**Supplementary file 6. Table of collaborative mechanisms and architecture**

| Collaboration dimension | Degree of collaboration | Explanation |
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| Leadership | High | MoH has provided strong leadership during the planning and implementation phases. The Balaka District Health Management Team were highly engaged in the planning and implementation of the pilot program. For the government transition period MoH and the Minister of Health are engaged, although there remains some decision-making on which MoH department will take the lead going forward. VillageReach have provided the *de facto* leadership - managing operations, delivering it from pilot to scale, coordinating partners, and sourcing funding, but all partners have delivered leadership for CCPF through a strong collaboration in their respective areas. |
| Political strategy | High | Political strategy and policy negotiations have been tackled collaboratively among the partners, and conducted hand-in-hand with the MoH through the CCPF steering committee meetings. Several ministerial departments have been involved in the positioning of CCPF as a national program, and it has been a joint effort to include CCPF into the Health Sector Strategic Plan and budget (although negotiations are ongoing). The CCPF Technical Adviser seconded from VillageReach to MoH has been a key architect of these negotiations and the overall process of transition. |
| Planning | High | CCPF was originally planned and designed jointly between Concern Worldwide, VillageReach, The Baobab Health Trust, and the Balaka District Health Management Team, based on the idea submitted to the '*Share an Idea Save a Life*' competition. The development of program design and adaptation has been collaboratively carried out by the range of NGO and private partners and MoH. |
| Needs assessments | Medium | The original needs assessment was carried out by VillageReach, with close support from Concern Worldwide, and building on strong relationships with DHMT. For the transition to government ownership, many different MoH departments have been involved in the requirements gathering for the technology and program upgrades and capacity assessment. During 2017/18 VillageReach conducted a government readiness assessment and a transition toolkit which sets out all the necessary government capacity needed for the smooth transition of the service, including skills, and roles and responsibilities |
| Budgetary decisions | High | Programme activity decisions with budgetary implications are tabled at the Steering Committee meetings, and therefore are discussed collaboratively between the key government, NGO and private sector partners. Prior to the existence of the Steering Committee, VillageReach led decision-making as the hosts of CCPF, but in consultation with other partners such as GIZ, ONSE etc. Once at national scale all budgetary decisions will be taken by MoH. |
| Resource mobilization | Medium | CCPF resource mobilization has been for the main part led by VillageReach, however the funding partners have become active collaborators in terms of contributing to program evolution itself. In terms of bringing CCPF to national ownership and mobilizing central funds, there has been a concerted and ongoing effort by MoH to collaborate with the Ministry of Finance in order to fully embed the service in the budget. |
| Management and coordination | High | Similar to leadership, VillageReach and MoH have collaborated well in order to deliver strong management and coordination for CCPF. Notably, the VillageReach CCPF Technical Advisor seconded to MoH has been managing and coordinating the many stakeholders who each play a part in the delivery of CCPF. Going forward, MoH will need to take on full responsibility for the management and coordination aspects of CCPF. |
| Implementation | High | Operationally CCPF was implemented by VillageReach, in close collaboration with Concern Worldwide and MoH, at first through Balaka District Health Management Team and the national Reproductive Health Directorate, and post-pilot in an increasingly close relationship with MoH at national level.  Each partner has a specific role with implementing CCPF, for example, |

| | | VillageReach manages the operations, The Baobab Health Trust has been responsible for the technology management, and Airtel covers most of the telecoms costs. GIZ funds and organizes community-level promotion activities in Dedza and Salima Districts as well as funding specific nutrition-related developments for the hotline. DREAMS and ONSE organize and fund community-level promotion in their focal districts, and J&J funds the remaining 11 districts in the country. All donors provide central funding to cover human resources for the hotline, the national transition activities, and technology upgrades. |
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| M&E and quality assurance | High | VillageReach manages the many different M&E reporting requirements and Quality Assurance activities, and dissemination to all stakeholders through steering committee meetings and donor reporting. Some of the QA components are undertaken by other partners, for example GIZ conducts refresher trainings on nutrition for hotline staff. Once CCPF transitions to government ownership they will assume sole responsibility for M&E. The priority of M&E once the transition to government ownership is complete is not well-defined at present with one year remaining to formally set-out how M&E architecture will be maintained. |
| Advocacy and communications | High | Advocacy and communications have been jointly delivered through all the partners, including a thorough branding and communications exercise funded by Johnson & Johnson, who saw the value in a coherent brand that could be promoted by all partners. This was also an important exercise to generate buy-in across the collaboration. It is not clear how collaborative the advocacy and communications activities will be once CCPF is under full MoH ownership, and whether the existing non-government partners will continue to jointly promote the program. |
| Formal partnerships | High | Roles, responsibilities, and lines of accountability have been formalized through Memorandum of Understanding (MoU) agreements. Although Airtel had been hosting the hotline number since 2011, the formal partnership between VillageReach and Airtel was reached in 2015 with the signing of the MoU between the two parties. Other partnerships were solidified at district level with partners who expanded the hotline to other districts. A MoU was signed between MoH and VillageReach in 2017, formalising interactions and roles and responsibilities between the respective parties and VillageReach. The MoH began to convene the Steering Committee Meetings, with membership inclusive of most of the other partners, during which the stakeholders approved the project at each stage of development, with MoH providing formal sign-off for protocols, content, and implementation, and ascertain what needs each stakeholder had for the technology upgrades necessary for nationwide scale-up. |
| Communities | High | CCPF has practiced user-centered design and gathers feedback from the community through annual user satisfaction surveys, and incorporates it into program activities. The methods and activities for engaging, mobilizing, and collaborating with communities have evolved over time and expanded with the inclusion of new partnerships. During the pilot phase Community Mobilization Volunteers were trained to explain CCPF to the communities and were each equipped with a mobile phone that could be utilized by anyone in the community to call the hotline. When CCPF expanded into the GIZ, ONSE, and DREAMS districts, VillageReach and other implementing partners have organized community sensitizations and radio programs. Airtel sends SMS promotional blasts to generate community engagement with the services. |