

**Progress Report on  
Partnership, Alignment and Harmonisation in  
the Health Sector  
2013/14**

**Report Prepared for Joint Annual Review (JAR)**

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## EXECUTIVE SUMMARY

This report highlights the progress made and the challenges and ways forward on partnership working, alignment and harmonisation by the Government of Nepal and its partners in Nepal's health sector in 2013/14.

The newly enacted National Health Policy of 2014 identifies partnership as a cornerstone to further develop Nepal's health sector. The Nepal Health Sector Programme 2015–2020 (NHSP 3), which is expected to come into effect by mid-2015, follows suit and underpins partnership as a key strategic element to achieve better health outcomes.

Nepal's sector wide approach (SWAp) to the development of its health sector is maturing as evident from the fewer independent projects, less fragmented aid and more the external development partner (EDP) programmes and resources that are linked to government mechanism and strategies. This is resulting in reduced transaction costs for MoHP and improved MoHP budget absorption capacity. Progressively better organized joint annual reviews (JARs) and joint consultative meetings (JCM), the culture of working through technical working groups, and harmonised procedures within EDPs are contributing to strengthened partnerships in the health sector. However, some specific challenges remain and there is room for improvement. Past efforts to better manage and coordinate technical assistance in the health sector still leave much to be desired. Agency-specific M&E missions and reporting requirements continue to tax the government. While the government prefers that development partners channel their contributions through national systems, weaknesses in public financial management continue to pose a fiduciary risk for partners.

EDPs operating at the district level have made good progress on finding their comparative advantages. However, the differing modus operandi of development partners often creates difficulties for coordination at the district level.

The mapping of development cooperation in health has improved with the Aid Management Platform (AMP) well established in the Ministry of Finance. Mapping the support of INGOs in the health sector remains an Achilles' heel for the government as most of the INGOs continue to operate outside the purview of MoHP. EDPs and INGOs do not interact formally leaving a disconnect between these important sets of partners.

While the government's policies and strategies continue to give prominence to state non-state partnership, certain minimum conditions are yet to be met that are crucial to set up meaningful partnerships with the non-state health institutions.

The health sector increasingly seeks multi-sectoral collaboration to address the wider determinants of health, with multi-sectoral frameworks already in place to address issues like malnutrition, water and sanitation for health (WASH), road safety and non-communicable diseases. While this is an important step forward, coordinating the approaches and actions of multi-sectoral actors is an additional burden for MoHP.

The principal ways forward for developing partnership, alignment and harmonisation in the health sector are:

- expanding the SWAp to include important players like India and China and trickling the spirit of the SWAp to the sub-national level;
- improving the management and coordination of technical assistance;
- putting in place meaningful state non-state partnership mechanisms; and
- the better coordination of multi-sectoral efforts.

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## ACRONYMS

AIN	Association of INGOs in Nepal
AMP	Aid Management Platform
AUSAID	Australian Agency for International Development
DFID	Department for International Development (UK Aid
EDP	external development partner
GAVI HSS	The Global Alliance for Vaccines and Immunisation's Health System Strengthening Support
IHP+	International Health Partnership
INGO	international non-government organisation
JAR	joint annual review
JCM	joint consultative meetings
JFA	Joint Financing Arrangement
JTAA	Joint Technical Assistance Arrangement
KfW	German Development Bank
LHGSP	Local Health Governance Strengthening Programme
MoF	Ministry of Finance
MoFALD	Ministry of Federal Affairs and Local Government
MoHP	Ministry of Health and Population
NHSP	Nepal Health Sector Programme
NHSP	Nepal Health Sector Programme
SNP	state non-state partnership
SWAp	Sector Wide Approach
TA	technical assistance
TARF	Technical Assistance Response Fund
TC	technical cooperation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WASH	water and sanitation for health
WHO	World Health Organisation

# 1 INTRODUCTION

## 1.1 Background

The 'Health Sector Reform Strategy: An Agenda for Reform, 2004' envisaged a government-led health sector with increased harmonisation and alignment of partners. A sector wide approach (SWAp) was initiated under the auspices of the Paris Declaration of Aid Effectiveness (2005), (to which Nepal is a signatory), and was formally endorsed and supported by 11 of Nepal's health sector donors. To tackle challenges in areas such as sector coordination, harmonisation, performance monitoring and health care financing, and to further strengthen the SWAp, Nepal was in one of the first waves of countries to join the International Health Partnership (IHP+) in 2007.

