



Aid Effectiveness in Nepal: A Case of Malaria Program

By

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MPPG 8th Batch

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South Asian Institute of Policy and Governance (SIPG)
North South University



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Dedication

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Statement of Authentication

I do hereby declare the novelty and authenticity of the thesis “**Aid Effectiveness in Nepal: A case of Malaria Program**” submitted to the South Asian Institute of Policy and Governance Program at North South University, Dhaka, Bangladesh. To the best of my knowledge and belief, no part of it, in any form, except duly acknowledged in the text, has been submitted to any other university or institute for any degree or diploma. Views and expressions of the thesis bear the responsibility of mine with the exclusion of PPG for any errors and omissions to it.

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Abstract

Given the long and uncertain discourse on the impact of foreign aid on the recipient nation, the Paris Declaration of Aid Effectiveness (2005) espoused five standards principles for effective aid followed by Accra and Busan commitments for strengthening and deepening implementation of the Paris Declaration. Although multiple numbers of the thesis have examined the effectiveness of aid at the macro level, there is still dearth of study in the beneficiary level based on the international aid principles and practices. As far as the researcher holds knowledge, this thesis is most probably among the pioneer rigorous studies of aid effectiveness in South Asia at the beneficiary level based on the aid principles and practices adopted through various international declarations like Paris, Accra, & Busan in the health sector.

With the objective of finding the interface between aid disbursement and utilization and unbundling the factors affecting aid effectiveness, this thesis assesses the compliance of such international aid principles and practices with the outcome of foreign funded interventions particularly in malaria program and health sector in general at beneficiary level. It aims to answer two central research questions by employing a fine blending of quantitative and qualitative data. The first research question sees the interplay of international and national factors shaping the aid effectiveness whereas the second research question digs out various factors shaping the effectiveness of aid. Questionnaire survey, semi-structured interview, secondary sources of data, interactions and observations were the main sources of data collection. During the process, 70 respondents were requested to fill up the questionnaire whereas 10 Key Informants Interviews has been taken. To check the relationship between dependent and independent variables correlation analysis has been carried out. Explanatory and analytical approaches were adopted for interpreting data in line with set objectives. The analytical framework has been developed in line with the various international aid principles and practices developed by various declarations and conventions, i.e. Paris Declaration, Accra Agenda for Action, Busan Declaration followed by high level task force in deepening and strengthening such principles and practices. Field Theory has

been utilized in explaining the interplay of national and international factors in the mechanism of aid delivery and effectiveness.

First, the field survey was done for evaluating and analyzing the state of the effectiveness of aid along with the aid principles and practices followed by interviews of key informants. Both sets of data from quantitative and qualitative were opened at once and analyzed side by side for the findings. Findings showed that there is predictability in the aid, however, the aspect of reliability is low. The state of ownership was found significantly weak, however, the state of partial harmonization was found. Regarding the capacity development of ultimate beneficiary, it was found significantly weak, however, the impact of aid in overall awareness, the effectiveness of health interventions and reduction of disease burden was found in the continuum of effectiveness. Upon the effectiveness of aid in programmatic achievements, the role of a dedicated Program Management Unit established in EDCD by the Global Fund has been found significantly catalytic which designs and implement most of the program activities.

The study concludes by establishing linkages between the independent variables and dependent variables, however, the research was constrained by small sample size (n=70). Further, it explains the interplay of national and international factors in shaping aid effectiveness by unbundling the factors and policies determining the aid effectiveness.

Key Words:

Predictability, Ownership, Harmonization, Capacity Development, Aid Effectiveness, Beneficiary, Malaria, Global Fund, EDCD

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List of Abbreviations

AAA	Accra Agenda for Action
AIDS	Acquired Immune Deficiency Syndrome
APS	Average Propensity to Save
ANC	Ante Natal Clinics
ASEAN	Association of South East Asian Nations
BCC	Behavior Change Communication
CBOs	Community Based Organizations
CBS	Central Bureau of Statistics
CCM	Country Coordinating Mechanism
CDPA	Central Department of Public Administration
DAC	Development Assistance Committee
DCR	Development Cooperation Report
DCoP	Deputy Chief of Party
DoHS	Department of Health Services
DFID	Department for International Development
DMU	Decision Making Unit
DP	Development Partner
DHO	District Health Office
DPHO	District Public Health Office
DTCO	District Treasury Comptroller's Office
EDCD	Epidemiology and Diseases Control Division
EDPs	External Development Partners
FAP	Foreign Aid Policy
FCGO	Financial Comptroller's General Office
FDI	Foreign Direct Investment
FCHVs	Female Community Health Volunteers
FY	Fiscal Year
GF	The Global Fund to fight AIDS, Tuberculosis and Malaria
GHI	Global Health Initiatives
GDP	Gross Domestic Product
GHP	Global Health Partnership
GoN	Government of Nepal
GP	Gau Palika (Rural Municipality)
HDI	Human Development Index
HPs	Health Posts
IDAMP	International Development Aid Utilization Policy

IECCD	International Economic Cooperation and Coordination division
IRS	Indoor Residual Spraying
IFIs	International Financial Institutions
IMF	International Monetary Fund
INGO	International Non-governmental Organization
IRDP	Integrated Rural Development Project
JICA	Japan International Cooperation Agency
JAR	Joint Analytical Review
JFA	Joint Financing Agreement
JSR	Joint Sectoral Review
KII	Key Informants Interview
LDCs	Least Developed Countries
LLINs	Long Lasting Insecticidal Treated Bed Nets
MDGs	Millennium Development Goals
MIDC	Middle Income Developing Country
MPI	Multi-dimensional Poverty Index
MoF	Ministry of Finance
MoH	Ministry of Health
MoHP	Ministry of Health & Population
MPS	Marginal Propensity to Save
MTEF	Medium Term Expenditure Framework
NDF	Nepal Development Forum
NGOs	Non Governmental Organizations
NIEO	New International Economic Order
NMSP	National Malaria Strategic Plan
NP	Nagar Palika (Municipality)
NPC	Nepal Planning Commission
NPR	Nepalese Rupee
NPPR	Nepal Portfolio Performance Review
NRB	Nepal Rastra Bank
NSU	North South University
OAG	Office of the Auditor General
ODA	Official Development Assistance
OECD	Organization for Economic Cooperation and Development
OGL	Open General License
PD	Paris Declaration
PHCC	Primary Health Care Center
PIP	Project Implementation Plan

PIU	Project Implementation Unit
PMU	Project Management Unit
PR	Primary Recipient
PRSP	Poverty Reduction Strategy Paper
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Kit
SAARC	South Asian Association for Regional Cooperation
SAP	Structural Adjustment Program
SCI	Save the Children International
SDGs	Sustainable Development Goals
SHPs	Sub Health Posts
SIPG	South Asian Institute of Policy & Governance
SPSS	Statistical Packages for the Social Sciences
SWAp	Sector Wide Approach
TU	Tribhuvan University
TYP	Three Year Plan
USD	United States Dollar
USAID	United States Agency for International Development
USOM	United States Operations Missions
USSR	Union of Soviet Socialists Republics
WB	World Bank
WHO	World Health Organization
WW II	World War II
VCI	Vector Control Inspector
VDC	Village Development Committee

Chapter One

Introduction

1.0 Background and Context

Aid Effectiveness Contested

Throughout the history of aid, support for aid has waxed and waned. It has been in between the clear polarization of pro-aid and anti-aid views. Various questions have been raised like; “does aid promote growth and development of the underdeveloped countries? If it does, then why is it that most of these countries after long experiments with foreign aid and receiving huge amounts of it, are still to achieve a robust to high growth rate?” (Pankaj, 2005).

The opinion on aid effectiveness has been clearly contested as pro-aid viewers and anti-aid viewers. Researchers like, Sachs (2005), Tandon (2008), Moyo (2009), Collier (2008) can be found with the polar views regarding the aid effectiveness. Moreover, aid has received criticisms from political up front as well. For the leftist aid is criticized because it was perceived to be a (successful) tool in expanding market forces into the developing world, an effective weapon in advancing imperialist aims and relationships (Hayter, 1971). And for the rightist it was assessed as, “Impeding the more rapid development and expansion of markets and market forces because it formed part of a system which encouraged the state to intervene directly in the development process, a process perceived as causing slower growth rates and development processes than assumed to arise without aid and linked interventionist strategists” (Bauer 1971, 1984).

In the context of long and inconclusive discourse on the development effect of foreign aid on the recipient country, the Paris Declaration of Aid Effectiveness (2005) espoused five principles of aid effectiveness: recipient country ownership, alignment, harmonization, managing for results, and mutual accountability followed by Accra and Busan declaration for mapping the effectiveness of aid.

Aid Receipt in Nepal

Nepal has been receiving foreign aid for almost seven decades through foreign Governments, multilaterals, and INGOs, collectively referred to as external developmental partners (EDPs) and Official Development Assistance (ODA) remains an important source of development finance. Nepal started to receive aid after the Government of Nepal signed *the Point IV Program for Technical Cooperation* with the U.S. operations missions, the predecessor of USAID on January 23, 1951, however, Nepal is still aid dependent (Karkee & comfort, 2016). “Despite a significant injection of aid and involvement of EDPs in policy making, Nepal has failed to demonstrate significant progress during this period” (Panday, 1999) and Nepal remains one of the least-developed countries with 18.7% of the population still below the absolute poverty line whereas 28.6% falls under the multidimensional poverty index (Nepal Plannig Commission, 2019). Nepal’s human development index in 2011 was 0.458, the lowest among the countries of the SAARC, aside from Afghanistan (Karkee & comfort, 2016) .

In this context, Nepal has endorsed the Paris Declaration on Aid Effectiveness 2005, the Accra Agenda for Action 2008, and the Busan Commitment 2011 (Ministry of Finance, 2014). However, Acharya (2015, p. 697) argues that ,despite the adoption of a national foreign aid policy and Nepal’s adherence and implementation of the Paris Principles on Aid Effectiveness, the performance of foreign aid in Nepal is dismal.

“The main sectors receiving external support are education, local development, roads, and health. Nepal receives official development assistance (ODA) from over 40 donors, including 35 resident agencies” (Giri et. al 2013). The Ministry of Finance (MoF) is responsible for the overall coordination of foreign aid whereas the International Economic cooperation and Coordination Division (IECCD) is mandated to oversee the Government’s activities in the area of aid coordination, harmonization, and alignment.

Health Sector as a Recipient

About 50% of Nepal's health budget is made up of international aid and external development partners have been involved in several health policy initiatives in Nepal (Karkee & comfort, 2016). "International Non-Governmental Organizations working in the field of health are able to channel their funds directly to the grass root level. In 2010/11, of all government bodies, MoH received aid from the highest number of development partners and got the largest amount of new foreign aid commitment, receiving 81 projects from 21 development partners" (Giri et. al, 2013).

In the present context i.e. in 2017/18, the health sector received 145.2 Million US dollars which constitute of 9.0% of total ODA disbursement (MoF, 2018). Health sector is almost among one of the top five recipient's sector in terms of ODA. Nepali healthcare sector saw an allocation of around NPR 56.41 billion i.e. 4.29% of total budget in the budget for FY 2018-19, up from around NPR 32 billion of the previous fiscal (Federal Budget, 2018).

Table 1: Health sector profile in terms of ODA receipt

S.N.	Fiscal Year	Disbursement in US \$	Rank
1	2013-2014	115,723,521	3 rd
2	2014-2015	177,747,406	1 st
3	2015-2016	103,443,766	4 th
4	2016-2017	89,580,000	6 th
5	2017-2018	145,200,000	4 th

Source: DCR (2013-2018)

In the case of health expenditure as a share of GDP of Nepal, it has increased from 4.4 % in 2001 to 6.1 % in 2015 growing at an average annual rate of 2.49 % (Knoema, 2019). Likewise, real expenditure on health of Nepal increased from 516 million US dollars in 2001 to 1,230 million US dollars in 2015 growing at an average annual rate of 6.56 % (Knoema, 2019) .There has been progress in the health sector after the achievement of millennium development goals, however, still, number of stones remain unturned.

Aid Receipt in Malaria Elimination Program

“Malaria is a priority public health problem of Nepal where approximately 43.3% of the population is at risk of malaria. Based on the latest population census, a total of 2,16706 people (0.75%) live in high risk wards, similarly 9,27,414 people (3.21%) live in moderate risk wards and 1,13,41,464 people (39.30%) live in low risk wards and 1,63,71,406 (56.73%) live under no risk wards” (EDCD, 2018).

Nepal has arrived at a critical junction in its fight against malaria. “Nepal has already achieved MDG goals sets for 2015, and the country is in a unique position to move towards eliminating the local indigenous transmission of malaria. The Ministry of Health and Population, with the continued support of its partners, is continuously implementing strong malaria control program and has set ambitious vision of a malaria-free Nepal by 2026” (EDCD, 2013).

Among the limited partners for funding, Global Fund has been continuously supporting malaria control program in the risk areas since 2004. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) has played a driving role in combating the malaria in Nepal. It has financed almost up to 80% to fill up the financial gap for combating malaria, however, it has been reduced nowadays (EDCD, 2018).

Hence, at this backdrop of contested aid effectiveness in Nepal, this thesis attempts to carry out an empirical research in the effectiveness of aid at beneficiary level funded by Global Fund to Malaria elimination program based on the principles, espoused by Paris Declaration & subsequently enriched by AAA, Busan Commitment and several High Level Task Force.

1.2 Statement of the Problem

For many years researchers tried to understand aid effectiveness in terms of the effect of aid on national economic growth and saw mixed results (Burnside & Dollar, 2000; Chauvet & Collier, 2004; Collier, 2007; Dalgaard & Hansen, 2001; Dalgaard, Hansen, & Tarp, 2004; Doucouliagos & Paldam, 2009; Easterly, 2006; Fielding & Knowles, 2007; Howes, Otor, & Rogers, 2011; Mosley, 1986; Rawlings & Rubio, 2005; Tarp, 2010). Such studies often lack a particular focus of aid effectiveness in the health sector and are influenced by the effect of aggregation of aid either in all sectors or by the generalization of different country contexts in cross-country regression models (Haque, 2015). Very limited researches have been conducted at beneficiary level evaluating the impact of aid based on the principles of aid effectiveness. It was increasingly felt that the broader notion of human development cannot be solely explained by the economic growth and studying aid effectiveness in the health sector requires a new approach (Victoria et al., 2011).

Currently, "Discourse on the effectiveness of external public development finance flows is at a turning point. The development landscape has recently undergone dramatic shifts. The principles, agreed in Paris (2005), for assessing the effectiveness of aid flows evolved during the Accra (2008) and Busan (2011) high-level fora to a broader understanding of development effectiveness. The launch of the Sustainable Development Goals (SDGs) is further generating new demands on the effective use of financial resources for those 'left behind'. Thus, a new conversation on assessing the effectiveness of development cooperation has become imperative to deal with the emerging realities" (Bhattacharya & Khan, 2019)

So far, the debates have focused on the provider's side of the equation. Perspectives from recipient countries, particularly from the Global South, have been inconspicuous in this regard. Given the new landscape, there is a need for a refashioned conversation on a set of flexible but integrated strategies and methods for assessing the effectiveness of development cooperation in the era of SDGs (Bhattacharya & Khan, 2019).

Moreover, in present context, Nepal's quest to become a middle-income country and achieve the SDGs by 2030 demands a huge amount of resources including foreign assistance. "Nepal's federalization, with more than 760 government units, requires resources for both capacity building and infrastructure development, among others Ongoing capacity development of the provincial and local levels, as well as of implementing agencies, is another challenge, as is timely completion of post-earthquake reconstruction projects while ensuring the quality of public construction work. Nepal needs to sustain an annual economic growth rate of more than 8% for meeting public aspirations from the new system" (MoF, 2018). As Nepal's own developmental resources are limited, much of it has to come from foreign aid. The extent of aid flow to different sectors along with health will sustain economic development, which depends on the effectiveness of aid.

Although multiple number of thesis have examined the effectiveness of aid at macro level, there is still dearth of study in the beneficiary level based on the international aid principles and practices. Against this backdrop, this research attempts to analyze the effectiveness of aid based on international aid principles by acknowledging the beneficiary level perspective. Moreover, it explores the factors affecting aid effectiveness & see how the interplay of such factors impact for effective aid in the health through the case of malaria program funded by Global Fund.

1.3 Rationale of the Study

Health is critical to economic and social development, it must, therefore, be part of any discussion about humanity's and the planet's future. Health systems are required to bring proven health solutions to scale and make them widely accessible (Kickbusch & Ganten, 2019).

The world is not on track. The data are staggering: at least half the world's people cannot obtain the essential health services they need. This includes reproductive, maternal, newborn and child health, treatment of infectious and non-communicable

diseases, and service capacity and access for the general and the most-disadvantaged populations (Kickbusch & Ganten, 2019).

According to the Tracking Universal Health Coverage Global Monitoring Report 2017, over 800 million people spend at least 10% of their household budget to pay for healthcare and this is not only in developing countries. Since 18.7% of the total population of Nepal still falls below the absolute poverty, Nepal is even more vulnerable to such risks and requires a huge amount of resources, access to health service, and strengthened health system for leaving no one behind. As quoted in (Karkee & comfort, 2016) "Malnutrition- and sanitation-related infectious diseases are leading causes of ill health. Moreover, Out-of-pocket expenditure in health care is over 80% and is catastrophic for poor families, perpetuating poverty, and the ill-health trap". Universal health care is a long way off for Nepal.

Health care services in Nepal are generally regarded as failing to meet international standards. Prevalence of disease is significantly higher in Nepal than in other South Asian countries, especially in rural areas (WHO, 2007). Further, the country's topographical and sociological diversity results in periodic epidemics of infectious diseases, epizootics and natural hazards such as floods, forest fires, landslides, and earthquakes (WHO, 2007). A large section of the population, particularly those living in rural poverty, is at risk of infection and mortality by communicable diseases, malnutrition and other health-related events.

Since 50% of health budget is made up of international aid and assistance (ibid. p. 3), the project from health has been chosen. Further, this research links up the policy domains in terms of attracting & mobilizing foreign aid with new ideas and policy directions on aid effectiveness that came to a consensus in 2005 in the form of the Paris Declaration. Moreover, this research attempts to analyze the effectiveness of aid finding out the research gap in micro level and adding up to the existing literature. As Nepal still needs to attract and utilize foreign aid in health sector along with others, this research

acts as a stimulator for measuring the effectiveness of aid in the various sectors from beneficiary perspectives.

1.4 Research Objectives

The point of departure of the study is the allocation of foreign aid/ODA to health sector & program, the dynamics of aid utilization leading to aid effectiveness. Thus, the central objective of the study will be to unbundle the black box of aid effectiveness and aid utilization.

- To analyze the interface between aid disbursement and aid utilization
- To unbundle the factors on which aid effectiveness depends

1.5 Research Questions

- How is the interplay between international and national factors shaping aid effectiveness in a particular sector, like health in the context of Nepal?
- What are the factors and policies shaping aid effectiveness?

1.6.0 Significance of the Study

The theory of aid effectiveness in relation to the Paris principles is yet to be proved (Haque, 2015). Macroeconomic studies on the effect of aid on growth often provide a "spotlight effect" with a focus on growth in an "input-black box-output" model and miss the critical part of what was happening within the "black box" of health systems (Grap-Pa Sante, 2011). Therefore, employing the Field theory this research specifically attempts to see what is happening in between international and national factors within the health sector and see if compliance with the Paris principles had any effect on the program outcomes.

This research assesses and evaluates the compliance of the principles of aid effectiveness developed in the global level at the grass root level, which will add another dimension in a different country context. Further, this research acts as a stimulator in the field of measuring effectiveness of aid based on international aid

principles in the country like Nepal. The major significance of this study will be helping to make foreign-funded health project more effective and efficient by providing an insight of grass root level regarding aid effectiveness from the perspectives of beneficiary. Moreover, it explores the aid utilization and identify the factors responsible for influencing the effective aid.

1.7 Limitations of the Study

- The existing literature on aid effectiveness based on the Paris, Accra & Busan declaration are very limited. Since the Paris Principle espoused in 2005, Accra in 2008 & Busan in 2011, the number of studies are very limited in global and national context.
- This study doesn't analyze all of the aid effectiveness principles as envisaged by Paris, Accra & Busan. It only analyzes four Principles from different declarations.
- Although the Global Fund has been funding 27 districts, this research has been conducted taking only one district in a high-risk area. Due to several factors, a comparative study in multiple communities & districts couldn't be carried out for comprehensive and comparative understanding.
- Although the country has walked into the path of federalism, this research has been carried out in the context of the then unitary system because the aid was flowing in same old mechanism up to 2018 in this program.

1.8 Organization of the Study

Chapter One: Comprises basic introductory elements of the whole thesis such as the background of the study, statement of the problem, rationale and importance, objectives, research questions followed by the outline of the thesis.

Chapter Two: Provides a review of related literature on aid effectiveness. Through a mapping of the changing concept of aid effectiveness, a systematic review of literature related to the evaluation of the Paris principles in the health sector, and scoping of related concepts, this chapter attempts to develop an analytical framework used for the research.

Chapter Three: Presents an analysis of the basic country profile in terms of history, geography, politics & economy. Moreover, this chapter elaborates the major policy reforms in foreign aid, different foreign aid policies, role of foreign aid in development of Nepal. Additionally, it discusses about the nature of the malaria elimination program, the nature of Global Fund, health system, etc. for evaluation.

Chapter Four: Contains the use of research designs and methodology used for carrying out this study. It discusses the unit of analysis, sample population and overall data collection tools and techniques employed for carrying out this research.

Chapter Five: Contains data presentation, analysis, and interpretation using different techniques of SPSS. This chapter deals with the accumulated data for shaping a systematic output of the whole thesis.

Chapter Six: Concludes the research work revisiting the research objectives, research questions, theory and analytical framework used in this study.

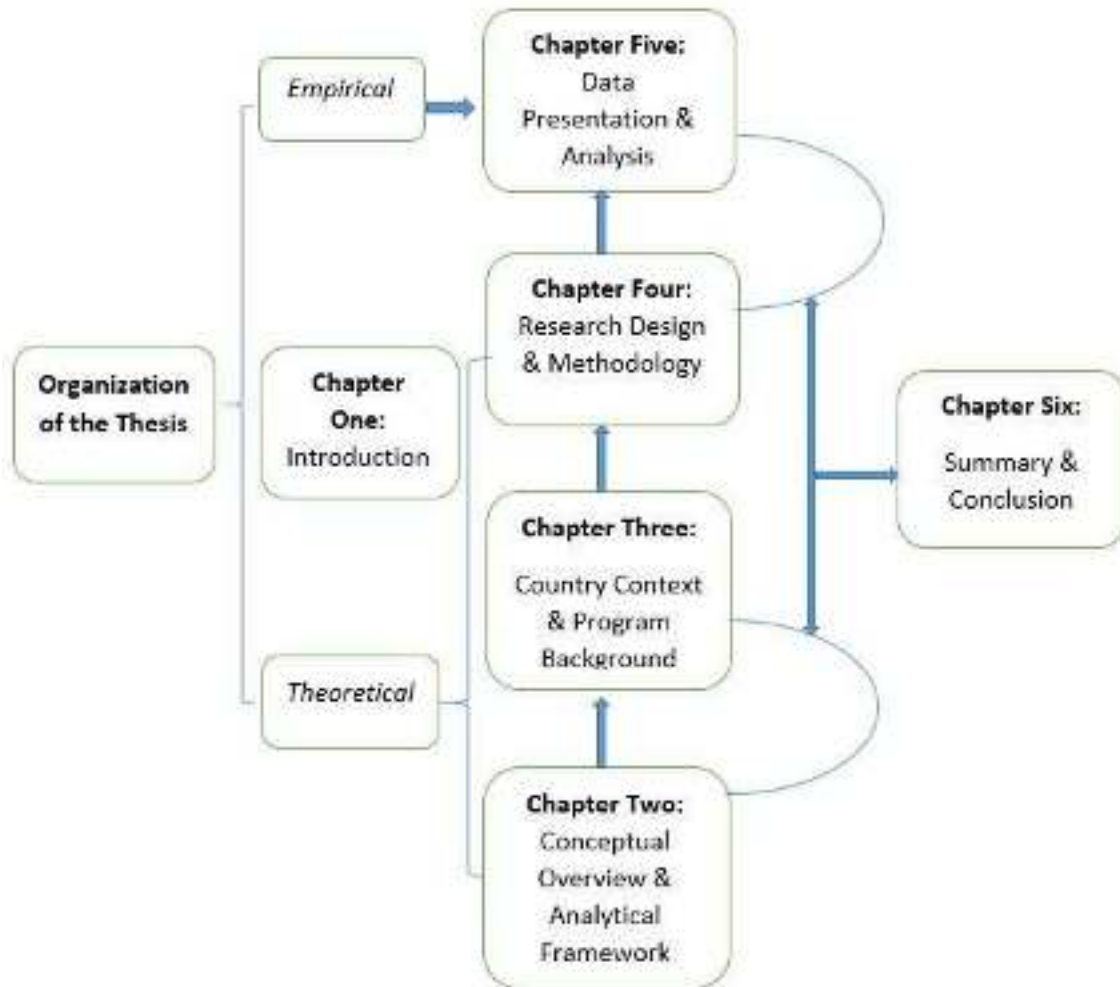


Figure 1: Organization of the thesis

1.9 Conclusion

This chapter focused on the introductory aspects of the study of aid effectiveness in Nepal by taking a malaria elimination program from health sector. It covered the background of the study with information on health sector, malaria elimination program, statement of the problem, rationale & significance, etc. Further, it mentioned the research objectives and questions of this study. Based on these introductory elements the second chapter is developed which will elaborate in length on the supportive literatures and analytical framework.

