Management committee (MC) involvement in Results Based Financing (RBF) and improvement in health facility attendance

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Introduction

In order to achieve the Millennium Development Goals (MDGs), Burkina Faso has adopted the initiative to introduce Results Based Financing (RBF) in the health sector. RBF is a results-based health reform strategy that aims to improve the quality and quantity of health care through a contractual approach. The pilot project phase was carried out in 3 health districts in the country. Based on encouraging results, the strategy has been extended to 6 health regions in the country.

The implementation of RBF uses the different components existing in the Burkina Faso health system. One of the components of this system is the Management Committee (MC) of the health facility. This committee was set up to encourage the involvement of the community in health governance alongside health workers. One of its main functions is to be involved in the financial management of the health facility. It is also involved in the procurement and selling of essential generic drugs, and in support staff recruitment. It therefore plays a key role in health facility management.

This article assesses whether the MC been sufficiently integrated in the implementation of RBF in Burkina Faso.

1. The management committee’s place in the Burkina Faso health system
   - Health system organization

The health system in Burkina Faso comprises an administrative organization and a care provision organization.

The Burkina Faso health system administrative structure is organized into three levels: the central level with the Minister’s cabinet and the Secretary General, the intermediate level with the 13 regional health directorates and the peripheral level with 63 health districts. In terms of health care provision, the system is organized into 3 sub-sectors: public, private and traditional. The public sub-sector has a pyramid organization and comprises 3 levels: the first level constituted by Health and Social Promotion Centers (HSPC) and Medical Centers (MC); the second by Medical Centers with Surgical Services (MCSS) and Regional Hospital Centers (RHC); and the third by the University Hospital Centers (UHC).

In this system, the health financing type is "input". Resources have been allocated to health facilities through regional offices since the full commune administrative structure put in place in 2009.

2. Creation and allocations of the Management Committee

Burkina Faso adopted the Bamako Initiative (BI) in 1993 to strengthen the primary health system by decentralizing the health system and granting health facility autonomy. In the Bamako Initiative, a prominent place is given to the population in health facility management.

Thus, the MC was set up in Burkina by an inter-ministerial decree (1) in 1999. The decree stipulates that the MC is a participatory State-Community management authority with a non-profit and public purpose (2). It is managed under the technical supervision of the Health District and is under the municipality’s
administrative and financial control. This was in line with the country’s ongoing decentralization policy. It should be noted, however, that the MC functioned without effective municipality tutelage, and therefore the laws governing the operation of the MC have never been fully implemented. This has resulted in the beginning of frustrations in the field.

The functions of the MC are: to ensure the effective functioning of health facilities, to promote the communities’ full involvement in health activities, to participate in health facility annual action plan elaboration, to ensure local resource mobilization, to ensure access to health care for all, to manage the funds generated by health facilities, and the activities initiated by the MC.

The laws are in place but their implementation has been lacking. Despite this, some MCs have worked very well and have greatly contributed to health facility operations.

3. Example of MCs’ participation in the health facility operations

MC involvement in health facilities’ functional improvement is highly visible in some health facilities. Indeed, in the health district of Solenzo, in the HCSP of Bankouna where the MC is active, the community has mobilized the necessary resources for the drug depot construction. The MC even has participated in supplying the initial drugs for the start-up of service provision.

**In the Sama HCSP, two observation rooms were built by the MC**

**Picture 1:** Observation room built by the MC in Sama Village (Solenzo)

In another health facility (HCSP of Daboura), a midwife’s home was built with the MC involvement.

**Picture 2:** Personnel’s home built Daboura Village MC support (Solenzo)
In Nouna Health District, Kansara HCSP MC has built a bridge before the rainy season to facilitate the health facility geographical accessibility.

**Picture 3**: Bridge Construction by MC at Kansara (Nouna) to disclose the HCSP

4. What role the MC could play in RBF implementation in Burkina Faso

One of the RBF principles is the strengthening of the voice of the community. This is done in our context through the community survey and the satisfaction survey. In the implementation of RBF in Burkina Faso, MCs have not been included in training and information meetings on RBF. In Cameroon, for example, the communities have received the same training as the health workers in RBF (3).

In the RBF implementation in Burkina Faso, only health workers receive incentives based on obtained results. MC members are considered as volunteers who are not entitled to incentives obtained by the health facility. This situation has created frustrations within the MCs. Indeed, the activities carried out by the MC are not bought. The enthusiasm of the MC to improve the functioning of the health facility has gradually decreased. The members of the MC no longer participate in meetings, and are not interested in coaching for performance improvement. During the year 2014, in the Boucle du Mouhoun
region, MC participation in health facility coaching decreased from 50% in the first quarter to 25% in the 4th quarter (4).

However, the MC remains important, especially in an RBF context. An upgrade of its activities by purchasing indicators related to these activities could be a considerable asset for improving performance.

The MC is the interface between the community and the health Facility and is the voice of the community. They motivate the population to attend health services and participate in the various activities of the health center through the local associations. If the MCs are effectively integrated in the implementation of RBF, they can better mobilize the communities for the activities organized by the health facilities and improve access to care by the population. This would also improve their role in health facility governance, and encourage their participation in the drafting of the business plan.

Recommendations

An upgrade of MC’s role in the implementation of RBF could further improve the results. This upgrade could result in the purchase of indicators in relation to the MC’s duties. Indeed, advocacy and mobilization activities could be purchased. In addition, a Community Improvement Plan (CIP) could be purchased. Community concerns related to the operation of health facilities could be identified by the MC prior to the drafting of the final CIP, which will be the subject of the contract with the Contractual and Verification Agencies.

References

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