Round Table on Social Accountability Malawi, September 2018: Report and Suggestions Moving Forward

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Acronyms

ADC	Area Development Committee
ARC	Accountability Research Center
CHAG	Community Health Action Group
CHS	Community Health Services (unit in Malawi's Ministry of Health)
CH TWG	Community Health Technical Working Group
CSO	civil society organizations
DEC	District Executive Committee
EWEC	Every Woman Every Child
GS 2.0	Global Strategy of Women's, Children's and Adolescents' Health
MCSP	Maternal and Child Survival Program
MHEN	Malawi Health Equity Network
NSA	non-state actors
PACHI	Parent and Child Health Initiative
QUIC	Quality of Institutional Care
RMNCAH	reproductive, maternal, newborn, child and adolescent health
SAcc	social accountability
SAcc EWEC	Social Accountability for Every Women Every Child
TPA	transparency, participation and accountability
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
VDC	Village Development Committee
VHC	Village Health Committee
YONECO	Youth Net and Counselling

Summary

USAID's flagship Maternal Child Survival Program (MCSP) has worked closely with Malawi partners to advance social accountability documentation and research since 2015. UNICEF, with funding from the Gates Foundation, implemented the project 'Social Accountability for Every Woman Every Child' (SAcc EWEC) in Malawi from 2016 – 2018. The project worked to facilitate community as well as CSO platforms to carry out constructive engagement for social accountability at different levels of the system through evidence generation, dialogue and debate for responsiveness and quality delivery of reproductive, maternal, newborn, child and adolescent health (RMNCAH) services based on duty bearers' responsibilities. The SAcc EWEC project also had a learning component in Malawi. UNICEF and USAID Malawi convened key social accountability (SAcc) stakeholders in May 2016 to build consensus and coordination for joint learning spotlighting social accountability for EWEC in Malawi. One of the actions prioritized was a learning agenda and further sharing of tools and strategies for SAcc. On September 6, 2018 UNICEF and USAID co-convened a Round Table meeting in Lilongwe, Malawi to bring together 52 stakeholders from civil society, government, academia and funding agencies to discuss the work done under the SAcc EWEC project and the broader learning context for social accountability in Malawi.

Doreen Ali, Ministry of Health, presenting Malawi's Community Health Strategy

No one 'social accountability' mechanism implemented at one or two levels and for a limited period of time can possibly address the deeper, underlying systemic issues in Malawi. A report by Anthrologica produced as part of the learning activity for this project, refers to specific efforts during the SAcc EWEC to align different approaches and strategies so that the '*whole (i.e. the project) was greater than the sum of its parts (i.e. the work of the three individual CSOs)*.' In keeping with this, stakeholders in the dialogue discussed the current status of decentralization and social accountability in Malawi.

The Round Table was designed to contribute to future conversations about accountability in Malawi. Participants seemed very eager to continue dialogue on these important themes. This report provides a summary of themes which emerged from discussions during the Round Table and adds suggestions on how to carry the conversations forward in the future. Five key themes emerged from the Round Table discussions:

- Sharing Learning from SAcc EWEC Studies
- Improving Integration, Collaboration, and Coordination across Stakeholders, Sectors and Levels
- Listening and Closing Feedback Loops in Government and Non-State Actors (NSA) Engagement with Citizens
- Deepening Decentralization
- Enhancing Enforceability When Obligations Are Not Met

In particular, it was noted that there is a 'culture of silence' in Malawi rooted in a history of non-democracy. There are also many who fear decentralization, because they may lose power or control over resources. Participants had rich conversations about these important themes, and many reported that they came away

with a better understanding of different complexities in governance, and more appreciation of government structures and the range of civil society approaches to accountability work.

There are many critical areas and concepts that can be further discussed in new or re-imagined platforms for debating and coordinating accountability work in Malawi. There are many challenges to improving coordination and collaboration in Malawi, but there are many opportunities as well. The Office of the Ombudsman launched a 'hospital ombudsman' program in June of 2018. While new, this interesting and innovative platform could be a very strong entry point for NSA and citizens to raise issues through Malawi's oversight body. Other opportunities mentioned in the discussions were how to involve the Malawi Human Rights Commission, use service charters and engage the media to advance discussions about accountability and responsiveness. The table below highlights emergent themes from the Round Table discussions and the suggestions on how to carry the conversations forward.

Theme from Round Table Discussions	Suggestions on Moving Forward
Sharing Learning from SAcc EWEC Studies	• Share existing knowledge products broadly including: MCSP case study (*online here*), Political Economy Analysis report (2017), Anthrologica report (2018) and presentations from the Round Table
Improving Integration, Collaboration, and Coordination across Stakeholders, Sectors and Levels	• Review coordination priorities and see if existing mechanisms are 'fit for purpose' – specifically, the Task Force on Social Accountability, Knowledge Exchange Network, and Technical Working Groups • Leverage convening power (particularly among government and funders) and create incentives to collaborate • Think beyond meetings, exploring virtual platforms for sharing • Advance collaboration and complementarity of approaches targeting multiple different levels
Listening and Closing Feedback Loops in Government and Non-State Actors (NSA) Engagement with Citizens	• Debate and dialogue to unpack key conceptual issues related to accountability – specifically vertical and horizontal accountability versus 'social' accountability, conflict of interest, role of civil society organizations • Bring power analysis into thinking and planning
Deepening Decentralization	• Deepen understanding among civil society and donors on government policies to see how NSA activities can contribute to strengthening citizen engagement with the state • Deploy Political Economy Analysis (PEA) in planning strategies • Leverage strong academics in Malawi who also engage with both civil society and government
Enhancing Enforceability When Obligations Are Not Met	• Use coordination mechanisms and 'social accountability' processes to debate and define 'responsiveness' • State and NSAs must think about how to maximize Malawi's enforceability assets – including but not limited to the ombudsman system, Human Rights Commission, media outlets/campaigns, Access to Information Act, national/sector specific public service charters

I. About the Round Table

Background to the Round Table Meeting

In tandem with the launch of the Sustainable Development Goals in September 2015, the UN Secretary-General launched an updated version of the Global Strategy of Women's, Children's and Adolescents' Health (GS 2.0). A critical priority identified in the Global Strategy is the need to promote greater accountability regarding commitments on behalf of reproductive, maternal, newborn, child and adolescent health (RMNCAH). UNICEF, with funding from the Gates Foundation, implemented the project 'Social Accountability for Every Woman Every Child' (SAcc EWEC) in Malawi from 2016–2018. According to the background documentation developed by UNICEF/USAID co-organizers of the Round Table, the SAcc EWEC project supported efforts to mobilize public demand for social accountability around RMNCAH. The focus in Malawi was to facilitate community as well as CSO platforms to carry out 'constructive engagement' for social accountability at different levels of the system through evidence generation, dialogue and debate for responsiveness and quality delivery of RMNCAH services based on duty bearers' responsibilities. The SAcc EWEC outcome and outputs were:

- **Overarching outcome:** Increased transparency & accountability on health policies, financing and service delivery.

- **Output 1:** Enhanced platforms & spaces for engagement in social accountability created and deployed.

- **Output 2:** Effective use of interlocutors in support of active participation and influence of policy and advocacy goals.

- **Output 3:** Evidence and recommendations generated by mapping and analysis of data/information from communities.

The SAcc EWEC project also had a learning component in Malawi. The objective of the learning activity was '*To analyze the context and social accountability gaps and barriers at community, structural and institutional levels, and understand the multiple levels of influence that affect decision-making in the country*'. This learning involved documenting case studies of social accountability approaches used by four different organizations in Malawi:

1. Parent and Child Health Initiative (PACHI): *Bwalo* forums, maternal and child health dashboards, and Quality of Institutional Care (QUIC) survey assessments

2. Youth Net and Counselling (YONECO): Radio Listening Clubs, Theatre for Development, and Open Data Kits

3. Malawi Health Equity Network (MHEN): advocacy and coordination, health budget analysis, tracking and training

4. CARE (and others): Community Score Card©

On September 6, 2018 UNICEF and USAID co-convened a Round Table meeting in Lilongwe, Malawi to bring together 52 stakeholders from civil society, government, academia and funding agencies to discuss the work done under the SAcc EWEC project and the broader learning context for social accountability in Malawi. This report provides a summary of themes which emerged from discussions during the Round Table and adds recommendations on how to carry the conversations forward.