The Nepal Health Sector Programme 2010-2015 (NHSP-2), aims to widen and strengthen partnerships in the health sector, espousing core values that reflect the current socio-political and socioeconomic paradigm of the country.

Some initiatives planned for 2014, such as the implementation of the State Non-State Partnership Policy for the health sector, have not progressed as anticipated. However, there are other policy areas relevant to partnership harmonisation and alignment where progress has been made. A new National Health Policy (NHP 2071) was enacted in 2014 carries a specific policy element to "Promote public private partnership for systematic and qualitative development of health."<sup>1</sup> Similarly, 'The Collaborative Framework to Strengthen Local Health Governance' signed between MoHP and the Ministry of Federal Affairs and Local Development (MoFALD) not only reflects the collaborative spirit between the two ministries but also underpins the partnerships between the ministries, local governance bodies, and development agencies supporting its implementation.

The recently released first draft of the Nepal Health Sector Programme 2015–2020 (NHSP-3), which is expected to come into effect by mid-2015, not only upholds public private partnership (PPP) as a strategic direction but also pursues different partnership mechanisms to achieve its outcomes and outputs.

## 1.2 Objectives

The objective of this report is to highlight progress, challenges, and ways forward on partnership, alignment and harmonisation in Nepal's health sector.

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<sup>1</sup> Ministry of Health and Population, "National Health Policy 2071," (Kathmandu: Government of Nepal, 2014).

## 2 PROGRESS AND ACHIEVEMENTS

### 2.1 Improved Partnership Environment Supports Improved MoHP Performance

Partnership harmonisation and alignment continues to improve in the health sector leading to more equitable access to health services for citizens, particularly women, children, poor people and marginalised populations. The health SWAp, as a funding modality as well as a partnership continues to be one of the most significant methods of aid alignment and harmonisation. The Mid-term Review (MTR) of NHSP-2 referred to the health sector SWAp as a 'mature' arrangement<sup>2</sup>.

As the 2004 SWAp continues to mature, there have been substantial improvements in health sector management through partnerships. There are fewer independent projects as more partners adopt programme-based approaches. Because of this and other harmonisation efforts, the aid fragmentation in the health sector has reduced over the years<sup>3</sup>. Even though the trend in the overall transaction costs of MoHP linked to aid effectiveness has not been fully assessed, the introduction of the health sector SWAp has reduced the number of budget headings thus lowering transaction costs<sup>45</sup>. In 2014, MoHP and the Pooled Fund partners worked together to reduce the number of financial monitoring report (FMR) formats. The number of formats that MoHP needs to submit to the pool partners every four months for funds disbursement was reduced from 33 to 8, which will not only improve the financial monitoring and timely disbursement of funds but is also expected to reduce the government's transaction costs. The resulting reduced overall transaction costs for MoHP have contributed to an improvement in MoHP's budget absorption capacity — from 69% in 2004/05 to 75.1% in 2013/14<sup>6</sup>.

Since 2005, there has been good progress on the formulation and implementation of clear result-oriented strategies in the health sector. Both NHSP-1 and NHSP-2 were developed with the joint participation of external development partners (EDP) and other state and non-state stakeholders, indicating a greater focus on partnership in the health sector. The NHSP-3 development process carries the same spirit. Many EDP programmes and resources, including those of non-pool partners, are now linked to government health sector results and strategies. This is a substantial improvement, achieved through joint commitments and better partnership working over the years.

### 2.2 Mechanisms that have improved partnerships

Mechanisms have been developed to further strengthen donor harmonisation and alignment and foster partnership in the health sector. MoHP, EDPs and an increasing numbers of non-state actors, including NGOs, INGOs and other civil society organisations, discuss and review national health strategies and programmes at forums such as the Joint Annual Review (JAR) and joint consultative meetings (JCMs). The government has endeavoured to bring different actors into the JAR; in particular, the participation of civil society organisations in the JAR has been increasing. The efficacy of the JAR as

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<sup>2</sup> David Daniels et al., "Nepal Health Sector Programme II Mid-Term Review."

<sup>3</sup> Ministry of Finance, "2011 Survey on Monitoring the Paris Declaration: Nepal Country Report," (Kathmandu: Ministry of Finance, 2011).

<sup>4</sup> Denise Vaillancourt and Sudip Pokhrel, "Aid Effectiveness in Nepal's Health Sector: Accomplishments to Date and Measurement Challenges," (Kathmandu: International Health Partnership (IHP+), 2012).

