collect the necessary information. The assessment team conducted 37% of their interviews virtually due to the COVID-19 pandemic during FY 2020/21, with the same process and principles as they would in person.

### Results

As seen in Figure 1, the average overall score stood close to 46 in 2018/19, with a minimum score of 7 and maximum score of 86. Two years later, the average score increased by 27 points, with a new minimum score of 30 and maximum score of 96. 100 out of the total 105 municipalities assessed showed positive improvement in their overall scores, while the remaining municipalities had lower average scores compared to their baselines.

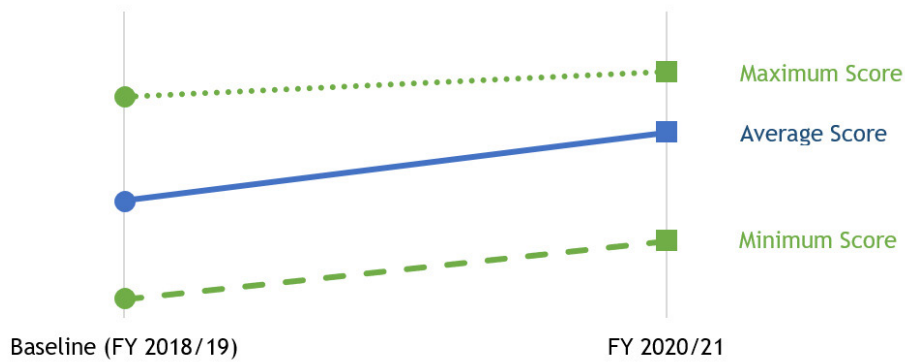


Figure 1: Average, Maximum and Minimum Score Achieved by Municipalities (N=105).

As shown in Figure 2, all eight dimensions had improved average scores in 2020/21 when compared to the baseline. Highest improvements were observed in the dimensions of institutional arrangements and information management and review system. The dimensions of legal and policy frameworks, and monitoring, evaluation, and supervision improved the least, but have still shown some improvement over the two-year time-period, showing that municipalities have taken efforts to address the gaps in these dimensions.

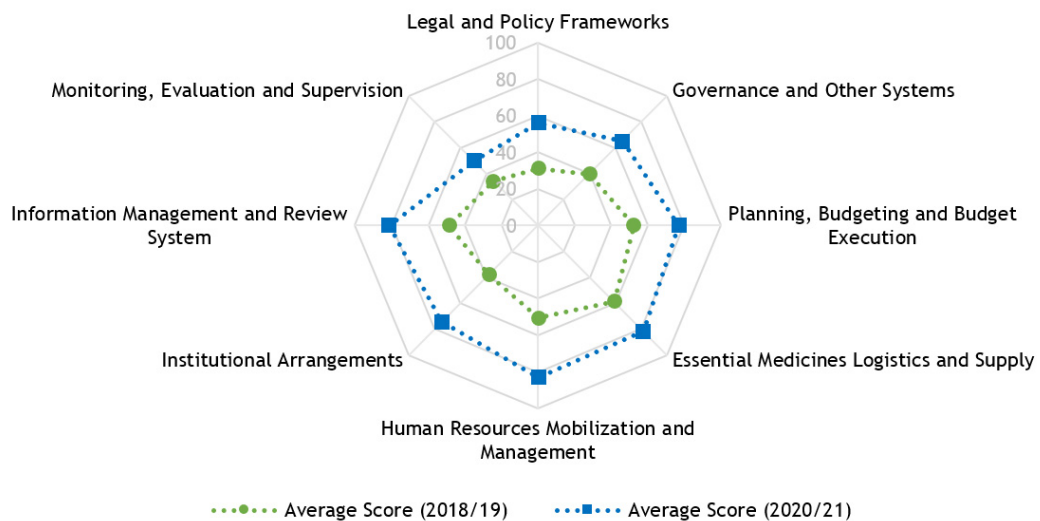


Figure 2: Dimension-Wise Average Municipal Score.

