Using policy dialogue to strengthen health centre committees as a vehicle for social participation in health system in east and southern Africa

Workshop Report

Lusaka District Community Health Office
In partnership with the Ministry of Health Zambia, MCD, and TALC

Ndonzo Lodge, Lusaka-Zambia
January, 2016

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Cover photo: Daka Mazunzo
Other photos by I. Zulu

The National coordinating team of the project wish to acknowledge the following for the successful workshop namely, the Ministry of Health (MOH) for acknowledging the project, the Ministry of Community Development and Social Services Mr Kakusa and Lusaka District Community Health office (LDCHO) for releasing the facilitators for the workshop. We thank CWGH Zimbabwe for leading and supporting Health Centre Committees as a Vehicle for Social Participation in Health System in East and Southern Africa. We thank the Ministry of health Lusaka Provincial Health Office for the selection of the Provinces and Districts and facilitating the process for the workshop, the TALC and Learning Network for their support and Provincial District Medical Officers from the six (6) districts for organizing the participants and for the warm welcome accorded to the team in Lusaka District. Thanks for edit of the report for EQUINET by R. Loewenson, TARSC.

The national health centre committee facilitators are
1. Dr Kennedy Malama (Provincial Medical Officer)
2. Dr Gideon Zulu(District Medical Officer)
3. Dr Clara Mbwili-Muleya (Programme Manager)
4. Idah Zulu –Project coordinator (HC In-charge & Health Literacy Coordinator)
5. Mr. Samson Lungu (Principal Planner L)
6. Roydah Zulu-(LDCHO Community desk)
7. Dennis Chibuye (Programme Officer – TALC)
8. Mutemwa Kawana (Health Literacy Facilitator) -Workshop Rapporteur

The Report was written by Idah Zulu supported by Mr Samson Lungu and Dennis Chibuye. We recognize two NHC members Mr. Patrick Mumba and Mazunzo Daka and the tireless efforts and commitment of the late Moses Lungu who passed on in December 2014, and who dedicated much of his working life to promoting equity and uplifting health and health care. He was a lead in this work, a life member of the NHCs and a trainer and mentor to many NHCs countrywide.
The Facilitators wishes to above all thank God the Almighty for the success of the meeting.

1. Background

In February 2014, the Regional Network for Equity in Health in East and Southern Africa (EQUINET), led by Training and Research Support Centre (TARSC) held a regional meeting involving those working with Health Centre Committees (HCCs) in east and southern African (ESA) countries to exchange experiences and information on the laws, roles, capacities, training and monitoring systems applied for HCCs in the ESA Region. The meeting gathered twenty delegates representing seven countries from the region, all involved in training and strengthening HCCs, including Zambia. As a follow up a regional programme focusing on HCCs was undertaken within EQUINET, coordinated by the Community Working Group on Health (CWGH) Zimbabwe. The programme is exploring various aspects of social participation and power in the functioning of HCCs.

The 2014 regional meeting identified that HCC roles should be clearly defined within health system processes, starting with their engagement with the community which includes:-Building an informed community strengthens HCCs in bringing community voice on needs and priorities into the decision making for and functioning of health services. HCCs bring social knowledge, experience, views on health problems and solutions within communities to jointly design and implement the plans and budgets for the health system at primary care and community levels.

The Lusaka District Health Office (LDHO) in the Ministry of Health, Zambia, has carried out a component of this regional programme, engaging with policy makers, provincial and medical doctors, stakeholders and the community, working with School of Public Health and Family Medicine at the University of Cape Town (UCT), to explore the ways of formulating policy guidelines/laws to support HCCs and their negotiating power, especially in terms of influencing the planning and budgeting processes at facility and district levels, and in meeting community priority health needs.

Zambia is one of the countries facing challenges despite NHCs (HCCs) taking up active roles in health facilities, as noted in an EQUINET LDHO policy brief (LDHMT, TARSC in EQUINET 2015). A Health Literacy programme in Zambia was recognized and launched by the Minister of Health, Dr Joseph Kasonde in July 2012 as positive feedback for the work done by LDHO for over ten years, through its association with EQUINET (MOH Zambia, LDHMT, and TARSC. 2012).

In this current partnership led by Community Working Group on Health (CWGH) on health centre committees as a vehicle for social participation in health system in east and southern Africa, Lusaka DHO is building capacities and learning for the district and the wider country programme on policy and legal guidelines to support the effective interaction of communities in HCCs that can be shared regionally.

