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RESEARCH ARTICLE OPEN ACCESS

CONTEXTUAL FACTORS IN THE DEMOCRATIC REPUBLIC OF CONGO THAT FACILITATE THE GROWTH OF COMMUNITY BASED HEALTH INSURANCE FOR ACCESS TO MATERNAL HEALTH CARE IN KARISIMBI HEALTH ZONE/NORTH KIVU/RDC

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ABSTRACT

This research aimed to explore the contextual factors in the DRC that facilitate the growth of community based health insurance for access to maternal health care in North Kivu. A qualitative methodological approach was adopted to conduct the field surveys using semi-structured interviews and direct observation techniques. A typical or "purposive" sample was drawn from among the staff working in various community based health insurance organizations operating in the Karisimbi health zone as well as some who work in the Center for risk management and technical support for community based health insurance, a provincial structure responsible for providing technical support for the development of community based health insurance organizations. At the end of the sampling process, 35 individuals participated in the survey. Content analysis was used to generate the results presented in this original article. The research highlighted the general knowledge of different efforts that the government of the Democratic Republic of Congo has already deployed to establish the community based health insurance strategy, as well as the activities and tasks accomplished by the support personnel for the community based health insurance, each according to the list of responsibilities outlined in their job description. It appears that the choice of the community based health insurance as one of the strategies to finance health services in the DRC, the promulgation of laws on the community based health insurance, the advocacy organized within the framework of bilateral cooperation with various international firms and the call for international solidarity, The establishment of the national program for the implementation of community based health insurance as well as the national coordination body aimed at ensuring the monitoring of the implementation of the recommended approaches for the implementation of the package of activities related to community based health insurance reflect sufficiently a very good will to revitalize the implementation of community based health insurance. However, this participation faces multiple problems, including the lack of availability of accompanying measures for the perfect execution of the requirements of the law voted and promulgated, the lack of a circuit for the valorization of data produced by the operational community based health insurance plans, poor cooperation between community based health insurance actors and health care providers in medical training, and the lack of use of standard management tools, To overcome these challenges, the staff working in the management of community based health insurance expressed their wish to see their managers approach the national deputies of their jurisdiction once they are on parliamentary vacation to recommend to them to see how in the next few days they can register the point of wanting to make available to the actors engaged in the implementation of community based health insurance in the Democratic Republic of Congo the document containing the measures of application of the 2017 law on community based health insurance. That the managers see how to get together to set up the official site where the data can be hosted for easy accessibility to all so that it can serve for decision-making at the appropriate time for development purposes or operational research. Organize tripartite meetings of all the support staff of each community based health insurance in order to validate the management tools that are the source of quality in the conduct of the activities of the community based health insurance. This research highlights the evidence of contextual factors that can contribute to improving performance in the implementation of community based health insurance, while showing that there is still a real need to improve certain factors for a full implementation of this strategy. Since the theme was not addressed in its entirety, future research perspectives were recommended.

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INTRODUCTION

The World Health Organization (WHO) estimates that globally 100 million people are pushed into poverty by direct medical payments1 (WHO.2010). of their medical expenses1 (WHO.2010). Health expenditures represent a significant proportion of household budgets in most developing countries and are a cause of poverty in many countries. cause impoverishment (World Bank.2010). Hence the need to put in place strategies for financing health services at the community level by households while respecting the principle of equity and solidarity. We speak of financial accessibility when all individuals without distinction obtain the quality health services they need at a very affordable cost without fear of financial ruin. However, risk pooling programs vary according to the context of each country. country context. It can be achieved in four different and complementary ways: financing a national health service through a system of public subsidies where This can be achieved in four different and complementary ways: financing a national health service through a system of public subsidies, where households contribute through taxes; financing through a system of social insurance, where households contribute through social contributions (social and/or community insurance); financing through a system of private insurance, where households contribute through premiums; and financing through third-party payers. It should be noted that the first three modalities are the most sustainable (Dussault G, Fournier P, Letourmy A, 2016)

Despite the additional contribution from cost recovery, health sector financing has remained insufficient in several African countries. The main causes of lack of access to health care include: poor quality, inadequate funding, lack of collaboration between community members, inefficient use of available resources, insufficient resources allocated to cost-effective services, poor management, lack of collaboration and mutual support between members of the same community lack of capitalization and valorization of the work done, inefficient distribution of resources between rural and urban areas and between poor and wealthy populations, and high household expenditures, even in the context of a "free care" system (Wagenaar BH et al, 2018).

