



Nepal Safer Motherhood Project a part of HMGN Safe Motherhood Programme

Monitoring of NSMP's Increasing Access Component

Internal Report

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May 2002
176/96/DFID

Options

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Abbreviations

CBO	Community Based Organisation
DDC	District Development Committee
DEO	District Education Office
DFID	Department for International Development
DPHO	District Public Health Office
DRHCC	District Reproductive Health Co-ordination Committee
EOC	Emergency Obstetric Care
FHD	Family Health Division
FPAN	Family Planning Association of Nepal
HMG	His Majesty's Government
HP	Health Post
INGO	International Non-governmental Organisation
KIMT	Key Informant Monitoring Tool
MLD	Ministry of Local Development
MOH	Ministry of Health
NGO	Non-governmental Organisation
NPC	National Planning Commission
NRHCC	National Reproductive Health Co-ordination Committee
NRHPSC	Nat. Reproductive Health Programme Steering Committee
NSMP	Nepal Safer Motherhood Project
OVI	Objectively Verifiable Objective
PHC	Primary Health Care
RHCC	Reproductive Health Co-ordination Committee
SM	Safer Motherhood
SMF	Safer Motherhood Forum
SHP	Sub Health Post
TA	Technical Assistance
VDC	Village Development Committee
WDO	Women's Development Office

Monitoring of NSMP's Increasing Access Component

Introduction

The monitoring of NSMP's Increasing Access component is a distinctive and challenging task which appears to touch on some new areas of impact assessment in Nepal's family health sector. Its central purpose is to measure changes in the enabling environment that makes access to emergency obstetric services for poor rural women more likely. Alternatively stated, it aims to measure progress in overcoming social, knowledge based and economic barriers to these services.

The approach described here is one that focuses on measuring changes in institutional and knowledge-based factors at the district and VDC levels. A supplementary goal is to make IA monitoring a fundamentally dynamic process that not only meets its own purposes, but also enhances the programme direction and capabilities of the Safer Motherhood Fora and local implementing partners.

This report does two main things. Firstly it provides an overall monitoring framework for IA activities, and secondly, it gives some sample outputs and tools to help staff and partners complete the institutional monitoring component. The latter are based on outputs from a monitoring workshop held in Kailali in February 2002. The report also includes some guidelines for monitoring the performance and effectiveness of partner organisations – an item not incorporated in the original TOR, but nonetheless important for ensuring the long term sustainability of district level IA activities.

The intended audiences for this report are SDOs, who must facilitate district level monitoring, and the Safer Motherhood Fora that will be responsible for managing the associated processes and activities. In the interests of ease of comprehension by a district based audience, the report is laid out in sections and uses tables, maps and schematic diagrams wherever possible. It falls short of a being a practical handbook but is perhaps a first step in that direction. Guidelines and overheads for the workshop have been submitted separately.

Content of the Report

As noted above the two main monitoring areas to be addressed, as defined by the Project Agreement, are:

1. Structural and institutional factors related to the prominence of Increasing Access on the agenda of local government and implementing partners. This includes the provision of services such as transport and funding schemes, and
2. Levels of local knowledge and appropriate responses linked to EOC warning signs plus changes in perceptions on the quality of services provided and the social status of those seeking assistance.

The first of these topics makes up the bulk of this report. The second, while incorporated within the overall monitoring framework, is the subject of two separate pieces of work - the Key Informant Monitoring Tool and the Knowledge Questionnaire.

Section 1 of this report presents an overview of the monitoring framework and the responsibilities of different organisations at various levels. It also includes an expanded series of institutional indicators against which progress in each district can be assessed.

Section 2 explains the variations in monitoring requirements within and across districts based on the intensity of inputs made.

Section 3 gives some tools for analysis designed to help SDOs and SMFs compile periodic progress reports.

Section 4 is a sample output from Kailali called "Mapping the Operational Environment". This is part of the institutional assessment exercise and comprises a series of maps that record the perceived constituency (membership), positioning and influence of the SMF at district level.

Principles

In addressing structural and institutional issues, care has been taken to ensure that monitoring data collected is immediately meaningful to those involved in its collection. This is seen to be important in the Nepalese context where monitoring is frequently a centrally directed exercise in which results and their significance are rarely communicated back to those gathering the source data.

An additional principle used has been to make monitoring as useful as possible so that it gives an added dynamic and direction to programme development (for example by defining higher level indicators that might be aimed at in the future).

A third principle has been to encourage SMF's to develop a high degree of ownership over monitoring processes. This has included inviting SMF's to define their own institutional development indicators and data collection methods.

Summary of Main Learning Points

Virtually all indicators developed are proxy indicators (i.e. they imply a link to increased access but do not explicitly demonstrate it). Ease collection of data was judged to be the most important factor in maintaining an effective monitoring system and it was evident that there were very few reliable sources of hard utilisation data readily available.

It is important to acknowledge that the SM Fora may frequently select institutional monitoring indicators that are different from those that NSMP might regard as ideal. From the point of view of ownership of monitoring this is an important freedom but it does mean that the workshop facilitator will need to be especially skilful in ensuring that the indicators chosen can be placed within the series of generic benchmarks developed by NSMP.

Section 1: The Increasing Access Monitoring Framework

Introduction

This framework summarises all of the monitoring activities related to Output 3 of the programme agreement, namely:

“The social context for and access to midwifery and obstetric services within NSMP supported districts is improved.”


- ❑ It gives Objectively Verifiable Indicators (OVIs), Means of Verification (MOV), Tools used, who is responsible and the frequency at which monitoring should take place for each indicator
- ❑ The second table shows the range of institutional indicators that SDOs will use to judge progress made in this area
- ❑ The third shows who is primarily responsible for monitoring at different level

Monitoring Framework

Output	OVI	MOV	Tool	Responsible Organisation	Frequency
3. The social context for and access to midwifery and obstetric services within NSMP supported districts is improved	3.1 Communities knowledge of risks of pregnancy and potential benefits of allopathic/biomedical health services.	3.1-3.2 District monitoring system (eg periodic small scale surveys/ group discussions and routine data collection)	3.1 Knowledge surveys - checklist based	SM Forum commissions local NGO/ DPHO	Every 9 months over 27 month period.
	3.2 Emergency transport and funding schemes are established, with capacity for rapid access by the poor	As above	3.2 Reports from implementing partners	SM forum	Monthly
	3.3 Women perceive <ul style="list-style-type: none"> ▪ Reduced barriers to EOC services (eg through transport schemes, access to finance etc) ▪ Improved quality of care ▪ Improvements in social status/social mobility (eg communication with mother in law and husband to reflect their ability to be able to make decisions re. health seeking behaviour). 	3.3 Report of women's perceptions of social change collected using adapted key informant monitoring tool	3.23Key informant monitoring tool	Specialist NGO trains and supervises local NGO	Every 9 months over 27 month period. 1 partner in 2 VDCs per district.

