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# “Citizen Assessment” : From mobilization to collaboration for health problem resolution towards Pilot municipality levels

## CONTEXT AND CHALLENGES

Despite its wealth of natural resources, Madagascar is one of the poorest countries in the world. Political instability, weak institutions and poor governance are amongst the country’s development obstacles. The economy has been hit hard by the COVID-19 pandemic, due to tourism activity failures, exports and domestic demands. As tax revenues have fallen sharply, the fiscal situation has deteriorated. In 2021, the economy started to recover, but public finances continued to decline.

Accessibility to available and quality health care, financially affordable for all strata of society, is a development issue in Madagascar and therefore a national priority (National Strategy – Universal Health Coverage, 2015). Yet there is a clear gap between the resources allocated to the health sector and the health care needs of its citizens. The ratified 2022 finance law, as well as the 2021 amending finance law show that only 7% of the Malagasy national budget has been allocated to the health sector, which is significantly low compared to the 15% objective set in the Declaration of Abuja of 2001. Moreover, the number and geographical distribution of health centers as well as health personnel are not sufficiently balanced to ensure local care.

## SOLUTIONS :

The project to strengthen the Co-engagement of Municipalities and communities for better basic health services or CMC-Health, financed by the World Bank/ Global Partnership for Social Accountability (GPSA) and implemented by organizations of the civil society SAHA and ASOS, aims to contribute to improve the accessibility and quality of basic health services through the establishment of collaborative social accountability mechanisms, which primarily aim to 1) strengthen collaboration at the local level, between citizens, health service providers and officials at the municipal level to jointly identify health problems, jointly formulate improvement actions and collaborate for the implementation of improvement actions ; then 2) to connect municipalities with other decision-making bodies at District, Region and national level for a better consideration of citizen’s recommendations during their planning.



## RESULTS

The collaborative social accountability mechanism at the municipal level has been tested and supported by carrying out citizen assessments with the Community Scorecard tool, within 08 municipalities during the first year, pilot phase of the CMC-H project.

This first process was led by civil society and engaged citizens at the local level, to assess the health services performance, based on five criteria, including service availability, quality, cost, time and complaint management.

The citizen assessments process is characterized by a series of stakeholders mobilization, including community representatives, health structures at the local level, health service providers and the Local Consultation Structure members or SLC (institutionalized platform at municipal level, decree SLC – 2015).

Processes on assessments with citizens and health service providers helped to jointly identify problems and issues related to health service delivery and to develop an improvement plan concerted. The actions identified are the responsibility of different stakeholders (citizens, municipality, health services, ministries, TFPs) and at different levels: local, municipal, district, regional and national.

Improvement efforts have already been observed at the pilot municipalities, thanks to more articulated collaborations between citizens, municipal executive office, local health service providers and health services at the District level. Noticed changes include, but are not limited to:

1. Basic health centers (CSB) level I and II have a care fund for the poor (vulnerable). Its beneficiaries are registered on a list provided by the municipality and can access a range of free medicines and care at the CSB. Caring for the destitute was deemed a priority by citizens and SLC colleges. Thus, the list of vulnerable people has been updated, thanks to the collaboration between citizens, heads of Fokontany (municipality administrative subdivision) and the mayors. The up-to-date lists are now displayed at the CSB level, as well as for the drugs and care to which they will have free access.
2. Community Agents (AC) ensure the extension of care from health centers to the community level. The technical capacity of AC has been strengthened, thanks to collaboration with the district health services and local CSB heads. Reinforcement needs are part of the expectations expressed by citizens in relation to the management of primary care at the community level.
3. Citizens have often suffered from understaffing in CSBs. Vaccination and pregnancies monitoring days are marked by long queues to consult a single doctor. The staff has been reinforced by volunteer's arrival,

thanks to collaboration between CSB heads, mayor and the Medical Inspector at District level. Service offers have improved since the arrival of volunteers, who are generally 02 per CSB.

4. 4) Most of the improvement actions mentioned in the action plan are attributed to the municipality. The commitment of the pilot municipalities was noted by considering the actions prioritized by the SLCs in the initial municipal budget of 2022. For example, the problem of lack of premises at the CSB II level of Mahavelona municipality was mentioned during citizen assessments and in the self-assessments of CSB Heads. The members of the SLC therefore prioritized the extension of the CSB II premises, this was included in the municipal budget and validated by the municipal councillors. Currently, the extension is already underway and the CSB II will benefit from 03 rooms to improve its services.

## ACQUIRED

Some good governance practices were noted for the CMC-Health project:

- Mayor's leadership has a significant impact on the collaboration with the pilot municipalities. The Mayor is involved in all the structures for implementing the project's accountability mechanism. The dynamism of the mayors is an asset, it has a significant impact on the mobilization and commitment of citizens, health service providers to collaborate in carrying out actions to improve basic health services, as much for the municipal executive office, who are committed to improve the municipal resources mobilization strategy and increase investments in the field of health.
- The mobilization of citizens and their involvement during the planning process strengthens their commitment to carrying out actions to improve health services.
- The exchanges between citizens and health service providers during the citizen assessment process significantly improve the relational side and constitute a first step for problem solving.
- The direct training and supervision of the project team fostered collaboration between citizens, health service providers and the municipality executive office; strengthening the motivation of actors to take ownership of collaborative social accountability mechanisms at the municipal level and in accordance with the National Community Health Policy in Madagascar for the operationalization of community health development structures (CoSan and CCDS or municipal health development committee).