

1 Introduction

In July 1999, several villages around Taluka Ranipur, in Khairpur District, Pakistan, had an epidemic of diarrhoea. About 300 patients, mostly children, were registered in a single day at Rural Health Centre (RHC) Ranipur. The Ranipur Village Health Committee (VHC), operating since July 1998, played a significant role in dealing with the situation. First, they disseminated the information to the District Health Officer (DHO) and the health facility team, then, in coordination with the DHO and the concerned health facility team, they arranged for medicines to be provided and set up a relief camp. This timely intervention proved to be effective and no casualties were reported.

Apart from this support, the VHC members also arranged vehicles, accommodation and food for the medical teams in the villages, and a follow-up meeting with the RHC team at Ranipur. At this meeting they identified unhygienic conditions, mostly due to the presence of putrefied material dumped by the nearby sugar mill around the village, as the cause of the epidemic. Later, the VHC discussed the matter with the manager of the sugar mill and the problem was resolved. VHC members also discussed the role of the health service providers, and negligence in performance of their duties. As an outcome of discussions in various monthly meetings, the VHC has formed an accountability team of three persons to monitor activities of health service providers and report to the VHC at monthly meetings.

This is an example of community involvement in health systems management in areas where VHCs have been formed through the Family Health Project (FHP), Sindh Province. The FHP was funded by the World Bank, the Aga Khan University (AKU) has been the consultant, and the Department of Health (DoH), Sindh Province, has implemented all the activities with the help of the AKU. Involvement of the community through VHC formation has been a strategy of the FHP in order to make its efforts more effective and sustainable. The AKU has been providing technical support to the DoH in the process of VHC formation in the villages around one RHC and four Basic Health Units (BHUs) in each of 21 districts of rural Sindh, under the Area Focus Approach (AFA). This article will describe the FHP in more detail, and how it

Involvement of Community in Health Systems Management

*An Experience from
Sindh, Province of
Pakistan*

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went about promoting community participation through the formation of Village Health Committees.

2 The Family Health Project

The FHP was launched in Sindh in 1992. It aims to strengthen the existing health system and improve the health status of the population, through the following mechanisms:

- Improving the availability and quality of health care provision through training (both in-service and pre-service)
- Upgrading the existing health institutions to improve quality and integration of services
- Building institutional capacity and strengthening the health management information system, in order to aid the achievement of the above objectives.

The project activities are focused in specific areas in each district, under an approach called the Area Focus Approach (AFA). The concept of AFA is to identify one RHC in each of the districts, with four or five surrounding BHUs and Mother and Child health centres, and to develop them as models for that district. These centres will develop links with the community MCH and preventative services through LHWs, Traditional Birth Attendants (TBAs), Malaria and EPI workers, and in partnership with them will develop a comprehensive system of health care and referral services.

A health care system can only introduce health care measures successfully if it offers something that is culturally acceptable and affordable. Only if health care interventions are tailored to prevailing behaviour, and to the demand expressed by the local communities, will it be possible to begin improving the utilisation rate and the overall effectiveness of PHC activities. Involvement of community members in decision-making and implementation is a major means of achieving the necessary fit between the programme and its beneficiaries. The strategy employed under the AFA to promote community participation in health care activities was the formation of Village Health Committees.

2.1 Village Health Committees

A Village Health Committee (VHC) may be defined

as the process and structure through which community members become organised for participation in health and social development activities. The overall objective of the VHC formation under the FHP project was to ensure a sustainable health care delivery system through participation of the community in its planning, decision-making, implementation, accountability and evaluation.

In meetings with the community, VHC members help them to identify their health and related social problems and suggest possible solutions through community-based actions. Local level community participation and accountability of service providers in health systems are essential for the sustainability of the project. There is a long history of advocacy of community participation in international health policy, and considerable international experience has been gained in using participatory approaches to ensure that the design and implementation of the projects take the beneficiaries into account.

