Organisational Capacity Assessment and its institutionalisation in Nepal

Background

As part of Nepal's shift towards a federal system, the management of basic health care services has been devolved to local governments. In this regard, the Nepal Health Sector Support Programme (NHSSP) was mandated to support to the Ministry of Health and Population (MoHP) in enhancing the capacity of local-level. The critical approach towards this end, however, was the assessment of the organisational capacity for the management of the health sector at the municipal level.

This marked the entry of the organisational Capacity Assessment (OCA) tool in seven municipalities—identified as 'learning sites'. As its epithet suggests, the OCA is a self-assessment tool that facilitates the strengthening of the health system through building and boosting Organisational capacity.

A tool for self-assessment

OCAs have been implemented in other countries, including in spheres other than health. In Nepal, it has been adapted for use in the health sector so far. In line with the World Health Organization's health system building blocks framework, the OCA is tailored for the local governments, which comprise of seven domains branching into three to seven sub-domains each. Each sub-domain, then, consists of multiple benchmarks or criteria for capacity assessment.

The scoring is done in ordinal number that range from zero to four, where, zero represents the weakest while four represents the optimum capacity for each sub-domain. The overall score is subsequently measured in percentage by comparing the aggregated score obtained against the optimum score. Based on this, capacity is categorized as follows: if performance falls below 40%, capacity is "limited" or in "need of significant support"; if between 40% to 70% as "some" or in "need of additional support"; and above 70% as "good" or "need to sustain".

A capacity development plan should also be developed as part of the process, so as to address capacity gaps over time.

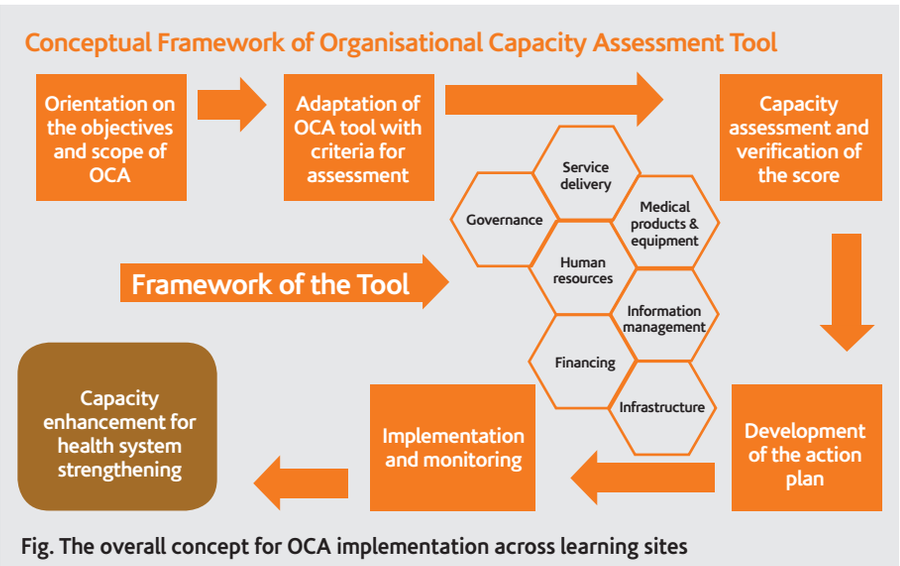

Fig. The overall concept for OCA implementation across learning sites

Furthermore, periodic capacity appraisals should be conducted in accordance with the country's evaluation cycle.

Adaptation towards institutionalisation

The National Health Training Centre (NHTC) of the MoHP was identified as the institutional home for rolling out the OCA across the learning sites and, potentially, to other local government levels. In preparation, around 15 senior officers from the NHTC took part in a four-day seminar held in Lalitpur, Province 3, from 25 to 28 November 2018. One of the major objectives of the seminar was to adapt the OCA concept and its implementation process as per the Nepali context.

At the event, the existing framework was broadly discussed largely in a bid to gauge the progress in capacity enhancement of local governments for accomplishing the health system functions over a certain timeframe. Importantly, NHTC staff were trained to work as the facilitators for the roll out of the OCA in the health sector.

The first OCA event was conducted at the local government level at Dhangadhimai Municipality in Province 2, between 3 to 7 December 2018. Attending this five-day workshop were around 37 participants, hailing from diverse backgrounds, including elected officials (mayor, deputy mayor and ward chairs), municipality staff (administrative, IT, planning, finance, health and women development officers) and health facility in-charges. Prior to the workshop, a preparatory meeting was organized—with the mayor, deputy mayor, chief administrative officer and health coordinator—in order to introduce framework of the OCA and develop consensus on the process. Such preparatory meeting was found to be effective in building a common understanding and encouraging active participation among key officials.

Following the first workshop in Dhangadhimai, five others followed—one for each learning site: from 7 to 11 January 2019 at Itahari Sub-Metropolitan City (Sunsari district, Province 1) with around 50 participants; from 28 January to 1 February 2019 at Yasodhara Rural Municipality (Kapilvastu district, Province 5) with around 30 participants; from 10 to 15 March at Pokhara Metropolitan City (Kaski district, Gandaki Province) with more than 90 participants; from 31 March to 4 April 2019 at Ajayameru Rural Municipality (Dadeldhura district, Province 7) with around 25 attendees; and from 26 to 30 May 2019 at Madhyapur Thimi Municipality (Bhaktapur district, Province 3), with 25 participants.

