

Impact Evaluation of ANMF funded projects in Nepal

Introduction

This proposal will initially start with the rationale and objectives for evaluating ANMF funded projects. Secondly, it will present methodology to be adopted for carrying out the evaluation. The methodology section will also show a draft theory of change (ToC) to give a reader an indication of what it might look like. Finally, an initial work plan is presented before listing out the references used to craft this proposal.

To make the reader familiar with the terms and concepts used in this proposal, hyperlinks and footnotes are used – Please follow the hyperlinks and footnotes to get further information on concepts used.

Background

Shortcomings and challenges in Nepalese healthcare system is widely evident (WHO, 2007; Sharma, Aryal and Thapa, 2018; Neupane *et al.*, 2021; Adhikari, Mishra and Schwarz, 2022). Although National Planning Commission (NPC) claims to have achieved a remarkable progress in regard to healthcare indicators set out on Sustainable Development Goals (SDGs) (NPC, 2020), scholars have pointed out discrepancies in healthcare service utilisation and inequity in access to healthcare (Saito *et al.*, 2016; WHO, 2021).

Considering challenges in Nepalese healthcare system, ANMF was established in 1997 with aims to promote delivery of healthcare services in underserved regions, make Nepal more self-sufficient in healthcare delivery, and foster cooperation between ANMF and other organisations providing medical assistance in Nepal¹.

From late 1990s till the present day, ANMF is concentrating its efforts towards advancing healthcare in Nepal ([see ANMF's website](#)) through capacity building of healthcare professionals², construction of healthcare infrastructures³, and [social assistance](#) (in-kind distribution)⁴. However, it is yet to be assessed (in evidence-based way) the extent to which ANMF's support was able to improve healthcare in Nepal. Although numerous project updates, reports and acknowledgement depicts ANMF's contribution, a credible holistic evidence-based document can further help ANMF's donors recognize the extent to which their contribution has helped advance Nepalese healthcare, analyse the extent to which the contribution is aligned to ANMF's vision, mission, goals and objectives, and set out strategic [theory of change \(ToC\)](#) to progress forward. This will help ensure the efficient allocation of ANMF's resources to achieve its desired objectives.

¹ <https://www.youtube.com/watch?v=3tGzrSQ62dY>

² This mainly includes training and observership projects.

³ This includes construction of health posts, Chautara prefabricated hospital, simulation lab and oxygen plants.

⁴ This includes acute earthquake relief project, flood relief project, distribution of medical equipment, and Gorkha blanket distribution project.

Objectives

1. To assess ANMF's support in advancing healthcare in Nepal
2. To analyse ANMF's projects and its alignment with ANMF's vision, mission, goals and objectives
3. To evaluate ANMF funded major projects
4. To make evidence-based recommendation for efficient allocation of ANMF's resources while aligning that with ANMF's vision, mission, goals and objectives

Methodology/Approach to the study

In line with the objectives above and to establish the casual association (i.e., what has been the cause of observed changes?) of the observed impacts caused by ANMF's projects, I propose to use impact evaluation ([see Why do impact evaluation?](#)). While taking [retrospective approach](#), this impact evaluation will use inductive reasoning ([see a brief about Inductive reasoning](#)).

Although experimental studies such as randomised trials are considered gold standard for conducting project or programme evaluations, these are often argued to be costly and are not entirely applicable (Biggs *et al.*, 2014). In addition, experimental studies undermine certain critical factors (mostly linked with governance/system in context of ANMF's projects) that impede the sustainability of the project. For instance, ANMF donated more than USD 400,000 towards the construction of health posts, however, ownership taken by Government of Nepal after handover of those health posts (Are they regularly maintaining it? Are there enough human resources? Are basic medicines and equipment available there?) is one amongst many critical factors. These kind of factors are critically linked with delivery of healthcare services and thus with advancing healthcare in Nepal. Nevertheless, experimental studies might fail to capture or analyse the contribution of those factors to achieve the desired outcome.

