



Nepal Safer Motherhood Project a part of HMGN Safe Motherhood Programme

Stakeholders Review

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ABBREVIATIONS

BASE	Backward Society Education
BYC	Bhimpokhara Yuba Club
BBLL	Bridge Building Local Level
CYC	Chartare Yuba Club
CBO	Community-Based Organisation
CHDP	Community Health Development Programme
CCS	Creation of Creative Society
DFID	Department for International development
DOH	Department of Health Services
DG	Director General
DHO	District Health Office/District Health Officer
DPHO	District Public Health Office/Officer
DHSP	District Health Strengthening Project
DDC	District Development Committee
EOC	Essential Obstetric Care
FHD	Family Health Division
FPAN	Family Planning Association of Nepal ii
FCHV	Female Community Health Volunteer
HIMDD	Health Institutions and Manpower Development Division
HP	Health Post
HMGN	His Majesty's Government of Nepal
IPR	Inception Phase Report
INF	International Nepal Fellowship
LMD	Logistic Management Division
MSD	Medical Supplies Department
MOH	Ministry of Health
MCHW	Mother and Child Health Worker
NHEICC	National Health Education Information & Communication Centre
NPC	National Planning Commission
NHTC	National Health Training Centre
NSMP	Nepal Safer Motherhood Project
NUKCFP	Nepal UK Community Forestry Project
NGO	Non-Governmental Organisation
OPR	Output to Purpose Review
PDDP	Participatory District Development Planning
PPFMD	Policy, Planning, Foreign Aid and Monitoring Division
PHC	Primary Healthcare Centre
RHCC	Reproductive Health Steering Committee
SSP	Seed Sector Project
SHP	Sub Health Post
TBA	Trained Birth Attendant
VDC	Village Development Committee

1. INTRODUCTION

The Nepal Safer Motherhood Project (NSMP) aims to support the National Safe Motherhood Programme of His Majesty's Government of Nepal (HMGN) by contributing to improved maternal health in selected districts. The project is supported by the United Kingdom's Department for International Development (DFID). Options Consultancy Services Limited, as contractor to DFID, has overall management responsibility for the project.

This document will examine the current stakeholder environment and identify changes that have taken place over the past two and a half years. Specifically, it aims to:

- Identify current stakeholders;
- Evaluate their importance, influence and involvement in the project;
- Determine their impressions of the project.

2. BACKGROUND

The project started in mid 1997 and spent the rest of the year undertaking a participatory needs assessment and project activity planning process together with its stakeholders¹. During this Inception Phase, the NSMP team carried out stakeholders' analysis to understand who the key stakeholders were and their interests and influences in the project².

The project has maintained regular contact with these stakeholders. However, at this time, prior to the June 2000 Output-to-Purpose Review (OPR), the project team decided that a reassessment would be helpful to determine if there had been changes in stakeholders and/or their involvement in the project. Toward this purpose and to provide a training opportunity for new members of the NSMP team, an in-house exercise was held in February 2000. In addition, meetings were organised in each of the project districts to meet with stakeholders and to obtain first-hand information on their attitudes (at the same time it provided NSMP an opportunity to ensure that stakeholders were clear on project objectives). NSMP's current understanding of stakeholders comes from these two activities.

¹ Participation in the planning process was greater with hospital stakeholders than with community and local government stakeholders.

² The outcome of the analysis can be found in the project's Inception Phase Report (IPR).

3. IN-HOUSE STUDY

The first part of the current stakeholders' analysis was in the form of an in-house exercise. This was to determine the team's perception of stakeholders, and their level of interest in the project. The entire NSMP team participated in the exercise.³

3.1 Exercise Tools

The team developed a "Stakeholders' Table," a "Ranking Matrix," and a "Participation Matrix." A fourth process - a "Level of Stakeholders" exercise - was developed by the lead facilitator. Emphasis was placed on determining stakeholders' involvement in implementing and in evaluating the project. Team members relied on their personal observations in completing these exercises.

3.2 In-House Findings

The information that came out of the in-house exercises was compiled and compared with findings from the 1997 stakeholders' analysis (see Appendices 2 - 5). Following are a few observations:

- As seen in Appendix 2, compared with 1997, the current Stakeholders' Table identified new stakeholders and detailed sub-groupings. All districts included the hospital management or support committees, District Development Committees (DDCs), and Village Development Committees (VDCs). Also included were various non-governmental organisations (NGOs), community-based organisations (CBOs), or socially recognised people.
- Current data for the Ranking Matrix (see Appendix 4) and the Participation Matrix (see Appendix 5) was initially skewed because administrative staff performed the analysis⁴. However, the analysis was adjusted by the lead facilitator to reflect broader implementation issues.

The tables produced during the in-house study can be found in Appendix 1.

3.3 Analysis of Findings

The 1997 stakeholders' analysis was a collection of assumptions - the product of a brainstorming session among project personnel. Although the current exercise was also a collection of assumptions, it has the benefit of personal experience.

- The most remarkable additions to the list were the Village Development Committees, the District Development Committees, the hospital management committees, and the town councils (called "Nagarpalika" in Nepali). These organisations, not even mentioned in the last analysis, are now institutional working partners and are emerging as potential collaborators in project sustainability.
- The District Health System is also an important new stakeholder. Initially NSMP focused only on Essential Obstetric Care (EOC) services at hospital level and utilised its own staff to work directly with communities. However, in the realisation that this approach alone would not improve Essential Obstetric Care NSMP has changed its working strategy to include Public Health Supervisors. This change recognises the important of the DPHO in improving health care referral systems.

³ The project team was divided into four groups. Three groups represented their respective districts - Baglung, Surkhet and Kailali; the fourth was from the central level. Each group looked at a different selection of stakeholders.

⁴ Central level stakeholders' analysis completed by the fourth group.

- Other notable additions are the local level NGOs with interests that differ by district. In districts where international NGOs exist, they may be helpful to the project by increasing access to EOC, and by using well-established networks to disseminate safer motherhood messages.
- The changes in stakeholder levels since 1997 are remarkable. For example, most of those seen as "external" stakeholders in 1997 are now rated as secondary stakeholders.