Chapter Two

Conceptual Overview & Analytical Framework

2.0 Introduction

This chapter deals with a conceptual overview of aid effectiveness, i.e. theories of foreign aid, paradigm shift in aid effectiveness, aid delivery principles and practices before reviewing the prevailing literature of global and national context. Based on the reviewed literature, analytical framework is developed in the later part of the chapter. The aim of the chapter is to give broader ideas on different aspects of aid effectiveness, its theories and to develop an analytical framework using the existing literature.

2.1 Defining Foreign Aid

Generally, aid consists of the transfer of all resources by donors to recipients, regardless of its purpose or of the status and need of the recipient, and thus could include assistance provided for political, military and strategic purposes, and that given to recipients who are neither poor nor needy (Riddell, 2009).

OECD (2004) has defined foreign aid as an "Official development assistance given to the developing countries for the promotion of economic development and welfare including humanitarian and emergencies aid. There are two components of foreign aid: grants and loans. Grants component of aid are free resources for which no repayment is required whereas a loan with at least 25 percent of grant component is considered as foreign aid".

Aid can also be scrutinized from three perspectives, as presented by Koponen and Seppänen (2007): "(1) as resource transfer from wealthier countries to poorer ones – being part of foreign politics or as a tool of foreign politics; (2) as planned development intervention – projects and programs and as guidelines related to these; and (3) as a battle for resources between different stakeholders, in which one party will get more than the other".

Over the years, various terms have been used on aid or foreign aid. i.e. 'development aid', 'development assistance', 'emergency aid', 'humanitarian aid', 'official aid', 'voluntary aid' and 'official development assistance'. This study is based on the definition provided by OECD. Here the aid generally denotes to the assistance and resources to malaria elimination program from the Global Fund.

2.2 Theories of Foreign Aid

There are mainly three theories/approaches to validate the rationale and proposition that foreign aid is crucial to development. These are: (a) savings-investment gap approach; (b) foreign exchange earning expenditure gap approach, and (c) capital absorptive capacity approach.

2.2.1 Savings-investment gap

The major constraint to development of the less developed countries is poor savings and investment rate and their inability to increase this in the short run due to institutional and non-institutional bottlenecks that keep their growth rate at a low level (Chenery and Strout, 1966; Millikan and Rostow (in Mikesell, 1965: 39); Galbraith, 1961). Therefore, this theory argues that "less developed countries can achieve a higher growth rate than what is warranted by their own savings and investment rate. Moreover, they will be able to sustain a high growth rate because of their potentially high savings rate as assumed by the Keynesian proposition that marginal propensity to save is greater than the average propensity to save ($MPS > APS$)" (Pankaj, 2005).

2.2.2 Foreign-exchange gap

Foreign aid is argued to have a larger favorable impact on growth and development of the underdeveloped countries if it is used to finance the purchase of goods and services not produced domestically but which are of strategic importance to growth and development (Mckinnon (1964), Chenery and Strout (1966), Prebisch and Singer (in Mikesell, 1968: 57). Here, foreign aid acts as a means of gaining foreign currency where foreign exchange reserves are insufficient which helps to buy the goods and services helping to function at the optimum level.

2.2.3 Capital absorptive capacity

As quoted in (Pankaj, 2005) capital absorptive capacity has been defined as "More or less an absolute limit to the amount of capital, domestic or external, that can be productively employed in the sense of giving net returns over and above depreciation". It argues that foreign aid helps to improve the growth rate of lower capable countries by influencing the optimum utilization of domestic & external resources through targeted programs like skill development, capital formation, etc. provided that other conditions remain favorable. In short, it argues that foreign aid helps to enhance the capital absorption capacity of a country.

Although, the theories argues aid for the development, the school is divided as pro-aid viewers and anti-aid viewers. The protagonist of foreign aid argues that foreign aid helps to push the growth rate of underdeveloped countries by providing the capital, foreign exchange and technical knowledge which are generally considered as the bottlenecks of the growth. However, the antagonists argue that foreign aid does not necessarily lead to growth as their problems go beyond either savings or foreign exchange constraints. Antagonists are with the view that there should be indigenous efforts because in the absence of them the foreign resources are not properly utilized. Moreover, aid has received criticisms from political up front as well.

The pro-aid views and anti-aid views can be reflected as:

<i>Perspective</i>	<i>Pro-Aid Views</i>	<i>Anti-Aid Views</i>
Micro Perspective: implications for the donor and recipient countries.	Foreign aid promotes growth and development of the underdeveloped countries.	Growth and development comes through indigenous efforts not through exogenous efforts.
Macro Perspective: implications for international politics.	Foreign aid promotes peace and prosperity and friendship and goodwill between the developed and developing countries.	Foreign aid is a kind of subtle neo-imperialism; sustains unequal relations between the developed and developing countries.

Figure 2: Perspectives of foreign aid

Source: (Pankaj, 2005)

2.3 Aid Effectiveness: A Paradigm Shift

The primary objective of most of the developing nations has been to accomplish economic development through economic growth since World War II. Foreign aid has given a noteworthy account for developing nations to accomplish this objective by contributing to the GDP, fulfilling the saving-investment gap, and by helping to acquire the foreign currency. For instance, in certain countries aid as a share of government revenue has been more than 50 percent (Sevensson, 1997). However, many of them have failed to improve their condition.

There has been major policy departures and paradigmatic shift in the case of foreign aid theories and effectiveness since its inception. As argued by Akiyama et al. (2003) and Todaro (2000, 2003), the paradigmatic shift of aid effectiveness can be analyzed by dividing it into three major paradigms or generations, i.e. “Pioneers”, “Neoclassic Resurgence” & “Institutionalist views”, however, with the advent of “Paris Principles” a new paradigm has been added in the literature of foreign aid and aid effectiveness. Thus, the shifts in the foreign aid and aid effectiveness can be analyzed under four major paradigms.

The “Pioneers” existed from the end of WW-II to mid of 1970s where the aid was given for large-scale capital-intensive infrastructure projects for high growth and reconstruction. It was soon followed by the neoclassical resurgence where the policies of conditionality, sustainable development, PRSP was laid forward under structural adjustment program after the major event of Washington consensus, debt crisis & East Asian Miracle. The aid was provided with trust on market and price, distrust in interventions and with due consideration to new growth theory. The Neoclassists theory lasted up to late 1980s.

The institutionalists followed the neoclassic resurgence with high importance of the institutions in the economics. Development was taken as institutional success while underdevelopment of institutions as failures. The major events influencing this paradigm was the collapse of USSR, geopolitical change in Europe, East Asian Economic crisis,

stagnation in Africa, attack on twin towers, etc. whereas the major aid policies were based on MDGs, PRSP, etc. The Institutionalists theory lasted from early 1990s to 2005.

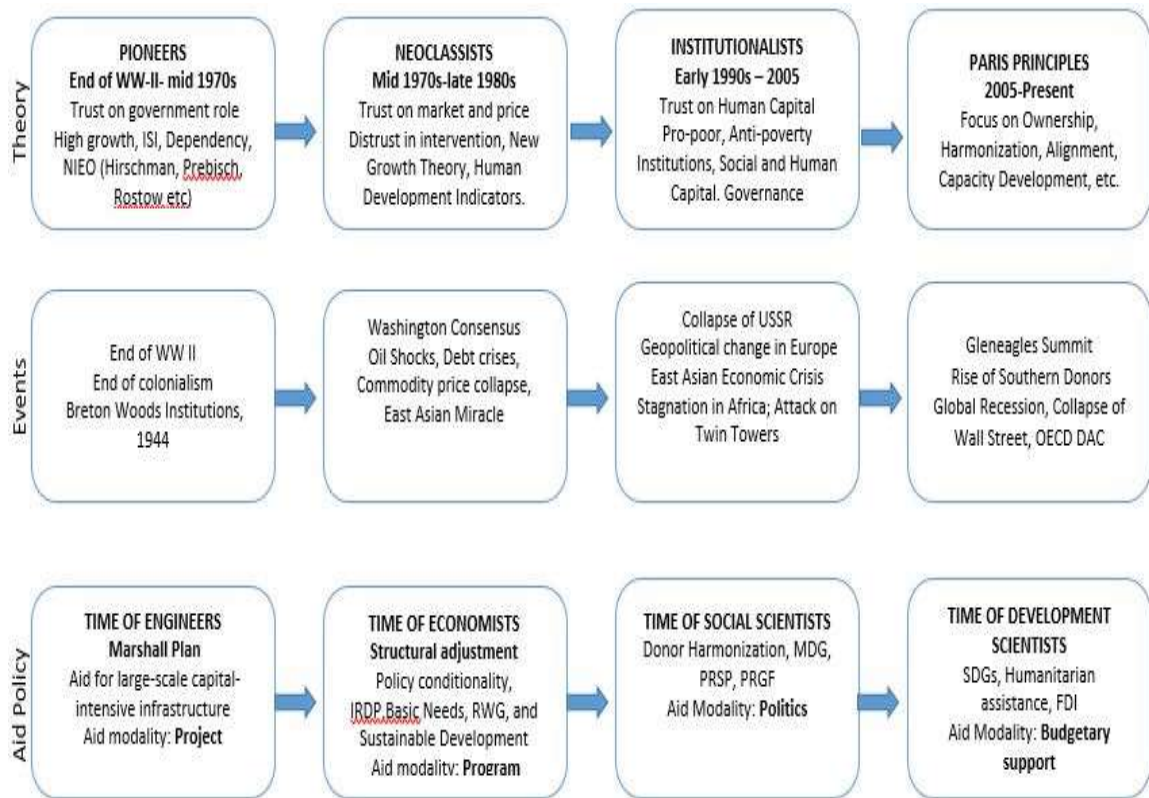


Figure 3: Major shift in foreign aid

Source: Formulated based on Akiyama et al., 2003; Todaro, 2000; 2003 as quoted in Dhakal (2007).

Afterwards, the Paris declaration on aid effectiveness came up with five major principles enriched, strengthened & supplemented by AAA and Busan commitments for the mapping of aid effectiveness. Consequently, there has been a paradigm shift from a focus on the effect of aid on poverty alleviation towards a process evaluation for efficiency and transparency of aid management and further towards impact evaluation of aid-funded programmes (Booth & Fritz, 2008; Bourguignon & Sundberg, 2007; McGillivray, 2005; Prowse, 2007; Victora et al., 2011). The Paris focused on the process evaluation for assessing the effectiveness of aid flows in development effectiveness.

The discourse on the effectiveness of external public development finance flows is currently at a turning point. The development landscape has recently undergone

dramatic shifts (ibid). However, there has not been any significant consensus on the definition of aid effectiveness. The thematic review of the Paris Declaration defined aid effectiveness as an “Arrangement for the planning, management, and deployment of aid that is efficient, reduces transaction costs and is targeted towards development outcomes including poverty reduction” (Stern et al., 2008).

2.3.1 Aid delivery principles & practices

Foreign aid has been a key component in the source of financing in most of the developing countries since 1960. The number of official donors which were 20 states in 1960 have been more than doubled to 48 official donors without including the donors like India, China & Brazil that do not report to Development Assistance Committee (Gulrajani, 2017). Foreign aid has since then continued to evolve; however, success has not always been evident: lack of coordination, overly ambitious targets, unrealistic time- and budget constraints and political self-interest have too often prevented aid from being as effective as desired.

The constant exertion towards modernizing, extending and widening foreign aid and its delivery has been marked by four notable events: the High-Level Fora on Aid Effectiveness in Rome (2003), Paris Declaration (2005), Accra Agenda for Action (2008) and Busan Partnership (2011). These high-level events have rooted the formulation of principles towards effective aid that led in 2011 to the Busan Partnership Agreement endorsed to date by over 100 countries as the blueprint for maximizing the impact of aid. The detailing of these standards became out of a need to comprehend why aid was not producing the improvement results everybody needed to see just as to venture up endeavors to meet the yearning targets set constantly by the Millennium Development Goals.

The Rome Declaration adopted the principles of country ownership (partner countries), alignment (donor partner), and harmonization (donor-donor), which were believed to be “Of strategic importance to the enhancement of aid effectiveness” (OECD, 2006, p. 3).

The Rome Declaration was followed by 2nd High-Level Forum on Aid Effectiveness that took place in Paris and commonly known as the Paris Declaration.

The Paris Declaration came up with five principles to enhance the effectiveness of aid, i.e. the principles of country ownership, harmonization, alignment, managing for results, and mutual accountability (Paris Declaration, 2005). The "Aid effectiveness pyramid" based on the principles of Paris Declaration can be shown as:



Figure 4: The aid effectiveness pyramid

Source: (OECD, 2007a, p. 16)

At the third High Level Forum on aid effectiveness, held in Accra in 2008, the principles of aid effectiveness adopted in the Paris Declaration were reconfirmed with recommendations for actions for the international community (Accra Agenda for Action, 2008). Afterwards, the Fourth High Level Forum on Aid Effectiveness followed meetings in Rome, Paris and Accra and transformed aid relationships between donors and partners into true vehicles for development co-operation. The Global Partnership for Effective Development Co-operation was established as a direct result of the Busan Partnership agreement (OECD,2012).

2.4 Literature Review: Paris Principles in the Health Sector

The literature on aid effectiveness has sprung up since the decades of the sixties. Voluminous literature has been written on the effectiveness of aid; however, the conclusion seems to be inconclusive. In contrast to the literature of aid effectiveness, the literature based on the aid effectiveness principles just started to flourish after 2005, as the principles just espoused in 2005. It can be seen that articles related to the Paris principles in the health sector only started to come out from 2007 with the highest number of articles of this sample published in 2011. This was probably linked to the 4th High-Level Forum on Aid Effectiveness held in Busan in 2011 (Haque, 2015). The following section of the chapter deals with the literature review of both global context, and Nepalese context from the period of 2005 to 2019 before pointing to the gaps in works of literatures.

2.4.1 Global context

Studies in different countries have identified different challenges and gaps in implementing the Paris principles in various sectors and the health sector is not an exception.

A study carried out in three districts of Zambia (Jesper, Birger, Kristina, Collins, & Goran, 2009) found limited predictability in funding and activities provided by the partners, confined use of common arrangement in disbursement and recommended external partners to improve the predictability of their support and be more proactive in informing the districts about their intended contributions. Similarly, while assessing the case of implementation of the Paris principles in Rwanda's health sector, Hyman (2011) claimed that the progress on the progressive ownership by the recipient country, a concept implicit within the Paris principles of aid effectiveness, was not so encouraging in Rwanda because of the donors asserting on joint ownership and control over the aid funded interventions in most cases.

Hill et al. (2012) highlighted that, “Current imaginings of coordination are again being challenged” while reviewing the recent evolution of the concept of coordination for development assistance in health to understand current discourses.

While assessing whether bilateral and multilateral donors of foreign aid, specialized and coordinated their activities with other donors as agreed in the Paris Declaration of 2005 or not, the study carried out by (Nunnenkamp, Öhler, & Thiele, 2011) revealed that aid fragmentation persisted after the Paris Declaration and coordination among donors have even weakened.

Analysis of data 1990 to 2007 by (Ravishankar, et al., 2009) shows, “The call for donor accountability and transparency in the Paris Declaration on Aid Effectiveness is more salient than ever. Moreover, the influx of funds has been accompanied by major changes in the institutional landscape of global health, with global health initiatives such as the Global Fund and GAVI having a central role in mobilizing and channeling global health funds”. However, this article has not examined what happens when resources are received by an implementing government or NGO, and what proportion is spent at different points in the system.

Haque (2015) in his study on Timor' Leste came up with the finding that the country still needs to develop an efficient and functioning health management information system at various levels. A significant section of the country's population living in the remote rural areas are still beyond the reach and coverage of most of the health service and finding longer-term sources of health financing without being dependent on the Petroleum Fund and donor support is another challenge for the country.

Jessica & Malcolm (2012) argued that the documents such as the Paris declaration on Aid Effectiveness do not identify the specific mechanisms to carry out these principles. Moreover, they argued that more evidence as to how country-owned capacity building plays out in practice is needed to guide future interventions.

Using the aid effectiveness agenda to support human resources for health in the Lao People's Democratic Republic Rebecca et al. (2009) has concluded, "The limited awareness of the aid effectiveness agenda beyond a core group in government and a perception that this is a donor-led agenda; and different views among partners as to the optimal pace of aid management reforms". They recommended the strategic engagement of health stakeholders in the aid effectiveness agenda as one means of strengthening the health workforce (Peter, Rebecca, Dean, & Adélio, 2009).

However, while assessing the international health partnership (Tim, Martin, Neli, Sandra, & David, 2012) have suggested that the health sector is ahead of the game – in terms of having an established mechanism to promote alignment and harmonization, and a relatively advanced monitoring framework and methods. However, they have suggested the signatories to a) reaffirm their commitments to the IHP+; b) actively embrace and participate in monitoring and evaluation processes; and c) strengthen in-country capacity notably amongst civil society organizations in order to capitalize on this.

Similarly, Sengooba et al. (2017) in their assessment of aid effectiveness in sub national level found that that the aid-effectiveness concepts as developed in the Paris Declaration can be customized and used to assess the aid-relationships among the network of organizations involved in service delivery at the district level. Moreover, they have talked about the need of enhanced capacity and space for sub-national level authorities to negotiate local priorities for health system development in post-conflict settings.

Assessing the case of implementation of the Paris principles from the period of 2005-2010, (Knack, 2013) found a positive and significant relationship between the aid effectiveness and the use of the country system. Moreover, donor-specific tests showed that use of country systems vary positively with their quality for the vast majority of donors which contradict the finding of various claims that there is no relation.

Dalil et al. (2014) reviewed the use of aid effectiveness principles in rebuilding Afghanistan's health systems and identified a number of factors including the Paris

principles; i.e. ownership by the country with the Ministry of Public Health playing a stewardship role, donor-country alignment, joint decision making by government and donors, managing for results, reliable aid flows, and human factors such as deployment of a “critical mass of individuals with the right experience and expertise” for the apparent success of the country-donor partnerships.

Wickremasinghe, et al. (2018) in their writing how aid effectiveness can catalyze the scale-up of health innovations has come up with the finding that if donors, implementers and recipient governments were better able to put the Paris principles into practice, the prospects for scaling externally funded health innovations as part of country health policies and programs would be enhanced. They have concluded it as the idea of hitting the bull's eye.

2.4.2 Nepal context

Although multiple thesis have been done based on macro indicators, very limited researches have been done at beneficiary level based on aid effectiveness principles in the case of Nepal. Therefore, there is a paucity of works of literatures on aid effectiveness based on the Paris principles & AAA in the case of health sector as well.

As quoted in Haque (2015, p.25), "Shorten et al. (2012) reported mixed results from a self-reported survey by IHP+, an international partnership of international organizations, bilateral agencies and country governments committed to putting the principles of effective aid and development cooperation into practice in the health sector. Their results from the surveys in Burundi, Mozambique, Cambodia, **Nepal**, Ethiopia, Nigeria, Kenya, Mali, Madagascar, and Zambia found incremental improvements in implementing the principles of the country ownership, mutual accountability, and alignment, but noted a lack of progress in the use of countries' financial management, procurement, and monitoring systems".

Giri et al. (2013) found out that, “Despite its commitment to coordinate and control development assistance to the health sector, and its leadership position of the Sector

Wide Approach, complete knowledge and effective coordination of all international contributions remains a challenge and is hampered by issues within the government as well as among external Development partners and International Non-Governmental Organizations”.

Citrin et al. (2017) study in Nepal has highlighted the importance of targeted engagements with academic medical centers and the need for efficient organizational work-flow practices. It considered how to both prioritize national and host institution goals, and meet the career development needs of global health clinicians.

Adhikari et al. (2018) findings concluded by recommending strongly that foreign aid should concentrate on supporting and strengthening the national government system. Complex bureaucratic process must be minimized and streamlined in order to provide quality care to the beneficiaries.

2.4.3 Gaps in literature

The finding of different researches has been different and the finding from these papers cannot be generalized, however, we can find out certain gaps in the literature while analyzing these researches. It can be noted that all these studies focused on either the process or the process and effect of adherence to the Paris principles at the sector level. Moreover, it gives the impression that none of the studies mentioned above endeavored to quantify the health outcomes at the intervention level and link them to the extent of compliance by that intervention with the Paris principles. None of the above-mentioned studies have directly measured the effectiveness of aid on certain theoretical framework linking with the programmatic effectiveness. Furthermore, the researches in Nepal based on the Paris declaration has been very limited, therefore, it can be claimed that this study will add value to the literature and sets the enhancing trend and culture for measuring aid effectiveness on other sectors as well.

2.5 Choice of Theory

This section deals with the field theory as a theoretical lens for this research.

2.5.1 Field Theory

Field theory examines the patterns of interaction between the individual and the total field, or environment. For instance, this image shows that there are forces pushing a person toward their goal. The dotted line is everything one must go through to reach their goal, and how one must go through many different spaces. Actors may

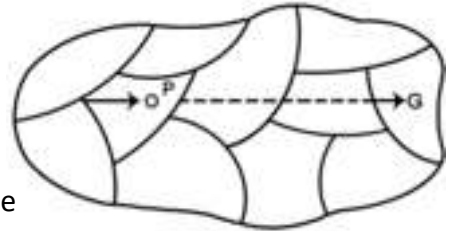


Figure 5: Field Theory image

Source: (Burnes & Cooke, 2012)

have the same goal, but the field to get there may be different. One's field may be adjusted in order to gain the most in life. Some fields may be deleted, and some added, all depending on certain events that occur in actor's lifetime (Burnes et al 2013).

Lewin's Field theory can be expressed by a formula $B = f(p,e)$, meaning that behavior (B) is a function of the actor (p) and their environment (e). It can be customized as, Aid effectiveness because of the functions of the actors and their environment or mechanisms.

"We can examine different types of influence as defined by the intersection of two of the basic ingredients of field theory i.e. actors and mechanisms. First, foreign aid can target primarily the incumbent or challengers within a political settlement and policy domain. Second, the mechanism through which that influence is exerted varies according to the degrees of intervention: a more or less passive diffusion of ideas, the external certification of field actors, and the active brokerage of new relationships" (Yanguas, 2016).

Since the study is about how the interplay between international and national factors shaping aid effectiveness in a particular sector, like health in the context of Nepal, Field

theory acts as a theoretical lens analyzing in the field of aid utilization & aid effectiveness where international and national factors interacts and operates.

