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August 1989

INSTITUTIONAL RESPONSIBILITIES AND COLLABORATIVE ARRANGEMENTS IN THE WATER SUPPLY AND SANITATION SECTOR IN MALAWI

A Discussion Paper

Prepared for the Government of Malawi by the UNDP/World Bank Regional Water and Sanitation Group, Nairobi.

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1. INTRODUCTION

1.1 There is little disagreement in theory that a multidisciplinary approach to water and sanitation is the most successful. Appropriate technology alone is not enough to improve the health and welfare of communities. Education without the means for improvement frustrates expectations. Knowledge without motivation and practical support cannot promote and sustain change. In practice however, many factors constrain co-operation.

1.2 At the request of the Government of Malawi a mission from The UNDP/World Bank Regional Water and Sanitation Group (RWSG), Nairobi visited Lilongwe in order to examine these constraints, within an institutional context, and to discuss with sector ministries alternative solutions (a list of people met is appended as Annex 3).

1.3 The request for this discussion paper has arisen following a series of collaborations between the RWSG and Sector Ministries in Malawi. During the last eighteen months a number of documents have been produced as part of this dialogue; "Water Supply and Sanitation Sector: Sector Position Paper and Action Plan", "Sanitation Sector Strategy Paper: A Working Document", and two UNDP project documents, "Support for Community Based Management in the Rural Water Supply Sector" for the Ministry of Works and "Institutional Support to Facilitate Implementation of a National Rural Sanitation Programme" for the Ministry of Local Government. The present paper draws on the previous discussions and documents and should be seen in the context of this iterative process.

1.4 This paper attempts to provide a very brief review of the institutional situation in the Water Supply and Sanitation sector in Malawi listing the main responsibilities of each of the four major ministries involved in sector activities. It then sets out, with commentary, a variety of alternatives which may mitigate constraints and improve co-ordination.

1.5 The will and desire for a solution are evident. It is hoped that discussions arising from this paper will provide a means of collaboration acceptable to participants in the sectoral enterprise.

1.6 Since this paper is aimed at those already aware of most aspects of the situation, no attempt will be made to go into detail in the review, nor will responsibilities of the four ministries which do not relate to the sector be examined.

2. EXISTING INSTITUTIONAL ARRANGEMENTS AND RESPONSIBILITIES

The Ministry of Works/Department of Water

2.1 The Department of Water in the Ministry of Works is responsible for potable water supply in urban and rural areas with the exception of Lilongwe and Blantyre. These are served by Water Boards operating as parastatal entities. The sections and functions of the Department can be determined by examining the relevant ministry organization in the organogrames attached as Annex 1 or by referring to "Water Supply and Sanitation Sector -Sector Position Paper and Action Plan February 1989".

2.2 Rural water supply can be categorized into two groups, gravity piped schemes using water from mountain streams, and ground water systems, extracting from aquifers by pumping via boreholes or dug wells. Presently the two types of schemes are the responsibility of different sections in the Water Department.

2.3 Piped water schemes have been implemented with a high degree of community involvement. Although a further 15 schemes are planned the majority of the rural population will, in the future, have to be served by ground water. Capital costs and some major renovations have, in the main, been funded by donors. Many of these piped schemes are now coming to the end of their useful life and need renewal of facilities beyond the maintenance capacity of participating communities.

2.4 The ground water programme has, in the past, been characterized by technical complexity, centralized maintenance procedures and little community involvement. Many of the boreholes are over 50 years old and need rehabilitation. A large proportion suffer habitual breakdown with long down times. However, there are a growing number of more recent schemes, many of them run as part of Integrated Rural Development Projects under the Ministry of Agriculture. These schemes use the piped water programme approach of community mobilization and involvement, allied with appropriate technology, and have proved less costly to maintain, with fewer breakdowns and shorter downtimes.

2.5 A UNDP project is in process which aims to strengthen the capacity of the Department of Water to deal with a more holistic approach to the rural water supply. From an economic view point, it has been shown that a high degree of community development input is necessary to lower operation and maintenance costs. Liaison with community development officers from the Ministry of Community Services at headquarter, regional and district level is proposed, so that inter-ministerial work schedules and community training can be co-ordinated to coincide with construction and rehabilitation. An efficient monitoring system is also proposed so that current maintenance can be expedited efficiently and future projects can learn from past experience. From the wider development perspective of a healthier and thus more productive population, close liaison is also necessary with other ministries, particularly Health, for co-ordination between health education and installation of new facilities. In this manner water use maintains the improved water quality and good hygiene and improved water supply with sanitation are perceived as an integrated goal towards better living standards. Administratively, it is intended that the project staff will span both piped and groundwater sections (combining these sections was recommended in the Sector Position Paper and Action Plan 1989) and will sit directly under the Water Engineer-in-Chief.

2.6 The responsibilities of the Department of Water are as follows:-

Engineering aspects of planning, design, construction, operation and maintenance of all rural and urban water schemes except those falling under the jurisdiction of the Water Boards of Lilongwe and Blantyre.

Engineering aspects of planning design, construction, operation and maintenance of piped sewerage systems and septic tanks on request from local councils.

Mechanical engineering expertise to be used for training communities and/or trainers, in the operation and maintenance of water schemes and point water sources.

Policy decisions on all technical matters relating to water supply in Malawi with the exception of that falling under the jurisdiction of the Water Boards of Lilongwe and Blanytre.

Billing, collecting and monitoring the financial returns from water and sewerage services so that these services are commercially viable but are administered with due regard to equity and appropriate social and organizational exigencies.

Maintaining the proper functioning of the Water Resources Board and to uphold its duties towards pollution discharge and control, water quality management, the assessment and regulation of rates and charges and the general planning and overview of national water resources.

Liaison with other agencies, governmental and non governmental, for the efficient management of the sector.

The Ministry of Health

2.7 Malawi has one of the highest child mortality rates in Africa, with infant mortality estimated at 150 per 1000 live births and an under five rate of 270 per 1000 live births. This reflects endemic malnutrition and widespread morbidity. Of the ten most common infective and parasitic diseases a third are directly related to water (diarrhoeas, dysenteries, typhoid) and over three quarters are linked in one way or another to water and sanitation (malaria, bilharzia, hookworm, infective hepatitis).

