

From concertation to multi stakeholder mobilization

Case of Mahavelona Rural Municipality in the Health sector

In Madagascar, there is a manifest gap between resources allocated to the health sector and the health care needs of its citizen. In 2018, only 7-8% of Madagascar's national budget went to the health sector – a figure in stark contrast to the 15% target set in the 2001 Abuja Declaration. Patients and their families are directly affected, as this has evident consequences on the infrastructure, equipment, drugs and human resources available. At municipal level, frontline health workers are challenged in their allegiance to the Hippocratic oath while deconcentrated health services and municipal decision-makers have little room for maneuver to improve basic health care services in their municipalities.

Already in 1978, the first international declaration underlining the importance of primary health care, the WHO's Alma Ata declaration, stated *"The people have a right and duty to participate individually and collectively in the planning and implementation of their health care"*. Testing the short route to accountability at municipal level, CIMSI supported a citizen survey conducted by civil society, gauging their satisfaction related to six dimensions of basic health care service delivery. It captured communities' perceptions related to the quality, access, delay, complaints handling and management of the basic health services. Simultaneously, deconcentrated basic health care services conducted a self-assessment mirroring these dimensions. Based on the results of these assessments, citizen together with deconcentrated health care services, elaborated a prioritized action plan. The plan identified actions within the realm of the responsibility of deconcentrated basic health services and municipal decision makers and the contributions citizen were willing to provide in order to improve basic health services in their municipality. The action plan was discussed within the framework of the municipal local concertation structure (SLC) – an institutionalized platform supported by CIMSI embedding the value and principles of public participation and allowing municipal actors (elected councils, deconcentrated administrations and services, chiefs, CBOs/NGOs, management committees, administrative and private bodies) to exchange, hold each other accountable and emit recommendations to municipal decision makers (SLC – 2015 Decree).

The results of this approach in the municipality of Mahavelona (that has 19 fokontany or administrative sub-divisions) **were significant**. The municipality endorsed the recommendations emitted by the SLC. This led to a well-articulated collaboration between the municipality, its fokontany and deconcentrated basic health services combined with financial (fiscal resource) and in-kind support coming from the citizen of the municipality. Both the Ministry of Health and Water were solicited for support while a partnership was established with Madagascar HILFE for water supply. This brought about meaningful change in the municipality.



- 1) The unsafe Basic Health care Center II (BHC II) of Mahavelona that no longer met minimum standards, was rehabilitated (new paint in- and outside and repair of: damaged doors (3), the ceiling of the midwife's office, the leaking roof, the kitchen tiles and six beds that also were furnished with mattresses). New born babies no longer shared a space with the other patients as more than one bed with a mattress was available. Thanks to a functioning oil fridge, vaccines are now available to patients daily while this was only the case once a week prior to the support from the Ministry of Health (provision of oil). The partnership with HILFE led in 2018 to water points supplying drinking water for the citizen of two fokontany (Tsiaverindoha, Andriandranondrana) while the same is planned for Manirisoa, Andriandranondrana and Ambohitrimangalaza in 2020.
- 2) In the fokontany of Anjezika, the Basic Health Care Center I (BHC I) is rehabilitated after similar rehabilitations and the provisions of furniture were taken care of after the Ministry of Health responded to demands from the municipality. The citizen of the fokontany constructed the kitchen and the guardian's house.
- 3) The joint efforts of the municipality, the leaders and citizen of the fokontany of Mandriambéro have been instrumental in finding solutions to maintain health care services for their community, after a cyclone destroyed the previous center. The fokontany organized a fundraising (Fetim-bokatra / concert lunch) and bought bricks and wood with its benefits while the municipality provided the metal sheets and cement. The construction of the BHC I is ongoing.

- 4) The municipality contacted the Ministry of Health for the rehabilitation of the BHC I in Anjezika and the construction of two new basic health care centers in Fifanasoavana and Andrianonimanjaka – both 30 km away from the bigger BHC II of Mahavelona. The rehabilitation was done within six months with Ministry support. In the meantime, the municipality together with the citizen from Fifanasoavana and Andrianonimanjaka took the initiative to start with the construction of their health care centers that will be staffed by unemployed health care workers volunteering their services. The municipality provided cement and sheets of metal while the communities provided the workforce, bricks and other local materials (sand, wood, rubble, etc.).

The combination of the disposition of local service providers to be held accountable, the responsiveness of decision-makers, and the political incentives that were put in place, influenced the willingness and capacity at municipal level to improve their responsiveness to local demands and need. Although improvements at municipal level are significant, they remain within the scope of what is possible – locally. Joint efforts of the World Bank through its macro level health sector program, combined with this type of approach pioneered by CIMSI through GPSA nevertheless entail multiple forms of engagements which jointly, hold the potential to work towards supportive national policies and the institutional set-up, required to leverage the quality of basic health care service delivery in Madagascar.