The Practical Application of the Journey to Scale with Government Tool

SUMMARY

This case study provides an overview of how the “Journey to Scale with Government” Tool can serve as a mechanism to bring stakeholders together to design, implement and eventually embed a solution into the public sector. It uses VillageReach’s Health Center by Phone solution in Malawi, which was successfully transitioned to government stewardship over a period of ten years, as a retrospective example. The case study walks through the five stages of the Journey Tool—applying one of the tool’s critical questions at each stage in a real-world setting.
Radical collaboration with government is fundamental to achieving VillageReach’s mission to transform health care delivery to reach everyone. While there are several pathways to collaborate with government, we focus on government stewardship, whereby the government becomes the real owner of solutions/innovations. This does not mean that government will do everything, they may work with the private sector or other partners that manage or operate parts of a solution, but government involvement is critical to successfully scale solutions.

Many stakeholders want to integrate solutions into the public sector; however, the process is complex, requiring time and resources with few practical tools or examples to guide them. Against this backdrop, VillageReach and Spring Impact supported the development of the Journey to Scale with Government Tool, referred to as the Journey Tool throughout. It was co-created by funders, government and social impact organization stakeholders to help navigate towards government-owned solutions that have sustained impact at scale.

This case study details a practical application of the stages described in the Journey Tool for a solution that has successfully transitioned to government ownership: Chipatala cha pa Foni (CCPF) - Health Center by Phone (HCBP).

2 To learn more about the processes developed at VillageReach visit: https://www.villagereach.org/Transitioning-Well-Guideline-Request/
HEALTH CENTER BY PHONE IN MALAWI

CCPF began in 2009 when the Malawi Ministry of Health (MoH) called on community innovators for ideas to increase access to maternal, newborn and child health (MNCH) information. In partnership with the MoH, VillageReach developed a MNCH community-based health hotline, piloted in 2011, which now provides free information on health and nutrition to all Malawians 24 hours a day, 7 days a week. CCPF is now one of the first government-run, nation-wide health hotlines in Africa.

Over the past decade the MoH took key actions to support an eventual transition to government ownership including: setting up a stakeholder steering committee, moving the hotline to a national MoH compound in Malawi’s capital, integrating the hotline into national health strategies and budgets, negotiating with the private sector to zero-rate calls and taking over the hiring and management of nurse hotline operators and supervisors.

During a celebration in December 2020 to mark its successful transition to the national government, Honorable Khumbize Kandodo Chiponda, MP. Minister of Health stated, “As we mark the finalization of a successful transition of CCPF to my Ministry, it is important to note that CCPF shines the light on how effective partnership with government, donors and others is the best way to sustain impact of health solutions at scale.”
Often solutions are designed to solve a problem identified by funders and/or social impact organizations, and government partners are only brought in after the fact. However, in Malawi a shared definition of the problem across multiple stakeholders was clear from the beginning: limited access to high-quality health information impacted Malawian’s ability to make informed treatment decisions.

Nearly 85 percent of Malawians live in rural areas and must walk over 5 km to the nearest health center. Between traveling long distances, and a health workers vacancy rate of 45 percent, (which meant long wait times for health services that often only consisted of a two-minute consultation) many Malawians were discouraged from seeking health care. This in turn led to a health information gap, that was particularly dangerous for pregnant women in Malawi, where there is one of the highest maternal mortality ratios globally.

To address this health information gap among pregnant women, the government sponsored a national campaign in 2009 (funded by the Bill and Melinda Gates Foundation) soliciting ideas from the community.

It was the combination of two winning ideas from this campaign that led VillageReach and World Concern, with donor support, to co-create CCPF with the MoH in 2011. With both community and government support the mobile health intervention focused on increasing access to MNCH information.

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The solution was further developed using user-centered design to collect feedback and insights from critical community partners. Initial interviews with community health workers, traditional leaders and district health staff were held to build community champion support and ensure the solution would address the problem identified by government and the community. “CCPF is an important part of achieving universal health coverage in Malawi and reaching rural communities who make up almost 74 percent of the population,” Atupele Muluzi, Former Minister of Health, Malawi said.

When the CCPF pilot was launched in 2011, the Malawi Health Sector Strategic Plan 2011–2016 went into effect that same year. One of the main objectives of the government plan was related to improving equity and efficiency in the delivery of quality health services. CCPF was co-designed with the government to help meet this objective through providing free, timely and quality health information, but its sustainability relied on building strong government champions.

Since CCPF began as a MNCH hotline, the MoH colleagues working in the reproductive health division were the earliest government champions. However, policy integration does not happen in isolation, and it does not happen overnight. Therefore, as the solution scaled to address other health topics and nutrition, it became critical to ensure all relevant departments within the MoH were equally invested in the solution’s success.

