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**HEALTH CARE FINANCING
IN SENEGAL:
DETERMINANTS OF HEALTH COMMITTEE EFFECTIVENESS**

Submitted to:

**The United States Agency
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HEALTH FINANCING AND SUSTAINABILITY (HFS) PROJECT

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CONTENTS

FOREWORD	iv
1.0 INTRODUCTION	5
1.1 PROBLEMS	5
1.2 RESEARCH OBJECTIVES	6
1.2.1 General objectives	6
1.2.2 Specific objectives	6
1.3 RESEARCH METHODOLOGY	6
1.3.1 Performance criteria	6
1.3.2 Research hypotheses	8
1.3.3 Collection techniques	10
1.3.4 The Sample	10
2.0 COMPARATIVE ANALYSIS OF ACTUAL HEALTH COMMITTEE ACTIVITIES AND ACTIVITIES COVERED UNDER REGULATIONS	15
2.1 ORGANIZATIONAL ACTIVITIES	15
2.1.1 Member Selection	16
2.1.2 Meetings	16
2.1.3 Mandate renewal	17
2.1.4 Internal Regulations	17
2.2 FINANCIAL RESOURCE MANAGEMENT ACTIVITIES	18
2.2.1 Collection of funds	18
2.2.2 Maintenance of accounting documents	19
2.2.3 Resource control	19
2.3 SOCIAL SENSITIZATION AND MOBILIZATION ACTIVITIES	19
2.3.1 Fundraising activities	19
3.0 FACTORS FAVORING OR OBSTRUCTING HEALTH COMMITTEE PERFORMANCE	20
3.1 FACTORS LINKED TO MANAGEMENT	20
3.1.1 Organization	20
3.1.2 Mobilization and use of resources	21
3.2 SOCIAL AND CULTURAL FACTORS	22
4.0 RECOMMENDATIONS	23
4.1 DETERMINANT FACTORS IN ORGANIZATIONAL AND OPERATIONAL EFFECTIVENESS	23
4.2 DETERMINANTS OF MANAGEMENT RESOURCE MOBILIZATION AND UTILIZATION	23
4.3 SOCIAL, POLITICAL, AND CULTURAL DETERMINANTS OF OVERALL HEALTH COMMITTEE ACTIVITIES	24
5.0 CONCLUSION	26

LIST OF EXHIBITS

EXHIBIT 1-1	SAMPLE OF COMMITTEE QUESTIONNAIRES	11
EXHIBIT 1-2	DISTRIBUTION OF THE SAMPLE ACCORDING TO REGION, FACILITY, AND PEOPLE SURVEYED	12-13
EXHIBIT 1-3	DISTRIBUTION OF OPERATING POSTS PER REGION	14
EXHIBIT 1-4	DISTRIBUTION OF MEMBERS ACCORDING TO EDUCATIONAL LEVEL	14
EXHIBIT 2-1	TIMING OF GENERAL ASSEMBLIES	17
EXHIBIT 2-2	TIMING OF BUREAU MEETINGS	17
EXHIBIT 2-3	MANDATE RENEWAL	18
EXHIBIT 2-4	GROUP MEMBERSHIP AND MANDATE DURATION	18

FOREWORD

This work was performed as part a study on the subject of health financing in Senegal. In addition to information on costs, resources and their use, the study also was to supply information that would help to identify the important factors for the proper operation of health committees.

We were to cover the "health committee" aspect, with the following four objectives:

- (1) To select about ten health committees for analysis and case study;
- (2) To develop methodology and qualitative and quantitative study instruments for health committees;
- (3) To analyze the information obtained; and
- (4) To write and present a report summarizing data and analyses, and to recommend future measures.

To fulfill these objectives we had to examine the documents supplied to us by CESAG concerning community participation and to prepare an inventory of information supplied by these documents. This first task allowed us to establish the following initial instruments:

- ▲ performance criteria;
- ▲ work hypothesis;
- ▲ the questionnaire for committee members; and
- ▲ management guides for key researchers.

After this, we performed a pre-survey to fill in the gaps in the documents. This report was prepared from the information obtained from different documents as well as from the field survey.

