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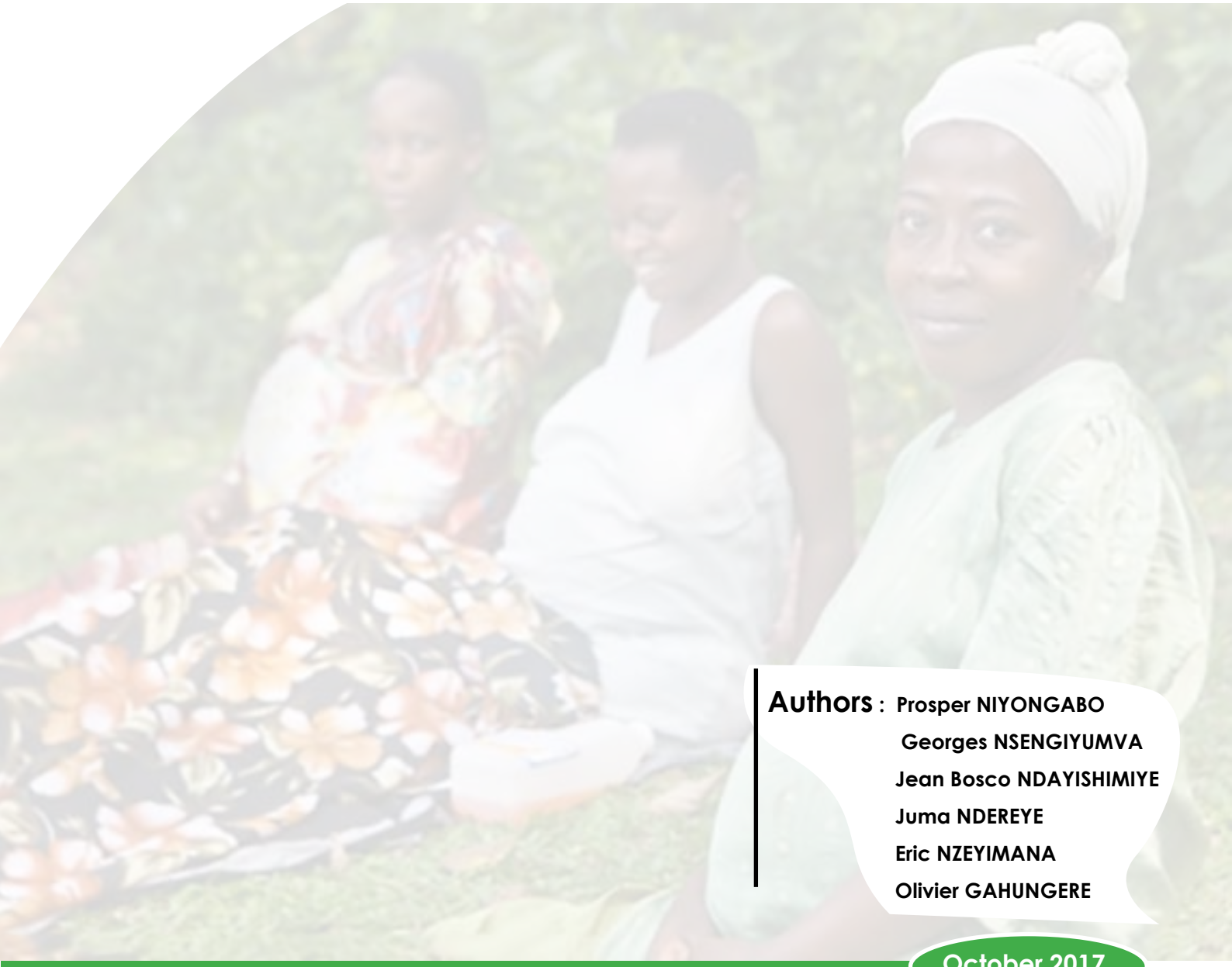
IMPROVING MATERNAL HEALTH SERVICES PERFORMANCE USING SOCIAL ACCOUNTABILITY IN BURUNDI.

A Policy brief addressed to Minister of Public Health and fighting against AIDS in Burundi.



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October 2017

Summary

Although maternal health was declared a top governmental priority in Burundi, progress made towards maternal health services strengthening is deemed to be less than expected. In fact, despite the implementation of free care for pregnant women, the decentralization of health services, the adoption of the performance-based financing scheme to motivate the health staff, the rehabilitation of the health infrastructure, the increase of the number of schools to train midwives, Burundi is still experiencing an insufficient maternal health services utilization and a high maternal mortality contrasting with efforts made.

