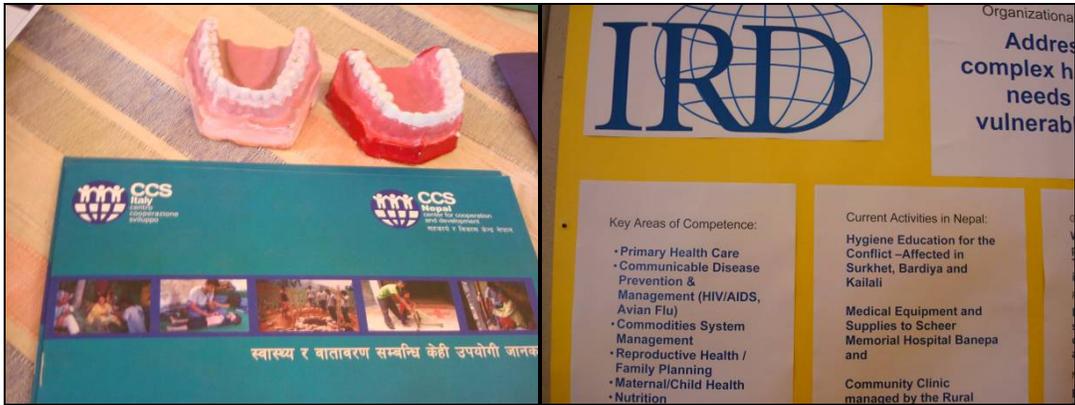




Association of International NGOs in Nepal

# HEALTH TASK GROUP WORKSHOP REPORT



17 DECEMBER 2008

## Table of Contents

<b>Contents</b>	<b>Page number</b>
• Background & Welcome Remarks.....	3
• Update on Health Task Group.....	3
• Introduction of Participants.....	5
• Kiosk Presentation.....	5
• Support to Safe Motherhood Program.....	6
• Priorities 2009.....	8
• How to Make HTG more effective.....	10
• Closing Remarks.....	11
• Glimpses of the workshop.....	12
• Workshop Participants.....	14
• Workshop Invitation.....	15
• Workshop Schedule.....	16
• HTG Mapping Format.....	18

## **Background**

AIN Health Task Group, HTG was formed in 8 October 2007 with a purpose to maximize the positive effects that AIN members could have on health approaches at all levels. HTG has been conducting regular workshops to promote and disseminate shared learning and common understanding of health related issues among the AIN members.

HTG organized this workshop to work together and improve its coordination efforts, review achievements and reflect on their areas to develop from the past year, share lessons and good practices, develop priorities for 2009, gather thoughts on further improvements as well as review mapping of health INGOs.

## **Welcome and Opening Remarks**

Health Task Group Coordinator Chanda Rai welcomed and thanked the participants for their time and presence in the workshop. She remarked that one of the most remarkable achievements of HTG has been the acknowledgement of AIN HTG by the Ministry of Health and Population. Likewise, invitation to JAR Meeting has been another major achievement of HTG.

## **Update on Health Task Group**

Phanindra Adhikary, Country Representative of IRD and member of HTG made a presentation and latest updates on HTG.

### *Excerpts of his presentation*

#### **Purpose/Review of HTG**

- Develop a common understanding of the Health sector priorities of GON within the I/NGO community in order to facilitate concerted coordination & social mobilization efforts.
- Review: Coordinator and limited members may only understand the GON HS priorities
- What Next? – Six monthly meetings? Or Quarterly thematic discussions? Or issue based meetings?
- Maximize the positive effects that AIN members can have on the health program approach at all levels.
- Review: Good progress at the central level, with MOHP, EDP (regular coordination meeting, JAR, and contributing to the IHP process)
- What Next? – NHSP II; how about regional/district level? Can this be done?
- Promote sustainable and effective health system based on preventive, promotive and curative programs, reducing health related hazard for the people in the communities.
- Review: As part of our individual projects/programs
- What Next?: Sustained advocacy through INGO/NGO and CS partnership?
- Review the mandate and objectives of HTF annually to ensure the Health projects and programs of AIN Members fulfill its aim, objectives, proposes and activities.
- Review: Today's Workshop
- What Next? – Reviewing objectives and setting priorities today. What about regular reporting? And How?