Agenda and Structure of the Round Table

Several individuals and organizations contributed to the development of the Round Table agenda over many months. Two days before the round table, a group of about 10 stakeholders (including UNICEF, USAID, MHEN, CARE, PACHI, MCSP and ARC) convened in Malawi for an in-person discussion to review, refine and finalize several aspects of the agenda. This was a vital 'final' step in ground-truthing the agenda before the

actual event, and this conversation influenced the framing of the opening remarks by the moderator at the beginning of the roundtable. The final agenda is provided in **Annex 1** to this report.

The one-day Round Table meeting included formal presentations followed by brief question and answer sessions and two breakaway discussion sessions, each followed by a plenary feedback session. It must be noted that the Round Table meeting was only one day, which was very short to accomplish an ambitious agenda. During the planning and preparation, some stakeholders hoped the Round Table meeting conversations would address accountability across sectors (and not be limited to health). However, given the one-day meeting and the background of many invitees specifically working on health it did make sense to focus on one sector, while highlighting throughout that the governance and decentralization issues do cut across sectoral siloes.

The formal presentations were delivered by moderator from the Accountability Research Center at American University, two professors from the University of Malawi and the Ministry of Health Community Health Department. An additional presentation, focusing on lessons learned during case study documentation of four different approaches to social accountability in Malawi, was delivered jointly by staff from MCSP Community Health and Civil Society Engagement team members and UNICEF-Malawi.

Each group discussion was led by a moderator from civil society and had a note-taker. The guiding questions for each discussion are included in the detailed agenda in **Annex 1**. After each discussion, each group shared key points in plenary feedback. The feedback shared from these group discussions was organized into key themes, which form the basis of the main body of this Round Table report found in Section II.

Participants

A total of 52 participants (22 female, 29 male) registered during the Round Table. Participants came from a variety of government ministries and departments, academic institutions, local and international civil society organizations. Throughout this report the term "civil society organization" (CSO) refers very broadly to both Malawian and international non-governmental organizations. A full list of participants is included in **Annex 2** of this report. The breakdown of registered participants was as follows:

Type of Stakeholder/Participant	Number	Percent
Government of Malawi	6	12%
Civil Society	25	48%
Academia	6	12%
Donor	15	29%

While the group was quite diverse, one challenge was that this group of individuals had not been previously convened, so many participants did not know one another. In such an environment, conversations can be slow to start, and some individuals may fear openly sharing their views with those whom they do not know. Despite these challenges, overall, the mix of participants from various domains (government, academia, and civil society) enriched the discussions.

One perspective notably absent, however, was that of citizens, civil society or government actors from district, area or village levels. Given the myriad of activities and challenges at local levels in Malawi's decentralized system cited by to stakeholders, it would be important to include voices and perspectives closer to the affected people and institutions in future convenings. Further, since social accountability approaches by definition should place more emphasis on citizens' direct participation in governance, future convenings could also include a few citizen participants in social accountability actions.

II. Social Accountability in Malawi: Participant Generated Themes with Recommendations

The Round Table presentations and discussions were quite rich. This section starts with some of the common/shared lessons from the approaches studied under the learning component of the SAcc EWEC project. However, most of the report is dedicated to summarizing issues emerging from the group discussions, into five overarching themes. A table of all the feedback shared in plenary sessions can be found in Annex 3 of this report. These five broad themes were not possible to exhaust in one day but do seem to be areas that participants want to continue thinking about in the future. From the detailed notes taken during the group discussions throughout the Round Table, it is possible to tease out additional details to buttress feedback shared in plenary after smaller group discussions. Under each key theme, is a summary of some of the key issues discussed. Building from that, each theme also has suggestions for further discussion or action among interested stakeholders. It is hoped that this report will be shared widely among participants as one input to on-going dialogues on key issues related to governance and accountability in Malawi.

Sharing Learning from SAcc EWEC Studies

Several learning documents were generated in the SAcc EWEC process and will not be summarized in this report as it is preferable that existing documents are shared broadly. From the documentation of learning and a presentation delivered by MCSP and UNICEF, these are the overarching factors identified as 'needed for success' regardless of the tool or approach to social accountability. These include:

- Strong facilitation
- Time to build trust and relationships
- Advocacy at multiple levels of decision-making (with appropriate evidence and information)
- Follow-up and follow-through
- Capacity to analyze complex budget documents
- Coordination across SAcc initiatives (tandem work, making the whole greater than the sum of the parts)
- Mutual accountability & application of sanctions (government responsiveness)
- Align activities to Political Economy Analysis

While many of these success factors are a bit general, the discussions in the Round Table did tease them out in several ways. The section covers the five key themes from the Round Table, adding suggestions on how to move the conversations forward.

Suggestions on Moving Forward

- **Share existing knowledge products broadly among interested stakeholders:** A few key reports were produced under the SAcc EWEC that contain insights and learning on social accountability in Malawi. While this Round Table report draws in a few lessons from these more detailed documents, it is recommended that all the identified documents/reports be made available to interested stakeholders to inform future conversations and strategies:
  - Chiweza, A. (2017). Political Economy Analysis of Accountability for Reproductive, Maternal, Newborn and Adolescent Health (RMNCAH)

- *Anthrologica. (2018). Social Accountability for Every Woman Every Child Learning activities – Malawi Dissemination report*
- *MCSP. (2018) Two Promising Social Accountability Approaches to Improve Health in Malawi: Community Score Cards, and National Health Budget Consultation, Analysis and Advocacy (online here)*
- *All presentations from the September 6, 2018 Round Table should be shared as well*

Improving Integration, Collaboration, and Coordination across Stakeholders Sectors and Levels

Issues Discussed

In both the formal presentations and the detailed discussions, participants noted the lack of integration of social accountability efforts and the challenges to collaboration and coordination. Participants discussed fragmentation in multiple arenas and on multiple levels, including disconnects among: civil society and government structures, CSOs, donors, different levels of government (village, area, district and national), jurisdictions (boundaries or catchment areas used by line ministries that may not align with administrative boundaries), and across sectors. One factor in this fragmentation is the siloed nature of work in both government and civil society. Many CSO activities are localized or rarely feed into higher levels of government and decision-making. Linkages between line ministry and local government structures are weak. CSOs often have their own organizational mandates, sector foci (such as health, livelihoods, education, etc.) and strategies. In some sectors, there is also vertical programming (in the health sector, programs specific to human immunodeficiency virus (HIV), tuberculosis (TB), nutrition, for example) which affects coordination and harmonization of activities. These silos in effect 'bind' expressions by citizens of their needs and priorities to specific issues of the CSO or program – citizens may be given space to give input on just one theme or topic (such as health) or district governments may have limited engagement in specific programs like nutrition or HIV if they do not have that specific expertise. The result is that citizens who have multiple needs may find the different spaces for engagement unsatisfying or unresponsive to their priorities. Participants noted that this is also a challenge for village and area leaders (and district government officials) who need to understand the full range of citizen needs and advance different sectors and programs. Round Table participants reported that local leaders find the sectoral siloes a challenge to their work.

There are many challenges to overcoming this fragmentation. Participants from all domains (civil society, donors and government) noted challenges in finding information about who is doing what where. In addition, because sometimes CSOs compete with each other for similar funding, it is difficult to share information about different program approaches. This may be a particular challenge when it comes to network organizations which may implement projects/programs while attempting to coordinate multi-stakeholder initiatives or advance collective advocacy campaigns.

The SAcc EWEC project did develop one forum for coordination of civil society stakeholders on social accountability called the "**National Task Force on Social Accountability**." During the preparation for the Round Table, inquiries were made about the status of this group and the Terms of Reference requested. Responses from stakeholders in Malawi were vague and from the Round Table discussions, it is unclear to what extent this task force is functional. During the Round Table, some participants noted that it took a very long time to come to an agreement about the terms of reference for the National Task Force on Social Accountability (Task Force on SAcc) and that it may not be fit for purpose of general coordination, as it is more designed to channel advocacy efforts.