2.6.0 Analytical Framework

Independent Variables

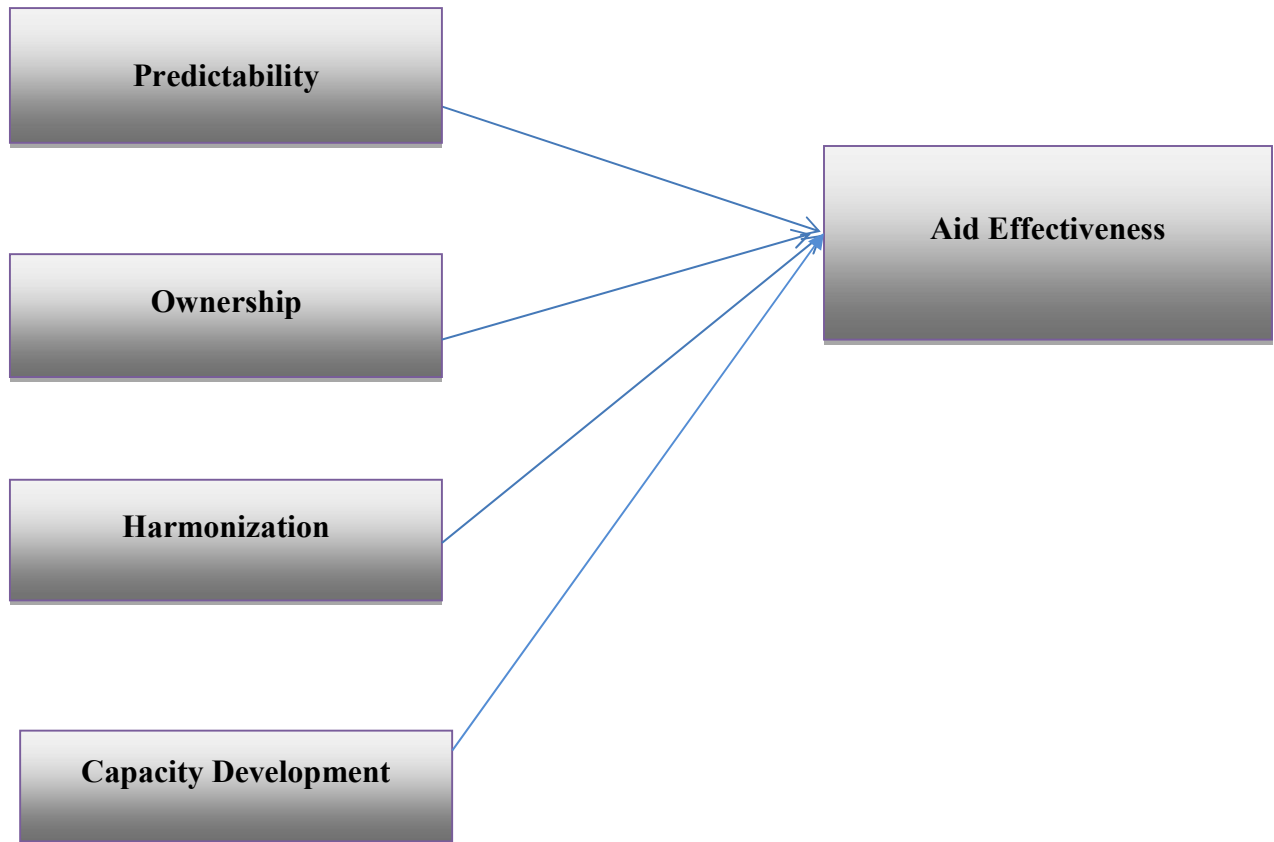


Figure 6: Analytical framework

Source: Formulated on the basis of aid effectiveness principles, (2005, 2008, 2011)

2.7 Operationalization of the Variables of the Study

The operational definitions of various variables are discussed in the table below:

Table 2: Operationalization of variables

S.N.	Independent Variables	Operational Definition	Indicators of the variable	Sources of Data	Collection Method
1	Predictability	The ability to be predicted	<ul style="list-style-type: none"> Flow of aid information Timely distribution of aid 	Line ministries, project documents, proposals, progress reports, beneficiaries	Both primary & Secondary
2	Ownership	The act of possessing something as their own	<ul style="list-style-type: none"> Community engagement Community Mobilization 	Line ministries, project documents, proposals, progress reports, beneficiaries	Both primary & Secondary
3	Harmonization	The action or process of making something consistent or compatible.	<ul style="list-style-type: none"> Simplification of procedures coordination with local bodies & CSO Joint monitoring & supervisions 	Line ministries, project documents, proposals, progress reports, beneficiaries	Both primary & Secondary
4	Capacity Development	to build the ability to manage their own future	<ul style="list-style-type: none"> Orientation programs Training programs 	Line ministries, project documents, proposals, progress reports, beneficiaries	Both primary & Secondary
S.N.	Dependent Variable	Operational Definition	Indicators of the variable	Sources of Data	Collection Method
1.	Aid Effectiveness	Effectiveness of aid in achieving the goals and objectives	<ul style="list-style-type: none"> Awareness level Effectiveness of health interventions Disease Burden 	Line ministries, project documents, proposals, progress reports, beneficiaries	Both primary & Secondary

2.8 Operational Definition of the Variables

This section provides the brief ideas on the different variables used in this study.

2.8.1 Aid effectiveness

The Paris declaration, 2005 had defined aid effectiveness as an arrangement for the planning, management and deployment of aid that is efficient reduces transaction costs and is targeted towards development outcomes including poverty reduction. The effectiveness of aid is generally measured by the achievement of the goals and objectives. The effectiveness of aid in this research is associated with the effectiveness of the three sub variables and eleven indicators developed for its measurement, i.e. raised awareness level, effectiveness of health interventions and reduction in disease burden.

2.8.2 Predictability

According to OECD DAC definition, aid is predictable when partner countries can be confident about the amounts and the timing of aid disbursements, and identifies two complementary dimensions: transparency (timely availability of information on expected aid flows with the appropriate degree of detail) and reliability (the extent to which partner countries can rely on donor pledges/commitments being translated into actual flows). "Making aid more predictable remains a key challenge to more effective aid. Aid is more effective when regular, detailed and timely information on aid volumes and allocations is available (OECD, 2012)". Here, the predictability covers the information on expected aid flow, availability of aid information, forecast of future flows and certainty in the disbursement.

2.8.3 Ownership

Countries have more say over their development processes through wider participation in development policy formulation, stronger leadership on aid co-ordination and more use of country systems for aid delivery (OECD,2005). Here, the ownership covers the aspects of community engagement and utilization with effective hearing to demands of beneficiary.

2.8.4 Harmonization

The dictionary meaning of harmonization is the faction or process of making something consistent or compatible; however, in the literature of aid effectiveness, it is the method where donor countries coordinate, simplify procedures and share information to avoid duplication (OECD, 2005). Here, the harmonization covers the aspect of coordination with local stakeholders in fund request, activities, joint monitoring, supervisions & simplification of procedures.

2.8.5 Capacity Development

AAA defines capacity building as building the ability of the recipients to manage their own future. It focuses on the sustainability of the programs even after the projects end. Here, the capacity development covers the aspect of the building ability of beneficiary level by providing trainings, orientations and capacity building programs.

2.9 Evaluation Framework

Haque et al., 2015, applied the framework (fig. 7) to compare and evaluate three different aid interventions from Timor-Leste’s health sector through three major steps, i.e. contextual analysis, program design and mechanism analysis, and outcome analysis. Therefore, this study also tries to evaluate the effectiveness of aid considering the same framework from design and inputs to outcomes and impacts.





Strategic level	Framework	Indicators	Evaluation Focus		
Design and Inputs 	Paris principles of aid effectiveness	Ownership Harmonization Alignment Managing for results Mutual accountability	Project contexts Adherence to Paris principles Relevance Economy of inputs		
Process and Outputs 	Results framework; Health systems interactions	Project outputs against performance indicators Health system outputs	Efficiency against targets		
Outcomes and Impacts	Logical framework Impact pathway	Intervention outcome and impacts Health system outcomes	Effectiveness of intervention; Likely Sustainability of results		

Figure 7: Evaluation framework

Source: (Haque, 2015, p. 104)

2.10 Conclusion

This chapter discussed on the different views on foreign aid and aid effectiveness. It has also touched the literatures on aid effectiveness from both national and global contexts. Furthermore, this chapter has given emphasis on the analytical framework of aid effectiveness using dependent and independent variables. For giving the readers the specific meanings of the variables, it covered brief operational definitions of the variables in this chapter. Moreover, the subsequent chapter will be dealing with the country context, program nature and project details.

Chapter 3

Country Context and Program Background

3.0 Introduction

To have an essential comprehension of the country context, this chapter shows the profile of Nepal in terms of its geography, history, economy, and politics. Further, this chapter elaborates the various development policies in Nepal, foreign aid and development in Nepal, major policy reforms, different foreign aid policies. Moreover, it discusses about the health system of Nepal, nature of the malaria elimination program, the nature of Global Fund, etc. In displaying these profiles this section additionally endeavors to include the contextual changes to see the pattern of changes in foreign aid policy and practices in terms of aid effectiveness principles.

3.1 Country Context

Nepal is located in South Asia between two large economies: China in the north and India in the south, east and west. The total land area of Nepal is 147,181 Sq. Km whereas the population is 26,494,504 (CBS, 2011). The country can be divided into three main geographical regions: Himalayan region, Hilly region and Terai region. Nepal holds the so-called “Waters towers of South Asia” with its 6,000 rivers dependent on rain with nine mountains higher than 8,000 meters (The world factbook, 2019).

Nepal never had colonial experiences in its history and retained its independence following the Anglo-Nepalese War of 1814-16, subsequently followed by peace treaty between Britain and Nepal. Moreover, the history of Nepal can be studied through six major eras; i.e. era of National Consolidation (1769-1815); era of Treaty of Sugauli (1815-1846); Rana Era (1846-1951), Interim Democratic Era (1951-1960), Panchayat Era (1960-1990), Multiparty Democratic Era (1990-2006) & Era of New Democratic Republic Nepal (Since 2006) (Aryal, Subedi, & Thapa, 2011).

Since 1951, the modernization started in Nepal from extremely low level of infrastructure. The flow of foreign aid to Nepal started in 1950 from USA, India, China, Switzerland, Soviet Union, United Nations, and Ford Foundations. Development planning started during this period.

In 1990, the multiparty democracy was restored & the period of 1990-2006 i.e. multiparty democratic era witnessed Maoist insurgencies in 1996 at rural areas with the aim of abolishing the monarchy and establishing a People's Republic. Sharma (2003) calculates about 3 percent decrease in average development expenditure between seven years before and after the conflict. The Maoist rebels and the main opposition parties agreed on a twelve-point program in New Delhi, which led to the popular uprising of 2006. The popular uprising followed by the Comprehensive Peace Accord (CPA) witnessed the formation of interim parliament which voted to abolish the monarchy and proposed Nepal as a "Federal democratic republican state" (Riaz & Basu, 2010) . The country at present is moving steadily in the path of federalism after the promulgation of new constitution on September 2015. The country is currently divided into 7 provinces and 77 districts.

In terms of economy, Nepal is among the least developed countries in the world, with 18.7% of people living under the poverty line (Nepal Planning Commission, 2019) . Agriculture is the mainstay of the economy, providing a livelihood for almost two-thirds of the population but accounting for less than a third of GDP. The economy is heavily dependent on remittances, which amount to as much as 30% of GDP (The world factbook, 2019). The economy was severely buffeted by the financial crisis of 2008/09 and earthquake (2015), however showing signs of successive economic vitality and potency" (MoF, 2018).

In terms of foreign aid, the necessity of aid is still paramount. About 55% of development expenditure comes from foreign aids. Foreign aid covers around 4% of the total GDP and 25-30% of government expenditure is from foreign aid whereas the average absorption capacity of Nepal is 57%. (Aryal, Subedi, & Thapa, 2011). Regarding

foreign trade, Nepal is constantly recording a trade deficit. The status of trade deficit is worrisome and country still needs a large source of funding for executing its development works.

3.2 Development Policies in Nepal

Development policy of Nepal can be reflected in periodic development plans. In October 1955, Nepal was invited to attend the Colombo Plan consultative Committee in Singapore where a draft outline of the first five-year plan was prepared and it was against this backdrop that the First Five-Year plan of Nepal was prepared and inaugurated. Nepal has already practiced 14 national plans and currently executing its 15th national plan. Out of the total 15 periodic plans, 9 were of five years and 6 were of 3 years plan. The following sub-sections deal with the policy shifts and development approaches manifested in the periodic plans.

3.2.1 Infrastructure development (1956-1969)

The priorities during the first three plan period (1956-1969) were solely focused on the development of infrastructures. The first plan (1956-1962) made a good start for a systematic involvement of the government in the social development process. The second plan (1962-65) showed its concern for sound data base, institution building, and structural reforms. The third plan (1965-70) was more committed to infrastructural development and internal regulations of the market forces (Paudel, 2014). 'Exogenous' prescriptions by donor to adopt capital accumulation approach, i.e. heavy investment in industries in line with import substituting industrialization dominated this period (Khadka, 1998). Budgetary requirements for development were met by foreign aid and the development plans were largely influenced by the Directive Principles of Panchyat System of the Constitution of Nepal, 1963, Part IV. The development objectives were geared towards accelerating economic development for meeting basic needs of the rural people, the equitable mobilization of natural resources and balanced development of different regions of the country (Ministry of Law & Justice, 1980, p. 10-11). Although

immediate return during this period was minimal, it penetrated development practices in Nepal.

3.2.2 Regional development (1970-1980)

The Fourth Plan (1970/71-1974/75) adopted the concept of regional balance and manpower planning. During 1970s, Nepal was administratively divided into four development regions with North-South axes introducing the concept of “regional balance and development” in the country. The Fifth Plan (1975/76-1979/80), instead addressed the issues like employment, population problem and resource development. The plans were ‘path dependent’, i.e. followed previous practices and heavily influenced by the panchayat system and its directive principles. During this period, Integrated Rural Development Project (IRDP) was the dominating development model prescribed by donors for the developing countries and Nepal exercised this. Developmental performances during this period were low because India reduced foreign aid to Nepal due to its war with Pakistan in 1971 (Dhakal, 2007). The GDP growth rate fell to 2.6% in the fourth periodic plan and to 2.3% during the fifth plan (NPC, 2004).

3.2.3 Agricultural growth, social sector development, and basic needs (1981-1990)

The Sixth Plan (1980-1985) focused on poverty, environment and the production of basic goods whereas the seventh plan (1985-1990) came with more rigorous thinking on poverty, environment and population planning. At the initiative of the World Bank and International Monetary Fund, macro balance and structural reform packages were introduced, though with little success (Paudel, 2014). Concerns for growth remained the central issue of development and with that view, development policy of this period emphasized the agricultural production. IRDP and ‘Basic Needs’ were overarching development approaches during 1980s. Despite adoption of export oriented industrialization policy, this period faced downfall in the export of primary commodities and other products influencing negatively on the trade balance (Dhakal, 2007).

3.2.4 Poverty alleviation, donor harmonization and long Term Plan (1992-2007)

The year 1990 restored the multiparty democracy in the country. The Eighth Plan (1992-1997) focused on privatization, and liberalization. Poverty being the root cause of under-development, poverty alleviation was given central focus in the Ninth Five Year Plan (1997-2002). The Ninth plan also brought a twenty year Agricultural Perspective Plan (APP) as a foundation for poverty reduction through the development in agriculture and forestry (NPC, 2004).

The Tenth plan (2002-2007) itself was “Poverty Reduction Strategy Paper” which intersected with the Medium Term Expenditure Framework (MTEF) that aimed to establish the linkages between annual and periodic expenditure plans and Foreign Aid Policy (FAP) that stipulated the principles, policy, strategies and instruments for foreign aid management in Nepal (Dhakal, 2007).

The major policy departures during this period were shift from protected to the liberalized economic regime, change in the role of government to a promoter and facilitator, re-introduction of decentralization scheme, pursuance of a long-term vision, use of logical framework for planning, prioritization of the expenditure on the basis of need & implementability, and use of extensive monitoring & evaluation system. With the start of the Tenth plan, donor harmonization became main development agenda for Nepal and its donors.

3.2.5 Internal & external possibilities, socio-economic transformation, MDGs/SDGs, MIDC, (2007- ...)

The Three Year Interim Plan (2007-2010) and TYP (2010-2013) focused on internal and external possibilities, and the opportunities of cooperation whereas TYP (2013-2016) envisaged to upgrade Nepal to developing country by 2022 from her status of LDCs and TYP (2016-2019) planned for independent and prosperous economy.

The 15th plan (2019-2024) has focused on high, sustainable and inclusive economic growth, poverty alleviation, strengthening of federalization, socio-economic transformation and quality service delivery of health, education and such other aspects.

In this period, Nepal has planned in the reduction of the aid dependency by enhancing the internal capacity; and optimum utilization of the foreign aid based on the national priorities and national development plans, however, the aid is expected to swell up for the reconstruction after the massive earthquake of 2015. It focuses on aid effectiveness through appropriate management of foreign aid & achieving value for money. Further, it emphasizes in achieving SDGs and national goals in tandem with one another.

3.3 Foreign Aid and Development in Nepal

Foreign aid has been an integral part of the Nepalese political, economic & development scene for almost seven decades. The foreign aid entered into Nepal in 1951 with ‘Point Four Program’ as a consequence of President Truman’s Point Four speech, and after this India, China and the Soviet Union entered with their development projects. Since then, the volume of aid kept on increasing. The all-time high was reached in 1989 when the aid amounted to 80 per cent of the country’s development expenditure and 14 per cent of its GNI (Hänninen, 2014). Visible motivations for donors were Nepal’s role in non-alignment movement; its strategic location between China and India; and growing interest of the USA in politics of China and India. More than three fourth of total aid was from only the China, India and the USA by the year 1979/80 (Dhakal, 2007).

Following the arrangement of the Aid Group in 1976, the portion of concessional loan was increased from the multilateral donors, the lending on non-concessional terms increased in the 1980s and the process of structural adjustment was completed in 1994 with mixed results (IIDS, 1996). The Nepal Aid Group formed the core of the Nepal Development Forum whereas the restoration of democracy in 1990 opened the doors for the entry of international non-governmental organizations (INGOs), which started a steady increase in their disbursements over the years (Sharma & Koponen, 2004).

Almost 75% of the budget deficit was financed from external assistance during 1999-2000 (Kelegama, 2012) however; the contribution of aid has been declined over the years. The contribution of foreign aid seems to be tremendous, i.e. almost 45% in the overall development efforts and periodic plans of Nepal which contributed almost which can be manifested in the below table.

Table 3: Foreign aid in development of Nepal

Periodic Plans	Foreign Aid in Development Expenditure %
1 st plan (1956-1961)	100
2 nd plan (1962-1965)	78
3 rd plan (1965-1970)	56
4 th plan (1970-1975)	45
5 th plan (1975-1980)	44
6 th plan (1980-1985)	48
7 th plan (1985-1990)	50
8 th plan (1992-1996)	53
9 th plan (1996-2001)	55
10 th plan (2002-2007)	57.5
11 th plan (2007-2010)	27.5
12 th plan (2010-2013)	17.08
13 th plan (2013-2016)	11.71
14 th plan (2016-2019)	10.09
15 th plan (2019-2024)	17.21
Average Contribution	44.67%

Source: Economic Surveys (1996-2019); Dhakal (2007); NPC (1992-2019)

Talking about the effectiveness of aid, Mihaly, (1965) explained the effectiveness of aid during the early decades was hampered considerably by frequent changes in the Nepalese government, and its incapable long-term planning and the implementation of projects and programs. However, in recent case, (Kelegama, 2012) argued that like in many other aid recipients, there has been a large discrepancy between commitments and disbursements and the problem has got worse in the last decade. Further, he highlighted, “The ineffectiveness is due to political instability in the country along with many discrepancies on the part of the donors to comply with their own commitments, which had a negative effect on development and put pressure on the already overworked bureaucracy to find funds”.

3.4 Major Policy Reforms

There have been various policy reforms over the period of time in Nepal's development policy and plans along with the paradigm shift in the foreign aid. However, it is claimed that the reforms in three areas, i.e. trade, the financial sector and macroeconomic stability have directly impacted on aid effectiveness (Bhattarai, 2005).

3.4.1 Foreign trade & liberalization

Nepal pursued a restrictive trade policy until the mid-1980s. Such policy failed to promote industrialization in the country while the international trading system began to move towards more liberalized trade regimes. Thus, Nepal began trade liberalization as part of the Structural Adjustment Program in 1987 with the financial support of the International Monetary Fund (IMF) and the World Bank (Bhattarai, 2005). The trade policy, introduced in 1992 and amended in the late 1990s, helped liberalize trade by reducing tariff rates and slabs, and abolishing licensing of imports. Thus, the policy reforms led to the promotion of exportable goods, connecting import with export, implementation of OGL (Open General License) system, promotion of FDI, etc.

3.4.2 Financial sector development & deregulation

The history of financial sector development of Nepal started in 1937 with the opening of Nepal Bank Limited whereas the central bank of Nepal, Nepal Rastra Bank (NRB) came into function in 1956. Convertibility of currency in current account, involvement of private sectors in financial sectors, vigorous expansion of the branches, freedom to operate and open financial institution, self-determination of interest rates & exchange rates, marked the major policy reforms under this sector. For the first time, in 1985, commercial banks were allowed to accept current and fixed deposits in foreign currencies (US dollar and Pound Sterling) and the NRB deregulated the interest rate regime in 1986 and authorized commercial banks to fix interest rates at any level above its prescribed levels. The financial sector was further liberalized under the Structural Adjustment Programs of the World Bank and the IMF (Bhattarai, 2005).

3.4.3 Macroeconomic stability

“Restructuring of the fiscal sector in Nepal was initiated with the adoption of an economic stabilization program in 1985 and the subsequent graduation to the Structural Adjustment Program in 1987. The primary objectives of the fiscal sector restructuring were to improve the buoyancy and elasticity of the tax system, increase budget allocations to social sectors, reduce the fiscal deficit, and contain net domestic financing to less than one per cent of GDP” (Bhattarai, 2005). As a part of structural reforms, deregulation and privatization policies have been strongly pursued. Free trade policy with no restrictions on both exports and imports accompanied by very low tariff regime is there. Except in very limited areas, foreign direct investment is free with repatriation right. Principle of economic freedom was broadly followed with assurance to private property right (Khanal, 2018)

The policy shifts reveals that heavy dependence on foreign aid for development influenced policy formulation in Nepal both content wise and process wise.

3.5 Foreign Aid Policies of Nepal

No codified policy document introduced until the five decades of foreign aid utilization history in Nepal. The periodic plans, annual budget speeches, directive plans & thematic policies have guided the foreign aid stuffs up to the period of 2002. The major policy departure took in 2002, when the separate Foreign Aid Policy introduced in the changing context of global aid policy aimed at improving the then aid and development situation.

3.5.1 Foreign Aid Policy, 2002

Foreign Aid Policy, 2002 was a breakthrough as a codified document in the aid utilization history of Nepal. The major objectives of this policy were to ensure the compatibility and convergence of foreign-aided development activities with nationally determined development priorities; to improve the quality, effectiveness; to enhance the contribution to poverty reduction through enabling higher rates of economic growth

and to facilitate the transition to a more equal partnership between Nepal and donor institutions (FAP, 2002). The policy, inter alia, recognized the new aid architecture under the framework of 'donor harmonization' through standardized procedures, capacity development, and holistic program based intervention. The FAP guided Nepal to come out with own homegrown development plan and priority, which donors expected to align with (Dhakal, 2007).

The policy set the aid priorities for the long term and short term. The major policy departures of the policy were the pursuance of concessional loans, seeking of grants at first, budgetary support, technical assistance based on selectivity, building of national capacity and partnership by increasing the local leadership in project management, framework for INGOs, etc. The policy preferred program-based modality of foreign aid in line with donor harmonization principle; however, it also welcomed project aid as long as it meets national priorities & frameworks.

The major strategies to implement the policies revolved around three broad categories: the planning, management and local capacity. Planning includes sector wide plan within the framework of national plan, where coordinated donors align with local framework led and owned by Nepal. Managerial strategies include early consideration of environmental, technological, financial, and economic viability in the project cycle. Similarly, the possibility of customization of new technology as per local needs is one of the managerial strategies to implement the foreign aid policy (MoF, 2002).

3.5.2 Development Cooperation Policy, 2014

Following the implementation of Foreign Aid Policy, 2002, aid started to flow according to government priorities, though it remained questionable if these were government independent priorities (Pyakuryal, 2007). DCP, 2014 aimed to address concerns relating to aid effectiveness. The vision of the policy was to mobilize external resources for socio-economic transformation and create a self-reliant economy whereas the mission was to mobilize external resources efficiently and effectively. The major objectives of the policy was to mobilize development cooperation to: help realize the objectives of

the periodic development plans, to help graduation from LDC status by 2022 & to obtain real 'value for external resources'

The major strategies were broad-based, inclusive, sustainable growth; investments in infrastructure development, and sustainability of the achievements in social development, MDGs; post 2015 development agenda /sustainable development goals; best practices in line with global commitments; partnership with private sector, selectivity, result, transparency, accountability & relatively self-sustaining economy.

As a major policy departure, it has specified and fixed broad conditions and some thresholds for loans, grants and technical assistance under the policy frameworks. The preferred aid modality were general budgetary support, sectoral budget support, & stand-alone projects aligned with national plan of minimum costs, maximum elements of innovation and sustainability. Moreover, it envisaged use of country system, on budget, on-treasury & international consultancy only when expertise is not available locally.

The global principles of aid effectiveness has been fully acknowledged and streamlined in this policy.

3.5.3 International Development Assistance Mobilization Policy, 2019

With priority for assistance from the partners, new foreign aid policy, i.e. "International Development Aid Mobilization Policy, 2019" was approved by the cabinet on May 24, 2019 with eight major priorities of aid mobilization.

With the long term plan of optimum utilization of development partners' capital and technology in the national developmental efforts of the country, it have the objective to translate the aspiration of "Prosperous Nepal, Happy Nepali". The major goals of this policy are: to upgrade the status of the country from least developing county in coming three years, to achieve the SDGS by 2030, to upgrade the country status to middle income country & to reduce the dependency on foreign aid by utilize the international development assistance in transparent and result oriented way.

The international support coming through the budgetary system is the first priority, sectoral support on national priority and needs is the second priority, program-based international assistance is the third priority whereas assistance to other projects included in the national plan is highlighted as the fourth priority.

The policy also identifies the areas where the technical support of development partners will be accepted. The government may seek technical support in project preparation where the technical expertise is needed for pre-feasibility and detailed project report, according to the policy. Meanwhile, the policy has also capped the spending in consultancy services to five percent of the total cost of any infrastructure project.

Talking about the aid principles and practices, it have fully acknowledged and included all the global principles and practices developed since Paris Declaration. In addition to that, it have shown its genuine commitment towards those principles and practices.

3.6 Institutional Framework for Foreign Aid Coordination in Nepal

International Economic Cooperation and Coordination division (IECCD), previously known as the Foreign Aid Division in the Ministry of Finance is the leading institution for overall management of foreign aid in Nepal. It is entrusted to look after all the matters relating to external resources. IECCD acts as the focal point for all the donors and line ministries and other concerned stakeholders on matters of external assistance. It gets involved in the development projects from the very beginning of project preparation stage to the negotiation, approval and implementation stages. IECCD is headed by a Joint Secretary and is further staffed with Under Secretaries, Section Officers, Administrative, and Clerical Assistants.