2. Workshop objectives

A workshop was held on 7th January 2016 in Lusaka to support and inform the objectives for the Zambia work, viz:

1. To compile and exchange information on the current laws and legal guidelines on the role and functioning of HCCs.
2. To develop through regional dialogue a model HCC guideline to be tabled and reviewed regionally.
3. To analyse and document how current laws compare to this guideline.
4. To advocate for strengthening of law and guidelines in regional and national policy forum.

The Workshop participants included Provincial Medical Doctors and District Medical Doctors drawn from seven provinces and eleven districts in Zambia namely: Lusaka, Central, Eastern, Southern, Muchinga and Copper belt provinces , Chama,Chilanga, Chongwe, Luangwa,

Mpulungu, Mumbwa, Masaiti, Choma, Lundazi, Isoka and Lusaka. A total of 31 participants were involved. These members are expected to be part of the process to strengthen communication and dialogue with stakeholders to come up with a policy guideline for community members at primary health care level towards specific, measurable improvements in the functioning of health system for NHCs. The participant list is shown in *Appendix 1* and the programme in *Appendix 2.*

The workshop was facilitated by national resource personnel, including Dr Mbwili-Muleya (Programme manager), Idah Zulu (Project/HL Coordinator), Roydah Zulu (community desk and rapporteur), Mutemwa Kawana (Health literacy Facilitator). These facilitators came from Lusaka District Community Health Office (LDCHO), and worked with Dennis Chibuye (Programme officer) for Treatment Advocacy and Literacy Campaign (TALC).

The Health Centre Committee meeting in Lusaka District was under on 7th January, 2016.

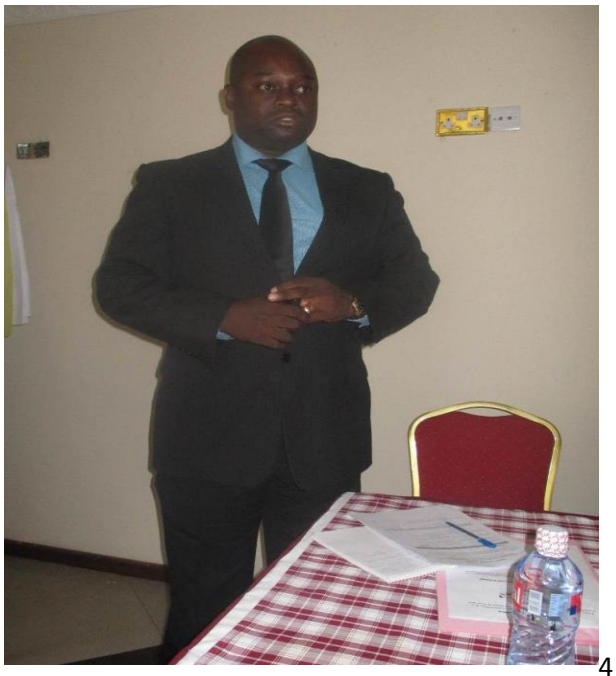
3. Opening session

The training workshop started with the registration and introduction of participants.

Mr. Samson Lungu the Principle Planner (PHO) chaired the morning session. An opening prayer was given by Dr Modesty Bwalya. He confirmed that the participants had all the needed documents on their tables and called upon the District Medical Officer Dr Gideon Zulu to open the meeting.

The welcoming remarks were given by *Dr Gideon Zulu, District medical officer from LDCHO*. He apologised for the change of venue and thanked Provincial and District medical Officers from six provinces and twelve districts for according an opportunity to attend the meeting. He thanked the guest of honour for taking time in a busy schedule to be with the team. He recognized the good work that NHCs have undertaken in supporting the Government in its' efforts to cushion shortage of personnel for health in the country.

He thanked the all for embracing 'Health Centre Committes as a vehicle for social participation in health system in East And Southern Africa project in the country.' He acknowledged EQUINET and TARSC for working with LDHO on community issues and CWGH for sponsoring the project on HCCs. He further acknowledged the national organizing team / facilitators. He emphasized that this was rather a process that would ensure that information was generated by the participants who are themselves masters of knowledge in their local settings. He then invited Dr Kennedy Malama the Lusaka Provincial Medical Officer to highlight the objects of the workshop.