<sup>5</sup> RTI International, "Sector-Wide Approach in the Health Sector: Achievements and Lessons Learned," (NC, USA: Research Triangle Park, 2010).

<sup>6</sup> Ministry of Health and Population, "Progress Report on Financial Management in Nepal's Health Sector 2013/14: A Report Prepared for Joint Annual Review," (Kathmandu: Government of Nepal,, 2015).

a platform for reviewing progress against results has improved over the years. However, there may be a need to adjust the mechanism for the government to engage more fully with partners in productive policy dialogue. At the implementation level, technical working groups have proved effective in harmonising activities among different actors; but there exists room for improvement in terms of the government exercising better leadership over these working groups.

Since 2004, the 11 health sector EDPs have met fortnightly as a formal group, with the annual rotation of the chair and co-chair positions. This has contributed to improved harmonisation among these EDPs and a more coordinated approach to interactions with the government. The Association of INGOs in Nepal (AIN) also has a sub-group of agencies working on health, which meets regularly to coordinate their activities. However, there appears to be no formal interaction between the AIN health group and the EDP group, which leaves a disconnect between two important sets of partners operating in the health sector. It may be argued that INGOs working in the health sector are primarily funded by the EDPs, and so their activities are naturally reflected through EDPs. However, this is not always the case and many INGOs operate with their own financial resources or those obtained from donors who are not based in Nepal, implementing programmes under agreements with the Social Welfare Council. These programmes mostly remain outside the purview of MoHP and the EDPs.

The Joint Financing Arrangement (JFA) for health between the Ministry of Finance (MoF) and EDPs (all Pooled Fund partners — DFID, AusAID, World Bank, GAVI HSS, KfW plus four non-pool partners: USAID, UNFPA, UNICEF, WHO) clearly sets out harmonised procedures for performance reviews, financial management, and coordinating planning, monitoring and review exercises. The government considers this a positive step in fortifying partnership for improving overall sector management<sup>7</sup>. The JFA also encourages all development partners to better align their contributions by using MoHP's annual work plan and budget (AWPB) framework.

### **2.3 Improved Effectiveness of Technical Assistance**

The effective coordination and implementation of technical assistance (TA) has been a subject of much discourse in the health sector. Under the auspices of the SWAp, the government and EDPs have made earnest efforts to improve the utilisation of technical assistance; but gaps remain. Issues include the alignment of technical assistance with Nepal's priorities, technical assistance cost effectiveness, the proper utilisation of technical assistance, the duplication of technical assistance activities, and the under-utilisation of national knowledge and resources. To address these shortcomings and improve the efficacy of technical assistance, from 2012 the government and EDPs started working together to draft and endorse a Joint Technical Assistance Arrangement (JTAA); but it has yet to be signed. The Mid-Term Review (MTR) mission of NHSP-2 felt that the JTAA needs to be replaced or revised with a more pragmatic instrument. Nevertheless, both MoHP and EDPs have agreed that some sort of joint technical assistance arrangement, along the lines of the JFA, is necessary to ensure that the government and EDPs commit to using technical assistance to support specific result areas going into NHSP-3. Such an arrangement would also help identify areas of comparative advantage among the EDPs, thus creating synergy in the sector.

In 2013, the ToR of the TA/TC Coordination Committee for NHSP in MoHP was revised to oversee all technical assistance in the health sector. However, the committee remains inactive – in fact it has only met once since the revision of its ToR.

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<sup>7</sup> Ministry of Finance, "Development Cooperation Report: Fiscal Year 2010-11," (Kathmandu: Ministry of Finance, 2012).

For some time the government has felt a need to set up a quick and responsive technical assistance mechanism to address unanticipated important issues. Responding to this need, DFID has funded the Nepal Health Sector Support Programme (NHSSP) to establish a Technical Assistance Response Fund (TARF). The main purpose of the fund is to provide technical assistance to MoHP quickly and responsively, as needs arise. Not all needs can be predicted in advance and the fund is designed to complement the more long term, planned provisions of technical assistance that makes up the majority of support from NHSSP and other EDPs. Work funded by the TARF must be aligned to the objectives of NHSP-2 and the preparation of NHSP-3. MoHP has developed guidelines for its departments, divisions and centres to access the fund. A Fund Management Team (FMT), led by MoHP, reviews and decides on TARF proposals sent by departments, divisions and centres. More than 20 projects have been supported so far.