2.8 The Ministry of Health (MOH) follows a flexible strategy of action which strengthens particular aspects of the health services as the need arises by means of designated Programmes. These special Programmes develop, organise and oversee the effort to change or improve particular aspects of health care. Of the Programmes presently in effect, 'Combating Childhood Communicable Disease' which focuses on the prevention and treatment of diarrhoeas; 'Bilharzia Control' and 'Environmental Health and Sanitation' are clearly aimed at aspects of the Water Supply and Sanitation sector. The MOH's major contribution to the latter programmes is "spearheaded by the health inspectorate and includes water testing, food inspection, public education and encouraging the construction of pit latrines (VIPs) and proper waste disposal" (The National Health Plan of Malawi, 1986-1995 MOH, Lilongwe).

2.9 In addition to substantive and ongoing services and Programmes the Ministry of Health carries out "programme like" strategies which aim to attack a diversity of topics by means of a particular approach. Health Education and Primary Health Care (PHC) fall under this category of action. Health Education is promoted through or associated with many of the specific services of the health system. According to the National Health Plan "so far, curative and preventive measures taken to reduce or eliminate the priority health problems have yielded only modest results". Reasons for this are identified as a lack of motivation and mobilization among

individuals families and communities an 'inadequate mastery of the skills and techniques of information and education' in addition to a shortage of qualified staff and inadequate facilities to produce and distribute appropriate health information and education materials. The most successful health education campaign the Health Education and Sanitation Promotion (HESP) Programme has been that associated with the United States Agency for International Development funded projects which have been supporting mobilized communities to construct, extend, operate and maintain gravity piped water schemes. In these schemes, health education is delivered by health professionals within a multidisciplinary and interministerial context.

2.10 "PHC is viewed as a multi-sectoral approach to health care delivery sponsored through a co-ordinating body presently operating out of an office within the Headquarters of the Ministry of Health, and through field staff located at regional and district levels" (National Health Plan of Malawi). It is very difficult from this position for PHC to attract the funds and resources needed to have the desired multi-sectoral impact on rural health. In order that it should operate as an effective multi-disciplinary strategy it has been recommended that each ministry should fund its own sectoral responsibility to PHC and that this should be co-ordinated at national, regional and district level by committees under the auspices of the Office of the President. (see Annex 2 - Recommendations on the Primary Health Care Programme in Malawi).

2.11 The responsibilities of the Ministry of Health are as follows:-

Inspection to ensure the quality of urban and rural water supplies.

To inspect and ensure the adequacy and safety of sanitation and sewerage both in urban and rural areas.

To promote safe and hygienic methods for the collection, storage and use of water.

To promote the construction and correct use of adequate appropriate and affordable sanitary facilities.

Training the public in the aspects of health designated under PHC for Malawi, that pertain to the sector.

To carry out health education as an integrated aspect of sector related schemes.

Liaison with other agencies, governmental and non governmental for the efficient management of the sector.

Ministry of Community Services

2.12 The Ministry of Community Services has a wide and varied mandate ranging from adult literacy education to promotion, mobilization and support for community construction, community development and income generating initiatives.

2.13 The training of community development personnel centres around non-formal educational techniques and participatory approaches to mobilization, monitoring and evaluation. Community Development Officers train for leadership skills, for organizational and administrative procedures, for recording methods and for book-keeping.

2.14 Community development training contains little or no reference to the Water Supply and Sanitation sector directly, however, without the integration of community development skills, sectoral programmes fail. In Malawi it was the Ministry of Community Services that initiated and ran the successful gravity piped water schemes for over a decade. The Ministry of Local Government plans to use the promotional skills of women workers from community services to motivate and educate families for the desirability of adequate sanitary facilities. Functional educational materials, used in adult literacy classes, reach and influence thousands of rural women through their desire to read and write.

2.15 Community Development Officers are in more demand for secondment to integrated water supply and sanitation projects than the number of officers allow.

2.16 The responsibility of the Ministry of Community Services are as follows:-

To mobilize and motivate communities towards sector goals within the context of sector projects and programmes.

To provide and use, within literacy programmes, adult education materials which support sector goals.

To ensure that communities have the knowledge and support to make appropriate institutional arrangements for the management of adequate water and sanitation facilities within the context of sector projects.

To use non-formal educational skills to ensure that integrated training is organized in a participatory manner.

To use non-formal educational techniques to ensure that monitoring and evaluation is carried out as an integrated part of sector schemes.

To promote and train for practical skills, such as income generation schemes and record keeping and accounting, which will provide support for sector initiatives.

Liaison with other agencies, governmental and non-governmental for the efficient management of the sector.

Ministry of Local Government

2.17 The Ministry of Local Government (MLG) has acquired an expertise in the technical, managerial and commercial aspects of low cost on-site sanitation options through the work of the UNDP funded 'Low Cost Sanitation Unit'. Sanitation centers have been set up, under local

authority direction, to promote and demonstrate several low cost non-water-borne sanitation options, to advise householders on technical alternatives, and to sell the essential components required to construct or improve household sanitation facilities.

2.18 The approach has been successful in peri-urban areas and has been applied with modification to rural areas and to refugee camps. In rural areas advice on the sanitation components of integrated rural development projects, has resulted in the technical aspects of sanitation being integrated alongside health education and PHC training, and the managerial and commercial strategies becoming part and parcel of mobilization and adult education work. In refugee camps the unit has advised on the technical feasibility and installation of low cost sanitary options as an emergency measure.

2.19 A UNDP project is in process which aims to extend these initiatives in the rural areas using the peri-urban experience of the low cost sanitation unit. It is formulated to address, in a carefully staged fashion, the substantial rural sanitation problem in Malawi and its concomitant health impact partly reflected in the morbidity patterns previously quoted.

2.20 The responsibilities of the MLG are as follows:-

To ensure the promotion and installation, the operation and maintenance, of proper sanitation facilities through local councils (city, town, municipality and district).

To provide technical training in the construction and management of low cost on-site sanitation facilities.

To provide emptying services for septic tanks and pit latrines through urban councils.

To collect sewerage fees and septic tank emptying fees for defraying the cost of sewerage provision through urban councils.

Liaison with governmental and non governmental agencies for the efficient management of sector.

