



Partnership Review of NSMP's Increasing Access Component

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LIST OF ACRONYMS

CBO	Community Based Organisation
CDO	Chief District Officer
DDC	District Development Committee
DEO	District Education Office
DFID	Department for International Development
DHO	District Health Office
DPHO	District Public Health Office
DRHCC	District Reproductive Health Co-ordination Committee
EOC	Emergency Obstetric Care
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FPAN	Family Planning Association of Nepal
HMG	His Majesty's Government
HP	Health Post
IEC	Information and Education Communication
INGO	International Non-governmental Organisation
KIM	Key Informant Monitoring
LDFB	Local Development Fund Board
LDO	Local Development Office
LGA	Local Government Agency
LGSA	Local Government Support Agencies
LSGA	Local Self Governance Act
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
OD	Organisational Development
OPR	Output to Performance Review
OVI	Objectively Verifiable Objective
PDDP	Participatory District Development Program
PHC	Primary Health Care
PSO	Private Sector Organisation
RHCC	Reproductive Health Co-ordination Committee
RWSSFDB	Rural Water Supply and Sanitation Fund Development Board
SDM	Social Development Manager
SDO	Social Development Officer
SDF	Social Development Facilitator
SDM	Social Development Manager
SM	Safer Motherhood
SMF	Safer Motherhood Forum
SNNSMP	Sector Nepal National Safer Motherhood Programme
SHP	Sub Health Post
TBA	Traditional Birth Attendant
TA	Technical Assistance
VDC	Village Development Committee
WDO	Women's Development Office

EXECUTIVE SUMMARY

Key Lessons Learned

- NSMP has developed a broad range of successful partnerships with different organisational types at district level for the implementation of safer motherhood increasing access activities. These include line agencies, local government support agencies and non-governmental organisations.
- NSMP has also played a major role in facilitating the formation of district-level networks of these partners, and others, in the form of Reproductive Health Coordinating Committees or Safer Motherhood Fora.
- The approach taken to partnership reflects good practice in the field being based on good interpersonal relations, clear working procedures and tailored support for technical skills development. However, the current outlook is unlikely to meet NSMP's primary of creating long term change agents for safer motherhood since it does not directly address issues around sustainability and organisational development of partners.
- Contractual arrangements for partners, while acceptable to well-established organisations with alternative funding sources, do not currently meet the full transactional costs of carrying out IA activities. This has the effect of limiting the involvement of NGOs from poorer and remoter areas which are often best suited to working at community level.
- The recent conflict between Maoists and HMGN has had a damaging effect on the ability of all partners to work in affected areas and precipitated significant budget cuts from other donors. This has caused many NGO partners to reach the brink of collapse with the laying off of large numbers of staff and a return to volunteer styles of working.
- NSMP's support to RHCCs/SMFs has led to some important gains in terms of advocacy and influence at district level. Significant strides have been made in influencing DDC and DPHO planning around safe motherhood and the allocation of resources at DDC and VDC level. Unfortunately the collapse of local government structures, linked to the conflict, has meant that many of these plans have not been implemented.
- The networks themselves appear to have led to clear improvements in information exchange, coordination, the sharing of resource people, monitoring and joint programming for special events. SDOs have led these processes and can claim credit for improvements seen but a high degree of dependency on them continues and this may limit the long term sustainability of the networks.
- NSMP's plans to exit all districts in early 2004 will be assisted by the good relations established with partners and experience gained from its withdrawal from Phase 1 VDCs. Key to the successful withdrawal will be high quality communications with all stakeholders and diplomatic skills.
- Many of the lessons learned from NSMP's partnership approach will be directly relevant to the SNNSMP currently under preparation. The decentralized district level approach to managing partnership relations makes it well suited to straight-forward replication and scaling up to national level. NSMP has developed a strong, effective and well-tested model.

Key Recommendations

Strategic Level

- In order to build the long-term capacity of partners to work in, and be strong advocates for, SM it is proposed that the SNNSMP move to a Programme Support type approach to partnership development. This involves taking a long-term approach to planning and seeking to build the internal capacities of partner organisations in addition to supporting their SM implementation activities.
- The new programme should take clear steps to avoid any form of social exclusion in the selection of partners, if necessary making additional investments to help NGOs and CBOs from poor and remote areas to qualify as partners.
- Management of partnership processes should be carried out at district level in a manner mirroring NSMP's current staffing arrangements which involve SDO and SDFs. Overall management of the national programme of support to partnerships for IA is best done through an INGO with relevant experience in this field. NSMP's current partners can play an important role as resource organisations, trainers, researchers and implementing partners.
- The positioning of RHCC/SMF's within the overall structure of government needs to be clarified. A study on the effectiveness of the RHCC system across the country would be of considerable benefit here and could be usefully undertaken as part of the early work of the SNNSMP.

Programmatic Level

- In order to bring the contractual basis of partnerships into line with local best practice it is recommended that improvements be made in the financial package of support to partners as described in section 3.
- Minor changes are recommended in administrative procedures to improve cash flow, reduce reporting frequency and limit the number of transactions required to manage partnerships on a daily basis.
- All staff involved in partnership development should receive additional training inputs on organisational development support in order to properly equip them in this important area.
- The functioning of RHCCs/SMFs will be significantly improved by clear delegation of management responsibilities within the membership. This should coincide with SDOs withdrawing their day-to-day support to the networks in a progressive and clearly benchmarked manner.
- NSMP's exit from project areas should be carefully planned and include high quality and frequent communications on the issue with a full range of stakeholders in order that they fully appreciate why the project is closing and so that local morale does not drop.

SECTION 1: INTRODUCTION

The overall purpose of this Review is to assess the effectiveness of NSMP's various partnerships with district-based organisations and networks in supporting increased access to safer motherhood services. A second objective is to gauge the extent to which the shift from small-scale piloting of interventions through project staff (Phase 1) to working through organisations at both district and community-level (Phase 2) has been achieved.

A review of NSMP's partnership approach is also timely in order to prepare for the completion of the project in March 2004. Here the core challenge is to exit from the relationships without undermining the performance, skills, organisational structures and sustainability built during the project period.

A further purpose is to make the major lessons learned around partnerships available to planners and key decision makers involved in the new Sector National Safer Motherhood Programme, due to start in mid-2003.

TORs for the study are included as Appendix 1.

Report Contents

Section 2 of this report describes NSMP's approach to partnerships and provides details of the working context, partner types, activities undertaken and partnership processes used for both individual organisations and networks.

Section 3 addresses the practical arrangements that regulate these partnerships and includes details of selection criteria, contractual agreements, terms and conditions, and reporting requirements. It also provides key learning points on working with each organisational type including an assessment of the impact of Nepal's recent conflict on organisational capacities. Finally this section presents a series of recommendations for current (NSMP) and potential future (SNNSMP) partnerships for safe motherhood.

Section 4 reviews NSMP's withdrawal from some of its Phase 1 working areas and makes recommendations for an exit strategy for Phase 2 districts. It also presents a series of recommendations for consideration by planners of the proposed SNNSMP.

Study Methodology

The study methodology involved an analysis of key documents and a series of one-to-one semi-structured interviews with partners, NSMP staff and other agencies – normally held in district offices. The outputs were qualitative in nature being interview notes. Interviews took place in 6 districts and were conducted in Nepali with partner organisations and in English with NSMP staff. In general, NSMP staff members were not present during the interviews with local partners but were present during meetings with networks.

The views of around 25 NSMP staff members were also collected during a half-day workshop held in Chitwan in December 2002. These recommendations were recorded on flip charts and have been incorporated into relevant sections of this report as appropriate.

The methodology used for interviews with partners is felt to have been satisfactory. NGOs, in particular, proved forthcoming in their comments over a wide range of topics including security issues. They were also able to conceptualize and debate partnership and institutional issues relatively well.

Line agency and local government partners had more difficulties in this respect, possibly due to a lack of familiarity with the language of organisational change. A common difficulty experienced by these groups was separating out institutional processes from the activities undertaken by the organisations. The broad effect of this was to limit the depth of analysis possible during interviews.

A more marked limitation to the study methodology was that respondents had very clear vested interests in maintaining their partnerships with NSMP and, as such, were reluctant to be critical of them. For this reason it seems probable that while partnership strengths will have been correctly identified, their limitations will have been under-stated.

NSMP

The DFID-supported Nepal Safer Motherhood Project (NSMP) aims to support HMGN's National Safe Motherhood Programme by contributing to improved maternal health in selected districts. It has two components. The first, *service provision (SP)*, seeks to establish and improve systems to manage health services for women of reproductive age, including improvements to the physical infrastructure of hospitals, equipment and supplies, and the training of key personnel. The second, *increasing access (IA)*, seeks to improve the social context for, and access to, midwifery and obstetric services in order to enable women to access these services.

The project, due to finish in March 2004, is currently working in 9 out of a total of 75 districts of the country located in the hilly and terai belts of the West, Mid-West and Far-West regions.

These partnerships are relatively new phenomenon and the outcome of recommendations made during the project's Phase 1 Output to Performance Review (OPR) in mid-2000. NSMP currently works with around 45 partners across 9 districts including line agencies (DHO, DPHO, DEO, WDO), local government agencies (DDC, PDDP) and non-governmental organisations.

The involvement of these organisations in partnerships with NSMP serves two important strategic goals. Firstly, it supports the key objective of creating long-term local change agents for Safe Motherhood, both within and outside of government. Secondly, it provides a strong local basis by which to carry out IA extension activities. On both accounts, though in differing ways, it also helps build the operational capabilities of local civil society and local government.

SECTION 2: PARTNERSHIP APPROACH

Working Context and the Evolving Approach to Increasing Access

During phase 1 of the project, NSMP's Increasing Access staff worked directly at VDC level in order to:

- 1) Better understand the social context and the major barriers to access.
- 2) Provide relevant information and implementation results with which to advocate improved practice to policy makers and implementers, and
- 3) Develop appropriate interventions and working processes which could be scaled up by the project and other implementers.