In general, the in-house findings will be useful to NSMP in designing future project activities.

4. MEETING WITH STAKEHOLDERS

The second part of the Stakeholders' Analysis was in the form of meetings with stakeholders.⁵ Stakeholders strongly expressed an interest in having NSMP expand its interventions throughout the districts. However, they also indicated that the need to sustain improvements was more important than additional inputs.

4.1 District Meetings

Meetings facilitated by the project staff, were held in each project district to obtain first-hand information on stakeholder attitudes, and to prepare stakeholders for the upcoming OPR. These were the first meetings of all district level stakeholders since the inception phase, and they were viewed as a time to reflect on and assess recent events.

Participants were divided into groups and were asked to assess the project's performance in the following areas.

- Main achievements;
- Factors that facilitated achievements;
- The project's working style;
- Areas where the project was unsuccessful and why;
- Ways the project might improve;
- Unanticipated improvements.

4.2 Meeting Outcomes

Despite low participation from some of important stakeholders in two districts, participation in all three districts was acceptable.⁶ Feedback from all meetings was combined, paraphrased and compiled into two main categories - community responses and hospital responses. The following responses represent the views of the stakeholders.

Community Responses⁷

Main Achievements

- The Mothers' Groups are becoming more active;
- Emergency funds and transport schemes are in use in the wards;

⁵ The following stakeholders attended the meetings: medical, nursing, administrative, and support staff of hospitals; blood bank representative; Hospital Support or Management Committee's representatives (Chairpersons of District Development Committees, Mayors, Chief District Officers); Chairpersons and woman members from Village Development Committees; other community members representing the Safe Motherhood, IEC and Development Groups of VDCs; Mothers Groups' coordinators/FCHVs; (Sub Health Post in-charges; and MCHWs).

⁶ In Surkhet the DDC and VDC representation was poor because some of the VDC representatives and DDC representatives were on an observation tour to Denmark sponsored by DANIDA. In Kailali a regional level meeting held by HMGN's National Planning Commission (which paid its attendees a good allowance) conflicted with the NSMP meeting. Key players such as the DDC Chairperson, the Mayor, and the CDO made only brief appearances at the NSMP meeting.

⁷ The community responses include those of the Chairpersons and woman members from Village Development Committees; other community members representing the Safe Motherhood, IEC and Development Groups of VDCs; Mothers Groups' coordinators/FCHVs; (Sub)Health Post in-charges; and MCHWs.

- Awareness of pregnancy complications is increasing along with the number of women making use of antenatal care;
- Men are encouraging women to attend community meetings;
- Local people are more involved in development work because VDC management is improving and committed to affecting change;
- Positive changes have taken place in the attitudes and behaviours of hospital staff towards pregnant women;
- The quality of services available at hospitals has improved;
- The VDCs are expressing a greater interest in supporting Safe Motherhood interventions.

Factors that Facilitated Achievements

- Training programmes;
- Support from local leaders;
- Enthusiastic participation of the local people;
- Financial contributions received from NSMP for the emergency fund and for physical improvements;
- The realisation of the need for an emergency fund for access to essential obstetric care;
- Capacity of VDC officials developed through management training;
- Improved hospital facilities and trained staff;
- Regular follow-up and monitoring from NSMP.

Project's Working Style

- Provided equal opportunities for training as needed;
- Encouraged VDC to work co-operatively with others to achieve goals;
- Respected the Mothers' Groups views, opinions and style of work;
- Provided the skills to conduct group meetings, street dramas, and puppet shows that alert the community to the need for EOC;
- Fielded a project staff committed to safe motherhood;
- Drew HMGN's attention to the need to increase the skills of MCHWs;
- Encouraged reflection and lesson learning;
- Encouraged exploration of possibilities when facing challenges;
- Worked openly and fairly with all.

Areas Where the Project was Unsuccessful and Why

- Stretchers were inappropriate for hilly areas.
- Contributions to the emergency funds were insufficient.
- There was no technical support for planning physical development.
- Training was provided only to hospital staff; all health workers should receive training.
- Sub-health post committees did not receive management training.
- Sub-health posts did not receive assistance for repair and maintenance.
- The project period is not long enough and the geographical coverage not widespread enough.

Ways the Project Might Improve

- By sending a project representative to all Mothers' Group meetings to reinforce the need for improved maternal healthcare;
- By providing training to sub-health post staff and traditional birth attendants on safe delivery practices and managing complications;
- By arranging field trips to other project areas to exchange experiences and ideas;
- By providing local women with income generation schemes so as to encourage an interest in safer motherhood;

- By increasing awareness throughout each district of the need for essential obstetric care;
- By training representatives of the Mothers' Groups to manage the emergency fund;
- By supplying appropriate stretchers.

Unanticipated Improvements

- The entire community benefited from the improvements to the physical infrastructure - not only pregnant women;
- Local people were given an opportunity to express their views, needs and desires;
- Improved interpersonal attitudes and behaviours brought about by management training makes the work of VDCs easier to accomplish;
- Rather than appointing project specific health staff, training was provided to local healthcare workers (MCHWs).

Hospital Responses⁸

Main Achievements

- The operating theatres and maternity wards have been upgraded and supplied with essential equipment.
- Local protocols for 'quality of care' have been developed.
- A good infection prevention process has been established.
- Training has been provided to all staff as needed to handle EOC.
- Hospitals have a safe and adequate blood supply 24 hours a day.
- Training has improved the way hospital staff interacts with each other and with the community.
- Hospitals are developing as learning centres for safe motherhood.
- A clinical waste disposal system is in place; support staff are wearing protective coverings.

Factors that Facilitated Achievements

- Training and scholarships provided by the project as needed to handle EOC;
- Improvements to the physical infrastructure;
- Supply of essential equipment and other material;
- Use of protocols and Partograph;
- Regular supervision, onsite coaching, and monitoring by the project;
- Training of staff in their own work environment;
- Authorisation for nursing staff to provide post-abortion care.