Other Institutions

2.21 The four ministries described above are the major institutional actors in the sector. There are however other ministries and agencies with smaller but crucial roles to play. These will be listed only, since a more detailed description of their involvement can be found in the Sanitation Sector Strategy Paper (April 1989).

Ministry of Agriculture

Ministry of Education

Department of District Administration and Rural Development in the Office of the President and Cabinet

The Rural Housing Project

The Malawi Housing Corporation

3. THE PROBLEM OF COLLABORATION

3.1 Most water and sanitation projects, particularly those in rural areas achieve a multidisciplinary approach at the community level. However, the contribution of one or other of the necessary actors is often constrained, through lack of material resources or adequate personnel. Thus at the district level and below the problem is not interaction it is resource distribution.

3.2 At the regional level, adequate systems for the collection, dissemination and sharing of information are lacking. This contributes to an overlap of responsibilities and a duplication of efforts. Although the structure for integration exists within the regional development committees and their sector subcommittees, a lack of adequately trained personnel to represent the relevant agencies often mitigates against proper collaboration.

3.3 The principle constraints lie at the national level and have their roots in:

A struggle for scarce resources between ministries and thus a lack of visibility of the sector as an entity for consideration at the project planning stage.

A centralizing of policy decision making, which taxes the effective time available to senior ministerial staff.

The lack of a clear and agreed demarcation of responsibility in the sector between the role of one agency and another at national level.

The lack of a neutral decision making forum which can assess a suitable balance of factors for a successful sector project and can provide arbitration for problems as they arise.

3.4 Four alternatives are presented in the following for consideration proposing different ways to overcome these constraints.

4. PROPOSALS FOR SECTOR COORDINATION

The Committee Approach

4.1 The most obvious solution to sector collaboration at the national level would appear to be the committee, where representatives from each relevant agency can debate issues of co-ordination. Such a committee should preferably be composed of staff capable of making and taking policy decisions. This avoids duplication of effort at senior level and mitigates intersectoral rivalry for resources. Such committees already exist in Malawi as planning and project committees. A typical example of this genre is a National Action Committee.

4.2 A National Action Committee usually sitting at Principal Secretary or Deputy Principal Secretary level discusses the co-ordination of the sector and the vetting of large project proposals. It makes decisions about major problems as they arise and formulates advice for donors in aspects of the sector for financing. The advantages and disadvantages of this alternative are itemized below.

4.3 Arguments for:

1. The Committee is at the right level to make decisions that will be implemented

2. Representatives from the major donor agencies can be invited to meetings. This promotes co-operation and eases financing arrangements in the sector

3. The resources for such an approach already exist within the sector

4.4 Arguments against:

1. Such committees often become dominated by one ministry or one agency to the detriment of sector co-ordination

2. Staff of this seniority often do not have the time to attend such committees and delegate responsibility for attendance, defeating the purpose of placing the committee at this level

3. Senior officers at Principal Secretary and Deputy Principal Secretary level tend to move from one ministry to another more frequently than officers at director level and below. They may not have the detailed technical knowledge required to debate practical co-ordination and resource allocation issues.

The Interest Group Approach

4.5 An alternative strategy is to promote an individual or small multidisciplinary team of individuals whose specific task would be the proper coordination of the sector. This approach can be formulated in two ways, either as a liaison unit to forestall problems or as an ombudsman to address problems when they arise. A combination of these functions can also be an alternative. The advantages and disadvantages of this alternative are itemized below.

4.6 Arguments for:

1. The individual or unit has sectoral rather than component responsibilities for the sector and is therefore in a better position to arbitrate for an equitable distribution of resources to the benefit of the sector as a whole.

2. A unit that is not placed in any one of the sector ministries discussed is more likely to be approached with sectoral problems by all interested parties.

3. The unit is in a position to arbitrate between ministries and between donors and ministries for sector resources for the general benefit of the country.

4. The unit will have to be placed on the same level as Principal Secretaries level in order to be effective. At this level it can give sectoral responses to individual ministry issues when discussions about the sector arise during regular top level meetings.

4.7. Arguments against:

1. The unit has to be placed somewhere; wherever it is placed its position will compromise its effectiveness.

2. The professional choice of individual or team members may replicate the traditional hierarchy of resource allocation at the sector level and perpetuate the status quo.

3. The sectoral unit is an innovation and will not be based on existing institutional arrangements. To this extent its efficacy remains to be judged and its institutionalized position is insecure.

The Primary Health Care Approach

4.8 An approach which has gained world wide acclaim is that of Primary Health Care (PHC). This approach aims to focus resources on priority areas identified by the people, whose own interventions in their health care will improve their quality of life.

4.9 As described earlier PHC in Malawi has proposed innovative changes in the usual PHC format. These changes would requires individual ministries to promote their own aspects of PHC within projects and to allocate resources to PHC as part of projects. Each ministry will then liaise with PHC/MOH co-ordinators at national, regional and district level in order that PHC can become a viable integrated approach to improving living standards.

4.10 It is true that the Water Supply and Sanitation sector encompasses only about half of the priority skills considered essential for community training in the Malawian PHC Programme. However, it may be that a marriage with PHC, particularly if the recommendation on the primary health care programme outlined in Annex 2 are implemented, will be of benefit to both sectors. The advantages and disadvantages of this approach are itemized below.

4.11 Arguments for:

1. The approach is well accepted, the strategy tried and documented. It is supported by both governments and donors.

2. It is a marriage with a Malawian initiative already held to have reasonably high priority. The new form for PHC for Malawi has already been proposed to government.

3. An administrative and decision making structure already exists at area, district, regional and national level tied as sub committees to the development committees.

4.12 Arguments against:

1. The present national level has not yet been allocated the necessary resources to act effectively.

2. Primary Health Care may provide too broad a base for action and dilute sector objectives.

3. The Health Focus of PHC may prove too dominant to allow other essential ministries their proper place in the sector.

4. Although the structure for implementation of PHC at all levels has indeed existed since 1984 in Malawi, it is neither properly resourced, nor adequately funded. This may say as much about its future ability to attract funds as it does about its international prestige value.