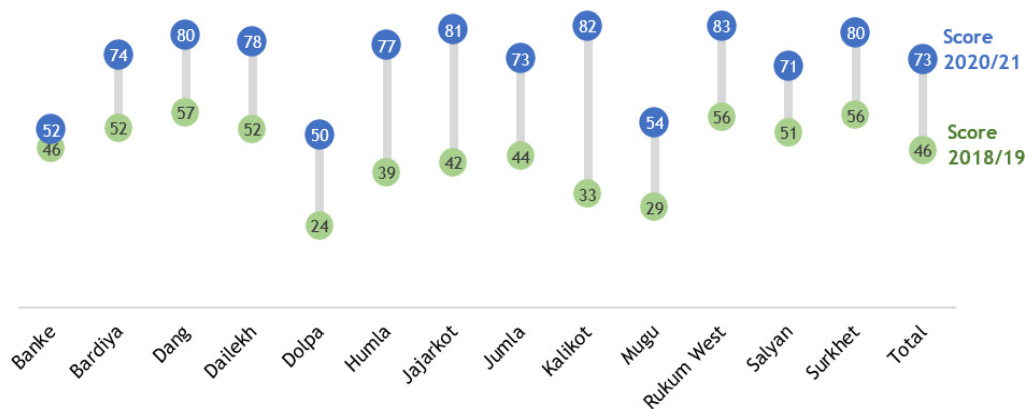


Figure 3: Changes in District-Wise Municipal Average Score from 2018/19 to 2020/21.

Figure 3 above indicates all 13 districts had improved average scores in 2020/21. Kalikot District showed the largest overall change in capacity score between baseline and 2020/21, while Banke District showed the smallest increment of improvement. Salyan, Mugu, Jumla, Dolpa, and Banke Districts also reported overall capacity scores that were equal to or below the overall average. At the provincial level, the average score for municipalities in Karnali Province showed higher mean differences when compared to municipalities in Lumbini Province, as seen in Table I. Higher overall improvements were also observed in rural municipalities, and Core plus municipalities, while municipalities in mountain and hill regions had similar improved by similar increments when compared to the Terai.

One particular aspect to note is that the disaggregated scores are much closer to each other in 2020/21 when compared to disaggregated scores in 2018/19. This suggests there are fewer discrepancies in health systems and capacity status among municipalities when observed by their characteristics. Figure 4 below illustrates the proportion of municipalities within their disaggregated categories that have scored lower than the overall average score of 73 in 2020/21. The data suggests that a higher proportion of municipalities with core program implementation, belonging to either mountain or Terai regions, and municipalities from Lumbini Province had lower than average municipal scores.

### Changes in scores by items within dimensions

Table 3 below shows items within each of the eight dimensions that had highest improvement in absolute scores. The availability of functional software to manage accounting/budgeting system and the presence of a municipal health committee to govern health systems were the items that showed the largest positive changes, followed by items related to clear scope of work for municipal health committees, improved skills of responsible officials to manage logistics and supply, adoption of standard Quality Improvement process and tools, and presence of legal framework to manage information system at municipal level.

The Activity had direct intervention and activities in most of these areas of improvement that included orienting members of municipal health committee on their responsibilities for oversight of health service delivery and performance, providing training on LMIS and eLMIS to health workers including on-site coaching, and supporting health facilities to functionalize QI processes. Only one item related to having a system to conduct social audits or public hearings and conducting them regularly showed a decrease in score. COVID-19 pandemic and embargo in movement and physical gathering affected the implementation of public hearing and social audits in regular manner during 2019/20 and 2020/21.

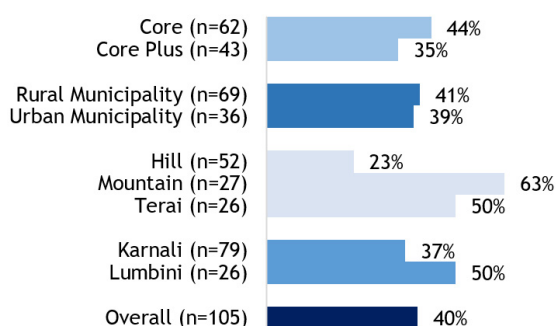
Table 2: Items with Changes in Municipal Score.

Dimension	Items	Score in 2018/19	Score in 2020/21	Change
Planning, Budgeting and Budget Execution	There is functional (online) software to manage accounting/budgeting system (SUTRA/TABUCS)	35.2	99.5	+64.3
Institutional Arrangements	There is municipal health committee to govern health system within the municipal level	22.4	81.0	+58.6
Institutional Arrangements	There is clear scope of work for municipal health committee as defined by guiding document	9.0	65.7	+56.7
Essential Medicines Logistics and Supply	Responsible people have the skills (i.e., Training on LMIS, eLMIS, PSM etc.) to fulfill their responsibilities	35.7	85.2	+49.5
Institutional Arrangements	Municipality has adopted and is using a standardized QI process and tools, based on nationally approved framework	6.2	54.8	+48.6
Monitoring, Evaluation and Supervision	There is a system and standard procedure to conduct social audits or public hearings on health services and these are conducted regularly	66.7	41.4	-25.2

Table 1: Municipal Average Score by Municipality Characteristics.

