

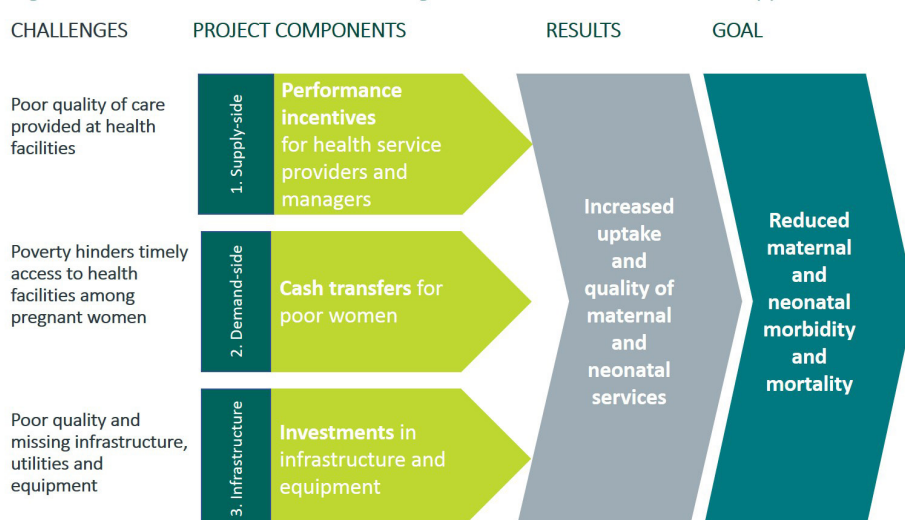


LEARNING BRIEF

The contribution of systematic engagement with key stakeholders in a Results-Based Financing programme in Malawi

Working with networks of diverse stakeholders is an important element of health systems thinking. Identifying and engaging systematically with key stakeholder networks was essential to successful implementation of a six-year Results-Based Financing (RBF) programme in Malawi.

Fig. 1 Results based Financing for Maternal Newborn Health: Approach



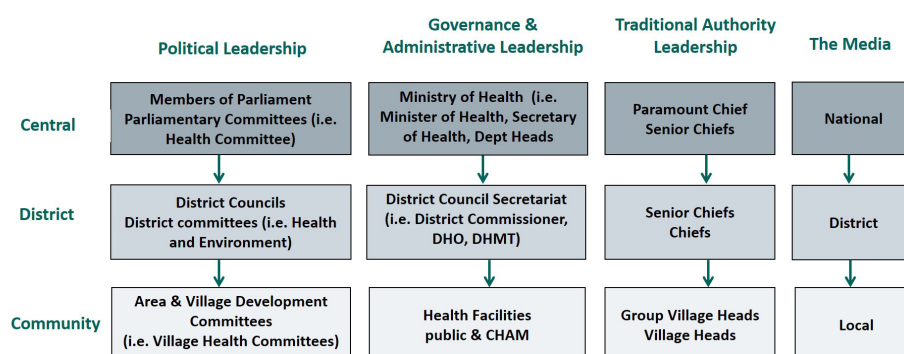
The Results-Based Financing for Maternal and Neonatal Health (RBF4MNH) Initiative was implemented between January 2012 and May 2018, and financed by the governments of Germany and Norway. An innovative combined approach comprised demand and supply-side incentives, together with investment in equipment and infrastructure, reflecting the complexity of the challenges facing Malawi's health system (see Fig. 1). A total of 33 health facilities in four districts participated in the programme, including four district hospitals and five facilities of the Christian Health Association of Malawi (CHAM). The programme was firmly anchored in government structures with a secretariat located in the Ministry of Health and Population's Department of Reproductive Health.

STAKEHOLDER NETWORKS

A number of stakeholder networks or groups were identified early on which were to play a critical role in the implementation of the programme. At each level (central, district and community), these networks comprise important actors whose perspectives and knowledge helped shape the direction and implementation of the Initiative.

