



RESEARCH BRIEF

New Norms and Forms of Development

Brokerage in Maternal and Child Health Service Development and Delivery in Malawi

INTRODUCTION

This research brief presents findings of the study on outsourcing of external development assistance in maternal and child health (MCH) in Malawi. It outlines the institutional modalities and norms guiding the financing and delivery of MCH projects and programmes. First, our mapping of the social and political organization of external development assistance reveals a complex assemblage of actors, institutional arrangements and activities informed by the norms:

'outsourcing', 'value for money' and 'measurable results'. Second, we found that for development assistance to function effectively it is not just about the flow of financial resources to a project and programme but also about networks and key personal and institutional relationships. Third, we found that there is increasing political pressure to show that the disbursement of resources is linked to performance of measurable results.

However, such norms and forms allow little institutional space for embedding political economy or socio-cultural evidence into the design, implementation and evaluation of projects. We conclude by presenting the implications of these new institutional modalities and norms for health outcomes, sustainability and State capacity to deliver effective MCH services.

BRIEF DESCRIPTION OF OUR RESEARCH

Our research is part of a two-year project funded by the UK's Economic and Social Research Council (ESRC) and the Department for International Development (DFID), conducted between May 2014 and

October 2016. The research is being carried out by the Schools of Social and Political Science and Health in Social Science at the University of Edinburgh in collaboration with Kamuzu College of Nursing, Malawi and Social Science Baha, Nepal. Ethical clearance was obtained from the Ethics Committees of the School of Social and Political Science in the UK, the Malawi College of Medicine Research and Ethics Committee in Malawi and the Nepal Health Research Council in Nepal.

The overall project aims to generate policy relevant knowledge on the roles and functions of development institutions that broker health and development projects and programmes. In particular the research explores external development assistance in the MCH sector comparing its norms, institutional modalities, use of outsourcing and relationships in Malawi and Nepal.

In order to do this, we first mapped the institutional terrain in each country around external development assistance in MCH. In Malawi, we began by interviewing key informants in the Ministry of Health, bilateral agencies, United Nations (UN) agencies as well as private consultancy firms, International Non-Governmental Organisations (INGOs) and Non-Governmental Organisations (NGOs) to identify the institutions and individuals involved in the development and delivery of MCH. Following this, we held an inception workshop in Lilongwe on 13 October 2014, where 30 delegates attended the event. Participants were from the

Ministry of Health, Reproductive Health Unit, Universities, UN agencies, bilateral agencies, INGOs, NGOs and private consultancy firms. The proposed research was presented and comments sought from the participants.

A major source of information on external development assistance in the health sector was from a 'Resource Mapping' exercise carried out by the Ministry of Health in collaboration with the Clinton Health Access Initiative (CHAI) that listed all the donors, project activities as well as those responsible for managing the resources and their allocation. Having scrutinized these documents for information on MCH project and programme activities, we collected further information on them by interviewing key informants in person. This mapping exercise allowed us to better understand the complexity of institutional assemblages, their relationships and the coordination challenges posed to the government. Following the mapping, we used ethnographic techniques and semi-structured interviews to explore with those involved in the development and delivery of selected MCH projects and programmes, to compare and contrast their norms and forms of developmental assistance. In particular, we closely studied five projects and programmes. These were: 'Support for Family Planning' managed by Banga La Mtsogolo (BLM) and funded by DFID/UKaid; 'Malawi Obstetric Teaching and Training in Emergencies' (MOTTIE) managed by the University of Dundee, Scotland and Malawi College of Health Sciences and funded by the Scottish Government; 'Helping Babies Breathe and Helping Mothers Survive' managed by the Association of Malawian Midwives (AMAMI) in partnership with Save the Children and funded by the United States Agency for International Development (USAID); Result-based Financing for Maternal and Neonatal Health (RBF4MNH) managed by Options Private Ltd and funded by KfW, a German government-owned development bank and the Government of Norway; and the Scaling up Nutrition project managed by Development Aid

People to People (DAAP) in partnership with CHAI and funded by DFID/UKaid.

These projects and programmes were selected to reflect diverse characteristics such as size of the project and funding, type of donor and funding modality. In addition to these in-depth case studies, we conducted interviews with 39 key informants involved in MCH development assistance. Our approach was not evaluative or judgmental but descriptive, focusing on processes of how projects and programmes are designed, funded, implemented, managed, monitored and evaluated and how key relationships and partnerships were forged.

KEY FINDINGS

We have organized the key findings under three major themes:

Social and political organization of external development assistance: Development assistance in MCH is a complex assemblage of actors, institutional arrangements and activities. The 'Resource Mapping' exercise enables us to map the flow of resources into the health sector in Malawi although challenges remain on understanding what donor funded institutions do with their financial resources and where and how do they spend them. According to the 'Resource Mapping' the large sum of \$642 million was allocated to the health sector in 2014-15, financed from 201 sources and implemented by 276 organisations. Only 19.5% of the financial support comes from domestic sources and an overwhelming 80.05% of the health budget came from external funding.

