MALAWI HEALTH SECTOR PROGRAMME

TECHNICAL ASSISTANCE COMPONENT

END-OF-CONTRACT REPORT
PPM GUNNEWEG

PROVISION TECHNICAL ADVISORY SUPPORT SLA MANAGEMENT, ADMINISTRATION and IMPLEMENTATION

(October 2017 – August 2018)

13th August 2018

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ABBREVIATIONS

AfDB	African Development Bank
BOD	Burden of Disease
CHAM	Christian Health Association of Malawi
DHMIS	District Health Management Information System
DHMT	District Health Management Team
DHO	District Health Office
DHS	District Health System
DMT	District Monitoring Team
DPPD	Department of Policy and Planning (MOH)
EHP	Essential Health Package
GOM	Government of Malawi
HSJF	Health Services Joint Fund
MHSP-TA	Malawi Health Sector Program – Technical Assistance
MOH	Ministry of Health
MOU	Memorandum of Understanding
M & E	Monitoring and Evaluation
NLGFC	National Local Government Finance Committee
PBF	Performance Based Financing
POW	Program of Work
PPPs	Public-Private-Partnerships
SLAs	Service Level Agreements
TA	Technical Assistance
UHC	Universal Health Coverage
ZHSO	Zonal Health Support Office

EXECUTIVE SUMMARY

PPM Gunneweg was contracted by Options Development Consultants Ltd to provide technical support to the Church Health Association of Malawi (CHAM) to manage, implement and administer the program of Service Level Agreements. The purpose of the assignment was to provide support and guidance to the MOH and CHAM on the implementation of the MOH-CHAM Memorandum of Understanding (MOU) as well as on the administration of the Service Level Agreements (SLAs). Specific objectives of the assignment were to support consolidation, expansion and improvement the SLA program, to strengthen SLA program implementation and management of CHAM Secretariat and to assist in the development of a performance contract between CHAM and MOH.

Support was provided in six consecutive missions between November 2017 to August 2018 and followed a series of earlier TA support missions in 2016 and 2017, respectively. A process approach was applied with respect to organisational strengthening and capacity building. TA was demand-driven and result-oriented taking circumstantial challenges and opportunities into consideration. Overall, TA contributed to invigorate SLA program reliability and execution, enhance organisational readiness and capacity of CHAM to execute the SLA program and strengthen relationships and collaboration between the MOH and CHAM.

Since 2016, the SLA program has gradually expanded across Malawi with the number of SLAs increasing from 42 (2016) to 135 (August, 2018). Consequently, the number of clients seeking basic health services has significantly increased, a trend that is likely to be sustained with further expansion of the program, extension to full EHP and improved organisational capacity of CHAM Secretariat to manage the SLA program. A fully-fledged management unit is in place (February, 2018) and performance is progressively improving and more robust. Overall, collaboration between the MOH and CHAM has intensified and is increasingly more effective and efficient through technical committees and frequent meetings on operational and administrative issues. With time, engagement of Zonal Health Support Offices (ZHSOs) and District Health Offices (DHOs) has improved particularly in SLA contract negotiations, verification and M&E. Although progress has been made in drafting a performance management contract with respect to the MOU between the MOH and CHAM, to date no agreement has been reached.

Continued targeted TA is recommended to support expansion and improvement of the SLA program, to enhance organisational readiness of CHAM Secretariat and to improve collaboration and partnership between the MOH and CHAM particularly in policy areas relating to HRH, quality of care and district health management.

1. INTRODUCTION

The MHSP-TA, funded by DFID, provides support to the health sector of Malawi in the context of the Health Sector Strategic Plans 1 and 2 (HSSP) of the MOH. A sizeable component of the MHSP-TA consists of support aiming to: (1) strengthen stewardship and action across the health sector; (2) enhance financial management and democratic accountability in the health sector and; (3) to strengthen health service planning and monitoring. The MSHP-TA is provided by an international development consortium led by Options Consultancy Services Ltd.

Over years, the Government of Malawi (GOM) and CHAM have cooperated in constructive partnerships to consolidate complementary services and achieve better health outcomes. An important area for cooperation relates to the program of SLAs. The SLA program exists already since 2006 and has expanded over the years in line with HSSP I and II, respectively. SLAs are part of a larger partnership agreement between the MOH and CHAM.[1] The SLA program has been financed by various donor agencies and is currently financed by the Health Sector Joint Fund (HSJF) since Financial Year (FY) 2017-18.

