

# LEARNING SERIES



## IMPROVING PARTNER COORDINATION FOR EFFECTIVE HEALTH SERVICE DELIVERY

### BACKGROUND

The Malawi health sector is highly donor dependent, with donors contributing about 75% to the total national health expenditure. A 2012-13 to 2014-15 Aid Atlas produced by the Ministry of Finance, Economic Planning and Development showed that the health sector is the most highly fragmented in terms of the number of donors supporting the sector, the number of organisations implementing activities and the comparatively small financial size of many of these activities (Fig 1).

The Malawi Health Sector Programme – Technical Assistance component (MHSP-TA) is a UKAid-funded programme running from 2014 – 2018. The programme provides support at both national and sub-national levels. Programme support is channelled through regional offices to districts, where the majority of donor-supported activities are actually implemented. Operating within systems that have many implementing partners, but weak systems for coordinating and harmonising them, poses multiple challenges some of which, as observed by the programme, include:

1. Ineffective district/partner engagement, arising from lack of clarity and enforcement of procedures for partner entry into districts and validation of proposed support
2. Weak and incomplete partner mapping
3. Inadequate mechanisms for establishing credible Memoranda of Understanding between districts and partners that could facilitate adherence to sector priorities and other transparency requirements.

Given the above, the MHSP-TA programme and the Ministry of Health (MOH) agreed that one of the programme outputs should be “strengthened stewardship, coordination and action across the health sector”.

### WHAT WE DID

Working with the sub-national Quality Assurance Offices (QAO), MHSP-TA provided 13 districts with funding to establish partner coordination and draft Terms of Reference for these forums.