Social accountability initiatives and spaces require strong facilitation. UNICEF supported activities of three CSOs under SAcc EWEC: Parent and Child Health Initiative (PACHI), Malawi Health Equity Network (MHEN) and Youth Net and Counselling (YONECO). The case study documentation from Anthrologica describes each approach in detail, so the approaches will not be summarized here. What is very interesting for

this theme of collaboration is the key learning about the coordination role played by UNICEF to align three CSO approaches under the SAcc EWEC project, as described in this excerpt:

"The scope of the [SAcc EWEC] project required the three CSO partners to work in tandem. Building an effective coalition took more time and resources than initially anticipated. The CSOs were selected on the basis of their reputation, credibility and legitimacy within Malawi, but they had not previously collaborated together nor collaborated in the manner required by the project. To foster a sense of the collective, whereby the whole (i.e. the project) was greater than the sum of its parts (i.e. the work of the three individual CSOs) required considerable effort by UNICEF and CSO staff. Workplans had to be realigned, organisational agendas reoriented, and a high degree of trust developed. In itself, this process became an important component of the project and focused attention on building consensus and mutual accountability internally before and in parallel to strengthening social accountability activities with other stakeholders."
(Anthrologica 2018)

The challenges faced by UNICEF in bringing together just three CSOs illustrates the need to plan for and create space for shared agenda setting discussions across organizational siloes. The UNICEF project also highlighted some preliminary efforts to connect activities of different partners across multiple levels – community *bwalos*, district *bwalos*, national radio programs and MHEN health budget advocacy at the national level. Feedback from Round Table absolutely indicates that participants see need for collaboration across sectors, levels (local – district – national), approaches, and stakeholders (government, civil society, and donors). Yet unsurprisingly, there are many obstacles to such coordination in practice. For more on *bwalos*, see section below on listening and closing feedback loops.

Round Table participants highlighted the need to 'harmonize' approaches. It is unclear if participants had a shared definition of 'harmonization' in this Round Table and given the short format, it was not possible to tease this out in the meeting. However, from the detailed notes, it seems that harmonized or 'shared approaches' refers to both public communication about approaches (branding and shared understanding) and common tools (should all dialogues be called *bwalos* even if they use different underlying tactics?). Some noted the need to have standard processes, generalized frameworks, best practices, or common guidance on social accountability approaches. There is a sense, particularly among government stakeholders, that civil society social accountability efforts have many different names and strategies, and this presents a confusing obstacle to coordination among CSOs and with government officials.

Suggestions on Moving Forward

Participants in the meeting expressed a clear desire for more coordination, but this idea itself requires discussion, definition and decision-making (Coordination by whom? For what purpose?). The leadership role played by UNICEF under SAcc EWEC provides a vital lesson for stakeholders to improve integration, coordination and collaboration of accountability efforts in Malawi. The skill, time and resources required to bring multiple organizations' approaches together cannot be underestimated. Leadership in this domain is essential for success.

- **Review coordination priorities and see if existing mechanisms are 'fit for purpose'**: More discussion is necessary to determine what coordination is desirable and needs to be prioritized for the Malawi context. If the purpose of improved coordination is to align various stakeholders (civil society, government and donors) on big picture issues related to accountability (purpose), what mechanisms will be the best 'fit' for this purpose? If the purpose of the coordination is to strengthen links between civil society and government to deepen decentralization, what mechanisms are best fit for that purpose? What types of investments can advance coordination mechanisms?

  - **Task Force on Social Accountability**: Civil society stakeholders and donors, in particular, may review the existing TOR for the Task Force on SAcc to determine if it suits the needs of stakeholders wanting to engage in more thought partnership on different approaches to accountability work.

- **'Knowledge Exchange Network'**: Some participants in the Round Table have been exploring interest to establish a "Knowledge Exchange Network" to take on broader accountability, governance and development issues in Malawi.

- **'Technical Working Groups'**: There are likely other government working groups in various sectors (i.e., the MoH Community Health Technical Working Group which is described in the *Community Health Strategy*) that may be open to more – and more robust – civil society input and they can also be explored.

- **Leverage convening power (particularly among government and funders) and create incentives to collaborate**: Participants suggested that leadership does not always require money. If district government and donors, for example, can exercise their influence and power to convene different stakeholders for substantive discussions at different levels of action, this may go a long way to improve coordination. It was also suggested that there needs to be incentives or motivation to collaborate or participate in coordination mechanisms. Collaboration across organizations and levels of intervention (community, area, district, region, national) would also lead to more strategic approaches to accountability. The specific barriers and motivations would need to be discussed in greater depth by in-country stakeholders embedded in the Malawi context, which requires trust and relationship building over time.

- **Think beyond meetings, exploring virtual platforms for sharing**: While all valued the Round Table, some suggested that stakeholders could think about other ways of sharing resources and information. One suggested establishing a Drop Box. A Malawi SAcc list-serve to share ideas and have discussions via email might be another avenue for virtual collaboration. The potential value of face-to-face meetings to build trust and relationships cannot be underestimated, but supplementary virtual platforms could be discussed in light of decisions around what coordination platforms overall are the best 'fit for purpose.' Virtual platforms would allow for broader sharing of learning and resource documents produced by the SAcc EWEC program (especially those that may not be available in the public domain until long editing processes are completed).

- **Advance collaboration and complementarity of approaches targeting multiple different levels ('vertical integration')**: Given the vastness of topics to cover in one day, Round Table participants touched only very lightly upon ways to connect efforts of different stakeholders at different levels of the system. No one 'social accountability' mechanism implemented at one or two levels and for a limited period of time can possibly address the deeper, underlying systemic issues. To address this, Anthrologica's report refers to UNICEF's efforts to align different approaches and strategies so that the '*whole (i.e. the project) was greater than the sum of its parts (i.e. the work of the three individual CSOs).*' If stakeholders can overcome coordination challenges here, that will be very helpful. Another related concept is that of '**vertical integration**' which Jonathan Fox and Joy Aceron have written about. This is the importance of civic engagement and strategies targeting multiple systemic levels to address the anti-accountability forces at different levels. Additional reading and dialogue on this would be very helpful. One reference is flagged in **Annex 7.**

Listening and Closing Feedback Loops in Government and Non-State Actors (NSA) Engagement with Citizens

Issues Discussed

Participants discussed that there is a pervasive 'culture of silence' in Malawi, where citizens fear speaking out. This was attributed in part to a 'history of non-democracy' in the country. These are fundamental challenges to elevating and channelling citizen voice. Citizens fear speaking out, worried about retribution from service providers and duty bearers.

During the opening remarks, the Powercube model was briefly presented, to frame the various levels of decision-making, characteristics of spaces for decision-making and various forms of power at play in

systems.[1] While it was discussed only briefly during the Round Table, these concepts are important in thinking about how institutions operate in Malawi, and where/when/how citizen voice can come in. When thinking about social accountability as processes for increasing citizen input into government processes, these concepts of power should be central. The 'culture of silence' in Malawi is invisible power in action: the psychological and ideological norms of individuals and groups impose boundaries on how they interact with the state.

Levels	Characteristics of Spaces	Forms of Power
Global International & regional global entities may take decision-making further from the average citizen.	**Closed** Deliberately _exclusive_ where decisions made behind closed doors, by elite actors without citizen voices.	**Visible** Formal rules and structures which govern institutions and their functioning.
National The level of the nation-state which often sets national standards, policies and priorities for resource allocation and development.	**Invited** Citizens are invited by authorities to participate. Could be one-off or on-going processes of consultation.	**Hidden** Despite rules on paper, this is the _exercise of power in practice_ –some powerful people or institutions control the decision-making.
Local The levels closer to the people. Deconcentration of power and decentralization _should_ allow for citizen participation in setting priorities.	**Created/claimed** Often created by social movements or CSOs. Usually emerge because closed & invited spaces are exclusive or do not work for people.	**Invisible** Power that shapes the psychological and ideological boundaries of individuals and groups.

One social accountability mechanism highlighted in the case studies presented was the _bwalo_ forums created by UNICEF partner PACHI. In Chichewa, the term '_bwalo_' is a circle in literal sense, and a forum in a figurative sense. PACHI took this concept as the basis for their approach to bring citizens and duty bearers together – first at community level, and then at district level. In terms of the power cube, this is an example of a created or claimed space. PACHI collected data to share in the _bwalos_, and the dialogue process included joint action planning among community participants and duty-bearers. The case study by Anthrologica and the presentation in the Round Table highlighted some of the successes achieved in the approach, as well as the ways that the YONECO radio programming tapped into the _bwalo_ processes to share more information upward and outward on their national radio broadcasts.

Round Table participants noted that there is generally little feedback provided to citizens or local leaders (at village and area levels, in particular) about what actions are being taken in response to issues they raise in spaces such as the _bwalo_ forums or other similar spaces created for citizen-duty bearer interfaces. In the absence of feedback, citizens and local leaders do not think that anything is being done about their complaints and they can become frustrated and loose interest in participating in such forums. When forums are discontinued after project funding ends, those who engaged in the processes may feel 'abandoned.'

