

## ANNEX F: SOCIAL ACTION STORIES

This section contains factual examples of social actions that have been undertaken by several communities in Malawi and Tanzania. Please print the following pages and distribute them to the Community representatives during the Survey Results Meeting.

## STORY 1: INDIVIDUAL CHOICE

In some communities, people who are unhappy with the health care they are receiving choose to go to a different provider:

### **Nkando Community increasingly accessing health services through private drug stores and Mulanje Hospital**

MULANJE, 14 NOVEMBER 2016 – Thuchila Health Centre is located at Nkando, about 30 kilometers away from the Mulanje district hospital. Nkando is a trading centre and boasts of a number of private drug stores. The facility faces frequent drug stock outs. Patients are sometimes treated without getting all the prescribed drugs. In addition, the facility used to get water from an underground well. At the moment the tank used to store the water from the well leaks heavily and it is no longer being used. People draw water for use in the various sections especially the maternity ward from a nearby borehole.

Communities around this facility complained heavily about the absence of running water and the frequent drug stock outs at the facility. The community listed these two as top priorities that needed to be urgently checked. The community also indicated that since the problem of drug shortages had been there for quite some time they often had to go to the private drug stores at the trading center to buy drugs like paracetamol and LA when they were sick.

The pregnant women in these communities decided to go to the government hospital at the district headquarters instead of Thuchila Health Center. The district hospital has running water. Pregnant women and their relatives are not labored with drawing water from the well as the case is at Thuchila Health Centre.

(Source: summarized from the HCAC strengthening pilot study activity report for the month of November, 2016, Malawi Economic Justice Network)

## STORY 2: INDIVIDUAL COMPLAINT, PETITION OR SUPPLICATION

In some communities, people who are unhappy with the health care they are receiving complain to the providers or to officials and ask them to make improvements.

### **Bolero community voice out their concern on village clinic coverage**

Bolero Health Centre is situated in Rumphu, in northern Malawi. The facility catchment areas is so large and this brings about mobility challenges for people from far away areas to reach the clinic. To ease this problem, the facility provides village clinic services. These clinics provide under five health services like vaccinations, among others. The clinics are managed by Health Surveillance Assistants (HSA).

At Bolero, the HSAs sent to some communities chose to stay at Bolero trading center instead of moving to their duty stations. Due to distance, these HSAs could not conduct village clinics as scheduled. The community were not happy with this

The community presented their grievance to their Health Centre Advisory Committee (HCAC). The HCAC is a community led structure that connects the community and public health service provider. They requested the HCAC to ask the facility to direct the HSAs to relocate to their respective duty areas.

The HCAC discussed with the facility management. They understood that some HSAs were failing to relocate due to unavailability of houses in the duty areas. The HCAC and community resolved to assist the HSAs by refurbishing some houses in their areas. At the end of the day, the HSAs moved to their duty areas and under five children and pregnant mothers are now getting the under-five clinic services through the village clinics right in their villages.

(Source: summarized from the HCAC strengthening pilot study activity report for the month of April, 2017, Malawi Economic Justice Network)

### STORY 3: COLLABORATIVE PROBLEM SOLVING AND MUTUAL COMMITMENT TO IMPLEMENTING SOLUTIONS

In some communities, people who are unhappy with the health care they are receiving arrange for meetings with doctors and nurses or health officials. During these meetings, they work together to develop solutions to problems with health service delivery, and then they agree to implement those solutions.

#### Communities around Mwazisi and Chambe Health Centres mobilize resources to improve hygiene at their respective Health Centre

Mwazisi Health Centre, located in Rumphi district, had been without toilet facilities for quite some time. Community members seeking medical assistance at the facility resorted to relieving themselves in the nearby maize fields during maize growing season or in the nearby bushes during the dry season.

At Chambe health centre, about 800 kilometres away, another community could not come to terms with the hygiene at the facility. The facility was running without toilet facilities for community members. Furthermore, there were no rubbish pits to use when disposing of rubbish from the hospital.

The two communities realized that the facility staff on their own could not provide pit latrines and rubbish pits. The communities discussed amongst themselves on how they could assist the facilities to have these amenities. The communities resolved to mobilize labor and other resources for the provision of pit latrines and rubbish.

The communities gave the responsibility of mobilizing funds and overseeing the works to their respective HCACs. The HCACs engaged traditional leaders on how to go about raising the funds. The traditional leaders indicated that each one of them would be responsible for mobilizing funds from his/her subjects. By the beginning of April 2017, the Mwazisi community had together contributed K100, 000 for toilet construction. The Chambe community on the other hand raised K46, 000 for the works.

