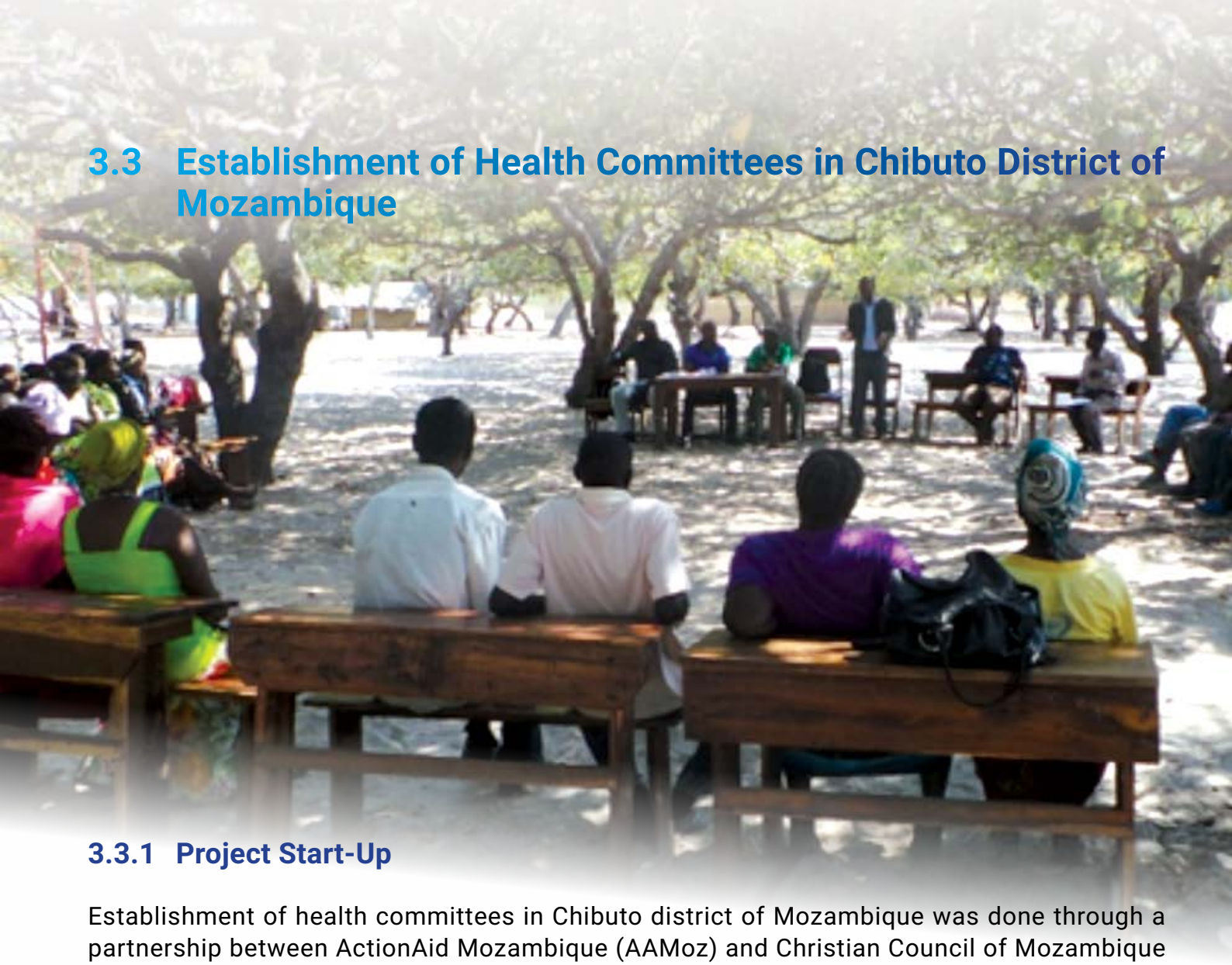
3.3 Establishment of Health Committees in Chibuto District of Mozambique



3.3.1 Project Start-Up

Establishment of health committees in Chibuto district of Mozambique was done through a partnership between ActionAid Mozambique (AAMoz) and Christian Council of Mozambique (CCM) Gaza and the health ministry.