## **Objectives**

### Towards AIN Members:

- Promote and disseminate information to AIN members regarding health program and projects
- Advocate for Health interventions among AIN members
- Share information on lessons learning and best practices
- Create an environment for coordination among members activities to establish synergies in the health efforts and avoid unnecessary duplication/ overlapping

### Towards AIN Members:

- Limited within HTG Members
- Today's workshop = our best effort this year

### Key ISSUE:

- Each one of us are busy
- And our priority too

### **Towards GoN, Local Partners and other Stakeholders:**

- Network and lobby to promote an inclusive national health system based on shared responsibilities among the different stakeholders
- Contribute to health related policy, plan and strategy of GON and their effective delivery
- Work with MOHP to coordinate with other related Ministries for common efforts to improve health

### **Towards GoN, Local Partners and other Stakeholders:**

- Part of JAR invited by MOHP
- Supported IHP process in partnership with a national NGO
- Recognition by MOHP and EDPs
- Improved coordination with MOHP
- Health Mapping report was appreciated by MOHP

### **HTG Commitments**

- Be more focused in relation to health strategies and activities to effectively address the problem of the poor, marginalized and unheard as per the need/demand of the changing time ? Can we do this?
- Establish and strengthen close contact with the MOHP, EDPs, Partners, Civil Society, etc.
- Target specific health rights issues directly affecting the needy/disadvantaged to bring about observable change
- Be more focused in terms of increasing the benefits for the INGOs involved in Health sector within the AIN Network
- Act as an Information bank for the INGOs working in the field of Health
- Strengthen the identity and public image of AIN and its contribution in the field of Health
- Effective coordination within ourselves to make it easy for the Government for harmonized efforts amongst INGOs

## Setting Priorities for 2009

### *Points to consider:*

- Need to improve on our coordination and sharing of lessons
- Mapping
- Continue to build on our coordination/communication with MOHP and EDPs
- IHP and need to work on Strategy to advocate
- NHSP II and to strategize how best to make contributions
- Next JAR in May/June – AIN/HTG may be asked to make a presentation
- Learning from our partners – a separate similar session?
- Health MDGs being achieved, but what about the poor and most vulnerable?

## Challenges

- Our Time
- Other Members contribution to attain HTG objectives
- Do we/should we and can we afford that extra pair of hands?

## Introduction of Participants

Raghu Regmi from COMAT was assigned to be the facilitator of the workshop. He used a new style of self introduction. Every participant had to define each alphabet of their name with the quality or character they personified and that had to in some ways match with the mission and objectives of the organizations they belonged to. Then the participants were allotted to stand up in the alphabetical order of their names and then height wise starting from shortest to tallest. This was a part of the energizer that the facilitator exercised.

## Presentation through Kiosk

Organizations like BNMT, FHI, CCS Italy, IRD, Water Aid, Save the Children, SPW, Netherlands Leprosy Relief, Oxfam and UMN displayed information about their organizations through the Kiosk. Participants in small groups visited each Kiosk to learn about the organizations.

### *The following information was highlighted in the Kiosk:*

- Organizational objective in Health
- Key projects in Health
- Major accomplishments
- Best practices: In terms of partnership, inclusion, accountability, transparency or any other you think will be relevant
- One key positive lesson learning
- One negative lesson learning that all should learn from not to repeat

*\* For more and detailed information kindly contact each organization*

## Support to the Safe Motherhood Programme

### Presentation by:

Cherry Bird  
Communications Adviser  
Support to the Safe Motherhood Programme  
Department of Health Services

- **Goal:** Improved maternal and newborn health and survival especially of the poor and excluded
- **Purpose:** To help improve safe motherhood and newborn health services and their utilisation particularly for the poor and socially excluded