Possible reasons explaining the situation is the way services provision is organized and the quality of encounters between health providers, women and their relatives. In fact, evidence has shown that health infrastructure and personnel availability does not lead always to improved health for users. The way health care is provided matters and the level to which it meets user's expectations which most of the time are influenced by the local culture and traditions is also to consider.

Studies carried out in Burundi, showed that women are not always satisfied by the way they are received at health facility. Disrespectful staff behavior and a bad staff attitude towards women were pointed out by women and their relatives.

However, women remain silent and do not dare to express those concerns. In case they decide to speak out, women do not use the official boards for community participation made of health committees and suggestion boxes. In many areas, health committees are even insufficiently known by women and community members. Women therefore use community health workers as intermediaries to express concerns, but this use is not effective as health providers do not always listen to them

especially when they are illiterate. The illiteracy undermines also the use of suggestion boxes by the population.

Moreover, studies carried out on health committees functioning in Burundi showed that they lack capabilities to run meetings and confront the views of health providers. Therefore, health committee cannot channel in effective way, women's and community's complains.

An option to strengthen the functioning of the committee is proposed. It is based mainly on the inclusion of educated people in the committees and the creation of a link between the committee and a social network made of all stakeholders for maternal health at local and district level.

To do that, we recommend policy change regarding health committee's composition and functionning . Suggestions regarding Community voice especially women voice strengthening are also made. The recommendations are specifically directed to the authorities within the ministry of health in charge of maternal health and community participation.

Key words: maternal health, community participation, women, health committee, suggestion boxes, policy

Statement of Issue

In Burundi, many efforts were made to improve access to quality maternal health care provision in Burundi. In fact, more than a decade of war led to the destruction of health infrastructure and the loss of human resources for health. Maternal health services were among the services that were the most hit by war. In 2006,the government of Burundi through its ministry of health with the support of its technical and financial partners embarked in 2006 on a health reform meant to improve maternal health

care services performance and utilization: free care for pregnant women was decided to move away the financial barrier in accessing maternal health care services [1];performance-based financing of health facilities (PBF) was introduced to motivate the health personnel and enhance health service performance[2]; decentralization of health care provision was made with the creation of health districts as operational units of the ministry of health. Besides, health infrastructures were rehabilitated and new ones built. Midwives were trained and schools training them increased in number for one in 2010 to four in 2015[3].

Despite these efforts, progress achieved remained lower than expected, living a margin for further improvements. For example, progress in increasing maternal health services utilization is not yet satisfactory. In fact, we could expect skilled birth attendance to reach the 100 % as a result of free care, health personnel availability and easy access to sufficiently equipped maternal health services. Family planning services utilization for women in union showed a lower increase than expected from 22% in 2010 to 29% in 2017 [4],while early done antenatal care visits are still under 50% of the total of pregnant women although progress was made from 21% to 47% [4].The sharp increase of skilled birth attendance from 60% to 84% does not seem in keeping with maternal mortality ratio which decreased only by 21%[4].

The great question that arises is to know why with a smoothly implemented PBF ,ensured free care for pregnant women, increase of workforce and health infractures, the results remain insufficient?

Evidence has already demonstrated that the availability and accessibility of maternal health facilities does not always lead to better health results for women and increased services utilization like skilled birth attendance [5]. In fact, maternal health services

utilization like birth attendance cannot increase if service delivery does not improve[6]Among factors for improvement is the way maternal health facilities welcome women and the quality of encounters with women and health professionals.

In Burundi, women are not always well received at health facilities. For example, a study by Niyongabo and colleagues in 2013, reports that women expressed grievances relating to the staff bad attitude and behavior towards women[7]

On the other hand, maternal health services need to be planned in accordance with community believes and values. In fact, maternal health is a sensitive issue within the Burundian community[8]and maternal health care provision and planning need to take into account community views. Studies carried out in Burundi showed that on one side, health providers do not take sufficiently into account community views and do not look at this as important[7]. On the other side, Women and their families fear to voice their complaints and do not dare to confront directly the health providers[7].However, the government has officially provided channels for community to engage with providers: the health committee (comité de santé)[9].

