



# FROM DEMOCRATIC VACUUM TO DEMOCRATIC DIVIDEND IN DISTRICT COUNCILS

District councillors promote accountability in the management of health sector resources

## THE PROBLEM

**Democratic vacuum at the district level:** The absence of District Councillors in Malawi from 2005 to June, 2014 led to other district level actors, notably District Council Secretariat staff, Members of Parliament and Traditional Leaders taking over Councillor roles and responsibilities under administratively constituted District Consultative Forums. As a result the early days of Councillors in office were characterised by numerous stories of conflicts between Councillors and Council staff. One of the most common conflicts resulted from Council staff accusing Councillors of usurping the functions of the Council Secretariat, while Councillors felt the Council Secretariats were deliberately making it impossible for them to perform their oversight role.

While there was no consensus as to whom was to blame for these tensions, it was generally agreed by the Government of Malawi and development partners that Councillors lacked experience, knowledge and skills to become effective overseers of District Councils.

## WHAT MHSP-TA DID

The UK-Aid funded Malawi Health Sector Programme – Technical Assistance component (MHSP-TA) saw capacity development of Councillors as essential to enable them to effectively hold to account the District duty-bearers in the area of health service delivery as well as acting as public health advocates. The Ministry of Local Government and Rural Development (MLGRD) had responsibility for training Councillors in wider governance issues while placing responsibility for the sectoral training needs on the respective line Ministries.

The Ministry of Health (MOH) recognised the risk that the potential democratic dividend obtained by having elected Councillors would be lost without technical orientation. In response to a request from the MOH, MHSP-TA led the development of a capacity enhancement programme for Councillors with a focus on members of the Health and Environment Committees (H&EC) of the District Councils. The H&EC is important because it is the apex health sector governance structure in the districts deriving its authority from the Local Government Act, amended in 2010.

## Formation of capacity development advocacy

**informal network:** In order to support the MOH in the capacity development of the members of the District Council H&ECs, MHSP-TA developed a concept note that focussed on an action learning approach and working collaboratively with like-minded partners. MHSP-TA also led the formation of an informal network of organisations comprising the National Initiative for Civic Education, the USAID SSDI – Communications and Services programme, Women's Legal Resources Centre, Evidence for Action and the Maternal Newborn Health Results Based Funding programme. The network met several times during October and November 2014 to support planning of the first two sensitisation meetings. SSDI-Communications donated local language Family Health booklets to provide an essential health information resource for the meeting.

**Three sensitisation workshops conducted:** In consultation with Health Zone (regional) Supervisors, the three districts receiving the full package of MHSP-TA support were selected for fully-fledged sensitisation workshops. The purpose of the sensitisation was to test out the willingness and commitment of the Councillors and other key stakeholders to take part in a proposed capacity building initiative.

**Modified Action Learning approach:** Following high levels of support for the sensitisation workshops, MHSP-TA directly provided modified Action Learning support to the three districts. This focused on orienting District Councillors to their roles and developing sound evidence-based understanding of issues and appropriate forms of engagement and action.

## Scale up of sensitisation meetings to 10 districts and support to Health and Environment Committees:

Evaluation of the Action Learning approach showed it was both popular and effective. As a result it was agreed with the Zones to scale up the capacity enhancement. Responsibility for scaling up rested with the five Zone Health Offices (ZHOs) which, supported by MHSP-TA, organised 10 District sensitisation meetings. The ZHOs have continued to support the Health and Environment Committees using the modified action learning approach.

## OUTCOMES OF THIS SUPPORT

As a result of their enhanced capacity, Councillors have progressively become more assertive and effective in exercising their oversight role. The quarterly and ad-hoc meetings of the H&ECs provide a platform for Councillors to raise their concerns over the manner in which health sector resources are managed and Councillors are increasingly calling Council Secretariat staff to account, particularly regarding use and misuse of resources.

### **Councillors using Health Efficiency Action Plans to curb misuse of Council resources:**

All districts prepared action plans to address issues raised in a health efficiencies study commissioned by the MOH and funded by MHSP-TA to examine the extent of misuse of health resources by health facility and district health teams. H&ECs have used the action plans as a tool for monitoring progress towards a more efficient use of health sector resources and holding district officials to account. These were the first ever health efficiency action plans prepared by district teams. As a result of the action plans the Director of Finance provide the H&ECs with budgets and financial reports which they scrutinise and query unbudgeted-for expenditures and over-expenditures.

### **Councils increasingly accessing funds for health sector infrastructure projects:**

Members of the H&ECs are increasingly influencing the allocation and use of the Local Development Fund (LDF) for minor health sector infrastructure projects. In Ntchisi and M'mbelwa districts, the H&ECs received LDF funding for construction of a Guardian Shelter at their District Hospital. Prior to this the LDF was predominantly used for education infrastructure projects.

### **Councillors reviewing quarterly financial reports:**

The M'mbelwa and Rumphu H&ECs demanded that the District Council Secretariat provide the Committees with quarterly financial reports. Before this no reports had been shared with the H&ECs for over a year. Councillors are also able to query certain expenditures against approved allocation/budgets. For example, in Mwanza the Director of Finance was put on the spot and asked to explain why the allowances budget was exhausted before half-way through the financial year.

This is an important first step towards holding Council staff to account and ensuring that public resources are used for the intended purpose.

## EXAMPLE OF COUNCILLORS ASSERTING THEIR OVERSIGHT FUNCTION:

**District Councillors close District Commissioner's office in Chiradzulu District:** Vice Council Chair for Chiradzulu, Councillor Diston Mphero said the councillors have closed the office because the Ministry of Local Government and Rural Development was taking long to transfer DC Memory Kaleso as per their demands. Nyasatimes, March 31, 2017

**Ntcheu Council Secretariat accused of lacking accountability:** Ntcheu Members of Parliament and Councillors have accused the Council Secretariat of lacking financial transparency and accountability. Nation Online, December 28, 2016

## MOVING FORWARD

It is widely acknowledged that the absence of democratic actors at local level for nearly ten years damaged local systems of accountability and concerted efforts are required to help decentralised democratic structures reclaim their space. MHSP-TA capacity development of elected District Councillors is not a panacea to deal with the multiplicity of challenges they face in exercising their responsibilities of oversight, but it has made significant progress and has also identified what is required going forward.

- MLGRD will need to ensure that the Council Committee system is working well to strengthen local democracy and improve service delivery. In the absence of Committee meetings, the Councillors are denied an opportunity to effectively provide oversight to the work of the Council staff.
- Monitoring of the implementation of health efficiency action plans has the potential to contribute towards the reduction of resource misuse in the districts. However, the action plans need to be reviewed and updated annually and monitoring of their implementation needs to be more systematic than is currently the case.
- It would also be good for development and implementing partners to intensify their support to CSOs working on accountability issues such as budget tracking and community score cards. One-off capacity development interventions are not enough to repair the damage to local systems caused by the absence of the Councillors for nearly ten years.

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