### Organogram for SSMP

#### SSMP and Advocacy

- Advocacy on safe motherhood and newborn health issues is an integral part of SSMP's work
- We advocate at all levels, from community to ministry and parliament
- We advocate in variety of ways:
  - ❖ Informally, as a part of day to day individual and group interactions
  - ❖ At regular committee and working group meetings
  - ❖ Through targeted advocacy events and materials
  - ❖ Using national and local media

#### Six Key Advocacy Objectives

These will be a particular focus during the coming months:

- ❖ **Human Resource Strategy** finalised, endorsed, funded and implemented
- ❖ **24-hour quality delivery services** and life saving **emergency services** (obstetric first aid) available at local health facilities
- ❖ **Motherhood protection bill** enacted to ensure safe motherhood rights of all women
- ❖ **Gender and social inclusion unit** functioning in the Ministry of Health and Population
- ❖ Women's **access** to safe motherhood services taken into account in **road and health facility planning**
- ❖ Government **financial practices** more transparent, accountable and responsive to safe motherhood sub-sector needs.

### Human Resources

- **What?** HR strategy to ensure sufficient trained staff for quality services, based on existing HR policy
- **Why?** Services affected by vacant posts, insufficient sanctioned posts, skill shortages (C/s, EOC, SBA), ad hoc posting and transfers, lack of career paths and incentives
- **How?**
  - ❖ Lobby decision-makers about the issues and need for strategic action
  - ❖ Advocate for endorsement and funding of the HR strategy
  - ❖ Lobby for legal changes to allow extra incentives for health workers and local recruitment of key staff
  - ❖ Raise awareness of HR problems in the media

## **Local 24-Hour Services**

- **What?** Quality 24-hour delivery and emergency services near to women's homes
- **Why?** Key to saving women's lives: 6 women die a day from pregnancy complications and many more suffer lifelong damage that could have been avoided, 60% of women live more than 2 hours' travel from services
- **How?**
  - ❖ Advocate for a local birthing centre strategy
  - ❖ Encourage donors, banks, businesses to resource local birthing centres
  - ❖ Promote local discussion, through committees and groups, and action for local health facility functionality
  - ❖ Promote/ support local recruitment of health staff (HFMC)
  - ❖ Inform people about the new government plans for free delivery services

## **Motherhood Protection Bill**

- **What?** A bill that will institutionalise safe motherhood as a right
- **Why?** Currently safe motherhood is not a legal right, whereas autopsy is. Women have no voice in family decision-making and are not able to participate in public institutions and activities. This inhibits efforts to save mothers' lives
- **How?**
  - ❖ Lobby civil society for their support
  - ❖ Inform the public through the media
  - ❖ Lobby the drafting committee and other key people
  - ❖ Educate parliamentarians about the issues

## **Gender and Social Inclusion**

- **What?** Establishment of a GSIU in MoHP to promote more inclusive access to health services
- **Why?** Traditional high caste male dominance significantly affects access to health services. GSI issues are not sufficiently mainstreamed
- **How?**
  - ❖ Lobby MoHP to establish and fund GSIU
  - ❖ Provide information and evidence to feed into the ToR
  - ❖ Encourage civil society to take up the issue
  - ❖ Inform the public through the media

## **Planning and Physical Access**

- **What?** Planning of roads, bridges and health facilities to take the safe motherhood needs of women into account
- **Why?** Time is critical in an emergency; women do not seek services because it is too far; land is allocated because of local politics or availability rather than convenience; women have no voice
- **How?**
  - ❖ Raise awareness about the importance of health service access among local authorities

- ❖ Promote more participative local decision-making
- ❖ Lobby central decision-makers for integration of a health focus in road/ bridge/ facility planning process
- ❖ Lobby for adequate maintenance of roads/ bridges
- ❖ Lobby for more technically sound building methods