Participatory approaches have been used for different activities, but currently their use as a mechanism to ensure accountability of service providers is being tested. The FHP project in Sindh Province has taken a lead in this process, engaging VHCs in the monitoring and regulation of public health services. This offers an exciting potential for strengthening effectiveness, service quality and equity of access.

The basic objectives of VHCs are as follows:

- To improve planning and health care activities by translating general programme objectives into locally meaningful, culturally acceptable and affordable ones
- To involve community leaders, thus providing support from the local power structure
- To assess more accurately the actual needs of the community
- To decrease dependency on external resources by mobilising community contributions, at least in the form of time and labour
- To identify appropriate community members to be recruited as health care workers
- To monitor health care activities under the appropriate supervision of the Village Health Workers (VHWs)
- To increase service coverage and utilisation by offering services that respond to local preferences

- To create awareness among the general public about local health and development problems, and how to resolve them.

2.2 Formation of Village Health Committees

The initial step of making contact with the community to propose VHC formation is critical to the ultimate success or failure of the programme. The following steps were taken in each district in order to form VHCs for each catchment population served by the AFA health care facilities.

The health facility team and DHDC (District Health Development Committee, a centre formed for project activities by the FHP project in every district of the rural Sindh) team plan and initiate community contact through VHWs, TBAs or other prominent community members or Non-Governmental Organisations (NGOs). They then call a meeting of the prominent members of the community in order to assess the actual need for a VHC in their area. Results of a base line survey are presented and important health problems are discussed with community members. The health facility and DHDC teams facilitate discussion in order to bring socio-cultural, environmental and behavioural factors related to the identified health problems into the picture.

By the end of the meeting the idea of a health committee is presented as one of the strategies that can help to deal with these problems, and if community members are interested, a further meeting is scheduled to form the VHC. In the subsequent meeting with the community, the health facility and DHDC teams facilitate the formation of the VHC, and ten to twelve community members are identified to form the VHC.

2.3 Accountability/Vigilance Committees of VHCs

In some districts, the VHCs have set up their own mechanisms for monitoring the functioning of the services. The VHC of the village of Mirwah Gorchani, for example, has formed a vigilance committee that makes regular visits to the RHC, checks the centre's accounts system and the use of the Rs 3/= registration fee, and oversees the activities of outreach services, and the hiring and firing of staff.

The VHC of Ranipur has set up a three-member accountability committee, which will make regular visits to the RHC, check the regularity of the service providers, the centre and outreach activities, provide monthly reports to the VHC, and to the RHC, if any problems are found with the performance of service providers. These are just two examples of VHC performance over the last six months, but as time goes on, it is hoped that VHCs of different BHUs and RHCs will undertake similar activities.

3 National Health Policy of Pakistan and Role of Communities

Alongside efforts at the project level, further structural reforms are planned through the National Health Policy of Pakistan, which was revised in 1998. The main objectives of the National Health Policy are:

- To bring about community participation through creation of awareness, changing of attitudes, organisation and mobilisation of support
- To improve utilisation of health facilities by bridging the gap between the community and health services.

The structural reforms planned will include the decentralisation of planning to the grassroots level, with an active participatory role given to communities. Furthermore, there should be coordination and collaboration between health and other government sectors and NGOs. This intersectoral collaboration will take the form of:

- Formation of District Health Authorities
- Functional linkages between different providers: Community Health Workers (CHWs), VHCs, TBAs, etc.
- User charges/cost sharing in health care
- Financing NGOs/CBOs for health services
- Leasing of First Level Care Facilities (FLCFs) to NGOs/CBOs
- Defining the role of line departments in primary health care
- Establishing a community-based health care referral support network with assistance of CBOs, community workers and through special schemes like health cards.

4 Conclusion

Community involvement is essential for the sustainability of any project. The FHP has made tangible improvements to the delivery of health services. We know that when a community starts to demand accountability, service providers will soon realise

their responsibility and play an important role in providing regular services. The community is the barometer of any intervention. To a certain extent VHCs have started to demand accountability from the service providers, but as the community gets further support, and enhances their capacity, it is expected that still greater results will be achieved.