Based on the available information, the key donors in the MCH sector in Malawi are USAID, DFID/UKaid, the German and Norwegian Governments with contributions from multilateral agencies such as: The United Nations Children's Emergency Fund (UNICEF), the United Nations Family Planning Association (UNFPA) and the World Health Organisation (WHO) who have considerable leverage in defining national health policy. A number of missionary

organisations collaborate with the Christian Health Association of Malawi (CHAM) and mobilise overseas resources to deliver MCH services. INGOs also bring in some resources from overseas. In addition, a number of INGOs, NGOs and private contractors are active in the management and delivery of MCH services including CHAI, Save the Children, Marie Stopes International/BLM, Options Private Limited, JHPIEGO (Johns Hopkins Program for International Education in Gynecology and Obstetrics) CARE, Christian Aid, Johns Hopkins University Center for Communication Programs (JHU/CCP) and Population Services International among others.

A significant portion of the external development assistance to the MCH sector in Malawi is channeled outside of the government system and runs through major INGOs and private consulting firms. This is increasingly through consortia tasked with the management of major projects and programmes such as Support for Service Delivery Integration (SSDI) managed by JHPIEGO. Frequently based in the Global North with their satellite offices in the countries of the South, institutions like JHPIEGO typify organisations that are often the prime recipients of contracts and have the experience, language, technical know-how, relationships and capacity to comply with the donors' expectations. Not only do they manage and implement large-scale projects, they remain important players as providers of technical assistance even when external assistance flows through the Malawian government system.

Bilateral and multilateral donors are sceptical of Malawi's public finance management systems, and have put forward various institutional modalities in the form of management and reporting conditions as well as technical assistance to address this perceived shortcoming. Since 2004, a number of donors joined SWAp (Sector Wide Approach) which offered an institutional framework not only for joint planning and review but also for the management of resources in which the

donors have a say as to how resources are managed and spent.

Local NGOs, academic institutions and local experts, who are often hired as contractors or advisors, play an important role in navigating a complex institutional and bureaucratic system. These experts and local institutions have an intricate understanding of the political, social and cultural context and also knowledge of the social networks needed to get approvals for project and programme implementation. International organisations sub-contract a part of their work to these local institutions and individuals to achieve these ends.

Use of relationships and institutional networks: We found that personal relationships and informal networks are as important, if not more so, than professional relationships and formal networks in the functioning of MCH projects and programmes. Project and programme staff spend a considerable amount of time in sustaining and building new networks and creating new relationships that are critical for their success.

These networks and relationships are essential in building trust, which is vital for obtaining information on availability, sourcing and granting of funds to carry out MCH projects and programmes successfully. Additionally, the institutions use their networks to attract qualified and competent professionals creating internal markets and migration between and across institutions and organisations. This creates instability and mitigates against the building of long-term institutional and organisational capacity to deliver services.

These networks and relationships operate at all levels, from within the donor institutions based in the Global North, to intermediary organisations, national and international levels and with local implementing partners in Malawi. These constructive relationships and social networks are valuable resources in themselves for the continuance and maintenance of projects and programmes.

Shaping of development projects and programmes based on new norms of 'value for money, evidence and measurement of results': We found that the outsourcing of external development assistance is directly linked to ideas around getting value for money. There is profound political pressure in donor source countries as well as development institutions to demonstrate the impact of projects and programmes and to show that the disbursement of resources is linked to performance. This results in projects and programmes:

- Organizing their objectives as a set of measurable results;
- Needing to show that the costs are directly linked to the performance of these measurable results and;
- That they are organized around the generation of evidence through monitoring and evaluation and a results-based framework.

This imperative has resulted in projects and programmes spending considerable time and resources in recording different metrics (such as MMR) to capture measurable results. The preoccupation with metrics-based evidence means that projects and programmes are often left with very little institutional space to undertake innovative, meaningful and sustainable work, which does not fit pre-determined metrics and targets. The influence of the broader political economy and socio-cultural milieu gets ignored under the political pressure to demonstrate achievements circumscribed by measurable results.

IMPLICATIONS OF RESEARCH FINDINGS FOR POLICY AND PRACTICE

The new norms and forms of external development assistance in the MCH sector in Malawi, with their emphasis on 'outsourcing', 'results-based frameworks' and 'value for money', have a profound impact on the measurement of health outcomes, sustainability and for the capacity of the State to deliver health services.

Our research shows that the preoccupation with metrics and results-based frameworks

has reduced the impact of projects and programmes to demonstrating measurable results. This focus has marginalized and rendered invisible politico-economic and sociocultural dimensions that play critical roles in shaping health outcomes.

Practitioners delivering projects have rich knowledge and understanding of the local context as well as practical knowledge of implementation, which needs to be incorporated into the project design and interpretation of results.

While the outsourcing of projects and programmes has been justified in the name of absence of State capacity and to ensure effectiveness and efficiency, these institutional modalities create 'coordination' challenges for the government of Malawi and other similar aid-dependent countries. There are differences in pay, access to resources and facilities between government employees and employees at NGOs and other organisations that may result in the demoralization of government staff. This situation has promoted an internal brain drain, aid patronage, and competition amongst the agencies involved. There is a need to create opportunities for greater critical dialogue on the unintended effects of these organizational forms and to strengthen local institutional capacity for the sustainable development and delivery of quality MCH services.

This Research Brief is part of the research project 'New Norms and Forms of Development: Brokerage in Maternal and Child Health Service Development and Delivery in Nepal and Malawi'. This collaborative project involves researchers from the School of Social and Political Science and School of Health in Social Science at the University of Edinburgh; Kamuzu College of Nursing in Malawi; and Social Science Baha in Nepal. Funded by a grant awarded by the Economic and Social Research Council and Department for International Development (ESRC/DFID) in the UK, the project runs from 1 May 2014 to 31 October 2016.

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