The Project's Working Style

- Identified needs in consultation with hospital staff;
- Encouraged reflection and lesson learning;
- Provided equal opportunities for needs based training;
- Provided onsite whole team training where possible;
- Directed awareness activities to motivate pregnant women to use medical services;
- Encouraged self-initiative in problem solving.

Areas Where the Project was Unsuccessful and Why

⁸ The hospital responses include those of the medical, nursing, administrative, and support staff of hospitals; blood bank representative; Hospital Support or Management Committee's representatives (Chairpersons of District Development Committees, Mayors, Chief District Officers).

- Doctors did not receive scholarships for higher obstetric degrees, received only practical obstetric training;
- Additional equipment - such as ECG machines, monitoring machine and air conditioners was not provided;
- Some of the equipment provided is of low quality⁹;
- There are no incentives or additional benefits to compensate for the increased workload;
- There has not been an effort to curb transfers and retain trained staff nor to ensure that local assignments are based on skills;
- The wrong equipment for administering anaesthesia was delivered and has not yet been replaced;
- The project period is too short.

Ways the Project Might Improve

- By providing scholarships to the district level medical doctors for higher obstetric degree;
- By working in more VDCs and by selecting remote VDCs;
- By supplying better quality equipment;
- By constructing an incinerator, post-operating wards, and changing rooms for patients;
- By committing to extend the project for a longer term;
- By making budget provisions for times of health crises;
- By increasing training allowances, by providing study tours (in-country and abroad) to motivate the staff, and by providing refresher training;
- By providing midwifery, post-abortion and manual vacuum aspiration training to the entire nursing staff so that they are able to back up each other in times of absences;
- By establishing a fund for free blood for poor patients.

Unanticipated Improvements

- Hospital peons and sweepers received training along with other staff;
- Nursing staff developed the confidence to provide EOC after the task was delegated to them;
- Nursing staff received training in post-abortion care;
- Staff received training in communications and management in addition to medical-related training;
- Financial assistance was granted for the development of a high quality, safe blood supply;
- Local people were given an opportunity to express their views, needs and desires.

4.3 Comments on the Outcome of the Meetings

A specially made jigsaw puzzle was effectively used to illustrate how all project activities and participants are inter-linked. This reinforced the idea that everyone must collaborate in the interest of a common goal. Comments made by stakeholders support NSMP's perception that a key factor in project success so far is the emergence of a "team" concept. Stakeholders demonstrated pride in the "team". For example, knowing that everyone understood the need for an emergency fund to save women's lives, they worked together to set up the fund. They saw it as collaboration between NSMP and all community partners, specifically the support provided by VDC officials.

In addition to recognising NSMP's positive contributions, stakeholders identified areas where they thought the project had failed and voiced their opinions on how the project might improve.

- The community expected the project to have a longer implementation period; to provide training for grass roots level health workers; to improve sub-health and health posts; to establish income generating activities for women; and, to contribute more towards physical developments;

⁹ For further information/explanation of this and the previous issue, refer to Andy Barraclough's review of NSMP's Procurement and Facility Upgrading Component, December 1999.

The community does not seem to be aware that the project met many of these expectations. This may indicate the need for better communication and more community participation in project design.

- The hospital felt that the project would have been more effective with high technology equipment; scholarships for higher studies; training and observation tours abroad; more spending on physical facilities; and, higher cash incentives.¹⁰

¹⁰ "Incentive" means cash allowances in accordance with one's position in the institutional hierarchy. The current practice of providing "allowances" as incentives to attend meetings, workshops, and training classes is followed by HMGN and most donors. This deeply-rooted system affects project sustainability and must be questioned.

5. CONCLUSION

All the stakeholders' interests raised in the district meetings had been previously identified by staff during the in-house analysis. In general, the information gathered from the stakeholders is consistent with the in-house analysis. Further, it is in line with the project's Phase 1 interventions. However, it does raise a number of issues for consideration during Phase 2, particularly in the areas of sustainability and geographical coverage. In looking at these issues the project needs to continue to recognise the importance of the VDCs, DDCs, DPHOs and their line ministries as stakeholders, and work with them to determine an appropriate institutional home within the government system for the project's interventions related to increasing access to essential obstetric care.

APPENDIX 1: DISTRICT-LEVEL STAKEHOLDER ANALYSIS FROM IN-HOUSE EXERCISE

Group: NSMP TEAM, Baglung District
Sector: Health Sector & I/NGO

Stakeholder Table (List of Stakeholders, Interests and Impact)

S. No.	Stakeholder	Interests	Potential Project Impact
1a	Hospital	<ul style="list-style-type: none"> Facility Improvement Provide quality of services Skills Development 	<p>+</p> <p>+</p> <p>+</p>
1b	DHO	<ul style="list-style-type: none"> High Expectation Increase on work load Frequent Transfer of staff 	<p>-</p> <p>-</p> <p>-</p>
2	Hospital Support Committee	<ul style="list-style-type: none"> Facility Improvement Qualitative Service High Expectation 	<p>+</p> <p>+</p> <p>-</p>
3	PHC/HP	<ul style="list-style-type: none"> Training High expectation for building; equipment & Furniture Incentive 	<p>+</p> <p>+/-</p> <p>-</p>
4	Out Reach Clinic	<ul style="list-style-type: none"> Building Drugs 	<p>-</p> <p>-</p>
5	Regional Health Directorate	<ul style="list-style-type: none"> Better co-ordination 	<p>+</p>
6	Blood Bank	<ul style="list-style-type: none"> Improved Service Quality High expectations Skills Development/Training 	<p>+</p> <p>-</p> <p>+</p>
7	VDC	<ul style="list-style-type: none"> Training/Skills Development Expectation for building, equipment and drugs Expectation of road/bridge 	<p>+</p> <p>-</p> <p>-</p>
8	NGOs 1. CYC 2. BYC; Mothers' Club; DCRDC; PDDP; SSP; NUKCFP	<ul style="list-style-type: none"> Duplication of work in Tityang VDC Co-ordination Co-ordination 	<p>-</p> <p>+</p> <p>+</p>