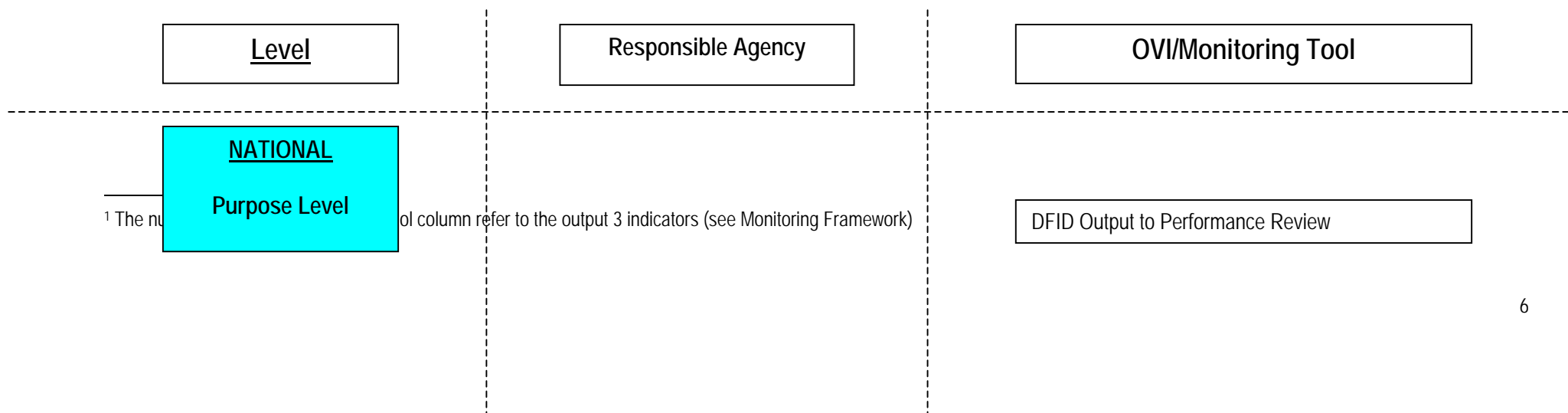
Output	OVI	MOV	Tool	Responsible Organisation	Frequency
	<p>3.4 Within partner institutions in supported districts:</p> <ul style="list-style-type: none"> ▪ Safe motherhood articulated as an issue in ongoing work by key partners ▪ District SM forums functioning (e.g. SM district plans developed) ▪ District SM forums become part of Gov. system at district-level; SM integrated into the District Health Plan by end of phase II ▪ Partners organisations (govt, INGOs) implement according to district safe motherhood plan ▪ VDCs which receive TA demonstrate improvements in management approach <p>See attached list of institutional indicators and benchmarks</p>	<p>3.4 NSMP district staff reports partner I/NGO reports, minutes of district forums for safe motherhood</p>	<ul style="list-style-type: none"> ▪ Local partners planning documents ▪ SMF minutes Maps ▪ SMF plans ▪ DDC plans DPHO reports DDC plans SMF reports ▪ SMF plan ▪ Partner plans and reports ▪ Agency plans ▪ SMF co-ordination map ▪ District health plan ▪ Partner reports ▪ VDC plans ▪ VDC health plan 	<p>SM forum</p> <p>SM forum</p> <p>SM forum</p> <p>SM forum</p> <p>SM forum</p>	<p>Yearly</p> <p>Sixmonthly</p> <p>Six monthly</p> <p>Six monthly</p> <p>Six monthly</p>

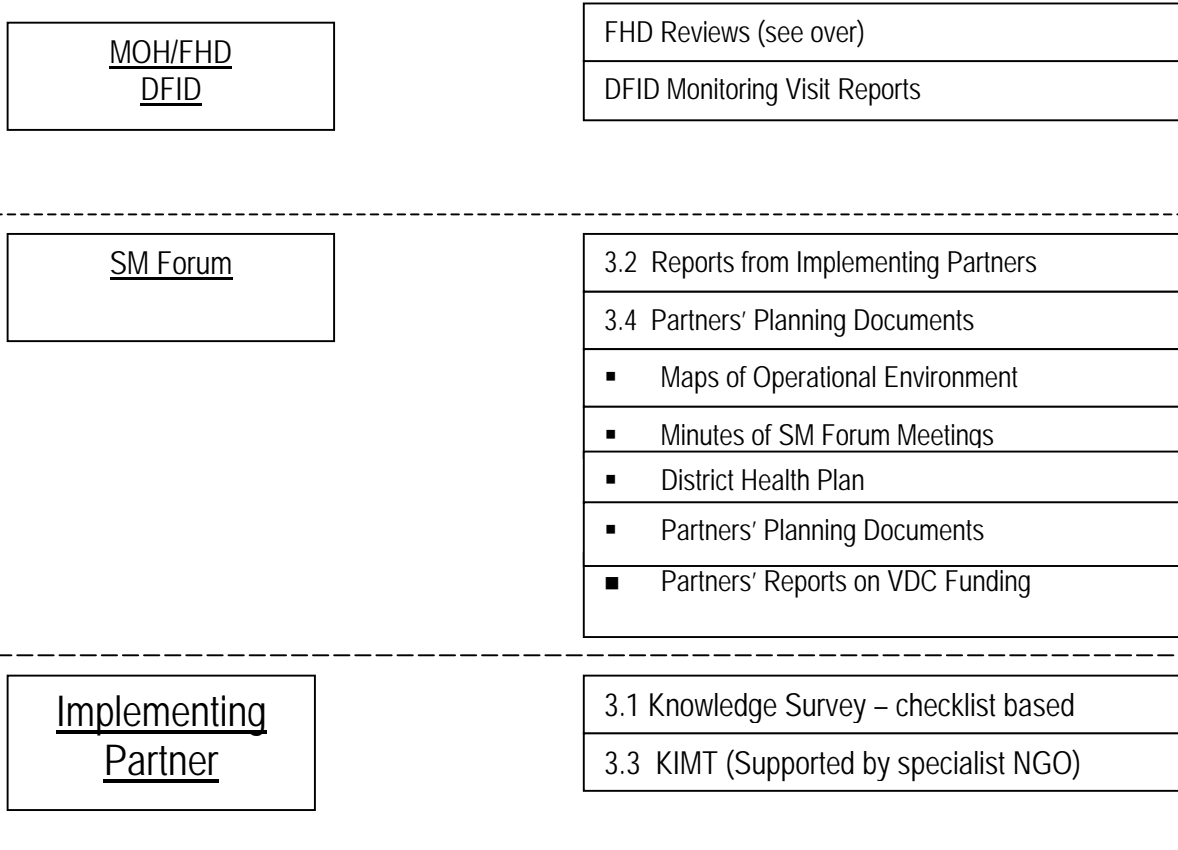
Institutional Indicators – Benchmarks of Progress

OVI					
Institutional Indicator 3.4	Benchmarks of Progress 				
<ul style="list-style-type: none"> District SM forums functioning 	Frequency and attendance at SM meetings	SM forums map operational environment	Annual plan made with collaboration of all members	SM forum monitors planned activities of members	SM forum has regular interactions with other district level stakeholder organisations
<ul style="list-style-type: none"> District SM forums become part of Gov. system at district level 	SM issues highlighted by forum feature in district health plan	Activities of SM forum included in DPHO's six monthly review	District health plan prepared with input from SM forum	RHCC accepted as member of Social Co-ordination Committee	DDC appoints representative to SM forum
<ul style="list-style-type: none"> Partner organisations (govt, INGOs) implement according to district safer motherhood plan 	Partner's report all SM activities to SM forum	Partner's plans consistent with SM plan.	Partner's progress reports monitored by SM forum	All agencies working in SM in district report activities to SM forum	Comprehensive SM district health plan developed incorporating all SM related activities
<ul style="list-style-type: none"> VDCs which receive TA demonstrate improvements in management approach 	VDCs participate in SM activities	VDCs contribute funds for SM activities	SM issues included in VDC's plans	VDCs support training of own staff on SM	VDCs develop comprehensive health plans incorporating SM activities