Dr Gideon Zulu – District Medical Officer for LDCHO giving welcoming remarks, 2016 © M. Daka 2016

Dr.Malama the Lusaka Provincial Medical Officer highlighted that some issues have remained ad hoc, such as no approved HMIS at community level, but mentioned that efforts are being made to address such challenges. He observed that for this we need to collaborate with all stakeholders. He presented the objectives for the workshop as to:

- Review the existing Documentation on volunteer policy in the country
- Provide and exchange information on the current laws, policies and guidelines on the roles and functions of the health centre committees, neighborhood health committees and volunteers;
- Advocate for the strengthening of the law and guidelines in the work of volunteers, neighborhood health committees and health center committees

As outcomes he noted the need to develop recommendations for various stakeholders to support the development of a volunteer policy, to inform operations of volunteers within appropriate structures. The relevant Stakeholders include: public sector, civil society, NGOs, faith based organizations, private sector, communities and its leadership.

Dr Kennedy Malama – Provincial Medical Officer for LPHO giving the meeting objectives © M. Daka 2016

The *Deputy Director Disease surveillance Control & Research (MOH) Dr.Bweupe* gave the official opening. He acknowledged NHC chairperson, Chaisa health Centre In charge and Community desk for this work he appreciated all those who have travelled from far away places for this noble cause.

He acknowledged Lusaka District Technical working group in enabling the ministry to realise that volunteers have been working without a policy guideline. He further thanked CWGH Zimbabwe in EQUINET for the initiative of developing a legal document or policy for the region, noting this will help to make the community take up their role in community work. He encouraged members present to work together with their good experience in community work. The opening speech is provided in *Appendix 4.*

Deputy Director Disease Surveilance Control &Research , Dr Bweupe giving the official opening . © I. Zulu 2016

4. Development of a volunteer policy

Mr. Kakusa From Ministry of Community Development and Social Services highlighted in his presentation the work that was done during the realignment of the two ministries - Ministry of Health and Ministry of Community development, mother and child health. A community Based volunteer skills audit was done to establish baseline data. Twenty districts were sampled, with one the objectives to look at different names of community based volunteers (CBVs) in different organizations such as GRZ, NGOS, and CBOs, the definition of a CBV. The audit highlighted three types of volunteers, from totally unpaid helpers to paid volunteers.

He noted that Zambia has a long history of volunteering, with a large proportion of volunteers trained in health issues and capacity building in HIV. He highlighted challenges in volunteer work, including a lack of adequate coordination, no data base, a lack of supervision, variable training in the community and workloads. The audit showed a variety of profiles, a lack of standardized training and a lack of uniform incentives. It led to recommendations to reassess the selection criteria, reorganize structures, harmonise the training curriculum and incentives, and update national guidelines to incorporate the community.

Various issues were raised in the discussion. One delegate asked if the audit included assessment of the coordination of NHC and other CBGs on the ground, and others asked whether volunteers existed also at national level. Mr Kakusa noted that champions are in place at national level such as for HIV/AIDS, although there is no formal structure of volunteerism at national level as there is no policy guideline for the volunteers. Chama DMO Dr Kamanzi raised a concern on whether volunteers are seen as part of NGOs or government and observed that there is need for a harmonized policy to clear matters. Muchinga PMO Dr Zulu raised concern about the different incentives between urban and rural areas, contributing to drop out. Dr Malama highlighted that all ministries and sectors have volunteers, but there is weak poor record keeping, observing that when CBVs are trained there is need to keep information on this in a data base.

5. HCCs as a vehicle for social participation

Dr. Malama explained the work on HCCs and the outline, process and time frames of the current project, with the countries involved and the objectives to attain in the three years of the regional project. She recognized the role of the provincial and district medical officers and the ministry as a whole in the process. This was a reason for them to be informed about the programme and she urged them to respond positively as this will facilitate harmonized standards for HCCs in Zambia and then shared in the region. She called for a network of practitioners to make the work of volunteers visible.

In the discussion a LDHO delegate asked if there are plans to visit the labour office to check on the legal issues. Mr. Mulubwa, MOH, felt that volunteers are not confined in Ministry of health but are found in police, education, agriculture and other sectors. He observed that volunteers implement activities for incentives, and as they are not in formal employment there is no need to involve the Ministry of labour. It was suggested that the team analyze the current laws to see how issues pertaining to the work of the HCCs are covered. The DMO Mpulungu asked about the decentralization policy which is soon to be implemented. Dr Malama informed delegates that this could be discussed once the policy is made available after it has been approved. Finally in the discussion the NHC chairperson Daka Mazunzo informed delegates that with the volume of work being done by the community there was need to appreciate them and their input.