The Adjudication Procedure

4.13 A final alternative is the vetting committee. This alternative was derived from reflection upon the functioning of the Water Resources Board. To extend this body to encompass the type of functions required is unsuitable. To set up an alternative body would be expensive, and its parameters for legislative action unwieldy. There are however existing vetting procedures within the Economic Planning and Development Department (EP&D) in the Office of the President and Cabinet. A possibility for this type of alternative could be to strengthen the Special Studies Section of the Economic Planning Division (see Organogram Annex 1) so that the sector can be co-ordinated within existing government vetting/adjudication procedures.

4.14 EP&D already have the mandate to examine all proposals put forward by ministries. First they are examined from a macroeconomic standpoint, then from a project co-ordination vantage and finally from the point of view of the internal capability of the ministry to implement the proposal (resources, personnel, transport capacity and so forth). The department is staffed by economists and financial analysts specializing in a variety of sectors. An additional broad based water supply and sanitation sector analyst would probably be needed to assess the various components essential to the sector.

4.15 There is the further possibility of strengthening the planning departments which exist in each individual ministry to vet projects before they are presented by the ministry to EP&D. A broad sector view point could be fostered within those departments through training seminars (indeed the sector as a whole would benefit by such training). The advantages and disadvantages of this alternative are itemized below.

4.15 Arguments for:

1. The government machinery already exists and performs the co-ordinating functions required. Only slight adjustment would be necessary to bring the Water Supply and Sanitation sector into focus as a recognized entity

2. EP&D is at a sufficiently high level and has an adequate mandate to ensure that decisions made for the sector are implemented by sector agencies.

3. EP&D links with the planning department of individual sector ministries could, with judicious coordination, provide an insight into the strengths and weaknesses of the sector as a whole.

4. Through its project co-ordination function EP&D have institutional links with donor agencies. This is a major advantage of this alternative.

4.17 Arguments against:

1. Although EP&D can ensure that proposals that are presented, and that fall within the sector, are adequately balanced, it has no specific mandate to analyse, or attempt to remedy, deficiencies or inadequacies in the sector. These may arise from a lack of proposals or resources in any single component of the sector.

2. This alternative does not necessarily provide a forum for the solution of problems or the need for innovations in the sector.

5. CONCLUSION

5.1 The major problem that this paper addresses is the lack of co-ordination between government agencies in the water supply and sanitation sector in Malawi.

5.2 Four possible alternative methods for collaboration have been presented with a commentary on their advantages and disadvantages in the present institutional situation in Malawi.

5.3 None of the alternatives address a major prerequisite to collaboration, a clear and agreed demarcation of responsibility in the sector between the role of one agency and another. Earlier in the paper a tentative allocation of responsibilities has been made, these need to be discussed and agreed before alternatives can be decided upon.

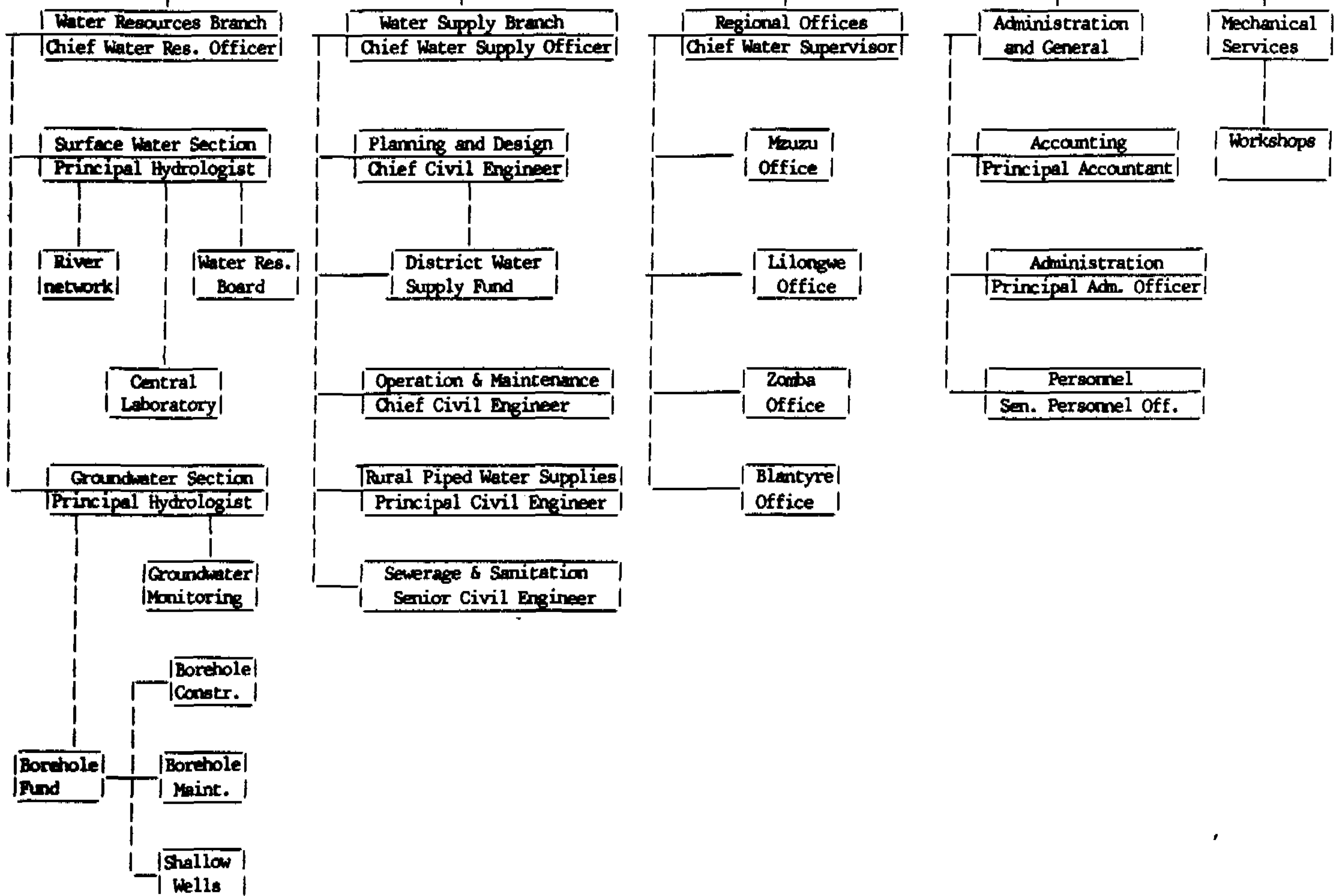
5.4 The Committee approach is probably the least viable and has already been proven weak in the Malawian context.

