

## **Use of the Joint Assessment of National Health Strategy (JANS) in Nepal in early 2010: Description and Lessons**

17 May 2010

This note is based on interviews with some of those involved planning, conducting or using the Joint Assessment of the National health Strategy (JANS) in Nepal, and reflects their views. The author is very grateful to the respondents who were interviewed by telephone or sent written inputs. The respondents are staff of Ausaid, DFID, Global Fund, GTZ, Ministry of Health and Population (MOHP), Resource Centre for Primary Health Care (RECPHEC - part of civil society), UNICEF, USAID and World Bank.

### **1. Description of the Process**

**The decision to apply the JANS** in Nepal was taken during a visit from IHP+ Core team members to explain about the JANS in early January 2010. The visit overlapped with the Joint Annual Review when many external development partners (EDPs) were present including some from headquarters level. The partners realised that there was a good opportunity to apply the JANS coming up as there was about to be an appraisal of the draft second national health sector plan (NHSP) as a basis for funding decisions by prospective pool funding donors (World Bank, DFID, KFW and Ausaid). MOHP and the EDPs agreed to carry out a Joint Assessment (JA) alongside and as part of this appraisal. The JA included more EDPs than just the prospective pool funding partners, in order to have a single, shared assessment.

**The purpose of the JANS** in January was twofold: primarily **developmental** to feed into the development of the second NHSP, and also as an input to the **fiduciary appraisal** for funding agencies in the process of deciding on their funding for the plan. The JA looked at the second draft of the NHSP with the feedback to be incorporated into the next draft.

**The planning of the JANS** took place during the Joint Annual Review. The EDPs met and agreed to subdivide the task between 12 working groups which reflected the theme groups already in place to work on NHSP2 and needs of the appraisal mission. In a meeting with the MOHP it was decided the initial assessment against the JANS tool would be carried out by three sets of partners: the external development partners (EDPs); government stakeholders from relevant ministries; and by civil society. They would then meet to share their findings.

**The people involved in the JA carried out by EDPs** were a combination of in-country agency staff and people who had come into Nepal for the Joint Annual Review and/or appraisal. In country EDPs were from Ausaid, DFID, GTZ, USAID, WHO, UNFPA, UNDP and UNICEF. In terms of independent assessors, on the definition established for the JANS (that independents should not have been involved in developing the strategy) there were independent reviewers from World Bank (several, including procurement and financial management specialists) and from DFID (2). GAVI arranged for an independent reviewer to join the JA but this did not work out. Ausaid, Global Fund and GAVI had representatives from headquarters present in the planning stage, but were unable to stay for the JA.

The **JA process and activities** took place over a two week period, alongside other work. Among the EDPs, the working groups met to review the NHSP against the JANS attributes and guidance. Each EDP working group met for two to three hours on each attribute. They

each produced an assessment of the strengths and weaknesses in the JANS tool format. This was then compiled and summarised by one partner, and the resulting presentation was reviewed by a joint EDP meeting.

The MOHP discussed the JANS tool with other Government partners (Ministry of Finance, Planning Commission) but did not follow a structured process. It appears there was not a joint assessment by civil society partners.

The Government, EDPs and civil society representatives (including universities) then met. The EDPs presented their findings using the agreed presentation. Government and civil society gave some comments. The MOHP agreed to take the EDP assessment into account in the next draft of the NHSP.

**The MOHP has revised the NHSP** and reported that they have addressed the EDPs' points. The next version was issued in mid April and is due to go to Cabinet shortly for approval.

**It is not apparent that there were additional costs** of the JA, as it involved people who were already working in Nepal for the JAR and appraisal. There was some opportunity cost of the time spent, but the time inputs were limited and much of the analysis of the NHSP was taking place anyway for the appraisal.

**Lesson learning** about the process (leading to this note) was carried out by a series of telephone interviews from London and some written feedback in April and May. There has also been discussion about a meeting of the partners to review the JA process.

## 2. Feedback on the JA

### 2.1 Was it a good process? How could it be improved?

**The decision was taken late so preparation was rushed.** The decision to apply the JANS was taken at a late stage in development and review of the NHSP. It was added on to an existing appraisal rather than built into the process from the start, and was planned and conducted within a few weeks. This was not ideal. More time for planning the JA process would have helped to engage a wider range of partners and clarify its role as a milestone in the planning process.

