

Strengthening local health system resilience: Evidence and lessons from five years of embedded learning site research in the municipalities of Nepal

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Key messages

- Evidence from learning sites in Nepal demonstrated that health system resilience is not necessarily about investing more resources, but about developing clarity in functions, improving capacities, institutionalizing routines and building stronger relationships.
- Nepal's experience showed that evidence-based planning coupled with continuous dialogue with stakeholders (political leaders, managers, health teams, HFOMCs, ward officials, communities, sectoral officials) enable greater alignment of municipality resources with local needs.
- Strengthening health workers' data management capacity, institutionalizing RDQAs, and routine data reviews acted as powerful tools for enhancing data quality and use.
- Transforming passive community health structures into active platforms and encouraging community dialogues enabled trust, captured community voices and established system's accountability.
- Strengthening emergency through formalized municipality contingency plans, rapid response team and defined mechanisms, is both feasible and essential for maintaining essential supplies.
- Federalization resulted in greater devolution; but a clear mechanism of vertical and horizontal coordination across government tiers and municipalities is critical to promote peer learning, cross municipality collaboration, and multi level system accountability.
- Participatory action research enabled deeper understanding of local needs among stakeholders and communities and supported the co-creation of evidence- and need-based interventions.

The context: Fragility in a decentralized system

Nepal's 2015 constitution transformed a unitary state into a three-tier federal system, devolving substantial authority for health planning, financing, and service delivery to seven provinces and 753 local governments. Federalization has created opportunities for tailored local health policies and plans, improved municipal level governance, and need-based budget allocation, but also exposed gaps in coordination, capacity, and accountability across tiers. The initial assessment in the learning sites in the Kapilvastu district of Nepal revealed several systemic challenges in local health governance, planning and decision-making and service delivery.

The primary objective of this policy brief is to provide national, regional and global stakeholders with evidence-based, actionable strategies for building health system resilience in a decentralized, low-and-middle income country context. Rather than proposing large-scale investments, the brief summarizes how low-cost, pragmatic changes in routine functions related to governance, evidence-based decisions and inclusive participation can bridge existing systemic gaps.



What we did differently

This policy brief is based on learning sites research conducted in two municipalities of Kapilvastu district through an embedded approach. The embedded approach involved integrating research within the routine functions of local governments and health systems, where researchers worked closely with municipal officials, health workers, and community stakeholders to jointly identify

problems, generate evidence, implement interventions and review the outcomes. This collaborative process ensured that the research is grounded in real-world implementation, supports continuous learning, and produces practical insights that can directly inform local planning, decision-making, and policy improvements.