Many of the key champions within the MoH helped guide the implementation of CCPF to ensure it continuously aligned with government priorities and policies. Part of achieving this alignment included moving the CCPF hotline in 2017 from the Balaka District Hospital to the Health Education Unit in Lilongwe, Malawi’s capital city. This brought the hotline closer to the national government officials who would manage and own CCPF, and increased access to the critical technological infrastructure needed to support a nationwide hotline.

Additionally, to ensure all the right decision-makers were at the table, in 2016, the MoH and VillageReach developed a steering committee, which consisted of government representatives from multiple departments in the MoH, representatives from the Malawi Ministry of Finance, as well as representatives from VillageReach and other CCPF partners, such as technology partners (Baobab, Airtel and VIAMO) and in-country donors (Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and USAID). CCPF funders contributed to successful transition by allowing us to use grant money for planning.

Stage 2: Co-Create

PURPOSE
Co-create a solution rooted in strategic government plans and community needs, which is suitable for the country’s constraints.

JOURNEY TOOL CRITICAL QUESTION
How can we ensure the solution maps to government’s priorities as outlined in their strategic plans? If not, who are the champions that can help drive prioritization in plans and policies in the future?

PRACTICAL APPLICATION
Through building government champions, CCPF was included in the government’s strategic plan and budget.

and conducting Steering Committee meetings and for other necessary transition activities. This ultimately led to the MoH including CCPF in the Malawi Health Sector Strategic Plan II 2017–2022 and the respective budgets. This alignment with government priorities and strategic plans, both early on and throughout solution implementation, was critical to successfully embedding the solution into the MoH and ensuring the availability of government resources.

Regular evaluation of CCPF’s impact, in addition to assessing customer satisfaction, has been key to the successful scale-up of CCPF. An independent evaluation of the CCPF pilot completed by Invest in Knowledge in 2013, found that CCPF was effective in improving callers knowledge about MNCH, and in changing certain health behaviors, such as increased use of antenatal care and earlier initiation of breastfeeding. The evaluation also found that CCPF encouraged appropriate use of the health system, by resolving three-fourths of callers’ questions without them needing to travel to a health center. The results of this evaluation helped to further secure stakeholder investments from the MoH and funders, to build CCPF champions and to ensure commitment from the MoH to manage the solution long term.

However, prior to the MoH taking ownership of CCPF, further evidence was needed, since the initial evaluation was based only on MNCH indicators. Additionally, once the hotline was available nationwide and offered information on several health topics the government wanted to assess whether CCPF was still able to influence health seeking behaviors and inform health decision making. The MoH was also interested in whether CCPF was empowering people to seek information on their health needs, and whether CCPF could break through social norms and traditions, such as increasing the number of male or youth callers.

Therefore, in 2018, Jimat Development Consultants conducted an impact evaluation funded by the Vitol Foundation and Johnson & Johnson. VillageReach assisted with design and data analysis with input from the MoH and other partners. The impact evaluation looked at knowledge and behavior change, value added and user satisfaction, equity and access, quality of service (including community perception of CCPF’s reliability) and referrals/linkages to care. The evaluation found CCPF users to be more likely to have been tested for HIV, to use condoms if unmarried and use modern contraceptives. Other significant improvements in health behaviors were shown in MNCH and nutrition. Many callers surveyed reported following the advice provided by hotline workers and seeking additional care at a health center if recommended.
While these larger evaluations have shown program success, the MoH also conducts on-going evaluation of hotline performance. For example, calls to the hotline are regularly tracked to collect data by health topic, age, gender and district. This regular data collection helps the MoH assess the CCPF short-term goals: (1) improving knowledge for immediate action by increasing access to quality health information; and (2) improving linkages and strengthening the continuum of care between households and health centers to accommodate CCPF clients’ demands for timely and appropriate health care from health centers.

GEOGRAPHIC SCALE-UP
From the beginning, all stakeholders wanted to expand CCPF to a nationwide hotline service. After successful pilot implementation, the MoH and VillageReach worked to expand the service to other districts in Malawi, as well as expand the service to cover additional health topics. As early as 2012, one year after the pilot, CCPF started to expand into new districts. In 2013, VillageReach was awarded a grant\(^8\) by the United Nations Innovation Working Group’s (IWG’s) catalytic grant competition for MNCH mobile health to scale up the solution. This grant allowed the MoH and VillageReach to develop a CCPF expansion strategy for nationwide coverage, as well as provided critical bridge funding as the solution was moving from pilot to broader implementation.

In addition to the IWG grant a partnership with a leading mobile network operator, Airtel, was a critical step to successful scale-up of CCPF. Airtel was operating a similar hotline service, so in 2015 they combined their services with CCPF. This led to a signed memorandum of understand (MoU) between Airtel and VillageReach. While the service was always free for its users, the agreement meant that VillageReach and the MoH would not have to pay for the cost of calls, which aided the MoH in resourcing and managing the solution financially.