Key findings and lessons learned during this phase were presented during the project's OPR as follows:

- a) The low priority given to health and, in particular, maternal health issues within communities.
- b) The power of peer influence in decision making and the need, therefore, to work with a wide variety of peer stakeholders.
- c) The importance of NSMP playing a facilitative role in bringing together both the health and non-health offices of local government.
- d) The need to involve local government and district health officials in discussions on safe motherhood.
- e) The need to allow time to build-up stakeholder interest and motivation around SM issues.
- f) The need to balance efforts to empower women with complementary work with men.
- g) The importance of NSMP helping to develop local ownership around SM issues while providing strong and clear support to stakeholders.
- h) The importance of transparency in project-stakeholder relationships.
- i) Acknowledging that intensive inputs are required if the capacity of community groups and their leaders is to be built.

Based on these findings, Phase 2 of the project adopted the following working principles:

- Working in partnership with government and non-government structures from district to local level.
- As far as possible, working with existing implementation and co-ordination structures.
- Utilising demonstrable learning from previous interventions and initiatives.
- Adopting a cross-sectoral approach to promoting safe motherhood.
- Undertaking a facilitative, coordinating and capacity building role.
- Supporting the formation of district-specific strategies.
- Supporting an inclusive approach.

Partnerships with a broad range of local organisations including line agencies, local government and NGOs were envisaged as being at the heart of this approach. These would not only engage a greater number of local agencies in safer motherhood promotion, but also support processes underpinning HMG's Local Self Governance Act (LSGA) by building district level capacity and operational linkages with DDC structures.

In order to develop this strategy NSMP took the conscious decision to recruit and train organisations with a known competency in community health and a clear interest in working in safer motherhood. Its approach was to build on the existing activities of experienced partners rather than support start-up activities in new organisations. Its financial arrangements were designed to ensure that only agencies with a genuine or mandated interest in safer motherhood would seek a partnership agreement.

The response was encouraging. Within eighteen months (by December 2001) a total of 26 government and non-government district based partners had been selected and trained and were active at the community level.

Twelve months later, and despite a worsening security context, this number had increased to 45 reflecting both a growing demand for SM IA services from communities and the interest of local organisations in working in this field (evidenced by the fact that overhead and salary costs were not paid), the latter being partly stimulated, it is believed, by the growing influence of the RHCC/SMF networks.

An additional factor will undoubtedly have been the value placed on securing external support of any kind at a time when many other agencies were reducing inputs.

Partner Activities

NSMP's partners at district level currently undertake a wide range of activities including public education, community mobilization, stakeholder training and the creation of emergency funds and transport schemes. They also participate in safer motherhood fora or

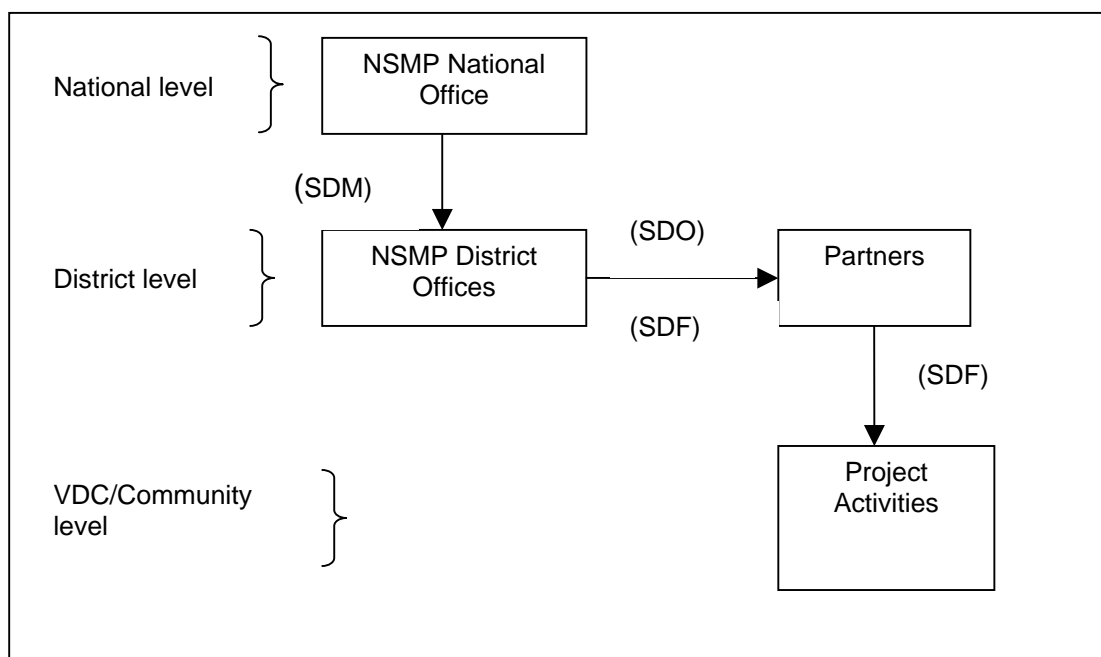
RHCCs at district level with the objective of improving local coordination and planning and boosting the profile of SM in the district.

The growth in the number of partnerships has presented NSMP with some complex operational challenges and an increased awareness of the knowledge gap existing between how well these relationships, as distinct from the activities undertaken, are performing. Many of the lessons around partnership processes appear to be lost due to the sheer pace and volume of implementation activities.

A further key issue is whether there are additional capacities and efficiencies that derive from working in partnership with individual organisations and networks, that can be harnessed to the benefit of district level SM activities.

In the face of the rapid expansion in partner numbers, NSMP staff have had to adjust quickly and develop some new skills around organisational assessment and partnership development. In general they have managed this well with only limited training inputs from the centre. SDFs, in particular, are seen to have moved successfully from a technical support to a facilitating and enabling role. Figure 1 shows how NSMP engages with partners at different levels and the responsible staff involved.

Figure 1: NSMP support to partners showing responsible staff members



While the number of partners has increased, the local political context within partnerships are played out has changed significantly in the last 18 months. Although somewhat eased by the current ceasefire, the long-running Maoist insurgency has constrained both partner activities and the organisations themselves. Consideration of these impacts, though not included in the original TOR, is an important outcome of this study.

Types of Partner

NSMP currently works with 14 district level offices of line agencies, 22 NGOs and 9 local government organisations. It also supports 9 SMF/RHCC networks. The geographical distribution of these partners is shown in Appendix 2.

Figure 2: NSMPs Partners

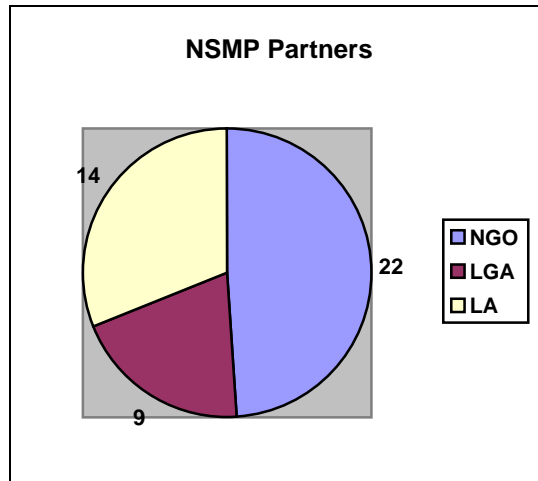
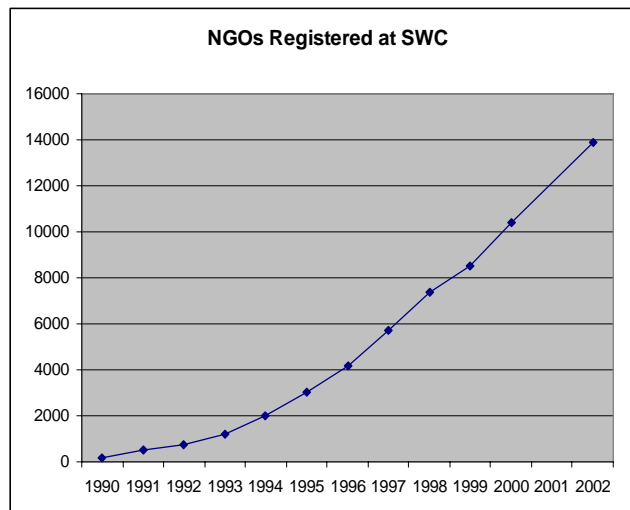


Figure 3: Historic Growth of NGOs



(Source SWC)

Non-Governmental Organisations (NGOs)

The NGO sector in Nepal is relatively young but growing rapidly. There are now more than 13,500 NGOs registered at national level (with SWC) but nearly all are less than ten years old and have only rudimentary goals and structures. Most are highly donor dependent and undertake only those activities for which external funds are available. Few specialize in reproductive health although around 2000 or 15% has a primary interest in women, child and

health issues. Figure 3 shows the trend in growth since the movement for democracy in 1990. Most NGOs have strong party political affiliations.

NGOs' traditional strength is their familiarity with the local context and their ability to work well at the community level. They are normally highly conscious of their standing in the public's eye and somewhat more accountable for it. A small number are active in advocacy on behalf of the poorest including social auditing but these are mostly Kathmandu based. NGOs chief limitations are normally acknowledged to be poor technical skills, limited administrative and institutional capacity and over-politicisation.

Line Agencies

District level line agencies (e.g. DPHO, DHO, WDO, DEO etc) are the local representatives of HMG's various ministerial departments. They tend to be vertical in structure, hierarchical in management culture with lines of accountability to the centre but not to district level government offices. They have specialist staff able to provide technical inputs into districts based on central level priorities. They tend to be beset by under-staffing, frequent staff transfers and poor support from the centre.

Local Government Agencies

Local government agencies are those set up under, or established to support, District Development Committees (DDCs). DDCs are the locally elected government bodies responsible for coordinating, managing and administering all development, administrative and monitoring activities. The DDC chairman normally oversees the administrative and technical functions of the DDC while the Ministry of Local Development, represented by the LDO, acts as the DDC Secretary, managing the day-to-day activities of DDC staff.