#### **2.4 Improved Coordination at Regional and District Levels**

The participation of local stakeholders and communities in health programmes has greatly improved over the years, although some mixed feelings prevail at regional and district levels about partnership, harmonisation and alignment. The absence of locally elected representatives since 2002 undermines downward accountability and has adversely affected multi-stakeholder partnership and harmonisation in the sector<sup>8</sup>.

The EDPs operating at district level seem to have been better at finding their comparative advantage than at the central level; and a 2010 study showed minimal duplication in most programmatic areas, with the exception of HIV/AIDS<sup>9</sup>. On the other hand, differing modus operandi of development partners often creates difficulties for the district government institutions responsible for coordinating activities. Agency-specific reporting requirements can also tax the limited capacity of local government institutions. Some efforts have been made in the past by the regional directorates of the Mid and Far West Development Regions to foster better partnerships between actors engaged in the health sector in their regions by setting up regional health coordination teams and by starting to develop integrated district health planning to bring state and non-state health sector actors together. However, these initiatives have not been institutionalised.

In 2010, the Local Health Governance Strengthening Programme (LHGSP), a collaborative programme of MoHP and MoFALD, was piloted initially in four districts and later on in one more district. One of the intended result areas of LHGSP is “strengthened collaboration among local level institutions... in managing health services effectively, efficiently and equitably.<sup>10</sup>” District technical teams, comprising district health office personnel, local development office personnel, TA/TC representatives, and representatives of INGOs and NGOs, were set up as a partnership forum to identify local health priorities and promote health as a development agenda. Although active in the initial stages of the pilot programme, the teams only met irregularly in subsequent months, producing less than optimum results. It remains to be seen how the collaborative framework between MoHP and MoFALD contributes to strengthening local health governance.

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<sup>8</sup> Kapil Dev Ghimire, Bal Gopal Baidya, and Paul Thornton, "Joint Evaluation of the Paris Declaration Phase II: Nepal Country Evaluation 2010," (Kathmandu2010).

<sup>9</sup> Ibid.

<sup>10</sup> Ministry of Health and Population, "Memorandum of Understanding among Key Implementing Partners of the Local Health Governance Strengthening Programme," (Kathmandu: Government of Nepal, 2010).

## **2.5 Mapping Support**

An Aid Management Platform (AMP) was established in the Ministry of Finance (MoF) in 2009 to map support provided by development partners and monitor aid flow. The AMP is a web-based tool that government institutions and development partners can use to plan, monitor, coordinate, track, and report on foreign aid flows and funded programmes and activities. The effective use of this tool by MoHP and EDPs will improve alignment and harmonisation. The implementation progress of AMP is steady. Currently the AMP encompasses 4,654 programmes and projects with a total disbursement for FY 2011/12 amounting to USD 1.04 billion. In fiscal year 2013/14, AMP has been rolled out to all local development partners and all line ministries.

Despite the progress made on mapping support, an Achilles' heel for the government is mapping INGOs' actual support for health. Starting from 2012, MoF has started to also roll-out the AMP to INGOs. As of March 2014, 80 INGOs were reporting their support to the AMP and this number is expected to increase. This will provide a better picture of INGOs' support for the government and the EDPs.

## **2.6 State Non-State Partnership**

The Government of Nepal, through its National Health Policy 2014 (NHP 2071), is committed to improving the health status of all its citizens, particularly women, children, and poor and marginalised people. Since non-state providers play a significant role in the country's health system, leveraging the non-state providers (NSP) has been identified as a key strategy of this policy. The draft State Non-State Partnership Policy (2012) also emphasises the need for improved partnerships between state and non-state actors and envisions appropriate strategies and operational plans that promote meaningful collaboration with the non-state providers in Nepal's health sector. The draft policy also seeks to promote better synergy between the state and the non-state sectors in achieving improved health outcomes for the country. However, the draft SNP policy is yet to be endorsed.

Nepal has a long tradition of collaboration with non-state health care providers; some are financed by the government and others by external development partners and international NGOs. Currently a number of partnership models are operational across Nepal in collaboration with not-for-profit NGOs, private-for-profit hospitals, and medical colleges. However, in the absence of uniformity in contract structure or its effective supervision and monitoring, these partnerships are seen as innovative pilots lacking long term strategic commitment for their sustainability.

