




## Measuring Health System Changes: Spotlight on Bungoma County

For countries to reach the goal of universal health coverage, it is essential to regularly assess health systems to identify and tackle existing capacity gaps that will enable stronger, more efficient and equitable service provision. Measuring systemic change in health systems can be challenging, and as such, can oftentimes be overlooked. Building this into programming from the onset is key. Having a robust set of baseline data provides a snapshot of where the system is, and highlights where prioritisation should be given.

This short story presents MANI's lessons from Bungoma County. The Maternal and Newborn Improvement (MANI) project uses an Organisational Capacity Assessment (OCA) to assess the capacity of the county and sub-county health management teams (CHMT & SCHMT) to manage and deliver high quality and accessible health services for all. Utilised for the dual purpose of advocacy and planning, the OCA empowers decision makers and programme implementers to prioritise the most critical interventions necessary for improved service delivery. Tracking progress over time also provides quantitative documentation of improvements in health system capacity.

### What is the Organisational Capacity Assessment?

An OCA is a method used to assess the capacity of an organisation. MannionDaniels designed and adapted an OCA for use in guiding health programming and planning in Bungoma County. The adapted OCA is an Excel-based tool and draws its framework

	0% - 39%	Limited capacity requiring significant support
	40% - 69%	Some capacity but there are areas requiring additional support
	70% - 100%	The health system is managed well and has the capacity to deliver its mandate

Interpretation of the organisational capacity using the OCAT

from the six WHO building blocks<sup>1</sup>, or domains. It provides an objective and measurable way of identifying strengths and weaknesses while acting as a learning exercise, which inherently increases capacity of county managers and technical heads in identifying and understanding system bottlenecks and enablers.

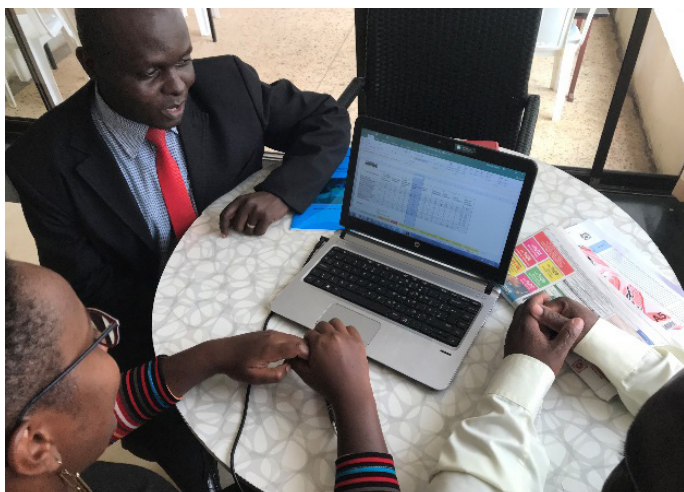
The OCA illustrates status through a traffic light system. It enables comparison of results across the different domains and across the different county and sub-county health systems. From this, targeted capacity development plans are drafted, outlining the specific support needed to strengthen management capacity. The assessment is conducted annually to track change over time, and to ensure that MANI's interventions are targeted towards relevant capacity gaps.

### OCA to inform MANI programming

The OCA baseline was conducted in 2015 following an extensive consultative design process. The findings helped to inform and prioritise interventions across the MANI project. It looked at resources, systems, processes that are managed by the county's devolved leadership structure and directed MANI programme implementers on where to intervene and in what sequence.

### OCA to inform county priorities

The CHMT cites the OCA as an important management resource for the county, particularly in ensuring that the various management systems are able to promote effective service delivery. One CMHT member acknowledges that "the red becomes really



Representatives from Bungoma CHMT and SCHMT review OCA data with MANI team

<sup>1</sup> Leadership and Governance; Health Care Financing; Health Workforce; Medical Products/Technologies; Information and Research; and Service Delivery

difficult to ignore." The OCA is then used as a tool for county leadership to make evidence-based decisions downstream and as an advocacy tool upstream to demand for greater resource allocation. When the tool is used to analyse progress across sub-counties, the county management can question performance and resource allocation. This builds the county's capacity to use data to promote geographic equity.