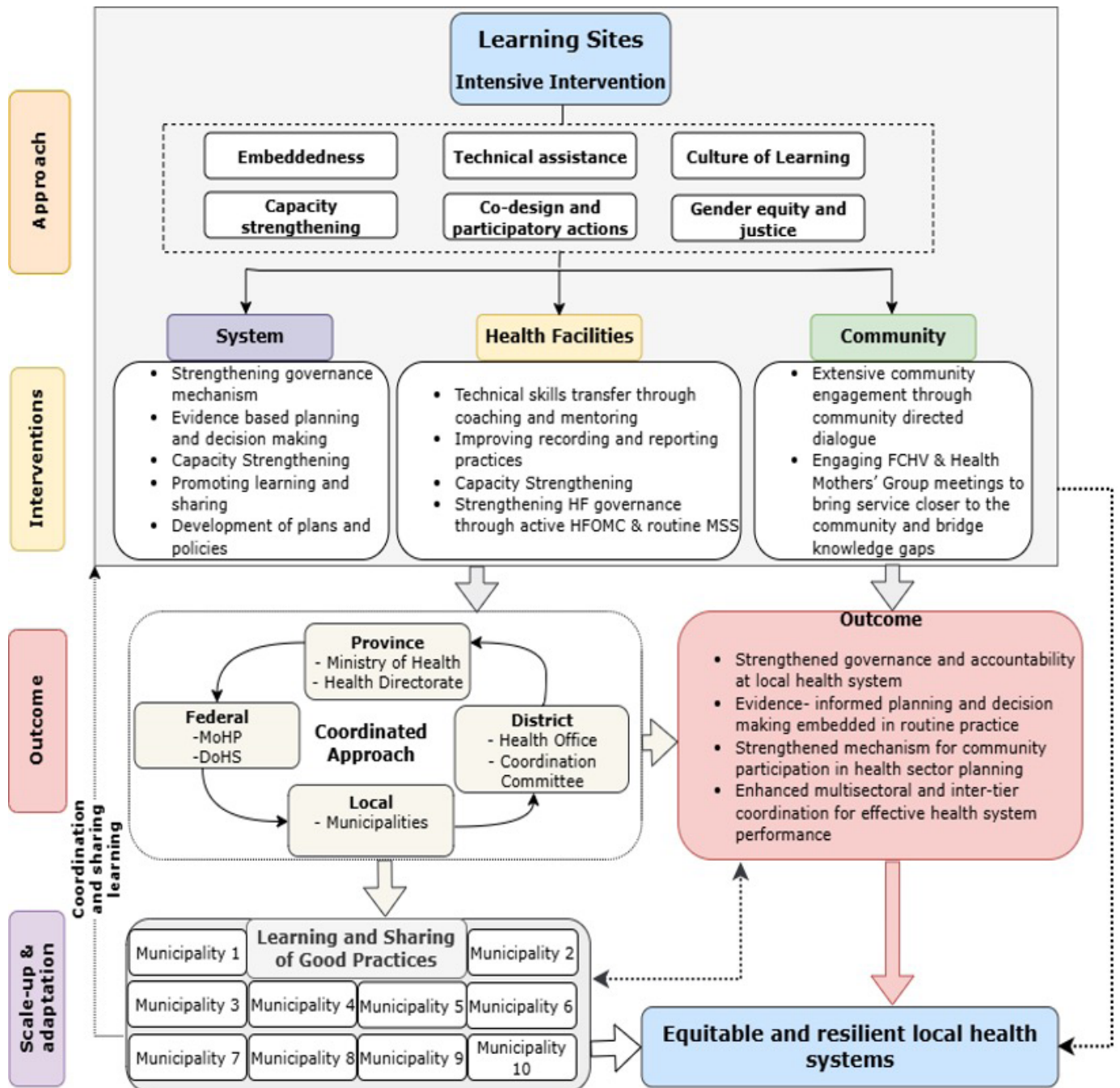


Figure 1 - Our approach to developing learning site interventions, their outcomes, impact and scale-up

Our intervention approaches:

- **Embedded support** from HERD International research team following participatory action research cycles, which incorporated the principles of plan – implement – reflect – adapt.
- **Co-creation with municipal stakeholders and community representatives** through inclusive and participatory processes that jointly identified systemic bottlenecks and resulted in a consolidated action plan aligned to the municipality annual plan and budget along with a Theory of Change that guided the overall implementation process.
- **Improved governance platforms** by re-establishing and strengthening health facility operation management committees (HFOMCs) across all facilities to clarify and operationalize their roles and functions. Also, forming the Municipal Health Committee and creating a robust monitoring and supervision mechanism.
- **Evidence use in decisions** through redesigned monthly review meetings that encouraged more dialogue, introduced a data verification sheet; introduced regular onsite coaching visits that focus on improving data quality and service delivery; and institutionalized routine data quality assessment (RDQA) and minimum service standard (MSS) assessments.
- **Clarified procedures** by developing guidelines for non-conditional budget implementation, local health policy and guidelines, and annual monitoring and supervision plans; formed and activated rapid response teams (RRTs) at ward levels during emergency situations.
- **Revitalized community platforms** such as HFOMCs, female community health volunteers (FCHVs) and health mothers' group meetings; introduced community engagement sessions facilitated by trained community volunteers; established a community-based pregnancy tracking system through mobile applications integrated into the health system.
- **Established a learning and sharing culture** through cross-municipality and multi-tier dialogue platforms, enabling discussion on common problems and strengthening partnerships for shared solutions.