As an apex body to approve foreign aid, there is a ministerial committee headed by the Finance Minister comprising of Vice-chairperson of National Planning Commission and Secretaries of the Ministry of Law and Justice and other line ministries. Similarly, National Planning Commission leads the review of the progress of the development projects and programs, where a systematic supervision, monitoring, and evaluation

framework along with strong feedback mechanisms to ensure participative and effective aid management also exists (Dhakal, 2007).

Broadly, the institutional arrangement for foreign aid coordination can be categorized into two broad levels, i.e. National and International. At the international level, MoF arranges widely participative meeting in every 18 to 24 months under the name of Nepal Development Forum where the donors representatives from both headquarters and local level and Nepalese agencies jointly take stock of past performance, assess need and required resource envelope. At national level, there is the provision of Local Development Partners Meeting, Nepal portfolio Performance Review, Joint Sectoral Review. In the case of provinces and local levels, there are Provincial & Local Level Review meetings (IDAMP, 2019).

3.7 Malaria Elimination Program in Nepal

Malaria in its various forms has been the cause of Mortality in Nepal throughout the ages. The first malaria control project in Nepal was first initiated in 1954 with the support from USAID (the then USOM), with the objective of controlling malaria, mainly in plain region (Terai belt) of central Nepal. “In 1958, national malaria eradication program was launched with the objective of eradicating malaria from the country. Due to various reasons, the eradication concept reverted to control program in 1978. Following the call of WHO to revamp the malaria control programs in 1998, Roll Back Malaria (RBM) initiative was launched to control malaria transmission in hard-core forests, foot-hills, inner-Terai and hill river valleys, which accounted for more than 70 % of the total malaria cases in the country” (Department of Health Services, 2016)

Still, malaria is a priority public health problem of Nepal where approximately 43.3% of the population is at risk of malaria (ibid). The recent Micro Stratification report 2018, revealed that, “A total of 2,745 wards out of total 6,743 wards were found to be at some level of risk of transmission. Out of these, 49 wards in 25 municipalities (G.P and N.P.) of 13 districts were found to be at high risk (0.73% of total risk wards). 153 wards

(2.27% of total risk wards) across 66 municipalities of 19 districts were categorized as moderate risk and 2,543 wards (37.71% of total risk wards) were categorized as low risk wards whereas the remaining 3,998 wards (59.29% of total risk wards) came under no risk categories. Based on the latest population census, a total of 2,16706 people (0.75%) live in high risk wards, similarly 9,27,414 people (3.21%) live in moderate risk wards and 1,13,41,464 people (39.30%) live in low risk wards and 1,63,71,406 (56.73%) live under no risk wards” (Ministry of Health & Population, 2018). Currently, the program is at control phase; however, the objective as laid down by the NMSP is to eliminate malaria from Nepal by 2026.

3.8 Health System

The Ministry of Health & Population provides policies planning monitoring & supervision of the activities implemented through the Department of Health Services, Regional Health Directorate and District Public Health Offices. The Department of Health Services is responsible for the implementation of preventive and curative health. Under this there are five Regional Health Directorates; and in 62 of the 75 districts, a District Health Office (DHO) with a District Hospital and a District Public Health Office (DPHO). The district office includes positions for vector-control officer and assistant, malaria inspector, laboratory technician and laboratory assistant.

“There is one Primary Health Care Center (PHCC) at each of the 205 electoral constituencies and approximately in 100,000 population, one health post (HP) for 3-5 Village Development Committees (VDCs) and one sub-health post (SHP) for each VDC. SHPs, HPs are the first facility-based contact point for basic health services and serve as the referral center*¹” (EDCD, 2013).

¹ * The health system has been changed recently due to the advent of country system into the path of federalization. The study is based on the flow of aid on same model of previous system because same model was functional up to 2018.

There is one FCHV² in each ward of VDC. SHPs serve as venue for community-based health activities and as a referral point for patients to HPs and PHCs, and district, zonal and regional hospitals, and finally to the specialty tertiary care centers. Each VDC has a health facility management committee responsible for smooth operation of health institution in the VDC (EDCD, 2013).

Epidemiology & Diseases Control Division under Department of Health Services is currently leading the malaria elimination program in Nepal with significant funding from Global Fund.

3.9 Project Background: Global Fund

The Global Fund has been continuously supporting malaria control program in the risk areas since 2004. “The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) has played a driving role in combating the malaria in Nepal through improving the health system capacity and improving the service delivery mechanism. Substantial strategic gaps exist in the prevention and control of malaria if the support of GF is not available. Such gaps include insufficient allocation of resources, insufficient service coverage, prevention with LLIN coverage of the risk groups through mass and ANC visits, vulnerable and marginalized group not accessing appropriate or adequate malaria care services, and demand side and supply side barrier to receive diagnosis and care among others” (NMSP,2013). In addition to this, from macro perspective, GF plays a significant role to improve the economic growth of the country through producing the healthy and active manpower for the country because malaria targets to economically active people.

As per the NMSP (2013), the estimated budget shows that the government is investing around 37%, and WHO for another 1% of the total budget required for the implementation of activities in coming five years (2014-2018) for walking Nepal in the path for elimination by 2026. In other words, “Almost 20 % (6.2 million) of the estimated

² FCHVs: Female Community Health Volunteer (FCHV) Program was introduced in 1988, under the Public Health Division of the Ministry of Health (MOH), Government of Nepal. By 1995, the program was established in all 75 districts. FCHVs assists with primary health care activities and acts as a bridge between government health services and the community (DoHS, ND)

total budget (30.33 million) is required in maintaining the regular malaria control program and it requires additional 80% for elimination of malaria. In nominal terms, an estimated USD 18,696,260 additional budget is required for five years for effective and enhanced malaria control leading towards elimination. The government and existing WHO support have approximately USD 11.6 million and has a clear short fall of (financial gap) of USD 18.7 million, accounting for around 62% of the resources required to implement the program in next 5 years” (EDCD, 2013).

The Global Fund has supported to fulfill the financial gap in such scenario (NMSP, 2013). Moreover, in addition to government positions at EDCD and peripheral health institutions, a Global Fund supported Program Management Unit (PMU) is staffed with 23 dedicated human resources (Details in annex 10). Therefore, the role of Global Fund is significant in malaria program. Henceforth, it has been chosen as a project for evaluating the aid effectiveness in terms of malaria program only.

3.9.1 Management & funding modality

The Global Fund adopted a model that provides performance based funding to country governments and in-country stakeholders based solely on proposals and implementation plans designed by the countries themselves (The Global Fund, 2013).

Currently Save the Children (SCI) has been working as the sole principal recipient (PR) of the Global Fund grant in Nepal since 16 July 2015 for HIV, Tuberculosis and Malaria. As mentioned in the Tripartite agreement among MoHP, SCI & GF, the Country Coordinating Mechanism (CCM) and its executive and oversight committee has been playing a coordinating and oversight role with respect to Global Fund grants in Nepal. The Global fund grant in Malaria is implemented in close collaboration with Epidemiology and Disease Control Division (EDCD) under Department of Health Services, Government of Nepal. Twenty-seven districts has been regularly receiving aid from the Global Fund based on the micro-stratification report of 2016.

In the case of funding modality, the Global Fund provides aid to Save the Children that carries out the expenditure of off treasury whereas the amount of on treasury is released to various government entities through Financial Comptroller General Office (FCGO). The FCGO releases the fund to the concerned districts' DTCO commonly known as "*Fukuwa*".³

GF look for disease burden and the level of countries economy for fund allocation and ceiling. If disease burden is reducing than the fund will reduce and the relation between disease burden and economy determine the fund flow. Regarding disbursement to implementing units, it is done by two ways. One directly through Save the Children (SCI) as SCI is the PR and another is on budget reflection (Tripartite agreement, 2015).

3.9.2 Major activities

In 27 district, this program is aiming to sustain zero deaths due to malaria and to reduce the incidences of indigenous malaria cases by 90% in 2018. As mentioned in NMSP (2013) the major activities carried out are:

- Long Lasting Insecticidal Treated Bed Nets (LLINs) to pregnant women through Ante Natal Clinics (ANCs) and general population of high risk and moderate risk VDCs/MPs through mass distribution.
- Implementation of community sensitization to promote utilization of LLINs.
- Capacity building training to health personnel
- Logistics support for early diagnosis and treatment to suspected cases according to national treatment protocol.

³ Fukuwa: Disbursement

3.10 Conclusion

The chapter discussed in length about the overall country context in terms of development policies, foreign aid, health systems and the nature of the malaria program along with the funding nature of the project. The chapter revealed that Nepal is still significantly dependent on aid despite adopting and practicing the global principles and practices of aid effectiveness. The unmet goal of MDGs lies ahead for SDGs to accomplish as well. Moreover, the malaria elimination program significantly depends on the funding of Global Fund, which is funding on the modality of state-donor hybrid partnership model. Subsequent chapter will discuss about the overall research design and methodology applied for the execution of this research.

Chapter 4

Research Design and Methodology

4.0 Introduction

The major focal point of this chapter is to deliver the research design and methodology used on this research. It seeks to identify on how the mixed method has been utilized and how it has been used to answer the research questions developed at the inception of this study.

“A research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure” (Selltiz, 1962) as quoted in (Kothari, 2004). In fact, the research design is the conceptual structure within which research is conducted; it constitutes the blueprint for the collection, measurement and analysis of data (Kothari, 2004). In contrast to research, design “Research methodology is a set of systematic technique used in research that describes and analyze methods, throws more light on their limitations and resources, clarify their pre- suppositions and consequences, relating their potentialities to the twilight zone at the frontiers of knowledge” (Igwenagu, 2016).

4.1 Research Design

Since the central research questions of this thesis focuses on finding out how the interplay of international and national factors is shaping aid effectiveness by unbundling the factors and policies on which aid effectiveness depends, mixed method is appropriate for this research purpose. Creswell (2014, p.41) states that, “Research designs are types of inquiry within qualitative, quantitative and mixed method approaches that provide specific direction for procedures in a research design.” Therefore, the study designs mainly entailed the beneficiaries from whom the information is gathered which is triangulated with secondary sources and qualitative

method. Both qualitative and quantitative segment of the research has been used in this research under mixed method.

4.1.1 Quantitative method

For the study of impact of aid in the beneficiary level, one segment of this research was based on quantitative method. As (Creswell, 2014) mentioned that survey research provides a quantitative or numeric description of trends, attitudes, or opinions of a population by studying a sample of that population; data has been collected using the quantitative method in the beneficiary level. Fowler (2008) argues that survey research includes cross-sectional and longitudinal studies using questionnaires or structure interviews for data collection – with the intent of generalizing from a sample to a population. Moreover, as argued by (Creswell, 2014, p. 12) the correlational design has been used to describe and measure the degree or association (or relationship) between dependent and independent variables.

Since this research used the survey of 70 beneficiaries of the aid receiving VDC (Maharajung) of Kapilbastu district and generalized the sample outcome towards the target population, it can be easily categorized & safely concluded as survey research as mentioned by Creswell. As a data collection tool for this research, questionnaire was developed with 42 primary questions in par with the analytical framework where the various indicators of variables were included. Prior to the execution of those questionnaire a pilot survey was carried out to check the accuracy and reliability of the questionnaire and after the pilot survey two questions were modified and adjusted for easy understanding and convenience.

4.1.2 Qualitative method

Another segment of the research design in this research was the use of qualitative method for validating as well as digging out the factors and policies shaping aid effectiveness. “The main focus in qualitative research is to understand, explain and explore, discover and clarify situations, feelings, perceptions, attitudes, values, beliefs and experiences of a group of people. The study designs mainly entail the selection of

people from whom the information through an open frame of inquiry is explored and gathered” (Kumar, 2011). Similarly, according to Jackson et al. (2007), “Qualitative research can draw on in-depth responses to questions and emphasize interpretive aspects of knowledge and experience, as opposed to quantitative research which has less scope for open-ended responses to questions and has more focus on numerical expressions.” Therefore, qualitative method was also adopted for this research and two types of data collection techniques were used, i.e. In-depth interviews & KII to collect the required extensive information from different stakeholders regarding aid effectiveness. All interviews were structured interviews where the formats and questions for interview were sent in email beforehand for detailed discussions.

Table 4: Respondents of interviews

S.N.	Name/Position of the Interviewee	Interview Date
1	Secretary/ National Natural Resource and Fiscal Commission (NNRFC)	6/28/2019
2	Joint Secretary, (IECCD, MoF)	6/20/2019
3	Under Secretary, (IECCD, MoF)	6/20/2019
4	Dr. Bibek Lal Karna/ Director EDCD	5/31/2019
5	Deputy Chief Of Party, Global Fund	5/31/2019
6	Program manager, Global Fund	5/31/2019
7	Yogendra Vagat, DPHO chief, Kapilvastu	6/8/2019
8	Uday Chaurasiya, VCI, Kapilbastu	6/8/2019
9	Sushil Sharma Chaudhary (Ward Chairperson)	6/7/2019
10	Ward Member	6/7/2019

Since, the Constitution, in Article 59(6), states that “The Government of Nepal shall have the power to obtain foreign assistance and borrow loans”. Further, Schedule 5 of the constitution has put foreign aid in the exclusive jurisdiction of the federal government. Therefore, the KII of the stakeholders from federal government has been taken as they are the only one who have the jurisdiction in receiving and mobilizing aid. The in-depth interviews and KII covers the various stakeholders, i.e. from Ministry of Finance, Ministry of Health, National Natural Resource & Fiscal Commission, Department of

Health Services, District Public Health Office & local representatives at the beneficiary level.

4.1.3 Mixed method approach

The amalgamation of both the quantitative and qualitative method has been used in this research for covering the balanced mode of data analysis and interpretation. Data collected through questionnaires and the data of interviews under qualitative methods have been interpreted for the findings of the research. Creswell (2014, p.14) argues, “Mixed methods involves combining or integration of quantitative and qualitative research and data in a research study. Qualitative data tends to be open ended without predetermined responses while quantitative data usually include close ended responses such as found on questionnaires or psychological instruments”. Furthermore, under the categorization of three primary modes of mixed method by Creswell, convergent parallel mixed method was used in the study where the quantitative and qualitative data were converged or merged to provide a comprehensive analysis of the research problem. As argued by (Creswell, 2014) both forms of data were collected roughly at the same time, were opened at same time and then integrated in the interpretation of the overall results. Contradictions or incongruent findings are explained or further probed in this design.

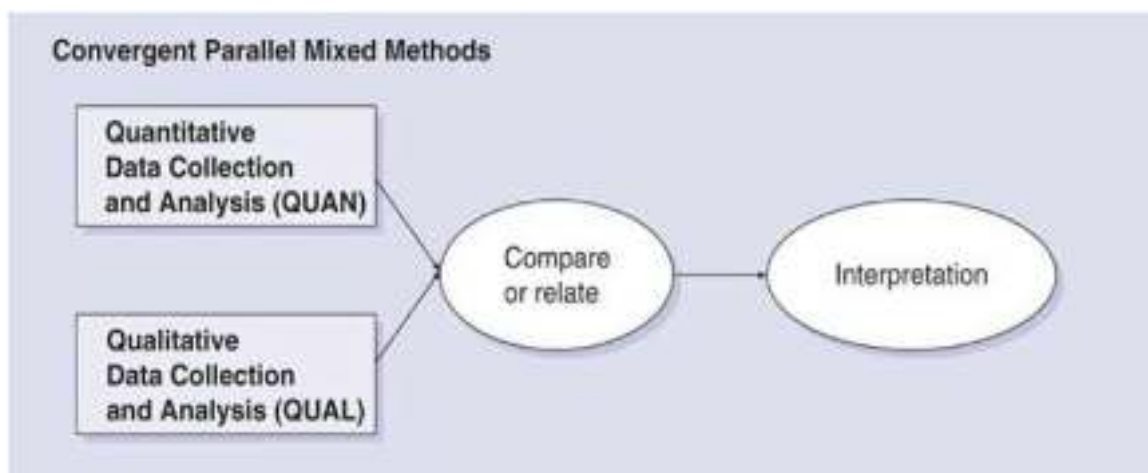


Figure 8: Convergent parallel mixed method

Source: Creswell (2014, P. 220)

4.2 Unit of Analysis & Justification

The unit of analysis was chosen carefully to represent the maximum exposure. Since the research deals with the aid effectiveness based on Paris principles from the perspectives of ultimate recipient, beneficiaries were chosen as the unit of analysis. Here, the beneficiaries included the people from the aid receiving community who has been continuously receiving aid under risk area. Additionally, key informants interviews were taken at the policy level covering various stakeholders involved in the aid flow mechanism.

4.3 Research Area: An overview

Kapilvastu district currently under province number 5 was chosen for the research work. Kapilbastu was receiving the aid from the Global Fund from the inception of the funding and based on various micro-stratification report (2013, 2016, and 2018) it regularly falls under the malaria risk area. Based on malaria micro-stratification report of 2016, altogether 19 wards of different VDCs/Municipalities of Kapilbastu were under the risk areas. 1 ward was under high risk whereas 18 were moderate risk area. Moreover, under Malaria Micro-stratification report of 2018, 9 wards has been under the malaria risk areas. 1 ward is under high risk and 8 are under the moderate risk area. The ward (Maharajgunj 4) where the quantitative survey was carried out falls under the high risks area as per the malaria micro-stratification report of 2018.

The district is located at a height of 305 to 4,892 ft above sea level. The summer is hot with temperature above 27 °C and winter temperature remains below 15 °C (CBS, 2011). Due to extremely hot and cold climatic conditions, the people suffer from viral fever, dengue, malaria etc.

Table 5: Description of study area

Site/Location	Maharajung Municipality, 4	Kapilbastu District (Risk populations only)
Population	3371	44,172
Households	488	6,224
Male	1748	22,454
Female	1623	21718
Principle climate hazard	Flood, irregular monsoon pattern, etc.	

Source: CBS, 2011

4.4 Study Population, Sample Size & Sampling Method

Kothari (2004, p. 56) argues that a researcher must pay attention to the type of universe, sampling unit, source list, size of sample, parameters of interest, budgetary constraints and sampling procedure. Similarly, for this research for the study universe; the total aid receiving population only under risk areas of various ward is taken which is 44,172. The sampling unit is the aid-receiving ward from the source list of malaria micro-stratification report. The total size of sample is 80, which can be seen below.

Table 6: List of respondent type and sample size

Group	Types of Respondents	Study Sample	Information Method
National Level	Ministry of Finance	2	Interview
	Ministry of Health/Department of Health services	1	
	National Natural Resource & Fiscal Commission	1	
	Donor Representatives	2	
District Level	District Public Health Office	2	Interview
Community Level	Local Government Representative	2	Interview
Community Level	Beneficiaries of Aid	70	Questionnaire Survey
Total		80	

Stratified sampling method has been applied to suit the study objective and for collecting the relevant data under the survey questionnaire. However, purposive sampling has been done for in-depth interviews & key informants interviews.

4.5 Principles of Data Collection

Yin (2003, p. 85) states that, “No single source has a complete advantage over the others, in fact the various sources are highly complementary and a good case study will therefore want to use as many sources as possible.” He has discussed in length about six sources of evidences, i.e. documentation, archival records, interviews, direct observations, participant observation and physical artifacts. In addition to that, Yin (2003, p.97) has discussed about three principles of data collection which has been followed in this research as well.

- i) Use of multiple source of evidence: Multiple sources of evidence, i.e. survey, interviews, & secondary has been used for the triangulation of data.
- ii) Creation of a database: Data collected in quantitative survey has been collected, compiled and analyzed through the creation of database in a SPSS. Moreover, the qualitative interviews gist has also been extracted and created in excel for easy understanding and convenience.
- iii) Chain of evidence: Link, sequences and cross-referencing has been used to the resulting evidence from one part of the research to another.

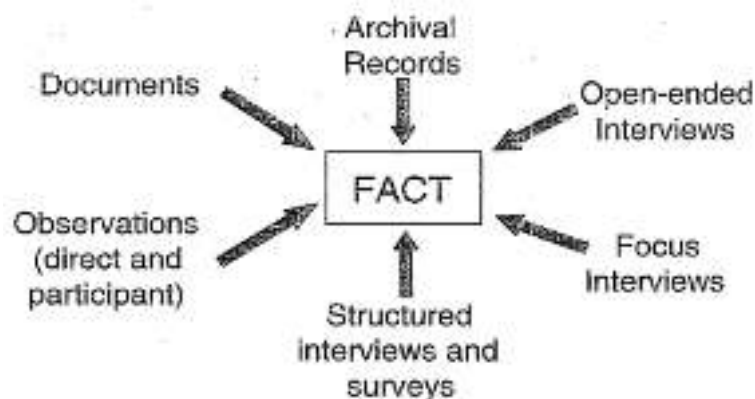


Figure 9: Principles of data collection

Source: Yin (2003, p.100)

4.6 Sources of Data Collection & Techniques

Since the research is based on mixed method, the data collection techniques lies on both quantitative and qualitative method.

Table 7: Source of data collection

Data Sources	Data Collection Techniques
Questionnaire Survey	Collecting data through a structured questionnaire (mostly close-ended questions/statements)
Key Informants Interviews & In-depth Interviews	Taking interviews of selected officials and stakeholders from the ministry of finance, health sector, donor representative, Beneficiary level, etc.
Secondary data	From the Ministry of Finance, Ministry of Health & population, other pieces of literatures, project documents, project proposals, project agreements, work plan, performance framework, progress reports, etc.

4.6.1 Questionnaire

Questionnaires are very helpful and convenient method for gathering valuable information from an enormous number of people. In this respect, the given research has been done by utilizing survey questionnaire as the principle source of primary data collection. The structured questionnaire was made including both open and closed ended question for beneficiaries. Questionnaire with Likert-scale of five were created and used to measure respondents' attitudes to a particular question or statement in regards of aid effectiveness with par to the analytical framework. The Likert scale consists of – 1) completely ineffective, 2) Partially ineffective, 3) Neutral, 4) Partially effective, and 5) completely effective.

4.6.2 Interviews

Interviewing is a commonly used method of collecting information from people. As quoted in Ranjit, (2011, p. 137) Burns (1997: 329) mentions that “An interview is a verbal interchange, often face to face, though the telephone may be used, in which an interviewer tries to elicit information, beliefs or opinions from another person”. Similarly, Aminuzzaman, (1991, p.82) mentions that interview is a very systematic

method by which a person enters deeply into the life of even a stranger and can bring out needed information and data for research purpose. Therefore, as a tool of data collection, interview was used in this research. As categorized by Ranjit (2011, p. 138) structured interview has been used in this research. Predetermined set of questions, using the same wording and order of questions have been asked. Mainly two types of interview methods have been used, i.e. in-depth and key Informants interviews.

4.6.3 Secondary data analysis

Several secondary sources of data from the Ministry of Finance, Ministry of Health, other pieces of literatures, project documents, project proposals, project agreements, work plan, performance framework, progress reports, etc. have been analyzed for broad coverage of the research. They were further used in the triangulation of data.

4.7 Measuring Validity and Reliability

4.7.1 Validity

“Validity refers to measuring what we think we are measuring” (King, Keohane, & Verba, 1994). As quoted in (Creswell, 2014), Creswell and Miller (2000) argues, “Validity is determined on the basis of whether the findings are accurate from the viewpoint of the researcher, the participant or the readers of an account”. It is the credibility of data that depends mostly on the degree to which how perfectly observable facts or phenomena are measured. For the validity of the data, all of the components like construct validity, internal validity and external validity were well taken into consideration.

Kumar (2011) explains, “Construct validity is a more sophisticated technique for establishing the validity of an instrument. It is based upon statistical procedures and it is determined by ascertaining the contribution of each construct to the total variance observed in the phenomenon.” The quantitative aspect is much more involved in the research and it has taken due consideration in this research. The quantitative data were collected through questionnaires based on the analytical framework. Moreover, the average covariance between item-pairs of all independent variables have been measured through “Cronbach’s

Alpha". The aggregate value of Cronbach's alpha of all of the independent variables of this research was "0.745", which is considered as a good range in research.

As argued by Bryman (2012), "Internal validity is parallel to the idea of credibility which concern the question of how believable are the findings". It is related with trustworthiness, authenticity and credibility (Creswell, 2014). Focusing on the facts of the research issue, various respondent have been interviewed for cross checking the credibility of the data. Triangulation of data was carried out with clarification of bias, controversies and incongruences that increases the internal validity of the research.

"External validity is concerned with the question of whether the results of a study can be generalized beyond the specific research context" Bryman (2012). The theme is that the findings must be in line with similar studies or the future research on different context should be matching these findings. Since this is among the pioneer rigorous studies based on aid effectiveness principles in the health sector in Nepal, it was challenging to come out with generalization with other similar research. However, the multiple sources of data has been utilized, and the reliability of data, i.e. Cronbach's alpha is high, it can be assumed that the future research will be in line with these findings in different context as well.

4.7.2 Reliability

"Reliability means that applying the same procedure in the same way will always produce the same measure" (King, Keohane, & Verba, 1994). In other terms it means when a reliable procedure is applied at different times and nothing has happened in the meantime the same results turn out in the same research again with the same sample population. This study has collected data from different types of the respondents in multiple strata from community level to national level. In order to have a better understanding the respondents from various strata were selected because of various roles and influence in the aid delivery mechanisms and its effectiveness. However, similar questions were asked to check the reliability of the data from various levels. Moreover, the result of pilot survey was in coherence with the final survey as well.