Members of both the CHMT and SCHMT have been involved in the OCA process from the beginning, though frequent transfers have resulted in a loss of institutional memory between years, requiring the training of new members and garnering new support. Despite this challenge, the OCA has been lauded as an inherent and valuable learning process - through the training on the tool itself, its immediate application and its wider benefit in being used to make evidence-based decisions and resource requests.

### Key factors for success

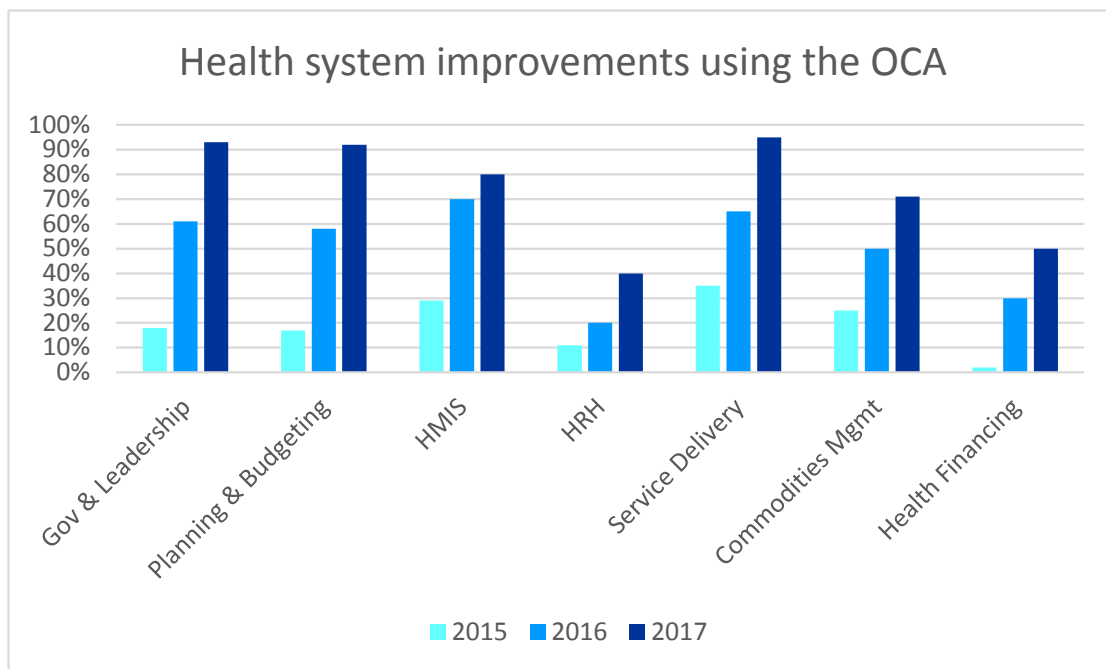
The OCA's success is determined by the county governments' buy-in of the tool and commitment to the development of the capacity plan. Assessment of capacity is not independent of political and organisational context, and as such, the tool works best when the leadership understand and appreciate the tool's utility. There must also be commitment to improving record keeping, data collection and analytical methodologies, against which decisions are based, to enhance the reliability of the OCA findings. These factors must be taken into consideration when adapting the OCA to any health context.

### High Level results of the Bungoma OCA

Roll-out of the OCA in Bungoma has seen impressive results that have allowed management teams to plan and implement more effectively. Key milestones such as development of the annual work plan, health policy and bill, orientation of hospital management boards and committees among others have been achieved. For the first time, the county has developed a HRH policy to respond to its human resource challenges.

In addition to this, representatives from the county have cited their preference to use the OCA to present the state of the health system in wider decision-making forums, as well as potentially using an adapted version for facility level supervision beyond the life of the MANI project.

**"Through OCA we are able to determine to what extent our systems are effective in ensuring that there is proper service delivery and also in ensuring that we are responding to the growth and need for health services "**  
 - SCHMT member



Data showing county level health system improvements across three years of MANI project