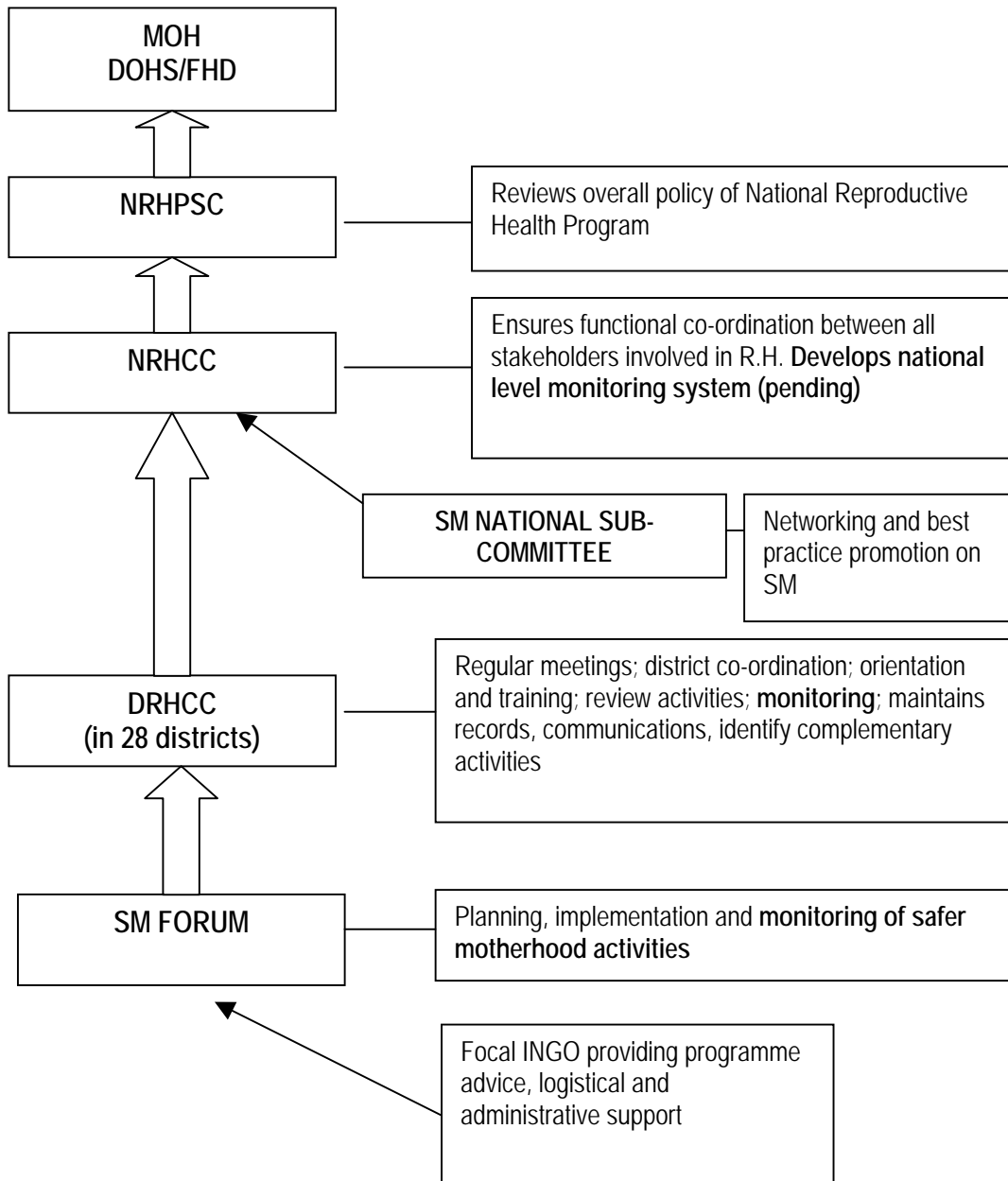
Note: This table presents a range of institutional indicators that are judged to be valid for any district. These may not be exactly the same as the indicators chosen by SMFs but they are of a sufficiently general nature to allow progress in any district fora to be logged. Completion of this table by SDOs on a periodic basis will allow progress to be recorded at that moment in time and for developments over time to be known.

Monitoring Responsibilities at Various Levels¹





MOH Structure and Functions Related to Monitoring of Safer Motherhood



Note: The above schematic shows monitoring responsibilities at various levels. In practice, few systems appear to be in place. Periodic reviews funded by international donors will most likely be the major source of performance assessment at national level.

Section 2: Variation of Monitoring Inputs Within and Across Districts

Introduction

As noted in Section 1, monitoring change at the institutional level across districts can be achieved using a single set of generic indicators. However, within a given district, there are frequently major variations in the intensity and type of inputs made in individual VDCs. For this reason, NSMP's IA monitoring inputs need to both reflect investments made and the realistic prospects for change within different beneficiary populations.

The intensity of inputs made within a VDC will normally depend on the type and duration of the partnerships in place. In cases where the relationship with a partner is a long term "programme based partnership" regulated by a formal written agreement, then the input is likely to be of high intensity. Where the relationship is centred around a series of short-term activities ("activity based partnerships") guided by simple contracts, then the input is described as being of low intensity.

A third type of working relationship is now emerging driven by the deteriorating security situation of the country. This is described here as "security compromised partnership". Under these conditions neither field-based activities nor field-level monitoring are possible and so partner inputs must be restricted to the use of mass media approaches from the district headquarters. Here, the only realistic approach to monitoring is a periodic assessment of whether such inputs have been made, who was aware of them and whether the key messages communicated were understood by a particular audience.

In summary, the tools proposed to measure progress within each category are as follows:

District Level	Monitoring Tools			
<u>All Districts</u>	Partner plans and reports	Maps of the operational environment	Minutes of SM Forum meetings	District Health Plans
VDC Level	Monitoring Tools and Guidelines			
1) High Intensity Inputs (Programme Based Partnerships)	Knowledge Survey <ul style="list-style-type: none"> ▪ 2 partners per district ▪ 2 VDCs per district ▪ 100% sampling in 1 ward per VDC – draw lots to decide on ward ▪ One survey every nine months over a 27 month period 		KIMT <ul style="list-style-type: none"> ▪ 1 partner per district ▪ 2 VDCs per district ▪ One survey every nine months over 27 month period 	
2) Low Intensity Inputs (Activity Based Partnerships)	Knowledge Survey <ul style="list-style-type: none"> ▪ 2 VDCs in each district selected by SM Forum ▪ 100% sampling in 1 ward per VDC – draw lots to decide on ward ▪ One survey every nine months over 27 month period 			
3) Security Compromised Inputs (Activities Funded Only)	Activity Monitoring SM Forum to develop monitoring regime		Awareness of Activities SM Forum to conduct appropriate surveys	

Section 3: Tools for Analysis

Introduction

Two tools are presented here:

- The first is recommended for use by Safer Motherhood Fora to track all monitoring activities taking place at district and VDC level in an annual cycle. It incorporates those institutional indicators that the SMF feels are most important and the standard community level monitoring inputs such as KIMT, knowledge questionnaires, transport and funding schemes etc.
- The second is designed to help SDOs report district level progress on the institutional indicators mentioned in section 1. SDOs would normally use the information provided by the SMF, combine it with other local knowledge and log the overall progress achieved.

A simple synthesis of the above results by the SDM in Kathmandu will allow district wise comparisons to be made and a single progress report to be produced.

Quarterly Monitoring Report Sample

Basic Indicator	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Annual Summary
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I N S T I T U T I O N A L	Number of SMF Meetings	2 meetings	1 meeting	2 meetings	3 meetings	10 meetings
	Av. Attendance	10	12	8	8	7.2
	Maps of operational environment					
	Co-ordination	*				Completed
	Gov't Structure	*				Completed
	Influence		*			Completed
	Media			*		Completed
	Resources		*			Completed
	Public Voice				*	Completed
	SM issues feature in district health plan	SMF lobbied RHCC for inclusion of SM issues	Draft district plan prepared. SM issues included	District health plan approved	Budget allocated for SM	Achieved
L E V E L	Partners' plans approved in accordance with district SM plan	SM district plan circulated to all partners		Partners submitted annual plan of activities	SMF approved plans	Achieved
	Progress reports monitored by SM forum		Progress review carried out		Progress review carried out	Achieved
	VDCs contribute funds for SM activities	VDC X provided NRs 10,000 for IEC activities	VDC Y provided Nrs 5,000 for emergency fund	VDC Z provides NRs 10,000 TA for KIMT participants		3 VDCs contributed a total of 25,000
C O M M U N I T Y L E V E L	Knowledge Surveys carried out in all partner programme areas	Baseline surveys carried in VDCs X and Y	Results of baseline surveys.....	2 nd surveys carried out in VDCs X and Y	Results....	2 surveys carried out in all VDCs
	Number of Transport Schemes for the poor	5 schemes operational in VDCs XYZ	1 new scheme created in VDC Y. Total now 6	NGO supports 2 schemes in Z Total now 8	2 new schemes in VDC X. Total 10	Total 10 schemes now operating
	Number of Funding Schemes for the poor	6 emergency credit schemes operating in project areas	WDO opens emergency fund account in VDC X Total now 7	Credit scheme collapsed in Z Total now 6	New women's co-op forms in Y Total now 7	Total 7 schemes now operating
	Two KIM surveys carried out in two VDCs	First KIM carried out in VDC X	Results of baseline.....	Second KIM carried out in VDC X	Second KIM carried out in VDC Z	Completed

