



Review of Local Level Health Governance and Health Systems in Karnali and Lumbini Provinces

INTRODUCTION

Although the health sector in Nepal has made notable improvements in the last two decades, significant challenges to delivering equitable, quality health services remain. In 2017, Nepal formally established a federalist system of government at federal, provincial, and local levels, creating numerous opportunities and challenges. In this new context of federalism, USAID's Strengthening Systems for Better Health (SSBH) Activity was designed to support the Government of Nepal in their efforts to improve health outcomes, particularly for the country's most marginalized and disadvantaged groups.

In this endeavor, SSBH has been working closely with 105 municipal governments since 2018, and expanded to 138 in 2020. In 2018, SSBH conducted a health systems and capacity assessment to establish baseline scores across eight domains of governance for 105 municipalities in Karnali and Lumbini Provinces. These baseline scores allowed SSBH to identify needs and prioritize activities in each municipality to provide customized technical assistance. Follow-up assessments were done in 2021 to identify areas of improvement after SSBH interventions. To better ascertain and understand potential contributing factors for improvements at the local level, SSBH conducted this review of local health governance and health systems.

METHODS

The review relied on qualitative data as the primary source of information, supplemented by quantitative secondary data. SSBH team members conducted on-site interviews of elected leaders, municipal officials, and health facility staff from 24 municipalities across 13 districts (Figure 1). Municipalities in the Districts of Kapilvastu, Rupandehi, and Nawalparasi West were not considered for this review as they were not included in the initial

health systems and capacity assessments.

Site selection was based on five parameters, namely 1) the availability of regulatory documents endorsed by municipal executive committees; 2) SSBH-led orientation and training received by the municipality; 3) service utilization indicators; 4) changes to health systems and capacity assessment scores between 2018 and 2021; and 5) changes in service utilization indicators for antenatal care (ANC) visits, institutional deliveries, and deliveries attended by Skilled Birth Attendant (SBA). SSBH selected municipalities scoring high on the composite score of these parameters and included at least one municipality from each of the initial 13 working districts for the review.

Figure 1: Municipalities in SSBH working areas selected for review (shaded in orange)



Analysis

After completion of the interviews, the review team analyzed the information with a help of external

consultant, who collated and organized the interview notes and translated interview recordings from Nepali into English transcripts for clarity. He then prepared descriptors associated with each interview transcript, which were coded into the MAXQDA software for qualitative analysis. This coding process was crucial to data analysis, as it allowed for the counting, comparing, and contrasting of responses based on a number of interview topics ranging from health regulation and legislation, use of health information systems and other technology, service utilization, and the capacities of available human resources.

RESULTS

Progress in local health governance and overall health systems

Data collected and reported into the SSBH monitoring and evaluation database demonstrate significant improvement over the past four years. This includes progress in overall performance scores of the 24 municipalities selected in this review (Figure 2).

In these municipalities, respondents reported that they have observed notable changes in the health sector over the course of the previous four years. Most respondents cited development and implementation of locally adapted health-related policies, acts, and guidelines as evidence of progress. Other improvements included better functioning Health Facility Operation and Management Committees (HFOMC) and increased capacity of health personnel. Respondents also mentioned enhanced transparency and accountability within the health system due to accountability tools such as social audits.