During the Round Table, participants heard from the Ministry of Health Community Services Unit about the _Malawi National Community Health Strategy 2017 – 2022_. Overall, the strategy is helpful in juxtaposing local governance and local health system structures under Malawi's decentralized system. For two different illustrations of community health structures vis-à-vis local governance, see **Annex 5** and **Annex 6**. In addition, the strategy describes mechanisms for 'social accountability,' as described in this excerpt from the Strategy under the strategic theme of 'community engagement' (the whole section on community engagement is in **Annex 4** of this report):

> "_5.3 Establish social accountability mechanisms within the community health system_. _Key activities include community monitoring and evaluation through two-way follow up and feedback mechanisms (e.g., scorecards, Community Action cycle (CAC), performance appraisals, assessments, and quarterly meetings to share_

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[1] _Institute for Development Studies Powercube: Understanding power for social change_ http://www.powercube.net/

information) and semi-annual meetings with local leaders and chiefs to improve accountability for implementation of the integrated district-level community health action plan and Village Action Plans."

(National Community Health Strategy 2017–22)

What is interesting in this definition is the implied 'ownership' of social accountability as a government-led activity – and this is a theme that emerged during Round Table conversations also. Given systemic challenges related to slow deconcentration of public service provision (see more on this in section II.3) and underlying power dynamics, there may be some conflicts of interest in having government take responsibility for establishing and running 'social accountability' mechanisms. One specific local government structure discussed in the Round Table was that of the District-level 'Health and Environment Committee' on which the District Health Officer (DHO) serves as secretary. Because of this structure, the DHO actually determines what is reported – and by extension taken up to higher authorities – resulting in fewer accountability issues being reported up through this mechanism. This is an example of the inherent conflicts of interest in some government structures which affects their ability to serve as accountability structures that include citizen voices.

At a broader level, Professor Chiweza presented some key observations from her January 2017 Political Economy Analysis. This is a very detailed and sophisticated report highlighting several key challenges resulting from imbalances of power between line ministry officials and elected councilors. For example:

> *"District Health Officers and the members of the District Health Management Team wield a lot of influence; possess higher qualifications than most of the [elected] councillors in the Health and Environment Service committees. Most of them are interested in maintaining the status quo; they prioritise allocation of resources towards institutional running expenses at the expense of service delivery and are not keen to be answerable to the council let alone to citizens. Although the situation in terms of balance of power between the DHOs and Councillors who are members of the Health and Environment committees is slowly changing, in many districts the DHOs and DHMTs have preponderant power: they still influence the health agenda in the districts with limited consultation, they control access to information by councillors, and access to resources for meetings thus limiting the frequency of Health Service Committee meetings."*
>
> *(Chiweza, 2017)*

Malawi will have general elections in May of 2019, and this was also discussed in the context of how to take social accountability initiatives forward. Many participants felt that engaging political parties and individual candidates to sign pacts would be advantageous. However, a minority thread indicated that there is a risk inherent in this: that politicians and parties might overtake spaces or social accountability processes to advance their own agendas or generate support.

Suggestions on Moving Forward

Participants in the Round Table highlighted a need for better feedback loops to communities, but based on the overall discussion, this could be interpreted as part of a much broader set of issues that need deeper dialogue among stakeholders in Malawi.

- **Debate and dialogue to unpack key conceptual issues related to accountability:** During the course of the Round Table, the term 'social accountability' was being used in a few different ways. At times, 'social accountability' was used to refer to processes or spaces where citizens and duty bearers meet to discuss and resolve issues. At other times, 'social accountability' was referred to more as a 'thing' to be achieved or delivered. The latter understanding is more about government answering to or being transparent with citizens. This variation in use of the term needs to be unpacked. As the Round Table was not structured around discussion of underlying concepts, stakeholders (civil society, donors and government) will need to unpack some of these themes to move forward with common understandings and uses of terms including collaborative and coordinated approaches (while allowing for a diversity of tools, tactics and strategies that enable citizen voice). For example:

- **Vertical and horizontal accountability versus 'social' accountability**: Vertical accountability usually refers to electoral accountability or use of voting to hold leaders accountable. The limitation here is that many duty bearers are not elected, and many elected officials may not have the power to oversee service provision agencies. Horizontal accountability generally refers to the 'checks and balances' between ostensibly "co-equal" branches of government (executive, parliament, judicial) and official public oversight mechanisms (audit bureaus, ombudsman, etc.) set up to enforce standards. These 'vertical' and 'horizontal' mechanisms have different strengths, they can potentially reinforce each other - and may also have varying degrees of effectiveness. 'Social' accountability more often refers to participatory processes and spaces that empower citizens to provide feedback or voice preferences. Often these are 'spaces' and processes 'created' by actors external to government.

- **Conflict of interest**: All stakeholders need to study existing government structures and CSO activities with a focus on deeper examination of the underlying assumptions and the roles of citizens, government and civil society organizations in these spaces and processes. As 'social accountability' mechanisms are proposed or proliferate, there is a need to consider the opportunities, barriers, and limitations in existing spaces – particularly those organized and promoted by government.

- **Role of civil society organizations**: Several questions could be discussed among stakeholders around the role of CSOs and citizens in governance. What is the role of civil society in advancing accountability in Malawi? How can CSOs simultaneously play a watchdog role and support government service delivery? What are the comparative strengths of international and national CSOs? How can CSOs strengthen existing structures in a way that puts citizens at the forefront? How do citizens understand policy and structures – do they see them as opportunities to solve their immediate problems?

- **Bring power analysis into thinking and planning:** All stakeholders interested in expanding accountability would do well to bring more deliberate power analysis into their thinking and planning. Approaches rooted in a commitment to bring citizen voice to influence government through processes like *bwalos* or other spaces that bring citizens and duty-bearers together need to deeply consider power. The 'culture of silence' and the potential for retribution against citizens that complain are manifestations of power/control of duty bearers over citizens are factors that must be understood and anticipated in order to mitigate risks to citizens who do break the silence. These power dynamics need much more detailed and nuanced thinking, and this could be done collectively in more robust forums for coordination and collaboration.

Deepening Decentralization
Issues Discussed

The slow pace of decentralization and deconcentration in Malawi was a strong running theme throughout the day. Malawi returned to multi-partyism in 1993. In all practical terms, despite having the Local Government

Act and Decentralization Policy since 1998, in reality the local government elections were disbanded for several years and reintroduced only in 2014. Even if local elections had been held regularly since 1998, given the time it takes to build institutions and shift norms, 20 years is a short period of time to expect decentralization to take root. With pressures working against decentralization at highest levels of government, the disruption of local level elections has been a major factor in the slow realization of decentralization. Prof Chinsinga highlighted that Malawi's National Development Plan II envisioned devolution of 80% of functions but estimated that only 50-60% have actually been devolved. Further, funds for local government are less than 5% of the national budget even though local councils are required to serve 80% of the population. These are fundamental structural challenges to deconcentration.

During the morning sessions, comments revealed frustration among all stakeholders (including civil society and government) at the slow and incomplete decentralization. Some participants were frustrated that they had been in meetings four or five years earlier, hearing the same things about decentralization. This highlights a

lack of perspective on the political realities of the past two decades in Malawi. Other stakeholders acknowledged that there is fear and reluctance to devolution at higher levels because people 'fear decentralization.' It is likely that what people fear is losing power and control over resources – and these are the types of issues that should be discussed in coordination mechanisms and using power analysis lens.

As the day progressed, the in-depth discussions among mixed stakeholders did cultivate more nuanced and in-depth understandings of systemic and structural issues related to decentralization.

The discussions and plenary feedback showed an appreciation of the need for much more collaboration between civil society and government to deepen decentralization. The expanded understanding and discussion about concrete opportunities that happened in the Round Table may open fruitful ground for this. Feedback comments included several references to rethinking and planning to work more closely with and strengthen existing community structures (such as those outlined in the *Community Health Strategy* and likely other sectoral strategies in Malawi). That is an example of how civil society can start to work on deepening functionality of government structures and advancing decentralization and democracy. This, however, requires taking a very concentrated long-term view on the importance of citizen involvement and the potential for social accountability processes to fill gaps in citizen engagement in both planning and monitoring government activities.

