ENGAGING COMMUNITIES TO IMPROVE HEALTH CARE QUALITY THROUGH THE CITIZEN VOICE AND ACTION APPROACH

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BACKGROUND

In September 2018, Rwanda's Ministry of Health (MOH) introduced the Patient Voice Program (PVP) initiative in 416 administrative sectors to promote interaction between health care providers and patients to ensure continuous quality improvement (QI) and safety of care. Simultaneously, the USAID Ingobyi Activity, led by IntraHealth International, introduced the Citizen Voice and Action (CVA) approach with the same objective but with an added aspect of engaging local government from district and administrative sector levels and community members in dialogue with health providers to find solutions to health system challenges. To improve efficiency during implementation, the MOH and Ingobyi integrated the two initiatives to form the PVP-CVA approach with the aim of strengthening community participation in improving the quality of reproductive, maternal, newborn, and child health (RMNCH) and malaria services in health facilities.

CVA is a local-level advocacy and social accountability model that facilitates dialogue between communities and government to improve services that impact the daily lives of citizens (Schaaf, Topp, and Ngulube 2017). Driven and managed by communities, the participatory approach facilitates increased awareness and empowerment of citizens to look critically at the performance of their public services, check that standards of service delivery are being met, and seek reforms to improve the coverage and quality of services provided (Walker 2018).

The approach works by first informing citizens about their rights and then equipping them with a set of tools—such as the CVA user guide, health insurance policy guidance, list of monitoring standards, and service package at health center levels—designed to empower them to engage in local advocacy to protect and enforce their rights (Winterford 2009). Communities learn about health being a basic human right, and work collaboratively with leaders and health workers to compare reality against the government's commitments to their health care. Through this approach, communities rate the performance of health services based on criteria that they themselves generate on what constitutes quality services, in comparison to how services are being delivered and received at their health center. Using findings and feedback from such collaborative discussions, communities work with local government leaders and health facilities to influence decision-making to improve service delivery, through community participation, inclusion, ownership, and sustainability (Bifulco 2013).

The USAID Ingobyi Activity is a five-year cooperative agreement to improve the quality of RMNCH and malaria services in a sustainable manner with the goal of reducing infant and maternal mortality in Rwanda. The Activity builds upon the tremendous gains Rwanda has made in the health sector as well as previous USAID

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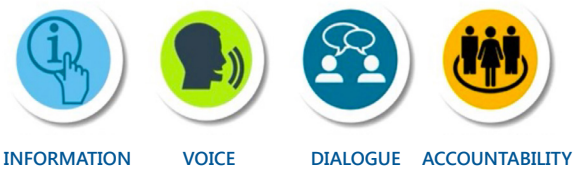
investments in the sector. To address challenges such as low access to and quality of health services, Ingobyi applies the PVP-CVA approach to enhance non-confrontational dialogue, accountability, and citizen participation and engagement in the process of improving services. The approach enables joint action planning to address structural, policy, and service delivery gaps.

INGOBYI ACTIVITY'S PVP-CVA MODEL

The main objective of the PVP-CVA model is to promote patient-centered care, by raising patient voices, creating space for dialogue, and promoting accountability among health providers, patients, families, communities, and local leaders to institutionalize the culture of quality at all levels of care (Figure 1).

Figure 1. The four elements of the PVP-CVA model



Information: PVP-CVA seeks to increase both the transparency and accessibility of information for use by citizens/patients. It provides opportunities for empowered citizens to use such information to inform action about improving basic services.

Voice: PVP-CVA facilitates increased awareness and empowerment of citizens to look critically at the performance of their health centers, check that the standards of service delivery are being met, and seek reforms to improve service quality.

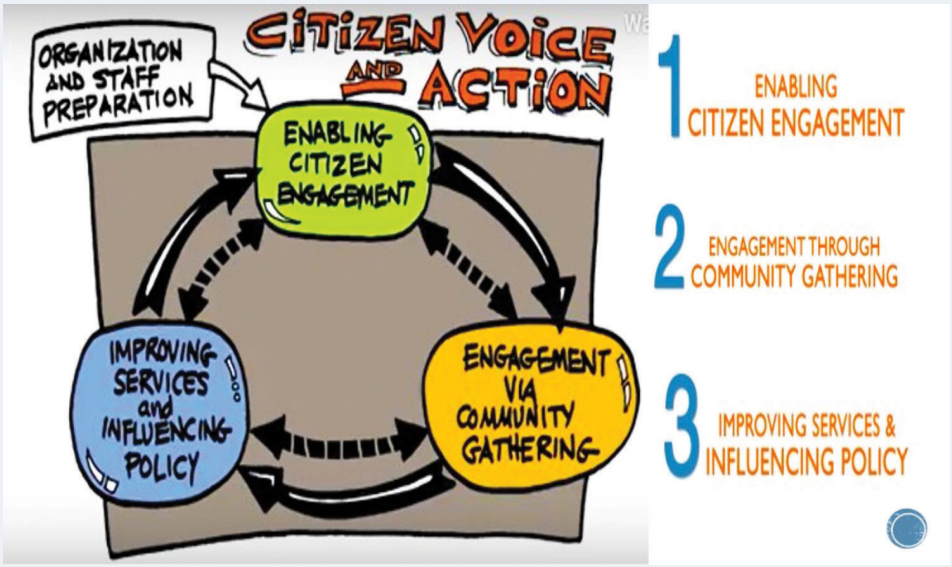
Dialogue: PVP-CVA provides opportunity for different stakeholders, especially service users and service providers, to share their views about the delivery of basic services. Through dialogue, mutual understanding between stakeholders increases and effective partnerships are established. Relationships within the community are both repaired and strengthened.

