PROMOTING COMMUNITY PARTICIPATION THROUGH HEALTH FACILITY GOVERNING COMMITTEES TO IMPROVE THE PERFORMANCE OF DISTRICT HEALTH SYSTEMS IN TANZANIA

POLICY BRIEF NO: 02-2023

Introduction

A research project entitled "Examining the effects of decision-making space and its practices on health systems performance in Tanzania" was conducted in twenty districts of Tanzania between 2020 and 2023. The main objective of this research was to better understand and evaluate how and if decentralised sub-national structures used the opportunities to improve the performance of health systems. The University of Dar es Salaam, Tanzania and Umeå University, Sweden, collaborated in the implementation of this project.

To understand the opportunities that Tanzania's decentralization structure has to offer, this research focused on the decision-making space provided to officials at the local levels over the health system functions of planning, financing, human resources, service delivery, and governance. Tanzania's decentralization policy allows Health Facility Governing Committees (HFGCs), on behalf of the communities, to participate in these health system functions. The HFGCs consisting of community members have become integral in the decentralization reforms which have been implemented since 1990s. The government expects health care providers to involve HFGCs in the management of health facilities, including making decisions that best serve the interests of the community. HFGCs should be involved in decisions such as approving all transactions that are made at the health facilities, inspecting health commodities procured by health facilities prior to dispensing, taking part in the making of plans and budgets and holding health care providers accountable for the performance of their health facilities.

This policy brief synthesizes the key findings of the research conducted to assess how HFGCs participated in the implementation of functions that have been decentralized to the district level in Tanzania.

Methods

This research was conducted in 10 out of 26 regions Tanzania. These regions were purposively selected based on their performance in the 2018 Star Rating assessment conducted by the Ministry of Health. Three categories of regions were selected, namely high, medium and low performing. Other criteria included geographical balancing of the regions in the zones as well rural and urban districts. In each region, two districts were selected making a total of 20 out of 162 districts. Data collection used in-depth interviews and a questionnaire with district health managers, health workers and members of HFGCs. The research sought responses on the involvement of different stakeholders including HFGCs in planning and budget processes, engagement of HFGCs in human resource management issues and involvement of HFGCs in service delivery.

Key findings

Involvement of the community in planning and budget processes

The majority of the interviewed respondents indicated that the communities participated in the planning of health services at the facility level through HFGCs. This view is reflected in the remarks made by one of the respondents:

"The community participates through their representatives in the health managing committee, which operates at all levels of service provision, dispensaries inclusive. The committee is made up of seven representatives who are local residents and the eighth member is the Medical Officer In-charge of the particular health facility."(IDI with CHMT member)

The respondents were asked to give their opinions on whether members of HFGCs effectively participated in planning. The majority of health providers (89.7%) and district managers (95.2%) indicated that HFGCs were actively involved in developing and formulating health plans and budgets.

Interview data showed the opposite. The majority of respondents indicated that few members of HFGCs were involved in the process, and some perceived that HFGC members viewed planning and budgeting as technical activities, which were to be done by health facility in-charges.

Engagement of HFGCs in human resource management issues

Findings depicted variations in the participation of HFGCs in human resource management. Specifically, the majority of the respondents (61.98%) indicated that HFGCs were not engaged in the promotion and demotion of staff processes, and another 66.54% indicated that they were involved in the processes of making decisions about giving incentives health workers.

Interviews supported these findings as attested in the following remarks made by one of chairpersons of HFGCs in one of the study districts, thus:

"Actually, incentives are provided when we have funds, although the amount of money provided is not much enough. The health facility does this to motivate workers. And the health facility cannot pay this money without consulting us. It is the HFGC that approves payments earmarked for incentives for the facility health workers." (IDI with chairperson of HFGC)

Involvement of HFGCs in service delivery issues

HFGCs participated in some, but not in other, issues related to health services delivering. Health facilities involved HFGCs particularly in the system for handling grievances from the community and management of medical products such as medicines.

The majority of the respondents indicated that health facilities had in place systems for handling grievances from the communities (96.58% and 100% among health providers and district managers, respectively), and considered that the systems (94.30% and 100% among health providers and district managers, respectively).

The majority of the respondents (91.25% and 89.29% among health providers and district managers, respectively) reported that health facilities engaged communities in the handling of the grievances presented by health care users. These findings are also consistent with the analysis of interviews. The interview respondents mentioned that it is actually the members of the HFGCs who collect the concerns, complaints and grievances from the communities and present them to health facilities for action. However, the respondents identified the weakness of the system for dealing with those complaints since there were no feedback mechanisms to inform members of the community about the measures taken by health facilities and HFGCs to address the complaints.

Regarding the participation of HFGCs in managing medical products, the majority mentioned that HFGC members were particularly involved in the procurement process. One of the interviewees observed that:
"There are teams which are called health facility medicine teams; which have two members representing the community, and other members are experts representing health workers in a particular health facility. These experts are Pharmacist, Medical Officer In-charges and the Nurse; and they participate when discussing what they want and how much. Then, they place orders with MSD. If MSD has medicines, it brings them to the facility and then the facility prepares payments." (IDI with CHMT member)

Furthermore, there was a consensus that HFGCs were involved in the management of medicine and medical supplies, including inspection of the health commodities procured by the facilities prior to dispensing.

Recommendations

- District authorities need to facilitate the HFGC model of community participation adopted by the Tanzanian government as it offers the possibility of improving social accountability in the district health systems by allowing inputs in the form of views from the communities about the functioning and performance of district health systems.
- HFGCs should not be left alone; they need assistance from district health managers (CHMT) to address the bottlenecks related to the lack of participation in the health facility planning and budgeting process. CHMT can do this in two ways; first, CHMT should provide training to HFGCs on planning and budgeting. Second, CHMT should help health facilities to simplify the planning and budgeting process to allow all HFGC members to get involved in the process in a participatory manner.
- Health facilities should extend the engagement of HFGCs to more key areas of human resource management such as rewarding and sanctioning health workers.
- District health managers (CHMT) should help health facilities to improve the system for receiving and processing complaints, grievances and concerns from the communities about the performance of health facilities. Attention should be paid to the feedback mechanisms.

This policy brief is an output of a three-year (2020-2023) research project named: Examining effects of decision-making space and its practices on health systems performance in Tanzania (RIGHT) jointly funded by the Department for International Development (DFID), the Medical Research Council (MRC), and Wellcome in partnership with the Economic and Social Research Council (ESRC) Grant Ref: MR/T023597/1.

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