



Association of International NGOs in Nepal

“Learning from project implementation during transition amidst challenges”

Joint Annual Review - 31 Jan 2018,
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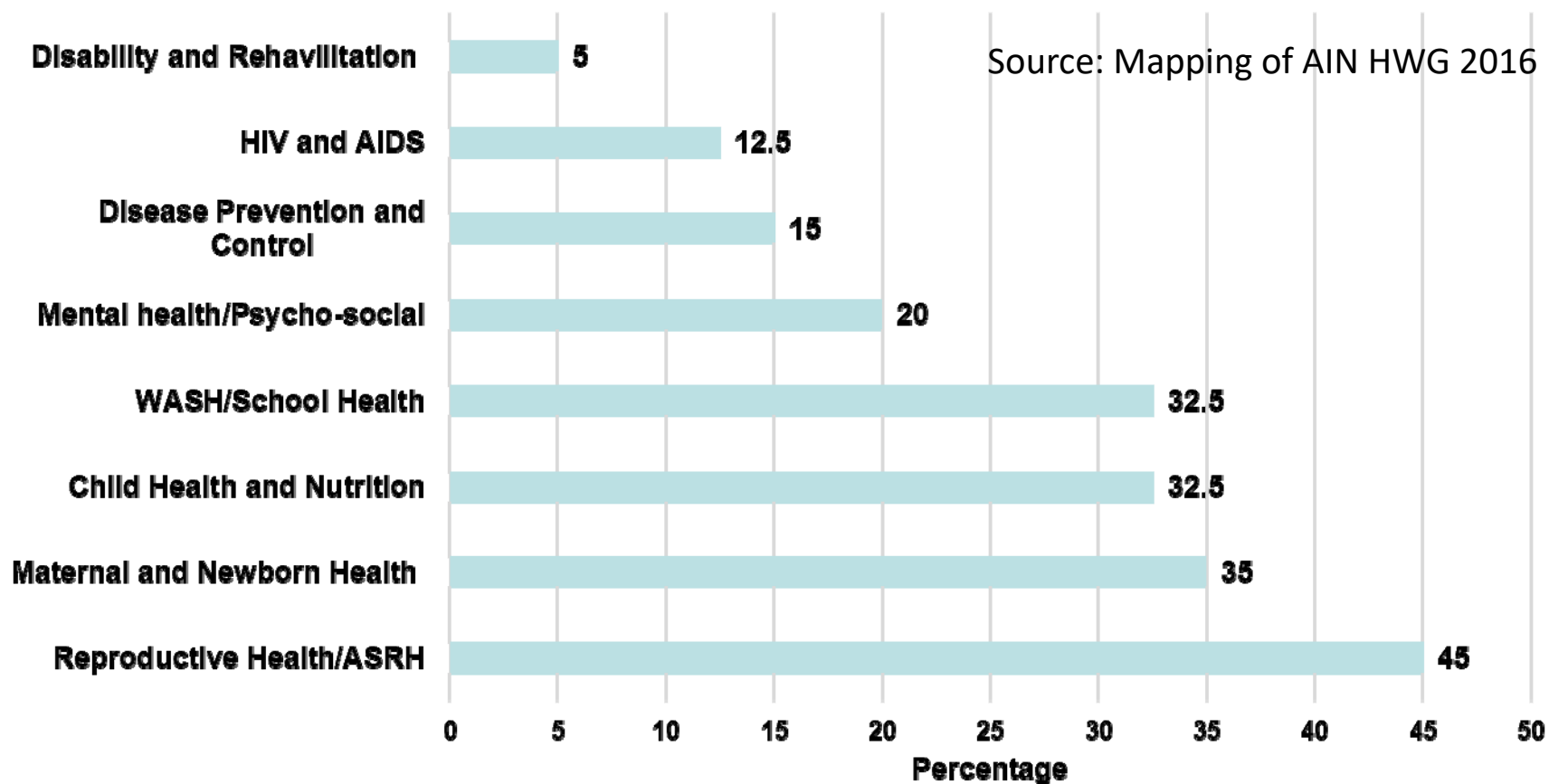
AIN Health Working Group (HWG)