Accountability: PVP-CVA establishes a relationship between power holders and those who can hold them to account for their actions. It describes responsibility, reciprocity, and relationships among different stakeholders. PVP-CVA seeks to increase the accountability of service providers and those in power, as well as the accountability of citizens around the delivery of basic services.

IMPLEMENTATION OF INGOBYI ACTIVITY'S PVP-CVA APPROACH TO IMPROVE SERVICE DELIVERY

The implementation of the PVP-CVA approach typically follows three steps outlined in Figure 2.

Figure 2. CVA cycle



Source: Winterford K. 2009. Citizen Voice and Action: Guidance Notes. World Vision UK.

STEP 1: ENABLING CITIZEN/ COMMUNITY ENGAGEMENT

Orientation meetings with district leaders and health facility managers

Meetings with district leaders and facility managers are regularly arranged to introduce the PVP-CVA model and identify health centers in need of PVP-CVA interventions. The criteria for selection of these health facilities include those with poor performing health indicators; that are serving large catchment areas; that are located in hard-to-reach/remote areas; and those supported by faith-based organizations that often do not receive the full package of family planning methods. These meetings are important for engaging leaders in the process and ensuring ownership, participation in, and management of PVP-CVA activities at community level and at the district hospitals and health centers within the catchment areas. Participants in these meetings can include hospital directors, the vice mayor in charge of social affairs, MOH officials, and heads of health centers, among others.

Identifying and training of PVP-CVA district community facilitators and mobilizers

Ingobyi Activity works with district leaders and health facility managers to identify community members to form a PVP-CVA district working group tasked with facilitating PVP-CVA activities including mobilizing citizens within the community, leading advocacy meetings, and following up on recommendations from these meetings. Ingobyi conducts four-day trainings of facilitators on the CVA model, community mobilization skills, effective interpersonal communication, and how to facilitate and engage in community meetings. At least four PVP-CVA facilitators are selected per district and trained as trainers. They work closely with Ingobyi staff as co-facilitators to ensure continuous supervision, ownership, and sustainability of the approach.

At least 20 community members are selected to join the PVP-CVA working group per health center. Working groups may include health center staff and committee members (e.g., quality assurance, community health, customer care, health insurance) together with local government leaders from the administrative sector, cell and village levels; women's council and youth forum representatives; community health workers (CHWs); elderly and persons with disabilities; faith-based organizations, and other influential community members. Selection of members for the working group is based on willingness to volunteer; ability to read and write in the local language; being self-motivated; having good communication, mobilization and leadership skills; and having a degree of community influence and an exemplary record in the community. The strength and efficiency of this working group is crucial in PVP-CVA implementation.

STEP 2: ENGAGEMENT THROUGH COMMUNITY GATHERING

Community engagement and dialogue through community scorecard meetings

Facilitators of the working group are tasked with engaging the members to attend community scorecard meetings, which serve as a platform to express their views on the quality of health care received in health facilities. These meetings, arranged quarterly, involve the community in decision-making and determining the quality of health services in line with national standards. The facilitator introduces the processes and exercises to be conducted by the working group and expected outcomes. Members are introduced to expected standards and service quality, as defined in the government's service delivery policy. Participants are asked to compare these standards to their actual experience. The facilitator provides both users and providers with a simple template for assessing the performance of service delivery and proposing improvements. Representation of both men and women is emphasized in constituting scorecard meeting participants. Ingobyi Activity works with local leaders, who identify community members, to ensure that at least 50% of the scorecard meeting participants are female. Participants are handed a PVP-CVA user guide, which outlines the approach to be used and steps to be followed during the meeting. Using the service quality assessment template, and working in smaller groups, participants assess and rate the quality of services provided at their health facility. This information is recorded on a comparison chart detailing the scores from each group. The scores for each identified gap are ranked to determine which issues are more pressing and deserve immediate action. An action plan is then prepared that includes the allocation of responsibilities and timeline for each identified action.