Stakeholder Table (Ranking)

<p>INF</p> <p>DHSP NUKCFP PDDP Mothers' Club</p> <p><i>High Importance/Low Influence</i></p>	<p>Hospital DHO/DPHO Hospital Support Committee</p> <p>PHC/HP/SHP staff HP/SHP committee</p> <p>Ratnechaur & Chuwa VDC</p> <p>Blood Bank</p> <p><i>High Importance/High Influence</i></p>
<p>BYC Immunisation Committee CYC Medical Shop DCRDC SSP</p> <p><i>Low Influence/Low Importance</i></p>	<p>Regional Directorate Regional Training Centre</p> <p>ORC Committee</p> <p><i>High Influence/Low Importance</i></p>

Stakeholder Table (Participation Matrix)

Project Stages	INFORM (inform if have more power)	CONSULT (consult other have more power)	PARTNERSHIP (making joint decisions)	CONTROL (informing, manipulation)
IMPLEMENTATION	PDDP; CVC; BYC; RDHS: DCRDC; HSC; HDC	Mothers' Club RTC; Blood Bank PHC; HP/SHP	DHSP; NUKCFP DHO/DPHO; INF Hospital; VDC;	Hospital DHO/DPHO VDC
MONITORING AND EVALUATION	Mothers' Club RDHS Hospital SC	Blood Bank PHC; HP/SHP DHSP; NUKCFP; INF	Hospital VDC	

Group: NSMP Team, Surkhet District
Sector: Local Government, School/Institution, Leaders

Stakeholder Table (List of Stakeholders, Interests and Impact)

S. No.	Stakeholder	Interests	Potential Project Impact
1	Teachers/Students Health Training Institutions	<ul style="list-style-type: none"> • Support through scholarship • Involvement in awareness raising • Involvement in manpower production • Opportunity to employment 	? + + ?
2	Local Leaders	<ul style="list-style-type: none"> • Skills Development • Resource mobilisation - recognition of their participation for local development • Control over programme 	+ + +/-
3a	Red Cross	<ul style="list-style-type: none"> • Support for blood transfusion 	+
3b	FPAN	<ul style="list-style-type: none"> • Ambulance Service 	+
3c	Co-operatives Woman Development Section	<ul style="list-style-type: none"> • Advocacy • Family Planning Services • Fund Raising (Emergency Fund) • Income generating 	+ - +
4a	CDO; Police	<ul style="list-style-type: none"> • Security 	+
4b	DEO	<ul style="list-style-type: none"> • Administrative hassles 	-
4c	Soil Conservation Office	<ul style="list-style-type: none"> • Seeking scholarship & other support • Can play a role to mobilise teachers • Would like to go through their approaches for Emergency Fund, Group Mobilisation & increasing access activity 	+
4d	District Forest Office	<ul style="list-style-type: none"> • Resource Mobilisation & Advocacy 	- +
5	Nagarpalika	<ul style="list-style-type: none"> • Improve health status • Financial Assistance • Hygienic environment at hospital • Recognition of their participation 	+ +/- + +
6	Suppliers; Business Houses; Hotels; Medical Shops	<ul style="list-style-type: none"> • Make profit • Improve image - increase business 	+ +

Stakeholder Table (Ranking)

<p>CHDP; BBLL; Nagarpalika; Woman Development Office Police; DEO; Inter Dependant Society GTZ food for work</p> <p><i>High Importance/Low Influence</i></p>	<p>DDC Red Cross; FPAN Bagina Samuha DHSP</p> <p><i>High Importance/High Influence</i></p>
<p>CMA Campus; Sushma Memorial Trust CECI; Dalit Pidit Samaj; Soil Conservation; Village Dev. Bank; DFO; Co-operatives; Business Houses; suppliers</p> <p><i>Low Influence/Low Importance</i></p>	<p>Local Leaders; CDO Students Teachers</p> <p><i>High Influence/Low Importance</i></p>

Stakeholder Table (Participation Matrix)

Project Stages	INFORM (inform if have more power)	CONSULT (consult other have more power)	PARTNERSHIP (making joint decisions)	CONTROL (informing, manipulation)
IMPLEMENTATION	CDO; Red Cross; Rural Dev Bank; Soil Con. SAC; Co-operatives; CECI; DEO; WDO; Nagarpalika; GTZ; Police; IDS; CHDP	Local Leaders DDC Family Planning DHSP BBLL	Bageena Samuha	
MONITORING AND EVALUATION	CDO; Red Cross; Rural Dev Bank; Soil Con. SAC; Co-operatives; CECI; DEO; WDO; Teachers/Student Nagarpalika; GTZ; Police; IDS; CHDP	Local Leaders DDC Family Planning DHSP Teachers Students Bagina Samuha		

Group: NSMP Team, Kailali District
Sector: Community

Stakeholder Table (List of Stakeholders, Interests and Impact)

S. No.	Stakeholder	Interests	Potential Project Impact
1	Women	<ul style="list-style-type: none"> Free & quick service Service through women Easy delivery well behaved health workers Health services available near by house Privacy maintained Always seeking support from project staff Expectation of other development interventions Female Attendant at HP 	- + + + +/- + +/- +/- +/-
2 2a	Family Mother-in-law	<ul style="list-style-type: none"> Like to conduct home delivery Free & home service Quick recovery to work To receive cash from project Support for income generating To attend all training & meetings 	- - - - - +/-
2b 2c 2d	Husband Father-in-law Sister-in-law & Brother-in-law	<ul style="list-style-type: none"> Do not want male attendant at HP To be decided by others Free services/low cost Issues not concerned with male Other Development Well behaved staff at HP/SHP Staying unconcerned 	- - - - +/- + - -
3	Mother & Child	<ul style="list-style-type: none"> Quick Service/Well behaviour Complete service by project Free food & clothing To Avoid Operation 	+ - - -
4	Mothers Group	<ul style="list-style-type: none"> More financial support Meetings attended by project staff Recordings by project Provide stationary/HP Building Construct roads & bridges Training & workshops Inform about complications Construct Toilets; Provide Ambulance Free drugs & female attendant at HP Well behaved staff at HP; Deliver Materials at HP Training to TBA/Dhami/Gurba Stretchers/Observation Tours Drama & video shows 	- +/- - +/- + + + + - - + +/- + + +
5	FCHV; Dhami; TBA	<ul style="list-style-type: none"> Observation Tour/Awards Training & Kits More funding to Mothers Group Priority in Hospitals Salary/Allowances 	+/- - +/- +/- - -