1.0 INTRODUCTION

1.1 PROBLEMS

Since 1978, the health system in Senegal has reflected all different levels and aspects of territorial administrative divisions. This system constitutes a pyramid, that includes the health post—the first contact point for an individual with a disease—the hospital, which constitutes the referral system, and the C.H.U., the last level of the system.

National health policy is based on article 14 of the Constitution of Senegal with the following three priorities:

- ▲ priority for rural and semi-urban environments;
- ▲ priority for community medicine directed at maternal child health (MCH), and
- ▲ priority for preventive medicine, with educational activities.

The strategy of primary health care has been implemented to make these priorities work, among others things:

- ▲ to draw on beneficial services, and
- ▲ to establish a transfer of skills in health management to the population.

The linchpin of this health policy is community participation. According to the World Health Organization (WHO), this can be defined as "a process in which individuals and families, on one hand, take charge of their own health and well being as well as those of the community, and on the other, they improve their skills to contribute to their own development as well as that of the community." This is why this study of the role of health committees is important. The health committee constitutes a tangible expression of participation, organized around each type of facility (health center, health post, and health hut) in the form of a health committee: health committees meet at the departmental level and constitute the Association for Health Promotion (AHP).

1.2 RESEARCH OBJECTIVES

1.2.1 General objectives

To identify and analyze the factors that constrain or promote, obstruct or contribute to proper operation of health committees and self-financing.

1.2.2 Specific objectives

- (1) To identify and analyze management factors that promote or obstruct the proper operation of health committees and self-financing;
- (2) To identify and analyze organizational factors that favor or obstruct the proper operation of health committees and self-financing;
- (3) To identify and analyze and social and political factors that favor or obstruct the proper functioning of health committees and self-financing; and
- (4) To identify and analyze cultural factors that favor or obstruct the proper functioning of health committees and self-financing.

1.3 RESEARCH METHODOLOGY

1.3.1 Performance criteria

After consulting the documents and literature supplied by CESAG, we summarized the information and established the following performance criteria:

PERFORMANCE CRITERIA FOR HEALTH COMMITTEES AND/OR APH/APS

Draft Document

SUBJECT 1: Identification

Objective 1 Research member performance features.

Criteria 1: Have a level of instruction or literacy.

Criteria 2: Have previous organizational experience.

Criteria 3: Are in a social professional situation or have been in one in the past.

Criteria 4: Have source of a revenue.

Criteria 5: Hold a position, legally (two to six years).

- Criteria 6: Have been designated by election.
- Criteria 7: Have a good understanding of functions or tasks.
- Criteria 8: Will not allow membership in a denominational, political, foreign, or class group to have a negative influence on the health promotion activity objectives of individuals and families in communities.
- Criteria 9: Have been exempted from their duties by members of the committee.
- Criteria 10: Reside in the geographical area of the committee.

PERFORMANCE CRITERIA FOR HEALTH COMMITTEES ND/OR APH/APS

Draft document

SUBJECT 2: Organization and operation

Objective 2 To identify and analyze formal performance characteristics of the organization and operation of the APS Committee.

- Criteria 1: Have an operating office according to Article 18, Law Decree 92-118.
- Criteria 2: Hold general assemblies (GA) and statutory meetings.
- Criteria 3: Hold general assemblies twice a year.
- Criteria 4: Office meetings once a month.
- Criteria 5: Mandates renewed every two years.
- Criteria 6: Maintain minutes of committee meetings.
- Criteria 7: The committee shall have:
 - ▲ statutes
 - ▲ internal regulations
 - ▲ minutes of the constitutional general assembly
- Criteria 8: Establish the committee according to the declaration in article 818 of the Code (legal) of civil and commercial obligations.
- Criteria 9: Have, in addition to an office, a commission or a representative of the health establishment.
- Criteria 10:
 - ▲ Have the capacity to centralize health needs in regard to major population pathologies.
 - ▲ Holds recreational activities to mobilize resources.

- ▲ Invest in individuals through health education and environmental clean up.
- ▲ Appeal to donors to raise funds.

Criteria 11: Effectively plan, coordinate, and assess activities and hold monthly, or annual activities and programs.

Criteria 12: Establish a commission to verify accounts and budget execution every six months, as well as accounts for the previous fiscal year.