Monitoring and supportive supervision

Ingobyi Activity staff, in partnership with district-level PVP-CVA facilitators, provide rigorous supportive supervision of working groups to monitor the progress and level of the implementation of action plans and recommendations from community scorecard meetings, strengthen the functionality of the PVP-CVA working groups, track and document changes, discuss emerging challenges related to quality RMNCH/malaria service delivery, and plan further improvements.

STEP 3: IMPROVING SERVICES AND INFLUENCING POLICY

Ingobyi Activity conducts district coordination meetings semi-annually to reflect on achievements and further discuss service delivery issues identified by community members. Some of the issues identified during the scorecard meetings may require higher-level intervention from the district or the MOH. Examples include the lack of ambulances, staff shortages, and infrastructure challenges like non-functional toilets or lack of specialized services such as dentistry and ophthalmology at some health centers. Since these district coordination meetings are attended by not only district leaders but also representatives from the MOH and Rwanda Biomedical Centre (RBC), Ingobyi makes the most of the presence of these influential stakeholders, who have the power to effect changes at health facilities within the district, to advocate for increased efforts to deliver optimum health care.

RESULTS

Ingobyi Activity developed the PVP-CVA user manual in Kinyarwanda and has so far printed and disseminated over 4,945 booklets in the 20 supported districts to aid in related interventions. At least 859 district leaders had been oriented on the PVP-CVA manual by September 2021.

With the help of district and facility leaders, Ingobyi had established and trained 245 PVP-CVA working groups with 4,827 members (2,813 males and 2,014 females) by September 2021. These working groups have supported 267 health centers under the supervision of Ingobyi staff and district health leaders. The working groups have facilitated community meetings involving 17,527 community members (8,051 males, 9,476 females) to gather community feedback on RMNCH and malaria services.

In the three years since implementation of Ingobyi's PVP-CVA model began, community meetings have identified issues centered around health service delivery and action plans have been initiated to address many of them. With the aid of leadership from the various health facilities, 64% of the gaps identified from the community meetings have so far been solved (Figure 3). Some of the resolved issues included absence of nurses during break hours, poor cleanliness due to insufficient sanitation-related materials, poor customer care, lack of privacy in maternal units, delay to receive patients and offer services, and

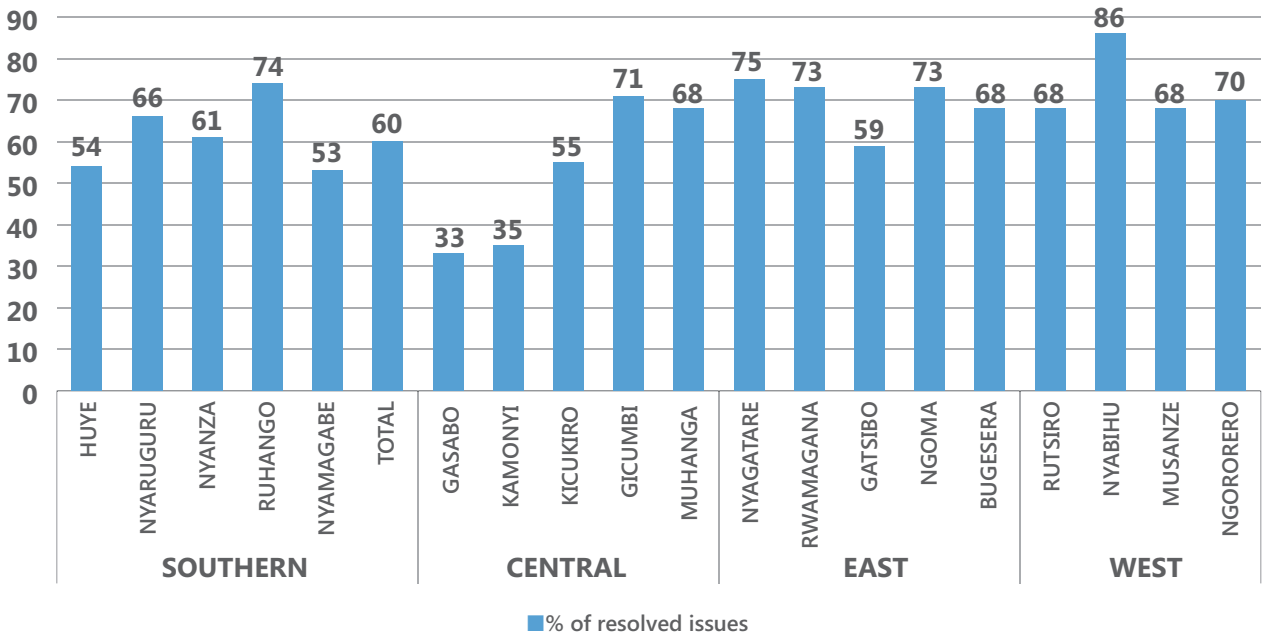


Figure 3. Percentage of resolved issues in 20 supported districts as of Sept. 2021

lack of essential medicines and family planning supplies.