5.5 The major drawback of the sector interest group is that it is difficult to prevent the institution in which it is placed, distorting it's function (however unwittingly).

5.6 The PHC approach is attractive but probably has too wide a mandate to be completely successful in the specific sector context.

5.7 The possibility of strengthening existing sectoral vetting and adjudication procedures within EP&D appears the most promising solution and has two additional advantages. First, the links with planning departments in each ministry offer possibilities of raising and addressing sector policy issues from a multidisciplinary vantage. Second, this alternative is the only one that has existing institutional liaison with donor agencies.

5.8 Procedures relating to collaboration between government agencies and donors is beyond the parameters of this discussion paper. The issue is however of obvious importance to the sector and should be explored further.



DEPARTMENT OF WATER ORGANOGRAM (JUNE 1988)

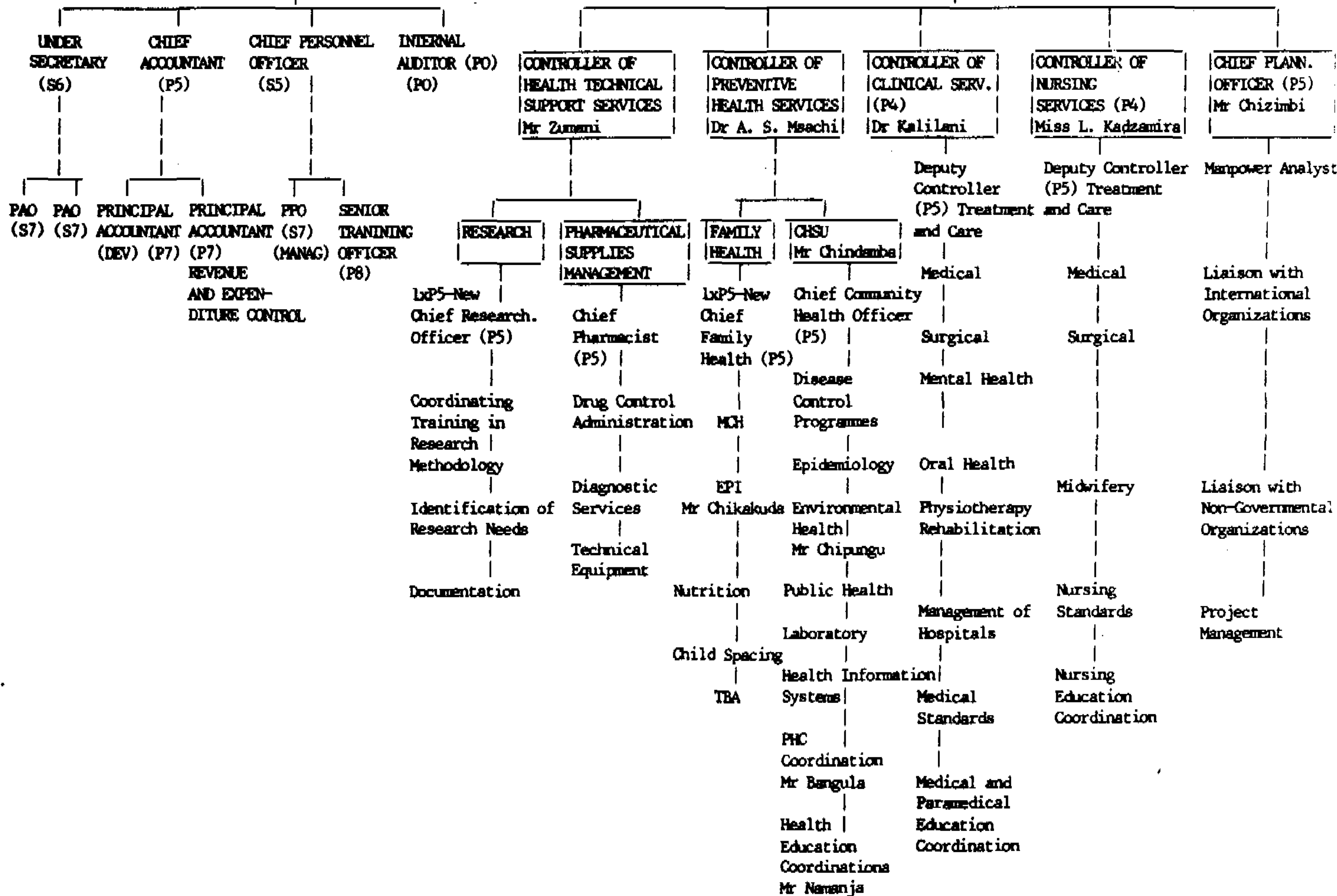
NEW ORGANIZATION STRUCTURE

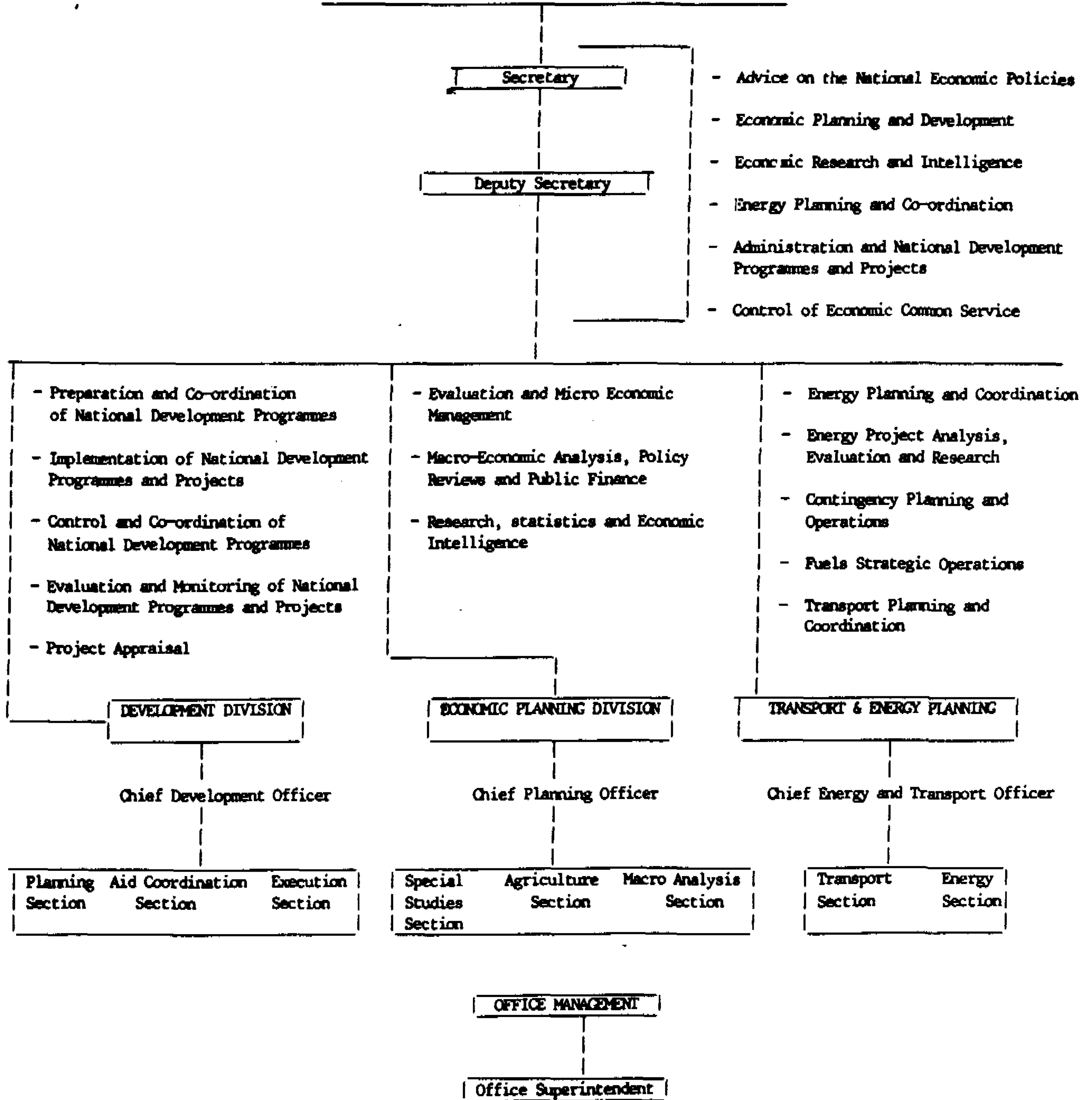
MINISTRY OF HEALTH HEADQUARTERS

PRINCIPAL SECRETARY (S2)
Dr S. S. Kamvazina

GENERAL ADMINISTRATION BRANCH
DEPUTY SECRETARY (S4)

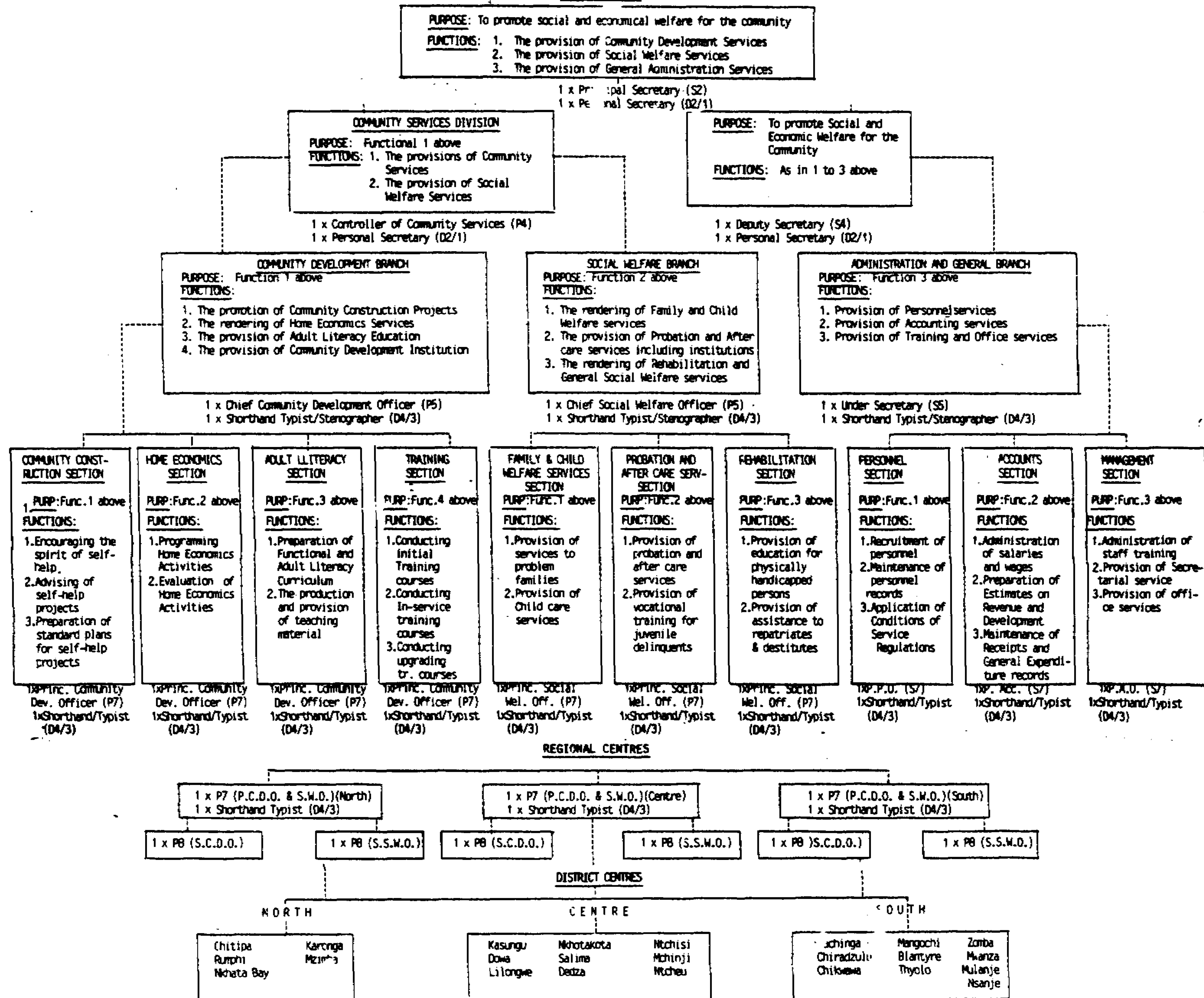
TECHNICAL BRANCH
CHIEF OF HEALTH SERVICES (P2)
Dr H.M. Ntaba