### **Financial Transparency**

- **What?** Increased transparency and accountability in public financial management
- **Why?** Implementation of essential health programmes is affected by poor fund flow, rigid systems, poor accounting, profiteering and under-utilisation of funds
- **How?**
  - ❖ Lobby MoF, NPC, MoHP, MoLD for improved financial practices
  - ❖ Lobby donors to apply pressure for improvements
  - ❖ Promote public auditing initiatives
  - ❖ Inform the public and civil society and encourage them to lobby for more transparent and efficient systems

### **Priorities 2009**

All the participants were assigned to give in their inputs mainly on two issues:

- \* **Health Task Group Priorities for 2009**
- \* **How to make Health Task Group more Effective?**

#### **1. Best Practices/Approach Sharing Workshop**

- One day workshop on Best Practices with larger audience
- Define theme and conduct thematic meetings to learn from each other
- Inclusive thematic sharing
- Best practice within ourselves
- Limiting field : Today Nice to share but six minutes not enough to share
- Capacity building and sharing lessons learnt
- How to sustain
- Inclusive Thematic Sharing
- Government – Power
- Decision making body
- Sub Committee/ Time bound
- Conceptual clarity and preparation to support health system in federal system
- Learning from Partners
- Collect organizational achievements (information) and share with members
- Capacity building of NGOs
- How to sustain implementation through local partners
- Peer education model to aware people about health
- Health Cooperatives

## **2. Technical**

- Child protection
- Cross cutting issue
- Governance

## **3. Build the capacity of young people to the leadership to address health issues**

## **4. Advocating for continuous engagement with government agency for advocating policy & implementation level**

- developing common guidelines
- follow up on IHP
- Coordination
- Have thematic group based on the expertise of each member
- Continuing engagement with govt.

## **5. Expansion of HTG to Regional level**

- Better coordination with regional offices
- Ask them if they need a task group
- Work more on policy level more than implementation
- Whom to focus, they are scattered
- Yes but not immediately
- Regionally only 10 -20
- Lets help each other

## **6. TG outcome sharing & the team will be increased**

- Each organization is responsible to share at district level

## **7. Advocacy for adolescent RH and encourage private public/ Cop Service thorough Networking systems**

- explore how to join that group
- Advocate for it
- Joining hands to make them more operationalized
- Join ASRH Sub Committee (FHI)

## **8. Strategy for AINHTG advocacy Presentation in JAR 2009**

### JAR Presentation of AIN

- 3-4 months more for preparation
- Mapping – be committed to fill form and send by end December
- Tool to advocate on health as we are contributing a lot in health sectors
- Lot of pre JAR activities
- Task force to be involve in Pre JAR activities and to get involved to find own space

## **9. Exchange sharing**

## **10. Email goes to the CD only**

- Should not rely only on high level only
- Coordination and sharing among health officers/managers
- trying our best at AIN

## **11. Contribute to NSHP II with best practice/practical policy implication HR /performance based allocation**

- Human Resource
- Retain qualified human resource
- Human touch: what are the other factors?
- Salary is not the only thing
- Performance based allocation pba

## **12. Social Audit needs to be carried out**

- Can we promote Social audit in many areas/ support at local level
- in grass root level will change a lot of things
- Interact with CBTF
- Encourage AIN members to use quality control tools
- Community understanding of things

## **13. Many objectives in NHSP unachieved**

- Public private partnership
- Contract to national NGO

## **14. Establish Close linkages and coordination among INGOs and Government Sector and try to establish way forward to work together and share best practices through knowledge sharing and exchange program etc.**

### **How to make AIN HTG more effective?**

- Think proactively
- Service delivery mechanism in federal system
- Invite External speakers
- Formation of Core Group/Sub committee of committed people
- 85 % attendance during the HTG meeting
- Specific Govt agency: Govt High ranking officials presence ensure
- Inviting external resource persons on thematic session, SWC, governance federalism
- Learning from local partners
- Why? AIN members who do not participate in today's workshop??
- How can we attract people who do not come??
- In regular meeting quorum not enough

## Closing remarks

Chanda Rai in her closing remarks expressed her happiness and gratitude saying that it is a combined effort of the Health Task Group members which resulted in the success of the workshop. She emphasized that much has been accomplished in terms of reflecting upon HTG achievements of 2008, setting priorities for 2009 and making the HTG more effective in the coming years.

