Engaging the voice of the community

The Tanzania Essential Health Interventions Project (TEHIP), a joint initiative between the Tanzania Ministry of Health (MoH) and Canada’s International Development Research Centre, is testing how and to what extent evidence can guide decentralized planning for health. TEHIP Briefs aim at informing a wide audience about the project’s findings and lessons, as well as its innovative products that have been successfully tested and applied in the field.

Background

After many years of neglect, many health facilities in rural areas were left in a dilapidated state. Coupled with demoralized staff and lack of basic drugs, the facilities, which largely include dispensaries and health centres, invariably left much to be desired. Not only did communities lose confidence in them but in some areas patient attendance was so low that a false impression was given of the urgent health problems. The launch of the Health Sector Reforms brought on board initiatives aimed at improving the poor situation of health facilities.

As research teams, managers, planners, health workers and communities braced, under the auspices of TEHIP, to find out how an integrated strategy for health reform can be established and sustained, health facility rehabilitation was used as an entry point to engage the ‘community voice’ meaning active popular participation in the overall responsibility for improving health access and utilization.

Problems being addressed

Often communities believe that repair or rehabilitation of facilities is the responsibility of the government, even when the task is within the community’s means. This may have arisen when all health facilities including those originally built by the communities themselves, were required to be formally handed over to the government. Furthermore, the extent of the problem is such that...
if not approached in a careful manner it could overstretch the limited budgets available to districts for preventive and curative treatments.

**The Solution**

In order to meet minimum standards of health facilities for the effective and secure delivery of essential health interventions, TEHIP as a stakeholder to the district health plan budget, specifically targeted a modest amount of funds to complement efforts by district authorities and communities to improve their dispensaries and health centres. The participation of local communities through the development and ownership of a rehabilitation plan, and contribution of labour and materials in carrying out the maintenance or improvement of facilities was emphasized as a pre-condition for accessing funds. Council Community-Based Rehabilitation Teams in the project areas promoted ownership by local communities of the local health facilities and imparted appropriate skills to the local community and leadership. The skills range from community labour-based construction and maintenance to developing and putting in place a sustainable mechanism for maintenance. Community attitudes changed positively with this approach and the spirit of self reliance was articulated.

**Facility rehabilitation**

To date over 50 facilities in the two districts have been rehabilitated or are in the process of repair or construction based on self reliance and making efficient use of internal and external resources. In most areas covered by the project, people have come to realize that they can work for their own development and external aid is useful only as a stimulant to their own efforts. The community-led rehabilitation has also proven that it is cheaper than the conventional subcontracting approach by 40 to 60%. Not only is the approach promoting a culture of maintenance among communities but it has also been extended further in some areas to cover other sectors of community development such as education, water provision and electrification.

TEHIP, in collaboration with the Ministry of Health Zonal Training Centres, has produced and disseminated a manual in both English and Swahili which describes a series of detailed necessary "steps" for community-based approaches in the rehabilitation of community facilities at village level. The manual which with some adaptation, has now been recommended for nation-wide application by the President's office for Regional Administration and Local Government, underscores the emphasis of local participation and cost-effectiveness in the rehabilitation of health facilities and sustainability through planned and regular maintenance. Furthermore, as a result of this beneficial partnership approach, District Councils have formally handed over ownership of refurbished health facilities back to the communities.

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**From the Field**

Dr. Saidi Mwikima, Rufiji District Medical Officer

"What is crucial in harnessing popular participation is making people feel that indeed the facility is their property and that the government's role is just to provide help where it is needed. Once they accept that, what follows is commitment and zeal in implementation. It is amazing to see what communities can achieve once the sense of ownership is established. In a span of four years, over 20 dispensaries have been rehabilitated in Rufiji District alone. In fact the spirit of self reliance is now being extended to also cover larger health centres. The good thing is that people are now searching for solutions to their development problems within themselves and making efficient use of available resources."

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**Where to get more information:**

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