SM Forum Report Sample

Institutional Assessment																	
OVI																	
Institutional Indicator 3.4	Benchmarks of Progress																
<ul style="list-style-type: none"> District SM forums functioning 	Frequency and attendance at SM Forum meetings	SM forums map operational environment	Annual plan made with collaboration of all members	SM forum monitors planned activities of members	SM forum has regular interactions with other district level stakeholder organisations												
Progress	2 meetings Av. 10 participants	<table border="1"> <tr> <td>Co-ordination</td> <td>done</td> </tr> <tr> <td>Govt. Structure</td> <td>done</td> </tr> <tr> <td>Influence</td> <td></td> </tr> <tr> <td>Media</td> <td>done</td> </tr> <tr> <td>Resources</td> <td></td> </tr> <tr> <td>Public Feedback</td> <td></td> </tr> </table>	Co-ordination	done	Govt. Structure	done	Influence		Media	done	Resources		Public Feedback		Done	Planned for 2003	SM represented at RHCC meeting in March
Co-ordination	done																
Govt. Structure	done																
Influence																	
Media	done																
Resources																	
Public Feedback																	
<ul style="list-style-type: none"> District SM forums become part of Govt. system at district level 	SM issues promoted by forum feature in district health plan	Activities of SM forum included in DPHO's six monthly review	District health plan prepared with direct input from SM forum	RHCC formally approved as member of Social Co-ordination Committee	DDC appoints representative to SM forum												
Progress	Done	Report sent to DPHO for inclusion in March 2002	SM member appointed to planning committee	Pending	Not achieved												
<ul style="list-style-type: none"> Partner organisations (govt, INGOs) implement according to district safer motherhood plan 	Partner's report all SM activities to SM forum	Partner's plans consistent with SM plan.	Partner's progress reports monitored by SM forum.	All agencies working in SM in district report activities to SM forum.	Comprehensive SM district health plan developed incorporating activities of all SM related activities												
Progress	All partner org. plans submitted to forum	Achieved following review in July 2002	Planned for 2003	3 orgs still working independently but will be invited to next SMF meeting	Planned for 2004												
3.8 VDCs which receive TA demonstrate improvements in management approach	VDCs participate in SM activities	VDCs contribute funds for SM activities	SM issues included in VDC's plans	VDCs support training of own staff on SM	VDCs develop comprehensive health plans incorporating SM activities												
Progress	VDC helped recruit KIM researchers	3% of local income allocated to SM	Planned for 2003	No plans at present	Planned for 2004												

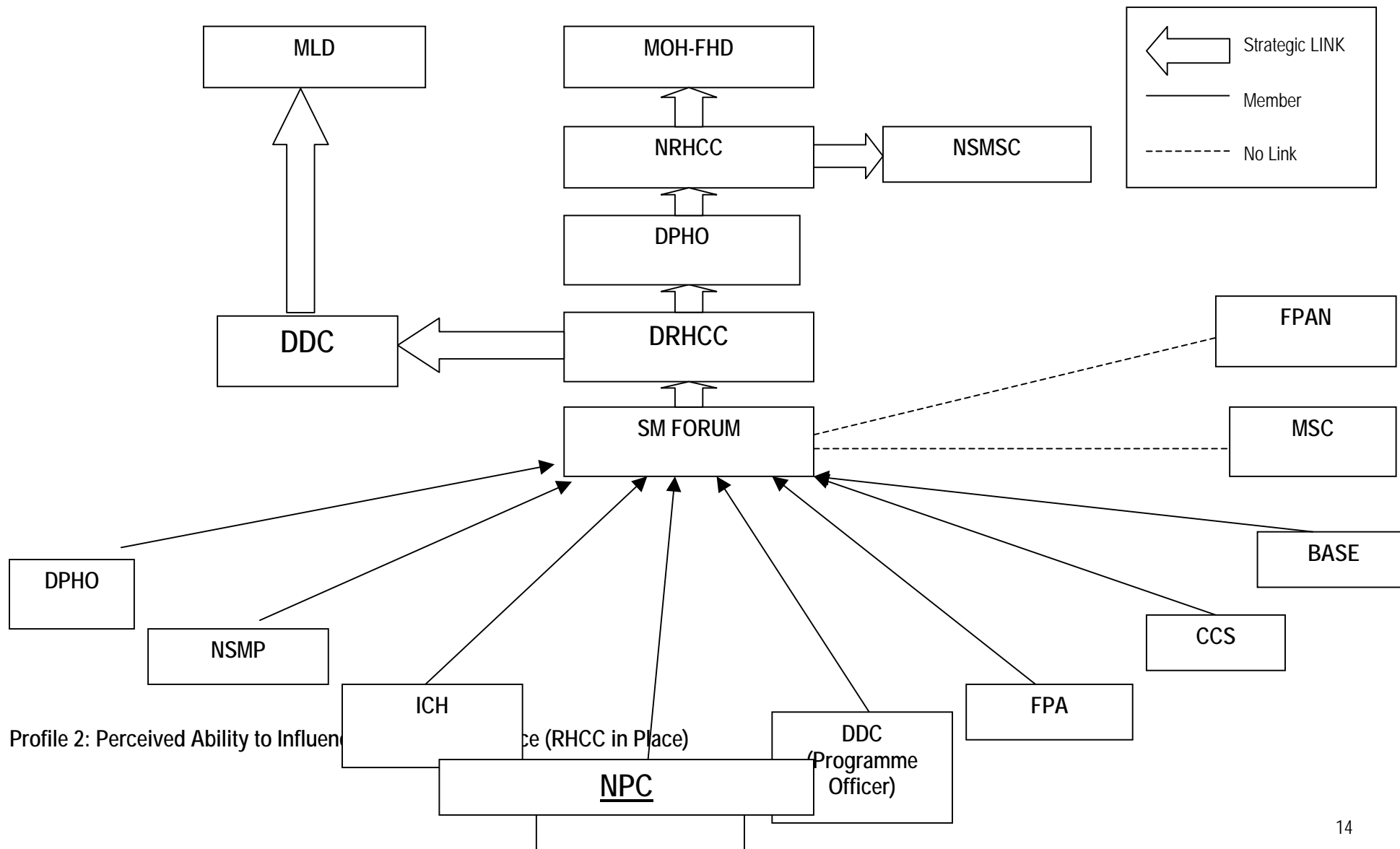
Section 4: Describing the Operational Environment

Introduction

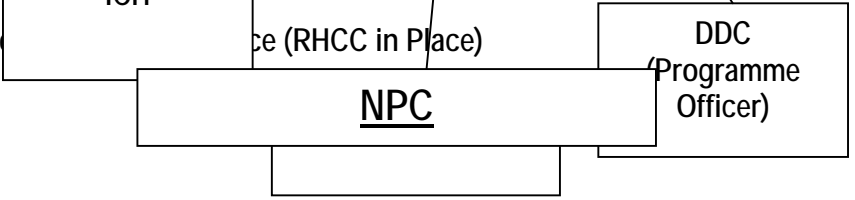
This section presents the results of maps drawn in the Kailali workshop in response to OVI 3.4 "District Fora Functioning". These maps attempt to describe the strategic positioning of the SMF within the district and suggest further activities to help strengthen it. The following profiles are presented:

1. SMF membership and strategic linkages
2. SMF's perception of its potential to influence policy and practice
3. As 2 but where there is no RHCC in place at district level (not Kailali)
4. SMF's perception of opportunities for political support and influence
5. Communication media available
6. SMF's perception of its sensitivity to public opinion
7. SMF's perception of its access to resources