6. Group work

The delegates divided into three groups to discuss the negative and positive impacts of working as volunteers in the NHCs in the absence of a policy guideline. The groups were divided as below:

Groups	Districts	Provinces	Facilitators
ONE	Mumbwa, Chama, Luangwa. Lusaka	Southern .Copper belt	Mutemwa/Roydah
TWO	Isoka,Masaiti,Choma,,Chilanga	Eastern,Lusaka	Idah/Mulubwa
THREE	Lundazi,Luanshya,Mpulungu ,Chongwe	Central ,Muchinga	Dr Clara/Mumba

Participants in the group work, Lusaka, 2016

The groups used a Group work double sided spider diagram tool to discuss the challenges or negative issues/aspects and the success or positive issues experienced in working with health centre committees (HCCs) in the context of no policy guidelines or law.

The feedback from the three groups is shown below:

Group 1:

As positive:

- HCCs can improve primary health care in the country
- The DHO allocate some funds for their work from every grant received, although the amount is very minimal
- Innovative ideas like income generation activities could be an incentive
- HCCs help to resolve problems that arise between community and members of staff
- They know the local environment very well in terms of drivers of disease and behavior pattern
- In rural settings they work very well where traditional leadership is supportive
- Through their participation they can assist most of the centre activities

As negative:

- If not well oriented, HCCs can interfere with the functions of the health facility
- NHCs have no monitoring and evaluation tool for CBVs
- HCC need to have annual general meeting to be given update on achievement by the district Health office (as for others)
- They are generally underutilized by health facilities in planning and decision making

Group 2:

As positive:

- HCCs are a critical link between community and health centre
- They help mobilize resources for the needs of the health centre
- Most NHCs are self-motivated to assist their communities
- They are involved in constructing of mother shelters

As negative:

- Some HCCs have no access to the monthly financial allocations
- There is need for NHC to document /write minutes of their meetings and share with the respective H,C
- HCC members are willing to work but their terms of reference need to be clear
- It would be useful to organize a regular annual/ biannual meeting for all chair persons in the district

Group 3:

As positive:

- HCC improve health seeking behaviours

As negative:

- NHC/HCC members lack motivation
- There is a high drop-out rate
- Members of HCCs have high expectation in terms of incentives
- The output of HCCs is affected by competing activities /demands
- NHCs have poorly defined functions /Roles which lead to conflicts with health staff
- Lack of legislation
- Political and traditional interference can affect the HCCs output
- No or weak linkages between NHCs and HCCs
- Lack of capacity building of health centre staff and community members in HCC roles and functions
- No or inadequate funding to implement their agreed or planned community activities
- Contribute to the centre –in-charge demotivation/attrition
- Poor communication at all levels

Writing points on spider diagram

MOH representative in a group, 2016

Copperbelt PMO with the group, 2016

The table overleaf summarises the findings of the group work.

POSITIVE IMPACT OF WORKING WITH HCC WITHOUT A POLICY			NEGATIVE IMPACT OF WORKING HCC WITHOUT A POLICY		
GROUP ONE	**GROUP TWO**	**GROUP THREE**	**GROUP ONE**	**GROUP TWO**	**GROUP THREE**
Only real volunteers participate	Assist in providing health education and mobilisation	Coordinating health facility activities	Lack of community ownership on community health	Lack of standardized incentive and remuneration packages	No focal point person to report
Link liaison between community and health facilities	Unlimited room for innovation	Linkage with community	No leadership at district ,provincial and national level	Community based volunteers are under utilized by health centre	No record of available and trained members of NHCs
Easy to establish NHCs	Provide linkage between community and the health facility	Identification of projects in the catchment	Roles of HCC not known	Conflict between community and health workers	Lack of direction hence no synergy
Local leadership have recognized the volunteers	Control duplication and resource wastage	No restrictions in the operations and participation of the HCC	HCC feel they are not protected	Lack of QA/QI guidelines	Poorly defined functions for NHCs/HCCs
HCCs are able to work even without a policy	To guide the community volunteers on their rights	No limits to how many NHCs and workload and time of work	Real community issues are not addressed	Duplication of duties	Poor supervision ,ill defined programmes and activities
	Able to assist in service delivery	Improved health seeking behaviours in community	Few government PHC programs at community level	Lack of job description and standard terms of reference	Lack of Monitoring And Evaluation team for NHC
	Community person found in centre committees	Generate thoughts outside the box (initiative)	Cost of service delivery at hospitals remain high	Duplicity resource wastage	Lack of knowledge in planning and budgeting
		Allows for creativity and innovation	No standard operational structure	Lack of supervision	No focal point person to report to
		Able to mobilize community	No monitoring and Evaluation framework	HCC do not know what to do in case of an accident	Uncoordinated effort, few activities due to inadequate funds and prioritisation
			Conflicts in operations as terms of reference not outlined	More conflicts between staff and community	Lack of logistics and resource mobilization
			HCCs not provided 10% community fund	Health workers do not appreciate HCCs roles	Duplication of activities
			Possible abuse of confidence	Contribute to high attrition	
				Training orientation packages not uniform	
				Demotivated volunteers	