		<ul style="list-style-type: none"> • Work Load • Meetings attended by more women • Support from VDC/HP 	<p>+</p> <p>+</p>
6	VDC/ Ward Committee	<ul style="list-style-type: none"> • All development interventions by project in terms of cash (roads; bridges; S/HP & VDC buildings; Toilets; Drinking Water etc.) • Training/Meetings at VDC level through them (Financially) • If not to assist/not to invest VDC resource • Long stay of project • Ambulance; Income Generation • Tour; Project Staff at VDC • Contribution on project support • More Allowance; Staff at HP • Easy to making decisions • Feeling of responsibility • More organised 	<p>+/-</p> <p>-</p> <p>-</p> <p>+/-</p> <p>-</p> <p>+/-</p> <p>+</p> <p>-</p> <p>+</p> <p>+</p> <p>+</p>
7	Consumers/Local club	<ul style="list-style-type: none"> • Activities through them • Training/workshops • Materials • Well performance 	<p>-</p> <p>+/-</p> <p>+/-</p> <p>+</p>
8	Awareness Raising Group Safe Motherhood Group Development Group	<ul style="list-style-type: none"> • Training/workshops • Stationary • Money/Programme through them • Delivery Materials • Over development of village • Allowance/Tours • Responsibility 	<p>+</p> <p>+/-</p> <p>-</p> <p>+</p> <p>+/-</p> <p>+/-</p> <p>+</p>

Stakeholder Table (Ranking)

<p>Pregnant Women Women of 15 - 49 age group; Mother & Child Poorest; Poverty Elevation Mother-in-laws Husbands QoC</p> <p>Ward Committee PDDP</p> <p><i>High Importance/Low Influence</i></p>	<p>Family Mothers Group; Awareness Raising Group; Safe Motherhood Group; VD Group; Bhalmansa; FCHV; VDC officials</p> <p>BASE; CCS; Sustainable Development</p> <p><i>High Importance/High Influence</i></p>
<p>CRS; UNFPA; In-laws (Father, Brother & Sister) SCF US VSO & Peace Corps Local Clubs JSI, Woman Dev Society Consumer Group; Health workers' Association</p> <p>NSL; ECARDS; Rural Dev Bank; Blind & Disable Association;</p> <p><i>Low Influence/Low Importance</i></p>	<p>TBA Dhami; Gurba</p> <p>Bonded labour eradication Action Aid GTZ food for work</p> <p><i>High Influence/Low Importance</i></p>

Stakeholder Table (Participation Matrix)

Project Stages	INFORM (inform if have more power)	CONSULT (consult other have more power)	PARTNERSHIP (making joint decisions)	CONTROL (informing, manipulation)
IMPLEMENTATION	TBA; Dhami; GTZ; Action Aid; Women Mother & Child; Husband; VSO/Peace Corps SCF(US) All (LILI)	Mothers Group Bhalmansa BASE CCS Sustainable Dev. Ward Committee PDDP	VDC SM Group AR Group D Group FCHV QoC (Field Office)	
MONITORING AND EVALUATION	TBA; Dhami; GTZ; Action Aid; PDDP Women Mother & Child; Husband; VSO/Peace Corps SCF(US); All (LILI) Bhalmansa BASE; CCS; Sustainable Dev QoC (Field Office)	SM Group AR Group D Group Ward Committee	VDC Mothers Group FCHV	

Group: NSMP Central Office Team
Sector: HMGN, Donors, Service Providers

Stakeholder Table (List of Stakeholders, Interests and Impact)

S. No.	Stakeholder	Interests	Potential Project Impact
1a 1b	MoH DOHS - DG; FHD	<ul style="list-style-type: none"> • Good EOC services available at districts • Dependency on SMP as a whole 	+ -
2a 2b 2c 2d	NHTC HIMDD NHEICC LMD	<ul style="list-style-type: none"> • Training of Quality/Curriculum Dev • Adequate human resource for EOC • Support on IEC strategy Dev. • Supplement equipment/instruments 	+ + + +
3	DFID	<ul style="list-style-type: none"> • Excellent performance for EOC 	+
4a 4b	JHPIEGO; MNH; Patan Hospital; Tansen Hospital	<ul style="list-style-type: none"> • Implementation of MCHW Training & PAC Programme • Eager to train more staff/Monitory 	+ +/-
5	CEDPA; World Bank; GTZ; Prasuti Griha; NESOG, NAN	<ul style="list-style-type: none"> • Effective Network 	+
6	UNICEF; WHO; UNFPA	<ul style="list-style-type: none"> • Learning project process for EOC • Midwifery standard • Use of RH Protocol 	+ + +
7	MSD	<ul style="list-style-type: none"> • More order • Timely Payment 	- +
8	Consultants Service Providers/Suppliers	<ul style="list-style-type: none"> • More contract award • More profit 	- +
9	DHSP	<ul style="list-style-type: none"> • Shared Approach • Effective joint team 	+ +/-
10	Red Cross	<ul style="list-style-type: none"> • Strengthening district capacity • Human Resource Development 	+ +

Stakeholder Table (Ranking)

<p>MNH; JHPIEGO</p> <p>NFCC, FHI-Family Planning</p> <p><i>High Importance/Low Influence</i></p>	<p>MoH</p> <p>DoH; FHD DFID</p> <p>NHTC NHEICC DHSP</p> <p>Blood Bank</p> <p><i>High Importance/High Influence</i></p>
<p>MSD</p> <p>UNICEF INF/TAP</p> <p>GTZ (RHP/PAMP)</p> <p>NAN/NESOG/ Consultants Service Providers/Suppliers</p> <p><i>Low Influence/Low Importance</i></p>	<p>World Bank</p> <p>World Bank</p> <p>CEDPA UNFPA WHO</p> <p>LMD HIMDD</p> <p><i>High Influence/Low Importance</i></p>