Outline

- Sectoral contribution
- Geographical coverage
- Few examples of INGOs contribution
- Challenges
- Lessons
- Way forward



Sectoral involvement by AIN members



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Geographical coverage by Health INGOs

Presence in **all 7 Provinces and 77 districts.**

Province	No of INGOs in health	Remarks
Province # 1	24	
Province # 2	24	Same as in #1
Province # 3	33	14 New (19 as in # 1 & 2)
Province # 4	25	5 New
Province # 5	22	1 New
Province # 6	22	Same as #5
Province # 7	19	

Source: Mapping of AIN HWG 2016



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Resource contribution in Health Sector

Approximately \$ 50 million (NPR. 5.2 billion)/annual, (source, HWG mapping report 2016)

- MoH is counting financial contribution of EDPs only, total annual investment in health sector will differ if INGOs's share is also counted (May be reflected in NHA 2017)



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Few examples of AINs supports during transitions

In addition to the regular project activities,

- Supported in preparing the health sector induction and orientation package through respective divisions and centres.
- Conducted orientation to the local bodies on the project activities at respective working areas, this supported in sensitizing on health issues.
- Supported in orienting local government on FHDs program activities (few districts):
 - It is planned to roll out in other districts as well



Challenges and constraints

- Clarity on role of local government and district authorities leading to difficulties in program.
- Structural arrangement for project implementation by INGOs.
 - Decentralized role of SWC in federal context (still to be clarified)
 - Anticipated project's approval and reporting requirements at multiple layers (Federal, Provincial, and Local level)
 - Risk of prolonging project approval processes



Challenges and constraints Contd ...

- The new HFOMC structure has limited scope of GESI integration in the sector.
- Delayed HFOMC reformation hindered its effective mobilization

Early deputation of health human resources at every Palika is highly acknowledged

- Mismatch between the skills and ToR of health coordinators deputed in Palikas



Challenges and constraints Contd..

- Confusions regarding the program implementation guidelines at Palika level
 - Limited capacity of health units of Palikas as they are deputed directly from service delivery to programming, procurement etc.
- Risk of shadowing of the preventive and promotive health care services.
 - Challenge in sustaining the achievements in major health indicators.
- Ensuring uninterrupted availability of essential medicines and supplies



Lesson Learned 1

- A comprehensive understanding of the sector priority is necessary among the newly elected local government.
- More engagement with the local bodies result into more resources, commitment and ownership
 - Working with local Govt by orienting and convincing them is essential and have been very helpful.
- The orientation organized by FHD to the Palika representatives of some districts clearly showed the importance of orienting them at the early stage so as to help them understand the issues, and plan budget & program accordingly



Way forwards 1

- Roll out of Health Sector Comprehensive Orientation Package to Sensitize local government for increased understanding of sector priorities and support for quality health care
- Aligning of the INGOs program management and structure as per the new federal structures/system
- Health Management and Information System is yet to be channelized as per the new federal structure; difficult to have data base at new local body for planning and data quality is another issue
- Specialized care and services for people with special needs (people with disability, mental health, marginalized populations, etc.) should move beyond policy level and focus on local level budgeting to address the needs.



Way forwards 2

- AIN is ready to support MoH in the transition process though we have our own limitations,
- Commitment to fully comply with the rules and regulations mandated by law/constitutions in terms of changing working modality,
- Though fully accountable to SWC, expect to get timely and effective facilitative role of MoH as we are contributing to the development of health sector,
- INGOs are working as per the agreement with SWC, inputs during the agreement phase will be helpful in this regards
- Member organizations work through regular coordination with line ministries, and agencies at different levels



Thank you

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