As we are talking now, Chambe and Mwazisi Health Centres have pit latrines. Chambe now has rubbish pits as well.

(Source: summarized from the HCAC strengthening pilot study activity report for the month of April, 2017, Malawi Economic Justice Network)

## STORY 4: EXAMINING BETTER-PERFORMING SERVICES

In some communities, people who are unhappy with the social services they receive visit places where health care is working better, so they can learn what they can do to improve their own health services.  
Cross learning ADC

### Tanzanian Community Studied Health Facility in Neighboring Village and Lobbied for Funding

In one district in Tanzania, community members noticed that the clinic in their village was of very poor quality, while the clinic in the neighboring district was much better. Their clinic was unhygienic and only had two staff members serving around 4,000 patients, while the clinic in the neighboring district had 5 staff members and better equipment.

They asked to meet with the medical officer in charge of their clinic to discuss why the clinic's quality in the neighboring district was better than their own clinic.

During the meeting the health care workers learned about the community's concerns and the community members came to better understand the problems facing their clinic. Together, they wanted to improve the services in the clinic by learning what the neighboring district had done. The health care workers and the representatives of the community gathered data on the condition of the neighboring clinic through personal visits and meetings with health officials there.

They learned that the clinic in the neighboring districts were able to access the District's fund, which allowed them to have more staff and better equipment. Upon learning this, the clinic and community members tried to voice their concerns to the District.

After this effort, the community successfully convinced the district to provide funds to construct a new health clinic. Once the clinic was built, four new staff members, including two midwives, were recruited, and the district purchased new equipment. The clinic now serves 11,000 people out of a catchment area of 7,000-10,000, meaning many people from outside the district come to the clinic due to its good quality. Of the women who have received antenatal services, 70 percent have returned to the clinic to give birth and receive more services, far surpassing the government target of 50 percent. (WORLD VISION)

Source:

[http://www.worldvision.com.au/Libraries/3\\_3\\_1\\_Children\\_PDF\\_reports/Citizen\\_Voice\\_and\\_Action\\_Civic\\_demand\\_for\\_better\\_health\\_and\\_education\\_services.pdf](http://www.worldvision.com.au/Libraries/3_3_1_Children_PDF_reports/Citizen_Voice_and_Action_Civic_demand_for_better_health_and_education_services.pdf)

## STORY 5: SOCIAL DEMONSTRATION OR PROTEST

Citizens could demonstrate to target underperforming providers or civil servants, like the District Health Officer, who are not doing enough to improve health care.

### **Communities in Chitipa district protest against poor public health service delivery in the district**

Chitipa residents held protests against deteriorating standards in the delivery of health services in the districts on 5<sup>th</sup> June 2017. The demonstrations culminated into the presentation of a petition to the District Commissioner for the district.

In the petition, the communities demanded government to resolve a number of public health delivery issues including lack of ambulances, poor health infrastructures and road networks, shortage of drugs and medical equipments, unqualified health personnel and budget expenditure disclosure.

The petition particularly named a number of health centres that critically need government's attention. Kameme Health Centre which caters for Malawian nationals in Chitipa and some neighboring nationals from Zambia and Tanzania is crippled with inadequate drugs, poor mode of transport and shortage of qualified medical personnel but also lack of transparency and accountability on the procurement of drugs and utilization of funds allocated to the ministry of health (MoH).

Furthermore, at Misuku Hill the three health centers of Misuku, Mwandambo and Chisaso operate without potable water, are understaffed.

The District Commissioner acknowledged receipt of the petition and assured community members that the Council would communicate the needs of the community to the central government to have them addressed.

Summarized from: <https://www.capitalradiomalawi.com/index.php/blog/local-news/local-news/item/7890-chitipa-residents-give-malawi-government-ultimatum-to-address-challenges>

## STORY 6: DEVELOPING AND ADVOCATING FOR REFORMS TO IMPROVE HEALTH CARE

People who are unhappy with the health care they are receiving could brainstorm solutions and then take those proposals to their fellow community members to be implemented. Sometimes they need to do this repeatedly, but eventually they get what they are asking for.

### Kunenekude Community reports poor service delivery at Kunenekude Health Centre to Mwanza DHO

Ministry of Health requires all Government Health Facilities to be open to everybody every day of the month. Although this is the case, Kunenekude Health Centre staff was not providing services to communities on Thursdays. Thursdays were exclusively for Anti-retroviral Therapy (ART). Other members of the community who fell sick on Thursdays were required to come the following day or seek services from other nearby health facilities. The nearest health facility is over 20 kilometers away. Medical service providers who were very close provided the service at a fee, and most of the community members could not afford the fee.

