LEARNING SERIES

DRUG ACCOUNTABILITY, HEALTH CENTRE ADVISORY COMMITTEES AND ENHANCING COMMUNITY PARTICIPATION IN HEALTH

Malawi's media is regularly awash with incidences of health commodity theft. Over the last few years, research has quantified the magnitude of drug theft as well as identified the networks and processes that facilitate theft. This evidence suggests that most abuse is occurring at health facilities, often in collusion with the health care workers who are entrusted to safeguard health commodities and ensure they reach their intended beneficiaries.

These findings are of particular concern to DFID who, between the 2013-2016 financial years, supplied health centres with essential drugs and supplies worth GBP16 million. Unsurprisingly there is a desire to see stronger drug accountability mechanisms in place throughout the system, including within health facilities. To address the drug accountability gap MHSP-TA designed a community based accountability programme with Health Centre Advisory Committees (HCACs) as the entry point. The objective was to increase HCACs effectiveness, as well as firmly embedding them within the unfolding decentralised health system.

WHAT IS A HCAC?

A HCAC is a group of volunteers representing community members and service providers. HCACs are commonly described as creating a bridge between the facility and the community. They were established to enhance community participation in health service delivery, to reflect the Alma Ata Declaration and are recognised as integral to Malawi's health system. HCACs however have faced myriad challenges hampering their ability to function: membership is largely ad hoc, male dominated and often hand-picked by community leaders; the majority of HCACs have never received training and so members are unaware of their roles and responsibilities; there is an absence of training materials and/or guidelines and the existing HCAC Terms of Reference (TOR) are out dated and largely irrelevant especially in the context of decentralisation.

The UKAid-funded Malawi Health Sector Programme – Technical Assistance component (MHSP-TA), used lessons learnt from Options supported programmes in Nigeria, to develop a comprehensive training manual adapted to the Malawi context. The existing HCAC TOR was also revised and 'modernised'. Following a competitive tendering process, a local civil society organisation, the Malawi Economic Justice Network (MEJN), was contracted to implement a pilot training and mentoring project with 11 HCACs in three districts: Rumphi, Mulanje and Mwanza. Utilising the revised draft TOR the 11 selected HCACs reflected on their existing membership, with many opting to revitalise their membership to: a) fulfil the requirements of the revised TORs, b) be inclusive and representative and c) ensure membership is selected through a transparent and participatory process.

The re-vamped committees underwent a five-day training utilising the adapted training manual, facilitated by MEJN District Coordinators and key representatives from each of the District Health Management Teams (DHMT). During the training, 3-4 members of the HCAC were identified to form a Drug Management Sub-Committee (DMSC), with specific responsibility for drug monitoring and oversight. Once the HCACs were trained they proceeded to:

- hold routine monthly meetings during which the MEJN Coordinators/Mentors were present to provide action learning or mentoring assistance
- perform the following specific drug monitoring roles: witnessing and signing off on drug deliveries; supporting the facility with the monthly inventory, and using a simple form to help monitor the availability of selected drugs and supplies
- assess the health centre's functionality against a set of 15 indicators covering utilities, supplies, staffing and drug security, thus providing a quick snapshot of how well or not a facility is able to function.

A process evaluation is running alongside the HCAC intervention to identify successes, challenges and lessons learnt.

HCAC membership:	
Civil society (12)	Religious leaders Women's representatives CBOs active in health 1 from each community in facility catchment area (from Village Health Committees if possible) Less privileged/ vulnerable groups e.g. youth, people living with disabilities etc.
Service providers (3)	Health Centre In Charge 1 or 2 clinical, nursing or environmental health representatives

WHAT HAS BEEN ACHIEVED SO FAR?

HCAC functionality

After 16 months implementation all 11 HCACs meet regularly once a month and follow a structured meeting process in which minutes are captured and action points followed up. HCACs now have a visible presence in their respective area which is helping communities to be aware and more engaged with what is happening in their health centre.

Facility functionality

Using the facility functionality scorecards all HCACs have successfully lobbied for improvements to their health centre. Improvements made to facilities include the construction of better toilets, re-installation of piped water to improve WASH at their health centre. They have also purchased and installed new light bulbs and door hinges which make small but significant improvements to the day-to-day functioning of the facility.

Drug accountability

All HCACs and DMSCs are regularly signing-off on Central Medical Stores drug deliveries. In addition, DMSCs monitor essential drugs using a simple inventory card to capture and verify information from stock cards whilst also conducting monthly drug inventories together with health centre staff. In some instances they have successfully followed up on missing drugs.

In Mwazisi health centre in Rumphi when the DMSC conducted its monthly drug stock, it discovered that 280 antimalarial Lumefantrine Artemether tablets were missing from the drug store. After enquiring with the In-charge and the pharmacy clerk they were told that they were issued out to two senior Health Surveillance Assistants (HSAs). The DMSC followed this up by checking with the HSA's records. It was confirmed that the HSA's had been given the medicine but it was not recorded at the health centre. Mwazisi pharmacy records were then updated.

Duty Bearers' responsiveness

HCACs advocate to their District Health Offices (DHO) to address concerns raised about issues that cannot be dealt with at community/facility level. At Mwazisi and Tulonkhondo health centres, the DHOs have responded to HCAC complaints by transferring non-performing workers.

HCACs have also advocated to political and local leaders as well as the business community for support to implement a range of improvements at their health centre.

National Level Influence

A mid-term assessment of the pilot project conducted in September 2017 reports that it has significantly contributed to raising the profile of the roles of HCACs at the MoH and amongst development partners. They have been clearly articulated in the MoH's Health Sector Strategic Plan 2 and in the country's first National Community Health Strategy. In addition, development partners such as MSF and the USAID-funded ONSE programme have requested to use the draft HCAC TOR and training manual to support the capacity development of HCACs in up to 17 additional districts. Furthermore some Christian Health Association of Malawi members have also requested these tools to train their HCACs. The intention is for the HCAC materials to be used to train advisory committees in all health facilities in Malawi.

MOVING FORWARDS

- MHSP-TA is working with the MoH to endorse the National HCAC TOR, Guidelines and Training Manual
- Scaling-up support to all HCACs at MoH facilities in Rumphi district at the request of the District Health Officer
- In line with the MoH reforms framework, MHSP-TA is working with Mwanza district to support HCACs to manage small health centre improvement grants. This approach is modelled on the Education Sector's Primary School Improvement Programme in which School Management Committees (similar to HCACs) have oversight of small improvement grants.

By actively engaging with community leaders, lobbying with Members of Parliament and the business community, the HCAC at Thuchila Health Centre in Mulanje has achieved several improvements to their health facility including:

- Building two pit latrines entirely with community resources;
- Enabling access to piped water for both patients and facility staff and
- Fixing the roof of the facility's drug store and dispenser blown off during a storm

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