Variables	n	Average Score		Difference
		Baseline (FY 2018/19)	FY 2020/21	
<b>Province</b>				
Karnali	79	43.7	73.8	+30.1
Lumbini	26	52.3	69.3	+17.0
<b>Type of Municipality</b>				
Rural Municipality	69	43.2	71.7	+28.5
Urban Municipality	36	50.9	74.6	+23.7
<b>Region</b>				
Mountain	52	34.7	64.4	+29.7
Hill	27	48.4	78.7	+30.3
Terai	26	52.3	69.3	+17.0
<b>Intensity of Program</b>				
Core	62	47.8	72.2	+24.4
Core Plus	43	43.0	73.3	+30.3
Overall	105	45.9	72.7	+26.8

Figure 4: Percent of Municipalities with Scores Less than Overall Average Municipal Score (by Characteristics).



## Contribution from the Activity

The improvement in municipal score indicates the significant progress made by municipalities within SSBH working areas. The progress is, however, uneven across municipalities. These differences could be observed within disaggregated categories and across the dimensions; fewer improvements in capacity scores were observed among municipalities in Lumbini Province and the Terai region, and improvements in dimensions such as monitoring and evaluation and legal and policy frameworks are not as pronounced as other dimensions. This

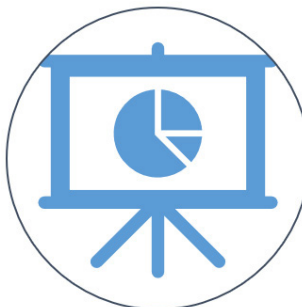
underlines the importance of continuous support to municipalities in these areas to strengthening their overall health systems at local level.

SSBH has been closely working with all the municipalities to enhance health system performance by formulating health policies, acts, and guidelines, improving information systems, enhancing capacity of health workers and municipal officials, and improving quality of care. Some key highlights of contribution from the Activity during FY 2020/21 include:



### Support for Good Governance

- Provided technical support to 78 municipalities in Lumbini and Karnali provinces to develop policies, acts, and regulatory documents; 39 Municipal policies and 63 acts are either finalized or in the approval phase.
- Organized orientation for Health Facility Operations and Management Committees (HFOMCs) in 99 health facilities, reaching 924 HFOMC members across 13 districts.
- Orientated 188 members of Social Development Committees and Municipal Health Committees across eight districts



### Improving Information System, Data Review and Use

- Supported municipalities and districts to carry out 89 monthly and semi-annual health data and performance review meetings.
- Supported routine data quality assessments in 51 health facilities and conducted follow-ups for the same in 139 health facilities.
- District Health Information Software (DHIS2) is functional in all municipalities and being used to report health data.
- Provided training on health information systems and software to 1,095 health workers, data officers and municipal officials.



### Increasing the Capacity of Health Workers and Municipal Officials

- Conducted Gender Equity and Social Inclusion (GESI) mainstreaming training sessions for 738 municipal authorities in 22 municipalities to promote inclusion of GESI considerations into the planning, budgeting, management, and delivery of health services at the local level.
- Supported capacity building of health workers through Skilled Birth Attendant training (107), Maternal and Neonatal Health updates (695), Family Planning-related training (173), and Community Based-Integrated Management of Neonatal and Childhood Illnesses training (54).
- Provided clinical coaching and mentoring to 1,140 health workers.

### Learning for the Activity

- Use of comprehensive tools with a participatory approach helps to assess the local health system status and provides an opportunity for both the Activity and municipal officials to come together to reflect on the capacity of local government to effectively carry out core functions of health system to achieve better health delivery, responsiveness, and resilience. essentials of a functioning health system.
- Capturing qualitative insights, such as the observations/remarks section in the capacity assessment tool, is important to gauge the significance of the changes seen in the data, complement the quantitative scores, provide explanations for both positive and negative changes, and maintain quality of data by helping to assess internal consistency of the responses.
- The dynamic nature of health systems and other structural challenges, such as staff turnover at local level, lengthy hiring and staff adjustment process, can affect the process of obtaining responses. It is important before each assessment to orient the respondents on the purpose, the transparency needed to accurately reflect the prevailing scenarios, and the usefulness of the assessment for evidence-based decision making to improve local health systems.
- COVID-19 situation has made some follow up assessments completed in phased manner and virtually. This adaptive approach was lengthy but was effective in getting the information through discussion.

For more information

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