Suggestions on Moving Forward

The Round Table highlighted that there is a need for deeper understanding of government policy and practice among civil society and donors. From government representatives present in the Round Table, it is clear that key line ministry staff and academics are prime resources on government policy and practice as well as for social accountability initiatives that could potentially deepen decentralization.

- Deepen understanding among civil society and donors on government policies to see how non-state actors (NSAs) activities can contribute to strengthening citizen engagement with the state: It was clear that many in the room were not strongly conversant with a full range of policy documents. This is understandable on some level. Yet NSAs seeking to involve citizens in social accountability processes must have a deep understanding of the State policies so as to open up avenues to strengthen implementation at all levels. A few links to key policy documents are provided in Annex 5 of this report. There are likely many more. One concrete area of collaboration and coordination could be shared responsibility for reviewing different polices and presenting in meetings. Such discussions could be taken forward in emergent and/or reimagined coordination mechanisms/platforms.

- Deploy Political Economy Analysis (PEA) in planning strategies: UNICEF commissioned an impressive political economy analysis which actually informed programming under the SAcc EWEC project. This is a great example of strong practice in line with thinking in the field of transparency, participation and accountability (TPA). As much as possible, the completed PEA should be shared in future coordination groups. Interaction with the rich documentation of challenges and opportunities is a huge asset to leverage for future programming. The UNICEF point of contact to request this report is Mr. Rumishael Shoo rshoo@unicef.org.

- **Leverage strong academics in Malawi who also engage with both civil society and government**: As noted above, the PEA was particularly impressive, but other academics in attendance also made very strong contributions to the Round Table meetings. The two academic presentations that helped to frame the overall discussion received many positive acknowledgements in the participant feedback. This Round Table is evidence that funders (e.g., UNICEF, USAID) are actively and directly working with in-country academics but it is not clear how much access CSOs have to their work. These connections could be strengthened with more proactive approaches from CSOs to reach out more systematically to engage academics in their thinking and planning. If that is beyond the reach of individual organizations, coordination networks or platforms may have the means to engage academics collectively and reduce transaction costs for all.

Enhancing Enforceability When Obligations Are Not Met

Issues Discussed

In the opening presentation of the Round Table, a definition of accountability was shared that could serve as a common reference point for the discussions of the day. It was not presented as the only or exhaustive definition, but one that highlights the main components of accountability: "*Someone has an* **obligation***, to meet certain* **commitments or standards** *and if it is found that these have not been met, there are* **consequences** *to face.*"[2] The actions implied in this definition are monitoring, oversight, responsiveness and enforceability.

Throughout the Round Table discussions, there was a consistent lamentation that in Malawi there is no clear understanding or definition of 'responsiveness.' This is a challenge receiving more attention in the transparency, participation and accountability field. What does 'responsiveness' mean and look like in practice? This is a critical question, and difficult to answer universally. However, it needs to be answered in discussions about NSA and government 'social accountability' structures and processes.

Malawi does have some interesting openings for discussions about responsiveness, several of which were shared in the Round Table. Malawi passed an *Access to Information Act* in 2017, which participants pointed out could be an entry point for raising discussion about government obligations to share data, and the opportunities that NSAs and citizens can exploit. The Office of the Ombudsman launched a 'hospital ombudsman' program in June of 2018.[3] While new, this interesting and innovative platform could be a very strong entry point for NSA and citizens to raise issues through Malawi's oversight body. Other opportunities mentioned in the discussions were how to involve the Malawi Human Rights Commission, use service charters and engage the media to advance discussions about accountability and responsiveness. Links to several of these documents are shared in **Annex 7** of this report.

Suggestions on Moving Forward

In many respects, the themes of improving integration, collaboration and coordination; listening and closing feedback loops in government and NSA engagement with citizens; and deepening decentralization all relate to more ultimate aim of enhancing enforceability and responsiveness. Given this, all the suggestions in above sections are relevant to this theme as well.

- **Use coordination mechanisms and 'social accountability' processes to debate and define 'responsiveness':** It is important to debate and discuss different aspects of responsiveness in both coordination platforms and in practice because 'responsiveness' will look different in different spaces and contexts. At local levels, 'responsiveness' might be defined by citizens based on what it will take to have their preferences prioritized and met at local levels – and that includes closing the feedback loop on actions being taken at higher levels, less visible in communities. At district and national levels, 'responsiveness' will be defined in terms of the specific issues elevated to specific committees or offices. Some of this may already be outlined in specific policy documents, but when it is not, it needs to be debated robustly.

- **State and NSAs must think about how to maximize Malawi's enforceability assets:** Many of these 'assets' surfaced in the Round Table, but none were discussed in any comprehensive way. There are likely many additional assets that can be discussed and leveraged. State accountability mechanisms can be used by both state and non-state actors to strengthen the overall potential to enhance enforceability for delivery of public services according to standards for Malawi. Robust power and political economy analysis can help to surface what opportunities and openings exist, and how NSA's 'social accountability' processes can maximize citizens' access to these opportunities.

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[2] Schnell, A. and Coetzee, E., 2010 'Peoples Action for Just & Democratic Governance: Using Evidence to Establish Accountability,' MS Action Aid Denmark http://www.actionaid.org/sites/files/actionaid/using_evidence_to_establish_accountability.pdf
[3] For more on the launch of Malawi's hospital ombudsman program see
http://www.ombudsmanmalawi.org/main.php?pages=News%20Details&id=15

- **Ombudsman system,** specifically the 'hospital ombudsman' program launched in June 2018

- **Human Rights Commission,** established by *Human Rights Commission Act, 1998*

- **Media outlets and campaigns,** while already part and parcel of several NSA's actors' social accountability strategies, there are additional opportunities to expand this in coordinated fashion

- **Access to Information Act (2017),** dissemination of which can provide openings for NSAs and state actors to discuss transparency, participation and accountability more broadly

- **National and sector specific service charters**, outlining standards for duty bearers in delivery of public services to citizens

III. Participant Feedback on Round Table Citizen/Community Monitoring of Health Services

Overall, the feedback on the Round Table was very positive. Twenty-five participants completed feedback forms. This section provides a brief summary of the feedback on what people liked, what insights they gained and what they might try to do differently moving forward. With each summary, some illustrative and interesting comments from participants are shared.

1. **Good Things About the Round Table**

    *   Learning on decentralization and how to link issues to national level

    *   The group discussions on the outcomes. A lot of information was shared from the group members

    *   Plenary/breakout sessions where experiences were shared

Good Things	# Mentions
Group Sessions	12
Presentations	10
Format and Facilitation	7
Learning Exchange/Networking	5
Other	2
None	1

2. **Insights Gained**

    *   Government commitment at national level is not strong due to fear of losing resources

    *   Breaking culture of silence more critical for effective SAcc for health

    *   Continuing haziness around how government and civil society groups are to interact

    *   Stakeholder coordination is very important in the delivery of desirable outcomes

    *   I have received greater understanding on what the government is doing/changing in terms of systems and community structures

    *   The need to not limit or box communities in terms of approach when implementing social accountability interventions

    *   The contact of the health structures in relation to local governance structure

    *   Power of community participation

    *   New connections - "Technical Know Whom"

    *   Strengthening local institutions to demand accountability is important to improve lives of Malawians

    *   I was impressed with the commitments of participants. This is an asset that needs to be leveraged

    *   There is a great room to move forward in partnership

    *   Shared knowledge on operations at community level which are acceptable

Insights	# Mentions
Need/Opportunities to collaborate	14
Better Understanding of Government	13
New Approaches	12
Citizen Voice/Engagement/Break Culture of Silence	11
State/Govt. challenges	9
CSO - State interaction	7
Challenges to collaboration	5
Relationships/Connections	5

3. **Things I'd Like to Do Differently**

- Government involvement in CSO structures and other government structures
- Collaborate more with media and academic
- Assess complementing work in health facilities with work in HEACs in next programme phase
- Stop thinking that the government is doing a little in social accountability
- Explore creative ways to engage the structures in my community
- Be part of social accountability platform (as an organization)
- Collaborate and coordinate through the community and district structure
- Involvement of all players in planning as well as implementation - adopt
- Include citizen parliament and radio accountability in project design

Things to Do Differently	# Mentions
Information/Knowledge Exchange Networking	13
Coordination	11
Change Attitude/Outlook	10
Engage Community/Government Structures	9
Media engagement	4

Suggestions on Moving Forward

Immediate feedback is always useful and helpful, particularly when incorporated in a report that is produced in a timely manner. However, it may also be useful to reach out to participants in future to see if/how they have continued to build relationships, collaborate and advance collective work.