Profile 1: SM Forum Membership and Strategic Linkages

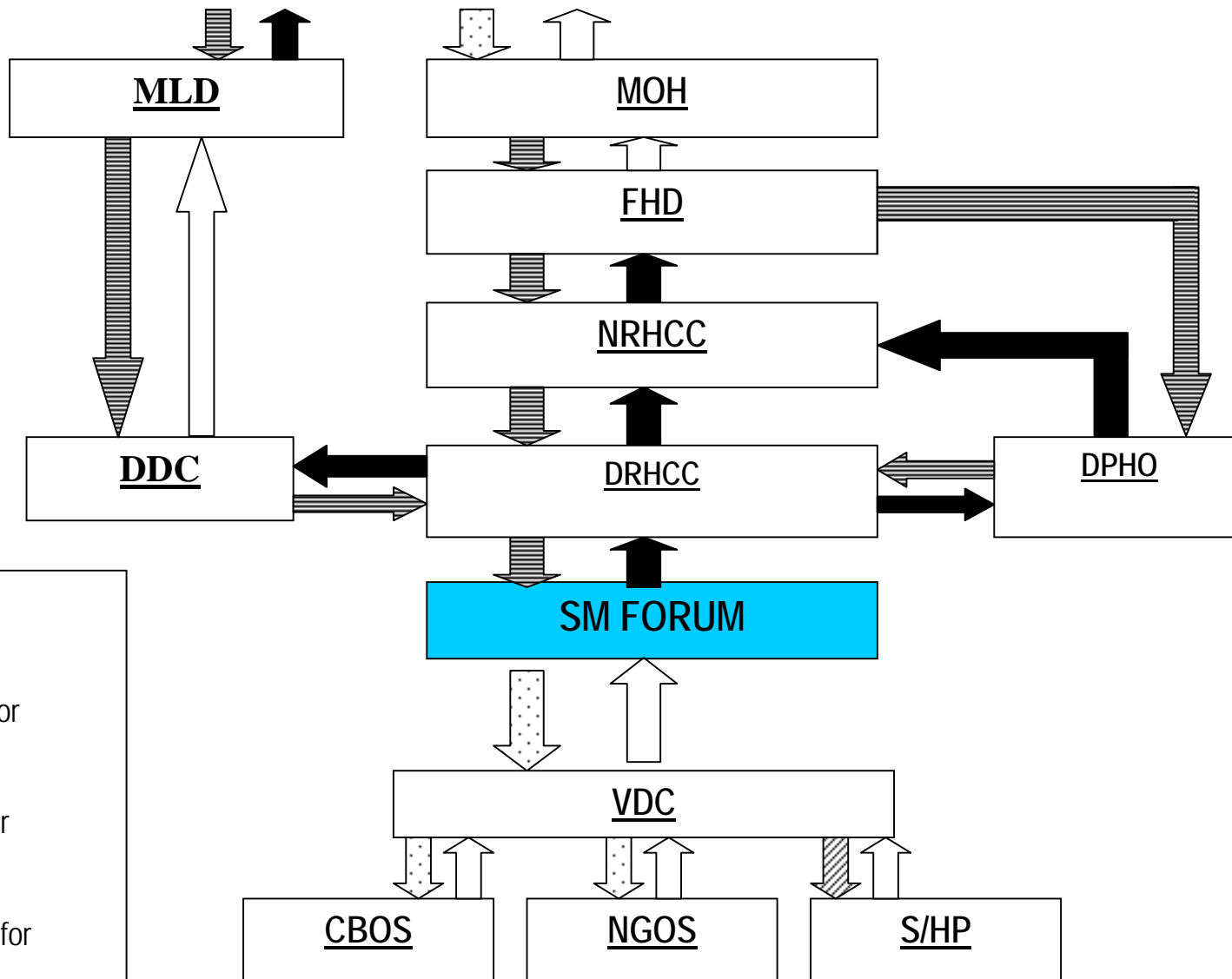


Profile 2: Perceived Ability to Influence

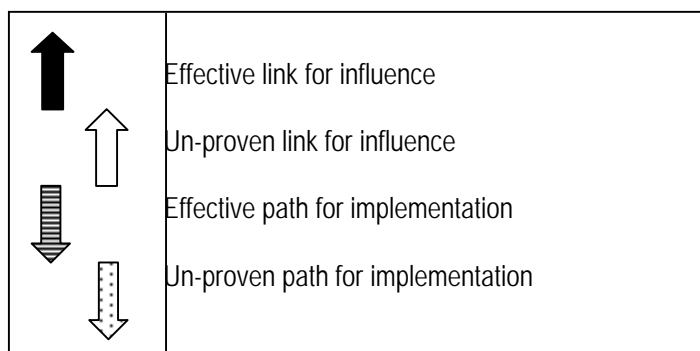
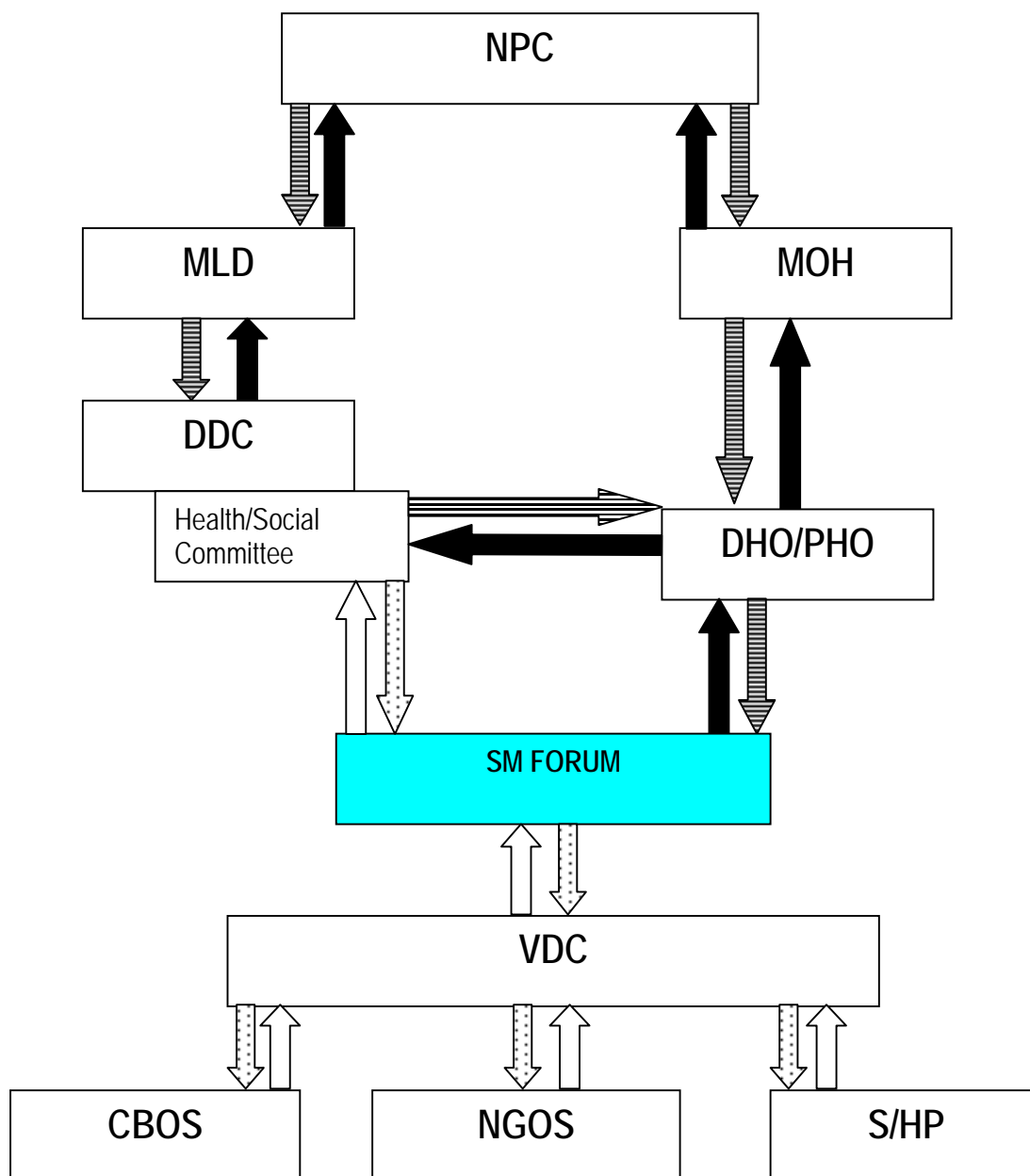


Note: The purpose here is to record perceptions of influence, not to prescribe any particular arrangement.

