Brief

November 2017

Strengthening health centre committees for people-centred health systems

Stakeholders working with Health Centre Committees (HCCs) in East and Southern Africa (ESA) raised proposals in EQUINET policy brief 37 to improve the functioning and impact of HCCs as potential contributors to equitable, people centred health services. These proposals advocated for legal, institutional and social measures to support and clarify HCC roles, composition, powers and duties, to ensure the capacities and resources for them to function. They also proposed that HCCs strengthen their communication with the communities they represent backed up by wider measures for health literate and informed communities. Since then, institutions in EQUINET have followed up to act on the recommendations, building on existing work. This brief shares information on these developments. It reports some progress in legal recognition and setting of clearer constitutions for HCCs, clearer guidelines for the functioning, use of community based processes like photovoice to connect them with communities and their conditions in their dialogue with health services and efforts to share resources for capacity building of HCCs. It highlights that HCCs continue to play a role in improved frontline health systems. However the potential of HCCs still needs to be realised and the work continues.

Progress in the policy and legal status of HCCs

In 2014 EQUINET urged national authorities and organisations working in health to

1. Include rights to health, to health care and to public participation and information in all constitutions of the region.
2. Reform national health law to include provisions for meaningful participation and public information and to provide for the recognition, roles and duties of mechanisms for this, including for support of HCCs at the primary care level of the health system.
3. Establish by regulation and guidelines and disseminate clear information on the roles, composition, powers, duties, capacities of and resources for HCCs and their roles in health literacy and public health information; community identification of health needs and priorities; community voice in health systems, planning and budgeting; monitoring health expenditures and services and ensuring accountability of services to the community, with feedback to and review progress with communities.

Under the EQUINET umbrella and co-ordinated by Community Working Group on Health (CWGH), institutions in Malawi, South Africa, Uganda, Zambia and Zimbabwe have carried out follow up actions to promote the these legal rights and to develop guidance on what should be included in law.

In South Africa, the National Department of Health issued draft guidelines for HCCs in 2014, outlining their oversight, community representation and advocacy, social mobilization and fundraising roles.

HCC members have met and made input to national policy in national meetings in 2014 and 2017 and indicators of health standards have included HCC functioning. However, there is variability in specific roles and functions set by provinces, and there is weak recognition of HCCs in the proposed National Health Insurance.

In Zimbabwe, the CWGH and the Training and Research Support Centre (TARSC), through the Public Health Taskforce, developed HCC guidelines, which were adopted by the Ministry of Health and Child Care.

Produced by Community Working Group on Health (CWGH), Training and Research Support Centre (TARSC), Lusaka District Health Office (LDHO) and University of Cape Town (UCT)
In the Regional Network for Equity in Health in East and Southern Africa

A Public Health Amendment Bill developed in 2012 through wide consultation by the Public Health Advisory Board is now gazetted for debate in parliament. Amongst its other provisions, it recognizes in law the role of HCCs and other measures for public rights and roles in public health.

In Zambia, the Lusaka District Health Organisation (LDHO) has held country consultations from community to national level with various key structures including Neighbourhood Health Committees (NHCs), HCCs, provincial medical officers, district medical officers and CSOs on what should be considered in the review of the Health Services Act to include the role of HCCs. In the meantime, draft policy guidelines for NHCs were developed in 2017 by the NHCs in Lusaka with LDHO. The guidelines aim to ensure that health managers and communities provide the oversight for an accountable public service. The guidelines set how communities will oversee the performance of health centers. They key areas covered by the guidelines are shown in *Box 1* below.

Community reviewing NHC guidelines Lusaka Zambia, © A Zulu 2017

Box 1: Guidelines developed for NHCs in Zambia

- The characteristics and structure of NHCs and their role in community participation
- NHC membership and voting rights
- Annual General Meetings and procedures for votes, no confidence votes
- NHC formation, election of members and executives
- NHC activities, meetings, health promotion methods
- Training of NHC members, motivations and incentives and resource mobilization
- Reporting and monitoring NHC activities

There has thus been some progress in more clearly defining HCC roles in Zambia, in legal recognition of HCCs in Zimbabwe and in the inclusion of HCC functioning in South Africa's quality assurance framework. There is evidence that even without the laws in place there has been greater formal recognition of HCCs, including in the role they play in performance based financing in various countries in the region. In Zimbabwe, the Ministry of Health and Rural District Councils are also using evidence generated by HCCs to assess health service performance. For example, one of the village health workers who is an HCC member raised in a CWGH meeting that the HCC had made communities more aware of their rights, and more empowered to engage health workers and district officials on negative attitudes or poor services received. This has helped to improve health services and the relationship between the HCC and clinic staff.

Progress in the policy and legal status of HCCs

In 2014 EQUINET urged authorities and organisations working in health to

1. Provide flexible guidance for HCC composition to reflect diverse settings within countries.
2. Ensure that HCC members representing communities are democratically elected by those communities and represent the diversity of community groups.
3. Ensure nationwide comprehensive health literacy programmes in communities.
4. Provide resources within health budgets for HCC capacity building and functioning.
5. Set up tools and guidance on monitoring and accountability of the functioning, performance and impact of HCCs and health services.

HCCs intend to function as a mechanism for community participation in the health system at the primary care level. They complement other community level initiatives like community health workers, and link to mechanisms for public participation at other levels of the health system.

In Zimbabwe, HCCs are using results-based-financing funds to buy medicines that would otherwise not be available. As they are close to communities and local health services, they are able to monitor availability of key health products and services against their plans and community needs. They delegate duties to one another so that all members are actively involved in taking these actions and all members participate in local service planning.

