

A THREE-PRONGED MODEL FOR STAKEHOLDER ENGAGEMENT: ANALYSIS, TRANSPARENCY, AND EMPOWERMENT

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Msafiri Swai, Mary Mndeme, Kija Nyalali, Paul Mwakipesile, Pastory Sekule, Johnson Joachim, Lucy Mphuru, Shawn Aldridge, Anne Fitzgerald Vinluan

CONTEXT

While the Tanzanian health system is characterized by decentralized reforms in which regions and local government authorities hold the mandate to coordinate and manage health interventions in their respective localities, implementing partners face challenges to acclimatize to local government stakeholders' aspirations and concerns and, more importantly, to forge common ground for working. The environment in which donor-funded projects are being implemented is surrounded by diverse policy frameworks and multiple structural, operational, and cultural complexities. Projects are also faced with changes in government health priorities, mismatches in the financial cycles between partners/donors and the government, turnover of government executives and trained staff, limited level of information sharing, unclear feedback mechanisms, and minimal engagement and participation among key stakeholders leading to limited project-based literacy. Unfamiliarity of project technical staff in working with local government protocols and structures has contributed to further weakening of stakeholder engagement models.

Thus, for a project to be able to effectively realize its goals requires a well-designed and diligently implemented stakeholder engagement model that

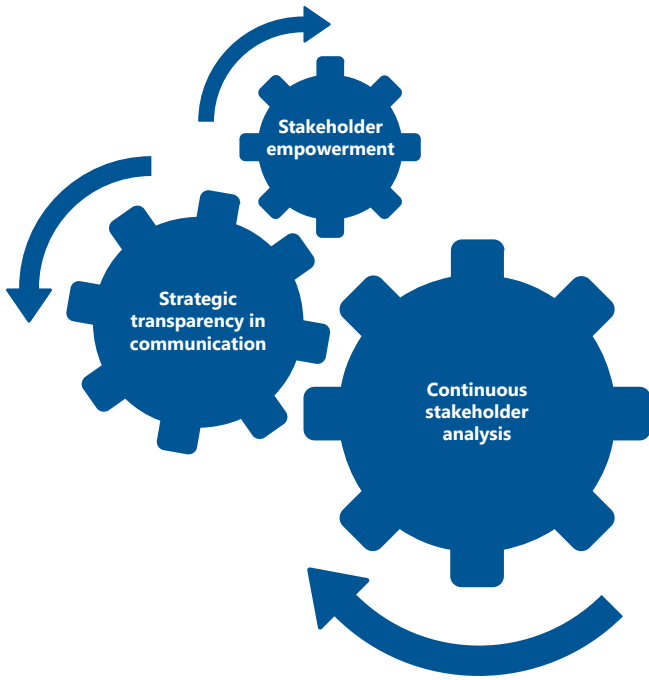
pulls everyone toward the common aim. This brief highlights the stakeholder engagement model that has been refined by IntraHealth International for over a decade in Tanzania implementing various initiatives, most recently Tohara Plus, the highly performing voluntary medical male circumcision (VMMC) project.

OUR STAKEHOLDER ENGAGEMENT MODEL

IntraHealth has partnered with the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), National AIDS Control Program (NACP), President's Office Regional Administration and Local Government (PORALG), regional and council health management teams (R/CHMTs) and communities to implement VMMC and, previously, a range of other health interventions such as provider-initiated testing and counseling, gender-based violence prevention and response, and family planning. IntraHealth has always placed stakeholder engagement at the heart of projects to promote local ownership for sustainability. Applying the SMART advocacy approach, IntraHealth's three-pronged stakeholder engagement model features continuous stakeholder analysis, strategic transparency in communication, and empowerment (Figure 1). The model has not just become effective



Figure 1: Three-pronged stakeholder engagement model



in achieving set goals but has continuously strengthened the moral responsibility and fidelity among stakeholders who are engaged in implementing supported projects at all levels.

PRONG 1: CONTINUOUS STAKEHOLDER ANALYSIS

At the onset of every project and, subsequently, at the beginning of each fiscal year IntraHealth collects stakeholders' information to understand the key players in all supported subnational units (SNUs) and communities and determine their interest to be involved in project implementation. The process entails understanding who they are, their potential in terms of power to influence programmatic decisions, what inputs or outputs they are likely to bring to the project, their scope of mandate to affect execution of activities, what kind of resources they have or have control over, what skills, knowledge and competencies they have that can be utilized to complement project goals, and what types

of information they need to further align their personal or professional goals with the project goals. This process has been integrated into routine performance monitoring and process evaluation activities to continuously harness new information and inform other prongs. A range of activities such as stakeholders' joint meetings, capacity-building workshops and trainings, consultative meetings, and informal and edifying interviews with key informants are conducted every quarter. The results of the stakeholder analysis have always been useful in redefining our roles, informing our stakeholder communication strategies, and building consensus.

