

# NEPAL'S AID MANAGEMENT PLATFORM: A Tool for Managing Aid in Nepal and Making it More Effective

Foreign aid is a critical component in Nepal's development. According to the Ministry of Finance's recently published Development Cooperation Report, foreign aid in Nepal accounts for 26 percent of the national budget. With over forty donors providing official development assistance to Nepal, who have committed US 1.21 billion to development investment in 2011-2012, coordinating, monitoring, and evaluating Nepal's volume of aid is not an easy task.

The Aid Management Platform was set-up in Nepal's Ministry of Finance in 2010 to assist the Ministry of Finance's International Economic Cooperation Coordination Division (IECCD) in its mandate to oversee the coordination and management of foreign aid in Nepal. The Aid Management Platform, AMP for short, has been a highly effective tool in standardizing and centralizing information about foreign aid flow within Nepal. With a comprehensive data management plan in place, both donors and the IECCD report off- and on-budget projects respectively into the AMP. The information in AMP, particularly the financial information, is used by a wide array of stakeholders for reporting, analysis, and planning. The IECCD, the donor community, line ministries, and the National Planning Commission all benefit from having a centralized and easily-accessible hub of information about foreign aid in Nepal.

I have had the pleasure to witness AMP at work in Nepal for the past five months. I came to Kathmandu in February 2013 to support USAID's efforts to improve the Aid Management Platform with the goal to fully geo-code Nepal's AMP by Summer 2013. I work for the USAID partner, Development Gateway. Geo-coding essentially means attaching a project location to a project, such that a project can be effectively visualized on a map. Over the past months, I met with international donors in order to collect the necessary location information needed to geo-code their projects. In June 2013, we successfully completed geo-coding Nepal's AMP.

Seeing this goal come to fruition is very exciting, particularly since working with the mapping module within Nepal's AMP will allow for a new way to comprehensively and visually analyze foreign aid flow.



Dina (right) with (L to R) Mr. Madhu Marasini (Joint Secretary of the IECCD, MoF), Mr. Tilak Bhandari (Senior Project Officer for the MoF/UNDP Aid Management and Coordination Project), and Mr. Dustin Homer (AMP Nepal Project Manager, Development Gateway) during the release of the MoF's Development Cooperation Report.

Having spent a lot of time in the weeds of the foreign aid scene here, I am happy to report that my interaction with both the donor community and the Ministry of Finance has largely exceeded my expectations and has left me with much optimism for the future of this sector. I have seen first-hand the Ministry of Finance taking concrete steps to hold up its commitment to improve aid management, aid transparency, and aid effectiveness via institutionalizing and utilizing the AMP within the government, implementing state-of-the-art initiatives, such as geo-coding its AMP and publicly releasing AMP's information, in addition to conducting district-level trainings around the country to strengthen the capacity of district-level officials. I have also seen the donor community's enthusiasm, support, and forward-thinking to improve aid coordination in Nepal – the near unanimous support for the geo-coding efforts that have been taking place, in addition to their commitment to keep the

information updated on a regular basis, gives me the confidence to say that there is indeed a supportive donor community here in Nepal.

However, there is much work still to be done. Ensuring aid transparency and coordination is a responsibility that does not only lie with the government and the donor community. A vibrant and active civil society and well-informed citizens, who seek accountability and better results, are a critical component in ensuring that the development priorities of Nepal, specifically at a local level, are being met. I have interacted with a number of non-governmental organizations and civil society organizations here in Nepal who are working very diligently in this regard and who are also quite eager to make use of, and disseminate the information found in, the AMP public portal. Making the information in AMP public was an important first step in opening up the doors to aid information. However, it is equally important for this information to be utilized by the broader community within Nepal, in order for the country to reap the full benefit from such an initiative. Thus, the launching of Nepal's AMP is not just a one-stop-shop solution to aid information problems. Rather, it's a call to action to the citizens of Nepal to take part in making aid more effective. ■

Dina Abdel-Fattah is a Data Support Expert at Development Gateway, Inc. and is a USAID Geo-coding Aid Management Fellow. Since February 2013, she has been based in Kathmandu, Nepal to gather and collect the necessary information from donors to help realize USAID's goal to fully geo-code Nepal's Aid Management Platform by Summer 2013.