- **Conduct simple follow-up survey among participants after 6 months (March 2019)**: Accountability Research Center (ARC) conducts follow-up surveys approximately six months after learning exchanges it co-convenes. We find this a really exciting way to trace ways in which the connections in such an event have continued to flourish or have led to other conversations or collaborations. This is easy to do and can be done via free, online service platforms such as Survey Monkey. Questions could also be structured in such a way as to gather input to inform future convenings.

IV. Conclusions

During a one-day Round Table, diverse participants had rich conversations about important themes related to accountability in Malawi, and many reported that they came away with a better understanding of different complexities in governance, and more appreciation of government structures and the range of civil society approaches to accountability work. In particular, it was noted that there is a 'culture of silence' in Malawi rooted in a history of non-democracy. There are also many who fear decentralization, because they may lose power or control over resources.

There are many critical areas and concepts that can be further discussed in new or re-imagined platforms for debating and coordinating accountability work in Malawi. The suggested ways forward are highlighted alongside the five key themes emerged from the Round Table discussions. In addition, follow-up actions could include: conducting a follow-up survey among participants after six months to understand and reveal the extent to which participants continued these important conversations and organizing a webinar with participants to discuss and disseminate this Round Table report.

Theme from Round Table Discussions	Suggestions on Moving Forward
Sharing Learning from SAcc EWEC Studies	• Share existing knowledge products broadly including: MCSP case study (*online here*), Political Economy Analysis report (2017), Anthrologica report (2018) and presentations from the Round Table
Improving Integration, Collaboration, and Coordination across Stakeholders, Sectors and Levels	• Review coordination priorities and see if existing mechanisms are 'fit for purpose' – specifically, the Task Force on Social Accountability, Knowledge Exchange Network, and Technical Working Groups • Leverage convening power (particularly among government and funders) and create incentives to collaborate • Think beyond meetings, exploring virtual platforms for sharing • Advance collaboration and complementarity of approaches targeting multiple different levels
Listening and Closing Feedback Loops in Government and Non-State Actors (NSA) Engagement with Citizens	• Debate and dialogue to unpack key conceptual issues related to accountability – specifically vertical and horizontal accountability versus 'social' accountability, conflict of interest, role of civil society organizations • Bring power analysis into thinking and planning
Deepening Decentralization	• Deepen understanding among civil society and donors on government policies to see how NSA activities can contribute to strengthening citizen engagement with the state • Deploy Political Economy Analysis (PEA) in planning strategies • Leverage strong academics in Malawi who also engage with both civil society and government
Enhancing Enforceability When Obligations Are Not Met	• Use coordination mechanisms and 'social accountability' processes to debate and define 'responsiveness' • State and NSAs must think about how to maximize Malawi's enforceability assets – including but not limited to the ombudsman system, Human Rights Commission, media outlets/campaigns, Access to Information Act, national/sector specific public service charters

Annex 1: Round Table Agenda

Purpose

To take stock of the learning in social accountability in the health sector in Malawi and prioritize strategic levers to coordinate and scale citizen engagement to monitor responsiveness of government services within a decentralized district systems context.

Objectives of the Roundtable Dialogue

1. Share learning in a cohesive manner from the social accountability for EWEC project case studies with a focus on opportunities and persisting challenges within a policy and systems context (community, district, national levels)

2. Discuss and refine roles of key social accountability actors within the district system (including clarity on duty bearers and relationships between national and local government) and generate concrete recommendations for integrating social accountability approaches towards sustainability and scale

3. Define a common agenda for the way forward, including identifying resources and an agreed upon timeline for implementation

Agenda

Time	Session Title	Presenter
8:30-9:00	Registration	
Morning: Where are we, and how did we get here?		
9:00–9:20	Welcoming Remarks	Johannes Wedenig, UNICEF Representative Peter Trenchard, USAID/Malawi Deputy Mission Director
9:20–9:40	Introductions & Overview of Desired Objectives / Roadmap of the day	Angela Bailey, Deputy Director – Accountability Research Center
9:40–10:00	Decentralization in Malawi	Prof. Blessings Chinsinga
	• Desired outcomes (in terms of services delivery) from decentralization • How decentralization envisions citizen engagement – what are the opportunities? • Any unique concerns/considerations for health (since most of the actors are working on health, and the case studies are also based on health) • What role for civil society in decentralization?	
10:00–10:30	Setting the Stage: A snapshot of SAcc is in Malawi	Prof. Asiyati Chiweza
	• Overview of government accountability priorities/initiatives • Overview of conclusions and recommendations from political economy analysis • Opportunities for civil society and citizens to advance public accountability	
10:30–11:00	Dissemination of UNICEF and USAID/MCSP case studies	Drs. Ochi Ibe & Achille Kabore UNICEF/Maureen (TBD)
11:00–11:30	Tea Break	
11:30–12:15	Small Group Discussions (3)	Community: CARE (facilitators) District: PACHI (facilitators) National: MHEN (facilitators)

Time	Session Title	Presenter
	Reflecting on your own experience, here are questions for discussion in small groups 1. How do the different actions of different stakeholders contribute to citizen voice and government responsiveness? 2. What do citizens need in order to engage duty bearers effectively at community, district and national levels? 3. What does the state need to respond to citizens? 4. What strategic practices are valuable and desirable to continue?	
12:15–1:00	Plenary feedback from small group discussions	Moderator: Angela Bailey
1:00–2:00	Lunch	
Afternoon: Where do we want to go and how do we get there?		
2:00–2:20 pm	Malawi Community Health Strategy	Doreen Ali, MOH Community Health Director
	• Offer an overview of the community health system highlighting the structure and priorities for citizen engagement • Provide insight on the social accountability mechanisms outlined in the NCHS, progress in implementation, challenges, needs/opportunities • Discuss opportunities for civil society in strategy implementation and facilitating engagement between citizens and government	
2:20–2:30 pm	Medium-term outcomes for SAcc in Malawi	Chancy Mauluka, UNICEF Reuben Ligowe, USAID
	• Outcome 1: Empowered citizens are able to engage, are motivated to demand better services from duty bearers • Outcome 2: Improved engagement between civil society actors and duty bearers to build sustainable relationships between citizens and Malawi government/policy makers for improved service delivery and responsiveness to citizen needs • Outcome 3: Improved collaboration between civil society accountability initiatives and Malawi government accountability institutions to monitor service delivery at the community, district, and national level • Outcome 4: Coordinated and complementary mechanisms linking community, district, and national level initiatives for dialogues, planning, monitoring, and advocacy • Outcome 5: Increased capacity for planning and implementing service delivery strategies at all levels – community, district, area, and national	
2:30–3:30pm	Action Planning: Small Group Work	Community: CARE (facilitators) District: PACHI (facilitators) National: MHEN (facilitators)
	Based on your experience, share your thoughts on these discussion in small groups 1. What would it take for stakeholders to be able to align efforts towards the outcomes? 2. How to design more detailed plans around the outcomes? 3. What will we accomplish in the next 12 months? 4. How can social accountability spaces systematically link citizen input and action to multiple levels of the system: community > facility > VDC > ADC > DEC > national plans? 5. How will we organize/coordinate ourselves to accomplish the outlined outcomes? 6. What mechanisms exist that could be leveraged – such as the Social Accountability Platform, the Community Health Technical Working Group to coordinate complementary processes? 7. What role will the May 2019 election play in our thinking, planning and working?	
3:30–4:00	Tea Break	
4:00–4:45	Plenary feedback from small group work on action planning	Moderator: Angela Bailey
4:45–5:00	Closing Remarks	Doreen Ali