Since the expiration of their last term of office in May 2002 and the decision of the ruling Congress government not to extend their tenure, DDCs have now been replaced by a small unit of line agency civil servants comprising the CDO, LDO, DEO, WDO and DHO. These units have received little support from local political parties and this has had the effect of stalling most DDC supported development activities.

RHCCs and SMFs

Reproductive Health Coordination Committees (RHCCs) were created under MoH's Family Health Division (FHD) as district level information sharing, coordination and policy development networks. They currently exist in over 20 districts but with widely differing degrees of development and maturity. In several districts, a Safer Motherhood Forum (SMF) has been established as a sub-committee of the RHCC, or as stand-alone structure, to represent the particular interests of SM. NSMP has taken a lead in helping to establish and support RHCCs/SMFs in each of its working districts, seeing them a powerful advocates for SM.

Partnership Approach

NSMP's stated primary goal for partnerships is the development of long term change agents for safer motherhood. Its secondary goal is the implementation of associated project activities.

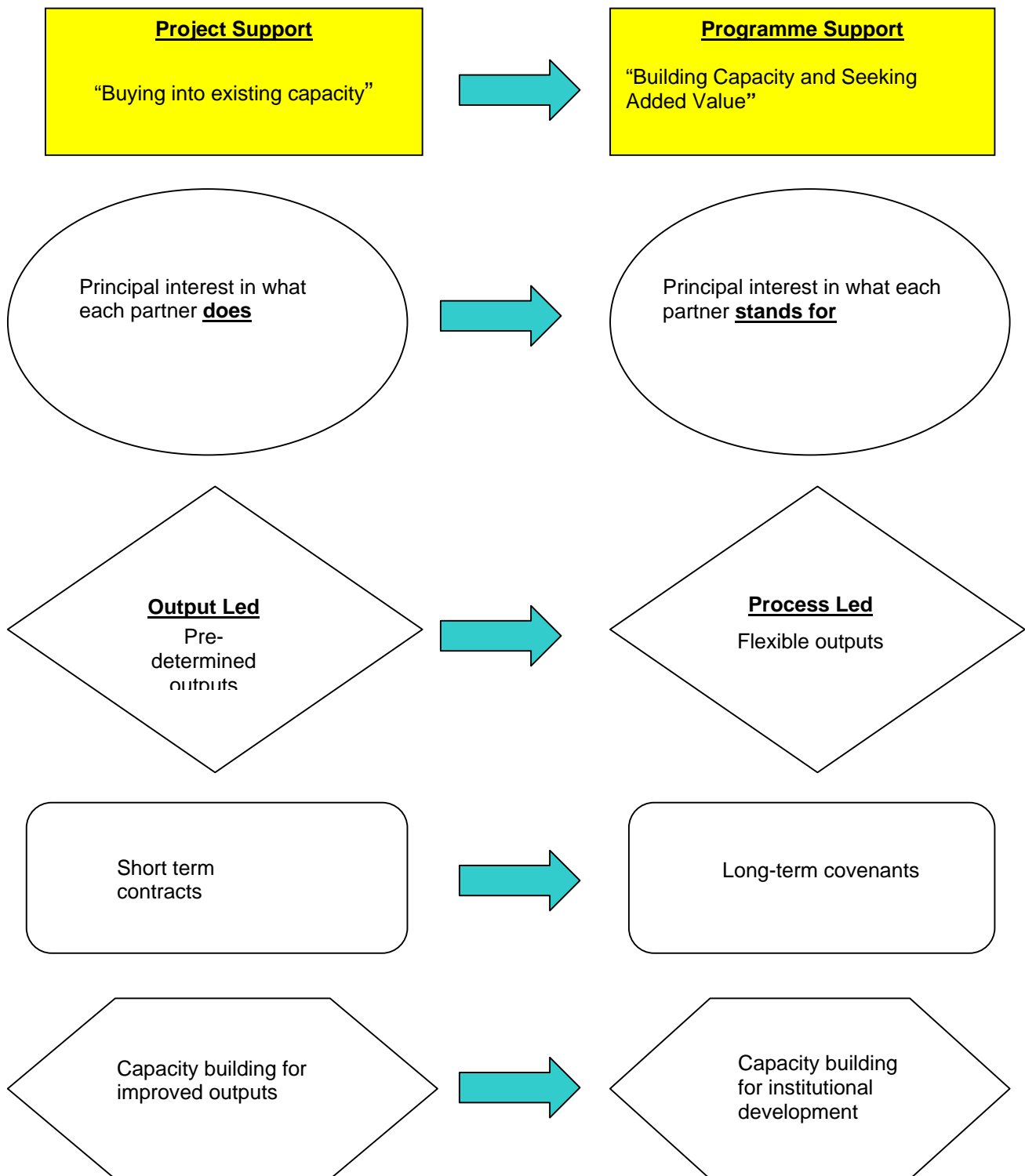
Within this framework the project has entered into limited partnerships for activity related purposes broadly in line with the Project Support Model¹ outlined in figure 4. NSMP has consciously and entirely sensibly given the time-frame of the project, built on the existing programmes of partners or, more simply put, "bought into competence" rather than seeking to develop it.

While this approach has brought some early benefits in terms of a quick start to SM activities and networking, the goal of developing change agents for safer motherhood is felt to require more far-reaching support and stronger relationships than can normally be cultivated in short-term, activity-bound agreements, although these are often a necessary first-step. Several interviewees felt that the level of engagement between NSMP and its partners needed to focus more on vision, identity and organisational sustainability and move beyond SM related activities alone. In other words, they proposed a move towards a Programme Support approach that builds organisational capacity and seeks to add value.

Others felt that understanding processes of institutional change, necessary if real change agents are to be created, is complex and would require specialist skills that NSMP was well-positioned to provide. The resource implications required for such an input remain to be calculated but could be considered as part of a Programme Support approach in the proposed national level programme. A starting point here would be to bundle different packages of inputs broadly split into activity and management costs based on NSMP's actual costs.

¹ 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

Figure 4: Developing Partnerships (After Fowler)



Types of Partnership

NSMP works primarily with individual partners (i.e. bi-laterally) from line agency, local government and non-governmental organisations. Within these cohorts two types of partnerships are seen - long term intensive partnerships and short term activity partnerships.

Long term intensive partnerships relate to extended work plans in pre-determined VDCs, both with key government stakeholders such as DDCs and DPHOs and with local NGOs.

Short term activity agreements refer to funding for specific activities normally initiated by complementary line agencies such as the DEO and WDO, but also including some NGOs.

Partnership Type	With MOU	Without MOU
Long term intensive partnership	NGOs, LTFB 23 no.	DHO, DPHO, DDC 6 no.
Short term activity partnership	-	DEO, WDO, NGO 16 no.

A third type of partnership, namely multi-lateral (activity based) partnerships has recently emerged largely as a result of the information sharing and coordination role played by RHCCs/SMFs. Collaborative programming around special events (e.g. Woman's Day celebrations) is the most common output of these partnerships with each organisation contributing a specialist service to the whole.

The duration of MOUs is normally for two years with activities and funding arrangements described in 3 or 6 month action plans (see section 3).

What Partners Do

In choosing to work through partners (LAs, LGSAs and NGOs) these organisations become the principal vehicles for communicating SM issues at the community level. The ability of partners to deliver messages is strongly influenced by organisational factors such as internal capacity, outreach and institutional culture, and significant variations in performance are seen. This occasionally means a dilution of the quality of messages delivered but this is one of the expected trade-offs when using a partnership approach. SDFs have an important role to play here in ensuring that the quality of technical messages communicated at community level is maintained.

Partners are also involved in support activities such as establishing emergency funds and transport schemes. This normally involves community mobilization, group formation and the provision of training services.

A third role is that of advocacy and influence at the district level – typically through bi-lateral links with key organisations such as DHO and DDC and through participation in safer motherhood networks.

A full listing of the range of partner activities follows:

- Public education, sensitization and awareness creation
- Community mobilization
- Training
- Public campaigns
- Creation of savings groups for emergency funds
- Creation of local transport schemes
- Monitoring and evaluation, knowledge questionnaires, key informant monitoring
- Participation in networks.
- Advocacy

These activities and their strategic importance can be tracked in individual districts using a simple framework as shown in figure 5.

Figure 5: Partner Activities and their Strategic Importance²



Organisation	Partner orientated by NSMP on SM messages and communication methods	Community level inputs (e.g. communication of SM messages)	Community level outputs e.g. emergency funds, transport schemes	Advocacy e.g. VDC plans made; funds allocated	Active participation in district level forum (e.g. submission of SM plans)	Policy Development e.g. influence on district BCC strategy
CCS (NGO)	*	*	*	*	*	
DPHO (LA)	*	*	*	*	*	
NRCS (NGO)	*	*	*	*	*	
WDO/DEO (LA)	*	*				
SMF (network)	*				*	
PDDP (LGSA)					*	
ICH (NGO)						

- 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.

² see Whiteside and NSMP Staff “Monitoring of NSMP's Increasing Access Component”, May 2002

Partnership Processes

Underlying each of the different partnerships are processes which determine the quality of relationships and, more commonly than not, the effectiveness of project activities undertaken. Many of these processes are interrelated and appear to be as much the result of the personal culture and training of the individuals involved from both sides as of project design.

In general there was a high level of consistency in respondent's reports on NSMP's approach to partnerships. Nearly all were highly positive and it was difficult to find a partner who was critical of the relationships as a whole. Indeed, nearly all requested increased and expanded collaboration (though this will probably have been primarily for financial reasons).

The chief interest, or "motivational trigger", among NGO partners in working with NSMP was seen to be the chance to improve skills in an important development sector and to establish an improved local profile. Among line agencies, motivation appeared to be linked to the need to fulfill mandates and attract external support; among LGAs the key factor appeared to be the need to be seen to be active and responsive to local needs.

When asked to describe the defining characteristics of NSMP's partnerships, respondents from came up with six main factors. These are:

1. Good interpersonal relations

This was frequently given as the principal reason why partners valued working with NSMP. NSMP staff members were reported to be accessible, committed, transparent, hard working and to have non-didactic attitudes. SDFs in particular were reported to be willing to get involved in the "nitty-gritty" of partnership development (sharing the load) and this was seen as a main reason for high levels of satisfaction around partnership issues.