DEPARTMENT OF PLANNING AND DEVELOPMENT (CENTRAL OFFICE)
Secretary
Deputy Secretary
- Advice on the National Economic Policies
- Economic Planning and Development
- Economic Research and Intelligence
- Energy Planning and Co-ordination
- Administration and National Development Programmes and Projects
- Control of Economic Common Service
- Preparation and Co-ordination of National Development Programmes
- Implementation of National Development Programmes and Projects
- Control and Co-ordination of National Development Programmes
- Evaluation and Monitoring of National Development Programmes and Projects
- Project Appraisal
- Evaluation and Micro Economic Management
- Macro-Economic Analysis, Policy Reviews and Public Finance
- Research, statistics and Economic Intelligence
- Energy Planning and Coordination
- Energy Project Analysis, Evaluation and Research
- Contingency Planning and Operations
- Fuels Strategic Operations
- Transport Planning and Coordination
DEVELOPMENT DIVISION
ECONOMIC PLANNING DIVISION
TRANSPORT & ENERGY PLANNING
Chief Development Officer
Chief Planning Officer
Chief Energy and Transport Officer
Planning Section
Aid Coordination Section
Execution Section
Special Studies Section
Agriculture Section
Macro Analysis Section
Transport Section
Energy Section
OFFICE MANAGEMENT
Office Superintendent

Annex 1

RECOMMENDED FUNCTIONAL ORGANISATION CHART FOR THE MINISTRY OF COMMUNITY SERVICES (AS AMENDED)



ANNEX 1

RECOMMENDATIONS ON THE PRIMARY HEALTH CARE PROGRAMME IN MALAWI

Following the 1987 Primary Health Care Review which was jointly conducted by the Malawi Government, the United Nations Children's Fund (UNICEF), the World Health Organisation (WHO), the Government, through the Ministry of Health, organized multisectoral Primary Health Care filed tours of Machinga, Dowa and Karonga districts. As a result of the review and the round-up meeting which was convened after the field tours, the following recommendations were made:-

1. PRIMARY HEALTH CARE STRUCTURE

1.1 NATIONAL LEVEL

1.1.1 A National Primary Health Care Committee be established, composed of Principal Secretaries, heads of departments and Non-governmental organization (NGO) whose chairman will be the Office of the President and Cabinet.

1.1.2 A National Primary Health Care sub-committee be established, composed of Primary Health Care co-ordinators from each sector/ministry to act as technical arm of the National Primary Health Care Committee.

1.2 REGIONAL LEVEL

1.2.1 The Regional Development Committees should also assume the functions of Regional Primary Health Care Committee.

1.2.2 Regional Primary Health Care Sub-committee be established, composed of Regional Primary Health Care Co-ordinators from each sector/ministry which will act as technical arm of the Regional Primary Health Care Committee (Regional Development Committee).

1.3 DISTRICT LEVEL

1.3.1 The District Development Committee should also assume the functions of a District Primary Health Care Committee.

1.3.2 District Primary Health Care Sub-committee be established, composed of District Primary Health Care Co-ordinator from each department/organization which will act as technical arm of the District Primary Health Care committee.

1.4 AREA LEVEL

1.4.1 The Area action Committee should also assume the functions of Area Primary Health Care Committee.

1.4.2 Area Primary Health Care Sub-committee be established, composed of extension workers and local representative.

1.5 VILLAGE LEVEL

1.5.1 Village Action Committee should also assume the functions of village Primary Health Care Committee.

1.5.2 Village Primary Health Care Sub-Committee be established, composed of influential individuals at village level who will act as technical arm of the village Primary Health Care committee (Village Action Committee).

(See Appendix 1).

NOTE (i) In view of the National Rural Development Programme structure, all programme managers will be members of the Regional Primary Health Care Sub-Committee.

(ii) Similarly, all project and development officers will be members of District Primary Health Care Sub-committee and Area Primary Health Care Sub-committee respectively.

1.6 PRIMARY HEALTH CARE SECRETARIATS

It is recommended that Primary Health Care Secretariats be established at National, regional and district levels to act as executive offices of Primary Health Care Committees at each level. It is further recommended that these secretariats be based in the Office of the President and Cabinet, Regional Administrators' Offices and District Commissioners' Offices, respectively.

2. ESTABLISHMENT OF PRIMARY HEALTH CARE CO-ORDINATORS POSTS

In recognition of the fact that Primary Health Care Secretariat will be performing full-time management functions which will include planning, implementation, monitoring and evaluation, it is recommended that Primary Health Care Co-ordinators posts be created at national, regional and district levels. These Primary Health Care Co-ordinators will man the secretariats mentioned above.

3. APPOINTMENT OF SECTORAL CO-ORDINATORS

It is recommended that each sector/ministry should appoint co-ordinators (Contact person) at national, regional and district levels of the Primary Health Care Committees structure, who will be members of the respective Primary Health Care Sub-Committees.

4. RESOURCE IMPLICATION FOR PRIMARY HEALTH CARE

4.1 RESOURCES FOR MULTISECTORAL PRIMARY HEALTH CARE ACTIVITIES

4.1.1. It is recommended that for multisectoral Primary Health Care activities, budgeting should be done by district, regional and national secretariats for submission to Treasury for approval.

4.1.2. It is further recommended that the funds available through the Secretariats should include maintenance and running costs for Primary Health Care vehicles, non-sectorally funded items such as participation of local leaders, stationery and other services.

4.2 RESOURCE CONTRIBUTION FROM EACH SECTOR/MINISTRY

4.2.1. Considering the multisectoral nature and resource implication of Primary Health Care, it is recommended that each sector/ministry should budget for its own sectoral community-based activities.