Thus, this research proposes to reflect on what are the prerequisites for strengthening community based health insurance development approaches that should be used to revitalize this strategy in the DRC in general and in the Karisimbi health zone in particular.

This leads to the following three research questions:

- ✓ What are the instruments that the DRC government's general policy on community based health insurance has already put in place?
- ✓ How is the health system in the DRC currently organized to support the promotion of community based health insurance?
- ✓ What type of health system financing is currently in place for the promotion of community-based health insurance in the DRC?

Tentative answers to these research questions are proposed through the following hypotheses:

- ✓ The instruments that the DRC government's general policy on community-based health insurance has already put in place are diverse and make it possible to improve the performance of community based health insurance
- ✓ The organization of the health system in the DRC is currently effective in organizing support for the promotion of community based health insurance
- ✓ The type of health system financing currently in place for the promotion of community-based health insurance in the DRC is effective

It is within this framework that this research is being carried out. Its main objective is to study the factors that contribute to the development of community based health insurance in the Karisimbi health zone in the east of the DRC. Specifically, this research pursues three objectives, namely:

- ✓ To analyze the general policy of the DRC government regarding community based health insurance Describe the organization of the health system in the DRC to support the promotion of community health insurance
- ✓ Analyze the financing of the DRC health system for the promotion of community-based health insurance.

METHODOLOGY

As this is qualitative research, field data collection was conducted using semi-structured interviews and direct observation techniques.

Table 1. Survey techniques used and their approaches

Techniques	Approaches
Semi-structured interview	-Interviewing community based health insurance agents on what they know about the involvement of the state in the process of performance of community based health insurance in the DRC -The category of those interviewed were the managers, administrative staff, field technicians, medical advisors and local animators. - Discussions with some of the members of the community based health insurance company as well as some local leaders - The members of the Risk Management and Technical Support Center for community based health insurance Organizations in the city of Goma
Direct observation	- To approach the staff of the community based health insurance company during the exercise of their daily work - To attend, as an observer, the different meetings of the members of community based health insurance companies - To visit the medical formations where the members of community based health insurance go for health care when sick

The Karisimbi health zone, which is one of two health zones in the city of Goma, in the province of North Kivu. It is bordered to the north by the Birambizo health zone and the Rwanguba health zone, to the east by the Republic of Rwanda, to the west by the Kirotshe health zone, and to the south by the Goma health zone. Its altitude is 1° 38′ 00″ south, 29° 11′ 00″ east at 1536m above sea level. It is an urban-rural health zone, although the majority of the population lives in the rural part. According to the latest breakdown, it has 19 health areas, one general referral hospital, 4 referral health centers and one military hospital. According to the latest estimates, its current population is approximately 657,800, of which 23% are rural, with a population density of 1,344 inhabitants/km2, made up of civil servants, farmers, shopkeepers, peasants, the unemployed, as well as the military and police. The target population of lactating women, whether or not they are members of the community based health insurance, is estimated at 4%, or 26,312 (Karisimbi Health Zone Annual Report 2021).

A risk management and technical support center for community based health insurance

A risk management and technical support center for community based health insurance is available to provide technical support to these three community based health insurance organizations that have been operational for several years, from which a typical sample or "by reasoned choice" (B. Nkoum, 2010) has been drawn. Hence, the study focused on three categories of people, namely, members of risk management and technical support centers of community based health insurance companies, staff of community based health insurance companies, and members of the public. The study therefore focused on three categories of people, namely, members of risk management and technical support centers of community based health insurance

companies, staff of community based health insurance companies and certain members who benefit from the activities of community based health insurance. Concerning the sample size, we considered a methodological element used by qualitative research presented by Blanchet and Gotman (2006). This is the "saturation" stage, which requires the researcher to end the series of interviews once the information collected becomes repetitive. Content analysis was used to generate the results presented in this work. In this research, the freedom of expression and privacy of the respondents were respected. It was therefore imperative to explain the research objectives in order to obtain informed consent from respondents before involving them in the survey, while ensuring confidentiality and anonymity. To this end, respondents were given numerical codes instead of names, and none were coerced to participate in the survey. Anonymity was maintained even when the results were analyzed.

