Strengthening Community Involvement to Improve Comprehensive Council Health Plans (CCHP) in Kagera Region, Tanzania

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Introduction

- **Regions:** 31
- **Councils:** 196
- **Health Facilities:** 6,991
- **Area:** 945,050 Km²
- **Pop:** 48,751,804

*Source: National Bureau of Statistics*
Introduction: Decentralization of Health System in Tanzania

In most cases this was not happening

The expectation is for Community to play an important role in developing local health plans through the established HFGCs

Key
- Administrative relations
- Advisory relations
- Professional relations

Note: CHMT: Council Health Management Team; CHSB: Council Health Service Boards; HF: health facility; HFGC: Health Facilities Governing Committees; MoHCDEC: Ministry of Health, Community Development, Gender, Elderly and Children; PORALG: President’s Office - Regional Administration and Local Government.
Rationale and Method

• Despite the existence of comprehensive policies and guidelines and the various efforts aimed at ensuring that communities participate in making decisions about their affairs, including health issues; *operationalization is poor*. This has many implications including:
  • Lack of reflection of the community needs
  • Lack of ownership of the plans
  • Difficulty during implementation

• MCSP conducted a rapid assessment using a qualitative approach (in-depth interviews with key informants) to identify bottlenecks in the Comprehensive Council Health Plan (CCHP) process and give key recommendations
Key findings

• Poor communication and information sharing between the CHMT and health facilities
• Lack of awareness about the CCHP among HFGC members and HFGC
• Unstipulated roles and responsibilities and lack of clarity of HFGC
• Lack of management capacity among HFGC members
• Lack of financial resources for implementing HFGC activities
Actions taken by MCSP

• Identify the bottlenecks that cause poor involvement of community in planning
• Orient HFGC members on their roles and responsibilities
• Facilitate communication between the CHMT and HFGC
• Develop improved planning templates for health facility planning and compilation
• Facilitate the planning session with HFGCs
Results

Budget allocated vs required for immunization Services in Muleba DC in 2015/2016

Before MCSP intervention

After MCSP intervention

Budget allocated vs required for immunization Services in Muleba DC in 2016/2017

Required vs Allocated

Outreach Distribution LPG Cylinders Electricity Total budget

Before MCSP intervention

After MCSP intervention
Conclusion and Recommendations

• Despite the clear structure and documentation of the planning process, which includes community involvement, there are still gaps in community involvement

• HFGCs are instrumental in ensuring community participation in the development and implementation of health facility plans and CCHP

• Decision-makers need to revisit the CCHP preparation and implementation and strengthen the community involvement in practice, right from the planning stage
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