PRONG 2: STRATEGIC TRANSPARENCY IN COMMUNICATION

Anchored in the SMART advocacy approach, our communication strategy utilizes the information gathered from stakeholder analysis to strategically develop a list of simple "key asks" resonating project success with key stakeholders' job descriptions and personalities to harness their power and influence while rendering full support to the project activities at different levels. We make sure that our key asks are packaged alongside the communication needs emerging from different aspects of synthesized results of stakeholder analysis and project operations. We ensure that all communications are channeled to the relevant stakeholders with openness, simplicity, and clarity to facilitate honest engagement of stakeholders and make them part of the implementation process, not



Regional and council health management team members from seven SNUs, health facility managers and service providers in Mwanza region attending a project inception and initial planning meeting in October 2016.

only participants or subjects. IntraHealth embraces a culture of transparency that is geared to build trust and fidelity.

Our communication strategy includes different methods depending on the target audiences and the stage of the engagement process, roles of the stakeholders, and objectives needed to be achieved. We conduct a range of meetings such as joint planning and budget meetings, feedback and dissemination meetings, quarterly data analysis forums, trainings, and one-on-one consultations.

Projects also liaise with community stakeholders and key influencers such as religious leaders, village leaders, elders, VMMC ambassadors, and local fishing associations and they in turn have supported community sensitization and security of service providers, especially during outreach campaigns.

Media (newspapers, TV, radio) is also involved as an influential actor through dissemination and demand creation and plays a vital role in facilitating wide information sharing and demonstrating how the project is aligned with community perspectives.

PRONG 3: STAKEHOLDER EMPOWERMENT

Working side-by-side with stakeholders, our model utilizes information harnessed from stakeholder analysis data to design and implement capacity-building and empowerment sessions. We always bring the stakeholders on board to work with us, and share different types of resources, skills, and competencies to allow them to lead the process while our team focuses on providing technical assistance and mentorship. This prong has been central to fostering local ownership of project operations. As the stakeholders are given skills, knowledge, and a mandate to lead the process, this portrays an image of oneness with the communities we serve, and in many cases when stakeholders are empowered it paves a way for sustaining services with reduced costs. For example, the R/CHMTs have taken a leadership role in setting up annual VMMC activity plans in their respective regions and SNUs; conducting site assessments to inform expansion to new static sites, identifying new underserved areas for conducting mass campaigns and facility-led outreach activities, and selecting and allocating service providers to support static and outreach sites. Stakeholders are part of the “first arm” in all activities such as trainings,

meetings, workshops, advocacy, data verification and data quality assessment, joint supportive supervision, continuous quality improvement site visits, community-based demand generation, differentiated methods of service delivery, and digital/online feedback platforms.

WHAT WORKED

- Increased support from PORALG and MOHCDGEC allowed more health workers from within and outside of project regions to be involved in “back-to-back” campaigns to accelerate scale-up of VMMC services even with the existing shortage of human resources in the regions.
- Increased participation of local leaders and popular opinion leaders in identification of underserved communities, enrollment of prospective VMMC clients, community sensitization/mobilization, and integrating locally accepted demand creation approaches increased uptake of VMMC for various population segments.
- Over the course of five years, Tohara Plus has been able to surpass its annual targets. As of June 31, 2021, a total of 1,350,914 men had been circumcised by the project, more than any other partner in Tanzania. This is estimated to have averted 16,887 new HIV infections.
- A total of 863 health workers have been successfully trained on provision of comprehensive VMMC services across the four supported regions.
- The project initiated and activated regional- and SNU-level VMMC continuous quality improvement (CQI) teams. All static sites have initiated VMMC work improvement teams (WITs) to ensure project activities are well represented in facility-wide CQI meetings.
- The project consistently recorded more than a 90% score on the PEPFAR Site Improvement through Monitoring System (SIMS); very low adverse event (AE) rates at 0.02%, below the WHO acceptable rate of 0.2%; and more than 90% post-circumcision follow-up rates.
- With strong working relationships and stakeholder engagement a total of ten (10/26) SNUs sustained provision of VMMC services using their own funding sources through static and facility-led outreach. This is equivalent to 38% of all supported SNUs—a demonstration

of how this model prepares the project to transition services to the government for sustainability.

- The project has been integrated into public health facilities, delivered by government employees within the public health facility premises and all utilities such as electricity and water bills are being paid for by the respective SNUs.

LESSONS LEARNED

Institutionalization of the three-pronged stakeholder engagement model can transform projects into sustainable partnerships and stakeholders into project champions. The combination of the three prongs offers an opportunity to understand the key stakeholders, align the project goals with their scopes of work, and harness their mandates as needed to influence activity execution. Strategic transparency in communication ensures that all communications are channeled to the relevant stakeholders with openness, simplicity, and clarity to facilitate honest engagement and make them part of the implementation process. Stakeholder empowerment is very important for ensuring the stakeholders are at the frontline of project implementation and integration of locally-relevant solutions and resources for increased efficiency.

NEXT STEPS AND RECOMMENDATIONS

We recommend continuing the strong working relationships and engagement of key stakeholders and creating space for PORALG, MOHCDGEC and R/CHMTs, facilities, and communities to lead, not just participate, in the implementation of ongoing VMMC and other service delivery activities to enhance sustainability beyond donor-driven planning and funding.

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CONTACT

Dr. Lucy Mphuru
Country Director, Tanzania
Program Lead, VMMC Project
lmphuru@intrahealth.org