TARSC has worked with LDHO Zambia, CWGH Zimbabwe and UCT South Africa to explore whether community photography can strengthen HCC roles and engagement with communities. Photovoice is a participatory reflection and action strategy that uses photography taken by community members to portray and deepen people's understanding of their situation, and to promote dialogue on the actions to address the problems raised. In 2016/7 eight HCCs in these three countries have used photovoice as a tool to support the negotiating power of HCCs in terms of planning and budgeting. The photographs highlighted the poor access to water, sanitation, housing, and other conditions affecting health. They have been used by HCCs to engage communities and health services on actions to resolve these problems. The process has strengthened the HCCs and has, for example, led to local authorities dealing with burst water pipes and uncollected garbage.

Supporting the capacities of HCCs to perform their roles

In 2014 EQUINET urged authorities and organisations working in health to

1. Ensure that HCCs have knowledge and capacities to implement their roles through induction and ongoing capacity building, mentoring and information.
2. Establish standards and guidance on the core content of and processes for comprehensive HCC training.

HCCs have benefitted from training offered by state and non-state organisations. In Zimbabwe, CWGH and TARSC developed a training manual for HCCs that was peer reviewed and adopted by the health ministry. CWGH have since added new training modules to support new areas of HCC work, such as on performance-based-financing. UCT has developed training materials for HCCs to address the social determinants of health in communities and a short course training programme on HCCs and community participation for health workers to orient them to working with HCCs. The University of Cape Town has done an audit of HCC training to map the capacity building process and resources in the region. They found HCC training materials and processes in a number of countries, including Ethiopia, Kenya, South Africa, Tanzania, Uganda, Zimbabwe and Zambia. The training commonly covered introductions to the health system, its governance, planning and budget processes and HCC roles. It included information on HCCs functions such as problem solving, monitoring and accountability and social mobilization. There were gaps in some areas, such as on conflict management, fundraising, inter-sectoral work and deeper analysis of the causes of social inequalities in ill health and how to address them.

HCC member reviewing the training manual, Redwood Clinic Zimbabwe (c) C Chimhete 2017

In the audit, those implementing HCC training reported that trained communities and HCCs were more able to raise and address problems, communicate and make input to health planning. The training was reported to improve the interaction between health workers and communities, and support service uptake and resource mobilization. However there were still gaps, with training not covering all HCCs, inadequate follow-up of trained HCCs, a high turnover of HCC members demanding constant training and weak support from the state leading to dependency on unpredictable external funding for this capacity building.

Sustaining progress in taking the recommendations forward

This brief highlights some of the ways the recommendations made in 2014 to strengthen HCCs as vehicles for social participation and empowerment have been taken forward. An EQUINET review meeting in 2017 hosted by CWGH and involving all the partners welcomed the many areas of progress reported in this brief. Delegates also identified challenges. In many countries HCC roles are still not clearly defined and set in law or guidelines and many HCCs are not adequately representing or engaging with their communities. HCCs lack of sustained resources and support for their capacities and roles, particularly by states in the region, making their processes often dependent on external and unpredictable funding. Top down planning and budgeting and overloaded health personnel also impede their functioning.

This brief provides examples of how HCCs support uptake of services, improve interaction with health workers and communities, and mobilise resources and action on conditions that affect health. There is thus need to continue to advocate for policy attention and action on the recommendations made in 2014, to:

a. Widen development of law and guidelines on HCCs, using promising role models.
b. Engage the state to build the funding of their roles and training in public sector budgets for more sustained and comprehensive capacity building;
c. Widen community health literacy and health worker awareness on the role and function of HCCs to enhance their engagement with these mechanisms;
d. Use participatory methods like photovoice for HCCs to bring community evidence to inform actions and resources to improve service performance and health conditions;
e. Institutionalise annual review and exchange across HCCs within countries; and
f. Share good practice, materials and experience within and across ESA countries.

References

1. Community Working Group on Health with the Ministry of Health and Child Care (2015) Health Centre Committees (HCCs) as a vehicle for social participation in health systems in East and Southern Africa. Report of stakeholders meeting June, 2015, EQUINET, Harare
2. CWGH (2016) 'HCC Exchange Visit, Mudanda Clinic, Buhera, CWGH, EQUINET, Harare
3. CWGH, TARSC, UCT, LDHO (2017) Are Health Centre Committees a Vehicle for Social Participation in Health? EQUINET Regional Review Meeting Report June 2017,. Harare
4. Loewenson R, Boulle T, Mbwili-Muleya C (2015) Sustaining participatory action research approaches in institutional practice: Learning from working with health centre committees
5. LDHO, TALC and CWGH in EQUINET (2015) Using Health Centre Committees as a Vehicle for Social Participation in Health System in East and Southern Africa. Report of HCC and NHC working group Workshop 19 June, 2015. EQUINET, Harare
6. MOH, LDHO, TARSC, CWGH (2016) Using Policy dialogue to Strengthen Health Centre Committees as a Vehicle for Social Participation in Health System in East and Southern Africa, Workshop report. January, 2016, EQUINET, Lusaka
7. TARSC, CWGH (2010) Health Centre Committees as a vehicle for social participation in health systems in east and southern Africa; Policy brief 37 EQUINET, Harare

EQUINET: CWGH, TARSC, LDHO, UCT (2017) Brief: Strengthening health centre committees for people-centred health systems, EQUINET, Harare
With acknowledgement of support from OSEA and IDRC and drafting by R Machemedze, R Loewenson, TARSC
EQUINET 2017, www.equinetafrica.org

Produced by Community Working Group on Health (CWGH), Training and Research Support Centre (TARSC), Lusaka District Health Office (LDHO) and University of Cape Town (UCT) In the Regional Network for Equity in Health in East and Southern Africa