CCM is a community of churches and member institutions who are legally registered in Mozambique. The organisation is driven by the biblical principles on passion, love and faith with the aim of improving the common good of people in Mozambique. The vision of CCM is to be an ecumenically strong and self-sustaining organisation that facilitates the spread of the gospel with its social aspect. Guided by the book of Matthew 25: 31-46, the mission of CCM is to serve the churches, member associations and communities through the expansion of the gospel and the promotion of social and economic justice in the light of the teachings of Jesus Christ.

AAMoz started operations in 1987, with an initial effort on emergency food relief to people fleeing war in the country. The organisation works with marginalised services to ensure they have access to food, health services and education services. Under the health stream, AAMoz runs awareness and information campaigns on prevention and mitigation the impacts of diseases. This is complemented by interventions targeted an improving access to health services. The organisation has also invested dearly in supporting small scale farmers to improve food production and mitigate possible effects of policy and environmental instabilities. The organisation has been working with partners at community level. At national level AAM has also driven the policy advocacy agenda to ensure an enabling environment for sustenance of community health and well-being.

3.3.2 Key Project Activities

Community scorecards on SRH services provision in Chibuto district – Across the target communities of Chaimite, Maniquiqui, Malehice and Mukhotweni the community scorecard methodology was implemented. The purpose of the community scorecard was to involve the community and service providers in assessing the quality and delivery of SRHR services in the district. A total of 55 people took part in the data collection process, with 49% being female.

As part of the community scorecard methodology, AAMoz and CCM Gaza facilitated community interface meetings between the community, service providers and the local government representatives. Stakeholders committed to resolve identified service delivery gaps, with a focus on development of the local government plan and resource allocation for health. Through the interface meetings key SRH issues were brought to fore such as absence of waiting rooms for pregnant women in all public healthcare facilities and access to fixed instead of a mobile Antiretroviral Therapy (ART). The meetings were also an opportunity to enhance skills of community leadership on public debates and dialogue with government officials.

Strengthening district level coordination – Establishment of the health committees was situated in the core of a multi-stakeholder district level coordination framework. CCM Gaza involved local District Platform of the civil society and mobilised their activists to embrace the initiative as complementing their own. An alliance with the local government was established in order to achieve greater credibility and avoid confrontation with their officials.

Facilitating establishment of Health Committees – Through the project intervention Health Committees were established in four communities, Chaimite, Maniquiqui, Malehice and Mukhotweni on the southern part of the Gaza Province, 210 km from the capital Maputo. Members of these local fora were chosen by the community through an election process. A potential candidate submitted his or her application. Debates were carried out freely in a democratic manner within the community before the rightful members were selected. After capacity building support from AAMoz and CCM, the committees are now engaged in community SRH awareness raising events, monitoring of health service delivery within their facility of jurisdiction and mobilising communities to participate in exacting accountability from the state in the delivery of quality SRH services.

Training on social accountability monitoring – AAMoz and CCM Gaza in year two of the project were able to localise the PSAM training manuals and resources on social accountability. Translation into Portuguese was done of social accountability documents into two training manuals: i) The first was on the five processes in public resource management; and ii) Social Accountability Monitoring Instruments (Plan and Budget Analysis, Public Expenditure Tracking, Social Audit, Community Scorecard, Public Integrity Analysis and Inspection).

The aforementioned resources were utilised to conduct trainings on social accountability for the committees. Such training was meant to strengthen their ability to carry out monitoring and reporting of key issues on the delivery of health services in their respective communities. In Gaza, a total of 44 people (13 female and 31 male) were trained.