**Some felt the working groups should have included more partners.** The approach of separate reviews by different partner groups was questioned by some, who felt that a joint review should have involved more partners in the working groups. Others felt this was a useful approach, although it would have benefited from more structured assessment by Government and civil society and more discussion between different partners of the assessment findings.

**Among the EDPs there was good participation.** This enabled agencies to work to their comparative advantage – “*no one agency can cover all aspects*”. It would have been better to have non-resident partners especially GAVI and Global Fund represented in country throughout, but this was not possible given the late decision to apply the JANS.

Inputs from consultants and others not based in Nepal helped to bring in experience from other countries and technical skills, but they need sufficient time in country to understand the country context and hear a range of different partners' views on key issues.

**In terms of a technical review of the NHSP, the EDP assessment was considered rigorous, fair, well informed and useful.**

**It is not yet clear what process might take place next** including whether the partners will produce a revised JA report as a final output of the exercise, reflecting the revised NHSP2. Nor is it clear how the JA will be institutionalised to continue its role in improving the health sector plan – for example whether progress on issues identified as needing further work will be reviewed in quarterly Government/EDP meetings or the Joint Annual Review.

## **2.2 What were the benefits of the JANS?**

Using the JA tool helped to ensure a **comprehensive and systematic assessment of the draft NHSP**. One EDP respondent said: *“It provided a structured and comprehensive approach and greatly enhanced our final inputs. I am positive that without the tool our technical support would have lacked this quality.”*

The JA resulted in a **shared assessment of the strengths and gaps** in the draft NHSP across the EDPs. It also provided an opportunity to discuss in depth some key issues among the EDPs.

**For the Government, the combined EDP feedback was an improvement over receiving multiple sets of comments from different EDPs**, although some partners provided their own comments as well. EDPs welcomed the opportunity to feed comments into the draft NHSP, and raise issues that can be followed up in future reviews. Civil society responded that such review meetings and the assessment findings are helpful for planning and implementing their programmes.

**For potential funding agencies, this JANS was seen primarily as a mechanism to improve and assure the quality of the NHSP**, which they were already planning to support. It provided reassurance that there were no major concerns identified about the plan, for partners that have already decided on their funding for the health sector. Since the JA, **GAVI has approved Health Systems Strengthening funding in support of the NHSP**.

## **2.3 Feedback on the JANS tools**

**Feedback on the JANS tools was generally positive.** The working groups used the JANS tool and guidelines and found these valid and helpful, and helped ensure a comprehensive assessment of the national strategy. Comments included

- The tool addresses the crucial aspects of the national health strategy.
- The tool has insufficient focus on assessing country capacity and ensuring there are adequate plans for capacity development.
- There was some difficulty in dividing up the attributes across the working groups – in order to match existing theme groups and the technical skills of the people available.
- There is some duplication in places, suggesting the attributes and guidelines could be streamlined to make the tools simpler to use.

- The JA tools were useful to assess overall priorities and plans for the health system. They were not used to assess programme specific plans (e.g. for HIV/AIDS) and detailed strategies (e.g. for targeting nutrition interventions) so it is unclear how well the tools would serve this purpose.

### **3. Lessons / Conclusions**

- The JANS tools were useful and relevant for assessing the national health strategy and identifying ways to strengthen the quality of the national strategy document.
- Careful design of the process is critical to get the engagement of different partners and identify how and when the JANS fits into the process and institutional framework for developing and implementing the national health strategy. This includes:
  - o enabling participation by a wide range of stakeholders including civil society in country and development agencies not based in country;
  - o reviewing the attributes and planning how to use the JANS early in the health strategy development process;
  - o clear roles in planning and communication on the JA, including specifying clearly and in good time the engagement wanted from agencies based outside the country;
  - o specific roles for independent reviewers, so they add to the JA team and complement the efforts and skills of locally based partners;
  - o more time allowed for the JA than in the Nepal case;
  - o plan how the JA findings will be followed up as part of the health strategy development process and implementation.
- It may be useful for the partners in Nepal to consider how the initial JA will be followed up, including:
  - o whether to revisit the initial JA findings against the final version of the NHSP to produce a final version of the Joint Assessment report that partners can use, for example in future grant application documents;
  - o whether there need to be action plans (with indicators) to address outstanding issues or weaknesses identified in the JA, where these are not already built into the NHSP; and
  - o how progress on these issues and action plans will be monitored e.g. through quarterly meetings, Joint Annual Reviews or the mid term review of NHSP.

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