Levels of trust and mutual respect were high. A contributing factor here was clearly NSMP's decision to keep staff at their posts despite the deteriorating security situation when many other agencies were withdrawing support or scaling down. Investments made to support the HRD of partner staff were also seen to have enhanced interpersonal relations to the benefit of strengthened partnerships.

2. Relative equity in power relations

Several contributing factors were reported here:

1. NSMP staff sharing the same working environment as district health officials.
2. NSMP adopting a modest organisational profile with facilities (eg furniture, computers and transport), similar to those available to partners.
3. NSMP staff being willing to visit partners in their offices and provide community level support in the field.

4. Requiring that partners share the total responsibility for SM activities through the provision of staff salaries – thereby ensuring good levels of common ownership of activities and processes.
5. Clearly defining roles and responsibilities of partners and making these explicit in written agreements.
6. Publicly acknowledging the comparative advantage of partners in key areas e.g. DHO in running health campaigns; NGOs in community mobilization; LGAs in influencing district health plans.
7. NSMP staff socializing with partner staff.

While more positive comments were heard than critical ones, a few discordant points were reported, namely:

- a. Preconceptions about NSMP's ability to access funds were seen to drive some unrealistic expectations for material support – particularly from DHO and DPHO personnel. NSMP staff felt that many officials failed to understand NSMP's support role and viewed the project purely as a funding agency. It was not clear during the study whether this outlook actually undermined the effectiveness of DHO/DPHO activities.
- b. NSMP's strong leadership in areas of principal interest to its own programme, but not necessarily those of partners (e.g. working to accelerate the formation of RHCC/SMFs) was seen to have "force-fed" partners into joining the networks. This may have a negative impact on the long-term sustainability of the networks (see section 3).
- c. Differences in the terms and conditions of employment, including salaries and training opportunities, between NSMP and partner staff. Although unavoidable given the temporary nature of the project and NSMP's need to recruit staff who can work at high conceptual levels, these nonetheless have a dampening effect on relationship building.
- d. Short term funding agreements which do not allow partners a sufficient level of financial security to plan effectively, engage appropriate full-time staff and fully commit to SM activities leave some partners feeling disempowered in the relationship.

3. Dialogue centered

While agreements were seen to provide an important framework for IA activities, day-to-day decision-making tended to be dialogue-based and the outcome of regular meetings, good communication styles and effective interpersonal relations. Most partners saw this as an essential factor in relationship building - a common view being that while written agreements were good "back-stops", most decisions came about as a result of face-to-face interactions.

Some partners located in remote areas however had not been visited as frequently as those in district headquarters. As a result, partner staff are much less familiar and knowledgeable about NSMP. This is an important point since partners who meet NSMP

infrequently are more likely to view meetings as monitoring visits rather than opportunities for programme development.

Flexible Approach

Most partners felt there were appropriate degrees of flexibility within the partnerships. NSMP staff were perceived as being open and responsive, willing to help partners in ways that may not have been anticipated at the outset of the relationship – for example, visiting to help prepare progress reports and budgets. Again, SDFs were seen to have played an important role in developing this flexible approach.

The bounds of this flexibility appear to be defined by the financial approval limits of district staff, controls on project approvals and the time taken to allocate new budgets. Virement of budgets for unplanned activities is not permitted although unspent funds may be allocated to activities once approved by the centre. This was perceived by district staff as an important working constraint and recommendations to overcome it are made in Section 3.

1. Support for skills development provided

Linked to flexibility is the degree of responsiveness to requests for skills development and training within partner organisations. In this regard, most partners felt that NSMP had a positive approach and had made clear efforts to meet training requests.

Requests received were mostly for technical skills development (e.g. SM orientation, computer and finance training) with the occasional input into institutional and development skills (e.g. FFC). Investments made in HRD services for partner staff appear to have a strong bearing on partner opinions on the quality of the partnerships.

Despite a generally supportive HRD approach, some respondents – notably those working for line agencies – had made frequent and unrealistic training requests e.g. for long overseas courses bearing little relevance to the practical and strategic needs of their organizations which could not be met. NSMP had normally declined these in a diplomatic manner without affecting the relationships concerned.

2. Regular interaction – normally monthly

See points 2 and 3 above.

In addition to asking partners for their views on partnerships, NSMP staff were invited to describe how the partnership approach had changed their own roles. Their responses are summarized as follows:

3. High volume of administrative transactions (planning, monitoring, finances and reporting)

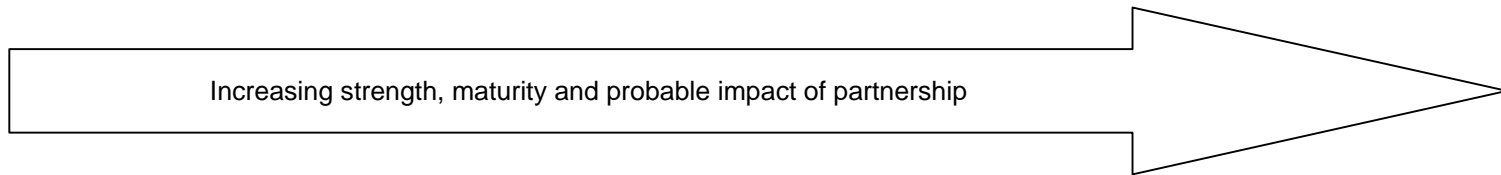
Staff felt that they had to manage a high administrative load to support partners in their work. There was a general feeling that HQ managed too many of the planning, approval, financial and reporting processes and that servicing these requirements took time away from more strategic issues such as programme development and impact monitoring. Examples given were monthly planning, reporting and cash flow management cycles. There is clear potential for increased decentralization of decision making to district level within NSMP principally because management structures are well established and district staff competent.

4. Role of SDOs and SDFs is now more about managing relationships than providing technical inputs

Whereas 18 months ago NSMP staff were providing technical support to partners and supervising project activities, today they are mostly supporting partner planning functions and developing synergies and influence at the district networking level. This is, of course, a highly satisfactory outcome but staff members have had to learn new skills quickly as they have gone along. Most felt that they had managed the transition relatively well, but would have been better prepared through appropriate training on task management, delegation, partner strengthening and institutional development.

One consequence of the partnership processes described above is that several partners have matured quickly and are able to work at higher strategic levels than previously. This phenomenon is described in figure 6 which shows how partners are able to raise the level of their messages, audiences and activities over time through higher level functions such as training others, research, joint programming and advocacy.

Figure 6: Maturity of RHCC/SMF Working Relationships³



NSMP Partner	No Contact i.e. organisation active in SM but does not contact network	Information Sharing	Co-ordination of activities	Collaboration (i.e. joint planning and pooling of resources for particular event)	Joint Programming (i.e. shared programme objectives and pooled resources)	Joint Advocacy
FPAN (NGO)		*	*	*	*	*
DPHO (LA)		*	*	*		
PDDP/DDC (LGSA)		*	*	*	*	*
WDO/DEO (LA)		*	*			
RHCC (network)		*	*	*	*	*
Other NGO	*					

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

³ op cit

SECTION 3: PARTNERSHIP ARRANGEMENTS

NSMP's approach to partnership has been described above. Details of the practical arrangements that guide these relationships are included in this section which covers each of the different partner types in turn. The approach taken to TA and financial reporting covered under "Working with NGOs" is common to all partners.

Working with NGOs

Partner Selection

As noted above, the approach taken to selecting NGO partners has been to recruit well-established organisations with proven track records. In following this approach, NSMP has sought to avoid creating financial dependencies through the provision of funds for staffing and overheads. This pragmatic view has resulted in some early gains including a quick start to both project activities and the formation of RHCCs.

The criteria used for selecting NGO partners are listed below:

Each partner will:

- Be fully registered and have current or recent experience of working with other donors or I/NGO partners.
- Have a functioning bank account.
- Have existing outreach at the community level and be supporting functioning community groups.
- Have demonstrated an ability to implement at the community level and have real interest and enthusiasm to incorporate SM issues in their current programme.
- Be willing to work on SM issues without any funding for recurrent costs and having agreed to provide financial inputs.
- Preference will be given to those currently working with government structures particularly at the community level (working with FCHVs, TBAs, Mothers' Groups, Local Health Institutions and Support Committees).

From a purely practical perspective, these criteria have served their purposes well with a wide range of interested, capable and experienced partners engaged. However, since partners without a strong financial base are unlikely to be able to afford to undertake SM activities and because NSMP does not currently meet the full economic costs to partners of these activities, the project may have limited the involvement of NGOs from poorer, lower caste and remote constituencies, many of whom lie on the other side of the "security divide". Any new programme should include provisions to help recruit and, where appropriate, establish partner NGOs and CBOs in these areas.

In addition to this, the project will almost certainly have introduced a degree of social exclusion into IA activities. This is because most NGO workers tend to be male, high-caste, well educated and from socially elite groups and this, in turn, normally limits their ability to communicate effectively with low-status, low-caste, poorly educated and poor women and their families who are the primary target groups for IA inputs.

These same factors may also have limited possibilities for partner NGOs to work in poor, remote rural areas hardest hit by the conflict. Respondents reported that the ability to work in these areas is largely linked to levels of community support for the services being offered and the personal and political culture of the individuals providing the services. Both tended to strongly favor local as distinct from district based organisations mentioned above.

NGO Partnership Agreements

As noted above, NSMP signs partnership agreements with NGOs (and LGAs and activity agreements with DHOs and other line agencies). Partnership agreements are generally for 2 years and regulated by MOUs covering shorter periods normally linked to NSMP's 6-month planning and activity cycle. Initial MOUs tend to be for 3 months with satisfactory partners graduating to 6 monthly arrangements. Unusually, MOUs cover a 12-month period.