Criteria 13: Have a commission to co-manage funds and resources.

PERFORMANCE CRITERIA FOR HEALTH COMMITTEES AND/OR APH/APS

Draft document

SUBJECT 3: Management

Objective 3: Research the efficacy/efficiency of expense activities and committee resource mobilization.

Criteria 1: Have a bank account or a CCP.

Criteria 2: Identify and mobilize community resources.

Criteria 3: Be accountable to the electorate (authorities/population).

Criteria 4: Maintain accounting books.

Criteria 5: Control and register funds collected and expenses made through the treasurer and facility health personnel.

Criteria 6: Plan and budget committee activities.

Criteria 7: Require that movement of funds be authorized and undersigned by the president, the treasurer, and the person in charge of the health facility.

Criteria 8: Oversee the regularity of drug, material, and others product order and control their management.

Criteria 9: Control drug orders and have health personnel verify them.

Criteria 10: Have the committee designated by the GA control and supervise accounts.

1.3.2 Research hypotheses

Following the research objectives, we formulated a certain number of hypotheses about performance criteria; these were variables that defined factors that theoretically influenced

behavior and whose correlation with actual member behavior should allow us to judge his/her performance.

Thus, the listing of operational hypotheses follows this scheme by depicting the variables and behaviors that will be studied in the survey. These hypotheses are derived from three performance dimensions and components applied by us: organization, operation, and management.

A committee is considered to be performing if it reflects to the majority of the following hypotheses:

- (1) The member has a level of education or literacy that allows him to read and write;
- (2) The member has a good understanding of the functions or tasks assigned to his position;
- (3) Membership in a denominational, political or class group does not influence the health promotion objectives and activities of community individuals and families;
- (4) The member was designated by election;
- (5) The legal duration of the mandate to any post (two to six years) is respected;
- (6) The bureau holds general assemblies (GA) twice a year;
- (7) The bureau holds meetings once a month;
- (8) The bureau maintains minutes of meetings and has statutes and internal regulations;
- (9) The composition of the bureau is according to article 92, Law Decree 92-118;
- (10) The GA designates a subcommittee for control and supervision of funds and accounts;
- (11) The bureau is accountable to their electorate (population, administrative authorities);
- (12) The bureau establishes an activity, planning, and assessment program;
- (13) The bureau has a bank account or CCP;
- (14) The bureau organizes fundraising activities to mobilize resources;
- (15) The bureau organizes recreational and social/health education activities that reflect the epidemiological profile of the community;
- (16) The bureau elaborates, executes, and evaluates the annual operational plan budget of the committee.

1.3.3 Collection techniques

In the social sciences, especially in sociology, information collection techniques and procedures largely determine the validity and trustworthiness of data.

This relates to the fact that the relationship of surveyor/surveyee is a political relationship (a relationship of wagers) where discourse and behavior are not transparent.

Thus, only a method established and conducted according to scientific standards can be the instrument of control and administration in the evaluation of results.

In this perspective, our study applied various data collection techniques and methods to collect all dimensions of the research information. Although this approach does not pretend to be exhaustive, it contributes to reduce the risk of duplication.

A questionnaire was used for the members of health committees. The questionnaire was conceived on the basis of previously established research hypotheses and a set of performance criteria for health committees.

The questionnaire was based on three dimensions that constitute the overall indicators used to measure the same:

- (1) Identification of member characteristics;
- (2) Committee organization and operation;
- (3) Health committee resource management.

A management guide for health personnel (and certain health committee members who seem to be very informed). The objective was to collect qualitative information through this instrument to:

- ▲ Allow reconstruction of committee implementation;
- ▲ Study election procedures, organizational renewal, and committee operations; and
- ▲ Understand matters relating to conflicts and group dynamics.

1.3.4 The sample

Two successive random inquiries allowed us to select ten health districts among the 45 in Senegal. Fourteen health posts were identified, based on indications of the chief physician of the district.

Hospital health committees were selected on the same basis. Thus, our survey included the following health committees:

- ▲ 3 Hospital Committees
- ▲ 10 Health Center Committees
- ▲ 14 Health Post Committees

All health committee office members present were interviewed each time. This comes to a total of 111 individuals.