The aim of the SLA program is to improve equity in access to Universal Health Coverage (UHC) for the rural population by subsidizing the delivery of basic health services. Under SLAs the MOH reimburses CHAM health facilities for providing certain essential health services, particularly maternal, neonatal and child health services. Over the years the program had a positive contribution to improve health outcomes. [2] In recent year, the SLA program has received considerable attention to improve geographical coverage to include CHAM health facilities outside 8 KM radius of GOM health facilities. Moreover, the aim of the SLA program was to expand coverage beyond the Essential Health Package (EHP).

2. ASSIGNMENT

2.1 Terms of Reference

The assignment is a follow-up of two earlier assignments carried out from February 2016 to September 2016 and September 2016 till July 2017, respectively. The purpose of the first assignment and second was to provide technical and coaching support to MOH and CHAM at Central and District levels in order to review, develop and revitalise the SLA program. Focus of these assignments was to update the general introductory SLA guidelines and the SLA contract template (including EHP Unit costs) as well as administrative and operational arrangements for SLA contract management. [3] The third and current assignment is focussed on providing on-going back-up support to CHAM and MOH to expand and improve the SLA program, to strengthen implementation and management capacity of CHAM and to assist in the development and adoption of a performance contract between CHAM and MOH related to the MOU.

[1] Memorandum of Understanding (MOU), 2016.

[2] Refer to 'Feasibility Study for Future PPP Contracts with Christian Health Association of Malawi (CHAM) Health Facilities', Cindy Carlson and Elena Zanardi, June 2014.

[3] Refer to PPM Gunneweg 'End-of-Contract Report': Review and Support to SLA Program, August 2016 and 'End-of-Contract Report': Provision TA support to improve Organisational and Institutional capacity for SLA Program, July 2017.

2.2 Approach

The consultant worked in close collaboration with the Options team and with leadership and technical staff from CHAM Secretariat and MOH (DPPD). The consultant worked together with other consultants employed by MHSP-TA, with staff from the MOH and CHAM Secretariat. Capacity support was guided by the following principles c.q. values (Table 1).

Table 1: TA Guiding Principles

TA Values	Explanation
Demand Driven:	Focus on client needs, resources and potentials
Co-designed:	Joint agreement on objectives, priorities and methodology
Result-oriented:	Target attainable outputs and outcomes
Educated:	Use accurate information for informed advice and coaching
Process approach:	Apply a continuous cycle of learning, doing and reflection
Respect:	Mindful of expertise, values and history of client
System approach:	Attention to fundamental and interrelated factors
Sustainability:	Strengthen competencies in view of future challenges

2.3 Inputs

The contract between Options and the consultant was signed on 1st November 2017, comprised of fifty (50) consultancy days and was extended in March and July 2018 with 19 and 6 days, respectively. The contract was implemented in 6 separate missions from November 2017 to August 2018 (Table 2).

Table 2: TA Input: No of Missions, Periods and Number of Days Worked.

Mission No	Month 2016/17	Period Worked	Days Worked	Accumulated Days Worked
1	November	05.11 – 18.11	13.5	13.5
2	January	08.01 – 20.01	12.5	26.0
3	February/March	19.02 – 03.03	12.5	38.5
4	April	16.04 – 28.04	12.5	51.0
5	June	18.06 – 29.06	11.5	62.5
6	July/August	29.07 – 09.08	11.5	74.0
	August	13.08	1.0	75.0

2.4 Deliverables

The consultant played a facilitative role in strengthening the capacity of CHAM to manage and implement an expanded SLA program. This involved the revision of program management templates, development of administrative tools and Standard Operating Procedures (SOPs) for most important administrative processes, facilitating improved internal management practices, improving plan, budget and reporting templates and encouraging better oversight and support systems and practices by CHAM senior management.

TA support was provided to assist CHAM to establish a dedicated SLA management unit (February, 2018) and to get required longer-term funding from HSJF. This involved support in drafting an annual performance contract and budget, assisting in job-descriptions for required technical staff and support with staff recruitment. TA provided extended mediation between CHAM and HSJF-FA with respect functioning of the SLA management unit, particularly with respect to delayed and substandard financial reporting.

Effectively, TA contributed to: (1) develop an annual performance contract template for MOU implementation including a detailed objective framework and associated outcome, output and performance indicators; (2) further supported the development of management and

administrative tools and protocols for the SLA program implementation; (3) engaged leadership from CHAM and MOH to collaborate more effectively on SLA program implementation and verification; (4) strengthen capacity and leadership of technical staff of CHAM Secretariat with respect to SLA program management, implementation and administration; (4) help resolve outstanding SLA debts to CHAM health facilities originating from previous SLA program. Specific TA deliverables are listed in table 3.