Nepal's AID Management Platform

## FIRST PERSON NARRATIVE: SUSTAINABLE HEALTH DEVELOPMENT

# “Our Interventions are Sustained Long After We Have Gone.”

Ronald H. Magarick, PhD, Vice President for Technical Leadership Projects and Special Projects at Jhpiego, has worked for more than 35 years in the field of reproductive health education and training. He has developed projects in more than 18 countries in Africa, Asia, the Near East and Latin America. Dr. Magarick was responsible for overseeing the 'Training in Reproductive Health' project, a USD 90 million Cooperative Agreement with USAID, which worked globally to establish integrated reproductive health training systems in developing countries to improve the performance of health care workers, increase contraceptive prevalence, and reduce maternal and infant mortality rates and the spread of HIV.

I started visiting Nepal in the 1990s, when I served as the South Asia Director for Jhpiego. At that time, I helped start a program to establish post-abortion care (PAC) services and strengthen family planning service delivery and training. When I recently returned to Nepal, I was eager to learn whether Jhpiego's interventions carried out some 20 years earlier had been sustained by the government and counterparts. What I found was truly amazing and gratifying. The PAC unit immediately adjacent to the emergency room at the Paropakar Maternity and Women's Hospital in Kathmandu was still functioning. Women continued to be counseled about family planning methods immediately after their manual vacuum aspiration (MVA) procedure, which is precisely what we all advocated for.

We saw service providers from around Nepal being trained in PAC at the hospital. Not only were physicians being trained, but many nurses and skilled birth attendants were also being trained. Task-shifting has indeed occurred, and the reach of the program has been greatly scaled up to a national level. MVA equipment was available, and we learned that the government had procured similar equipment and distributed it around the country—just what our sustainability plan called for.

When Jhpiego started in Nepal, only doctors were able to treat a woman suffering from antepartum hemorrhage, which limited rural women's access. Women had to be admitted to the hospital for management of their incomplete and septic abortions. Often, they had to wait four to five days for a dilatation and curettage (D&C) procedure (a minor surgical procedure to remove tissue from the lining of the womb) because there weren't enough doctors with skills to do it. Women died waiting for the care. Updating practices from D&C to MVA meant that nurses could then be trained to provide post abortion care. With the support of the Ministry of Health and USAID, we demonstrated that nurses could safely provide MVA and PAC services. This was an early example of task-shifting. However, no MVA equipment could

be found anywhere at that time. We coordinated with other partners so the equipment could be provided to service sites. At a time when abortion was illegal, PAC services expanded and offered this lifesaving care across Nepal.

Now, the Maternity Hospital serves as one of the national training sites for PAC. We even developed an on-the-job training approach for PAC to increase the number of nurses who could be trained and reduce the costs of group-based training. I feel certain that thousands of women's lives have been saved because of these efforts.



“The seeds that Jhpiego planted 20 years ago with USAID support have sprouted. They will continue to bloom—and save women's lives and better prepare health care workers in Nepal to serve their clients.” - Ron Magarick (middle) with staff of the PAC unit

With the assistance of USAID, a third floor was added to an existing hospital building to provide space for the family planning training center. On the wall was the plaque from the 1998 dedication ceremony, thanking USAID and Jhpiego for their support.

While touring the training facility, I was amazed by what I saw—three rooms of trainees practicing on anatomic models, most of them procured by Jhpiego in years past. I saw implant models, ZOE® pelvic models, and the recently added

BabyNatalie, a lifelike infant model and training tool to prepare health care workers in providing newborn resuscitation and care. Equally impressive were the training approaches—all competency-based. Trainees were following checklists and learning guides while inserting IUDs and implants on models.

What we closely observed—colorful flipcharts, schedules, and interactive techniques—followed procedures outlined in the Clinical Training Skills manual, which I co-authored. They were taught in the 1990s by Rick Sullivan (former Jhpiego training advisor), Lois Schaefer (former Jhpiego training advisor now with USAID Population Division), and Dr. Ricky Lu (Jhpiego Family Planning/Reproductive Health Technical Director) in trainer development workshops. These skills were later transferred to a core of Nepali trainers who have continued to educate and prepare students, using the competency-based training approaches.

We also visited the surgical unit and minilaparotomy operating room, which Jhpiego also helped design and support. There was lots of evidence in both the operating room and service delivery/counseling areas of good infection prevention practices.

The visit was such a wonderful reminder of the important work we do every day to stop the needless deaths of women and families. It also reaffirms that when a development program ends in a country, it can be sustained. I could not have been more pleased, and thanked the clinic staff for their commitment and excellent work.

The seeds that Jhpiego planted 20 years ago with USAID support have sprouted. They will continue to bloom—and save women's lives and better prepare health care workers in Nepal to serve their clients. It was a truly memorable and rewarding visit, not only for me but for all of Jhpiego - demonstrating that while we might not be physically present or conducting activities in a country, our interventions are sustained long after we have gone. ■