**EXHIBIT 1-1
SAMPLE OF COMMITTEE QUESTIONNAIRES**

Zones or Regions	Hospital	Health Centers		Health Posts		TOTAL
		Level	Number of Committee Members seen	Level	Number of Committee Members seen	
Louga		Linguère Dahra	4 5	Barkedji Dealy Affe	4 3 4	
Center Ouest (Kaolack, Fatick, Diourbel)	Thiès 6	Koungheul Nioro du Rip Fatick Mbacké	4 4 3 5	Lour Escale Paos Koto Diouroup Taïf	4 4 3 3	
Dakar		Dominique	2	Thiaroye Nimam	2	
South	Tambacounda 3	Vélingara	5	Koun Ghamp	4	
St Louis	St Louis 7	Dagana Matam	6 6	Gaé Bokhoul Boki Diawe Thilogne Ndar Toute	4 5 4 4 4	
TOTAL	16		44		51	111

EXHIBIT 1-2 (2 pages)				
DISTRIBUTION OF THE SAMPLE ACCORDING TO REGION, FACILITY, AND PEOPLE SURVEYED				
Regions	Establishments visited			Persons Surveyed
	Hospital	Health/Centers	Health/Posts	
Kaolack Fatick Diourbel		Nioro du Rip Koungheul Fatick Mbacké	Diouroup Taïf	PHC Supervisor Chief Physician Health Committees Chief Physician Dept. Manager Medication ICP and Health Committee Rural Consultant ICP - Religious leader Physician
Tambacounda Kolda	Tambacounda		Koukany	Hospital Director General supervisor ICP Village Chief
Dakar		Dominique	Thiaroye Minam	Chief Physician Chief Mid-wife supervisor ICP ASC President
Louga		Dahra Lingère	Affe	Chief Nurse Bureau Members Health Committees Chief District Physician Village Chief Post Chief

EXHIBIT 1-2 (2 pages)

DISTRIBUTION OF THE SAMPLE ACCORDING TO REGION, FACILITY, AND PEOPLE SURVEYED

Regions	Establishments visited			Persons Surveyed
	Hospital	Health/Centers	Health/Posts	
Saint Louis	Hospital	Dagana		APH Members Committee Office
	Ourossogui		Bokhol Thilogne Boko Diawe	Feminine GPT President Committee Delegates: (sic)drilling, youth, rural council and women Bureau members Bureau Members Nurse, Post Chief, Community Organization Delegates, Committee Members

EXHIBIT 1-3 DISTRIBUTION OF OPERATING POSTS PER REGION			
Regions	Response	Observations	Frequency
Saint Louis	President	7	15 %
	Treasurer	7	15 %
	Accounting officers	4	9 %
Diourbel Thiès Kaolack Fatick	President	7	23 %
	Treasurer	6	20 %
	Accounting Officers and/or Comptroller	8	25 %
Dakar	President	2	50 %
	Treasurer	0	
	Accounting Officers	2	50 %
Louga	President	3	16 %
	Treasurer	5	26 %
	Comptroller	5	37 %
	Accounting Officers		
Tambacounda Kolda	President	3	25 %
	Treasurer	2	17 %
	Accounting Officers	3	35 %

EXHIBIT 1-4 DISTRIBUTION OF MEMBERS ACCORDING TO EDUCATIONAL LEVEL		
Response	No. Surveyed	Frequency
No answer	0	0 %
Elementary	34	31 %
Secondary	34	31 %
Higher	3	3 %
Arab	25	23 %
National Language	6	5 %
Illiterate	21	19 %
TOTAL	111	112 %

2.0 COMPARATIVE ANALYSIS OF ACTUAL HEALTH COMMITTEE ACTIVITIES AND ACTIVITIES COVERED UNDER REGULATIONS

2.1 ORGANIZATIONAL ACTIVITIES

2.1.1 Member Selection

According to regulations, the health committee office is made up of four members:

- ▲ president
- ▲ vice-president
- ▲ treasurer
- ▲ assistant treasurer

This composition actually varies; sometimes offices have up to six positions.

