

Aligning investments to community needs in western Tanzania

In a PEPFAR priority district flagged for its high prevalence of HIV/AIDS, local leaders use data about citizen priorities to help allocate funds to upgrade a health center into a hospital.

BACKGROUND

Iyunga is ward in Mbeya District Council in the Mbeya Region of Tanzania with a total population of 15,026¹. Mbeya DC is one of seven PEPFAR DREAMS districts in Tanzania, which are prioritized for extra attention in the fight against HIV/AIDS given their high prevalence rates of the disease.

Oliva Yusuph Mgeni is the Community Development Officer (CDO) at the Office of the Ward Executive of Iyunga Ward. Her office's mandate is to provide health and social services to address the essential needs of the population, and her role specifically is to engage with citizens in this process.

PROBLEM

Community members and ward-level officials in Iyunga like Oliva face several challenges related to prioritization of service delivery. First, there has not been a specific platform for citizens to share and prioritize pressing community challenges that would enable their leaders to make informed development decisions.

Second, Oliva and her colleagues receive community complaints daily, but this information flow is scattered and uncoordinated, resulting in a lack of a shared, community-defined consensus of what are the main challenges at the ward level. This makes it difficult for leaders to prioritize which actions to take on the number of challenges presented at the office. As a result, **leaders make budget decisions that aren't fully aligned with the needs of their community.**

SOLUTION

To better align local decisions with community needs, Data Zetu partner Sahara Sparks introduced a methodology, called a Listening Campaign (LC), to local citizens and leaders in early 2018. This session facilitated an organized discussion about health related challenges in Iyunga, as prioritized by citizens themselves (these priorities were published as open data here: www.bit.ly/dzinsights).

The LC helped local representatives like Oliva to surface data about challenges that are most affecting health service delivery. For example, focusing primarily on Iyunga Health Center—the ward's main health facility—citizens cited issues of poor physical facilities that make care accessible; inadequate laboratory services and other support facilities; unreliable supplies of pharmaceuticals and medical equipment; and inadequate medical doctors and other trained staff.

PROCESS

¹ 2012 Tanzania National census by the National Bureau of Statistics

The Listening Campaign process was a discussion community convening facilitated by Data Zetu partner Sahara Sparks over the course of one weekend in lyunga ward. Oliva participated in the LC, and, soon after hearing that the lyunga health clinic was a main source of frustration, she convened follow-on discussions with community members. There, in her words: *“I called the community themselves to sit together to know how we are going to solve our problems.... We listened to the problems and we sent them to the city director. I told [city leaders] that this community is faced with these problems. After that, the city director made a budget based on those problems which have been raised”.*

OUTCOMES

“Citizen’s voices in lyunga were listened to, and what matters most to them reached the ears of their leaders”. – Oliva Yusuph Mgeni, Community Development Officer, lyunga Ward



For Oliva and her team, simply hearing from her constituents about the severity of challenges related to lyunga Health Center was enough to help her and the WEO to **successfully advocate to the District Executive Director’s office to transfer TZS 400,000,000 for the renovation and expansion of the health facility.**

Other outcomes of exposure to the LC method include:

- *Developing a partnership for health between officials and citizens.* Oliva explains that, after the LC, her team initiated several community meetings for the purpose of collaborating with community members to address issues related to the under resourced lyunga Health Center—one of the major challenges identified during the LC activities. Ten such community-centered meetings have been held.
- *Community-defined household contributions to fundraise for lyunga Health Center.* Through public meetings held on each street in lyunga, community members agreed to contribute TZS 5,000 from each household to complement the DED’s investment. And because the LC made it clear that the Health Center supports people from

This September 2018 letter from the Mbeya District Executive Director confirms that TZS 400 million have been deposited in the lyunga Health Center’s bank account.

other wards too, neighboring ward households were approached to voluntarily contribute that sum as well.

As a result of these efforts, lyunga Health Center will be upgraded to a Hospital—unlocking more resources and other features, such as longer opening hours. Mother and child healthcare (MCH) and sexual and reproductive health (SRH) services will be provided to reduce the long distances that women reported having to travel at the Listening Campaign. Just as importantly, in the process of achieving this, the **local leadership has experienced a fundamental shift from a hierarchical relationship to recognizing and respecting the role of communities in health and development.**

KEY COLLABORATORS:



