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RESEARCH BRIEF

New Norms and Forms of Development Brokerage in Maternal and Child Health Service Development and Delivery in Nepal

INTRODUCTION

This research brief presents findings of the study on outsourcing of external development assistance in maternal and child health (MCH) in Nepal. 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 organisation of external development assistance reveals a messy assemblage of actors, institutional arrangements and activities informed by the norms: '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 or a 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 the achievement of measurable results. However, such norms and forms allows 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 and State capacity to deliver effective MCH services.

BRIEF DESCRIPTION OF THE STUDY

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) to be undertaken between May 2014 and October 2016. The research is being carried out by the School of Social and Political Science and the School of Health in Social Science at the University of Edinburgh in collaboration with Social Science Baha, Nepal, and Kamuzu College of Nursing, Malawi. Ethical clearance was obtained from the Ethics Committees of the School of Social and Political Science, Nepal Health Research Council and the Malawi College of Medicine Research and Ethics Committee.

The overall project aims to generate policy relevant knowledge on the roles and functions of development institutions that broker health and development programmes and projects.

In particular, the research explored external development assistance in the MCH sector while comparing the norms guiding it, the institutional modalities in place, the use of outsourcing, and relationships driving the sector in Nepal and Malawi.

In order to do this, we first mapped the institutional terrain in each country around external development assistance in MCH. In Nepal, we began by looking at records available at the Ministry of Health, the Department of Health Services, the Ministry of Finance, the National Planning Commission and the Social Welfare Council for information on key actors, activities and institutional relationships. Having looked at reports and bureaucratic records for information on project and programme activities, we conducted an internet search to gather further details on identified names of projects and programmes, and we collected further information on them by interviewing key informants either in person or over the phone.

Following the mapping exercise, we used ethnographic techniques and semi-structured interviews with those involved in the delivery of the selected MCH projects and programmes to compare and contrast norms and forms of developmental assistance. In order to allow for a detailed understanding of how the MCH sector functioned, we closely studied four projects and programmes besides interviewing 28 key informants involved in MCH development assistance. Our approach was not evaluative or judgmental but descriptive, focusing on the 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 organised the key findings under three major themes:

Social and political organisation of external development assistance: We found that development assistance in MCH is a messy assemblage of actors, institutional arrangements and activities. It is a major challenge to get information on what donor-funded institutions do with their financial resources and where and how they spend it. Based on available information, the study identified the key donors in the MCH sector to be the United States Agency for International Development (USAID) and DFID, with contributions from multilateral agencies like the World Bank (WB) and United Nations (UN) agencies who have considerable leverage in the health system. Missionary organisations bring some overseas resources to deliver MCH services. International non-governmental organisations (INGOs) bring very limited funding from overseas. Also, apart from the one instance where GlaxoSmithKline (GSK) funded a project on MCH, we did not come across international private donor funding.

Large amounts of external development assistance to the MCH sector in Nepal is channelled outside of the government system and runs through major INGOs and private consulting firms, increasingly through consortia tasked with the management of major projects and programmes. Frequently based in the Global North with their satellite offices in the countries of the South, they are often the prime recipients of contracts, and have the experience, language, technical knowhow, relationships and capacity to comply with the expectations of donors. 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 Nepali government system.

Donors are sceptical of public finance management systems, and have put forward various institutional modalities in the form of management and reporting conditions, including technical assistance to address this perceived shortcoming. Since 2004,

a number of donors have joined SWAp (sector-wide approach), which offers an institutional framework not only for joint planning and review but also for the management of resources in which donors have a say on how resources are managed and spent.

NGOs and local experts, who are often hired as contractors or advisers, play an important role in navigating a complex institutional and bureaucratic system. These experts have an intricate understanding of the political, social and cultural context as well as knowledge of the social networks needed to get approvals for project and programme implementation. Nepali law does not allow INGOs to implement projects on the ground. This means that the primary recipients of contracts then sub-contract a part of their work to local organisations to implement projects.

Use of relationships and institutional networks:

We found that personal relationships and informal networks are as important, if not more so, as professional relationships and formal networks in the functioning of MCH projects. The vernacular concept of *aafno manchhe* (literally, one's own people) remains critical in the design, funding, implementation and the evaluation of projects and scaling up in government policy. Project and programme staff spend a considerable amount of time building new networks and creating new relationships that are critical to their success.

The *aafno manchhe* concept includes formal and informal individual, professional and organisational networks and relationships. These networks and relationships are useful in building trust, which is vital for obtaining information on availability, sourcing and granting of funds to carry out MCH projects and programmes successfully.

These networks and relationships operate at all levels, from donor institutions based in the Global North, to intermediary organisations at local, national and international levels down to local

implementing partners in Nepal. Constructive relationships and social networks are valuable resources in themselves.

Shaping of development projects and programmes based on new norms of 'value for money, evidence and measurement of results': We found that there is profound political pressure to demonstrate the impact of projects and programmes in terms of demonstrating that the disbursement of resources are tied to measurable results. Hence,

- Project and programme objectives are organised as a set of measurable results;
- Projects and programmes need to show that the costs are directly linked to the achievement of measurable results; and
- Projects and programmes are organised around 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 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 work that does not fit predetermined metrics and targets. The influence of the broader political economy and socio-cultural milieu gets ignored under the pressure to demonstrate achievements circumscribed by measurable results.

IMPLICATION FOR POLICY AND PRACTICE

The new norms and forms of external development assistance in the MCH sector in Nepal have had a profound impact on the measurement of health outcomes 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 measurable results only. This heavy focus on results has marginalised and rendered invisible politico-economic and sociocultural dimensions that play critical roles in shaping health outcomes.

While the outsourcing of projects and programmes has been justified in the name of absence of State capacity and also to ensure effectiveness and efficiency, these institutional modalities create

‘coordination’ challenges for the government of Nepal and other aid-receiving countries. There are differences in pay and access to resources and facilities between the government employees and employees at NGOs and other organisations that may result in demoralisation of government staff. This situation promotes internal brain drain, aid patronage, and competition among the agencies involved—hardly a conducive environment for effective programme implementation.

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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