Methodology and Project Design Introduction

Donors and international organisations involved in dispersing foreign aid now routinely employ contracts with service providers to carry out functions relating to international health service development and delivery. This outsourcing of foreign aid via contractual arrangements and partnerships is linked to a discourse on public sector reform in order to secure value for money, enhance aid efficiency and achieve the most impact with limited resources. These intermediaries include nonprofits, private contractors, management consultancies, advocacy groups, research organisations, think tanks and educational institutions among others. They employ tens of thousands of expert professionals, operating within the state apparatus or as outside technical support, and advise, consult and serve in various official capacities and contribute to health service development and to the delivery of projects. They occupy and link the space between the funders and beneficiaries/target groups translating the meanings and processes of development at both ends.

Sceptics have argued that much of foreign development aid is actually a give away to large contractors and sub-contractors. However, these intermediaries are the key actors whose function is critical in bringing together innovation, expertise, resources and political networks from different institutions to contribute to global development objectives such as MDG 5 .

A working paper developing the key analytical issues was developed by Sharma (2016) (Brokering in International Development: A Consideration of Analytic Issues). In this, the idea of ‘brokerage’ for the project was more fully developed, and grappled with the recent discursive shifts in aid and development of some complexity. These recent shifts in the forms of development are linked to ideas around subcontracting; value for money; the uses of evidence; results frameworks; and the use of sub-contactors (behind the lofty objectives of MCH facts and figures, projects need to be managed; experts recruited; bids won, and careers secured. While donors rely on larger contracts to get the work done, layers of subcontracts (a chain of subcontractors) are created and we see major private contactors and INGOs based in capital cities involved in implementing development programmes: In short an increase in the channelling of funds that sets up parallel institutions and assemblages delivering on short term goals and outputs rather than strengthening government systems per se. Much of this aid money is spent on technical assistance and off project support, which creates coordination challenges, promotes internal brain drain, aid patronage, and competition. Demoralised government staff are also often directly incentivised to support short term and discrete activities. It also raises complex questions on how to study these relationships and practices.

Through its focus on the role and functions of different types of institutions and professionals who broker health sector development projects and programmes, the research aimed to understand the nature of these shifts, and the mediation and translation involved in that process and the difference these actors make in meeting the global development objectives. Moving beyond the ideological positions and arguments, that defend or condemn this "neoliberalisation" of aid, this research focused on the role and functions of intermediaries that broker the delivery of aid by UKaid and USAID in the Maternal Child Health sector in Nepal and Malawi.

A key objective of the research was to investigate what donors can do to make these intermediaries more effective, or how can they best engage with intermediaries as emerging development actors? We wished to generate policy-relevant knowledge on the extent and forms of brokers and relations that make up the Maternal Child Health (MCH) sector in Nepal and Malawi.

The data collected for this project was carried out in Nepal and Malawi, and was broadly comparative. Our objectives and research questions were as follows:

1. What are the intermediary organisations and who are the individuals involved in MCH delivery for USAID and UKaid funded programmes to Nepal and Malawi? What do they do? How do they work?

2. How do these intermediaries maintain their relations with donors, recipient states as well as other actors? How do they mobilise resources and technical assistance/expertise? How do they translate the needs and intentions of the recipients and donors?

3. What are the types of expertise and resources mobilized?

4. What do national bureaucrats and aid policy makers think about these intermediary organisations and technical experts? What are their perceptions around how helpful or hindering they are in meeting the MCH objectives?

5. How do aid policy makers negotiate relationships with these intermediaries and what strategies do they employ?

In order to do so, the research involved two key stages, Mapping and case studies:

Mapping

To answer research question 1 above, we started with the mapping out of current Maternal and Child Health Service Providers and preparing a database or a list of intermediary institutions in Nepal and Malawi. The projects had to have clear objectives to improve the health and mortality of women and children. We worked with a “mapping template” in which we extended our investigations from there asking the following questions:

Programme/project; Name of implementing institution; Previous avatar/history; Partners involved and the nature of relationships; Main objective; List of activities; Geographical coverage; Programme funding bodies: Expertise involved (staff); Disciplinary expertise; Time; Nature of the programme; Relevant documents/websites. Selection Criteria for Mapping were also developed (Post 1990; and, Government, donors and intermediaries.

This initial mapping was supplemented by inception workshops in Nepal and Malawi, where we presented our research to representatives from donors, UN agencies, private firms; research organizations, universities and NGOs active in the health sector work. These initial workshops gave us an opportunity to explain the purpose of our research, and also elicit initial responses of the stakeholders on the key actors as well as institutional relationships in the field of development assistance in the health sector, in particular in relation to MCH.

In Nepal, we supplemented this approach as follows: We looked at records available at the Ministry of Health, Department of Health Services, Ministry of Finance, National Planning Commission and Social Welfare Council for information on key actors, activities and institutional relationships. While each of these institutions keep records of activities and actors relating to development assistance in the health sector in different files and folders as a part of their routine operational work, there was no central database available. For instance, resources that are channelled through ‘pool fund budgetary support’ or ‘non-pool budgetary support’ is reflected in the annual work plan and budget (Redbook) of the Government of Nepal. However, ‘Non-budgetary technical support’, where funds are directly managed by the supporting donor or the contractor providing the technical agency, is not always reflected in the annual work plan. At the level of operation, the Department of Health Services, for instance, keeps a record of active projects and activities and is published in its annual report.