4.8 Ethical Considerations

All of the ethical aspects concerning both research participants and researchers' has been given due considerations. Informed consent was taken before collecting the information and the consent was entirely voluntary in nature without pressure of any kind. Confidentiality of the respondents has been maintained & further no harm of any kind has been done to participants. Concerned to the researcher, the biasness has been avoided and the effort to use most appropriate methodology has been done with authentic reporting and correct use of information. Moreover, the ethical approval from the SIPJ, TU & Department of Health Services has been taken for the conductance of research.

4.9 Conclusion

The chapter discussed in length about the overall research design and methodology used in the conductance of the research. The principles of data collection, sources of data collection, techniques, analysis methods, were discussed in detail of the research. Convergent parallel mixed method was applied where both the qualitative and quantitative set of data were both opened at same time, compared side by side and the contradictions and incongruences were explained. The findings of the field survey were validated, consolidated and explained by the findings from the KII. Subsequent chapter will discuss about the data analysis and the findings.

Chapter 5

Data Presentation & Analysis

5.0 Introduction

This chapter concentrates on the presentation of empirical data from various angles, perspectives and, interpretation of the information based on the research methodology as discussed in chapter four. Although the demographic variables are not taken into consideration, it presents a brief profile of the respondents. Afterwards, it endeavors to break down the empirical observations concerning the variables as per the analytical framework. Therefore, this chapter focuses mainly in two parts, i.e. dependent variable and independent variables. The primary research questions raised during the inception of the study were:

- How is the interplay between international and national factors shaping aid effectiveness in a particular sector, like health in the context of Nepal?
- What are the factors and policies shaping aid effectiveness?

Data were collected from 70 respondents from beneficiary level and 10 in-depth and key informants interview were done from top hierarchy of aid receiving agency to beneficiary level for the interpretation of the overall results. In addition to that, contradictions or incongruent findings are explained or further probed in this part under the convergent parallel mixed method of data analysis and interpretation.

5.1 Characteristics of the Respondents

The distribution of respondents in terms of gender, level of age, religion & period of residence of the respondents are discussed below (details in annex).

Gender

66% of the respondents were male whereas 34% of the respondents were female.

Age Level

In terms of the age level, almost 67% of the respondents belongs to the age group of 15-39, 20% in age group of 40-59 and almost 13% belongs to 60 and above. The mean age of the respondents is around 35. This reflect that matured sections of respondents were covered in the survey.

Religion

Almost 96% of the respondent were Hindus, whereas Buddhist, Muslim & Christian were found to be 1% each.

Period of Settlement

In terms of period of residence, 14% respondents were found to have stayed in from the period of 5-10 years, 3% were found for 10-15 years, 14% were found for 15-20 years, 17% for 20-25 years, 14% for 25-30% and 37% for 30 years and above.

Occupational status

Almost 53% of the respondents were found to be depended upon the agriculture, 6% in business, 11% in service, 19% were students whereas 11% belonged to other occupational status.

5.2 Analysis of Aid Effectiveness

This section deals with the mono-varietal analysis of the three sub variables of aid effectiveness i.e. awareness level, effectiveness of health interventions & disease burden in the community. The total indicators developed for the measurement of the effectiveness of aid are presented in tabular form followed by explanation and interpretation based on insights from the KII.

5.2.1 Awareness level

NMSP has clearly laid out the provision for Behavior Change Communications for prevention of mosquito bite and disease transmission by raising community awareness.

Therefore, following set of five questions were designed to check the level of awareness of the respondent under the high-risk area of malaria.

Table 8: Mono varietal analysis of awareness level

Awareness Level	Mean ('μ')	Completely Ineffective %	Partially Ineffective %	Neutral %	Partially Effective %	Completely Effective %
Awareness regarding causes of malaria	4.1	9	10	1	26	54
Awareness regarding symptoms of malaria	3.9	13	9	7	23	49
Awareness regarding malaria transmission	4	9	11	3	24	53
Awareness regarding malaria prevention	4.2	9	9	4	16	63
Filling of nearby pits & cleaning of bushes	2.8	33	16	13	18	20
Aggregate	3.8	14	11	6	21	48

Source: Field Survey, 2019.

Based on the survey carried out, the above table reflects that majority i.e. 54% of the respondents were found completely aware about the causes of the malaria 26% were partially whereas 1% were found to be in neutral state. The level of awareness in 10% respondent were found as partially ineffective whereas 9% of respondents were found in the state of completely ineffective zone. The mean value lies at 4.1 in 5 Likert scaling.

Similarly, 49% of the respondents were found to be completely aware of the symptoms of malaria, 23% of the respondents were partially aware regarding the symptoms of the malaria, 7% of the respondents were found neutral whereas 13% of the respondent were completely unaware about the symptoms of the malaria. 9% of the respondents were found with highly limited knowledge regarding the symptoms of the malaria. The mean value lies at 3.9.

In terms of awareness regarding the transmission of malaria, 9% of the respondents were found to be completely ineffective, 11% were found to be in the stage of partially ineffectiveness, 3% were found in neutral state. Similarly, in terms of effectiveness, 24%

of the respondents were found to be partially aware regarding the transmission of malaria whereas 53% of the respondents were found to be completely aware. The mean value lies at 4.

Regarding the awareness of prevention of malaria, 63% of the respondents were found to be completely aware, 16% of the respondents were partially aware regarding the prevention of malaria, 4% of the respondents were found neutral whereas 9% of the respondent were completely unaware. Similarly, 9% of the respondents were found with highly limited knowledge regarding the prevention methods of malaria. The mean value lies at 4.2.

In terms of filling of nearby pits and cleaning of bushes it was found completely ineffective in majority 33% of the respondents, whereas it was found partially ineffective in 16% of the respondents. 13% of the respondents were found to be in neutral state, 18% in partially effective zone whereas 20% were found in the complete effectiveness zone. The mean value lies at 2.8.

5.2.2 Effectiveness of health interventions

The effectiveness of health interventions basically deals with the impact of the major activities carried out for the control and elimination of the malaria program at the beneficiary level.

Table 9: Mono varietal analysis of health interventions

Effectiveness of Health Interventions	Mean ('μ')	Completely Ineffective %	Partially Ineffective %	Neutral %	Partially Effective %	Completely Effective %
Foci investigation & elimination	2.2	49	23	3	10	16
Timely indoor residual spraying	1.5	76	16	-	-	9
LLINs received	4.3	6	7	-	23	64
ANC to pregnant women	4.1	4	11	7	20	57
Availability of free malaria medicine in health facilities	3.8	11	14	6	19	50
Aggregate	3.18	29	14	3	14	39

Source: Field Survey, 2019

Based on the field survey, majority of the respondents, i.e. 49% considered the investigation of foci and elimination at community level as completely ineffective, 23% as partially ineffective whereas 3% considered it as neutral. In contrast to that, 10% of the respondents considered the activities as partially effective whereas 16% were found to be on the side of complete effectiveness of the program. The mean value lies at 2.2.

In the case of indoor residual spraying, majority of the respondents 76% answered that the spraying of indoor residual spraying as completely ineffective, 16% responded it as partially effective whereas 9% were found in the continuum of completely effectiveness. The mean value lies in 1.5.

In the case of mass distribution of LLINs, majority of respondents opted it as completely effective. 64% agreed on completely effective, 23% agreed on partially effective, 7% as partially ineffective whereas just 6% were found to respond it as completely ineffective. The mean value lies at 4.3; however, complaints regarding the quality of the LLINs were made during the survey.

Regarding the effectiveness of LLIN distribution to pregnant women, majority of the respondents, i.e. 57 % opined it as completely effective, 20% as partially effective whereas 7% opted in neutral zone. In contrast to effectiveness, 11% of respondents opted as partially ineffective and 4% as completely ineffective. The mean value lies at 4.1 in 5 Likert scales.

In the case of availability of free malaria medicines in the health facilities, the majority of the respondents i.e., 50% agreed it as the completely effective, 19% considered it as partially effective whereas 6% opted for neutral zone. In contrast to effectiveness, 11% opted in complete ineffective zone, 14% in partial effectiveness zone. The mean value lies at 3.5.

5.2.3 Disease burden in community

To assess the disease burden in the community, the 'significant reduction of cases' in community was considered as the measure of the completely effectiveness, 'noticeable

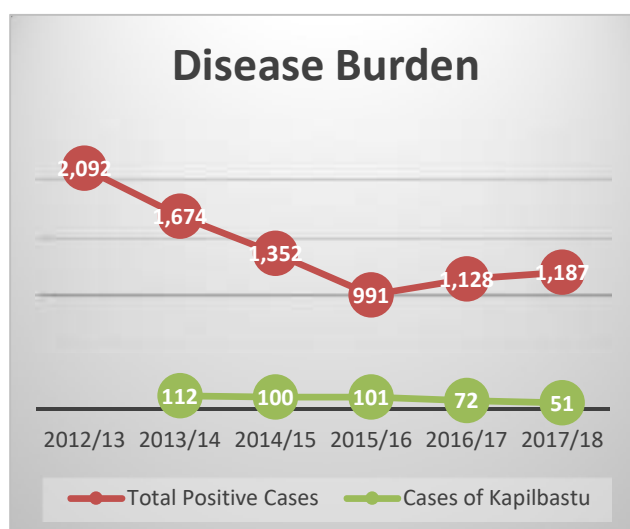
improvement' in disease burden was considered as partially effective, and those who answered 'somewhat reduction' were put in neutral. In addition to that, the respondents answering the 'very limited reduction' of cases were put under partially ineffective whereas 'no improvement at all' were considered completely ineffective.

Table 10: Mono varietal analysis of disease burden

Disease Burden in Community	Mean ('μ')	Completely Ineffective %	Partially Ineffective %	Neutral %	Partially Effective	Completely Effective
	4.1	6	10	4	33	47

Source: Field Survey, 2019

The above data reflects the perception of disease burden in the community as compared to previous years. The data shows almost 47% of the respondents are completely convinced & 33% partially convinced in reduction of disease burden in community. 10% of the respondents found it partially ineffective whereas



Graph 1: Malaria disease burden

Source: EDCCD (2019)

6% found it completely ineffective. 4% were found in neutral zone. The mean value lies at 4.1. The reduction of disease burden can be further supplemented by the secondary source of information. If we look at the national level the total number of positive cases has been declined from 2,092 to 1187 in the period of six years. Similarly, in the case of Kapilbastu districts, it can be found that, the number of cases has been reduces to 51 from 112 in the period of five years which further reinforces the findings from the quantitative survey carried out.

5.2.4 Insights from KII

Unanimity was found among the respondents in response to the questions on the three sub variables of aid effectiveness. The VCI of DPHO Kapilbastu (2019.06.8) explained that the awareness level, the coverage of LLIN has been increased and the case is decreasing every year.

“... the public awareness has been raised, effectiveness of health interventions coverage is increasing & the case is decreasing every year, otherwise it could have gone transmission” (VCI, DPHO, Kapilbastu- 8 June, 2019)

Similarly, the program manager of Global Fund, DCoP (2019.05.31) of Global Fund also fully agreed in the impact of the Global Fund funded programs along with the DPHO chief of Kapilbastu (2019.06.7). The argument of the director of EDCD (2019.5.31), that *“The awareness is increased and disease burden is reduced”* further corroborates the viewpoint of the VCI and donor representatives.

5.2.5 Observations and findings

Upon the inspection of various indicators, under three sub variables of aid effectiveness, the programmatic part of effectiveness of aid has been found to be in effective zone. Upon the three sub variables, almost 69% of the beneficiary were found aware regarding malaria (*details in annex 12*). In the case of the effectiveness of health interventions, almost 53% of the beneficiary has opted it as effective whereas 43% has opted as ineffective. The overall effectiveness of aid was found to be in effective zone with 3.7 mean value along with the standard deviation of 1.3. In addition to that, secondary sources of data as well as the information from the KII corroborates the findings from the field.

5.3.0 Analysis of Independent Variables

This section deals with the analysis of the four independent variables and assesses their association with the effectiveness of aid. The predictability, ownership, harmonization and capacity development are analyzed in different sub sections with observations and findings at the end of each sub sections.

5.3.1 Predictability

Overall, five indicators were taken to measure the status of predictability. This sub section deals with the status of predictability from the perspectives of beneficiary followed by the insights from KII.

5.3.1.1 Findings from the field

The table below shows the status of predictability from the lens of beneficiary.

Table 11: Mono varietal analysis of Predictability

Predictability	Mean ('μ')	Completely Ineffective %	Partially Ineffective %	Neutral %	Partially Effective %	Completely Effective %
Information on expected aid flow	3.7	20	20	3	26	31
Availability of aid information	3.3	17	9	4	31	39
Sharing of data in appropriate intervals	2.4	36	24	8	26	6
Knowledge on what aid is coming from which donors & which form	2.3	41	22	11	19	7
Assurance on disbursement of aid	3.5	18	10	6	33	33
Aggregate	3.04	26	17	7	27	23

Source: Field Survey 2019

In terms of information on expected aid flow, majority of the respondents, i.e. 31% opted it as effective, 26% as partially effective whereas 20% opted it as completely ineffective with same proportion of respondent opting it as partially ineffective. 3% opted in neutral zone. The mean value lies at 3.7.

“...aid based programs for e.g. LLIN distribution gives information and orientation before LLIN distribution” (Ward Chairperson, Maharajgunj, 7 June 2019)

Regarding the availability of aid information, majority of the respondents, i.e. 39% opted it as effective followed by 31% as partially effective. In contrast to effectiveness, 17% opted it as completely ineffective followed by 9% of respondents as partially ineffective whereas 4% stayed neutral. The mean value lies at 3.3.

Regarding the sharing of aid data in appropriate intervals, majority of the respondents, i.e. 36% opted it as completely ineffective, 24% as partially ineffective, 8% as neutral, 26% as partially effective whereas 6% agreed it as completely effective. The mean value lies at 2.4.

“...The information of aid disbursed is generally posted in the VDC office for the information to the public, however, not regularly” (Ward Chairperson, Maharajgunj, 7 June 2019)

Talking about the knowledge of aid, its form and the source of funding, majority of the respondents opted it as completely ineffectiveness. 41% were found to answer as completely ineffective, 22% as partially ineffective whereas 11% stayed in neutral. In contrast to ineffectiveness, 19% opted as partially effective whereas 7% were responded in the state of completely effectiveness. The mean value lies at 2.3.

“...main thing is we get budget with very difficulties after repeating more than tens of times. The budget comes late and will be difficult to implement.” (DPHO Chief Kapilbastu - 8 June 2019).

In terms of assurance of timely disbursement of aid, majority of the respondents 33% opined in favor of complete effectiveness followed by same number of respondents in partial effectiveness. However, 18% of the respondents opted in favor of the complete ineffectiveness, 10% as partial ineffectiveness whereas 6% were found to be in neutral state. The mean value lies at 3.5.

“...there is always constant fear that, how much budget will come and when does it come and whether the disbursement is done or not” (VCI- DPHO, Kapilbastu, 7 June 2019)

5.3.1.2 Insights from KII

When asked about the overall predictability of aid from Global Fund, the Director of EDCD, (2019.05.31) shared the similar view in line with the VCI and DPHO chief of Kapilbastu. He explained the overall predictability of the fund as challenging and confusing oneⁱ and further highlighted that it took almost 8 months for latest disbursement to districts.

In contrast to the argument of the Director of EDCD, the DCoP of Global fund (2019.05.31) explained that the aid is almost predictable, however, highlighted the several factors like “Fukuwa” & bureaucratic procedures for the delays in disbursement of aidⁱⁱ. Similar in line with DCoP, the program manager of Global Fund (2019.05.31) highlighted that the first trimester is usually lapsed during the fund disbursement. Further, he explained the reason of 8 months delay in disbursement was because of the time process for rectification of file from ministry of finance where the source was citedⁱⁱⁱ wrong.

The view point of the DCoP and Program manager can be further corroborated from the argument of the undersecretary and joint secretary from ministry of finance (2019.06.20) who argued that the condition of predictability is better in health sector. Moreover, the Secretary, NNRFC⁴ (2019.06.28) also argued in favor of the predictability in health sector, however highlighted the factors like taking concurrence, back and forth of paper, mismatch in saying, etc. causes delay in the disbursement of fund.

“...generally there is predictability in health sector. If work is done, it is disbursed.” (Secretary, NNRFC- 28 June 2019)

⁴ National Natural Resources and Fiscal Commission

5.3.1.3 Correlation analysis

This subsection deals with the findings of correlation analysis of each indicators related to the predictability with aid effectiveness.

Table 12: Correlation analysis of predictability

Predictability		Aid Effectiveness
Information on expected aid flow	Pearson Correlation	.313**
Availability of aid information	Pearson Correlation	.486**
Sharing of aid data in appropriate intervals	Pearson Correlation	.274*
Knowledge on what aid is coming from which donor in which form and when	Pearson Correlation	.205
Assurance on disbursement of aid	Pearson Correlation	.349**

*. Correlation is significant at the 0.05 level (2-tailed).

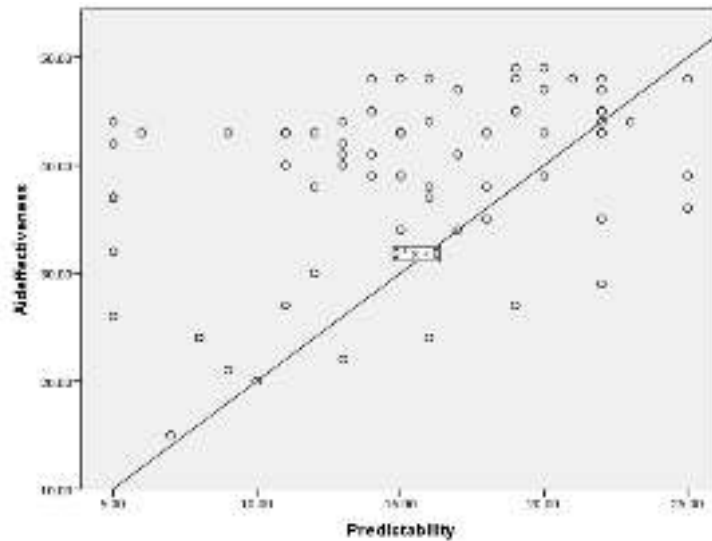
**. Correlation is significant at the 0.01 level (2-tailed).

Three indicators, i.e. ‘information on expected aid flow’ ($r=0.313$), ‘availability of information’ ($r=0.486$) & ‘assurance on timely disbursement of aid’ ($r=0.349$) were found to be associated with aid effectiveness at the significance level of 1% whereas ‘sharing of aid data in appropriate intervals’ ($r=0.274$) was found to be correlated at the significance level of 5%. The fourth indicator, ‘knowledge on what aid is coming from which donor in which form & when’ was found to be loosely correlated at the significance level of 10%. Overall, all of the indicators were found to be associated with aid effectiveness.

5.3.1.4 Observations & findings

Out of the five indicators developed for the assessment of the predictability, the findings from the field shows that the condition of two indicators at ineffective zone whereas remaining three in effective zone. ‘sharing of aid data in appropriate intervals’ and ‘knowledge on what aid is coming from which donors and which form’ were found to be in ineffective zone with mean values of just 2.4 and 2.3 respectively, whereas the remaining three indicators were found in effective zone from the perspective of beneficiary.

The opinions on the predictability of aid seems to be scattered from the perspective of beneficiary, however, the overall situation of predictability lies in the range of effective zone with mean value of 3.04 along with standard deviation of 1.48.



Graph 2: Scatter plot of predictability

Based on the interviews from the field and the insights from KII,

contradictions were found in two of the indicators, i.e. in the case of ‘information on expected aid flow’, and ‘assurance of timely disbursement of aid’. In the former indicator, the director of EDCD expressed unpredictability on expected aid flow and raised the issue of budget cut off despite having good performance. However, it was clarified by the DCoP of the Global fund that the cut off was due to the reduction of disease burden and improvement in country’s economy. Moreover, ‘in the case of assurance on timely disbursement of aid’, despite majority of respondent from beneficiary level opted in effective zone, the VCI raised the issue of constant fear regarding the disbursement of aid and the DPHO chief explained that the budget is not in time.

Further, the status of predictability of aid was assessed through the secondary data, which can be reflected in the table below:

Table 13: Disbursement vs utilization

Year	Aid from GF (US\$)	Aid utilized (US \$)	Expenditure %	Aid to Districts & Regions (NPR)	Aid utilized (NPR)	Expenditure %	Aid to Kapilbastu (NPR)	Aid Utilized (NPR)	Expenditure%
015/16	2915142	1051474	36	3942660	3065420	77	224250	141180	62
016/17	5199862	3547685	68	38586580	29247927	75	1056000	1028000	97
017/18	3454381	2418067	70	15967569	12221157	76	473000	473000	100
018/19	1107196								
019/20	1638040								
020/21	1463311								

Source: PMU (2019)

From the above table, it can be seen that the information on expected amount of aid flow up to coming three years, i.e. up to 2021 is already provided to the government by the project. It has been found that the GF is providing aid in every 3 years of block based on disease burden, country economy and there has been continuous exchange of aid information at upper level, however, the exchange of aid information to the grassroots level was observed limited. Further, the above table clarifies that the fund has been continuously following to the regions and districts and expenditures has been occurred which confirmed the predictability in disbursement of aid.

In terms of distribution of LLINs, IRS and such other activities, it has been found to be done based on micro-stratification report, which is frequently published at the interval of 2 years as explained by Program Manager (2019.05.31). Within the spell of five years from 2013 to 2018, three micro-stratification report have been found to be published. Therefore, it can be known from the report that what sort of aid will be distributed in the targeted communities based on the National Malaria Strategic Plan (NMSP).

Hence, upon the triangulation of quantitative data, qualitative data and secondary sources of information, it can be concluded that, the aid is predictable, however, not reliable. There is assurance on the flow of aid, predictability is good but the timely

disbursement part was found to be weak due to various paper works, bureaucratic procedures and government mechanisms of disbursement as highlighted in KII.

5.3.2 Ownership

Overall, 7 indicators were developed and measured for the assessment of the state of ownership. This sub section deals with the status of ownership from the perspectives of beneficiary followed by the insights from KII.

5.3.2.1 Findings from the field

The table below shows the status of ownership from the lens of beneficiary with the additional data on seven key indicators from KII.

Table 14: Mono varietal analysis of ownership

Ownership	Mean ('μ')	Completely ineffective %	Partially ineffective %	Neutral %	Partially effective %	Completely Effective %
Demands of beneficiary	2.1	46	24	-	17	6
Use of FCHVs for malaria program	3.6	24	6	2	24	44
Use of CBOs for awareness	2.5	40	14	6	36	3
Malaria mobile clinics	3	44	3	-	17	36
Better human resources	4.5	2	9	-	21	67
Better infrastructure in health facilities	3.6	17	9	4	33	37
Community testing & tracking	2.6	39	17	1	19	19
Aggregate	3.13	30	12	2	24	30

Source: Field survey, 2019.

Regarding the demands of beneficiary, majority of the respondents i.e., 46% opted it as completely ineffective, followed by 24% of respondents as partially ineffective. In contrast to ineffectiveness, 17% of respondents agreed on partial effectiveness of the program, with just 6% agreeing on complete effectiveness in the case of demands of beneficiaries. The mean value lies at 2.1.

“...Plans are finalized here. The issues raised by the national level got priority but the issues coming from local level are not given much priority & they fall in shadow,” (DCoP, Global Fund, 31 May 2019)

“...donor driven rather than beneficiary driven” (Director, EDCD, 31 May 2019)

In the case of use of FCHVs for malaria programs in community, majority of respondents i.e. 44% opted it as completely effective, 24% agreed on the partial effectiveness whereas 2% answered in neutral zone. In contrast to effectiveness 6% of respondents agreed on partial ineffectiveness whereas 24% responded the use of FCHVs as completely ineffective. The mean value lies at 3.6.

“...although FCHVs refers the fever patient to health institutions, some FCHVs are illiterate which affects in the impact of program as well” (VCI- DPHO Kapilbastu, 8 June 2019)

Regarding the use of CBOs, majority of respondents, i.e. 40% agreed on complete ineffectiveness, 14% agreed on partial ineffectiveness and 6% opted on neutral zone. In contrast to ineffectiveness, 36% opted on partial effectiveness level whereas 3% opted for complete effectiveness. The mean value lies at 2.5.

In the case of malaria mobile clinics, majority of the respondents 44% answered it as completely ineffective whereas 36% found it completely effective. 17% agreed on partial effectiveness whereas 3% agreed on partial ineffectiveness. The mean value lies at 3.

“...malaria mobile clinic was a very good program, which enhanced the testing; at least 50-60 people used to get testing & had a very good message and awareness for the community”. (VCI & DPHO Chief- Kapilbastu, 8 June 2019)

Taking the note of better human resources, the table reflects that just 2% found it as completely ineffective whereas majority 67% opted for complete effectiveness. Apart from that, 21% agreed on partial effectiveness whereas 9% agreed on complete ineffectiveness. The mean value lies at 4.5.

“...still there are 17-18% posts vacant, however, that is an improved scenario as compared to previous as now municipality is also hiring the personnel required” (DPHO Chief, Kapilbastu- 8 June 2019)

Regarding the better infrastructure, majority of the respondents 37% agreed on complete effectiveness, 33% agreed on partial effectiveness and 4% responded for neutral level. In contrast to effectiveness, 17% opted for complete ineffectiveness whereas 9% agreed on partial ineffectiveness of the better infrastructures. The mean value lies at 3.6.