Stakeholder Table (Participation Matrix)

Project Stages	INFORM (inform if have more power)	CONSULT (consult other have more power)	PARTNERSHIP (making joint decisions)	CONTROL (informing, manipulation)
IMPLEMENTATION	World Bank; FHI, NESOG, NAN, NFCC, JHPIEGO, Suppliers			
MONITORING AND EVALUATION				

APPENDIX 2:

IN-HOUSE ANALYSIS OF STAKEHOLDER LEVEL SHOWING COMPARISON BETWEEN YEAR 1997 & 2000

November 1997			February 2000			
PRIMARY STAKEHOLDERS	SECONDARY STAKEHOLDERS	EXTERNAL STAKEHOLDERS	PRIMARY STAKEHOLDERS	SECONDARY STAKEHOLDERS	KEY STAKEHOLDERS	EXTERNAL STAKEHOLDER
☞ Women	<ul style="list-style-type: none"> ☞ Hospital Staff ☞ Community Level Health System ☞ DPHO Staff ☞ Project Steering Committee ☞ NPC & PPFMD ☞ Regional Directorate ☞ MoH, DG & FHD ☞ NHTC ☞ DFID ☞ District Level NGOs/CBOs ☞ Options ☞ Family Decision Makers 	<ul style="list-style-type: none"> ☞ MoF, MoP&E, MoE, MoSW ☞ Training Institutions ☞ NDHS (DHSP) ☞ Donors ☞ INGOs/NGOs – we link with ☞ Business People ☞ District Level Government Offices ☞ District Leaders ☞ Divisions of DoH (HIMDD, LMD, NPHL, NHEICC, PFAD) ☞ NAN, NESOG ☞ Local Community Leaders 	☞ Women	<ul style="list-style-type: none"> ☞ NPC, MoH ☞ DoH (FHD, LMD, HIMDD, NHEICC) ☞ Family (Mother-in-law, Husband) ☞ PHO/DPHO staff ☞ PHC/HP/SHPs including out-reach clinics ☞ Blood Transfusion Services ☞ Local NGOs, CBOs, FCHVs, Dhami, TBA, & Mothers Groups ☞ FPAN ☞ Working groups of VDC (awareness raising group, SM group) ☞ SMP Network ☞ JHPIEGO ☞ DFID ☞ OPTIONS 	<ul style="list-style-type: none"> ☞ RHCC ☞ Hospital Management or Support Committee ☞ Regional Health Directorate ☞ Village Development Committee (including Nagarpalika) ☞ Local Leaders ☞ Women Development Section of DDC ☞ District Development Committee ☞ Local Teachers & students, Clubs ☞ Donors (UNICEF, WHO, GTZ, UNFPA) 	<ul style="list-style-type: none"> ☞ Other projects at district level (DCRDC, PDDP, NUKCFP, SSSP) ☞ Suppliers, Business Hoses ☞ CDO, Police ☞ Training Institutes

APPENDIX 3: STAKEHOLDER TABLE – IN-HOUSE PERCEPTION SHOWING COMPARISON BETWEEN YEAR 1997 & 2000

November 1997			February 2000		
STAKEHOLDER	INTERESTS	POTENTIAL PROJECT IMPACT	STAKEHOLDER	INTERESTS	POTENTIAL PROJECT IMPACT
1. Project Steering Committee	<ul style="list-style-type: none"> ▪ Achieve target of NSMP 	+	1. Project Steering Committee (RHCC ?)	<ul style="list-style-type: none"> ▪ Advocate for replication of NSMP success 	+
2. Department of Health (Other divisions)	<ul style="list-style-type: none"> ▪ Control over activities/areas related to own division 	+	2. DoH – HIMDD 2b. LMD 2c. NHEICC	<ul style="list-style-type: none"> ▪ Adequate human resources available for EOC ▪ Physical infrastructure Improvements at hospitals ▪ Supplement equipment/instruments ▪ Support on IEC strategy on SMP ▪ Achieve awareness objectives 	+ + + +
3a. NPC, PPFMD 3b. Other Ministries	<ul style="list-style-type: none"> ▪ Achieve their objectives ▪ Maintain control over programme/project 	+ +	3a. NPC	<ul style="list-style-type: none"> ▪ Achieve national objective ▪ Support their decentralisation initiatives 	+ +/-
4. Line Ministry (MoH) FHD	<ul style="list-style-type: none"> ▪ Achievement of target ▪ Avoidance of negative responsibility ▪ Control of resources ▪ Ownership over project ▪ Involvement in decision making ▪ Personal benefits ▪ Good public image/status ▪ Maintain good relationship with Donors 	+ + + + + + +	4a. MoH (PPFMD) & DoH (DG) 4b. FHD	<ul style="list-style-type: none"> ▪ Maintain control over programme/project ▪ Achievement of target ▪ Ownership over project ▪ Involvement in decision making ▪ Personal benefits ▪ Good public image/status ▪ Maintain good relationship with Donor ▪ Qualitative EOC service available at NSMP supported districts 	+ + + + - + + +
3. NHTC	<ul style="list-style-type: none"> ▪ Achievement of target ▪ Control over training 	+ +	5. NHTC	<ul style="list-style-type: none"> ▪ Increase their profile (training of quality & curriculum development) 	+