6. Recommendations and the way forward

Dr. Mbwili –Muleya facilitated the discussion on the recommendations and way forward arising from the discussions, summarised below;

1. The group identified that there is need to have a policy for HCCs that should make clear:
    a. The criteria for selection of NHC members
    b. The roles of HCCs and NHCs, and of the Health Advisory Committee
    c. The relationship between the NHC and the health post and higher levels of the system
    d. The functions of community based volunteers and their reporting to NHCs and HCCs
    e. The capacity building/ training to be provided to NHCs and HCCs
    f. The incentives to be provided to HCC/NHCs across the country.

2. Various follow up actions were also identified to operationalise these roles:
    a. Investment in community programmes and adequate funding for their work
    b. Capacity building for HCCs and NHCs
    c. Sensitization of health workers at all levels on HCCs
    d. Information on community issues to be provided at all levels
    e. Institutionalize annual /biannual review meetings for the community level
    f. Sharing of best practices across districts to help in standardization of process.

3. There was further discussion on new roles, for example whether HCC/NHCs can document incidents like deaths as a “legal” entity.

The convenors indicated that delegates would be updated regularly on the steps taken after the meeting and that inputs from members would be welcome .

It was observed that delegates want to reach at a stage when volunteers will be making decisions in their communities as presented by DMO Masaiti on community participation.

7. Closing remarks

Dr Kennedy Malama the Provincial Medical Officer on behalf of the Ministry of Health thanked the members for their active participation in the meeting. He noted that as a team we have come up with recommendations which we need to follow closely to ensure we come up with policy guidelines for the volunteers. He wished all to travel safely back to the provinces and districts and closed the meeting.

Appendix 1 Participant list

No	NAME	DESIGNATION	ORGANISATION
1	DR. Maximillan Bweupe	Ag Director Disease Surveillance Control and Research	MOH HQ
2	DR.Kennedy Malama	Provincial Medical Officer	LUSAKA-PHO
3	DR.Manace Zulu	Provincial Medical Officer	MUCHINGA-PHO
4	Dr.Consity Mwale	Provincial Medical Officer	COPPERBELT -PHO
5	Dr.Rosemary .R.Mwanza	Provincial Medical Officer	CENTRAL-MOH
6	Dr. Chilembo Neroh	CDC	SOUTHERN-PHO
7	Dr Mwambya Jairos	CDC	EASTERN-PHO
8	Dr. Gideon Zulu	District Medical Officer	LUSAKA-DHO
9	Dr.C.M. Msiska	District Medical Officer	CHONGWE-DHO
10	Dr. Bwalya Modesty	District Medical Officer	LWANGWA- DHO
11	Dr.Zulu Davy Wadula	Ag District Medical Officer	LUNDAZI-DHO
12	Dr.M.Christopher Dube	District Medical Officer	MUMBWA-DHO
13	Dr Everisto Kunka	District Medical Officer	MASAITI -DHO
14	Dr Masumba Masaninga	District Medical Officer	CHILANGA-DHO
15	Dr Rodrigue Kamunga	District Medical Officer	ISOKA-DHO
16	Dr. Chitondo Salome	Ag District Medical Officer	MPULUNGU-DHO
17	Dr Antoine Kamanzi	District Medical Officer	CHAMA-DHO
18	Mr. Wesley Chisenga	Clinical Care Officer	CHOMA-DHO
19	Dennis Chibuye	Program Officer	TALC
20	Patrick Mumba	NHC WORKING GROUP	LUSAKA-CHELSTONE HEALTH CENTRE
21	Mazunzo Daka	NHC CHAIRPERSON	LUSAKA-KAUNDA SQUARE HEALTH CENTRE
22	Samson Lungu	Principal Planner	LUSAKA-PHO
23	Yengwe Kakusa	Chief Planner	MCDSS
24	Yolanda Lumpuma	Planner	LUSAKA-DHO
25	Brian Mulubwa	Disease Surveillance Officer	MOH-HQ
26	Mashandi Fridah	Senior Human Resource Officer	LUSAKA-DHO
27	Roydah Zulu	Registered Midwife	LUSAKA-DHO(Community desk)
28	Dr.Clara Mbwili-Muleya	Principal Clinical Care Officer	LUSAKA-DHO
29	Idah Zulu	Chaisa Health centre In charge	LUSAKA-DHO- CHAISA HEALTH CENTRE
30	Mutemwa Kawana	Health Literacy Facilitator	LUSAKA-DHO- MATERO REF H/C
31	Eric Peleka	IMCI Officer	MCDSS
32	Antony Mapili	ACCOUNTS CLERK	LUSAKA -DHO