This technical brief explores the ways in which the RBF4MNH Initiative engaged with stakeholder networks at each level of the health system to strengthen ownership and leadership, to raise the profile of RBF in Malawi, and to build institutional sustainability of the approach (see Fig 2).

Fig. 2 Stakeholder Networks for RBF4MNH

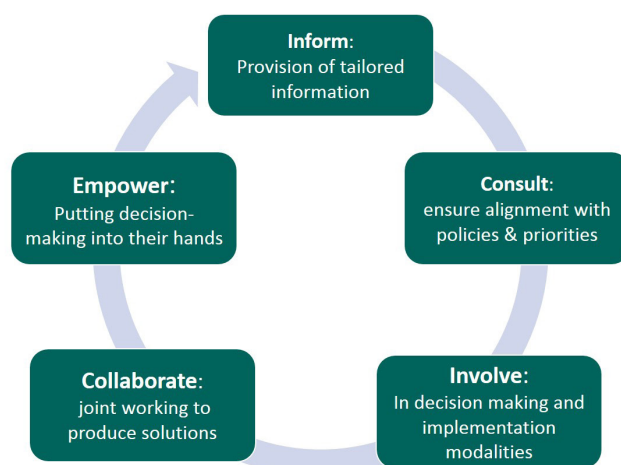


The analysis identified five steps in an iterative process of stakeholder engagement across four key networks: political leadership; governance and administrative leadership; traditional authorities; and the media (see Fig. 3). What distinguished the RBF4MNH Initiative from other programmes using a similar approach, was the importance accorded to a dynamic process of stakeholder analysis and engagement throughout the programme, and the intensity of engagement with the different networks – particularly the political and traditional leadership.

INFORM

In 2012, RBF was a relatively new approach for Malawi's health sector. Throughout the implementation period, the RBF4MNH team provided guidance on RBF more broadly, as well as the programme, its goals and objectives. The team regularly up-dated stakeholders on progress and information was tailored to the priorities, perspectives, and needs of each group. A cascade approach enabled RBF District Coordinators and RBF Desk Officers, who were appointed from within existing staff teams, to provide management and implementation support as well as to play an advocacy role with other stakeholders. This also helped to address the challenge of high staff turnover at all levels of government. An informed media played an important role in disseminating information about the programme. Media coverage included key events such as district RBF roadshows, high-level visits to participating facilities, and quarterly presentation of rewards.

Fig. 3 How Did RBF4MNH engage with stakeholders?



Adapted from [Management Sciences for Health \(2014\): Engaging with stakeholders for health systems strengthening.](#)

CONSULT

Consultative meetings were held regularly with stakeholders in each of the networks. These included parliamentary committees and government representatives from district and central levels as well as traditional leaders and the media. While early meetings helped to shape the programme's design and define roles and responsibilities, later consultations - including meetings, workshops and guided field visits - enabled the programme to adapt to changes in the operating environment, and to respond to new insights.

INVOLVE

Tailored information and consistent stakeholder consultation enabled the active involvement of key stakeholders in decision-making and implementation of the programme. For example, an RBF4MNH Advocacy Team comprising traditional leaders and led by Gomani V, Paramount Chief of the Ngoni people, advised the RBF4MNH management team on the introduction of community-based identification of pregnant women for the cash transfer. The Advocacy Team liaised with village heads in the RBF4MNH districts to support the programme and used their influence and knowledge of RBF to advocate for results-based financing with other stakeholder networks, such as Members of Parliament and Ward Councillors through the health and budget committees. All stakeholder networks were represented during the quarterly results presentation and reward distribution ceremonies, including representatives of the District Councils, Parliamentary Committees, chiefs and the media. Many of them played an active role in addressing health facility teams and were also regular visitors to the facilities participating in the RBF programme.