Community awareness raising – Using participatory data gathering methods, a number of SRH issues were identified within the villages i.e. access to contraception. Based on this observation a number of community targeted awareness activities were done by the committees, supported by CCM and AAMoz.

Public and community radio debates were utilised to raise awareness on SRH risks and improved health seeking behaviours. The debates focused on women, young people and community leadership in particular as it was observed that most men were seasonal migrants who spent most of their time in the mines and informal trading in South Africa. Furthermore, the debates meant to address harmful gender norms limiting women's ability to make decisions about their SRH i.e. early, unplanned or unintended pregnancy for girls would lead to a drop out from school but access to family planning services with healthcare personnel guidance can reduce the rate of early pregnancies and subsequent school dropout rates. It is imperative to note that the membership of the health committees took an active lead in raising community awareness on the aforementioned issues.

Community awareness was thus taken as a means of bridging the gap between cultural beliefs and practices and sexual and reproductive healthcare and rights.

Figure 10: Committee members share experiences in monitoring SRH service delivery

Images: SAfAIDS (2018)

3.3.3 Elements of Best Practice

Effectiveness of the Action

Strengthened capacity of smallholder farmers in rights and evidence-based SAM and advocacy - Output 2.1 of the PSA project is on strengthened capacities of issue based CSOs, smallholder farmers' organisations and media, in rights and evidence based SAM and advocacy. The action through CCM and AAMoz in Chibuto has greatly strengthened the capacity of smallholder farmers to engage in rights and evidence based SAM and advocacy particularly focusing on the delivery of the SRH services in the four communities. The committees have translated into a platform for social organising whereby represented communities have a 'voice'. The committees are recognised by the local leadership and health ministry. SRH service delivery challenges such as absence of waiting shelters for pregnant mothers have been acknowledged by the health ministry and resolved through the committee actions.

Members of the committees after going through the training are now aware of their role as civic minded citizens. They now have the capacity to engage the health facility representatives and present matters for attention, in additional to participating in public debates focused on the five key processes of public resources management for health.

"As a member of the health committee, I have been attending training and capacity building on social accountability; I participate in the dissemination of counselling messages, door to door, on the need and advantages of voluntary testing, especially in public places, for example, in churches, schools, markets, as well as in neighbourhoods to encourage the reduction of sexually transmitted diseases, unwanted pregnancies, mainly among young people and parents who misunderstand or do not know how important it is to be tested for HIV/AIDS as well as making Family Planning". —Health Committee Member from Chaimite

Strengthening the quality of SRH service delivery through improved public resource management - Through playing an oversight role the committees have been effective in contributing towards improvements in the delivery of SRH services. This is underlined by the fact that the committees are formally recognised by local government, community leadership and the health ministry. The Committees engaged the health ministry to raise awareness on the need to establish waiting rooms for pregnant women. This amongst a host of other SRH services gaps that have been addressed as a result of the committees' advocacy and engagement actions.

"There have been many improvements, one of which is reducing childbirth outside of maternity. It is thanks to some trained activists, health activists who have also (worked with) communities. Pregnant women are sensitized to make regular consultations, and when they are about to give birth, she comes to await delivery at the pregnant woman's waiting house." —Committee member from Malehice

Enhancing SRH outcomes for vulnerable women and young people in Chibuto district – When the project started it was clear that SRH of women and young people was viewed in bad light. This was caused by a combination of harmful cultural norms and practices on SRH and limited access to health services resultant from structural and resource challenges. Feedback from FGD participants shows notable transformations in SRH outcomes i.e. access to family planning and decision making by women have changed. In addition, pregnant women who faced the risk of unsafe deliveries at home can now book early at the health facility and stay there until the labour due date. This is only an example, but it marks a significant milestone by the project in improving the SRH of target groups. Furthermore, awareness raising debates and events conducted by the committee members has yielded positive health seeking behaviours among the communities especially men.