Appendix 2 The programme

TIME	ACTIVITY	RESPONSIBLE PERSON	CHAIRPERSON
08:00-08:50hrs	Registration/Expectations /Introductions	Idah / Mulubwa /DrMbwili-Muleya	Principal Planner Lusaka-PHO MrLungu
08:50-09:00hrs	Welcoming Remarks	District Medical Officer – Lusaka Dr .Gideon Zulu	
09:00-09:05hrs	Remarks by PMO objectives and expected outputs of the meeting	Provincial Medical Officer –Lusaka Dr. Kennedy Malama	
09:05-09:20hrs	Official Opening by the Guest of honor	Director Disease Surveillance Control and Research(MOH) – Dr. Elizabeth Chizema	
09:20-10:00hrs	Presentation on Volunteer Policy development –Ministry Community Development &Social Services Q&A	Chief Planner (MCD &Social services)-Mr. Kakusa	
10:00-10:20hrs	Health Break	Idah Zulu	
10:20-11:00hrs	Presentation on the program HCC as a Vehicle for Social Participation in Health System in East &Southern Africa.Q&A	Chaisa Health Centre In-charge-Ms. Idah Zulu	PMO-Southern Province Dr Jelita Chinyonga
11:00hrs-13:00hrs	Group Work / Presentations from Provinces / Districts to look at challenges / successes in working with Volunteers (NHCs) with no policy guideline. (Using double sided spider diagram –PRA tool) 3groups	All Provinces	PMO –Muchinga Province Dr Manasseh Zulu
13:00-14:00hrs	Lunch Break	Idah Zulu	
14:00-15:00hrs	Recommendations & Way forward	PCCO –Lusaka DrC.Mbwili-Muleya	PMO-Lusaka Dr K.Malama
15:00-15:20hrs	Health Break	Idah Zulu	
15:20-15:30hrs	Closing Remarks	Dr. Elizabeth Chizema	

GROUP WORK

Groups	Districts	Provinces
ONE	Mumbwa Chama Luangwa Lusaka	Southern Copper belt
TWO	Isoka Masaiti Choma Chilanga	Eastern Lusaka
THREE	Lundazi Luanshya Mpulungu Chongwe	Central Muchinga

Appendix 3 Acronyms

ANC	Antenatal care
CM	Community
PMO	Provincial Health Office
DMO	District Medical Officer
DHO	District Health Office
DR	Doctor
HAC	Health Centre Advisory Committee
NHC	Neighbourhood Health Committee
NHC/WG	Neighbourhood Health Committee Working Group
HCC	Health Centre Committee
HL	Health Literacy
HW	Health Worker
LDCHO	Lusaka District Community Health Office
MCDMCH	Ministry of Community Development, Mother and Child Health
MOH	Ministry of Health
MP	Member of Parliament
NGO	Non-Governmental Organization
NHC	Neighbourhood health committee
PAR	Participatory Action Research
PEO	Provincial Education Office
PHC	Primary Health Care
PHO	Provincial Health Offices
PMO	Provincial Medical Officer
PRA	Participatory Reflection and Action
SMAG	Safe Motherhood Action Group
EPI	Expanded Program for Immunization
FP	Family Planning
CWGH	Community Working Group On Health
TALC	Treatment Advocacy Literacy Campaign