Table 3: TA Deliverables

No	Deliverables
1	1s, 2nd, 3rd Draft Performance Contract MOH-CHAM
2	1st, 2nd, 3rd Draft M&E Plan MOU Implementation
3	Contract Template SLA Management Unit
4	Draft and final SLA Progress Report HSJF: July 2017 - March 2018
5	Draft Annual SLA Progress Report HSJF: July 2017 - June 2018
6	Draft Conceptual Framework CHAM Annual Report 2017
7	Draft and final SLA Contract Template BY 2018-19
8	Revised monthly SLA invoice and progress reporting template BY 2018-19
9	Revised Templates for SLA Program Planning, Budgeting and Reporting
10	Draft SLA Program Plan and Budget BY 2018-19
11	TA Timesheets (November 2017 – August 2018)
12	TA Monthly Progress Reports (November 2017 – August 2018)
13	TA PPM Gunneweg; End-of-Project Report (August, 2018)

2.5 Outcomes

2.5.1 SLA Program and Utilisation of EHP

Since the revitalisation of the SLA program (2016) the program has gained momentum and restored credibility through regular payments of SLA invoices and settlement of outstanding debts. Geographical coverage and number of Health facilities participating in the program has steadily increased from 42 SLAs (2016) to 135 SLAs (August, 2018). As a result, utilisation levels of EHP services have significantly increased. Currently, the largest proportion of services provided in the SLA program relate to Mother and Neonatal Heath care (61%) and MNH in combination with EHP services to Children under the age of 5 years (30%).[4] It is expected that utilisation levels will further increase with expansion of the program to cover full EHP.

2.5.2 Organisational Capacity CHAM Secretariat

Organisational capacity of CHAM to manage and implement the SLA program has gradually increased. With a dedicated and fully-fledged management unit in place, management and implementation performance is more structured and robust. The SLA management team works relatively well in line with distinct TORs. Overall, program planning and budgeting have improved, workplans are more relevant and realistic, administrative processes and protocols are put in place, improving and increasingly adhered too. Information management is picking-up and timeliness and completeness of progress reporting is slowly improving. Supportive supervision and M&E are getting increased attention and gradually more structured and relevant.

[4] Refer to Progress Report 'Support to SLA Management and Administration in CHAM and SLA Monthly Invoices (HSJF2# 11101-006), July 2017-March 2018, CHAM.

2.5.3 Collaboration MOH - CHAM

Gradually the SLA program has contributed to enhance and intensify collaboration between the MOH and CHAM at national, regional and district levels. Coordination between CHAM Secretariat and the MOH is slowly improving through technical working committees and frequent meetings on operational and administrative issues. Initial reservation at the MOH with respect to contracting CHAM to manage the SLA program is slowly ceasing. Personal relationships are progressively cordial and constructive. Appreciation and engagement with Zonal Health Support Offices (ZHSOs) and District Health Offices (DHOs) is gradually improving through joint supervision visits, coaching by the District Monitoring Team (DMT) and negotiations of new SLA contracts.

2.5.4 Performance Management MOU between MOH and CHAM

A template for an annual performance contract was drafted including detailed indicators for outcome and output areas of the MOU. However, despite efforts to engage leadership of the MOH and CHAM to move towards an agreement, to date limited progress has been made. With the recent approval to accept the MOH as member of the CHAM board, the likelihood that CHAM and the MOH will agree on a management performance contract with respect to the MOU is substantially increased. [5]

3. RECOMMENDATIONS

With respect to expanding and improving the SLA program, enhancing organisational readiness of CHAM Secretariat and solidifying cooperation between CHAM and the MOH a continuation of TA in some key areas may be relevant.

3.1 SLA Program

- Enhance participation and cooperation of DHOs particularly in the areas of health facility capacity assessment, overseeing and verifying quality service provision and participatory district health planning;
- Develop and coach in the execution of newly required training curricula (various subjects) for Health facility staff based on adult learning principles;
- Next to collecting quantitative data, design, implement and monitor a set of appropriate quality indicators for EHS provision.

3.2 Organizational Readiness CHAM Secretariat

- Improve periodic joint planning, coordination and review mechanisms within CHAM Secretariat between various departments, units and different programs;
- Enhance role and engagement of CHAM health coordinators in program management and verification possibly in context of a revised organisational set-up of CHAM to strengthen regional representation;
- Improve financial-administrative system and processes.

3.3 Cooperation between CHAM and the MOH

- Develop and implement a periodic performance management contract with respect to the MOU between MOH and CHAM;
- Improve functioning of the national SLA task force and institute similar technical working groups at the Regional level;

[5] Of recent (June, 2018), the Secretary of Health (SH) has been formally accepted as a member of the board of CHAM.

- Institutionalise or improve policy dialogue with MOH on important areas related to the MOU such as provision of quality health service provision (EHS, secondary and tertiary care, accreditation, etc.), HRH (pre-service training, recruitment, etc.) and health financing (alternative and sustainable options, etc.).