

The Selected Case Studies

Nepal

1. **Suaahara Phase-1:** USAID – Consortium of seven different NGOs, led by Save the Children Nepal, fund is/ has been then dispersed to district/ local implementing partner NGOs.

Suaahara projects (Both Phase -1 and currently phase -2) in Nepal are massive projects run by consortiums, Phase -1 had 7 NGOs implementing partners; they were Save the Children Nepal, Helen Keller International, Jhpiego, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, the Government of Nepal Ministry of Health and Population, NEWAH, NPCS, and NTAG. Was implemented in 41 districts.

Suaahara Phase -1 was funded by USAID (\$46 million) was a five-year project, started in August 2011 and expected to go on until August 2016, a comprehensive community-focused project dedicated to improving the health and nutritional status of pregnant and lactating women and children under-two years of age. The main claim of Suaahara team was “it is a unique and very community focused multi-sectoral project with world-class potential” in improving Maternal and child health.

2. **SAMMAN (Strengthening Approaches for Maximizing Maternal, Neonatal and Reproductive Health):** GSK - Care Nepal (NGO) - a number of implementing partners in districts.

SAMMAN was implemented in the three districts of far-western region, namely Doti, Dadeldhura and Kailali. The project was implemented for three years from July 2012 to June 2015. Programmes and activities of the SAMMAN was launched first in Kailali and Doti District Dadeldhura district was covered in its final year (or year three).

In 2016, the second phase of the project, known as SAMMAN-2 is being implemented in those three districts also in two other districts, Kavreplanchwk and Sindhuli of central region. In SAMMAN 1 Doti and Kailali were selected to continue the activities of Community Responsive Antenatal, Delivery and Life Essential (CRADLE) project so that result(s) of it can be strengthened and sustained. Regarding to Dadeldhura, it was chosen on the basis of indicators of maternal and neonatal health. Likewise in second phase of SAMMAN, Kavre and Sindhuli both are selected based on the prevalence of (poor) indicators of Maternal Neonatal and Child Health (MNCH). In addition to that, the Government of Nepal (GoN) recommended Care Nepal to work in these districts.

3. **Aama Surachaya:** Government of Nepal, Supported by foreign aid (multiple donors – pool donor): Aama surachhaya is a nationwide programme embedded within the Ministry of Health system – key activities focus toward promoting institutional

birth by providing maternity incentives. The current Aama Surachhaya programme was evolved from Safe Motherhood Programme, which was initially set up by Option Consultancy and funded by DfID in 1997. Since then, there have been quite a few changes with programmatic direction; Safe Motherhood Programme has become Aama Surachhaya.

Maternity Incentive programme was later developed and piloted in some districts in Nepal first then it was expanded to cover the whole country. In 2009, GoN passed a bill to provide all maternity services free of cost throughout the country for all women, and Aama Surachhaya programme was further developed and integrated as a national programme. Funding for Aama Surachhaya comes from the GoN (with support from External Development Partners - pool fund). Aama Surachhaya programme has had a regular programme review in various districts, there are 20 districts where programme was still to be reviewed in 2015.

4. **SRH (Strengthening Reproductive Health)** - Government of Japan – ADRA Japan – ADRA Nepal – District level implementing partners

SRH project run by ADRA Nepal is funded by the Government of Japan through ADRA Japan. Currently ADRA Nepal has projects in three districts in the western region; in Dailekh, Kalikot and Jajarkot. Three main SRH activities of ADRA are: community mobilisation (community awareness campaign), infrastructure development (Birthing Centre construction with all basic infrastructures including solar energy) and capacity building (provide funding towards Skilled Birth Attendant training) with aim to improve Maternal and Child Health services in western Nepal.

	Suaahara phase – 1	Strengthening Maternal Child and Reproductive Health (SAMMAN)	Aama Surachhaya	SRH
Donor	USAID	GSK	DfID (TA),	Government of Japan
Intermediary level -1	A consortium led by save the children Nepal (NGOs)	Care Nepal (NGO)	GoN	ADRA Japan (INGO)
Intermediary 2				ADRA Nepal (NGO)
Implementing organisation	District level (NGO) in all 41 district	District level (NGOs) in implementing districts	Within the government system in all	Implementing partner (NGOs) in districts

Malawi

1. **BLM - Banja La Mtsogolo** (or Future family in Chichewa): BLM has a number of activities, we look at the part of DFID funded activity called “Support for Family Planning”. BLM provide nationwide FP services through outreach and static clinics. Blue Star is a implementing partner NGO, covers @ 5% of FP services.

Since its establishment in Malawi, BLM has been funded by a number of international donors. However, DfID UK currently seems to be the major one – its money is channeled via UNFPA to BLM and some services are outsourced to other organisations such as Blue Star Malawi.

2. **Helping Babies Breath/ Helping Mothers Survive:** Run by AMAMI (Association of Malawian Midwives) from 2014.

AMAMI became involved in HBB training programme since 2013, it was when the second phase of national HBB scaling up began, with aim to scale up and cover all 28 districts. AMAMI received funding from USAID via ABT associates and implements HBB training programme in six of the remaining 28 districts in Malawi. In 2013, AMAMI received 26 million kwacha, signed contract with the ABT associates towards training 120 midwives on HBB by 2015.

In Malawi, there are multiple donors supporting HBB a nationwide programme, multiple implementing Partners, AMAMI is one of them

3. **MOTTIE – Malawi Scotland Partnership Programme (MASP)** runs MOTTIE (Malawi Teaching and Training in Obstetric Emergency) Scottish Government – University of Dundee / Malawi college of Health Science – Local team, Queen Elizabeth Hospital, Blantyre.

...This new project will reduce maternal mortality and morbidity through the introduction of PROMPT training – a proven team approach to recognition and management of emergencies in maternity care that will increase the knowledge and ability of individual maternity health care workers. This project will work with the School of Anesthesia that is soon to merge with the College of Health Sciences in Malawi. The funding will be implemented using a ‘train the trainers’ method and the funding includes the supply of medical mannequins to allow in-depth training on a variety of obstetric emergencies... (Scottish Government website)

4. **RBF4MNH – Result Based Financing for Maternal and Neonatal Health.** KFW (German Development Bank) – Option Malawi – District Hospitals
Encouraging women to attend health facilities for institutional birth, incentivizing women to come to hospital or to birthing centre for giving birth – this programme is

very similar to Aama Surachhya programme in Nepal. Other RBF4MNH activities include providing support for infrastructure building – (support district hospital towards water and electricity supply for Emergency Obstetric Care).

5. **DAPP: DFID** – CHAI funded Community nutrition project

	BLM - Banja La Mtsogolo	HBB/ Helping Mothers Survive	MOTTIE	RBF4MNH	DAPP
Donor	UK AID	USAID	Scottish Government	German Development Bank	DFID
Intermediary - 1	UNFPA	ABT Associates	University of Dundee (SMP)	Option Malawi	CHAI Malawi
Intermediary - 2			Malawi College of HS		
Implementing partners	BLM + Blue Star	AMAMI	Malawi Anesthesia project	District Health Offices Malawi	