The OCA implementation process from the first workshop was replicated at subsequent events, including the duration of the seminars, schedules, modality, and facilitator and participant backgrounds, among others. The only exception was Kharpunath Rural Municipality in Humla district, Karnali, where a slightly different version was implemented by the Strengthening System for Better Health, a project funded by the United States Agency for International Development.

Summary of findings

At the OCA workshops, all six local governments used 32 sub-domains under seven building blocks—Governance, Service Delivery, Human Resources for Health, Health Infrastructure, Health Products, Health Information, and Health Financing—to rate their own capacity on a scale of zero to four, based on the benchmarking criteria selected. The purpose of highlighting the self-assessment findings in this report is to document and share best practices within or outside the local governments, creating the baseline capacity of local governments, and fulfilling the gaps identified as per the timeline set in the OCA capacity development plan. The findings revealed that the score on building blocks was not dependent on the type, size, or location of the local governments. The results from the OCA assessment are not comparable to each other as the benchmarking criteria or scoring tool across each subdomain differs according to the local context.

While comparing overall capacity across the seven learning sites, the average capacity score (across all seven domains) ranged from 20% to 54%. This meant that a few fell under "limited capacity" while a majority of the local governments had "some capacity", indicating need for improvement. There were, however, no local governments identified as having "good capacity" to perform the functions mandated to them.

Across each domain of all seven learning sites, the score for Governance ranged from 17% to 65%; Service Delivery from 5% to 45%; Human Resource for Health from 20% to 60%; Health Infrastructure from 5% to 55%; Health Products from 25% to 85%; Health Information from 25% to 44%; and Health Financing from 33% to 92%. A majority of local governments had relatively "good capacity" when it came to Health Products and Health Financing, and "some capacity" on Governance, Human Resource for Health, and Health Information. In contrast, the capacity for Health Service Delivery and Health Infrastructure was almost uniformly "weak".

The subdomains and benchmarking criteria used to assess the Health Service Delivery domain were: availability of basic healthcare services, functioning Quality Improvement Committee, availability and use of protocols, referral system, and effective supportive supervision. Post-assessment, the overall capacity of the local governments in managing delivery of basic healthcare services was seen to be "weak". This was echoed in the findings under Health Infrastructure where almost all seven municipalities were found to have struggled to set up infrastructure according to the national standard and were therefore deemed as having "weak" capacity. In fact, of the 58 health facilities (including health posts and primary hospitals) across all seven learning sites, a majority either did not possess their own land or lacked well-constructed structures.

The findings also revealed that although local governments were better equipped with financial resources, management structure, and health products, the gaps in terms of evidence-based planning and implementation processes for health service delivery were major reasons for their weak organisational capacity. Correspondingly, it was also observed that service delivery functions and support services did not meet the minimum service standards as later revealed in the assessment against the Minimum Service Standards.

Gender equality and social inclusion also constitute an element of governance building blocks. Regarding this, the self–assessment revealed that majority of the local governments needed to develop their capacity in mapping communities deprived of mainstream service delivery. In order to expand coverage and ensure access of services to the unreached, it was deemed crucial to understand their reasons for not visiting the health facilities and to develop strategies accordingly. The capacity development plans were based on gaps identified via the OCA. They were then presented to the municipal team so that priorities could be set for the allocation of budgets for the upcoming quarter/fiscal year.

Lessons learned

To enable the roll-out of the OCA beyond the learning sites, the following key lessons were identified:

- The OCA is well-connected with other several other capacity-improving tools of the MoHP, such as the Health Management Information System, Minimum Service Standards, and Routine Data Quality Assessment and can reinforce their roll-out.
- Despite the use of checklists while conducting the workshops, it was agreed that an OCA User's Guide would be helpful to ensure quality and to aid facilitators at the province level.
- The mixed composition of participants was ideal for working on the seven building blocks. Being that, most benchmarking tools were related to decision-making, resources-mapping, planning, legal frameworks, regulation, and audit-related themes, a team of locally-elected representatives (mayor, deputy major, and ward chairs) is recommended to take part in the OCA workshops. However, if not available for the entire workshop, such key personnel could prioritise to participate on the first and last days, with flexible participation during the rest of the seminar.
- All five local governments welcomed the OCA as an approach to strengthen their local health system. However, presence of continuous support, as provisioned through NHSSP staff, is important to ensure the implementation of the Capacity Development Plan.
- Most of the local governments committed their budget to the implementation of the Capacity Development Plan, and suggested aligning it with the annual workplan and budget planning and reviewing cycle.
- Most health facilities are slated to have Internet connections and laptop/computers by the end of 2019 at the latest. With this in mind, a simple app could be considered to develop that could take users through the stages of developing the tool and phases of the assessment and the Capacity Development Plan without having to use Microsoft Excel.
- The OCA has been implemented to improve the capacity of local governments in the health sector, but it can also be utilized to boost the overall performance of local governments in other sectors.

Conclusion

The Organisational Capacity Assessment is a self-assessment tool that aids municipal executives and health planners to identify capacity levels and key gaps, and improving capacity and decision-making to allocate resources effectively as part of the local-government planning and budgeting process. When implemented in several learning sites, the tool proved useful in enhancing the overall capacity of local governments, and demonstrated considerable potential for implementation beyond the selected sites.