Ethical Soundness

The action was grounded within community value systems and beliefs. Methodologies applied were participatory as the communities, via the committees, identified key SRH challenges themselves and defined agendas for advocacy. Actions of CCM and AAMoz thus did not impose ideas and changes that would impact on the community's well-being and way of life. Contrary, the core interest of the intervention was meant to ensure that access to SRH services, as a right, was guaranteed for the men, women and young people in the target communities of Chaimite, Maniquiqui Malehice and Mukhotweni.

AAMoz and CCM also ensured that the process of selecting community members is open to all members of the community regardless of gender, age, physical abilities or social background. Hence, the committee members represent diversity of backgrounds encompassing both young people and the elderly as well. The project thus aims to improve access to SRH services for people living with HIV (PLHIV), young women, elderly, boys and men as well as community leadership.

Relevance

Strengthening rights and evidence-based SAM and advocacy for communities in Chibuto district was quite relevant in addressing SRH service delivery gaps. Data collected through the community scorecard and community debates shows limited accountability in managing public resources for health had resulted in decline in quality of health services and programmes designed to address SRH challenges in the communities. The case study presented below shows how the action was responsive to an identified SRH challenge of teen pregnancies and subsequent school drop outs. Noteworthy, pregnancy amongst young women is associated with numerous health risks and can lead to death.

In Chaimite, there were high rates of teen pregnancies among school going girls. This meant a significant drop out rate for those who fell pregnant. The matter was raised through the social accountability committee and discussed publicly. As a result the government decided to take action based on this. Family planning and a sexual and reproductive health education campaign were introduced in the community, at schools and at every local meeting.

Community mobilisation to demand accountability and engage in rights and evidence based SAM advocacy was also limited. FGD participants reported not having the tools and knowledge to demand accountability from the government in delivering SRH services. Thus, service delivery challenges went unchecked. When CCM and AAMoz conducted capacity building on social accountability and public resource management, this enlightened the committees on how to actually track state accountability.

Cost Effectiveness

CCM and AAMoz have put in place measures that guarantee cost effective implementation of the action. The main committee activities are conducted in the local communities using public spaces. This guarantees that committee gatherings and actions can be done at low cost. Participants can walk to meeting venues and the health facility. This implies limited responsibility of the project to support community transport and venue costs for gatherings. In addition, the committees are made up of community members who are based within walking proximity to the health facility. The model thus ensures no additional costs are incurred from bringing in external experts to participate in committee meetings and activities.

Innovativeness

The intervention by CCM and AAMoz is quite unique in that debates are centred on issues raised during the course of local planning and resource allocation phase. This ensures relevance of the debate topics and provides a premise for influencing local district plans, including allocation of resources for health services delivery. Firstly debates are done in a general community gathering and thereafter emerging issues are discussed with government technicians from the planning department for their inclusion on the local plan and budget, known as the Economic and Social (PES). The PES contains planned government expenditure for the year and community priorities such as health services delivery.

Sustainability

Operational sustainability – The partnership between AAMoz and CCM ensures the sustainability of the project in the event that AAMoz support comes to an end. CCM Gaza is a community based organisation that is based within Chibuto district and has been implementing health interventions on HIV and SRH for many years. Through the PSA project partnership, AAMoz has built the capacity of CCM Gaza to implement social accountability project actions that aim to improve quality of SRH services delivery in the district. CCM Gaza thus has the capacity to support the committees to implement SAM advocacy actions and data collection.

Impact sustainability – The project impact will be felt even after closure. This stems from the fact that the committees have the technical knowledge and capacity to continue monitoring of health services within Chibuto district. The training on social accountability and the five processes of public resource management has built

the knowledge base that can be transferred to new members of the committees. Furthermore, the committees are recognised by the health ministry and other local government structures that will continue to support their oversight role. Hence, SRH service delivery challenges will continue to be raised with the relevant ministries and opportunities presented for inclusion of the issues in the PES.

