

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

The key questions for the project are:

1. What are these 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 will involve two key stages.

Mapping: To answer *research question 1 above*, we start 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. This will include INGOs and NGOs and UN agencies; national private contractors/consulting firms; international private contractors/project management entities; and international educational and training institutions (universities etc.). In addition to making visits to access records available at the Ministry of Health, National Planning Commission and other relevant government departments. Desk-based research (including policy documents, project report and other secondary sources) will also be undertaken to add to the database of various intermediaries involved in the maternal and health programmes. The mapping of MCH service brokers exercise will be done together with our Nepal and Malawi based co-investigators through two inception workshops of the project. We will invite MCH service providers and their supporters (bilateral, multilateral and civil society) in the two chosen countries, in which the aims of the project will be shared and the mapping and research issues further developed. We will collect the following information:

Mapping template

1. **Programme/project:** Title of the MCH programme
2. **Name of implementing institution:** For example MIRA
3. **Previous avatar/history:**
4. **Partners involved and the nature of relationships:** are there any joint initiative and partnership activities? If yes what are they? Example: MIRA works with local NGOS at VDC level...
5. **Main objective:** Please list main objective (s)
6. **List of activities:**
7. **Geographical coverage:**
8. **Programme funding bodies:** who is funding this programme? And mechanism, how does it work? For example MIRA receives USAID money but via Pathfinder (Intermediary institution)
9. **Expertise involved (staff):** national and international
10. **Disciplinary expertise:**
11. **Time:** start – currently and future funding?
When did it start? where is this currently at?, and future project plan: secure funding till?
12. **Nature of the programme:** is it research based, service delivery, working on policy and advocacy or capacity building, for example HRH preparation, etc.
13. **Relevant documents/websites:** write down the name of the documents

Selection Criteria for Mapping

1. Post 1990 (but go back if possible)
2. Clear objective to improve health and mortality of women and children
3. Government, donors and intermediaries

Selection criteria for cases

Diversity is the principle

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
5. Life cycle: design, planning, implementation and evaluation

In-depth ethnographic case study of intermediary organisations/projects:

From the list we will choose eight representative intermediary organisations from in both Nepal and Malawi. Focusing on these eight organisations, we will trace the linkages and partnerships of these organisations at local, national and international levels. We will interview key individuals in these eight organisations and their partners in relation to *research questions 2 & 3*. This will include 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 will interview 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 will depend on the case study.

To answer *research question 4 and 5* we will interview Ministry of Health Officials and Maternal Child Health programme officials in their respective governments and a number of key informants. This will not only help understand the perceptions of policy makers but also ascertain how do they negotiate relationships and employ strategies to work with such intermediaries.