“...not much significant progress has been gained” (DPHO Chief- Kapilbastu, 8 June 2019)

“...It is same as built by the department, ministries, however, the previous work under the management division are under the stage of handover” (VCI Kapilbastu- 8 June 2019)

In terms of community, testing & tracking of malaria, majority of the respondents 39% found it completely ineffective, subsequently followed by 17% of respondents as partially ineffective. In contrast to ineffectiveness, 19% of the respondents agreed on the complete effectiveness of the program and same percent of respondents agreed on partial effectiveness of the program whereas 1% were found at neutral level. The mean value lies at 2.6.

“...we started to use the RDT⁵ at the community level and the result is very good. The RDT is going in every institution and testing is also being done there” (DPHO Chief- Kapilbastu, 8 June 2019)

⁵ RDT: Rapid Diagnostic Kit, used for malaria diagnosis.

5.3.2.2 Insights from KII

When asked about the overall state of ownership, the director of EDCD (2019.05.31) corroborates the viewpoint of the DPHO chief and VCI of Kapilbastu. He highlighted the lack of dedicated human resource both at national and field level, and mentioned that there is just 1.5 HR in Malaria^{iv} in national level. Further, he argued that the government is still unable to take the ownership of the global fund and stated that the project is solely focused on burn rate of the financial expenditure, driven by calculator approach rather than the impact of the program.

*“...they deal everything with calculator approach rather than programmatic lens; therefore, the ownership is weak & there is no possibility of sustainability”^v
(Director, EDCD, 31 May 2019)*

Likewise, the DCoP of Global Fund (2019.05.31) agreed on the weak state of ownership and explained the government failure in recruiting positions for malaria. He highlighted the government lack of any plan B for taking the project on its own and explained that the government is running through same old system. Further, he argued that government is concerned on how much was spent rather than the result achieved^{vi}.

“...we are planning to handover by 2021 but they don't have any homework for the replacement^{vii}” (DCoP, GF, 31 May 2019)

In addition to above, the Joint Secretary of MoF (2019.0620) explained that the ownership exists in polices and principles but not in reality. The viewpoint can be corroborated from the argument of Secretary as well. The Secretary, NNRFC (2019.06.28) mentioned^{viii}, that the condition of ownership is weak and the government is lacking databases frequently. Further, the government doesn't take the ownership by heart which directly hits at the financial management and arrangement of aid.

5.3.2.3 Correlation analysis

This section deals with the findings of correlation analysis of each indicators related to the ownership with aid effectiveness and are presented in the tabular form.

Table 15: Correlation analysis of ownership

Ownership		Aid Effectiveness
Demands of beneficiaries	Pearson Correlation	.372**
Use of FCHVs for malaria program	Pearson Correlation	.020
Use of CBOs for enhancing awareness	Pearson Correlation	.274*
Better human resources	Pearson Correlation	.209
Better infrastructure in health facilities	Pearson Correlation	.483**
Malaria mobile clinics	Pearson Correlation	.128
Community Testing & tracking	Pearson Correlation	.331**

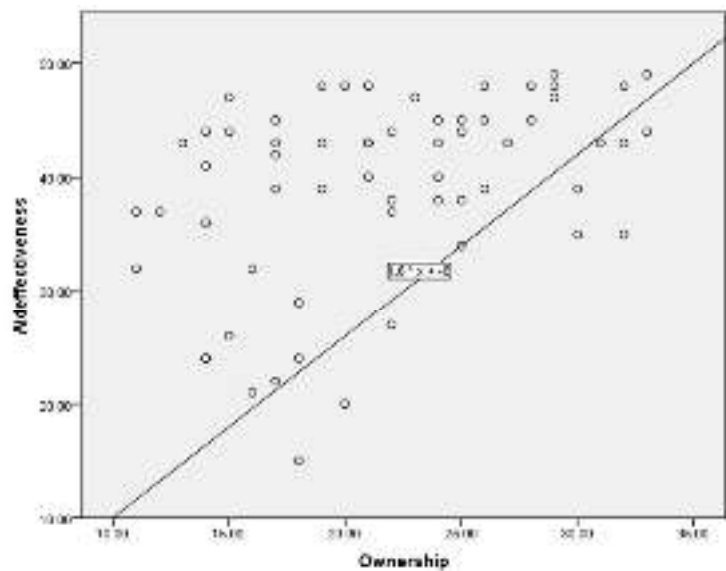
*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Three indicators, i.e. ‘better infrastructure’ (r=0.483), ‘community testing & tracking’ (0.331) & ‘demands of beneficiaries’ (r=0.372) were found to be associated with aid effectiveness at the significance level of 1% whereas ‘use of community based organization at beneficiary level’ (r=0.274) was found to be correlated at the significance level of 5%. ‘Better human resources’ was found to be loosely correlated at the significance level of 10%, however, two indicators, ‘use of FCHVs in project activities’ & ‘malaria mobile clinics’ were found to be correlated beyond the significance level of 10%.

5.3.2.4 Observations & findings

Out of the seven indicators developed for the assessment of the ownership, the findings from the field shows that the condition of three indicators at ineffective zone whereas remaining four in effective zone. ‘demands of beneficiary’, ‘use of community based organizations’, and ‘community testing &



Graph 3: Scatter plot of ownership

tracking' were found to be in ineffective zone with mean values of just 2.1, 2.5 and 2.6 respectively whereas the remaining four were found in effective zone from the perspective of beneficiary.

The opinions on the ownership of aid seems to be rather scattered than concentrated however, the overall situation of ownership lies in the range of partial effective zone from the perspective of beneficiary with mean value of 3.13 along with the standard deviation of 1.49.

Although, the mean value of ownership lies in effective zone from the perspective of beneficiary, contradictions and incongruences were found in three of the indicators from the insights of KII, i.e. in the case of 'better human resources', 'better infrastructures', and 'community testing and tracking'.

In the case of 'better human resources' majority of the respondents opted as effective, however, 17-18% positions still remains vacant as per the DPHO chief which is further consolidated by the argument from the director of EDCCD & DCoP of Global fund that the program still lacks the dedicated human resources.

Regarding, 'better infrastructures, majority of the respondents opted it as effective, however, the DPHO chief explains that not much significant has been gained which was further corroborated by the argument from the VCI that the condition is same as previous.

In the case of 'community testing & tracking', majority of the respondents opted it as ineffective, whereas the interviews from KII explained it as effective. Upon the observations and interactions with locals the major complaint was, *"They need to go to primary health center and hospitals for testing than in the health post and sub health post of their community"* from where it can be concluded that the community testing is still not effective.

Almost all of the respondents chosen for KII spoke about the weak state of ownership from both side, i.e. donor and the government. The demand of beneficiaries are

unheard, the utilization of CBOs is ineffective, the human resource is still lacking, and the community testing and tracking remains ineffective. Further, the programs are top-down model, donor driven with less community engagement and participation.

Moreover, upon the observation from field level, it was found that some of the people from community were drying the food crops at LLIN in sunshine rather than using it for prevention⁶. Hence, it can be concluded that the status of ownership is significantly poor.

5.3.3.0 Harmonization

Overall, 6 indicators were developed for the assessment of the state of harmonization. This sub section deals with the status of harmonization from the perspectives of beneficiary followed by the insights from KII.

5.3.3.1 Findings from the field

The table below shows the status of harmonization from the lens of beneficiary with the additional data on six key indicators from KII.

Table 16: Mono varietal analysis of harmonization

Harmonization	Mean ('μ')	Completely Ineffective %	Partially Ineffective %	Neutral %	Partially effective %	Completely effective %
Coordination with local bodies	3.4	23	10	3	29	34
Coordination with local bodies in fund request & planning	2.7	31	24	1	26	16
Joint work with CSOs in project activities	2.9	29	23	-	21	26
Coordination with local people	3.3	20	20	3	26	31
Joint monitoring and Supervisions	2.9	31	16	11	16	24
simplification of procedures	4.5	1	7	-	23	69
Aggregate	3.28	23	17	3	23	33

Source: Field Survey, 2019.

⁶ Picture of drying crops in LLIN: Attached in annex 9

It can be observed from the above table that, majority of respondent, i.e. 34% opted that there is coordination with local bodies in project activities, subsequently followed by 29% opting for partial effectiveness. Similarly, 3% agreed in neutral form whereas 23% viewed coordination with local bodies as completely ineffective followed by 10% on partial ineffectiveness. 1% were found undetermined in their answer. The mean value lies at 3.4.

“...people from districts come for opinion and ideas and they are distributing in coordination based.” (Ward Chairperson, Maharajung- 7 June 2019)

In terms of the coordination with local bodies in fund request & planning, a large portion of respondents, i.e. 31% opted it as completely ineffective whereas 24% marked it as partially ineffective. Moreover, 1% of the respondents answered it in neutral zone whereas 26% viewed it as partially effective with 16% opting it as completely effective. 1% were undetermined in the answer. The mean value lies at 2.7.

“...the planning is top down model rather than bottom up approach”. (DCoP, Global Fund, 31 May 2019)

In the case of joint work with civil societies, the number of respondents are almost evenly distributed. 29% viewed it as completely ineffective whereas 26% viewed it as completely effective. Moreover, 23% viewed it as partially ineffective and 21% viewed it as partially effective. The mean value lies at 2.9.

“...almost zero, very negligible” (DCoP, Global Fund- 31 May 20019; Secretary, NNRFC- 28 June 2019)

“...the civil societies are amateur” (Undersecretary, MoF- 20 June 2019)

In the case of coordination with local people, majority of the respondent, i.e. 31% has opted in complete effectiveness followed by 26% in partial effectiveness zone whereas 20% opted in complete ineffectiveness followed by same percent in partial ineffectiveness. 3% opted in neutral zone and the mean value lies at 3.3.

*“...in case of LLIN distribution, the donors come for household survey and inquiry”
(DPHO Chief- Kapilbastu, 8 June 2019)*

Regarding the joint monitoring and supervisions in the community level, 31% answered it as completely ineffective followed by 16% as partially ineffective. 11% opted on neutral zone whereas 16% opted for partial effectiveness with 24% opting for partial ineffectiveness. The mean value lies at 2.9.

“...it would be better if they can come (donor from abroad) in monitoring and supervision and check the effectiveness^{ix}” (Chief DPHO, Kapilbastu- 8 June 2019)

“...donors never goes to field level, however, staffs from PMU frequently goes to field level in coordination with government.” (Director, EDCCD- 31 May 2019).

In the case of ‘simplification of procedures’ in receiving aid, the field survey reflects that, a large portion of respondents, i.e. 69% responded for complete effectiveness subsequently followed by 23% of respondents on partial effectiveness. Interestingly, just 1% of the respondents opted for complete ineffectiveness, whereas 7% opted for partial ineffectiveness. The mean value lies at 4.5.

“...there is simplicity in distribution of aid whether its LLIN distribution, IRS or ANC for pregnant women” (VCI, DPHO-Kapilbastu, 8 June 2019)

5.3.3.2 Insights from KII

Talking about the coordination with local bodies, the viewpoint of the ward chairperson can be corroborated from the argument of VCI of DPHO who argued^x (2019.06.8), the state of harmonization is effective and the staffs such as surveillance medical coordinators, entomologist from regional level frequently visits to districts and communities with effective coordination. Further, he highlighted that the ward chairperson, social worker are called while distributing aid. In addition to that, the viewpoint can be consolidated from the argument of Program Manager (2019.05.31) of

Global Fund who argued that the local bodies are more than happy to take the program forward after being aware.

The director of EDCD (2019.05.31) argued that the state of harmonization at ministry level is good under the broader heading; however, the harmonization is not as per the par in ground level. Further, he mentioned the issue of rigidity in reprogramming and remodeling^{xi}. In contrast to the director of EDCD, the Program Manager of Global Fund (2019.05.31) explained that the situation of harmonization is improving and clarified the issue of reprogramming is mainly due to donor’s own system and policies. Further, he argued the issues of duplication of programs has been reduced significantly from last three years onwards which can be supplemented by the view^{xii} of DCOP (2019.05.31) of Global Fund.

In addition to above, the Undersecretary MoF (2019.06.20) also expressed his views in the zone of harmonization and argued the health sector is ahead than other sector as due to the mechanism of joint audit, joint evaluation, joint analytical review (JAR), etc. Similarly, the secretary of NNRFC (2019.06.28) corroborates the view of Undersecretary, that the health sector is little bit ahead than other sectors.

5.3.3.3 Correlation analysis

This section deals with the findings of correlation analysis of each indicators related to the harmonization with dependent variables and are presented in the tabular form.

Table 17: Correlation analysis of harmonization

Harmonization		Aid Effectiveness
Coordination with local bodies	Pearson Correlation	.106
coordination with local bodies in fund request & planning	Pearson Correlation	.004
joint work with CSOs in project activities	Pearson Correlation	.226
Coordination with local people	Pearson Correlation	.313**
Joint monitoring and supervision	Pearson Correlation	.379**
simplification of procedures in receiving aid	Pearson Correlation	.253*

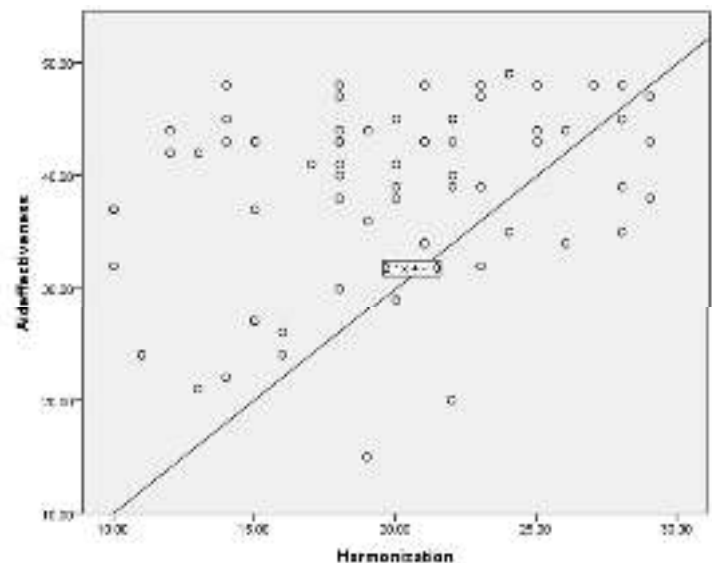
** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Two indicators, i.e. ‘coordination with local people’ ($r=0.313$) & ‘Joint monitoring and supervision’ (0.379) have been found to be associated with aid effectiveness at the significance level of 1% whereas ‘simplification of procedures in receiving aid’ ($r=0.253$) was found to be correlated at the significance level of 5%. ‘Joint work with civil societies’ was found to be loosely correlated at the significance level of 10%, however, two indicators, ‘coordination with local bodies’ & ‘coordination with local bodies in fund request & planning’ were found to be correlated beyond the significance level of 10%.

5.3.3.4 Observations & Findings

Out of the six indicators developed for the assessment of the harmonization, the findings from the field shows that the condition of three indicators at ineffective zone whereas remaining three in effective zone. ‘Coordination with local bodies in fund request & planning, ‘joint work with civil societies, and ‘joint monitoring and supervision’ were found to be



Graph 4: Scatter plot of harmonization

in ineffective zone with mean values of just 2.7, 2.9 and 2.9

respectively whereas the remaining three were found in effective zone from the perspectives of beneficiary.

The opinions on the harmonization of aid seems to be scattered from the perspective of beneficiary, however, the overall situation of harmonization lies in the range of effective zone with mean value of 3.28 with standard deviation of 1.47.

In the case of harmonization and indicators, the findings from the fields are almost as par with the insights from the KII, however, contradiction has been found in the case of

the 'joint monitoring and supervision'. Majority of the respondents opted it ineffective which was found true in the case of joint monitoring and supervisions with donors from abroad, however, good coordination and collaboration is found between the program management unit (PMU) of Global Fund and the government. The staffs like surveillance medical coordinator, entomologist & such others from the Global Fund PMU has been found to be in regular joint monitoring and supervision along with staff from districts and regions which can be validated from the quote of the Director of EDCD (p.80) and VCI on harmonization (endnote x).

Although the 'coordination with local bodies in planning and fund request' was found ineffective along with weak joint work with civil societies, other indicators like 'coordination with local bodies in project activities', 'joint monitoring & supervisions', 'coordination with local people' & 'simplification of procedures' have been found in effective zone. Majority of the respondents from KII argued in favor of the harmonization.

Hence from the observation of findings from the field and insights from KII, it can be concluded that partial harmonization exists which is improving in recent years.

5.3.4.0 Capacity Development

Overall, 5 indicators were developed for the assessment of the state of capacity development This sub section deals with the status of capacity development from the perspectives of beneficiary followed by the insights from KII.

5.3.4.1 Findings from the Field

The table below shows the status of capacity development from the lens of beneficiary.

Table 18: Mono varietal analysis of capacity development

Capacity Development	Mean ('μ')	Completely ineffective %	Partially Ineffective %	Neutral %	Partially Effective %	Completely Effective %
Orientation to FCHVs for referral of suspected cases	3.2	24	20	3	19	34
Training to FCHVs for malaria prevention & awareness	3.3	21	14	4	29	31
Training to FCHVs for adherence to malaria treatment & follow up	2.8	29	26	6	20	20
Public orientation programs at community	2.1	49	23	4	19	6
Orientation to CBOs	2	47	23	-	17	6
Aggregate Percentage	2.68	34	21	3	21	19

Source: Field Survey, 2019.

In terms of the orientation to the FCHVs for referring suspected cases, majority of the respondents, i.e. 34% have found it completely effective followed by 19% as partially effective. In contrast to that, 20% found it as partially ineffective followed by 24% as completely ineffective. The mean value lies at 3.2.

“...FCHVs, have been given orientation to refer the suspected cases and they are referring cases as well, however, they work for another when other arrives” (VCI-DPHO Kapilbastu, 8 June, 2019)

Regarding training to FCHVs for malaria prevention and awareness, 31% have found it as completely effective with 29% opting for partial effectiveness. In contrast to effectiveness, 21% opted for complete ineffectiveness followed by 14% for partial ineffectiveness whereas 4% stayed at neutral zone. The mean value lies at 3.3.

“...FCHVs are utilized but not effective as much as it should have been”.^{xiii} (DPHO Chief-Kapilbastu, 8 June 2019)

Regarding training to FCHVs for adherence to treatment protocol & follow up, majority i.e., 29% of the respondents agreed on complete ineffectiveness followed by 26% as

partially ineffectiveness. In contrast to ineffectiveness, 20% found it as completely effective followed by same portion of respondents in partial effectiveness. 6% opted in neutral zone. The mean value lies at 2.8.

“...the main problem here is illiteracy. If you ask the FCHVs after one hour, the trainee forgets about the name of the training. Most of the FCHVs are old, illiterate” (Ward Chairperson, Maharajgunj- 7 June 2019)

Talking about the public orientation programs at community level, majority of the respondents, 49% found it as completely ineffective followed by 23% as partially ineffectiveness. 4% stayed on neutral level whereas 19% agreed on partial effectiveness of the program and 6% opted it as completely effective.

Regarding orientation and training programs to CBOs, almost half of the respondents 47% marked it completely ineffective followed by 23% as partial ineffectiveness. In contrast, 17% opted as partial effectiveness whereas 6% opted for complete effectiveness.

“...due to the lack of sufficient budget, very limited programs are done at communities & community based organization” (VCI, DPHO- 8 June 2019)

5.3.4.2 Insights from KII

Talking about the overall scenario of capacity development, the VCI (2019.06.8) explained that the capacity development programs to health workers are going good however; limited programs are done at community levels. The viewpoint of the VCI can be corroborated from the explanation of the DPHO chief (2019.06.8) that the capacity development programs at beneficiary level still have huge challenges left to overcome.

The director of EDCD (2019.05.31) highlighted that the program has somewhat improved the capacity at technical level, however, argued that the project & program are still unable to remodel as per the need of the beneficiary.

“...there is program strengthening, however, there is huge room for improvement to remodel the program as per the need of beneficiary^{xiv}. (Director, EDCD- 31 May 2019)

In addition to above, Undersecretary, MoF (2019.06.20) explained that the capacity development at local level is a problem and argued that it won't change overnight in an engineering approach^{xv}. The view can be further corroborated from the argument of the Secretary of NNRFC (2019.06.28) that aid-based programs are still unable to raise the capacity at local level and locals are unaware.

“...in the name of capacity development huge spending has been done, nevertheless, there has been no outcome according to the spending. I don't feel hesitate to say so. ” (Secretary, NNRFC- 28 June 2019)

5.3.4.3 Correlation analysis

This section deals with the findings of correlation analysis of each indicators related to the capacity development with aid effectiveness and are presented in the tabular form.

Table 19: Correlation analysis of capacity development

Capacity Development		Aid Effectiveness
Orientation to FCHV for referral of suspected malaria cases	Pearson Correlation	.346**
Training to FCHV for malaria prevention & awareness	Pearson Correlation	.381**
Training to FCHVs for adherence to malaria treatment protocol & follow up	Pearson Correlation	.318**
Public orientation programs at community level regarding malaria	Pearson Correlation	.321**
Orientation to CBOs regarding malaria	Pearson Correlation	.373**

**** . Correlation is significant at the 0.01 level (2-tailed).**

Out of the five indicators under capacity development, all five indicators have been found associated with the aid effectiveness at the significance level of 1%. ‘Orientation to FCHV for referral of suspected malaria cases to health facilities’ (r=0.346), ‘training to FCHVs for malaria prevention’ (0.381) ‘training to FCHV in malaria treatment/adherence & follow up’ (r=0.318), ‘public orientation programs at community level regarding

malaria' ($r=0.321$) and 'orientation to community based organization regarding malaria' have been found to have positive correlation with aid effectiveness. All indicators were found to be associated within the significance level of 1%.

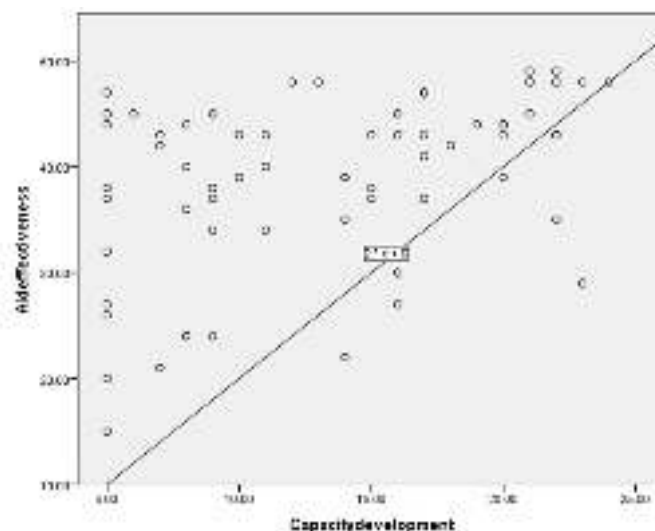
5.3.4.4 Observations & findings

Out of the five indicators developed for the assessment of the capacity development, the findings from the field shows that the condition of three indicators are at ineffective zone whereas remaining two in effective zone. 'Training to FCHVs for adherence to malaria treatment protocol & follow up', 'public orientation programs at community level', and 'orientation to community based organization' were found to be in ineffective zone with mean values of just 2.8, 2.1 & 2.0 respectively.

The opinions on the capacity development by aid at beneficiary level seems to be scattered from the perspective of beneficiary, however, the overall situation of capacity development lies in the range of ineffective zone with mean value of 2.68 with the standard deviation of 1.5.

In the case of capacity development and indicators, the findings from the fields are as par with the insights

from the KII. No contradiction and incongruences were found as the findings from the field can be validated from the insights from the KII.



Graph 5: Scatter plot of capacity development

Out of the five indicators, two indicators i.e. 'Orientation to FCHV for referral of suspected malaria cases to health facilities' and 'training to FCHVs for malaria prevention and awareness' have been found somewhat effective with mean value of 3.2

and 3.3 respectively. However, three of the remaining indicators were found ineffective which was further validated by the insights from the KII.

Hence, from the triangulation of data from the field, KII & interactions with locals, it can be concluded that not much capacity has been developed in the community level. Although the capacity of human resources working for malaria has been claimed to be strengthened; the capacity development of the ultimate beneficiary has been found weak.

5.4 Aid Effectiveness from Theoretical Lens

The environment has to be regarded functionally as a part of one interdependent field and the other part of which is the actor. This fundamental fact is the keynote of the field-theoretical approach (Lewin, 1997). Lewin's Field theory can be expressed by a formula $B = f(p,e)$, meaning that behavior (B) is a function of the person/actor (p) and their environment (e). It can be customized as Aid effectiveness because of the functions of the actors and their environment (Yanguas, 2016), i.e.

Aid Effectiveness (A.E.) = F(Actors, Environment) or,

Aid Effectiveness = F(Actors, Mechanisms)

Field theory deals with the competing policy, ideas, actors and mechanisms. Since, "Aid is suffused with competing policy ideas about ownership (Sjöstedt, 2013), conditionality (Nelson,1996), performance contracts (Adam and Gunning, 2002), adaptation and experimentation (Andrews, 2013; Rondinelli, 1993)", we can examine different types of influence as defined by the intersection of two of the basic ingredients of Field theory outlined above: actors and mechanisms. As argued by (Yanguas, 2016) here the aid influences the incumbent and challengers and the mechanism through which that influence is exerted varies according to the degrees of intervention.