5b. Training Institutions	<ul style="list-style-type: none"> ▪ Control over funding for training ▪ Increase their profile ▪ Develop expertise ▪ Develop training role for MoH ▪ To attract funds ▪ Maintain/improve status and reputation 	<p style="text-align: center;">-</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p>		5b. Patan & Tansen Hospital	<ul style="list-style-type: none"> ▪ Financial support for different training ▪ To develop as training centre ▪ Increase status ▪ More training more income 	<p style="text-align: center;">+/-</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p>
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4. DFID	<ul style="list-style-type: none"> ▪ To contribute to health services provision ▪ To make resources available to health sector in Nepal ▪ To reduce MM & MB as part of reproductive health policy 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p>		6. DFID	<ul style="list-style-type: none"> ▪ Replicable performance ▪ Gender equity, women empowerment & decentralisation ▪ Maintain status & reputation of excellence (project performance) ▪ Continue contribution to health sector in Nepal 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p>
5. NDHS (DHSP)	<ul style="list-style-type: none"> ▪ To achieve target ▪ To be seen as key players in district health management 	<p style="text-align: center;">+</p> <p style="text-align: center;">+/-</p>		7. DHSP	<ul style="list-style-type: none"> ▪ Shared approach to achieve target ▪ Partnership in improvements of district health 	<p style="text-align: center;">+</p> <p style="text-align: center;">+/-</p>
7b. DONORS	<ul style="list-style-type: none"> ▪ To be seen as a key player in reproductive health/SMP ▪ To disburse funds without duplication 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p>		7b. UNICEF, WHO, GTZ, UNFPA, USAID (Donors)	<ul style="list-style-type: none"> ▪ To replicate the positive learning of NSMP ▪ Partnership in developing & use of RH protocol, competency based training (MCHW) 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p>
7c. INGOs/NGOs ☞ (National Level)	<ul style="list-style-type: none"> ▪ To co-ordinate SMP ▪ Minimum input leading to maximum effect ▪ To maintain high profile within government and internationally ▪ Institutional learning 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p>		7c. CEDPA, JHPIEGO, SMP Network, Red Cross	<ul style="list-style-type: none"> ▪ To disburse funds without duplication ▪ To co-ordinate SMP ▪ Minimum input leading to maximum effect ▪ Strengthening district capacity ▪ Human resource development 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p>
7d. Options	<ul style="list-style-type: none"> ▪ Establishment as leaders in the field of reproductive health ▪ Maintain good relationship with DFID ▪ Control Resources ▪ Institutional learning ▪ Maintain competitiveness 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p>		7d INF, MSD	<ul style="list-style-type: none"> ▪ More procurement – more learning + more income ▪ Financial support ▪ Partnership in maintenance 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p>
8. Business People	<ul style="list-style-type: none"> ▪ Make profit ▪ Improve public image 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p>		8. Consultants, Suppliers,	<ul style="list-style-type: none"> ▪ More contract – more reputation ▪ More profit ▪ Improve image – more business 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p>
9. Women	<ul style="list-style-type: none"> ▪ Access to services (EOC) ▪ Affordable services 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p>		9. Women	<ul style="list-style-type: none"> ▪ Free & quick service ▪ Well behaved health workers ▪ Privacy maintained ▪ Health services available at door ▪ Female attendant at health facility ▪ Access for easy/safe delivery ▪ Aware about complications ▪ Access to their own financial and transport scheme 	<p style="text-align: center;">-</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+/-</p> <p style="text-align: center;">+/-</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p>

10. Hospital Staff	<ul style="list-style-type: none"> ▪ Resources increased and improved working conditions ▪ Workload increased ▪ Training & TADA ▪ Attention & recognition ▪ Better private practice opportunities 	<p style="text-align: center;">+</p> <p style="text-align: center;">-</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p>		10. Hospital Staff 10 b. Hospital Management or Support Committee	<ul style="list-style-type: none"> ▪ Improved working conditions ▪ Skills Development ▪ Improved quality of services ▪ Expectation of high tech equipment/more physical inputs ▪ Expectation of abroad training & scholarship 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">-</p> <p style="text-align: center;">+/-</p>
11. Regional Hospital & Directorate	<ul style="list-style-type: none"> ▪ To increase influence & role ▪ To achieve target ▪ To feel control(funds & public activities) ▪ To be mediator between centre and district 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p>		11. Regional Directorate	<ul style="list-style-type: none"> ▪ Control over project activities ▪ To increase influence and role to achieve target 	<p style="text-align: center;">-</p> <p style="text-align: center;">+</p>
12. District Level Government Offices	<ul style="list-style-type: none"> ▪ To feel informed about district activities ▪ To achieve their target ▪ Human resources development training ▪ Control over funds 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">-</p>		12. District Development Committee 12 b. District Leaders	<ul style="list-style-type: none"> ▪ To feel control over project activities ▪ Partnership for Recognition of their participation to achieve target ▪ Human Resources training ▪ Expectation of whole district coverage ▪ Political influence/power ▪ Improve overall district development ▪ Expect quick visible changes 	<p style="text-align: center;">+/-</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">-</p> <p style="text-align: center;">+/-</p> <p style="text-align: center;">+/-</p> <p style="text-align: center;">-</p>
13. District Leaders	<ul style="list-style-type: none"> ▪ Play a role to maintain their status ▪ Improve district development and improve life of people in the district ▪ To be involved in visible changes (positive) ▪ To be informed about the activities of their districts ▪ Political influences/power 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p>				
14. District Level NGOs/CBOs	<ul style="list-style-type: none"> ▪ Money/financial support ▪ Donor identification/support ▪ Pursue their own goal – ethnic group ▪ Institutional capacity building ▪ Recognition of their activities ▪ Education in health issues 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">-</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p>		14. BASE, CCS, CHDP, BBLL, Bagina, FPAN, CYC, Red Cross	<ul style="list-style-type: none"> ▪ Collaboration for community based activities ▪ Promoting SMP advocacy ▪ Co-operation in awareness raising activities ▪ Capacity building ▪ Recognition ▪ Pursue their own goal – IG fund 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">-</p>
15. Family Decision Makers	<ul style="list-style-type: none"> ▪ Good healthy male child 	<p style="text-align: center;">+</p>		15. Mother in law	<ul style="list-style-type: none"> ▪ Easy & safe delivery 	<p style="text-align: center;">+</p>