From 2015, MoHP is embarking on an initiative to strengthen district health care systems through partnerships with academic institutions. This initiative aims to improve clinical care at district hospitals by posting senior resident doctors and specialised faculties (e.g. doctors and specialists of paediatrics, internal medicine, dentistry, surgery, and anaesthesiology) from academic institutions. Budgeted funds to pilot this initiative in a few districts have been secured; a draft memorandum of understanding (MoU) is ready, and negotiations with individual academic institutions are planned for 2015.

## **2.7 Multi-sectoral Collaboration**

There are examples of efforts from the past on multi-sectoral engagement, including the school health programme with the education sector and urban health with municipalities. Alongside this there has been renewed interest in the last couple of years on multi-sectoral collaboration for health care

interventions. The Government of Nepal has put in place several multi-sectoral plans and frameworks in recent years; some of which have health as a key sector:

- Multi-Sectoral Nutrition Plan (MSNP), 2013–2017
- Multi-Sectoral Action Plan for the Prevention and Control of Non Communicable Diseases, 2014-2020
- Inter-sectoral Framework on Water and Sanitation for Health (WASH), 2013
- Nepal Road Safety Action Plan, 2013-2020
- National Action Plan Against Gender Based Violence, 2010

Multi-sectoral collaboration between MoHP and MoFALD has also progressed on strengthening local health governance and on civil registration and vital statistics. Furthermore, a collaborative framework was signed between MoHP and MoFALD in December 2013 to strengthen local health governance. Both the ministries see the framework as a milestone reform step in terms of establishing more responsive and accountable health systems at local level. In 2014/15, this initiative is being piloted in six districts.

### 3 LESSONS LEARNED

Partnership mechanisms under the SWAp have created greater harmonisation among the development partners and better alignment with government, thus resulting in reduced overhead costs for both EDPs and MoHP, and contributing substantially to the steady improvements seen in the effectiveness of MoHP planning and spending. Aid fragmentation and duplication have been comparatively reduced, but it is clear that more partners should be encouraged to participate in harmonisation efforts. A more harmonised approach towards technical assistance is needed through joint agreement between the MoHP and the EDPs.

The role of national personnel working for EDPs and other international partners in fostering better partnerships in the health sector is often overlooked, but is significant. They often act as conduits between their employers and counterpart government institutions to better coordinate each other's efforts and improve communications in the cross-cultural setting of multi-agency partnership.

As the multi-sectoral response to address wider social determinants of health gains more ground; this poses the additional burden for the government of not only managing the ever-growing number of customary health actors, but also managing new sets of multi-disciplinary actors that have a growing stake in Nepal's health sector.

## 4 KEY CHALLENGES

### 4.1 Contributions not Fully Harmonised

Despite improvements in harmonisation through the JAR and JCMs, there are still some lapses. For example, despite much rhetoric, EDPs and the government are yet to put in place an effective instrument to coordinate TA in the health sector. Furthermore, despite the government's regular requests, some EDPs are not able to consolidate and present the details of their technical contributions to the health sector<sup>1112</sup>. A way forward on this would be if the technical assistance matrix produced by the EDPs during the 2012 JAR is further refined as a viable tool to showcase their contributions<sup>13</sup>.

Similarly, EDPs largely continue to use separate monitoring and evaluation missions, which, among other things, increases the transaction costs for both them and the government. Currently the AIN health group and EDPs do not interact enough to harmonise their support and some form of formal interaction mechanism needs to be established.

### 4.2 Greater Alignment with Government Institutions Needed

While there has been a steady improvement in the alignment of the EDPs with health sector policy and strategies, and aid flows are increasingly aligned to national priorities, alignment with the government's institutional system remains weak<sup>14</sup>. This is mostly due to the large number of non-pool EDPs operating in the country, who make little use of the Government of Nepal's systems. Although the number of EDPs providing pooled funding has increased, as has the amount of total pooled funds, many projects and programmes are still funded by individual EDPs. Even pooled funding at times imposes too stringent procurement and financial management requirements that stretch the government's capacities, thus warranting external support<sup>15</sup>. The new Development Cooperation Policy, 2014 clearly outlines general budget support and sectoral budget support as the preferred modalities of aid disbursement for the government<sup>16</sup>. However, in order to 'attract' funding through the government systems, more efforts are required to improve the overall public financial management systems.

### 4.3 Unpredictable Aid Funding

Although the predictability of funds has improved over the years, with some EDPs making multi-year estimates, most are still not able to do this, and this is an area for further improvement and in particular for INGO support channelled directly through the Social Welfare Council. Also, not all EDP planning cycles are aligned with the government cycle (mid-July to mid-July), which further adds to the complications of mobilising resources and aligning support. More effort is needed on the part of EDPs towards making multi-year commitments to improve the predictability of aid.