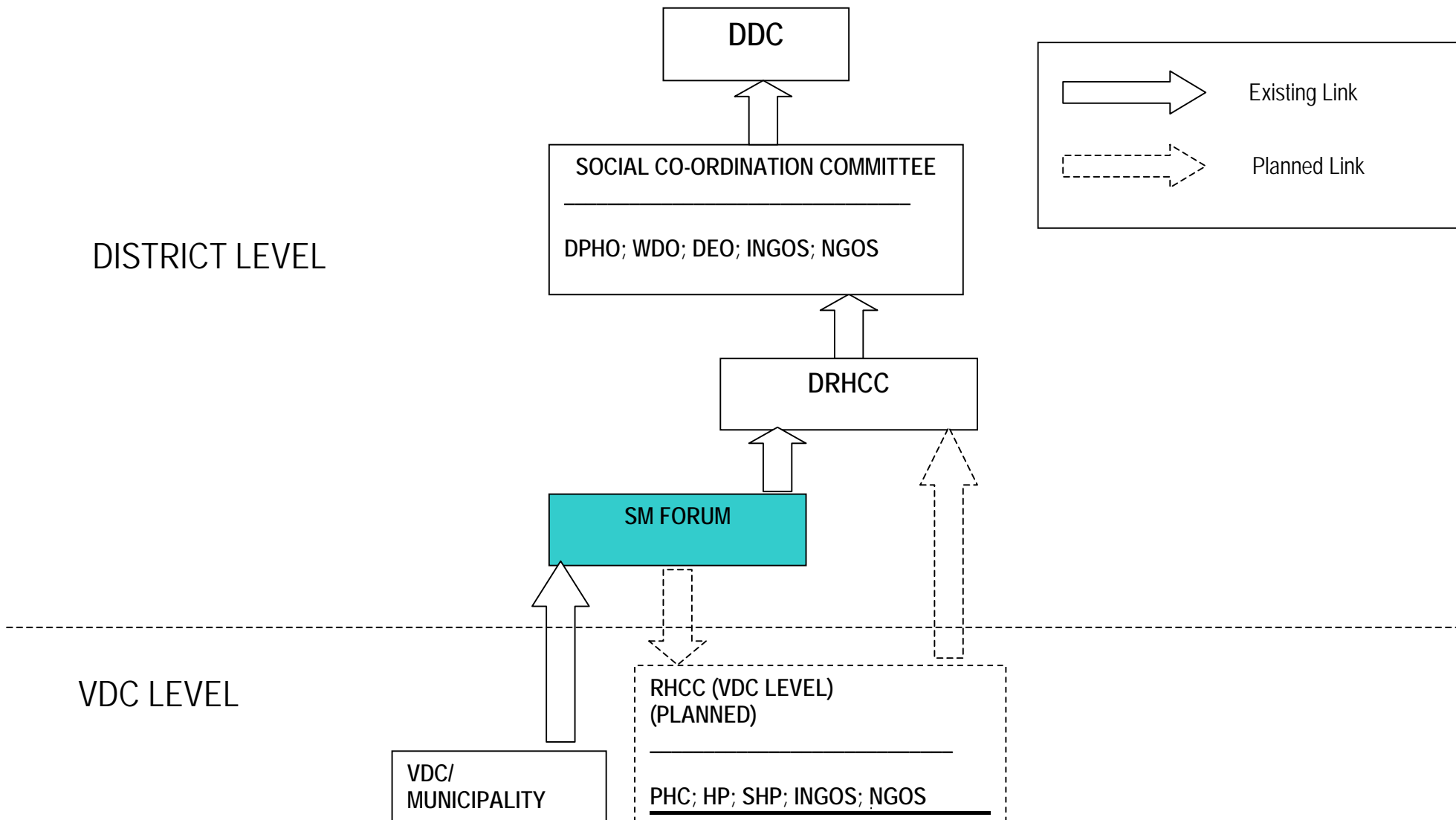
The way in which this profile changes over time will give a good indication of the Forum's direction and likely effectiveness.



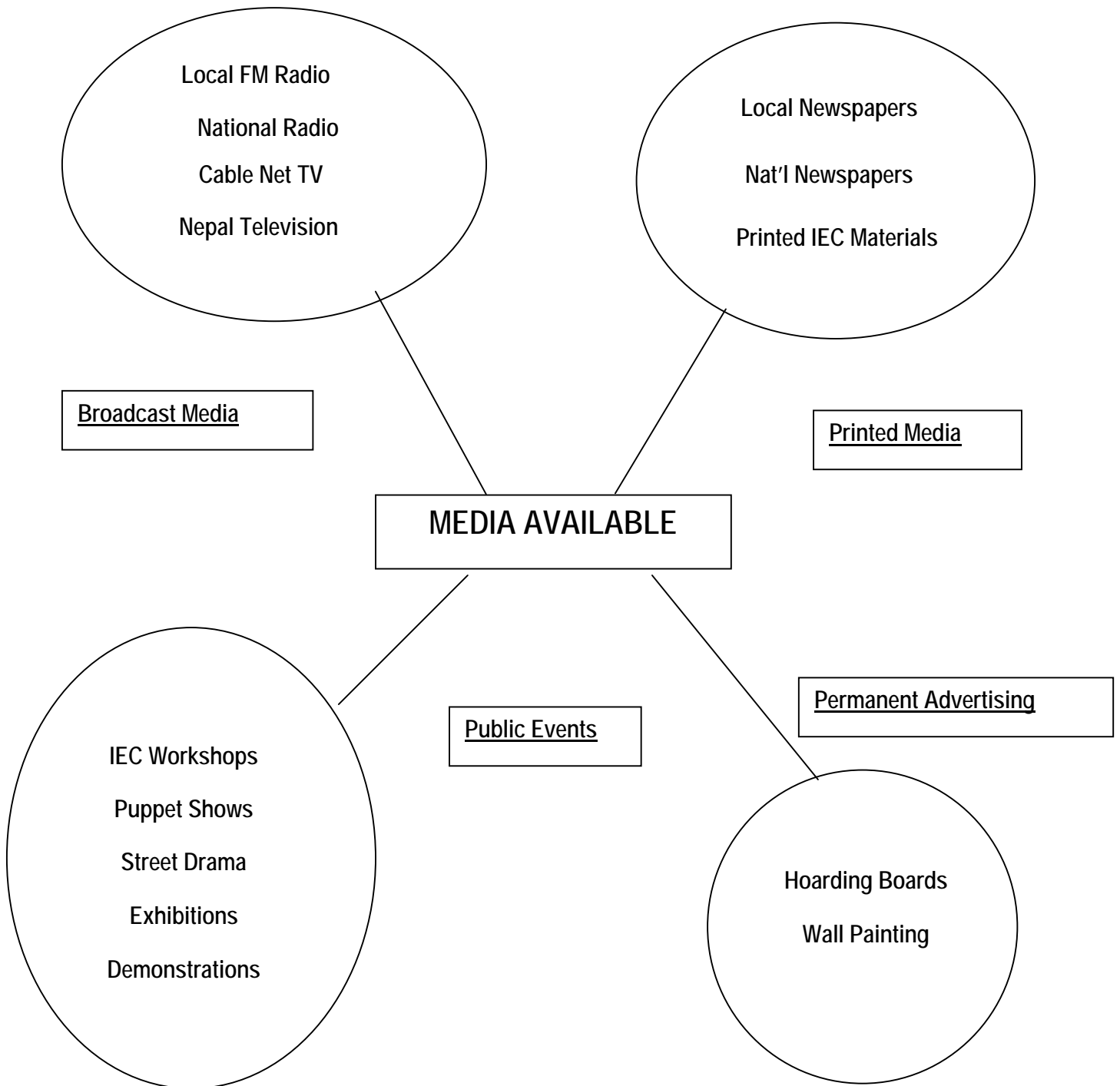
Profile 3: Perceived Ability to Influence Policy and Practice (No RHCC in Place)