Some of the issues and gaps are still being monitored and advocated for, especially those that need high-level intervention from more influential stakeholders like the MOH. Ingobyi is continuing to monitor the progress and implementation of different PVP-CVA action plans and increasingly advocating with influential stakeholders while reiterating the importance of citizen engagement in health service delivery.

KARENGE HEALTH CENTER IN RWAMAGANA DISTRICT—A POSITIVE EXAMPLE OF WHAT PVP-CVA CAN ACHIEVE

Karenge Health Center, which serves up to 28,000 people, was trained on the PVP-CVA approach in January 2020. Existing gaps in health care and service delivery were identified and addressed in an action plan, including long waiting lines, poor hygiene, and old equipment, particularly the delivery table. The working group presented these issues to the facility and district leadership and immediate actions were taken to address them. Karenge Health Center's clients and health workers are happy with the PVP-CVA program efforts and results. The facility's new maternity service delivery table is but one example of PVP-CVA successes at this facility.

"This is the fourth time I have given birth at this health center. The delivery bed that I used is different from the previous times. It makes me feel comfortable and protected. Thanks to health center health providers."

Delivery patient Epiphanie in the postpartum room at Karenge Health Center.

"I was always worried that one day the damaged delivery table would collapse with a patient on it… since the service users raised this problem during [a] community scorecard meeting, much attention and effort was invested in solving the issue."

Innocent, the head of Karenge Health Center.

LESSONS LEARNED

Community engagement brings attention to the critical gaps that often lead to poor quality of care and accountability issues. By receiving feedback from the community, service providers have taken on board action plans to improve health care issues, which has fostered productive working relations between caregivers and community members.

The PVP-CVA model needs buy-in from facility managers, district leaders, citizens, and the government if all identified service delivery gaps are to be addressed. When the Ingobyi Activity has engaged these stakeholders to apply their authority to address problems identified through scorecard meetings, many have been resolved. All of these stakeholders have to take ownership of the model to realize its full benefits.

The PVP-CVA approach is not only improving the health care system but also increasing leadership skills among local leaders. The scorecard meetings have become a platform for information sharing and as a result, the sector leadership is now well informed of the challenges affecting health service delivery.

IMPLEMENTATION CHALLENGES

Due to the COVID-19 pandemic, it was not possible to conduct all planned scorecard meetings at the anticipated times. Some meetings had to be postponed due to lockdowns and limitations in the number of people who could meet in one place. Ingobyi Activity worked with district authorities to find alternative ways of continuing with the meetings during the pandemic, including meeting in smaller numbers and increasing the frequency of meetings when the lockdowns were lifted. Due to limited participation because of COVID-19 guidelines, it was not possible to form all the working groups required with the targeted number of participants. The reduced number of participants and groups limited the amount of health service quality information generated during the discussions.

CONCLUSIONS

PVP-CVA is an integrated approach that helps to close gaps that exist between community members, health facilities, and local leaders. Through this platform, a number of health system challenges and related issues contributing to inadequate health services are being discussed openly and solutions being proposed and implemented. There is increased advocacy and accountability, and district leaders are more engaged in problem resolution than before.

Although the model has been a great success and demonstrates the importance of engaging community members and district leaders in understanding determinants of quality health services as well as teamwork to find solutions to address observed gaps, more work needs to be done to improve coordination and ownership so that PVP-CVA activities can continue running effectively without support from Ingobyi Activity. Ingobyi will continue to roll out the approach in partnership with district health colleagues to ensure that all 325 supported health centers are able to apply the PVP-CVA approach in problem resolution to sustainably improve health service delivery in RMNCH and malaria.

REFERENCES

Bifulco L. 2013. "Citizen participation, agency and voice." *European Journal of Social Theory* 16(2): 174–187. https://doi.org/10.1177/1368431012459695

Schaaf M, Topp SM, Ngulube M. 2017. "From favours to entitlements: community voice and action and health service quality in Zambia." *Health Policy and Planning* 32(6):847-859.doi: 10.1093/heapol/czx024

Walker D. 2018. "Leveraging communities' capabilities to increase accountability for health rights: The case of citizen voice and action." *Journal of Human Development and Capabilities* 19:2:181-197. doi: 10.1080/19452829.2017.1411894

Winterford K. 2009. Citizen Voice and Action: Guidance Notes. World Vision UK.

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