In the case of malaria program, it can be well noted that due to the interplay of various competing policies, mechanisms, factors of national and international actors, aid has

been affected. In the case of predictability, although it is almost predictable that aid will be disbursed, however, there are few hurdles and mechanisms for the aid to be actually disbursed in time. Even after doing an agreement with the actor (donor) and implementation modality is also fixed; the mechanisms like the procedural delays, i.e. the taking of no objection or concurrence in the sector like procurement, the back and forth of paper, mismatch in understanding has been the effectiveness of aid⁷. The disbursement delays has made the implementation part challenging causing contestation among the actors and mechanism. Here, the adaptation of the actors to the mechanism leads to effectiveness whereas the contestation leads to ineffectiveness.

Similarly, two major issues have been seen from the lens of Field theory in the case of ownership, i.e. legitimation and delegitimation. Legitimation and validation to the country's systems, policies, indigenous approaches leads to the effectiveness of aid whereas de-legitimation leads to ineffective aid. For e.g. in the case of the malaria program, the issue of parallel audit can be epitomized as an issue of delegitimation, as discussed by the Director⁸ of EDCD (2019.05.31). Here, the Global fund do the parallel audit, and full legitimation is not given to the audit of the Office of Attorney General, Nepal; creating multiple layers of audit and multiple complexities. Further, the issue of rigidity in reprogramming and remodeling has been found to affecting the impact of aid in negative way. Therefore, it can be concluded that the legitimation to the actors and

⁷Secretary NNRFC (2019.06.28): "Although after doing agreement with the donor and implementation modality is also even fixed; we have to take a kind of no objection or concurrence in the sector like procurement in every stages. While taking such concurrence the back and forth of paper also takes time. Sometime their say and our say doesn't match which also causes delay and expenditure doesn't happen here which hampers (makes difficult) in reimbursement"

⁸ Director, EDCD (2019.05.31): "We needed to reprogramme on the basis of new outbreak, but that is also not being addressed. Neither they give legitimation nor they respond in time. For e.g. the issue of parallel audit. They found the irregularities of 40,000 \$ and we reduced it up to 5,000 \$. The documents of those 5,000 \$ were taken by CIAA so we couldn't do the audit. However, with the returning of the file of that 5,000 \$ we invited them and requested them to send their audit team (LFA) for auditing, which is not done by them and already punished in double the amount as per their modality and haven't even replied to the email written by the department. If they have given legitimacy to our audit, it would have been effective as we don't require to multiple layers of audit"

their system, policies and strategies, leads to effective aid by enhancing the ownership whereas the delegitimation influences in negative way.

In the case of harmonization, the issue of joint evaluation, joint audit, joint Analytical Review (JAR), and joint mechanisms too can be taken as example. As per the undersecretary of MoF⁹ (2019.06.20), likeminded donor have done joint evaluation and non-likeminded doesn't have because each donor has its own constituencies. Here the mechanism of getting approval and the environment of the concerned constituencies can be taken note from the perspective of the Field theory which is impacting the effectiveness of aid. Further, the issue of consolidation and disruption can be noticed as the aspect of challenges from the viewpoint of Field theory that influences the overall function of aid. It can be noted that the consolidation of the international and national factors leads to the effectiveness of aid, whereas the disruption from the environment or challenger leads to ineffectiveness.

Regarding the case of capacity development in the malaria program, although the actors are doing a lot of capacity building enhancing work, still the impact is not effective. As per the Field theory, the environment, i.e. the status of illiteracy¹⁰ upon which the actors operate is dysfunctional influencing the effectiveness of such capacity development programs.

It can be concluded from the perspectives of the theory that, not only the execution of Paris principles, from the actors leads to the effectiveness of aid; there should be an equivalent mechanism and appropriate environment for its effectiveness. Furthermore, the principles developed at global level has not been 100% compatible as both the

⁹ The reason is that each donor has its own constituencies. It's their taxpayer money and definitely, they look upon their national interest. Therefore, to fulfill their own national interest, they may not have a common interest. They have to be accountable to their constituencies, procedures and generally answers that it doesn't match to ours. For e.g. Japan can't be harmonized with others. Without getting approval from their headquarter and parliament the person here can't even change a comma or full stop. For e.g. JICA. Undersecretary, MoF (2019.06.20)

¹⁰ Ward Chairperson (2019.06.7): "if you ask the FCHVs after one hour the trainee forgets about the name of the training. The FCHV are old, illiterate and those should be given a kind of golden handshake. If there are younger, capable then they can be replaced from the same house"

donors and the receivers has their own interests and aid exists in win-win situation. The introduction of ideas/principles alone is not enough for the effectiveness of aid as there are competing forces and challengers in the environment.

5.5 Factors & Policies Shaping Aid Effectiveness

A number of important factors and policies emerged in this research shaping the effectiveness of aid. As (OECD,DAC, 2003) argues that the effectiveness of aid is contingent on a range of factors in addition to policy parameters, various factors and policies were identified in this research too based on field survey, KII and observations carried out.

Out of the total 23 indicators developed under the four different independent variables, 19 indicators have been found to be associated with the effectiveness of aid. Under the predictability all of the indicators, i.e. information of expected aid flow, availability of aid information, sharing of aid data in appropriate intervals, knowledge regarding what aid is coming from which donor and when, and assurance of delivery of aid has been found associated with the effectiveness of aid. Apart from the predictability, the five indicators of ownership out of seven has been found to be associated with the effectiveness of aid, i.e. the demand of beneficiaries, use of community-based organizations, community testing & tracking, better human resources & better infrastructures. In the case of harmonization, four indicators out of six have been found to be associated with the effectiveness of aid, i.e. joint work with civil societies, coordination with locals, joint monitoring & supervision & simplification of procedures. In addition to that, all of the five indicators of capacity development covering the use of FCHVs in community, training to them, public orientation programs & orientation to community based organizations have been found to be associated with the effectiveness of aid.

Apart from the field survey, various factors and policies were identified from the phase of selection of aid to the implementation of the programs. Secretary of NNRFC (2019.06.28) explained that the factors like selectivity of aid, project/program

implementation modality, reimbursement modality, various paper works, negotiation strength; selection of a consultant is affecting the effectiveness of aid along with the interest and conditions of donors as additional factors.

Similarly, the undersecretary and joint secretary from Ministry of Finance (2019.06.20) highlighted, the low absorption capacity of the country, lack of holistic approach from donor side, non-alignment with country system, high fiduciary risks, policy practice gap, various escape points, etc. are influencing the effectiveness of aid in negative way. Further, they mentioned the political economy, international politics, & strategic interests of the donors also influence the effectiveness of aid.

The director of EDCD (2019.05.31) explained a number of factors and policies shaping the effectiveness of aid, i.e. consideration to the host country interest, funding & reporting mechanism, adherence to foreign aid policy and strategic instruments of the recipient country, dedicated human resource, staff turnover, rigidity/flexibility in reprogramming & remodeling, conditionality, parallel audits mechanism, etc. Further, he mentioned the drastic changes in the fund and the changed political & governance scenario also influence the impact of aid.

In addition to above, the DCoP, GF (2019.05.31) explained the irregularities in financial transactions, disbursement delays, lack of submission of the report in time, ignorance of donors policy, instability in human resource, lack of common understanding, bureaucratic procedures, red tapism etc. as the major factors impacting the effectiveness of aid. Additionally, the DPHO chief and VCI of kapilbastu (2019.06.8) mentioned the fragmentation of aid, lack of beneficiary driven approach; disbursement delays are affecting the aid in negative way.

5.5 Conclusion

Based on the above analysis we can find out the ongoing scenario of aid effectiveness, particularly in the case of malaria elimination program and health sector in general. The effectiveness of aid in the case of programmatic achievements has been found positive and positive correlation has been discovered between the aid effectiveness and the four independent variables, i.e. predictability, ownership, harmonization and capacity development. However, the compliance of the aid effectiveness principles has been found weak from the lens of the beneficiary as well as from the insights of KII. Out of the four independent variables, the condition of predictability and harmonization was found partially effective, whereas the condition of ownership, and capacity development was found weak.

On the one hand, aid is in the desired direction of programmatic achievement whereas on the other hand, the compliance to aid principles and practices has found weak. Despite weak adherence to the aid principles and practices, how the aid has been effective in programmatic achievement? What will be the consequences? The answer of the former question was found during the KII where the DCoP of Global Fund (2019.05.31) argued, *“The momentum of the malaria program is down to the human resources of the program management unit set up by Global Fund”*. The director of EDCD (2019.05.31) who acknowledged the role of PMU in programmatic achievement further corroborated the viewpoint of the DCoP, GF. Moreover, the program manager of Global Fund (2019.05.31) argued that, almost 90% of the work has been done by PMU with 23 dedicated staffs (details in annex 10) set up at central and regional level. Here, the current strength of PMU seems to be the weakness of the government in terms of capacity upon the discontinuation of aid.

In the case of second question, what will be the consequences? Since, the ownership of the program and the capacity development is significantly weak; the effectiveness of aid seems to be engulfing in the vicious cycle of ownership and capacity development in future as explained by Lopes and Theisoohn (2003) (Details in annex 10). Therefore, the

far-reaching consequence may be creation of aid dependency in the recipient government. Further, the aspects of ownership and capacity development can be viewed as the challengers from the perspectives of Field theory for the effective aid in the case of malaria program.

In addition to above, the interface between aid disbursements and utilization reflects a situation of low absorption capacity in terms of total aid flow. In the national level, the data of three years from 2015-2018 shows around 60% of aid utilization in relation of total aid from Global Fund. In the case of districts and regions, 75% of aid was found to be utilized whereas almost 86% of the aid disbursed has been utilized in the case of Kapilbastu. Further, as argued by the Program Manager of Global Fund (2019.05.31), it has been found that almost 90% is spent on direct expenditure whereas 30-40% is spent in the case of on budgetary reflection.

Moreover, various factors and mechanisms have been discovered influencing the effectiveness of aid which can be elaborated from the perspectives of Field theory as well. Majority of national factors, however, have been discovered to influence the aid in negative way. For e.g. although the aid was found predictable, the mechanisms like disbursement delays, mismatch in understanding has hampered the effectiveness of aid. Similarly, de-legitimation to recipient systems has been found to have adverse impact in creating ownership. The consolidation and like mindedness under harmonization have found to have positive impact in aid whereas the national factors like illiteracy, ignorance were found to have negative impact on the effectiveness of aid.

Chapter 6

Summary & Conclusion

6.0 Introduction

This chapter presents the summary of the study, discusses about the results by linking to the research questions. The major objectives of this research was twofold, i.e. to analyze the interface between aid disbursement and aid utilization, and to unbundle the factors on which aid effectiveness depends. To attain the objectives two central research questions were employed i.e., How is the interplay between international and national factors shaping aid effectiveness in a particular sector, like health in the context of Nepal? In addition, what are the factors and policies shaping aid effectiveness? The dependent variable consisted of mainly three sub variables which were further assessed by eleven indicators whereas the four independent variables consisted of twenty three indicators all together. The association of the variables has been tested and link has been established to explain the status of the independent variables and how they have been associated with the dependent variable.

This thesis is the blending of quantitative data and qualitative data one supplementing or reinforcing the other based on convergent parallel mixed method. In addition to that, secondary sources of information is cherry on the top for this study. Moreover, this chapter emphasizes on how this research supports and open up the further research avenues in light of the effectiveness of aid in concern to global principles and practices of aid effectiveness.

6.1 Summary of Research Findings

6.1.1 Dependent variable

The dependent variable of this study is aid effectiveness and three sub variables were processed in SPSS differentiating into eleven indicators for assessing the impact at beneficiary level.

- *Awareness level*

The field survey reflects majority of the respondents opting in effective zone which was unequivocally supported by the arguments and explanations from in-depth interviews and KII's. The aid has been found effective in raising the awareness level of the beneficiary.

- *Effectiveness of health interventions*

In case of effectiveness of health interventions carried out in the community levels, majority of the respondents has opted in the effectiveness zone. Upon the observation of the secondary source of data and interviews from KII, the coverage of LLINs, availability of free malaria medicines in health facilities has been found effective whereas the IRS and foci identification/elimination has been found ineffective.

- *Disease burden*

In case of disease burden in the community, 80% of the respondents has opted in effectiveness level which was further corroborated from the secondary sources of information along with the response of various KIIs.

6.1.2 Independent variables

Independent variables consisted of four major influential factors that affects the dependent variable of this study carried out. The independent variables were based on the various aid principles under Paris, Accra and Busan Declarations.

- *Predictability*

The scenario of aid predictability was observed and analyzed from beneficiary level to the topmost actors of aid recipients. Based on multiple sources of data the aid was found to be predictable, however, lacked the aspect of reliability. Moreover, out of the five indicators developed under predictability, all of the indicators were found to be associated with aid effectiveness.

- *Ownership*

Although the field survey reflects majority of respondents in effectiveness zone the field visit observations, interviews taken and secondary sources of information didn't reflect the encouraging aspect. There is weak state of ownership in case of this program in particular and health sector in general. Moreover, five indicators out of seven were found to be associated with the effectiveness of aid.

- *Harmonization*

In the case of harmonization, the field survey reflected a majority of respondents opting in effective zone which was supplemented from the in-depth interviews and KII's. Situation of partial harmonization existed and four indicators out of six were found to be associated with aid effectiveness.

- *Capacity Development*

In terms of overall capacity development, the state of capacity development at beneficiary level was found weak. The findings from the field are as par with the KII's & in-depth interviews. Moreover, out of the five indicators under capacity development, all five indicators were found to be associated with the aid effectiveness.

6.2 Interface between Aid disbursement and Utilization

Based on the observations, interviews and analysis of secondary data, the interface between aid disbursements reflects a situation of low absorption capacity in terms of total aid flow. The data of three years from 2015-2018 shows around 60% of aid utilization in national level, 75% of aid utilization in regional & district level whereas in 86% of the aid has been found to be utilized in Kapilbastu.

6.3 Linking Research Questions with Findings

In short, this research attempted to evaluate the effectiveness of aid based on the programmatic achievement and compliance with the principles of aid effectiveness. Against this backdrop, following remarks can be drawn from the research.

R1: How is the Interplay between international and national factors shaping aid effectiveness?

Although the effectiveness of aid was found in the desired direction, various international and national factors, competing policies & mechanisms emerged as argued by the Field theory. For e.g. the aid was found predictable, however, the national factors like disbursement delays, bureaucratic procedures are impacting aid in negative way. Similarly, the poor status of ownership of the program has been found as the challenger in the effectiveness and sustainability of aid. In the case of harmonization, joint work with likeminded partners have found to be affecting aid in positive way whereas the issue of illiteracy, rigidity in reprogramming & remodeling were found as a major challengers in capacity development at beneficiary level. It can be concluded from the perspectives of the Field theory that, only the execution of international aid principles is not sufficient, as there are various inertia factors and mechanism in the field influencing the effectiveness of aid.

R2: Major factors & policies shaping aid effectiveness

The major factors and policies discovered during the research that influence the effectiveness of aid in either way are listed as follows.

- *Constitution, guidelines, policies of the recipient country;*
- *International factors like predictability, ownership, harmonization, capacity development, alignment, etc.;*
- *Selection of aid, Project/Program Implementation modality;*
- *Funding & reporting mechanism;*
- *Bureaucratic procedures*

- *Human resource, staff turnover, absorption capacity;*
- *Holistic approach from donor, consideration to host country interest*
- *Establishment of parallel institutions*
- *Fiduciary risks (donors perspectives; probability of corruption, leakage)*
- *Negotiation strength, policy practice gap, conditionality;*
- *Capacity as an escape point for donors. sometimes donors also lacks the capacity*
- *Community engagement & mobilization, bottom up approach*
- *Political economy, international politics, strategic Interests*

6.4 Contribution of the study

Although multiple number of thesis have examined the effectiveness of aid at macro level, there is still dearth of study in the beneficiary level based on the international aid principles and practices. As far as the researcher holds knowledge, this thesis is most probably among the pioneer rigorous studies of aid effectiveness in health sector in South Asia based on the aid effectiveness principles at beneficiary level. Henceforth, this study can be regarded as the first one of its kind in Nepal and can be considered as the stimulator in the domain of public policy, which views the perceptions of citizens in the effectiveness of the state activities. It has analyzed the impact of aid in ultimate recipients rather than analyzing the output level of aid effectiveness. Therefore, this initiation consists of a far greater value than the traditional definition of the public policy, which views state as the ultimate policy maker than the citizens of the state. This study also contributes to the stock of literatures with coverage from theoretical discourse, and facts of national and international arena with perceptions derived from the closely conducted interviews in different level of aid recipients.

Moreover, this study will be a cornerstone and the basis of further evidence and vault of understanding in relation of international aid principles and practices to aid effectiveness in the country context like Nepal.

6.5 Conclusion

This research made an attempt to analyze the interplay of international factors and national factors in shaping the effectiveness of aid by unbundling the factors affecting the aid effectiveness. As discussed already, the study was carried out based on four independent variables. The aid has been found in the direction of effectiveness in terms of programmatic achievement, however, is significantly weak in compliance of the principles of aid effectiveness. The strong reason for the programmatic achievements was found to be the establishment and function of program management unit based on EDCD which conducts significant programs and activities. Combining the aspects of programmatic achievement and compliance with aid effectiveness principles, the aid is partially effective and there is a huge room for improvement.

6.6 Future Scope for Research

Due to the obligation to complete the thesis within the allocated period, it remained a challenging task to have a comprehensive look into the effectiveness of aid into multiple projects and programs. It could have been even better if a comparative analytical study could have been done between different projects and programs.

Therefore, further researches can be carried out covering the following aspects.

- This research focuses only on four variables for aid effectiveness based on the principles of aid effectiveness. Further research can be done with other factors as identified by the various declarations.
- Two or more different projects/programs funded by external development partners under the health sector can be carried out under the same analytical framework.
- Comparison of effectiveness of aid with respect to international aid principles and practices in different sectors like health, education, manufacturing, etc. can be done.
- Moreover, a comparative study in different aid receiving community & districts can be carried out for comprehensive and comparative understanding.

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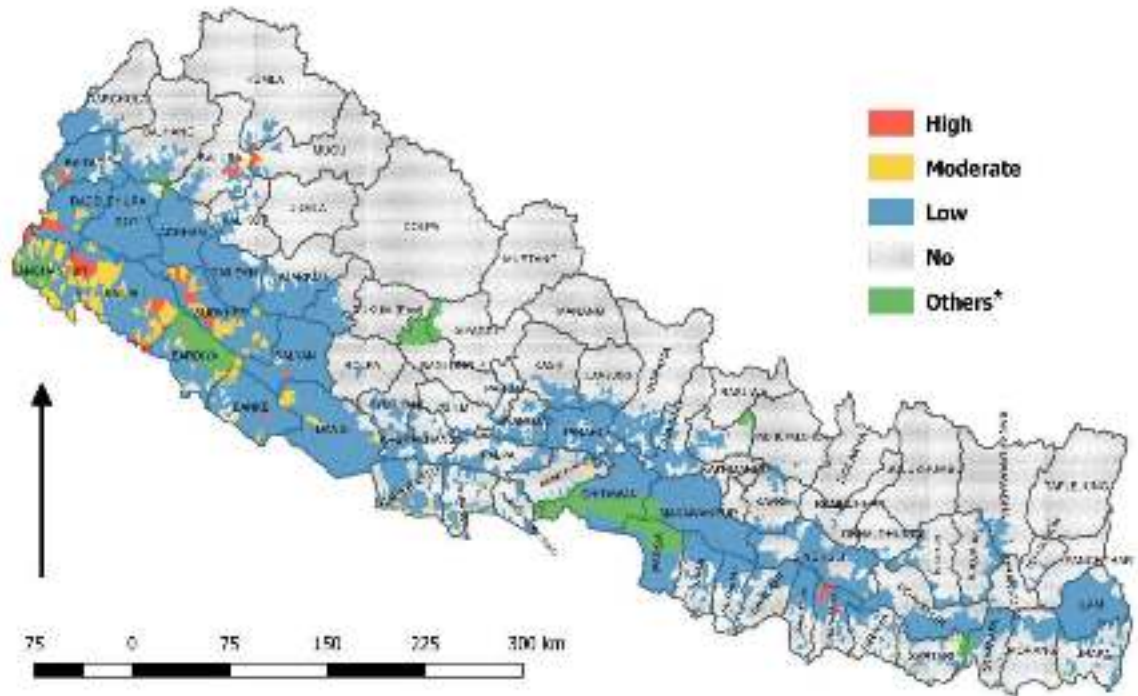
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Annexures

Annex 1: Ward Level Risk Clarification Map



*Others means National Parks, Conservator areas, Wildlife Reserves etc.

Map 1: Ward level risk clarification map

Source: Micro-Stratification Report, 2018

Annex 2 a: Questionnaire for Beneficiary

“Aid Effectiveness in Nepal: A case of a Malaria Program”

Dear Sir/Madam,

Namaste

We would like to request you for your valuable time and effort on the subject of the research. This questionnaire is a part of the research paper entitled ‘**Aid effectiveness in Nepal: A Case of Malaria Program**’. The purpose of this research is to assess the impact of Malaria aid at beneficiary level and to identify the factors affecting the effectiveness of aid. The results of the survey will help us to evaluate the effectiveness of aid at beneficiary level. This questionnaire will normally take around 15 minutes.

Please be frank and honest in your answers.

Disclaimer: The data gathered through this questionnaire would be used exclusively for academic purpose only. Your name is strictly optional and your shared information will not be used other than research purpose.

Section 1: Respondent’s Characteristics

Date: 2019/ /

Questions	Answers	Remarks
Name (Optional):		
Contact (Optional):		
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Age:		
Current place of residence:		
Dwelling Since:		
Occupation:		

Section 2: Respondent's Reaction

[1.0] Predictability: Covering the predictability of aid flow to the recipients, availability of aid information & knowledge on the expected aid flow, and forecast of future flows.

Q.N.	Predictability	Completely ineffective (1)	Partially ineffective (2)	Neutral (3)	Partially effective (4)	Completely effective (5)
1.1	Information on expected aid flow	1	2	3	4	5
1.2	Availability of aid information	1	2	3	4	5
1.3	Sharing of aid data in appropriate intervals	1	2	3	4	5
1.4	Knowledge on what aid is coming from which donor in which form & when	1	2	3	4	5
1.5	Assurance on timely disbursement of aid	1	2	3	4	5

[2.0] Ownership: Community engagement and mobilization, programs that enhances the ownership at beneficiary level.

Q.N.	Ownership	Completely ineffective (1)	Partially ineffective (2)	Neutral (3)	Partially effective (4)	Completely effective (5)
2.1	Demands of beneficiary	1	2	3	4	5
2.2	Use of FCHVs for project activities	1	2	3	4	5
2.3	Use of community based organization like mothers group at beneficiary level for enhancing awareness	1	2	3	4	5
2.4	Better human resources in health facilities	1	2	3	4	5
2.5	Better Infrastructure (building, lab, equipment)	1	2	3	4	5
2.6	Malaria mobile clinics	1	2	3	4	5
2.7	Community testing/tracking	1	2	3	4	5

[3.0] Harmonization: Coordination with local stakeholders in project planning, fund request, joint monitoring & supervision and simplification of procedures.

Q.N.	Harmonization	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
3.1	Coordination with local bodies	1	2	3	4	5
3.2	Coordination with local bodies in fund request	1	2	3	4	5
3.3	Joint work with civil societies in project activities	1	2	3	4	5
3.4	Coordination with local people regarding local needs	1	2	3	4	5
3.5	Joint monitoring & supervision	1	2	3	4	5
3.6	Simplification of procedures in receiving aid	1	2	3	4	5

[4.0] Capacity Development: Building the capacity of beneficiary level by providing trainings, orientations and capacity building programs

Q.N.	Capacity Development	Completely ineffective (1)	Partially ineffective (2)	Neutral (3)	Partially effective (4)	Strongly effective (5)
4.1	Orientation to FCHVs for referral of suspected malaria cases to health facilities	1	2	3	4	5
4.2	Training to FCHVs for malaria prevention	1	2	3	4	5
4.3	Training to FCHVs malaria treatment/adherence, & follow up	1	2	3	4	5
4.4	Public orientation programs at community level regarding malaria	1	2	3	4	5
4.5	Orientation to CBOs regarding malaria	1	2	3	4	5

[5.0] Aid Effectiveness: Effectiveness of health intervention outcome & health service outcome.

Q.N.	Aid Effectiveness	Completely ineffective (1)	Partially ineffective (2)	Neutral (3)	Partially effective (4)	Strongly effective (5)
5.1	Awareness regarding causes of malaria	1	2	3	4	5
5.2	Awareness regarding symptoms of malaria	1	2	3	4	5
5.3	Awareness regarding malaria transmission	1	2	3	4	5
5.4	Awareness regarding malaria prevention (how)	1	2	3	4	5
5.5	Filling of nearby pits & cleaning of bushes	1	2	3	4	5
5.6	Foci Investigation & elimination	1	2	3	4	5
5.7	Timely Indoor residual spraying					
5.8	LLINs received in time from mass distribution	1	2	3	4	5
5.9	ANC LLIN for pregnant women	1	2	3	4	5
5.10	Availability of free malaria medicine in health facilities	1	2	3	4	5
5.11	Disease burden in community					

(LLINs: Long Lasting Insecticidal Bed Nets)
 (ANC LLINL: Ante Natal Clinics LLINs)

Overall Comments/Suggestions

[6.0] your overall comments, suggestions for enhancing the effectiveness of aid of this project.