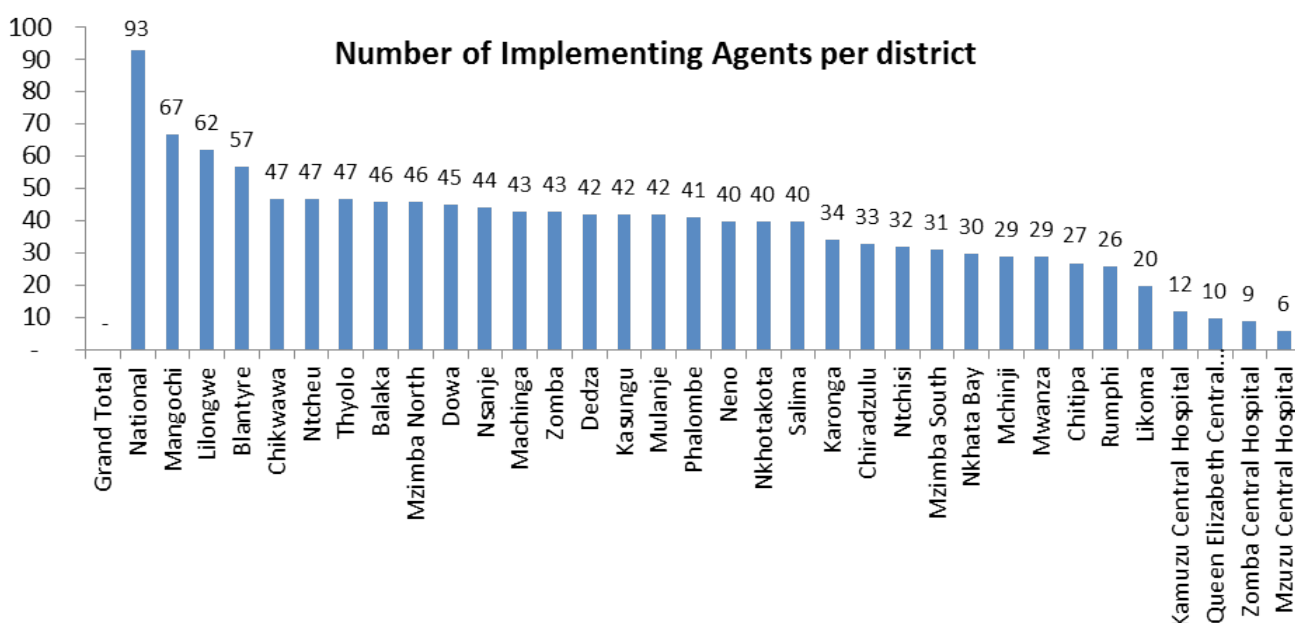


Fig. 1 Number of implementing agents per district in the Malawi health sector

With this support, a number of districts convened initial Health Partner Coordination Forum meetings with non-governmental partners. During these meetings critical issues such as how partners should operate, ways of collaborating, and their interface with the District Health Offices (DHOs) were discussed.

MHSP-TA also provided six districts that lagged behind in partner coordination an opportunity to learn from their colleagues through peer learning visits. MHSP-TA also provided an advisor to support the nascent Aid Coordination Unit in the MOH, starting from January 2017.

## OUTCOMES

1. The set up of the Aid Coordination Unit (ACU) and coordination guidelines in the MOH, also supported by MSHP-TA, provides a good opportunity for addressing issues that the districts, individually, would not be able to solve (e.g. lack of MOU standardisation, joining up initiatives with the Ministry of Local Government, and providing a system of linking up MOUs signed at the central level to those that partners sign with districts). The guidelines which the ACU is currently developing will provide a broader framework for dealing with partners for the districts as well as the central level.
2. Strengthening partner coordination and increasing the capacity of sub-national offices to manage coordination has been extremely successful. Many districts have signed MOUs with implementing partners that stipulate the key responsibilities and obligations of all parties, including:
  - the need to be part of the district planning process to ensure alignment to sector priorities, disclosure of resources available and harmonisation with other partners implementing related activities to avoid duplication of effort
  - reporting requirements on activities being implemented

## STATUS OF PARTNER COORDINATION IN MHSP-TA SUPPORTED DISTRICTS

*	Before	After
# of districts with Partner Coordination Forum	3/6 (50%)	8/8 (100%)
# of districts with signed MOUs	3/6 (50%)	7/8 (88%)
# of districts with rotating support for Partner Coordination Forum		13/13 (100%)

Institutionalising partner/stakeholder coordination meetings means that effective and complementary ways of working will continue beyond the life of the MHSP-TA programme.

Examples of key improvements that have been achieved in specific districts include:

- **Institutionalisation of the meetings.** In Mzimba South and Ntchisi Districts, other partners supported three of the four meetings held in 2016/2017. This indicates that the meetings are becoming institutionalised in the MHSP-TA supported districts, with development partners increasingly sharing support to the meetings on a rotational basis. Also districts have taken up the task of scheduling and convening quarterly meetings.
- **Addressing the issue of geographic neglect.** The signing of MOUs between Zomba District and the partners has started to address the issue of geographic neglect. In the spirit of the MOUs, partner mapping is being carried out specifying the partner catchment areas, activity resource envelope, areas of interventions and the duration of interventions. The approach is forward looking in the sense that as the current projects phase out and new ones come on stream, issues of geographic neglect will gradually be addressed through the MOUs.

Partners in Health and Neno District have developed a toolkit for coordinating all partners working in the district so that all geographical areas are reached to achieve universal coverage of health services. The toolkit has been shared with other districts supported by MHSP-TA and is being rolled out in the southwest QAO districts.

- **Platform for resource mobilisation.** Mzimba North and Zomba Districts are increasingly using the partner coordination meeting to mobilise resources for activities and supplies in a coordinated manner. Meetings are used as effective platforms for the DHO to communicate to partners the government funding envelope and the funding gaps. The DHO has noted increased support to the sector, which is being provided in a more coordinated fashion than was the case previously.

\*Data is from annual assessment work supported by MHSP-TA. The number of districts assessed changed from 6 to 8 between 2015 and 2017.

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This material has been funded by UK aid from the UK government; however the views expressed do not necessarily reflect the UK government's official policies.