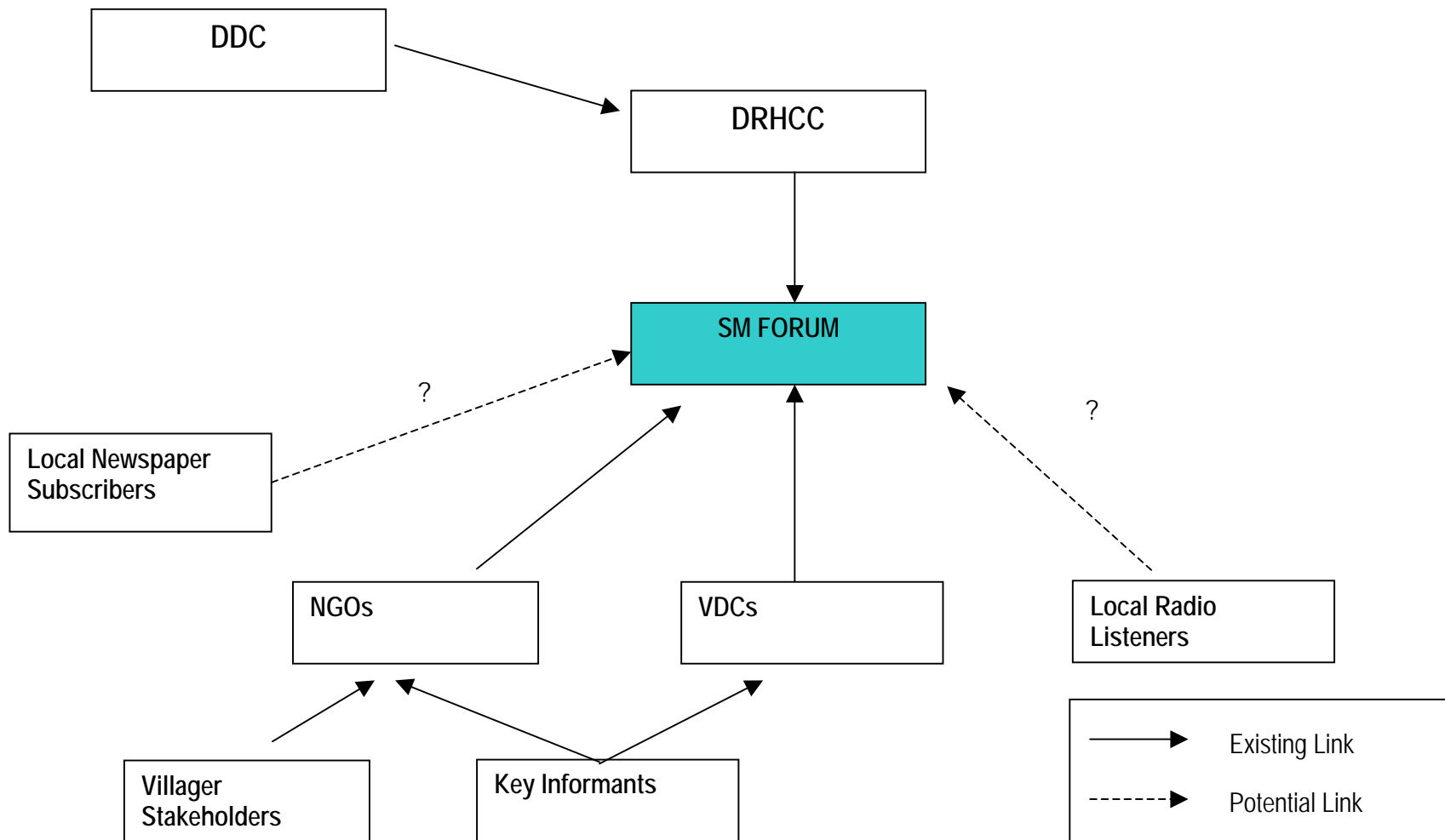
Profile 4: Local Government Structure



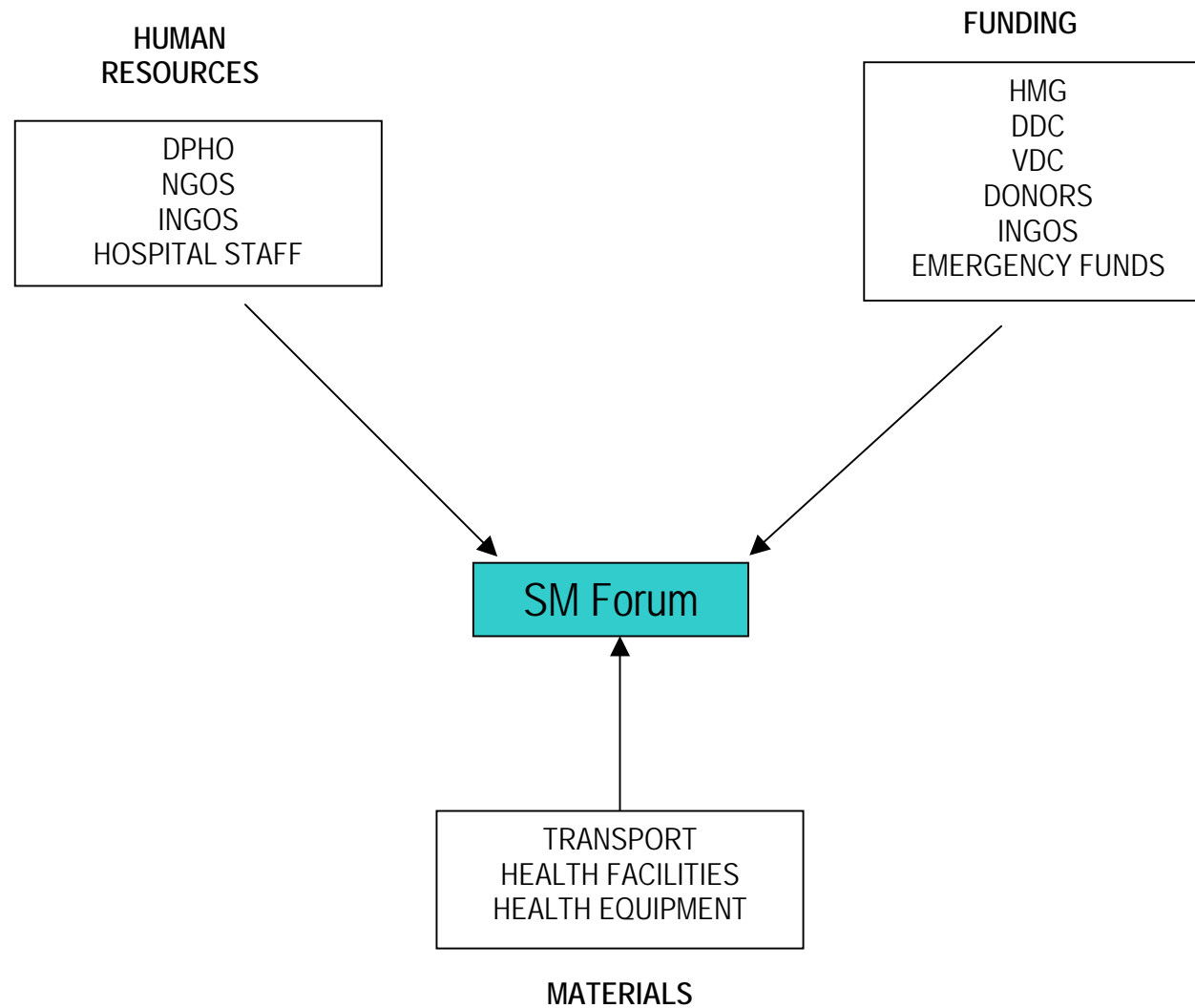
Profile 5: Communications Media Available



Profile 6: SM Forum's Perception of its Sensitivity to Public Opinion



Profile 7: SM Forum's Perception of its Access to Local Resources



Appendices: Partnership Development

Introduction

This section presents several tools for managing and improving the effectiveness of relationships with local NGO partners:

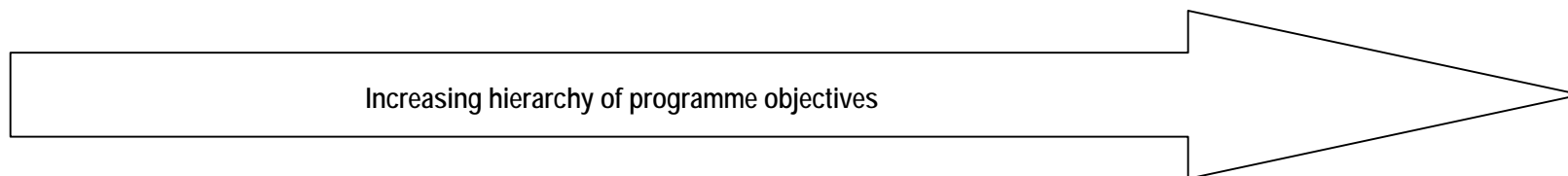
Appendix 1 is a simple matrix that allows the level of strategic involvement of partners in a district to be mapped.