4.2.2. In addition, each sector should set aside funds for transport and travelling of its members on Primary Health Care activities.

4.3 RESOURCES FROM DONORS

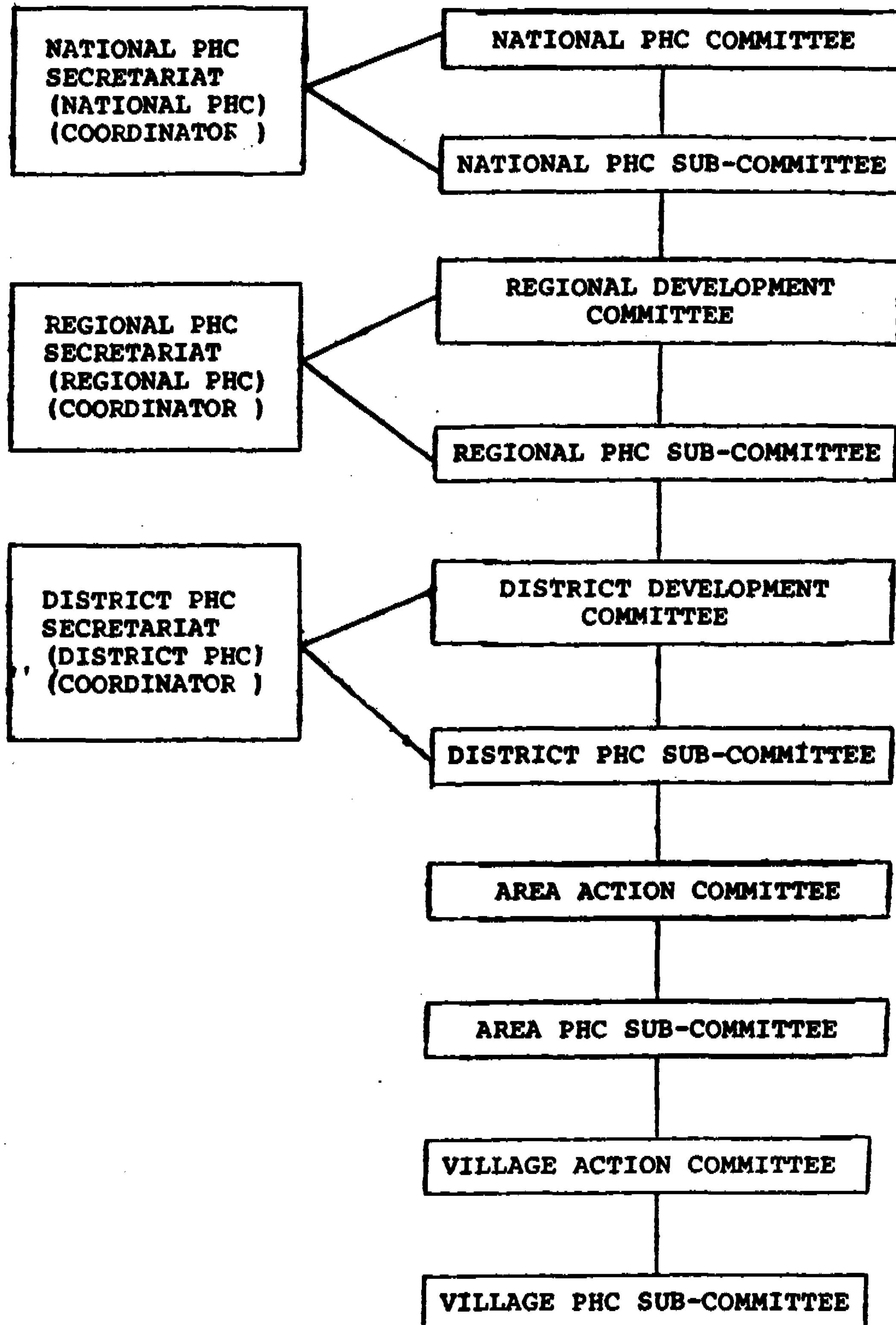
It is recommended that donor resources should be channelled through the National and Regional Secretariats. However, there should be enough flexibility for donors to give resources directly to the districts, if desired.

5. ROLE OF EACH SECTOR IN PRIMARY HEALTH CARE

5.1. It is recommended that each sector/ministry (See appendix 2) should define its role in Primary Health Care and draw up its sectoral plans for implementing Primary Health Care activities.

5.2. It is further recommended that each sector/ministry should give clear guidelines to its regional and district officers on its role in Primary Health Care.

PROPOSED NATIONAL PHC STRUCTURE



PEOPLE MET

MRS S. MURRAY BRADLEY AND MR A. BANERJEE

UNDP

Mr. D. Worku
Deputy Resident Representative

Mr Alan Chintdeza
Programme Officer Water and Sanitation

Mr Bobe
Programme Officer PHC/FPA

Ministry of Community Services

Mr Nkhoma
Deputy Secretary

Mr Manda
Director

Mr D. M. Maina
Chief Community Development Officer

Mrs L. R. Kamfengi
Chief Community Development Officer

Mr A. Shawa and C. K. Nyimba
Senior Community Development Officers

World Bank

Mr J. Malone
Resident Representative

UNICEF

Ms Maire Ni Chionna
Water and Sanitation Officer

Ministry of Health

Dr Ntaba
Chief of Health Services

Mr F. Bangula
National Primary Health Care Coordinator

Ministry of Works

Mr C. Clarke
Principal Secretary

Department of Water

Mr Mwakikunga
Water Engineer-in-Chief

Mr S. Phiri
Mr S. De Souza

Mr Lasai
Acting Water Resources Officer

Ministry of Local Government

Mr J. Kazombo
National Professional
(MLW/86/015 - Urban Technical Services)

Mr Vijay
Economicst/Financial Analyst

USAID

Mr M. Nyirongo
National Project Co-ordinator

Ministry of Office of the President and Cabinet

Department of Economic Planning and Development

Mr G.A. Mulaga
Senior Macro Economist/Analyst

Mr E.N. B. Chibwana
Senior Economist

Mr H. L. Ng'ombe
Senior Economist

Mr U. Leist
Expert Economist Project Co-ordination