Replicability

The committees were established within the framework of existing local structures such as the local District Platform of the civil society, local government and local planning process. This is a key indicator for replicability as the intervention is easily assimilated into existing platforms. It is further a must have condition for the success of any participatory governance programmes.

In Mozambique the government has instructed the health ministry to partner with communities in establishing similar community health fora in rural areas. This is drawn from reflections and evidence that the model truly is effective and can be applied in other rural districts of the country.

3.3.4 Key Project Successes

Radio debates, conducted after training of the committees on social accountability, provided an effective platform for the community demand improvements in the delivery of SRH services. Main concerns that have been raised during the discussions, which also opened space for the listeners to make calls. Concerns were raised on the provision of quality HTS and contraceptives access. During the radio discussions, the representative of the district health services stated that a fixed service would be established for HTS and antiretroviral treatment in the health facility of Chaimite in replacement of the mobile clinic.

"The health facility of Tchaimite did not have a fixed ART service until the year of 2014, when the mobile clinic care on the weekly basis started, i.e., only on Thursdays, and the adherence was totally poor. During the access to ART via mobile clinic, the distribution of drugs was done in public, there was no confidentiality and we did not like that. Other beneficiaries eventually abandoned the treatment."

"From the end of 2017, we have been having access to fixed ART service locally. When a beneficiary reports to the health facility and shows their card, they immediately receive the medicines. Now they are satisfied with this change." —*Hortência André Cossa*

Image: SAfAIDS (2018)

3.3.5 Challenges

Despite the remarkable success of the project, there are notable challenges that were faced during implementation:

Low male participation and representation in health committees: Most members of community gatherings and committees are women. This is because more women are available and more engaged at that level than men. Furthermore, most economically active men migrate seasonally to South Africa where they work in mines. Male participation needs to be improved to ensure the voice of both men and women is heard in strengthening delivery of SRH services.

Retention of committee members: Some of the committee members have since dropped out as there is no extrinsic rewards mechanism i.e. allowances. The committee membership is currently done on a voluntary basis.

3.3.6 Lessons Learnt

Use of community radio is an effective tool in civic engagement and awareness raising - The use of community radio for public debates and other awareness raising purposes helped to identify SRH service delivery gaps that were being experienced by the community. This shows the power of radio as a tool for promoting civic engagement health and social accountability topics. In phase 2 it is important for the partnership to explore further usage of radio and engagement of media professionals.

3.3.7 Conclusions and Way Forward

The establishment of health committees in Chibuto district is truly a best practice, scoring over 80% against the BP criterion. Actions by AAMoz and CCM Gaza have helped to enhance the capacity of smallholder farmers of Chibuto district in exacting accountability towards provision of quality SRH services in the district. The Committees have provided an avenue for SAM advocacy to be done. Evidence can be drawn from prior sections on how the committee roles led to improvements in SRH services meant to address identified challenges.

To further strengthen results and address challenges, the following actions are recommended for the two organisations:

i. Male engagement messaging and mobilisation is needed in the upcoming phase. Gaza is one of the provinces affected by HIV/AIDS and has many migrant men who go to work in South Africa. This increases risk of HIV incidence in the district.

ii. Recruitment of health committee members should target mainly people who come from the CSO that are members in the district platforms. This will help reduce the dropout rates of committee members. In addition, other forms of motivation should be considered for members of the committees.

iii. AAMoz and CCM Gaza should provide technical support to the health ministry in coming up with clear guidelines on how to establish and run the health committees within rural areas. Currently there are no universally adopted guidelines serving as a reference point for the committees. Adoption of clear guidelines will ensure effective health committees governance.

iv. The PSA project needs to invest in more in the use of community radio and develop a clear model for engagement of media personnel. This will contribute towards more structured and effective partnerships with media as a tool for promoting civic engagement in monitoring of health service delivery issues.