PROGRAMMATIC SCALE-UP
CCPF’s expansion to new health topics was in response to callers’ questions and requests for different health information. In 2016, nutrition information and general health topics were added to the hotline, because that year 28 percent of callers had questions related to non-MNCH topics. Between 2016 and 2018 the percentage of adolescent (aged 15 to 19) and young adult (aged 20 to 24) callers with sexual and reproductive health questions grew from 8 percent to 26 percent.\(^9\) In response, sexual and reproductive health information was added to CCPF in 2017.

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CCPF officially became a nationwide hotline in 2018—one year after the MoH signed an official MoU with VillageReach solidifying its long-term commitment to the solution. The shared vision was always to extend the reach of the Malawi health care system to every home, and the responsibility for scale-up of CCPF was across many stakeholders.

All stakeholders wanted the Malawi government to eventually own CCPF but getting there was a gradual process. One specific step we took to embed CCPF into the MoH was hiring and seconding a technical advisor in 2016 to work directly with the MoH CCPF focal point to plan for transition.

Working out of the MoH, this technical advisor helped build a transition plan. The advisor was also instrumental in ensuring knowledge transfer. She co-developed a CCPF toolkit with government, which detailed the components of CCPF and how to manage and operate those solution components. She also identified key MoH personnel to help them develop the skills for technical and administrative management of CCPF.

Another important step in transitioning ownership to government was updating all CCPF branded materials to show the MoH as the prominent partner managing the solution. With funding from Johnson & Johnson, the MoH and a consortium of key stakeholders developed a brand for the hotline that clearly conveyed the purpose and benefits of the service to communities nationwide. This branding exercise was crucial for expanding the service to new districts and communities, and it created alignment on messaging and design across CCPF stakeholders.

TRANSITION IN CONTEXT
Initially the transition plan set July 2019 as the date of official transition. But scale is never a linear path, and in 2019 Malawi experienced a contested election, which led to a new president and minister of health in 2020. While some of the original CCPF champions remained, VillageReach had to work quickly to establish new relationships to ensure previous commitments to CCPF would be maintained.

In addition, some of the critical last steps took longer than predicted. For example, the MoH was not able to finance CCPF operations and hotline worker salaries in accordance with the initial timeline. VillageReach worked with the MoH to find a temporary funding stream to pay hotline worker salaries until the government could commit the resources.

Stage 5: Embed

PURPOSE
Embed the solution by increasing government ownership at all relevant levels (local, regional and national).

JOURNEY TOOL CRITICAL QUESTION
How are we progressing towards the roles set out in that plan? Can we take further steps towards this, such as transitioning further ownership to government or shifting other collaborators into advisor or contractor roles?

PRACTICAL APPLICATION
Planning for solution transition needs to start early, as well as be collaborative and iterative. The process of embedding CCPF into the public sector required patience and considerable flexibility across stakeholders.
Finalizing agreements with private sector partners also took longer than expected. New agreements needed to be signed between the MoH and Airtel, and the MoH and VIAMO—the technology platform that hosts CCPF. These were delayed because the Ministry of Justice, and the Ministry of Finance had to approve the MoUs in addition to the MoH.

Additionally, the MoU between the MoH and Airtel took longer to finalize because Airtel wanted an exclusivity clause, which meant that CCPF would only allow calls from an Airtel phone. The government wanted to expand CCPF to include other major mobile networks in Malawi, because the 2018 impact evaluation demonstrated 20 percent of callers were borrowing an Airtel phone to call CCPF. Through negotiations, Airtel ultimately agreed to remove the clause, allowing the government to approach other cell phone providers to negotiate zero-rated calls to CCPF.

When CCPF was fully transitioned to the MoH in December 2020, it was a celebration among many stakeholders who spent a decade working collaboratively to build strong partnerships on the journey to scale CCPF. These partnerships also helped the MoH and VillageReach to make CCPF an integral part of the government’s COVID-19 response. The hotline experienced a nearly 500 percent increase in call volumes in a matter of months when COVID cases emerged in Malawi. The strength of relationships with longtime funders, such as GIZ, gave the hotline flexibility to hire and train more than 50 additional hotline workers and build a new module for COVID-19.

The successful scale and transition of CCPF could never have occurred without collaboration from community members, donors, social impact organizations, government and others. However, sometimes collaboration requires a mechanism to bring all these stakeholders together. The Journey Tool can serve as that mechanism to facilitate discussion and ensure all relevant stakeholders have a seat at the table through each iteration of the journey.

VillageReach and Spark Health Africa invite you to join us in a learning journey as we continue to develop resources that support scaling solutions with government. If you have any questions regarding the transition of CCPF to the Malawi government, please contact us at transitioningwell@villagereach.org.