These MOUs give details of responsibilities of each partner and comprise the following sections:

1. Introduction and background
2. Validity of the MOU
3. Aims and objectives
4. Strategies to achieve the aims and objectives
5. Broad activity Areas
6. Roles and responsibilities of each partner
7. Reporting structure
8. Expected outcomes
9. Budget release
10. Monitoring
11. Signatories

These agreements are the result of negotiations between NSMP and the NGO partners but within the boundaries of NSMP's administrative norms. One slight ambiguity here is that even "long-term" partners have relatively short term MOUs and this tends to limit their ability to plan and, significantly, recruit specialist staff for safer motherhood. It also makes it more likely that the goal of creating long-term change agents for safer motherhood will be subordinated to a recurrent focus on project activities. It will therefore be important in future programmes to have partnership arrangements that are long enough for changes in institutional capabilities to be measured. Nearly all NGOs reported that agreements were too short for effective staff mobilization and planning and proposed 2-3 years as a more realistic period.

Multi-partner Activity Agreements

A further type of agreement entered into by NGOs is for multi-partner activities. These are similar to activity agreements (see below) but tend to be between three partners – normally NSMP, the NGO and the DHO. These aim to make the best use of the comparative

advantage of each agency/individuals for a particular event e.g. women's day celebrations and information campaigns and are increasingly seen to be the outcome of RHCC/SMFs information sharing and planning activities.

(It should be noted here that it is still relatively difficult to get the direct involvement of DDCs in these agreements. This appears to be because the DDC lacks specialist staff in public health).

Costs

The current financial support to NGO partners is based on government norms with minor variations in some areas. A field allowance of NRs 150 per day is paid for field workers while resource people used in training courses receive NRs 300 per day.

Partners also receive a monitoring and reporting allowance (Nrs 7000/month) in lieu of staff salaries and organisational overheads (line agencies meet these costs from central budget allocations). Most NGOs use revenues from membership fees or funds from other donors to cross-subsidize SM-assigned staff. In general, salaries of NGO staff are in the range of NRs 4500 (\$58) to Nrs 5500 (\$70) per month.

Financial Procedures

NSMP's financial procedures are clear and well developed. Monthly cash flow projections are drawn-up based on 6-month activity plans with funds being transferred to NSMP district level accounts. Funds are then transferred to partner bank accounts, normally arriving 3-4 days later. A minimum monthly balance of NRs 5,00,000 is aimed at but rarely achieved. A small imprest account is kept in each NSMP district office to meet day-to-day running costs. SDOs operate within a financial authority of NRs 50,000 with approvals above this referred to HQ.

A consistently high number of NGO partners reported significant interruptions in the receipt of funds due to delays in receiving project approvals. Delays of around 2-3 weeks were common. This meant that partners either postponed activities or borrowed funds from other sources. One NGO partner reported borrowing funds from a local shopkeeper; others using personal money. Several SDOs and SDFs said that managing financial shortfalls was especially time-consuming and took time away from programme development issues. Proposals to overcome this constraint are given in the recommendations section given below.

Financial Reporting

NGO partners report on a 3-monthly basis using an NSMP format. Reports are then compiled at district level and forwarded to HQ. All NGO partners interviewed felt that financial reporting requirements were reasonable and many noted that their organisation's financial management systems had improved markedly as a result of NSMP training.

All partners are audited internally by NSMP's finance team every 6 months with the results documented and shared with each partner. Partners reported that the audit process was supportive and helpful.

Reporting and Monitoring

Partners report against planned activities during monthly meetings with NSMP staff and, in lesser detail, at RHCC meetings every 2-3 months. SDFs and SDOs prepare monthly summaries which are forwarded to HQ. Districts also produce 3-monthly activity reports and 6-monthly programme reports against NSMP's log-frame indicators.

Progress reporting requirements were seen by partners as reasonable. However, NSMP staff felt that their reporting load had grown rapidly and that this took away time from analysis of learning and programme development.

Support/TA

Most partners (including government) felt that NSMP give a high priority to TA and is generally flexible and responsive in meeting the programme support needs of partners. Training needs were normally identified by partners themselves, but occasionally by NSMP. The range of TA offered included:

- Safer motherhood (orientation on technical subject matter and communications methods and materials)
- Report writing
- Proposal writing
- Gender training
- Financial management
- Computer training
- Foundation for change (appreciative enquiry approach used for team development)

A typical comment was "All are relevant; all are valued". The Foundation for Change programme in particular was credited as helping partners transform internally, improve organisational development and working capacity.

The modalities of support provided varied widely and included a mix of specialist training courses run by outside agencies/consultants (e.g. computer and gender training) and orientation and backstopping support from NSMP staff (technical skills; proposal and reporting writing). Where possible courses were run for several partners in a district at one time.

NSMP's district and central level staff have also facilitated orientation and training programmes at district level – normally for groups of partners under the aegis of the RHCC/SMFs. These have typically been to support district level planning (e.g. local IEC planning based on national strategy) and to develop district level monitoring systems.

Day-to-day support to individual partners has been provided by SDFs. In general, this was the input most valued by NGO partners since it was seen to provide a large and flexible "safety net" with guidance being provided on a personal and informal basis. This type of support is regarded by the consultant as the minimum required to ensure that partners develop as organisations while, at the same time, undertaking SM activities.

TA inputs are seen to have been strong factors in the success of NSMP's partnership approach and critical investments in the long term sustainability of partners. However, more will need to be done to improve the institutional strength of partners if they are to become real long term change agents and advocates for safer motherhood. Internal development

issues around organisational vision, goals, planning, decision making, team building, leadership, communications and skills development need to be addressed if partners are to fully commit to SM sub-sector goals and move beyond the generally prevalent practice of undertaking any development activity for which funds are available.

Important data missing from this analysis are the costs of providing TA support for the development of partners as described above. It will be important to disaggregate these and then re-bundle them into discrete packages suitable for use for different partners and in different contexts for possible use by the proposed SNNSMP.

Working with Line Agencies – DHO, DPHO, WDO, DEO

NSMP signs what are called “activity agreements” with line agency partners (principally the DHO or DPHO) to cover specific events for which a financial contribution is requested. These tend to be for stand alone, time-bound events such as women’s day celebrations and public education activities. The agreements typically provide for the costs of per diems for trainers and field staff, which cannot be provided from line agency budgets.

These activities are normally approved on the basis of requests submitted to NSMP, which are then turned into agreements. Monitoring and reporting requirements are less demanding than those for the partnership agreements with SDOs and SDFs normally monitoring activities and compiling relevant data in quarterly reports. Financial returns are audited internally by HQ staff.

TA support to line agencies is in-line with that provided to NGOs with a particular emphasis being placed on Foundation for Change inputs. It is felt that this “appreciative enquiry” approach to organisational development is essential if the internal culture of line agencies is to shift in favour of client-centred approaches to service provision. This is a difficult task that will not be achieved overnight but encouraging results have been seen particularly among local health officials who reported that internal management and communication styles within their teams had changed markedly.

One clear output of NSMP’s partnerships with line agencies is the influence achieved on LA planning for SM. There was consistently strong evidence to show that SM issues had been fully integrated into DPHO/DHO priorities in all the districts studied. To a lesser extent the WDO and DEO were seen to have incorporated SM into their programmes – though mostly at the activity, as distinct from strategic, level.

The impact of the conflict has however had a damaging effect on the ability of these agencies to carry out plans. All line agencies have suffered significant budget cuts from central government and this has typically led to a down-scaling of activities by over two-thirds. Staff salaries continue to be paid but field activities now largely depend on supplementary funding from external support agencies. NSMP’s continued support through the provision of field allowances etc has meant that some activities have been possible and this has proved an important fillip to staff moral.

Virtually all line agencies expressed strong appreciation for NSMP’s role in the district but, disappointingly, most appear to view the organisation primarily as an external donor rather than a facilitator and catalyst for SM embedded within MOH-FHD. This is seen as a dominant and heavily engrained perception linked more to indigenous perspectives on foreign aid than to the attitudes and practices of NSMP staff, but it undoubtedly limits the degree of receptivity to NSMP inputs and the potential for productive dialogue and transformative influence.

Working with Local Government – DDCs and VDCs

Strong linkages with DDCs are important if safer motherhood is to be given a high priority in district planning and local government resources are to be allocated to the sub-sector. They are also necessary to support HMGN's Local Self Governance Act (LSGA), which requires that district level activities be increasingly brought under DDC control.

NSMP supports DDCs by working in partnership with LGSAs for project implementation. LGSAs are normally based in DDC offices and have excellent access to the various structures and key officials working in local government. Their advocacy potential is therefore very high.

NSMP's partnership arrangements with LGSAs are the same as those with NGOs, reflecting similarities in organisational capacities and access to resources. LGSAs are normally financed on a matching funds basis by VDCs and UNDP but in the past 18 months these funds have dried up significantly and many are now in a similar position to NGOs being unable to provide staff salaries. As such, SM project activities have been reduced and important advocacy opportunities missed.

NSMP additionally relates to DDCs through SMF/RHCCs. Several respondents noted that as the popularity and influence of RHCC/SMFs had grown, so senior DDC officials had increasingly participated in meetings. In several districts it was reported that the DDC's Health and Social Welfare Committee had asked the RHCC/SMF to provide the SM section of the DDC periodic plan.

SM now features in DDC plans in all nine NSMP districts – a significant achievement. Several DDCs have additionally agreed to provide matching emergency funds for the poor, funded song competitions and supplied materials for hospital improvements.

This general picture is reflected at VDC level. Several VDCs, which often appear more sensitive to SM access issues than DDCs, are reported to have donated funds to support sub-health posts and contributed to EOC funds. For example, in Baglung, a local NGO, CYC, and the district RHCC successfully lobbied a VDC to provide NRs 10,000 for SM support. This was the first time that the VDC had contributed to health-related activities.

Here it should also be noted that the findings of the Key Informant Monitoring (KIM) surveys (interviews of villagers, by villagers, on attitudes and experiences related to obstetric care-seeking) have played an important role in influencing the attitudes of VDC and DDC officials. Further dissemination of the findings to a wider audience is recommended.

Best Practice (Contractual) in Partnerships?

An important component of this study has been to compare NSMP's partnership approach with that of other agencies experienced in this field with a view to identifying best practice for partnership development.