Concluding the session, Phanindra Adhikary also expressed that it had indeed been a productive day and has been a good beginning. He appreciated that the Kiosk approach has been a nice way of lesson learning though a bit superficial but assured that the next thematic session would be more in-depth lesson learning and sharing experience. He also thanked all the participants for keenly participating in the Kiosk. Finally he stressed that in the upcoming HTG meeting in January 2009 more focus will be given on the priorities and how to make these priorities and strategies workable.

### HTG TEAM



# GLIMPSES



# GLIMPSES



## WORKSHOP PARTICIPANTS

<b>s.n</b>	<b>name</b>	<b>Org</b>
1	Suzanne Walton	UMN
2	Chanda Rai	CCS Italy
3	Shankar Malakar	TDH Nepal
4	Naima Hammami	CWS
5	Phanindra Adhikary	IRD
6	Om Pd Gautam	Water Aid
7	Dr. K.P Dhakal	NLR
8	Bharat Shrestha	Save the Children
9	Gopal Nakarmi	World Neighbors
10	Nandlal Baskota	NLR
11	Subarna Niroula	NLR
12	Kul Chandra Silwal	CCS Italy
13	Bal Krishna Kattel	Oxfam
14	Nur Pant	Save the Children
15	Mahendra Shrestha	CECI
16	Simone Galimberti	CCS Italy
17	Maureen Dariang	UMN
18	Shankar Poudyal	SPW
19	Suresh Thapa	SPW
20	Chandra Rai	Save the Children
21	Soni Pradhan	AIN
22	Kedar Tamang	GNHA
23	Geeta Pradhan	LWF
24	Satish Pandey	FHI
25	Bhagawan Shrestha	FHI
26	Pravaran Mahat	FHI
27	Gopal Pokhrel	LMN
28	Abidan Parajulee	LMN
29	Mahendra B Shah	BNMT
30	Raghu Ghimire ( Facilitator)	COMAT
31	Cherry Bird	UMN- SSMP
32	Lucky Gurung	AIN
33	Reshma Shrestha	AIN



Association of International NGOs in Nepal  
An informal grouping of INGOs working in Nepal

**AIN- HTG Invitation**  
**For an internal workshop to**  
**Work Together, Share Lessons and to Develop Our Priorities for 2009**

Dear Sir/Madam,

The Association of International NGOs in Nepal, AIN on behalf of the Health Task Group cordially invites you to the Workshop to **Work Together, Share Lessons and to Develop Our Priorities for 2009.**

**Objective of the Workshop:**

1. Review of HTG achievements; and develop priorities for 2009
2. Energize effective internal coordination and lesson sharing amongst AIN -Health INGO members
3. Review and revise health mapping for wider sharing.

**Schedule:**

Date: 17 December 2008 Venue: Yak Palace, Pulchowk  
Time: 9:30 – 5:00 pm  
RSVP: 9841555363 *Reshma*

The AIN-HTG considers this workshop to be an excellent opportunity to work together and improve our coordination efforts, review our achievements and reflect on our areas to develop from the past year, share lessons and good practices, develop priorities for 2009, gather your thoughts on further improvements as well as review mapping of health INGOs. These may be lot of work, but given your active participation, we can achieve our objectives of the day.

We are confident that you would make this your AIN/HTG workshop and contribute to your priorities for 2009. We would appreciate if you made it, and just in case, kindly nominate two senior staff from your organizations.