Appendix 4: The opening speech

REPUBLIC OF ZAMBIA

MINISTRY OF HEALTH

SPEECH DELIVERED BY
DR.ELIZABETH CHIZEMA, DIRECTOR DISEASE SURVIELANCE AND CONTROL MEDICAL, AT POLICY DIALOGUE MEETING FOR PROVINCIAL MEDICAL OFFICERS AND DISTRICT MEDICAL OFFICERS
AT NDONZO LODGE, CHILANGA
7TH JANUARY 2016

SPEECH BY THE GUEST OF HONOR AT THE POLICY DIALOGUE MEETING FOR PROVINCIAL MEDICAL OFFICERS AND DISTRICT MEDICAL OFFICERS ON DEVELOPMENT OF VOLUNTEER POLICY

The Chairperson,
Provincial Medical Officers Present,
District Medical Officers present,
Directors,
Neighborhood Health Committee members present,
Distinguished Invited Guests,
Ladies and Gentlemen,
May I simply say all protocol observed.

It is my great pleasure and rare honor and privilege to officiate at this very important meeting to discuss the development of a volunteer Policy in Zambia through the project dubbed "*Health Centre Committees as a vehicle for social participation in health systems in East and Southern Africa".*

Ladies and gentlemen,
Since the 1978 Alma Ata Declaration on primary health care, Zambia, as well as other developing countries, has utilised Community volunteers to alleviate the workload of health professionals who are in most cases short staffed especially in the provision of basic promotive, preventive and curative health services. (MO, 2010)
Ladies and gentlemen,

In 1991, the Zambian government committed to building a health care system that provided "*equity of access to cost effective quality health care as close to the family as possible"* through the participation of stakeholders and local communities in health service planning and delivery.
This resulted in the establishment of the Neighborhood Health Committees (NHCs) in all provinces of the country which were set up in 1994. This strategy recognized that most health problems could be addressed through community participation and collaboration with the health facilities and the NHCs were seen as a vital link between the community and the health care system. According to the community based volunteers skills audit survey conducted by MCDMCH, Lusaka District has a total number of 2073 active volunteers.

Ladies and Gentlemen,
The National Health Services Act of 1995 provided for NHCs and the principle of participation in law. The guidelines set out the roles of NHCs as follows:

- To identify health needs in the community, collect community evidence, plan and work with health centre staff on shared concerns together with community based organizations.
- To support information exchange between health facilities and communities and also with community based volunteer groups.

In 2006 as part of wider reforms, the 1995 National Health Services Act was repealed removing the legal mandate on the functioning of the NHCs. However NHCs have continued to function drawing their mandate from the respective National Health Strategic Plans and from guidance in the annual planning and budgeting handbooks.
Despite having the mandate to continue functioning NHCs and HCCs experience a lot of challenges which include lack of representation at all levels, lack of standard remuneration, lack of incentives resulting in high dropout rate, Lack of a proper record of existing trained Health volunteers including those active / in active, Inconsistent or non-availability of necessary materials to guide volunteers such as the Constitution, policy guidelines, nonexistence of focal staff to oversee community based activities conducted by volunteers as a whole.

Despite the challenges currently experienced Government recognizes the contribution of community volunteers by allocating resources for implementing activities at community level as outlined in the National Health Strategic Plan (NHSP) 2011-2015 which is aligned with the Sixth National Development Plan 2011-2015.

The community volunteers have been functioning with no policy guideline. As a country we have been working with Regional network on Equity in health in East and Southern Africa (EQUINET) in the implementation of Community activities such as Health Literacy programs which helps the community to be facilitators in their own health problems

I would like to thank Community Working Group on Health (CWGH) Zimbabwe for supporting such an initiative aimed at strengthening health centre committees and their contribution to health service delivery and spearheading this work under *"Health Centre Committee As A Vehicle For Social Participation In Health System In East And Southern Africa*", where efforts to develop a legal document for the volunteers is being undertaken

It is my sincere hope that this policy dialogue meeting will yield positive suggestions aimed at lobbying Government and stakeholders to work towards the development of volunteer policy to inform the operations of community based volunteers.

With these few remarks, I declare the meeting officially opened.