COLLABORATE

The RBF4MNH team developed close partnerships with individual stakeholders, whilst also strengthening collaboration between stakeholder networks, for example, between district governments and district health offices. The District Commissioners, accompanied by the District Health Officers met quarterly to discuss the progress of RBF4MNH and the challenges encountered, visiting a sample of health facilities and reporting back to the RBF4MNH Secretariat in Lilongwe. This close involvement of District Commissioners in donor-funded health programmes is unusual in Malawi and helped build the institutional sustainability of the approach. Joint supportive supervision by the RBF4MNH team and district health teams also developed RBF capacities and strengthened ownership of the approach. District level stakeholders across different networks collaborated to host high-level visits to the programme by the Minister of Health, Ambassadors and Parliamentarians. As Deputy Programme Director, Reagan Kaluluma says of the programme, "successes were collectively celebrated and challenges collectively addressed."

EMPOWER

Consistent engagement with stakeholder networks aimed to empower stakeholders to take appropriate decisions related to programme implementation. During discussions on the potential scale-up of the approach, the Advocacy Team requested an audience with the German Ambassador to advocate for additional funding – the first time such a meeting has been held at the request of the Traditional Chiefs in Malawi. The high degree of ownership of the approach enabled the Traditional Authorities to suggest this action and empowered them to carry it out. This has contributed to the continued commitment of both the German and Malawi governments to the RBF approach for Malawi's health sector. District Hospital Advisory Committees, which include representatives from political and religious groups as well as influential members of the community, were able to play a facilitator role in smoothing implementation challenges because they felt part of the programme and understood what it was trying to achieve.

WHAT DID SYSTEMATIC STAKEHOLDER ENGAGEMENT ACHIEVE?

Systematic engagement with stakeholder networks helped the RBF4MNH programme to manage expectations and to build trust and partnerships which supported the efficient implementation of the programme (see Fig. 4). It successfully fostered a sense of ownership of the approach by the Malawi Government and its partners and, as the programme advanced, stakeholders became increasingly active participants in the programme, enabling faster and smoother implementation.

The RBF4MNH team tailored their approach to the needs and perspectives of different stakeholder networks (see fig. 1), and quickly realised the importance for the programme, not only of the linkages

between network levels, but also between the networks themselves. For instance, informed parliamentary committee members could discuss the RBF4MNH programme with District Commissioners during visits to RBF districts, and could use their influence to exhort district health staff to provide good quality maternal and newborn care. The media were increasingly interested in RBF due to the programme team's work with opinion formers and champions of the RBF approach within the different stakeholder networks.

Traditional authorities are important partners for politicians due to their influence over voters, and also play a critical role for government by supporting their initiatives and disseminating key policy messages at the community level. By engaging with all four stakeholder networks, RBF4MNH was able to raise the profile of the Initiative, strengthen implementation modalities, and lay the foundations for the continued adoption of the RBF approach in Malawi.

The RBF4MNH team supported the inclusion of RBF as one of a group of potential health financing approaches for Malawi in the current Health Sector Strategic Plan (2016 – 2022), and played a prominent role in the development of the National Performance Based Financing Framework. The Ministry of Health and development partners are currently discussing how to scale-up RBF in Malawi's health sector. These are all powerful testaments to the work of the programme to consistently and effectively engage with stakeholder networks.

The cycle of inform, consult, involve, collaborate and empower (see fig. 3) requires time and resources; it is a long-term strategy which develops capacities and builds institutional sustainability, enabling a more rapid take-up of the RBF approach, should this be scaled-up in the future.

As Minister of Health Atupele Muluzi, was quoted in the national press in April 2018:

"This is an important programme that could help Malawi achieve decentralised universal healthcare coverage and through the health services joint fund, we believe we can scale-up the programme nationwide to reduce maternal and neonatal morbidity and mortality".

This case study was written by Reagan Kaluluma, Deputy Programme Director and Corinne Grainger, Technical Specialist.

Fig. 4 What has continuous engagement with stakeholder networks helped the RBF4MNH initiative to achieve?