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<sup>11</sup> "9th Joint Annual Review: Summary," (Kathmandu: Ministry of Health and Population, 2009).

<sup>12</sup> "10th Joint Annual Review: Summary," (Kathmandu: Ministry of Health and Population, 2010).

<sup>13</sup> Daniels et al., "Nepal Health Sector Programme II Mid-Term Review."

<sup>14</sup> Ministry of Finance, "2011 Survey on Monitoring the Paris Declaration: Nepal Country Report."

<sup>15</sup> Ministry of Health and Population, "Nepal Health Sector Programme II (2010-2015): Final Draft," (Kathmandu: Government of Nepal, 2010).

<sup>16</sup> Ministry of Finance, "Development Cooperation Policy: International Cooperation for Development Effectiveness," (Kathmandu: Government of Nepal, 2014).

#### **4.4 Human Resource Constraints**

The frequent transfer of human resources and problems with the retention of government staff hampers effective partnerships. In addition, many government staff (especially those working at the implementation level) are not adequately aware of the aid effectiveness agenda, including concepts of partnership, harmonisation and alignment. Comprehensive capacity development is needed in this regard. Although MoF, through its aid effectiveness project, has trained officials of different ministries on aid effectiveness, further efforts are required.

#### **4.5 Need Better Mapping of Health TA**

The overview (mapping) of technical assistance provided by the EDPs remains sketchy. It is not clear how the technical contributions are linked to achieving specific NHSP-2 outcomes. Despite the efforts to include INGOs support in the AMP, a challenge still remains to map the support provided through INGOs.

## 5 WAY FORWARDS

- I. **Expanding the SWAp:** Although all 11 original signatories have remained within the SWAp, no new partners have entered, and some major donors such as India and China still operate outside the agreement. Further efforts should be made to bring more partners into this agreement in order to further improve coordination and reduce MoHP transaction costs.
- II. **Joint technical assistance:** In 2011, EDPs developed a joint technical assistance matrix to highlight their joint contributions to the health sector. Since 2012, pre-JAR joint (EDP/MoHP) field monitoring visits are also regularly taking place. Both these initiatives need to be further developed and institutionalised. Among other things, these initiatives can help in better aligning the technical assistance towards national strategies and make contributions explicit in achieving outcomes of the forthcoming NHSP-3. A joint agreement between MoHP and EDP is needed to better align and harmonise technical assistance going into NHSP-3.
- III. **District and regional level harmonisation:** There needs to be a greater focus on improving partnership and harmonisation at district and regional levels, to better coordinate activities and help the authorities manage the multiple projects and different actors in their areas. Mechanisms for bringing state and non-state health sector actors together, such as regional health coordination teams and the development of integrated district health planning in the Mid-West and Far Western regions, should be studied, and their feasibility replicated in other regions in appropriate ways. The findings and recommendations from the assessments of LHGSP should be taken into account to further strengthen partnership and collaboration at sub-national levels.
- IV. **State non-state partnership:** If state non-state partnership is to be recognised as a long term, sustainable strategy, it is imperative to create certain minimal enabling conditions. These include the following<sup>17</sup>:
  - a. A policy framework recognising SNP as a long term strategy.
  - b. A dedicated organisational unit and building capacity within the government to design and manage partnerships and other forms of interaction with non-state health care providers.
  - c. Map and compile information on non-state health care providers.
  - d. Develop a regulatory (legal) framework for the non-state health sector including creating a single licensing and registration authority and institutional systems for the effective enforcement of regulations.
  - e. Promote adherence to quality standards and accreditation for both state and non-state health care providers leveraging partnerships or supply side incentives.
- V. **Technical working groups:** NHSSP has recently mapped the various committees and technical working groups of the health sector. Lessons from this mapping exercise need to be adopted to minimise duplication and improve the efficacy of these groups and committees. There is also a need for the government to exercise better ownership and leadership over the many technical working groups to which it is part of.

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<sup>17</sup> A. Venkat Raman, "State Non-State Partnership Policy (SNP): Operational Strategies," (Kathmandu: Nepal Health Sector Support Programme, 2014).

- VI. **Strengthening multi-sector collaboration:** Following the good example of setting up multi-sectoral initiatives in areas like nutrition, WASH, the government and its EDPs should focus on better fostering these initiatives at national as well as sub-national levels.

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