Staff from three agencies, Helvetas, NEWAH and INF were interviewed in district level offices. Several NSMP partners receiving support from other donor agencies were also interviewed and, thereby, the approaches of ActionAid, RWSSFDB and UNDP-PDDP were recorded. A synthesis of best practice for supporting NGOs and other similar organisations is presented as follows:

- Negotiated agreements with clear commitments and activity boundaries including timeframes
- Payment of all staffing costs related to project activities
- Skills training for project activities
- Long term agreements (3 yr rolling with annual review)
- Payment of a 10 - 15% overhead based on activity costs
- Targeted institutional development costs (e.g. strategic planning, management training, promotional materials)
- Referral systems to link with partners with other potential donors

It is recommended that NSMP adopt these practices in the timeframe left for the project and further promote them for inclusion in the SNNSMP.

Working with RHCCs and SMFs

Reproductive Health Coordination Committees (RHCCs) were created under MoH's Family Health Division (FHD) as district level information sharing, coordination and policy development networks. They currently exist in over 20 districts but differ widely in their levels of development and maturity.

In several districts, a Safer Motherhood Forum (SMF), has been established as a sub-committee of the RHCC, or as stand-alone structure, to represent the particular interests of SM. NSMP has taken a lead in establishing and supporting RHCCs/SMFs in each of its working districts, seeing them a potentially powerful advocates for SM.

What the Networks Do

A listing of the RHCC/SMF's functions as reported by respondents is as follows:

1. Collective problem solving
2. Identification and sharing of resource people
3. District level planning
4. Coordination of activities/avoiding duplication
5. Activity mapping at VDC level
6. Awareness raising
7. Sharing information
8. As a referral point for outside agencies
9. Launching programmes
10. Developing working procedures

Particularly appreciated were the networks' successes in coordinating the activities of NGOs, INGOs and line agencies and in harmonizing the relationships between governmental and non-governmental groups. It was reported in several places that there was now more mutual appreciation for the different roles each agency can play for SM.

Institutional Framework

A significant finding of this study is that where NSMP has provided strong support to RHCCs/SMFs, membership to them has become popular and they have become important advocates for safer motherhood. This support has been provided principally by SDOs who have made intensive, almost daily, inputs into the networks including the provision of secretarial, coordination and training services. NSMP has also provided external trainers and facilitators to assist RHCC/SMFs in their planning and monitoring functions. Much of this support builds on inputs made to individual partners who typically comprise the majority of network members.

Most RHCCs/SMFs meet at least once a quarter and attendance rates generally exceed 80%. Sustainability within local government structures remains an important challenge but as meetings have become more popular, DDC officials have sought greater direct involvement and proved willing to incorporate RHCC/SMF findings into district health plans and to allocate resources against these plans. This is an important milestone.

More needs to be done to ensure the sustainability and influence of these networks. A commonly held view is that while they are “very useful”, they are not yet particularly “powerful”.

In this regard there are certain ambiguities over the positioning of RHCCs/SMFs in the structure of government that may damage prospects for their sustainability. While the origin of these networks lies with FHD, their purpose appears to link primarily with the mandate of local government – namely, district focused coordination, planning and policy development including extension activities. Under LSGA, the rightful home for such a network appears to be under the DDC's Health and Social Welfare Committee. An analysis of the positioning of RHCCs/SMFs in relation to LSGA would be helpful to in this context and could be included in the new national programme.

Further clarification on the role of RHCCs/SMFs is also needed since some members clearly believe that the networks have a fundraising and project implementation role. This was not the original purpose of the networks and if it were to change in this direction it could be anticipated that advocacy and coordination goals, which depend on the collective approaches of members, would be overshadowed by the ambitions of individual members.

To date, while some guidance has been received from FHD on the formation and role of RHCCs/SMFs and reporting systems have been established, it was widely reported that little practical guidance and no RHCC/SMF-specific monitoring visits have been made by national level staff. An annual reporting workshop is held in Kathmandu but this appears to focus more on activities of network members rather than more analytical, structural and policy related issues.

Regarding the functioning of individual RHCCs/SMFs several characteristics were seen to be common to most groups. These are as follows:

- 1) The personality of the Chairperson has a strong, and at times overwhelming, influence on decisions taken by the networks, their performance and organisational culture. It was noted that older groups appeared less affected by this largely due to a better sense of overall purpose and because they had defined individual roles of members better.
- 2) Membership of the networks is generally broad and includes LAs, NGOs, LGSAs but VDC level representation tends to be poor. One RHCC had taken the initiative of

inviting a VDC official to join the group but in general the opportunity to include primary stakeholders had not been taken. Additionally, no members from the private sector (e.g. pharmacists) were reported. It is recommended that membership of the networks eventually be broadened to include a full range of SM stakeholders including VDC and private sector representatives.

- 3) There appears to be a strong correlation between the intensity of NSMPs inputs into the RHCC/SMF and the maturity of its working processes. NSMP has clearly been the prime mover in establishing RHCCs/SMFs and a high degree of continuing dependency is noted.
- 4) NSMP continues to serve as the main facilitator, secretariat and catalyst in most districts. Even relatively mundane functions such as calling members to meetings tend to be carried out by project staff and this may lead to difficulties over ownership of the network and long term sustainability following NSMP's withdrawal in 2004.
- 5) This said, most respondents reported that had NSMP not taken a leading role, it would have been unlikely that the networks would currently exist in any meaningful form. NSMP's "neutral political steer" was seen as an important ingredient to a successful launch. It was also noted that some progress had been made in the last six months in transferring key responsibilities (e.g. secretarial functions) from NSMP to individual members.
- 6) One factor leading to the strong leadership shown by NSMP is the perception among staff that their own performance will be assessed to large degree on the basis of the success of the networks. In other words, RHCC/SMFs could not be seen to be underperforming or failing and staff would take the practical steps necessary to ensure that they didn't. The important task of transferring this degree of ownership and accountability to government staff and other network members can be assisted by clearer identification of network support functions and increased delegation of responsibilities among the membership.
- 7) One encouraging indication noted was the widespread belief among members that the networks would continue to function following NSMP's withdrawal, a common view being that they had simply become too useful to individual members to be allowed to collapse. Time will tell if this is the case but it was an important indicator of the perceived value of the networks.
- 8) Interestingly, sustainability of the forum was seen to depend less on the commitment of members to meet and more on the organisational sustainability of the members themselves. Many partners had suffered from severe budgets cuts forcing them to lay off several staff (hence the need to secure the salaries of SM staff).
- 9) While the networks had clearly matured in terms of operational functions, monitoring of internal performance of the networks was still at a rudimentary stage. Although each RHCC/SMF interviewed had attended monitoring workshops in the last six months, the first cycle of monitoring returns had, in fact, been completed entirely by SDOs and DPHOs. While understandable at the outset, it is important in the interests of ownership and sustainability that the membership as a whole takes up this function.

Support Required

In response to enquiries on the felt needs of networks to improve their performance and sustainability, the following points were raised:

1. Better communications with the national level RHCC;
2. Increased awareness at national level of district level activities;
3. A national level information and monitoring system to improve influencing at national level;
4. Improved reporting;
5. Leadership training;
6. Training on participatory methods;
7. Improved frequency of district meetings;
8. More FFC-type training;
9. Specific training on lobbying and advocacy.

The Impact of the Conflict on Partners

The last twelve months have seen a marked deterioration in the security situation across the country. Particularly affected have been most hill districts and the Terai districts of the mid and far west regions. While both parties to the conflict do not appear to have obviously obstructed health-related projects, restrictions on the movement of personnel and materials including the banning of mass meetings have limited the range of VDC level activities that have been possible. District head quarters have been less affected largely by virtue of remaining under the control of security forces.

This picture is common to most development programmes and has meant that many partners have had to dramatically curtail their activities. Nearly all have suffered severe budget cuts and some (NGOs and LSGAs) have been forced to lay-off significant numbers of staff. Of these partners, some have been so weakened by loss of income that their very sustainability is now in question. Typical examples show budget reductions in the last two years of over 50% with a commensurate down-sizing of NGO staff numbers⁴. Of staff laid off, it appears that those trained in Safer Motherhood have often been the first to go since funds have no longer been available from other sources to help pay their salaries.

This said, it was noted that for organisations able to continue employing staff, support for safer motherhood appeared to be highly valued by communities. It was further reported that NSMP partners were often able to continue working in conflict areas when other agencies undertaking other activities (e.g. micro-credit) were not. This was reported to be due to the Maoist's acceptance of safe motherhood as a desirable and "class neutral" activity, which would benefit the poorest. Other projects such as savings and credit were perceived to be more likely to bring benefits to the rich and were therefore obstructed, or had funds raided, while others such as construction projects were normally stopped due to the embargo placed on materials transport by the security forces.

Line agencies have generally survived in a better condition since staff salaries have continued to be paid from central coffers but operational budgets have effectively been reduced to token levels.

⁴ SAC in Surkhet has downsized from 17 to 8; CYC in Baglung 39 to 27; ASEED in Parbat is now staffed entirely by volunteers who meet the organisation's overhead costs from membership fees

At the project level, most partners have been able to continue with some SM activities by switching from VDC based participatory approaches to mass media communication methods, e.g. printed media and radio shows. Of those continuing to work in VDCs, the target communities have normally been within a half day's walk of the district HQ. In general local NGOs, well known to communities, Maoists and security forces have found it easiest to work in these areas. These groups have adopted low profiles, clear and transparent working procedures and have sought dialogue with both Maoists and security forces.

Recommendations for Current and Future Partnerships

The following recommendations are made to enhance the creation of long term change agents for Safer Motherhood using a partnership approach. While they are based on NSMP experiences, they are made largely with one eye on the proposed Sector National Nepal Safer Motherhood Programme scheduled to begin in late 2003. As such they attempt to identify those best placed to take each recommendation forward at different levels. A matrix summarizing the recommendations for three key audience types is given in figure 7.

Figure 7: Matrix of Recommendations for Various Sector Actors

Sector Actor	Recommendations
NSMP	1,2,3,4,5,7,8,9,10,a,b,c,d,e,f
SM Sector Agencies	1,2,3,4,5,6,10,a,b,c,d
SNNSMP Planners	1,2,3,4,5,6,a,b,c,d,f

1. Move towards a Programme Support approach to partnerships (see figure 4). This involves building capacity and seeking added value in partnerships, long term agreements, process rather than activity based working strategies, and targeted support for institutional development including support for networking.