.....

.....

.....

.....

.....

.....

.....

“Thank you for your time, cooperation & patience”

Annex 2 b: Explanations of Questionnaire

QN	Completely Ineffective (1)	Partially Ineffective (2)	Neutral (3)	Partially Effective (4)	Completely Effective (5)
1.1	No info on aid on coming years	limited info on expected aid and lacks certainty	Can be obtained if gone through official process	Available in public institution on inquiry	Available of info in public institutions, mass media,
1.2	No information regarding aid	limited availability of aid information	Can be obtained if gone through official process	Available in public institutions with inquiry	Easily available of all info in public institutions, mass media
1.3	Never	Rarely	Sometimes	Often	Always
1.4					
1.5	100% unsure regarding aid disbursement	Almost unsure regarding aid disbursement	Don't know, May be	Almost sure	100% sure

QN	Completely Ineffective (1)	Partially Ineffective (2)	Neutral (3)	Partially Effective (4)	Completely Effective (5)
2.1	Never	Rarely	Sometimes	Often	Always
2.2	Never	Rarely	Sometimes	Often	Always
2.3	Never	Rarely	Sometimes	Often	Always
2.4	Never	Rarely	Sometimes	Often	Always
2.5	Nothing changed to previous years	very little insignificant changes	Some little changes but can't be realized much	Some changes that can be realized	Changes that have been realized strongly
2.6	Nothing changed to previous years	very little insignificant changes	Some little changes but can't be realized much	Some changes that can be realized	Changes that have been realized strongly
2.7	Never	Rarely	Sometimes	Often	Always

Q.N	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
3.1	Never	Rarely	Sometimes	Often	Always
3.2	Never	Rarely	Sometimes	Often	Always
3.3	Never	Rarely	Sometimes	Often	Always
3.4	Never	Rarely	Sometimes	Often	Always
3.5	Never	Rarely	Sometimes	Often	Always
3.6	Never	Rarely	Sometimes	Often	Always

QN	Completely ineffective (1)	Partially ineffective (2)	Neutral (3)	Partially effective s(4)	Strongly effective (5)
4.1	Never	Rarely	Sometimes	Often	Always
4.2	Never	Rarely	Sometimes	Often	Always
4.3	Never	Rarely	Sometimes	Often	Always
4.4	Never	Rarely	Sometimes	Often	Always
4.5	Never	Rarely	Sometimes	Often	Always

QN	Completely Ineffective (1)	Partially Ineffective (2)	Neutral (3)	Partially Effective (4)	Completely Effective (5)
5.1	No knowledge at all	Highly limited knowledge	Some knowledge but with weaknesses	Almost knows all	Knows everything
5.2	No knowledge at all	Highly limited knowledge	Some knowledge but with weaknesses	Almost knows all	Knows everything
5.3	No knowledge at all	Highly limited knowledge	Some knowledge	Almost knows all	Knows everything
5.4	No knowledge at all	Highly limited knowledge	Some knowledge	Almost knows all	Knows everything
5.5	Never	Rarely	Sometimes	Often	Always
5.6	Never	Rarely	Sometimes	Often	Always
5.7	Never	Rarely	Sometimes	Often	Always
5.8	Never	Rarely	Sometimes	Often	Always
5.9					
5.10	Never	Rarely	Sometimes	Often	Always
5.11	No improvement at all	very limited	Somewhat reduction	Noticeable improvement	Significant reduction of cases

Annex 3: General Interview Guide for KII

“Aid Effectiveness in Nepal: A case of Malaria Program”

Key Informants Interview

Predictability

1. How much aid is predictable? Does aid flow as per the commitment?
2. Do government possess knowledge on expected aid flow?
3. What are the major factors affecting predictability?

Ownership

1. Is aid effective in promoting ownership?
2. Is government taking the ownership of aid?
3. What is the situation of ownership (community mobilization and engagement) at beneficiary level?
4. Are the demands of beneficiary properly addressed?

Harmonization

1. What is the situation of harmonization in foreign aid funded programs?
2. What is the status of harmonization with local bodies, Civil Societies (CSOs)?
3. Are there joint missions, joint monitoring and supervision in field level?
4. Do donors share information of funding and analytic work?

Capacity Development

1. How much aid has been successful in building capacity?
2. How much aid is effective in building capacity at beneficiary level?

Others

1. What is the compliance of international aid principles and practices in health sector?
2. How do you evaluate the aid flow to the project from donor and to the implementation units from project?
3. How do you analyze between aid disbursement and aid utilization?
4. What are the major factors and policies determining the effectiveness of aid in this project?
5. How is the interplay between international and national factors shaping aid effectiveness in this project?

Annex 4: Characteristics of the Respondents

Table 20: Characteristics of the respondents

Characteristics of Respondents		Number of respondents (N)	Percentage
Gender	Male	46	66
	Female	24	34
Age	15-39	47	67
	40-59	14	20
	60 & above	9	13
Religion	Hindu	67	96
	Buddhist	1	1
	Muslim	1	1
	Christian	1	1
Dwelling Since	5-10 years	10	14
	10-15 years	2	3
	15-20 years	10	14
	20-25 years	12	17
	25-30 Years	10	14
	30 years and above	26	37
Occupational Status	Agriculture	37	53
	Business	4	6
	Service	8	11
	Study	13	19
	Others	8	11

Source: Field Survey, 2019

Annex 5: Informed Consent Sheet for KII (Sample)

"Aid Effectiveness in Nepal: A Case of Malaria Project"

CONSENT FORM

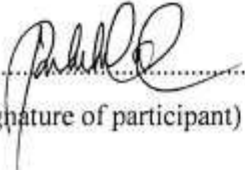
I have understood what the project is all about and all my questions regarding project have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

1. My participation in the project is entirely voluntary;
2. I am free to withdraw from the project at any time without any disadvantage;
3. Personal identifying information recorded in emails and audio-tapes will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for at least five years;
4. This project may involve an open-questioning technique. In the general line of questioning and development of interview, if I feel hesitant or uncomfortable I may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind;
5. There will be no commercial use of data collected in this project;
6. The results of the project may be published and available but every attempt will be made to preserve my anonymity.

I wish to keep complete anonymity of my identity in the research reports. (Please tick if applicable to you)

I agree to take part in this project.


.....
(Signature of participant)

2076-02-17
.....
(Date)

Annex 6: Ethical Approval from SIPJ, North South University



26 May 2019

Mr. Ujjawal Gautam
South Asian Institute of Policy and Governance
North South University

Dear Mr. Gautam

The Research Committee of SIPG approved your proposal for a study of *Aid Effectiveness: A Case of a Health Project in Nepal* for your Master thesis. The committee found your project to be very well written, clear with impressive level of conceptual thinking as demonstrated in the proposal. The project is interesting and challenging one.

Part of the Research Committee's role is to provide feedback to support the research. One of your supervisors Professor Ahdar Rob Khan from North South University will supervise your thesis from Bangladesh whereas Professor Tek Nath Dhakal (Trishuvan University) will be supervising you in Nepal. They will be able to provide you more detail on your thesis subject.

Best wishes for the research

Prof. Sk. Towfique M. Haque
Director, SIPG, NSU

Professor Sk Towfique M Haque, PhD
Director, South Asian Institute of Policy and Governance
Chair, Dept. of Political Science and Sociology
North South University
Email: towfique.haque@northsouth.edu



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Fax: +8802-22368222 • Email: admission@northsouth.edu • Website: www.northsouth.edu

Annex 7: Request Letter for Approval & Facilitation to EDCC, DoHS from CDPA,
Tribhuvan University

त्रिभुवन विश्वविद्यालय
व्यवस्थापन संकाय
जन-प्रशासन केन्द्रीय विभाग
काठमाडौं, काठमाडौं, नेपाल ।



Tribhuvan University
FACULTY OF MANAGEMENT
**CENTRAL DEPARTMENT OF
PUBLIC ADMINISTRATION**
Babku, Kathmandu, Nepal.

प.सं. () प.सं. / Ref #

दिनांक: Date: _____

26 May 2019

To
The Director
Epidemiology and Disease Control Division
Department of Health Services,
Teku, Kathmandu



Subject: Request to approval & facilitation for data collection.

Dear Sir,

The bearer Mr. Ujjawal Gautam is a student of this department pursuing Masters in Public Policy and Governance. He is conducting a research study on "*Aid Effectiveness in Nepal: A case of Malaria Project*" as a part of his Master's program.

Therefore, I'd like to request you to provide full approval for this research project and to assist the student by way of information, materials, and interviews or in any other form which may enable the bearer to complete his research project successfully. The information provided will be for academic purpose only.

Thank you,

Prof. Dr. Tek Nath Dhakal

Head

Annex 8: Approval from EDCD, Department of Health Services



Government of Nepal
Ministry of Health
Department of Health Services
Epidemiology and Disease Control Division

Phone No: +977 1 4255766
Fax No: +977 1 4262268
Website: edcd.gov.np
Email: oweredcd@gmail.com
Pachhal, Toku
Kathmandu, Nepal

Ref. No. 1092

28 May 2019

To,
Central Department of Public Administration,
Tribhuvan University

Subject: Regarding research approval

With respect to your letter dated 27th 2019, we are happy to provide approval to Mr Ujjwal Gautam of your department, for his Master's research project titled "*Aid Effectiveness in Nepal: A case of Malaria Project*". We believe the title of this study is an important one and are hopeful that the findings of this research will directly benefit National Malaria Elimination Program as well as the public policy makers.

We expect that all the ethical issues will be given due consideration in course of this research. We also look forward to being apprised of the finding of this study, on completion of the research.

Best regards,


Dr. Bibek Kumar Lal
Director

C.C.- Mr. Ujjawal Gautam, Student, CDPA, TU

Annex 9: Use of LLINs for Drying Crops



Figure 10: Picture of LLIN used for drying crops

Source: Ujjawal Gautam (7 June 2019)

Annex 10: Staffs Working Under PMU established by Global Fund

Table 21: Staffs working under program management unit (PMU)

S.N.	Position	Numbers
1	Program manager	1
2	Surveillance Medical Coordinators (SMC)	4
3	Entomologist	6
4	Microbiologist	1
5	Technical Specialist	1
6	Monitoring & Evaluation coordinator	1
7	Procurement Supply Management Coordinator (PSM)	1
8	Finance coordinator	1
9	Surveillance Medical Officers (SMO)	2
10	Finance officer	1
11	Data & IT officer	1
12	Communication & Documentation Officer	1
13	M & E assistant	1
14	Support Staff	1
15	Total	23

Source: PMU, 2019

Annex 11: Vicious Cycle of Capacity and Ownership

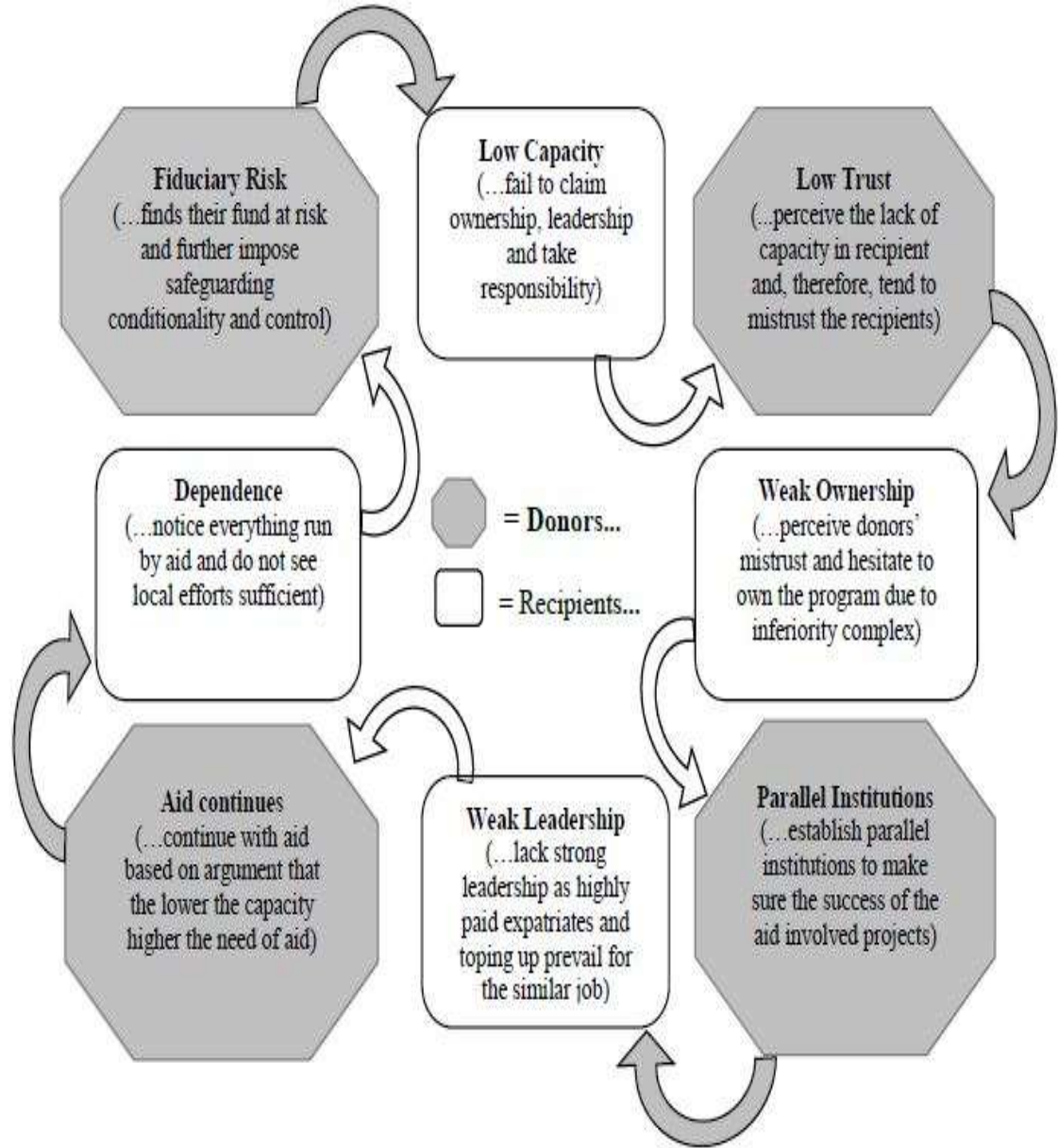


Figure 11: Vicious cycle of capacity and ownership

Source: Formulated on basis of Lopes and Theisohn (2003) as quoted in Dhakal (2007, p.35)

Annex 12: Aggregate Data

Table 22: Aggregate data of aid effectiveness

Aid Effectiveness	('μ')	(σ)	Percentage							
			C.I.	P.I.	Ineff	N.	P.E.	C.E.	Eff.	M
Awareness Level	3.8	1.38	14	11	25	6	21	48	69	
Effectiveness of Health Interventions	3.18	1.3	29	14	43	3	14	39	53	
Disease Burden	4.1	1.2	6	10	16	4	33	47	80	
Aggregate	3.7	1.3	16	12	28	4	23	45	67	0

Source: Field Survey, 2019

Table 23: Aggregate data of predictability

Predictability	('μ')	(σ)	Percentage							
			C.I.	P.I.	Ineff	N.	P.E.	C.E.	Eff.	M
Information on expected aid flow	3.7	1.5	20	20	40	3	26	31	57	
Availability of aid information	3.3	1.6	17	9	26	4	31	39	70	
Sharing of data in appropriate intervals	2.4	1.4	36	24	60	8	26	6	32	
Knowledge on what aid is coming from which donors & which form	2.3	1.4	41	22	63	11	19	7	26	
Assurance on disbursement of aid	3.5	1.5	18	10	28	6	33	33	66	
Aggregate	3.04	1.48	26	17	43	7	27	23	50	0

Source: Field Survey, 2019

Table 24: Aggregate data of ownership

Ownership	('μ')	(σ)	Percentage							
			C.I.	P.I.	Ineff	N.	P.E.	C.E.	Eff.	M
Demands of Beneficiary	2.1	1.3	46	24	70		17	6	23	7
Use of FCHVs for Malaria program	3.6	1.7	24	6	30	2	24	44	68	
Use of CBOs for awareness	2.5	1.4	40	14	54	6	36	3	39	1
Malaria mobile clinics	3	1.9	44	3	47		17	36	53	
Better human resources	4.5	1	2	9	11		21	67	88	1
Better infrastructure in health facilities	3.6	1.5	17	9	26	4	33	37	70	
Community testing & tracking	2.6	1.6	39	17	56	1	19	19	38	6
Aggregate	3.13	1.49	30	12	42	2	24	30	54	2

Source: Field Survey, 2019

Table 25: Aggregate data of harmonization

Harmonization	('μ')	(σ)	Percentage							
			C.I.	P.I.	Ineff	N.	P.E.	C.E.	Eff	M
Coordination with local bodies	3.4	1.6	23	10	33	3	29	34	63	1
Coordination with local bodies in fund request	2.7	1.5	31	24	55	1	26	16	42	1
Joint work with CSOs in project activities	2.9	1.6	29	23	52		21	26	47	1
Coordination with local people's	3.3	1.6	20	20	40	3	26	31	57	
Joint monitoring and Supervisions	2.9	1.6	31	16	47	11	16	24	40	1
simplification of procedures	4.5	0.9	1	7	8		23	69	92	1
Aggregate	3.28	1.47	23	17	40	3	23	33	56	1

Source: Field Survey, 2019

Table 26: Aggregate data of capacity building

Capacity Development	('μ')	(σ)	Percentage							
			C.I.	P.I.	Ineff.	N.	P.E.	C.E.	Effective	M
Orientation to FCHVs for referral of suspected cases	3.2	1.7	24	20	44	3	19	34	53	
Training to FCHVs for Malaria prevention	3.3	1.6	21	14	35	4	29	31	60	
Training to FCHVs for adherence to malaria treatment & follow up	2.8	1.5	29	26	55	6	20	20	40	
Public orientation programs at community	2.1	1.3	49	23	72	4	19	6	25	
Orientation to CBOs ,	2	1.4	47	23	70		17	6	23	8
Aggregate	2.68	1.5	34	21	55	3	21	19	40	2

Source: Field Survey, 2019

Remarks:

('μ')= mean

(σ)= Standard Deviation

C.I.= Completely ineffective

P.I.= Partially Ineffective

N= Neutral

P.E.= Partially Effective

C.E. = Completely Effective

Eff= Effective

M=Missing

Endnotes

ⁱ *“Budget cut off by 2/3rd than compared to previous years, despite malaria doing significant progress than TV & HIV. Despite being, performance based funding; budget is not according to the performance. We are receiving aid not as per our wish but as per the obligation of their wish” (Director EDCD, 31 May 2019)*

ⁱⁱ *“Almost predictable that fund will come but we can’t predict the exact amount. Regarding disbursement off budget gets disbursed in time but the red book amount doesn’t reaches in time due to several factors like “Fukuwa”ⁱⁱⁱ & bureaucratic procedures” (DCoP, Global Fund, 31 May 2019)*

ⁱⁱⁱ *“...almost 4, 5 months is delayed generally in the disbursement. In the latest case of disbursement, Ministry of finance mentioned USAID as a source instead of GF, which took 8 months to rectify that file. On average, the first trimester used to be lapsed but this time even second trimester was lapsed during the fund disbursement”. (Program Manager, Global Fund, 31 May, 2019)*

^{iv} *“First, there is lack of highly specialized human resource in the government. Even in the vector, borne section there is lack of dedicated human resource who looks after the malaria disease. Let us not talk about the senior lever, there is not even in the junior level. We have 1.5 HR in Malaria. For e.g. if the director looks for 10 diseases, and if calculated as 0.1 for malaria and 0.3 for malaria from vector borne disease section which looks for 3 diseases, there is just 1.5 HR in malaria. It has been more than 10/12 years that we are unable to increase the dedicated human resource. That means the government is also not working to increase the ownership. Moreover, the second challenge is the stability of the program team. If I get transfer after coming here before learning the M of Malaria, how can it be effective? The people who have understood the program should be well retained, if not how can they negotiate and we have to work just on the basis of institutional memory and personal memory of the certain team member of the PR. They can’t even find a space to speak up” (Director, EDCD- 31 May 2019)*

^v *“The government is still unable to take the ownership in the funding of the global fund because the government hasn’t taken this project in the terms and conditions of their own. We are bounded by tripartite agreement, which seems to be guided by the whim of certain key person rather than based on need-based evidence. There is no funding according to the need identified; therefore, there is no ownership. We do have concerns on funding level, negotiation level, terms and conditions of dispersal and there is no environment in taking the ownership for the government. They are solely focused on burn rate of the financial expenditure, but I don’t’ see them much interested in the impact level of the*

program. While coming for the meeting with the department, people who have understood grants visits regularly than the one who have understood the program. They deal everything with calculator approach rather than programmatic lens; therefore, there is no possibility of sustainability.” (Director, EDCD- 31 May 2019)

^{vi} “Although the government have done efforts for the influx of more and more fund but the government doesn’t review much about the system for effective channelization/channeling and utilization once the funding arrives. They are running through the same old systems without further review. Talking about utilization, it’s not seen that government is seriously analyzing; how much fund arrived? How much has to be gone and how much went? Whether it delivered result or not? They just raised the issue whether it went through their system or not (red book). They just have concerns on red book expenditures and they don’t have much concerns on the expenditures from off budget (direct implementation). Even on the Redbook budget also they are much concerned on how much was the total budget and how much got spent, not on the results achieved. They just focus on financial burn rate; they don’t focus much on programmatic issues. They just see everything financially. Moreover, government is still unsuccessful in the commitment of co-financing. This time they have deficit of 2 million in red book than it should have been.” (DCoP, Global Fund, 31 May, 2019)

^{vii} “We are planning to gradually reduce our staffs and ultimately by 2021 march we had understanding that government will take handover but coming to this point, still they don’t have plan. Last year government failed to recruit a position, which they had told they would do and if GF stopped the funding, the whole momentum of the malaria will stop. Because without human resource program doesn’t run. In their organogram, they don’t have any plans for the replacement of the human resources and the capacity in national and regional level currently supported by the Global Fund. We don’t see enough homework and preparedness on their side” (DCoP, Global Fund, 31 May, 2019)

^{viii} “Although we say it’s our ownership, the ownership by heart from the very beginning is less and less. We are lacking database frequently. For e.g. there was a project of USAID, in certain ministry but the ministry was fully unaware about the existence of that project in their ministry” (Secretary, NNRFC, 28 June 2019)

^{ix} “It would be better if they can come (donor from abroad) in monitoring and supervision in field level and check the effectiveness. For e.g. if we are doing spray they can come to the field and check the quality and techniques, whether the HR has taken the training or not, whether the pump are of good quality or not”(DPHO Chief, Kapilbastu – 8 June 2019)

^x “That GF program is being good, helping significantly; if some problem occurs, they solve it immediately. In case of coordination in distribution of aid, ward chairperson, member, or social worker, etc. are called for assistance and 2, 4 people will definitely help” (VCI, DPHO, Kapilbastu 8 June 2019)

^{xi} “In ministry level there is harmonization under the broad heading, however, they support on the area they want rather than our demand. Even the director of EDCD is not involved in the planning level. Moreover, the donors have not even addressed the programmatic issues. May be because of our past performance, or may be because of tripartite agreement, the hand of government is weak. The government also can’t work as per the agreement which is signed by the government as in the form of tripartite agreement. We can’t work as per our signature on the agreement. Sometime they don’t even reply. We are running in the model of receiver have no choice”. (Director, EDCD- 31 May 2019)

^{xii} “...there is good scene in resource harmonization, collaboration and coordination. Every stakeholders are also involved in the gap analysis part, activities designing, writing proposal, and in the implementation phase” (DCoP, Global Fund, 2019.05.31)

^{xiii} “FCHVs are utilized but not effective as much as it should have been. For e.g. if a FCHV calls, then 15, 20 female will be gathered. However, there is not adequate place to discuss with them. A FCHV generally do have 125 but there is no environment for teaching to the persons of those 125 households. They need 2,3 hours to teach and when people comes, there is no place to live, no provisions for lunch. We talk about quality. For the quality at least there needs to be chair or at least cushion so that they can teach. They need some tools and TADA/incentives should be given. The instructor fees should be given. There are nine wards so $9*4=3600$ hundred is gone. For e.g. if a group is made of 20/25 then it needs to be conducted at 5 time in a month in a ward. Therefore, it should be made practical and there are so many diseases as FCHV are not only for malaria”. (DPHO Chief, Kapilbastu – 8 June 2019)

^{xiv} There is program strengthening, however, there is huge room for improvement. We also lacks capacity in the sense how to negotiate. Moreover, we are still unable to remodel the program as per the need of beneficiary” (Director, EDCD, 31 May 2019)

^{xv} “...capacity is not a thing to be given in engineering approach by hiring from outside. It’s an act of adding brick to the preexisting one so that it will be sustainable. Therefore, it is our problem.” (Undersecretary, MoF, 20 June, 2019)