Appendix 2 provides a guide for assessing the maturity of working relationships with different partners.

Appendix 3 is a schematic demonstrating how partnerships can be developed over time so as to produce more confident and sustainable local SM advocates.

Appendix 4 is a checklist for organisational assessment of prospective NGO partners.

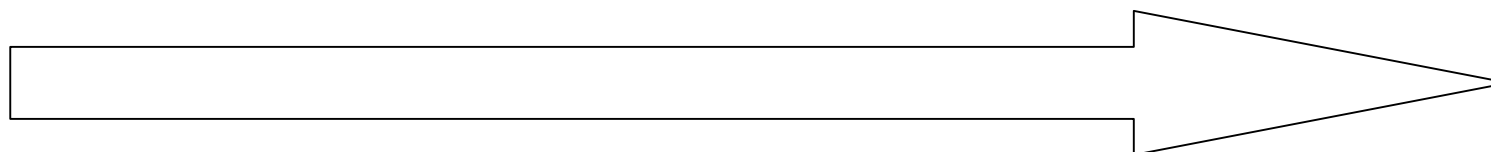
Appendix 1: Strategic Activities – the Roles of Partners



Organisation	Orientation of Partners	Community level inputs	Community level outputs e.g. Emergency funds Transport schemes	Advocacy e.g. VDC plans made, funds allocated	District Level Forum	Policy Development e.g. influence on district BCC strategy
CCS	*	*	*	*	*	
DPHO	*	*	*	*	*	
NRCS	*	*	*	*	*	
WDO/DEO	*	*				
RHCC/SMWG	*				*	
PDDP					*	
ICH (new)						

- Mapping how these roles change over time can give an indication of how the programme is developing
- It can also be used to identify areas of relative strength and weakness
- It can help to identify the comparative advantage some partners have over others
- It can help identify those partners that can move faster on particular issues

Appendix 2: Maturity of Working Relationships

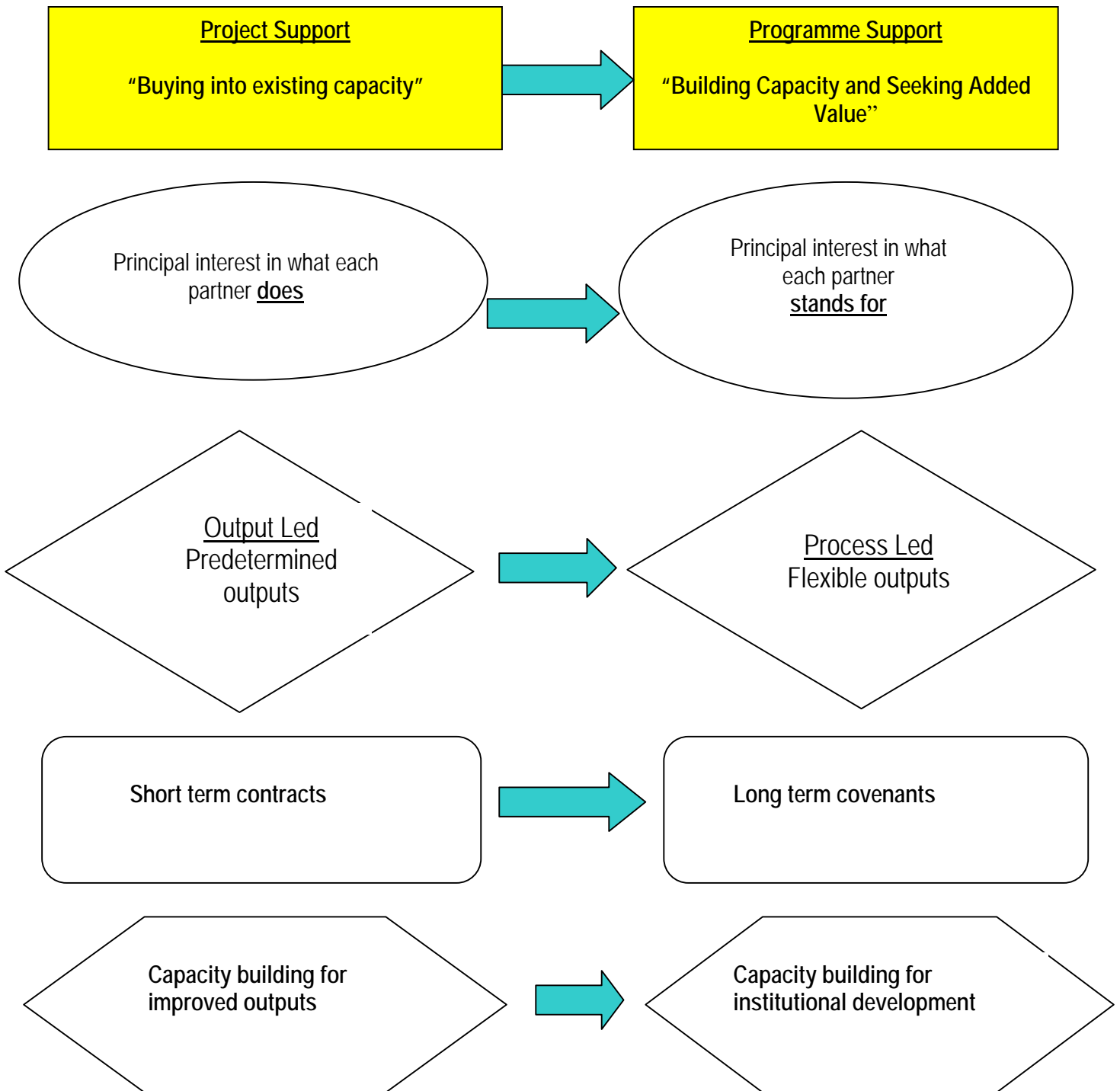


Increasing Strength of Relationship

Organisation concerned with SM issues	No Contact	Information Sharing	Co-ordination of activities	Collaboration	Joint Programming	Joint Advocacy
DHSP		*	*	*	*	*
DPHO		*	*	*		
PDDP		*	*	*	*	*
WDO/DEO		*	*			
RHCC		*	*	*	*	*
Other NGO	*					

- This tool helps describe how NSMP works with various agencies in the district and the strength of these relationships
- Tracking how these change over time indicates progress made in the partnerships themselves.
- It also allows strategic strengths and weaknesses to be seen.

Appendix 3: Developing Partnerships (after Fowler²)



* This schematic demonstrates how key aspects of partnerships can be strengthened. Stronger partnerships will lead to more effective and confident local advocates for Safer Motherhood and more able civil society actors.

Appendix 4: Organisational Capacity and Assessment of NGOs³

² Fowler A 1991, Building Partnerships in the New Policy Agenda for International Aid: Dead End of Light Ahead?" Development and Change, Vol. 29, No. 1

This checklist can be used to help assess the maturity, capabilities and potential of prospective NGO partners. Most viable NGO partners will normally have thought through these issues and have clearly articulated responses to each topic.

GOVERNANCE

- Board
- Vision/Mission
- Legal Status
- Stakeholder Involvement
- Leadership

MANAGEMENT PRACTICES

- Organisational structure/culture
- Planning
- Personnel
- Programme development
- Administrative procedures
- Risk management
- Information system, programme reporting

HUMAN RESOURCES

- Human resource development
- Human resource management
- Work organisation
- Diversity

FINANCIAL RESOURCES

- Accounting
- Budgeting
- Stock Control
- Financial Reporting
- Diversified income base

PROVISION OF SERVICES

- Sectoral expertise
- Stakeholder commitment
- Assessment
- Awareness Building

EXTERNAL RELATIONS

- Client relations
- Inter NGO collaboration
- Government collaboration
- Funder collaboration
- Public relations
- Media

SUSTAINABILITY

- Programmes
- Organisational sustainability
- Financial sustainability
- Resource base sustainability

³ ActionAid, Nepal (private correspondence with R Hodgson, June 2001)