RESULTS

At the national level, the central government, through the Ministry of Health, has set up a national program to promote community-based health insurance. This program focuses on the technical support of various professional groups, churches, community-based organizations, and non-governmental organizations (NGOs) in the process of developing projects for the creation and management of community-based health insurance in the DRC since its creation in 2001 (MINISANTE, 2007). In order to revitalize this national program for the promotion of community-based health insurance in its legal aspects, in May 2016, the Parliament almost unanimously adopted the law determining the fundamental principles of mutuality (Organic Law N° 17/002). This law which was promulgated by the Head of State on February 8, 2017: in its Article 2 extends the purpose of community based health insurance not only to health care but also to family allowances to maternity and old age and death allowances. The government of the DRC during bilateral cooperation meetings (embassies, international financing firm, UN agencies) always puts on the agenda a range to plead the cause of bringing different kinds of support to community based health insurance for their balance in the different phases of implementation. In other words, this would mean that much remains to be done to reduce the obstacles to the enjoyment of human rights for all, which prevent some members of the community from enjoying ample protection of their family members in order to contribute to the process of socio-economic development with a view to inclusive and equitable growth.

CONCLUSION

In view of the results found by our study, it is clear that the Congolese government has been able to focus its attention on the promotion of community-based health insurance as recommended by the World Health Organization policy to promote access to primary health care for all without discrimination. Institutionalizing this approach has been one of the major steps taken, accompanied by the structuring of a specific program. Nevertheless, much remains to be done to make this program effective. The results of our study show that the Congolese state, in its perspective of wanting to contribute to the promotion of the health of its citizens, has found it useful to initiate, develop and popularize the law containing articles that are very important for the promotion of community-based health insurance. Several stakeholders have each found their place as well as their roles and responsibilities to assume for a successful action of the development of community based health insurance which is also a very effective way to make the community members working in the informal system as well as the poor access health care. This contributes to the process of achieving the Millennium Development Goals. The Democratic Republic of Congo is not far from the same strategies that other countries have used to support financing mechanisms for health services through community based health insurance.

From the origins of the community-based health insurance movement in our country, partnership has always been the cornerstone of any process. After all the preliminary steps, the sharing of standard tools and the mechanisms of management and capitalization of information intervene so that the community based health insurance implemented in DRC is also in the same standards as those implemented in other corners of the world. This dynamic does not seem to be gaining momentum in the DRC, which means that certain shortcomings are still being observed in this regard. As a result, the external partners involved in the financial support process do not have enough support so that this support can be more beneficial to both parties.

Conclusion and Research Perspectives

Based on empirical data collected through a qualitative methodological approach, this research indicates that the government of the DRC has already made a lot of effort in the process of supporting the development of mutual health insurance. However, this participation faces a number of challenges that can be overcome if the wishes expressed by the managers of the Center for Risk Management and Technical Support of Mutual Health Organizations and the members of the teams working in the implementation of these mutual health organizations are taken into account. The research shows that there is a real need to revitalize the development of mutual health insurance while making available the official document containing the accompanying measures for the perfect execution of the law voted by the national assembly and promulgated by the president of the republic, to improve the circuit of the valorization of data produced by the operational mutual health insurance companies, to strengthen cooperation between the actors of the mutual health insurance companies and the health care providers in the medical training, to harmonize on the quality and use of management tools so that they are standard. The objectives set for this research have been achieved, without claiming to have addressed the theme studied in its entirety. Thus, for the constant scientific curiosity of the researcher, research perspectives are recommended. To this end, the following topics could be treated in the future:

- Impact of the involvement of socio-political actors in the emergence of mutual health insurance in DRC
- Effectiveness of the use of evidence produced by mutual health insurance in the development of projects to revitalize the financing of the health system in the DRC.

REFERENCES

B. Nkoum, Introduction to research: a professional necessity,UCAC Press, 2010

Blanchet, A., & Gotman, A. "Survey and its methods" series:L'entretien (2nd recast ed.). Paris: Armand Colin, 2007

Dussault G, Fournier P, Letourmy A (dir.). L'Assurance maladie en Afrique francophone : Ameliorer l'accès aux soins et lutte contre la pauvreté. The World Bank. 2006

Karisimbi Health Zone Annual Report, 2021

Ministry of Health, Democratic Republic of Congo “Inventory of the Health Sector: Health Profile at Central Level, Provinces, Health Zones and Households, April-June 2007,” Kinshasa

Organic Law No. 17/002 on the fundamental principles of mutuality

Wagenaar BH, Gimbel S, Hoek R, Pfeiffer J, Michel C, Manuel JL, Cuembelo F, Quembo T, Afonso P, Gloyd S, Sherr K. Stock-outs of essential health products in Mozambique-longitudinal analyses from 2011 to 2013. 2018; 19(7):791-801.

World Bank. World development indicators. 2010.

World Health Organization (WHO). Health Systems Financing: The Road to Universal Coverage.

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