How resilience can be enhanced in decentralized settings: policy lessons

Improve health data quality and use for decision-making

- Institutionalize RDQAs and onsite coaching and mentoring within routine health system functions, with clear follow-up actions and supportive feedback to staff.
- Train health workers and municipal health teams in recording, reporting, basic analysis, and visualization of key indicators, leveraging digital tools where feasible.
- Redesign routine municipality meetings into a more focused data review platform to track program performance, identify inequities, and adjust plans and budgets; display key indicators at facilities to promote local ownership.

Promote evidence-based planning and budgeting

- Mandate and support periodic municipal and ward-level health situation and vulnerability analysis (using Health Management Information Systems (HMIS), survey, and community data) to inform multiyear health plans and annual work plans and budgets.
- Provide targeted capacity building and mentoring for municipal officials and health coordinators on health planning, program costing, and performance-based budgeting, with federal and provincial technical support.
- Support municipalities to draft context-specific health policies, guidelines, and standard operating procedures that clarify roles, define minimum service packages, and set local quality standards.



Strengthen governance and accountability

- Activate governance platforms at municipality and ward levels that support effective implementation of routine functions, distributed accountability, inclusive decision making and shared ownership.
- Promote community engagement, ownership and sustainability of health programs by involving HFOMCs, FCHVs, mothers' groups, and local organizations throughout the planning, implementation and monitoring cycle, and collect feedback on service quality and access.
- Finance and operationalize regular health-related community engagement sessions and public reporting of performance (e.g. community-based scoreboards) to strengthen downward accountability and trust.

Strengthen monitoring and supportive supervision

- Develop standardized municipal monitoring and supervision plans that define minimum visit frequency, include tools/checklists, and are aligned with provincial and federal standards.
- Build supervisory skills among municipal health coordinators and facility in charges, emphasizing supportive coaching rather than fault finding.
- Establish mechanisms to systematically document supervision findings, track corrective actions, and integrate lessons into subsequent plans and budgets.

Invest in emergency preparedness

- Integrate health emergency and disaster risk management into municipal health plans, based on local hazard and vulnerability assessments.
- Ensure RRTs with oversight from Rapid Response Committee of municipality are actually functional at municipal level (including ward level), with clear terms of reference, regular simulation exercises, updated emergency contact lists, referral pathways, and minimum stocks of essential supplies, PPE, and medicines at health facilities; link these to municipal contingency budgets.

Strengthen intersectoral and three-tier coordination for health

- Establish or revitalize municipal health / coordination committees and use multisectoral platforms (e.g. for nutrition, WASH, maternal and newborn health, disaster risk reduction) to jointly address multisectoral issues around service access, reflecting a "health in all policies" approach.
- Establish platforms for joint planning and review meetings between municipalities including province and federal stakeholders, where possible, to enable cross-municipality learnings, exchange experience, agree priorities, and jointly identify solutions. District Coordination Committee or Health Office (Province) could be supported to coordinate these dialogues.

Conclusion

The experience from the Kapilvastu learning sites demonstrates that strengthening health system resilience does not require total structural reform or massive financial investments. Rather, it depends on clear operational guidance, sustained engagement of local stakeholders, and a deliberate shift in mindset, particularly among political and administrative leaders, to recognize health as a priority for local development. By improving everyday practices around governance, evidence use, and collaborative decision making, municipalities were able to strengthen routine functions while enhancing their capacity to adapt during shocks. These lessons suggest that resilience is built incrementally, through locally led, everyday actions and continuous learning, and can be achieved even in resource constrained settings when systems are supported to function more effectively within available resources.

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ReBUILD for Resilience examines health systems in fragile settings experiencing violence, conflict, pandemics and other shocks. We produce high-quality, practical, multidisciplinary and scalable health systems research which can be used to improve the health and lives of many millions of people.

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