This type of input will be best made by a national level specialist NGO/INGO/PSO experienced in organisational development. Ideally this agency would also provide technical support for SM programming but this is not essential. The support agency would be required to design an institutional strengthening programme using participatory methods with partners, facilitate training inputs at strategic points and provide the services of a local facilitator (parallel the SDF role in NSMP). Each local facilitator could work with a cluster of partners (3 max.) and be managed by a district level manager (parallel NSMP's SDO) who would additionally help support RHCCs/SMFs.

2. Give higher priority to recruiting partners from the poorest, most marginalized groups. In some cases this may require helping CBOs to register as social organisations. Increased inputs will be needed to help these groups get started but in the longer term they will be better able to promote SM to primary stakeholders at the VDC level. There is a clear role here for using more experienced NGO partners to support these CBOs. For the new national programme, the district based manager supported by a local facilitator, as proposed in recommendation 1, could help manage associated processes.

3. Meet the salary costs of NGO and LSGA staff working for SM. This should be on the basis of full-time staff working on SM activities in the field and not management costs – a contribution to which is included in 4. Rates payable should be standard for the organisation concerned, verified in writing by NSMP staff.
4. Provide a 10% non-accountable overhead support to NGOs and LSGAs based on the SM activity cost only (not salaries). This should replace the monitoring and reporting allowance currently provided. In order to prevent a run of overly-ambitious planning designed to boost overheads payable, SDOs should set activity ceilings for each partner based on their projected capacity. Current arrangements for support to LAs should remain unchanged given that overheads are already budgeted by HMG.
5. Provide 5% targeted institutional development support to NGOs and LSGAs. This provision is aimed at strengthening the institutions to increase the probability that each will become a long-term change agent for safer motherhood. NSMP staff and partners should agree how such funds are to be spent and identify suitable trainers and facilitators. Examples of institutional development support include management training, strategic planning, personnel management, financial training, report writing etc. Funds should not be used for capital items such as furniture. LAs, while theoretically already supported for institutional strengthening through line ministries can be considered for additional support at the discretion of SDO staff.

For the new national programme, this revised package of salaries, overheads and institutional support for different organisational types is recommended. Recommendation 1 gives details of how such inputs could be managed. NSMP's extensive network of staff, working partners and sector players can serve as a useful starting point for identifying suitable trainers to the implementing agency.

6. Increase the duration of partnership agreements. Once partners have demonstrated their competence and commitment through a short-term agreement, say 6 months, it is recommended that they move to a 3-year rolling agreement with annual review. Budgets and activities for the year can be adjusted during the review. This long term approach will significantly increase the security of partners and their ability to plan for and invest in SM and is expected to reduce administrative costs. It is recommended that this also be the starting point for the new programme.
7. Retain the 6-month planning cycle for activities. This has served requirements regarding planning and accountability of both NSMP and partners well.
8. Consider moving to a quarterly reporting system for partners. The current arrangement of monthly activity reporting is very detailed and time-consuming and does not lend itself to an analysis of trends and learning. It is proposed to move to exceptional monthly reporting (i.e. reporting only those activities that were unplanned and those that have had unexpected outcomes, either positive or negative). Quarterly reports should provide activity summaries against plans but place a greater emphasis on commentary and analysis of overall impact than is currently the case.
9. In order to minimize cash flow difficulties it is proposed to maintain a 10% reserve, based on quarterly expenditure forecasts, in each district bank account. This would provide an important financial buffer for the period between one transfer being exhausted and the next received and allow already approved activities to proceed as planned. SDOs would be responsible for reconciling this reserve against activities and making necessary adjustments in the next quarter's transfer request.

10. Train NSMP increasing access staff on partnership development issues including selection process (operationalising selection criteria and assessing organisations objectively), relationship management, institutional planning and development, change process management, training needs assessment etc.

The following recommendations relating to SMFs/RHCCs are also made:

- NSMP to lobby FHD to further clarify the intended role and positioning of SMFs/RHCCs in the light of HMG's LSGA and national health sector strategy.
- Linked to a., NSMP to lobby FHD to conduct a national-level review of the structure and performance of the existing RHCC system to include SWOT analyses and identification of additional support needed to enhance its effectiveness at national and district level. Alternatively, this activity could be usefully undertaken at the outset of the SNNSMP.
- NSMP to lobby MLD and FHD for the inclusion of RHCC/SWMGs as specialist sub-committees of DDC's Health and Social Welfare committees. This would not affect current working arrangements but would allow the RHCC improved status and influence within local government. Accountability of the RHCCs would continue to be to FHD. The new programme might also consider adopting this an important objective.
- All RHCC/SMFs should develop clear terms of reference for key functions carried out by the networks with responsibilities assigned to individual member organisations (e.g. secretarial, monitoring, reporting, advocacy). A useful mid-term goal would be the preparation of detailed operational guidelines for RHCCs/SMFs.
- NSMP staff should consciously reduce the level of routine support provided to SMFs/RHCCs and instead, focus on the transfer of the skills needed to carry out these tasks to other members. This should be done in a planned and well coordinated manner.
- NSMP should support exchange and exposure visits by RHCCs/SMWGs between its working districts.

SECTION 4: EXIT STRATEGIES AND INFLUENCING PLANNING FOR SNNSMP

Exit Strategies

As NSMP draws to a close, guidance on ways to exit strategically from working partnerships and project areas will be required. The basic aim here will be to cause minimum disruption to the morale of partners, networks and communities in order to increase the likelihood of project impacts being sustained in the longer term.

NSMP already has some experience of exit strategies following its withdrawal from Phase 1 hospitals and VDCs and much of the learning here proves instructive. The interviews undertaken for this study were generally limited to SDFs and SDOs involved in withdrawals from Phase 1 VDCs. More needs to be done to examine approaches taken to exist from hospitals and this will be taken up as a separate exercise later in the year.

The main findings on VDC withdrawals were as follows:

1. Planning for withdrawing from phase 1 VDCs appears to have been limited and, as a result, presentation of the news to key stakeholders was poor and fragmented.
2. Failures to clearly communicate and manage the withdrawal to the full range of stakeholders at an early stage caused some VDC officials to feel let-down and even resentful. Interestingly, the major concern appeared not to be the loss of project inputs themselves but how neighbouring VDCs would perceive the withdrawal. The underlying fear here was that it would be seen as a response to poor VDC conduct or performance.
3. While the lack of clarity at the outset made the withdrawal more difficult than it otherwise might have been, NSMPs willingness to provide technical back-stopping and financial support for selected activities after the withdrawal significantly eased local political tensions.
4. Staff also found that by emphasizing the value of the learning experience in Phase 1 VDCs and stressing the importance of applying lessons learned in other (Phase 2) areas, that communities came to regard their involvement as both pioneering and successful. This eased the pain of withdrawal easier to accept.
5. A further important factor was the smooth transfer of SM responsibilities made from NSMP staff to key stakeholders in the VDC. Staff felt that the good relationships developed in Phase 1 had positioned them well to transfer knowledge and skills to locals. The convening of a local review meeting during which a formal public announcement was made was also seen to be tactically significant. This provided staff with an opportunity to publicly thank various stakeholders for their inputs and to describe the backstopping services that would continue to be provided.
6. Phase 1 experiences appear to have improved sensibilities among NSMP staff on how best to describe the project in Phase 2 VDCs in order to avoid creating unrealistic expectations. Staff reported that they now describe their work as “inputs for Safer Motherhood” and “not a project”. Similarly they make it clear at the outset that “we are not here forever” and repeat this message frequently during meetings with partners.

Recommendations

The following recommendations are made on how NSMP might manage its withdrawal from Phase 2 districts. These arise directly from Phase 1 experiences and from literature on exit strategies drawn from various sources.

- Present the project in clearly defined language as a time-bound “support for Safer Motherhood” and not as an ongoing project in the district.
- Be clear, visible and transparent about the timeframe for inputs and withdrawal as early as possible, and to as wide a range of stakeholders as possible. Do not allow long-term dependencies or expectations to develop.
- Hold a series of open meetings with key stakeholders to review the project and explain the withdrawal of the project. Allow participants to feedback their views, positive and negative.
- Benchmark the exit process with clear events and timeframes.
- Ensure responsibilities are gradually but systematically transferred to local partners.
- Plan for a smooth transition in terms of resources and administration.
- Set up a support service to link partners with other agencies that support SM.
- Encourage all partners to maintain their participation in RHCCs/SMFs. Here it should be noted that most partners interviewed believed that the inherent virtues of networks (e.g. opportunities to exchange information, keep up-to-date and identify new funding opportunities) were sufficiently attractive for them to continue attending even after NSMP's withdrawal.
- Work especially on ensuring adequate technical and management competence in partners and networks. If this is not done, any errors will go uncorrected for a long period.
- Try and ensure that current incentive systems are replicated in other support agencies (e.g. Unicef, SCF-US, GTZ) so that SM work can continue in the district with a minimum of disruption.
- District level staff should keep a log of significant events and processes related to the exiting phase. This will help them think through the processes involved and this will improve on-going planning.

Recommendation d, e and f above on exit strategies for networks should also be taken into account in this section.

Influencing Planning for SNNNSMP

While most of the recommendations made above relate primarily to the NSMP project, an important opportunity currently exists to input major learning points into the design of the new SNNNSMP. The following findings and recommendations are therefore made in this light.

Management arrangements for partnerships in an expanded national programme clearly need to be reviewed in the light of the working structures established at district level under the overall programme design. This said, partnership issues in Nepal tend to be best understood outside of government and it is probable that any successful partnership support programme will be best managed by a specialist NGO/INGO or PSO contracted by government but guided by a national level SM steering committee comprising key sector stakeholders.

Here the type of organisation involved will be of less importance than the relevance of the skills and experience provided. In this respect however it is generally recognized that International NGOs have the most advanced thinking and some important experience in this area.

NSMP's experience has shown that engaging a rich mix of working partners to support SM is workable, effective and manageable by small teams of district-based support specialists working in clusters.