Yours sincerely,

Chanda Rai  
Coordinator

---

Please kindly send the names of the participants by 15 December 08 to [reshma@ain.org.np](mailto:reshma@ain.org.np)

## **Workshop Schedule**

### **Session I:**

09:30 – 10:00 Registration

**Welcome and Opening Remarks** – Ms. Chanda Rai, Coordinator HTG (10 minutes)

**Update about HTG** – Mr. Phanindra Adhikary, HTG 15 minutes

10:00 – 10:30

**Introduction/Management Game/Energizer**

10:30 – 11:15

**Tea/coffee/mobile phone break**

11:15 – 11:30

### **Session II:**

11:30 – 13:15

**Introduction of the process: kiosk** (Kiosk Guideline attached herewith)

Objective: To hear about the key activities; accomplishment; good practices; lessons learning, etc.

Kiosk (anticipated that 30 AIN members will participate)

A group of 5 members to be set up and making it 6 groups

First cluster:

Group 1 will visit Group 2 Kiosk, while Group 3 will visit Group 4 Kiosk; and Group 5 will visit Group 6 Kiosk simultaneously; and vice versa (15 minutes)

Second cluster:

Group 1 will visit Group 6 Kiosk, while Group 2 will visit Group 3 Kiosk; and Group 4 will visit Group 5 Kiosk simultaneously; and vice versa (15 minutes)

Third cluster:

Group 1 will visit Group 5 Kiosk, while Group 2 will visit Group 4 Kiosk; and Group 6 will visit Group 3 Kiosk simultaneously; and vice versa (15 minutes)

Fourth cluster:

Group 1 will visit Group 3 Kiosk, while Group 2 will visit Group 5 Kiosk; and Group 5 will visit Group 4 Kiosk simultaneously; and vice versa (15 minutes)

Fifth cluster:

Group 1 will visit Group 4 Kiosk, while Group 2 will visit Group 6; and Group 3 will visit Group 5 Kiosk, simultaneously; and vice versa (15 minutes)

### **Lunch/mobile break**

13:15 – 14:00

### **Session III:**

Safe Motherhood Advocacy Booklet: SSMP - 10 minutes

Organizational mapping updates (10 minutes – templates to be provided in advance)

### **Using the meta-card approach:**

What did you learn from the Kiosk visit?

What should be the AIN/HTG priorities for 2009?

What is your suggestion for AIN/HTG to be more effective?

**14: 00 – 16:00**

### **Session IV:**

Conclusion

1. Next steps – Facilitator Mr. Raghu Ghimire
2. Closing remarks and thanks – Ms. Chanda Rai, Coordinator, HTG

### **Guidelines for setting up Kiosk: one table for each organization**

**Organization could display the following information in a chart paper or any printed materials like posters is already available**

- Organizational objective in Health
- Key projects in Health
- Major accomplishments
- Best practices: In terms of partnership, inclusion, accountability, transparency or any other you think will be relevant
- One key positive lesson learning
- One negative lesson learning that all should learn from not to repeat

**Bring in your organizations' publications, reports and manuals for sharing**

**Association of International NGOs - Health Task Force  
Health Sector Mapping Compilation Sheet of Member INGOs**

<b>1</b>	<b>Organization Information</b>	
<b>1a</b>	<b>Name of Organization</b>	
<b>1b</b>	<b>Address/ Telephone</b>	
<b>1c</b>	<b>Contact Person/ Designation</b>	
<b>1d</b>	<b>Email</b>	
<b>2</b>	<b>Health Program Activities</b>	
<b>2a</b>	<b>Program Components</b>	
<b>2b</b>	<b>Implementation Approach</b>	
<b>2c</b>	<b>Activity Details</b>	
<b>2d</b>	<b>Partners</b>	
<b>2e</b>	<b>District and VDC coverage</b>	
<b>3</b>	<b>Budget for 2009</b>	
<b>3a</b>	<b>Budget for Health Sector</b>	
<b>5</b>	<b>Advocacy Issues in Health supporting to promote Quality Health Program of the Government</b>	
<b>5a</b>	<b>How can AIN HTG Contribute to effective health sector strategy implementation?</b>	
<b>5b</b>	<b>Documents, Manuals, Research Reports and other papers produced by the organization</b>	
<b>5c</b>	<b>How can these be available to AIN Members?</b>	