The community discussed with the facility staff on the possibility of having the facility open for all sicknesses on Thursdays. The staff did not accept the request from the community. The community realized that there are higher authorities to whom they could take the issue for resolution. After scouting the list of higher authorities available, the community chose to report the matter to the Mwanza District Health Officer (DHO). The DHO was surprised that the facility was not providing services to all on Thursdays. He immediately directed staff at the facility to open the facility and attend to all who come to get medical care at the facility. The directive was adhered to and now everybody can get medical care at the facility on Thursdays.

(Source: summarized from the January to March 2017 Quarter HCAC strengthening pilot study activity report, Malawi Economic Justice Network)

## STORY 7: TALKING TO JOURNALISTS / LOCAL MEDIA TO PUBLICIZE PROBLEMS

Often local journalists and media can be powerful allies in helping citizens publicize problems with health services, which can put pressure on underperforming service providers to improve.

### **Kwitanda Community talked to journalists to bring attention to poor health center hours**

Kwitanda Health Centre in Balaka district went for a week without providing services to patients after the medical assistant closed the clinic for Christmas holidays. Patients from the facility catchment area had to endure a walk of over 10 kilometres to Chiyendausiku, the nearest health centre, for medical attention.

The Health Centre Advisory Committee for the facility reported the matter to Balaka District Health Officer. The DHO advised the committee to engage the in charge and other facility staff on the issue before bringing it to his office.

A team of journalists on a Foundation for Community Support Services (Focus) media had a tour which took them to the facility. The community took advantage of this tour to highlight the challenges that they were facing when seeking medical care at the facility.

The media team took the matter to Balaka DHO officials who indicated that the Health Advisory Committee of the area had raised the issue at a meetings on December 24, 2016 and the issue was referred back to the committee to handle before taking any disciplinary action.

(Source: summarized from <http://www.times.mw/medical-assistant-closes-health-centre-over-christmas-holiday/>)



## STORY 8: WORKING THROUGH A 'BROKER' WHO COULD LINK COMMUNITY DEMANDS WITH ALLIES IN THE GOVERNMENT

A community that is unhappy with the quality of healthcare they are receiving can ask for help from a member of their community who is good at getting government officials to be responsive to community needs.

### **Kunenekude community engages their Traditional Leader to help improve staff morale at Kunenekude Health Centre**

Kunenekude Health Centre is one of the only three health centres in Mwanza District. The health centre staff enjoyed good relationship between them and the surrounding community. The relationship helped to boost their staff morale. Despite good morale the facility, like many others in this country, faces frequent drug stock outs and lack of critical facilities like an ambulance to be used to ferry patients referred to the district hospital.

In February this year, the health centre referred a number of patients to Mwanza District Hospital. Since the facility did not have a readily available ambulance to ferry the patients, the patients wanted to hitch hike a ride to the hospital. It happened that one of the vehicles the patients stopped to pick them to the hospital was being driven by a Member of Parliament for the area. When the MP was told that the individuals were not provided with an ambulance, he got so furious and went to the facility and strongly criticized the facility in charge in front of other patients. This did not go down well with the facility in charge. The facility in charge informed the community through their HCAC that he and his staff were no longer happy to work at the facility. He also indicated that this shouting from the MP was one of the several that his staff had endured from the MP.

The community and the HCAC sided with the community. They decided that the best way of resolving the issue was to talk to the MP to tone down the way he talks to the facility staff. The community members searched amongst themselves capable individuals who could talk sense into the MP. After lengthy discussion, the community decided to ask their Traditional Authority to meet the MP and express the issues that had been raised. The Traditional Authority talked to the MP. Since that time, the relationship between the MP and other politicians in the Kunenekude Catchments and the facility staff improved tremendously. Facility staff are now free to do their work.

(Source: summarized from the January to March 2017 Quarter HCAC strengthening pilot study activity report, Malawi Economic Justice Network)

**STORY 9:  
HIGHLIGHTING HIGH PERFORMING PROVIDERS OR NAMING  
AND SHAMING UNDERPERFORMING PROVIDERS**

Citizens could reward high performing providers with praise or other social recognition and/or sanction poorly performing providers by failing to include them in village events or by ignoring/ shunning them.

**Communities reward high performing health workers with  
“Employee of the Month” title**

In some places in Tanzania, high-performing staff (recognized by clients or their supervisors) are voted “Employee of the Week/Month”. Their picture is put on a wall in a public area with “Employee of the Month” so clients can see, and so that other employees are motivated to improve services so they too can be recognized. Patrons of these businesses have noted that worker motivation and services improved as the employees compete against each other for this coveted position of employee of the week/month.