Annex 2: Participant List

No.	Name	Organization	Position	Gender	Type of Stakeholder
1	Rose Kamera	YONECO	Project Officer/ Producer/ Presenter	F	Civil Society
2	Bryan Dwyer	USAID	Comms	M	Donor
3	Reuben Ligowe	USAID	Child Health	M	Donor
4	Davies Mwachumu	MHEN	Program Manager	M	Civil Society
5	Angela Bailey	ARC/AU	Associate Director	F	Academia
6	Ruth Mwandira	DFID	Health Advisor	F	Donor
7	Michela Del Mastro	ARC	Intern/Note Taker	F	Academia
8	Alfred Chinombo	Luanar	Assistant Registrar	M	Academia
9	Dr. Ochie Ibe	MCSP	Senior Community Health Advisor	F	Civil Society
10	Achille Kabore	CORE Group/MCSP	Senior Community Health Advisor	M	Civil Society
11	Tiyese Chimuna	UNICEF	MNH Specialist	F	Donor
12	Amy Stenoien	USAID	Project Officer Health	F	Donor
13	Vandana Stapleton	USAID	Family Health	F	Donor
14	Beverley Bhima	MHEN	APO	F	Civil Society
15	Kurt Henne	PCI	CA	M	Civil Society
16	Mary Kandikole Mpinda	CRS	MCHN Technical Integration Lead	F	Civil Society
17	Nancy Kamwendo	WRASM	National Coordinator	F	Civil Society
18	Edwin Msewa	LGAP	Social Acc Manager	M	Donor
19	George Jobe	MHEN	Executive Director	M	Civil Society
20	Laura Munthali	PACHI	Project Coordinator	F	Civil Society
21	Esnatt Gondwe	Emmanuel Int	Gender Specialist	F	Civil Society
22	Thumbiko Msiska	CARE	Technical Director	M	Civil Society
23	David Waller	CARE	Business Director	M	Civil Society
24	Rumishael Shoo	UNICEF	Ag. CoH	M	Donor
25	Chimwemwe Limani	CRS	CSGA	M	Civil Society
26	Precious Phiri	MOH-CHSS	PPHCO	M	Government
27	Doreen Ali	MOH -CHSS	DDPHS-CH	F	Government
28	Darwin Pangani	MLGBO	DS Dep Dir	M	Government
29	Johannes Wedenig	UNICEF	Rep	M	Donor
30	Hellen Dzoole Mwale	ONSE	TDCMZE	F	Civil Society
31	Garton Kamchedzera	UNIMA	Dean of Law	M	Academia
32	Dr. Blessings Chinsinga	CSR	Director, CSR	M	Academia
33	M. Munthali	VSO	Project Manager	M	Civil Society
34	Dieckens Binali	LGAP	Grants Manager	M	Donor

No.	Name	Organization	Position	Gender	Type of Stakeholder
35	Peter Trenchard	USAID	DD Missions	M	Donor
36	Amanda Manjolo	ONSE	TACB	F	Donor
37	Matthew Pickard	CARE	CD	M	Civil Society
38	Maria Chiwoni	PIH	P.O	F	Civil Society
39	Priscah Mawire	PIH	DOS	F	Civil Society
40	Charles Mhone	LLDC	DOF	M	Government
41	W. Sagula	MHSP Options	DTC	F	Civil Society
42	Stewart Gwaladi	MBC-TV	Camera Man	M	Civil Society
43	Massimo Sichinga	EPD	Principal Economist	M	Government
44	Martha Chizuma	Ombudsman	Ombudsman	F	Government
45	Anna Chinombo	Local Consultant	UNICEF	F	Donor
46	Augustine Mulomole	Farm Radio	PO	M	Civil Society
47	Pius Nakoma	Options		M	Civil Society
48	Kai Straehler-Pohl	GIZ	TA	M	Donor
49	Thoko Bema	Save the Children	Manager	M	Civil Society
50	June Kambalame	MEJN	Director of Programmes	F	Civil Society
51	Chancy Maluka	UNICEF	Communications	M	Donor
52	Dr. Asiyati Chaweza	CHANCO	Senior Lecturer	F	Academia

Annex 3: Group Discussions Plenary Feedback Summary

Morning Group Discussions: Where Are We? Feedback Shared in Plenary	Emerging Theme	Afternoon Group Discussions: Way Forward/Next Steps? Feedback Shared in Plenary
• Deepening of decentralization and the need to continue interface between duty bearers and rights holders (new forums, power dynamics need discussion) • Reporting arrangements from district level to national level (blockages in reports upwards and downwards, line management) • Capacity building in local government duties (increase understanding of people on decentralization)	**Deepening Decentralization**	• Provide capacity support to local governing structures to enhance their capacity on how to generate and address issues • Health and Environment Committees need to be trained on their functions and roles. CSOs need to be party to these forums to make sure issues are taken up • Engage health specific groups to strengthen these community health structures (VHC, CHAG, etc.) • Train VDC on collecting evidence-based information • Build capacity for all district level committees to enhance their social accountability competency • Take decision-making power and resource management to lower levels by promoting the occurrence of health facility managing resources • Categorize responsibilities in scorecards
• Deepening of decentralization and the need to continue interface between duty bearers and rights holders (new forums, power dynamics need discussion) (CSOs and government) must listen to communities and give feedback • Transparency and openness by duty-bearers (includes non-state actors) • The state needs to be prepared to listen, act and provide feedback when action is not made	**Listening and Closing Feedback Loops in Government and Non-State Actors Engagement with Citizens**	• Pool data to inform policy • Make sure community level activity leads to change (that it improves systems and upward and downward accountability) • Communities setting objective of what is most important and have these issues feature in district implementation plans • Increasing citizen voice through the media campaign and increased national dialogue
• There is a need to enforce remedial action/follow-up when rights infringements are made • Consequences and enforceability • Effective systems of incentives and sanctions for duty-bearers (sanctions and rewards)	**Enhancing Enforceability (when obligations are not met)**	• Bring collaboration between citizens and MHRC (?) to assist in the process of accessing information "decentralizing government accountability institutions" • Lobby for operationalization of the Information Act • Promote enforcement examples • Help translate and decipher standard accountability tools to the people • Celebrate change agents

Morning Group Discussions: Where Are We? Feedback Shared in Plenary	Emerging Theme	Afternoon Group Discussions: Way Forward/Next Steps? Feedback Shared in Plenary
• Leadership needed to harmonize work, avoid duplication, and use power at district level to coordinate (power to convene is currency, and does not always require money) • Social accountability players need to work together/integrations which includes government department	**Improving Integration, Collaboration, and Coordination**	• Understand risks (to those who report) and resistance and how to mitigate them • Quarterly meetings of one platform which will remain in the health sector but will be inclusive of all other sectors issues • Work out how to harmonize at district level • Conduct a review of social accountability mechanisms so that we have more coordinated efforts • Donors to drive coordination on social accountability • To make the national social accountability forum much more concrete • Establishment of the knowledge exchange forum without necessarily meeting, for example having a drop box • Need to prepare accountability structures prior to new members of parliament so that as they assume office, the structures are ready • Coordination around common purpose • Facilitate the production of generalized standard social accountability guidelines to guide social accountability practices • Institutionalize this as a bi-annual forum for social accountability • Target institutions so that they know the culture of accountability before they are in the service world • Familiarize ourselves with accountability documents to ensure that our efforts are able to engage with the system effectively

Annex 4: Community Engagement Excerpt from Malawi *National Community Health Strategy 2017–2022*

| Excerpt from Malawi National Community Health Strategy 2017-22 |
|---|
| **Thematic Area 5: Community engagement**

Strategic objective: Strengthen community engagement in and ownership of community health.

Strategic recommendations:
• **Collaborate with prioritised community structures.** To avoid fragmentation, government partners and programmes should build the capacity of prioritised community structures -- including the VHC, CHAG, VDC, HCAC and ADC – rather than creating additional ones. This relates to intervention 5.2 below.
• **Strengthen leadership and accountability at community level.** Social accountability not only strengthens quality of care, but also promotes the NCHS guiding principle of community leadership. This relates to interventions 5.1 and 5.3 below.

Interventions and activities:

5.1 Strengthen community-level ownership of and engagement in programmes and interventions. This includes electing CHVs to manage some of the responsibilities of the CHT, rolling out official consultations with communities and CHTs to inform DIPs; holding national community health day to raise awareness and buy-in; and development of community engagement guidelines. Throughout implementation of the NCHS, the CHAG will also regularly present to the VDC on community health issues and monitor progress.

5.2 Build the capacity of prioritised community structures involved in community health. This includes training community structures on their updated roles (i.e., VHC, CHAG, VDC, HCAC, ADC) and orienting the DEC, communities, and partners on these roles. Throughout implementation of the NCHS, the CHT will also support, monitor, and supervise the prioritised community structures.