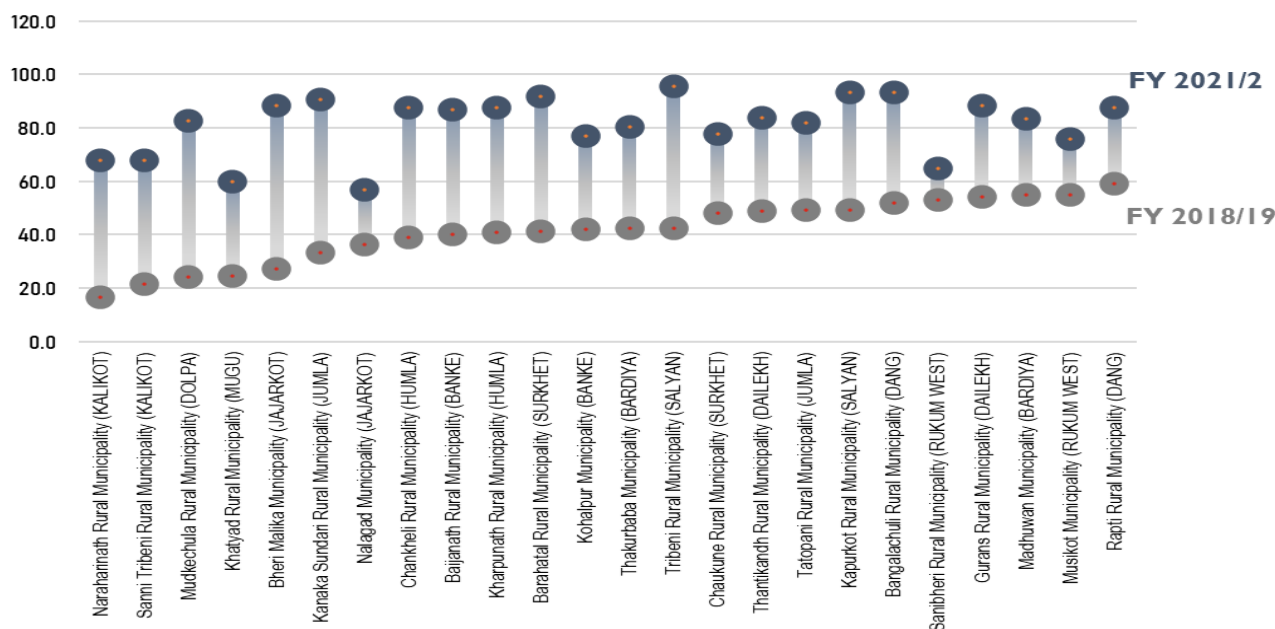
The use of data for evidence-based planning and budget was also listed as proof of progress by many respondents. Quantitative explorations conducted regularly by SSBH also suggest progress in evidence-based planning and budgeting, which indicates that information transparency is practiced at the local level. Most respondents noted that HFOMCs are more active than before, which may be the result of a stable presence of ward chairpersons, who also chair the HFOMCs.

Other reported improvements include the capacity of health staff in understanding and managing health information systems, specifically HMIS and DHIS2, which contributed to timely recording and reporting of data for evidence-based designing, planning, and budgeting of health interventions at the municipal level (Figure 3).

“Four-to-five years ago, I did not have required technical skills... Now I know a lot about recording and reporting processes. I use DHIS2 to enter data in eLMIS. I have also learned about planning and budgeting; drafting and passing laws, acts, and policies; and implementing them... I see a lot of growth in me. Contributing factors include the municipality leadership’s positive attitude towards health, DHO’s help through training, and SSBH’s training and orientations.”

- health section chief

Figure 2: Health systems and capacity assessment scores for the 24 municipalities selected in this review



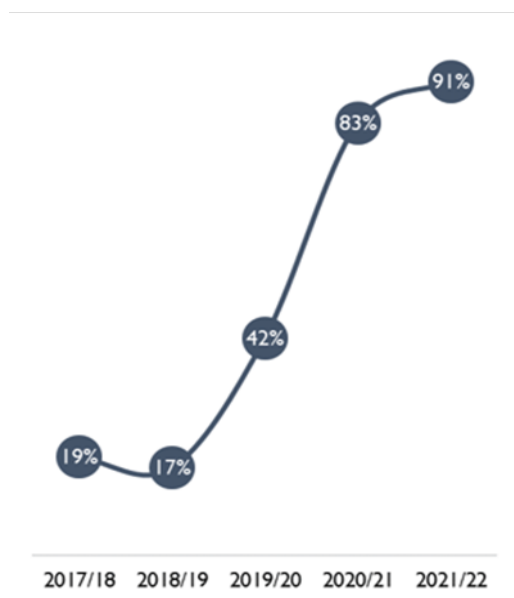
Reasons given for improvements

Federal restructuring and delegation of authority to the local level was found to play a key role in those improvements as it allowed local authorities to reflect and fulfill local needs. Respondents also highlighted improved teamwork among municipal authorities, district health offices, provincial and federal governments, and external development partners as playing a key role in increasing ownership and accountability of activities conducted at the local level and leading to increased service utilization (Figure 4).

“This is a gift of federalism. If there was no federalism and local government was not established, then we would have to depend on the district and central level for services and resources. Only the powerful people with large networks at the district and central level would receive the resources; some places even used to be over resourced while others were deprived... But now the situation has changed and improved. Now, citizens can receive services from their local government, and the local governments are able to provide services by themselves.”