Competent district-based staff are seen to be the minimum requirement for a Programme Support approach to partnership development and, additionally, the strengthening of district SM networks. Visits by specialist consultants alone will be unlikely to provide the quality of relationships and backstopping support needed to help partners develop in a progressive manner but will be useful at key points during the process.

Opportunities to involve NSMP's existing partners in the SNNSMP programme should also be explored in order to make the best use of recently built competence and to ensure the investments already made by NSMP are built upon. Here it is proposed that NSMP keep its partners updated with the latest information on planning for the new programme, including opportunities available, but without unduly raising expectations for support to particular organisations.

NSMP should also provide SNNSMP planners with a database of its implementing partners including their levels of competence and potential for additional involvement as either implementers, facilitators or support agencies for training, monitoring and evaluation etc.

The willingness of government to support this partnership approach to increasing access is already evidenced, in part, by the design of FHD's RHCC networks. The principal of cross-sectoral involvement is already established at national level and the partnership approach has been shown to be effective in most NSMP districts. It is not anticipated that HMG will resist the further development of this model – although contention may arise if partnership development inputs are seen to be skewed in favour of one organisational type over another (e.g. NGOs over LAs).

While the resource implications of these modes of support remain to be calculated it is not anticipated that they will take up a large proportion of new programme funding. Economies of scale can be achieved through clustering of many partner management and training inputs at district level. Costs of local staff are relatively low and represent good value in development economic terms.

Monitoring of the progress made in partnership development will need to feature as a high-level specialist task in the implementing agency. Partnership development can appear to be a subjective and elusive topic and this position will be important if outcomes are to be clearly tracked and disseminated. Results will need to be made visible and tangible and, most importantly, linked to improvements made in the delivery of SM inputs. It will be important to continually view partnership development as a support to SM and not as an end in itself.

APPENDIX 1: TERMS OF REFERENCE FOR AN INSTITUTIONAL REVIEW OF NSMP'S INCREASING ACCESS COMPONENT

Background

In this sixth year of the project, (and third year of the second phase), in the interests of furthering the sustainability of the work of NSMP's increasing access work, an institutional review of NSMP's increasing access component is now required.

NSMP's current increasing access strategy commenced in early 2000 when NSMP made a strategic shift between the project's first and second phase working approaches. These included a shift in emphasis from small-scale piloting of interventions through project staff to institutionalising 'access' interventions at both district and community-level. This would be achieved through support to a cross-sectoral district level working group or Reproductive Health Co-ordination Committee (RHCC) and through them, partnership-working with local government and non-government organisations with already existing structures at VDC and sub-VDC level.

District Structure

The past 18 months have seen the establishment and support of a safe motherhood working group (SMWGs) in each of the supported districts. These groups are similar in their membership and functions but differ in their name and reporting structures in accordance with the local situation. It is envisaged that each of these groups, or the functions of them, will become institutionalised into the government structures at district level by the end of the project implementation period in March 2004.

Progress towards institutionalisation is further confused by the recent dissolution of local government which could not be foreseen in the design of the strategy.

Working Partnerships

Each of the district's SMWGs has developed an implementation strategy to address access issues within their district. In line with this strategy the group undertakes regular 6-monthly planning and budgeting. Much of the districts' 6-month plan details safe motherhood-focused activities to be carried out under the regular programme of government and non-government organisations working within the district. Limited financial support is given for these activities. It is anticipated that by working through regular programmes and structures safe motherhood related issues will continue within the organisations' programmes following the withdrawal of NSMP.

This 'partnership' working has taken different forms. Briefly summarised⁵ these are:

⁵ More detail of these and the approaches taken can be found in 'Summary of Proposed Working Principles and Guidelines' Increasing Access Component, 2001

- Ongoing partnerships – Generally with Memoranda of Understanding (MoU)⁶. Where an organisation is interested in an ongoing relationship with NSMP and is able to provide regular accounts to the project, a district-level MoU is signed outlining the activity areas and resource commitments of both partners.
- Activity-based partnerships - Without MoUs.
- Where the above criteria is not the case, NSMP supports on an activity basis.

In addition to these bilateral partnerships a number of multi-lateral partnerships have also begun to develop often incorporating government and non-government organisations. Examples include partnerships to facilitate mass events, partnerships to support non-formal education, newsletter and radio programming and partnerships to support municipality based activities.

Current Partnership Status

NSMP is currently working in 42 different partnerships⁷ with government and non-government organisations and supporting activities in 119 VDCs and 5 municipalities across the 9 districts, covering an average of 27% of each district⁸. In addition NSMP is working directly with the DPHOs to support creation of the enabling environment for MCHWs.

After nearly 18 months of the strategy's commencement, NSMP require a review of the strategy's working modalities (systems and structures) and policies in order to ensure clear documentation of learning and of actual practices in place and to thereafter refine the working modalities. Moreover this review process presents an opportunity for NSMP to document its "existing" strategies currently in operation.

During the above process, it will be important to involve the Social Development Officers (SDOs), and in a manner which enhances their understanding of the institutional issues involved, such as the continuing need to address the balance between the demonstrating a degree of project impact and the creation of more long-term and sustainable modalities (which may show a lower impact, but over a longer time period).

Purpose of Consultancy

- To review NSMP's partnership approach;
- To document NSMP's increasing access's current actual modalities (systems, structures) and policies.
- To provide recommendations in order to strengthen the approach/strategy;

⁶ MoUs are not required by NSMP in working with government line ministries and local government. However these have been constructed in some districts at the request of the government partner and NSMP is encouraging this trend as part of a capacity building input.

⁷ Of which 21 have MoUs.

⁸ Based on total VDC population.

- To develop NSMP IA institutional policy guidelines (which shall cover satisfactory practices in place and incorporate any issues relating to or resulting from this review);
- To review and advise on NSMP's exit strategy from district level operations;
- To document the status quo of existing RHCCs.

Tasks

- Be briefed on the consultancy needs by the Project Director, Social Development Advisor and Social Development Manager;
- Refine the tasks and methodology in light of issues/concerns raised by the above staff members;
- Undertake the consultancy in a manner that develops the capacity of the Social Development Officers (SDOs) and that takes account of the institutional concerns/issues that they identify.

Part 1: Review NSMP's IA Partnership Approach

- Assess and refine the criteria used to assess and approve potential partners;
- Clearly document, review and refine the two partnerships approaches (broadly categorised as "ongoing partnership" with MOUs and "activity based partnerships" without MOUs);
- Review the contents/structure of current MOUs with partners;
- Review and document the planning cycle process (issues to discuss may include:-
 - a review of the suitability of the 6 month cycle;
 - how to manage competing planning needs;
 - how to ensure maximum participation.
- Review all management arrangements for multi partner activities;
- Review the approach and principles embedded in NSMP's relationship with partner NGOs and the rationale for the approach to date, and compare this to other donor/NGOs arrangements in Nepal;
- From the review process above, recommend any refinements to current practice and suggest any areas of best practice from other projects that NSMP could adopt.

Part 2: Review the Modalities of Working with Government and Non-Government at District Level

Review SMWG's institutional arrangements

Document the range of the SMWG's:-

- Role and effectiveness
- Composition and management arrangements
- Relationships with other district level health co-ordination committees
- Potential for integration into other groups
- Perceptions of members on ownership, sustainability and institutional accountability
- Ability to adapt and operate under the current situation of none local governance
- Potential to advance decentralised cross sectorally working in a manner that can be replicable

Review NSMP's management arrangement with the DPHO

- Review the extent to which SM partnership activities are integrated into existing DPHO work, and the degree to which DPHOs view this as supplementary 'project work' for which they require additional resources

Review the workings of the RHCCs in NSMP districts (where they exist):

- Membership and management arrangements
- Relationship to SMWGs (where they exist)

Part 3: NSMP's Planned Exit Strategy

Review the modalities of NSMP's Human Resource Development Officer's (HRDOs) withdrawal of support from Phase 1 hospitals eg:

- How planned is this and how is it presented to stakeholders?
- How do HRDOs monitor the level of withdrawal and manage this?
- How do stakeholders perceive this process?
- Identify any learning from this process and suggest any areas of documentation required

Review how the withdrawal from Phase 1 VDCs is being management by the IA team

- Review how this withdrawal was planned and is being managed
- Review all relevant documentation to date
- Identify any learning from this process and suggest any areas of further documentation required

Output

A report, which covers the issues, explored and meets the needs as expressed in the purpose of the consultancy. The report shall be an internal NSMP report though sections of it (RHCC review for example) will be utilised for other purposes.

Timing and Profile of Consultant

This consultancy is to be undertaken between September and December 2002. A locally based consultant is sought who has extensive experience of working with local partners at district and community level in Nepal.

APPENDIX 2: WORKING PARTNERS BY DISTRICT

District	Network Type	Line Agency/Local Government	NGOs
Kailali	SMF	DDC (Programme Officer) DPHO	BASE CCS FPA NRCS ICH
Surkhet	RHCC	WDO DAO DDC (Social Secretary) DHO DEO RHD	SAC NRCS DHSP SCDP
Nawalparasi	SMWG	DDC (Planning Officer) PHC DHO DRHCC VDCC WDO DPHO PHN	FPAN HICODEF TRINRTRA NSMP
Baglung	RHCC	DHO WDS DEO DWO DDC	CYC DCRDC AMK FPAN DYC NRCS DHSP BYC Hospital Committee
Rupandehi	SMWG	DDC DPHO Hospital – district, zonal WDO Butwal Municipality	AMK LZH BH FPAN LTFB IBS DHSP PAPW TT BMP NSMP
Parbat	SMSC/RHCC	VDC WDO DHO DDC/LDFB	NRCS NSMP NAVIN ASEED

		DEO	
Myagdi	SMSC/RHCC	DEO VDC Federation DDC DHO WDO	NRCS INF LFP SCDP LDFB
Dailekh	SMWG	DHO DEO DDC (LDO) Municipality WDO	NRCS FPAN
Jumla	SMWG	DDC DHO WDO DEO	Hosp. Support Comm. NRCS CBED INF UMN