I propose to adopt Contribution Analysis (CA) ([see USAID's paper on Contribution Analysis](#)) which is a "theory based approach to evaluate projects delivered in complex and dynamic settings (Biggs *et al.*, 2014)". A postulated theory of change (ToC) will be developed to determine cause-effect relation while considering the assumptions behind the occurred effect (Biggs *et al.*, 2014). CA also focuses on producing a contribution story (i.e., developing an evidence-based report on how ANMF's fund contributed to desired outcome). Following broad steps will be undertaken to carry out the evaluation or produce a credible contribution story ([see better evaluation website for more detail about each step](#)).

1. Define the question that the contribution analysis will investigate
2. Develop a detailed theory of change and risks to it
3. Gather existing evidence on the theory of change
4. Assemble and assess the contribution story and challenges to it
5. Seek out additional evidence
6. Revise and, where the additional evidence permits, strengthen the contribution story

Please refer to figure 1 below to see the step wise process to CA.

Figure 1: Steps of Contribution Analysis⁵



⁵ [https://www.lhssproject.org/resource/health-systems-strengthening-practice-spotlight-contribution-analysis#:~:text=The%20Health%20Systems%20Strengthening%20\(HSS,or%20other%20HSS%20program%20settings.](https://www.lhssproject.org/resource/health-systems-strengthening-practice-spotlight-contribution-analysis#:~:text=The%20Health%20Systems%20Strengthening%20(HSS,or%20other%20HSS%20program%20settings.)

Please refer to the figure below to see a draft ToC.

Figure 2: A draft theory of change

Input/Activities	Assumption	Output	Assumption	Outcome	Impact
Funding from ANMF for the construction of prefabricated health posts and construction of oxygen plants	If the contractor/implementing organisation (ANMF-Nepal) built the health posts or constructed the oxygen plants as desired by ANMF	Increased capacity of the GoN to deliver health care services in remote parts of Nepal; Increased utilisation of healthcare in earthquake affected areas; Increased supply of oxygen leading to better healthcare service delivery (specifically to those who are in need); Restoration of health posts/hospitals in emergency context to deliver healthcare services	If GoN takes the ownership of the project; If GoN fills in the capacity gaps (human resources or equipment) on those health posts; GoN regularly monitors the service delivery from those health posts; If there are enough human resources to deliver care	Increased capacity of local level governments (health posts in remote parts of Nepal) to deliver healthcare services; Increased decentralisation of healthcare service delivery; Increased access to healthcare for vulnerable or reduced barriers to access to healthcare	Advancing health care in Nepal

NOTE: This is just a draft ToC and will only finalised after repeated thorough discussion with ANMF

Work plan

Figure 3: Work plan

Activity	Timeline in Months (from Project Kick Off)				
	1	2	3	4	5
Phase 1: Define the question that CA will investigate					
Desk review of available documents (project updates/reports)					
Propose a draft question for impact evaluation to ANMF board					
Finalise the question					
Prepare an inception Report detailing out detailed methodology					
Receive feedback on the Inception Report					
Phase 2: Develop a detailed theory of change					
Figure out -in consultation with ANMF board- the projects to be evaluated					
Prepare a detailed theory of change					
Present the theory of change to ANMF board and collect feedbacks					
Finalise the theory of change					
Prepare the second draft report					
Phase 3: Gather existing evidence on theory of change					
Assess available secondary data from desk reviews					
Collect primary data (mostly qualitative) through Key Informant Interview, In-depth Interview and Focus Group Discussions with key stakeholders					
Conduct field visits to the implementation site - Ethnographic observation					
Prepare the third draft report					
Phase 4: Assemble and assess the contribution story					
Assemble the gathered evidence					
Transcribe and translate the information collected through qualitative approach					
Prepare the fourth draft report					
Phase 5: Collect additional evidence					
Collect feedback from ANMF					
Seek out additional evidence					
Prepare the fifth draft report					
Phase 6: Revise and strengthen the contribution story					
Collect feedback from ANMF					
Repeat phase 4 and 6					
Finalise the contribution story					



Reference

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