- deputy municipal chairperson

Figure 3: Percentage of health facilities from the 24 s elected municipalities reporting on time into HMIS

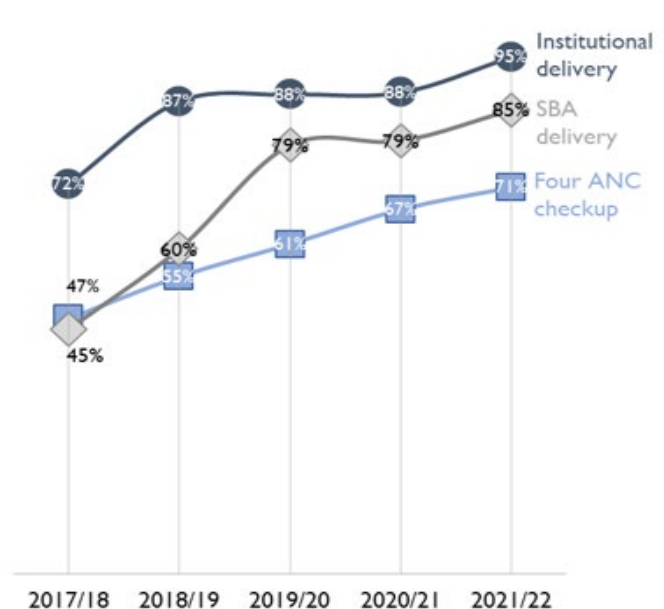


SSBH role and contributions to improvements

When asked about contributions from SSBH, respondents referred to the technical assistance provided to develop policies, acts, and guidelines as the most important. These documents are tailored to local health needs and paved the way for efficient and effective health service delivery. Other key contributions by SSBH highlighted by respondents in interviews include:

- Training and orientations to sharpen technical knowledge and skills of the health staff, and training intended for local officials to highlight their roles and responsibilities and develop technical, managerial, and leadership capacities.
- Technical and material support, training, and orientations for health workers during the COVID-19 pandemic.
- Orientation and support with HFOMC meetings, and assistance to support increased HFOMC activity.
- Regular monitoring of health facilities and a collaborative and coordinated approach to work with local officials and institutions.

Figure 4: Service utilization trends from the 24 selected municipalities



During the review, respondents highlighted several challenges as well. The review was conducted just before the local level elections in May 2022, and respondents stressed the need to sensitize and build capacities of newly elected officials after they assume their posts. Another important challenge is budget constraints; while health budgets have seen gradual annual increments, many municipal officials felt the current budget scenario for health is still

inadequate to sustain or recruit staff, procure equipment and medicines, and, in some cases, build necessary health infrastructure.

“I worry the budget might be cut more in the coming days. We are making provisions for buildings and manpower, but do not have enough money to buy necessary medicines. We also do not have enough permanent staff, mostly contract based staff.”

- health section chief

Limitations of the review

As this review focused on better performing municipalities to document and understand from exemplary local level, results might not be representative across all SSBH working areas or throughout the country. The review team collected data throughout April 2022, just before the local election in May 2022. There could be moral bias in responses, especially from elected officials, given that they were at the end of their term during the period of this review.

CONCLUSION

The review of health governance and health system provided a local level perspective on the current state of their respective health systems, their responsiveness, contributing factors to their improvement, and existing challenges. The review did not explore how health policies and acts are being used, instead highlighting the challenges that remain while executing these legal statutes.

Data from HMIS and SSBH monitoring indicates notable improvements in service utilization and recording and reporting practices, suggesting that progress is being made in evidence-based provision of quality health services. Respondents welcomed these improvements but stressed that health governance required further strengthening in order for quality health services to reach marginalized populations and become sustainable in the long term.

Respondents identified and acknowledged the multi-faceted support provided by SSBH and expected similar level of continued technical and material support in future.

Overall, there is an increased sense of ownership, positive intent, and commitment to health among the local governments. Municipal authorities and health workers are well aware that it is vital for elected officials and health staff to have harmony, communication, and transparency towards the goal of improving health outcomes to capitalize on the gains made in the last five years.

Ways forward as suggested by respondents

Most respondents stressed that technical and material support from development partners should continue. They also highlighted the need for more regular joint monitoring and supervision visits to track progress and provide timely feedback. Municipal authorities reflected on their fixed allocated budget each year and mentioned that additional technical support from development partners like SSBH to better plan for budgeting and implementing service delivery during emergencies is necessary. Some other suggestions for ways forward include:

- Along with system improvement efforts, community level awareness programs for maternal and child health and family planning, vaccinations, and other health services are crucial to increase health seeking behavior
- Health Orientations for newly elected officials to sensitize them to their responsibilities and enhance their capacities to provide quality health services.
- Allocation of adequate funds to conduct social audits, public hearings, and implement other social accountability tools to strengthen accountability mechanisms at local level.
- Organize more joint monitoring and supervision visits with external development partners and provide timely feedback.
- Monitor implementation health policies and acts and translation of these policy documents into action and coordinate with provincial and federal agencies to address challenges and practical issues faced during their implementation.
- Develop and execute continuous capacity development plan for health and municipal staff.
- Continue promoting the use of data for evidence-based decision making to capitalize on positive changes in planning and implementation.
- Develop a rewards-based performance appraisal to encourage and motivate front-line health workers, especially in disaster or emergency situations.