**New ways of working in Nepal**

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The Nepalese government and a range of development partners are working together in new ways to align funding and technical assistance behind a single national health strategy. However, the process is not always straightforward. According to Albertus (Bert) Voetberg, Lead Health Specialist at the World Bank in Nepal, being accountable for technical assistance is more complicated than it may seem on paper.

Nepal firstjoined IHP+ in 2007 and in 2009, the Ministry of Health and seven development partners signed a Country Compact. A range of agencies have been working together using the tools of IHP+. For example, they used the JANS tool to review Nepal’s National Health Plan in February 2010. Following this, a Joint Financing Arrangement was signed by GAVI, USAID, World Bank, AusAid, DFID, KfW, UNICEF, WHO and UNFPA in 2010.

At first, the Joint Financing Arrangement (JFA) was exclusively for those partners who could pool funds with the government. There was some alignment with the Nepal Health Plan but there remained agencies who were not involved. The JFA was reframed so that it became open to non-pooled funders, because aligning behind the government’s health strategy was more important than the pooling mechanism. Bert recalls, “It was a good excuse to rally everyone behind the Government’s attempts to build a new strategy.” A significant group of development partners were now committed in writing to align their efforts.

The Government has changed the way it works as a result of all the significant partners in health being involved in the JFA. Everyone takes the provisions in the JFA seriously. Over the past two years, there has been greater deliberation over the health budget and the implications of decision-making. There is also a significant refocus on nutrition, not only through the health sector but also through education and sanitation budgets. The Government are also becoming more adept at strategic purchasing of services where they do not have a comparative advantage and are willing to bring on board different types of health service providers.

Another agreement, the Joint Technical Assistance Arrangement (JTAA) works in the same way as the JFA but through technical assistance. It is striking that in Nepal, half of development contributions to the health sector comes in the form of money. The other half comes in the form of technical assistance such as project implementation, consultation on areas like health care financing, or the purchasing and importing of commodities. When development partners carried out an exercise to see how they were aligning their Technical Assistance (TA), they were surprised to see serious challenges aligning their TA to the Government’s programme and results framework. Aligning technical assistance across all development partners and the government became a priority. They agreed to sign a JTAA so that the discussion about Technical Assistance becomes part and parcel of the annual health workplan and budget and the Ministry of Health are more involved in decisions concerning TA.

However, a critical issue of mutual accountability has complicated the implementation of the JTAA. While the Government can clearly expect transparency and accountability in the way that development partners provide Technical Assistance, development partners are used to being accountable only to financiers. According to Albertus Voeltberg it is sometimes difficult, if not impossible, for development partners to monitor and be accountable for all aspects of their interventions. “For regular contracts we can be open, but the technical cooperation side it is quite difficult.” Discussions about mutual accountability have moved forward but it is a difficult process with some of the content of the JTAA open to different interpretations.