	<ul style="list-style-type: none"> ▪ Control over household finance and decision making 	-		Husband Mother	<ul style="list-style-type: none"> ▪ Free & home service ▪ Financial support from project for income generation ▪ Expectation of female health attendant from project ▪ Do not want C/s ▪ Well behaved staff at health facility ▪ Quick post natal recovery to work 	- - - +/- + -
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16. Community Level Health System	<ul style="list-style-type: none"> ▪ Recognition of their work ▪ Increased workload 	<p style="text-align: center;">+</p> <p style="text-align: center;">-</p>		<p>16. Dhami, Jhankri, TBA, FCHVs, Gurba</p> <p>16 b. PHC, HP, SHP</p>	<ul style="list-style-type: none"> ▪ Training & Kits ▪ Observation tours ▪ Increased workload ▪ Cash incentives ▪ Skills development ▪ Support from VDC/HP ▪ Recognition ▪ Training/skills development ▪ Good referral system ▪ Building/drugs/equipment ▪ Cash incentive 	<p style="text-align: center;">+/-</p> <p style="text-align: center;">-</p> <p style="text-align: center;">-</p> <p style="text-align: center;">-</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">-</p> <p style="text-align: center;">-</p>
17. Local Community Leaders	<ul style="list-style-type: none"> ▪ Recognition of their participation in NSMP (political interest) ▪ Money/other resources ▪ Control over intervention – ownership ▪ Promoting their representative community 	<p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p>		<p>17 Local Community Level CBO (Mothers Group)</p> <p>17b. VDC/Ward Committees</p> <p>17c. Awareness Raising, Safe Motherhood & Physical Development groups of VDC</p>	<ul style="list-style-type: none"> ▪ Skills for raising awareness (street drama, role play etc) ▪ More support by attending their meetings by project staff ▪ Training & workshops enhancing their capacity not only to health issues but to make enable them for recording/reporting. ▪ Financial support – Emergency fund; transporting means (stretchers), roads and bridges ▪ Free drugs and female attendant at Health facilities ▪ Seeking more development interventions (roads, bridges, drinking water & toilets, HP building) ▪ More organised – feeling of responsibility ▪ Ownership – partnership in NSMP inputs ▪ Human resource development ▪ Cash incentive for health workers ▪ Existence of project for longer period ▪ More training/other resources ▪ Resources/activities through them ▪ Observation tours ▪ Feeling of responsibility ▪ Safe delivery kits 	<p style="text-align: center;">+</p> <p style="text-align: center;">+/-</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">-</p> <p style="text-align: center;">+/-</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">+</p> <p style="text-align: center;">-</p> <p style="text-align: center;">+/-</p> <p style="text-align: center;">+</p> <p style="text-align: center;">-</p> <p style="text-align: center;">+/-</p>

						+
						+
18 DPHO Staff	<ul style="list-style-type: none"> ▪ Community health awareness ▪ Participation in objectives of SMP 	+		18 PHO/DPHO Staff	<ul style="list-style-type: none"> ▪ Achieving their objectives of SMP & health awareness at community ▪ Concern to spread project intervention in whole districts ▪ Training to staff for better supervision and strengthen peripheral health services ▪ Recognition of health system 	+
19 District Level NGO (SCF, CHDP, Red Cross, JSI, UMN, INF, NUKCFP, FPAN, UNFPA, OXFAM)	<ul style="list-style-type: none"> ▪ Financial/Technical Support ▪ Equipment ▪ Recognition ▪ Participation 	+		19 Other INGOs/NGOs at district (Blood Bank, NUKCFP, PDDP)	<ul style="list-style-type: none"> ▪ Better co-ordination to spread out shared approaches at community level ▪ Collaboration to enhancing DDC/VDC capacity to address the issues and plan accordingly ▪ Financial support to strengthen safe blood supply mechanism in sustainable way 	+
20				20 Other (CDO, Police, DEO, Woman Development Section)	<ul style="list-style-type: none"> ▪ Bureaucratic representation to the district – Security ▪ Use of teachers for dissemination of messages of SMP at community ▪ Incorporating emergency fund into their IG scheme 	+
				20b Nagar Palika	<ul style="list-style-type: none"> ▪ Recognition of their participation for improving health status of urban area ▪ Financial Assistance for Ambulance ▪ Quality of health care available at hospital 	- +

APPENDIX 5: STAKEHOLDER TABLE (IN-HOUSE PARTICIPATION MATRIX) COMPARISON BETWEEN YEAR 1997 & 2000

November 1997					February 2000				
Project Stages	INFORM (inform if have more power)	CONSULT (consult other have more power)	PARTNERSHIP (making joint decisions)	CONTROL (informing, manipulation)	Project Stages	INFORM (inform if have more power)	CONSULT (consult other have more power)	PARTNERSHIP (making joint decisions)	CONTROL (informing, manipulation)
IMPLEMENTATION 3b	7, 2, 9, 6 11, 12, 15, 13, 17	7, 5b, 1, 3, 18, 7b, 7c	7, 4, 5, 10, 14, 16, 19	5b, 7d, 8	IMPLEMENTATION	1, 6, 7, 9, 11, 20	2, 2b, 3, 6, 7, 7b, 12, 12b, 15, 16a 16b	2c, 4, 4b, 5, 7c, 7d, 10, 10b, 14, 17, 17b, 17c, 18, 19	
MONITORING & EVALUATION 3b, 8	12, 2, 6 17	7, 5b, 10, 7b, 7c, 11, 3, 9, 15, 16, 18, 19, 14	4, 5, 10, 14, 19, 7d	7d	MONITORING & EVALUATION	2, 4, 4b, 6 20	3, 7, 7b, 7c, 7d, 9, 11, 12, 12b, 15, 16, 19,	5, 10, 10b, 14, 16b, 17, 17b, 17c, 18,	

NB. The terms should be interpreted in the following way:

"Inform": the project informs the stakeholders of its activities and/or results only;

"Consult": the project identified or designed or makes plans and checks them with the stakeholders;

"Partnership": the project & stakeholder identify or design or plan out or implement the programmes or activities jointly;

"Control": the stakeholder tells or guides the project what to do, how to do & where to do.