In 2010, Nepal’s Ministry of Finance set up Aid Management Platform (AMP) to oversee the coordination and management of foreign aid in Nepal. The AMP database contains reports and data visualisation designed to provide information on global development assistance in the country. However, gaps in the existing data means that it does not provide a complete picture since there is little information about the financial flows of INGOs, private foundations and money that gets spent occasionally by donor governments through their Embassy. According to an official at the Ministry of Finance, a major challenge is to get fuller information the actual flow of resources, and what do the donor funded organisations and institutions do with that money, and where and how do they spend that money. With gaps in data and very little background information available on the actual method used for capturing global development assistance, the objective of AMP has not been materialized. Another institution that is tasked with keeping records on external development assistance that comes through NGOs and INGOs is Social Welfare Council. NGOs and INGOs that receive external development assistance are required to register and report their activities on a regular basis with the Social Welfare Council. Records available at the SWC provide a snapshot of projects funded by external assistance in different sectors but the existing categorization of different sectors is arbitrary, which makes it difficult to extract sector-wise data from the records available at SWC. These bureaucratic records were not readily available, and we mobilized our personal, professional and institutional networks to access them. In short, the very process of attempting to gather the mapping data was an ethnographic exercise.

Having looked at different records, we used Google Search to gather specific information on identified projects, and we collected further information by interviewing key informants either in person or over phone. Alongside the mapping, we conducted a number of key informant interviews with development professionals working with aid agencies, NGOs and private firms and government bureaucrats on their experiences and perceptions of global development assistance in health. Cross referencing, and using all these different sources of information, we began to map projects, donors, UN agencies, private firms, research organizations, universities and NGOs involved in the maternal and child health sector work in Nepal.

Through this, we were able to identify a total of 30 projects since 1990. Getting detailed information on each of the projects was a challenging task as specific information was rarely readily available and there were very little institutional memory or documentation by the institutions responsible on the past projects.

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 the 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 both Nepal and Malawi, what became apparent through the mapping exercises was an absence of a centralized recording system at the Ministry of Health to map an overall external assistance in the health sector as well as the flow of resources. Despite decades of discourses on donor coordination, this signals the lack of state capacity to manage and coordinate resources as well as activities supported by external development assistance. This became a key finding of the research itself.

Selection criteria for case studies.

Diversity of projects was the key principle, and we related this to: 1. Size of the project: big and small; 2. Size of funding: big and small; 3. Size of the donor: big and small; 4. Modality: complex and less complex, pool and non-pool donors and 5; Life cycle: design, planning, implementation and evaluation. We then went on to undertake In-depth ethnographic case study of intermediary organisations/projects: We interviewed key individuals from these eight programmes, and their partners in relation to research questions 2 & 3. This included the senior managerial staff, and technical and other advisors and consultants hired. In addition to these semi-structured interviews, as far as is possible, this will be supplemented with participant observation of meetings and sites where these exchanges take place.

We interviewed both senior members of these organizations and the people who do the on the ground work, in order to find out the ‘how and why’ they work the way they do, and the problems they face in doing so. The number of interviews was dependent on the case study. We developed a series of interview guides for each of the levels: (For example: About the interviewee; About the Organisation; Programme/Project design; Programme/project implementation; Partnership; Staff/professionals/expertise; Funding and donors; Achievements/outcomes and future)

Finally, To answer research question 4 and 5 we interviewed Ministry of Health Officials and Maternal Child Health programme officials in their respective governments and a number of key informants. This helped us understand the perceptions of policy makers and how they negotiate relationships and employ strategies to work with such intermediaries.

The Selected Case Studies - Please see accompanying uploaded PDF for details, including tables.

Methodologically, why did we approach the research in this way?

The mapping itself was not just about producing a list of the organisations involved in MCH work, but also a beginning to the process of unpacking and understanding the complexity of the organisational assemblages involved in this aid related activity.

Thus methodologically we started with the programme / project and then explored the institutions involved within that and their roles. Our reasons were that this allowed us to look at how the ‘assemblages’ of organisations related across the programmes / projects (or what we have called ‘forms’). Once we had a better sense of these, then we could begin to look at the ‘norms’ behind these (the evidence generation; target meeting; metrics used etc. etc.). In short, the increasing complexity of organisational forms needed to be dealt with, so as more organisations become involved in outsourced work, this outsourcing in itself needs to be managed, monitored: A new managerialism.

At one level this is about ‘neoliberalism’ (in terms of capping the public sector, and the increasing involvement of the private and NGO sectors in delivering aid), but we really wanted to understand what this does. How does it impinge on the work of organisations? What impact does this have?

Analysis of these case studies we wrote up and published as two research briefs.

The Key Findings are as follows:

The key findings that we articulated from these, and we presented at dissemination workshops in both Nepal and Malawi we divided into three main sections: a) Social and Political Organisation of External Development Assistance; b) use of relationships and institutional networks; and c) shaping of development projects and programme based on these new norms and forms of development.

a) Social and Political Organisation of External Development Assistance

In Malawi:

Based on the available information, the key donors in the MCH sector in Malawi are USAID, the Department for International Development (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 the health system. 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 channelled 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, they 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.

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 major bilateral (?) donors have a say as to how resources are managed and spent.

In Nepal:

Social and political organisation of external development assistance: We found that development assistance in MCH is also a complex 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 GlaxoSmithKlin (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 the expectations of donors. Not only do they manage and implement largescale projects, they remain important players as providers of technical assistance even when external assistance flows through the Nepali government system.

As in Malawi, 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, Large amounts of external a number of donors have joined SWAp (sectorwide 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.

In both Malawi and Nepal

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.

b) 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 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. 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 programmes and projects.

c) 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 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 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, EDUCATION AND PRACTICE

The new norms and forms of external development assistance in the MCH sector in Malawi and Nepal, 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.