Policy options

Social accountability mechanisms can be used to strengthen voice and create conditions for answerability and enforceability. Voice strengthening strategies should make use of health committees and other local social organizations like women or youth fora. Two options could be on the table:

To strengthen community voice, firstly with the creation of a local social network comprising health committees, women local associations, local NGOs, churches ,community based

organizations and other local social structures working on the health sector. Secondly, a reform of the policy for community participation should allow the inclusion of more educated people to help lowly educated members to defend more actively the views of the community and challenge when needed the views of the health center-In -Charge. In addition, this reform should allow other community members and members of the social network to participate in health committee's meetings and express their views. The meeting should therefore follow the principles of Interaction Learning and Action technique where all actors involved in the dialogue are valued equally and community member's experiential knowledge valued and confronted with health provider's experiences [10].Presidents of health committees should be trained to run these activities. Before that, a NGO locally active and specialized in community dialogue would help to moderate the debate and supervise the implementation of agreed upon activities. This option has the advantage of a low cost as it is leveraging on already existing structures. This dialogue can also be organized permanently and be integrated in the normal course of health services organization.

The drawback is that the training of health committee 'presidents could take a long time before they get the needed skills to organize meetings. Also the process and the resulting outputs are highly context specific with limited transferability.

The second option would be to organize community mobilization at national scale around maternal health care on the form of a national week dedicated to maternal health care provision. Debates in meetings around maternal health provision where actors from all the social sectors would be invited should

be organized. Women fora and women associations would collaborate with the ministry of health to organize this week. Recommendations from the maternal health week would be presented to national authorities in charge of maternal health to be translated into policy or directives to improve practices. This option has the advantage of operating at the higher level of the Ministry of health which increases the likelihood to influence policy. Its endorsement by national authorities could also be an opportunity for them to translate into local policy some other of international agreement regarding maternal health. The drawback of the method is that the organization of such a week has a financial cost. Fundraising activities would therefore be needed. Meetings have been also tried elsewhere like in India or Uganda to improve service delivery with good results [11, 12].

The last option is to organize regularly score card sessions where community members and citizens seat together to discuss health issues, decide on priorities and make jointly an action plan to address raised issues. This has as advantage the direct contact of health providers and community members without intermediaries. The drawback is that score card sessions are organized by people from outside the community, unknown by citizens and with no power to ensure the implementation of activities agreed upon in action plan [13, 14].

This option has the advantage of getting accurate information because community members are most of the time reluctant to criticize health care providers when talking to someone from their community. In this case, using outsiders yield more information to work on. Its disadvantage is that discussions can lead sometimes to tensions [15]. In addition, the score card is mainly organized by people coming from outside of the community with no power to hold providers accountable in regard with agreed upon

activities.. Most of the time, lobby of health authorities is usually needed to get some deal of responsiveness from health providers .Evidence has shown that medical staff becomes responsive to community needs as a result of a social accountability intervention only when it is part of their work [5].Besides, score card 's session organization needs financial means.

Action to take

Currently established structures to ensure community voice are not enough strong to help women and the community to voice views and concerns in relation with maternal health care. Health committees which are official boards to voice concerns and wishes are not optimally functioning. There is therefore a strong need for community voice strengthening and the use of social accountability.

Within the current Burundian context, a social network including all local social actors like women associations, NGOs working on maternal health or gender relations, religious community … should be created and allowed to participate in health committee's meetings and activities. This would start by a stakeholder analysis for maternal health at health district level and in each of the health facility's catchment area. Then, links should be created among identified stakeholders by using what they have in common within their programmes. After this, stakeholders should create a board which would link up with health committees in collaboration with health district's authorities. Besides, the ministry of health should proceed with a policy change to include educated people in the committees and to oblige health facility managers to report about their activities to community via health committees and the social

network and accept changes in case of request made by the community. This network, should also be given legiticimacy by the means of changes in the national laws which would at the same time recognize the health committees and the social network. In fact, health committees are still social structures with no recognition in the law. This would be then present as an opportunity to get a legal existence and legitimacy for action.

Why do we need action?

Current criteria to become a health committee member is mainly to be living in the community, having a decent life and to have completed primary studies or almost (9).The criteria do not match with the requirements for health committee's work which needs more skills to conduct meetings and to negotiate with health providers. In addition, health committee is currently working in autarky with no real mentorship or training and with rare external contacts. Creating link with other stakeholders for maternal health within the community and strengthening its capability would lead certainly towards a change. NGOs working already on community participation should think to run projects that would have as targets the creation of a social network for maternal health and the strengthening of health committee functioning. To get there, the ministry of health and fight against HIV/AIDS need to take this important step and change the current policy.

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A Policy brief that aims at improving the performance of maternal health services in Burundi

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