5.3 Establish social accountability mechanisms within the community health system. Key activities include community monitoring and evaluation through two-way follow up and feedback mechanisms (e.g., scorecards, Community Action cycle (CAC), performance appraisals, assessments, and quarterly meetings to share information) and semi-annual meetings with local leaders and chiefs to improve accountability for implementation of the integrated district-level community health action plan and Village Action Plans. |

Annex 5: Overview of the Community Health System
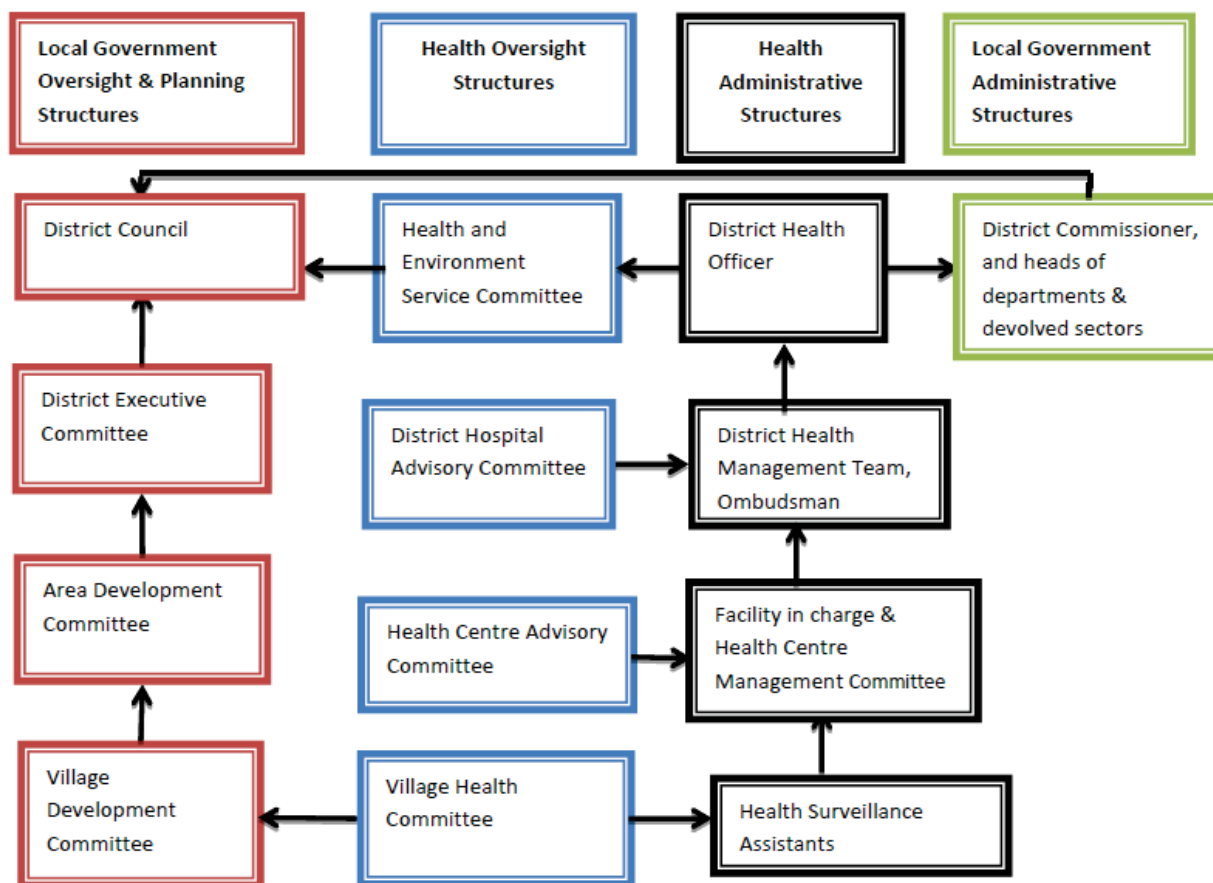
Source: Malawi *National Community Health Strategy 2017-22*

FIGURE 5: OVERVIEW OF THE COMMUNITY HEALTH SYSTEM
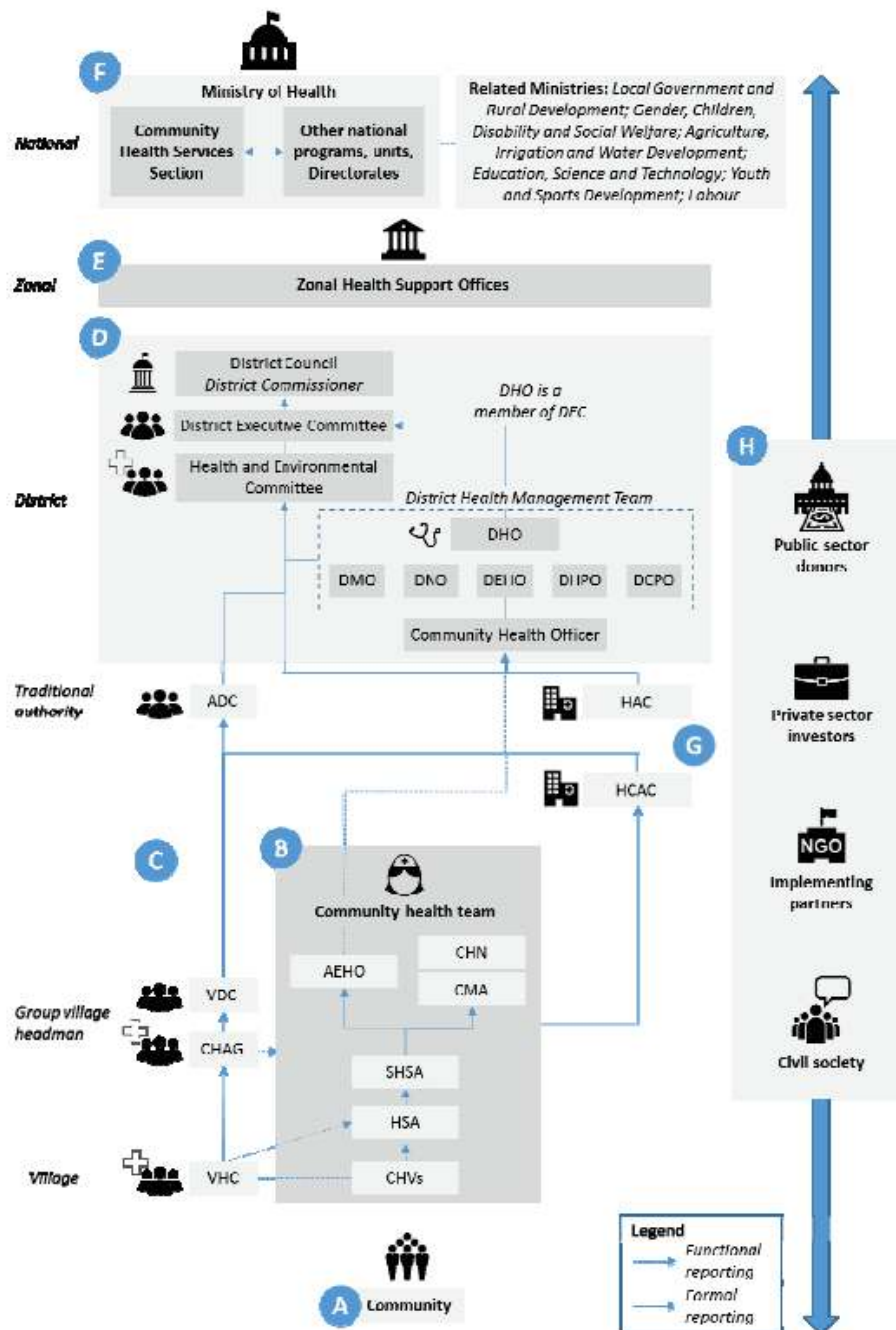
Annex 6: District and Community Institutional Arrangements

Source: *Chiweza, A. (2017). Political Economy Analysis of Accountability for Reproductive, Maternal, Newborn and Adolescent Health (RMNCAH)*

Source: Compiled from review of literature and stakeholder interviews.

Annex 7: Recommended Resources

Government of Malawi Documents and Resources

Access to Information Act, 2017 https://malawilii.org/mw/legislation/act/2017/13

National Community Health Strategy 2017 – 2022
https://www.healthynewbornnetwork.org/resource/malawi-national-community-health-strategy-2017-2022/

Health Sector Strategic Plan II (2017-2022)
http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/malawi/health_sector_strategic_plan_ii_030417_smt_dps.pdf

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If you are seeking any further guidance or suggestions on reference material, please contact the Accountability Research Center at ARC@american.edu and we can point you in the direction of resources that may be useful for your specific purposes.