The permanent positions are those where members carry out activities which relate essentially to handling funds: outgoing, incoming, and control. These positions are the most significant for all levels in the five regions. Other positions can be considered as being held simply by "on-lookers." Through the historical reconstruction of committee implementation, we could see that data supplied by the qualitative survey showed that the spirit of community participation was reduced to merely financial participation; other aspects covered by regulation have not been clearly understood. Thus, in spite of the profusion of positions in certain committees, their activity is carried out by 2 to 3 bureau members—the president, the treasurer, and the accountant. This situation is confirmed by a survey of LYA (1992) in the region of Fatick; it indicates that the contribution of the president and treasurer is 39.2 percent and 23.5 percent respectively, for a total of 51 committees. The text of the "National Health Policy Declaration" (1989) defines the composition of health committees as follows.

- ▲ Sub-committees of mothers in charge of maternal-child activities;
- ▲ Health sub-committee in charge of hygiene and sanitation problems;
- ▲ Management sub-committee in charge of funds collected.

This lack of attention to regulatory requirements is explained by the lack of links and coordination among post, center, and hospital committees (63 percent of committees report having no links with each other), which make the access of committees to information very difficult. Also, initial contacts did not seem to imply that larger organizations (youth and women) who are dynamic in their community development activities are involved in committees.

Committee member educational level

Data collected shows that the committee members have a relatively satisfactory educational level since 31 percent respectively have attained the elementary and secondary levels, 23 percent are literate in arab, 5 percent in the national language, and 19 percent are illiterate. A satisfactory educational level allows the members of the committee to:

- ▲ Better grasp and master the task assigned to their position or post
- ▲ Assume the role of intermediary between health personnel and the population and the process of knowledge and responsibility transfer to its full potential.

2.1.2 Meetings

General Assembly sessions seem to be impractical; committees that hold general assemblies twice a year amount to only 18 percent, compared to 26 percent that do not have any, and 40 percent that hold a meeting once a year. Thus, this situation constitutes a determining factor in the community participation process. Regulations require two meetings per year.

On one hand, the general assembly allows the expression and evaluation of needs and difficulties, and on the other, community control of committee activities. Our data shows that concerning meetings, 67 percent of bureaus meet once a month, compared to 19 percent that hold no meetings. We were able to consult the minutes of meetings, mostly the agendas, and matters discussed concerned mostly funds or personal conflicts among committee members and health personnel. This leads us to state that if meetings are necessary for the success of committee activities, their agendas must include important questions to resolve temporary constraints and difficulties obstructing activities. A large majority of the bureaus and committee bureaus, respect regulations governing meetings.

2.1.3 Mandate renewal

The existence and frequency of position renewal are also indicators of the degree of community participation because renewal prohibits and prevents the phenomenon of "personalization" of the committee through longlasting mandates. This is reflected in a certain way in our data because position renewal, which should be done at least every two years according to regulations, is ineffective except in 15 percent of cases. Individuals who have never left their position make up 42 percent overall. Longlasting mandates last "from over two years" to "never having left his position." This is the case for all of the committees in a proportion of 55 percent.

This irregular situation concerning renewal is very similar to the results of LYA (1991) which indicates that "2 percent of the committees were substituted less than a year ago, 3.9 percent between one and two years, 25.5 percent between two and four years and 68.6 percent over four years."

The growth of the variable "mandate renewal" with "membership in a group" shows that political membership influences the duration of the mandate because politicians are ahead with 14 against 0 among professionals, 8 in the denomination category, and 1 for ethnic purposes.

In addition, meetings and general assemblies seem to be impractical and irregular. These constitute the means of effective community participation.

EXHIBIT 2-1 TIMING OF GENERAL ASSEMBLIES		
Response	Number	Frequency
No answer	8	7 %
Once per year	40	36 %
Twice per year	20	18 %
Over twice per year	4	4 %
None	29	26 %
Other	10	9 %
TOTAL	111	100 %

EXHIBIT 2-2 TIMING OF BUREAU MEETINGS		
Response	Number	Frequency
No answer	3	3 %
Once a month	74	67 %
Twice a month	4	4 %
Over twice a month	2	2 %
Never met	21	19 %
Other	7	6 %
TOTAL	111	100 %

2.1.4 Internal Regulations

One last indicator of the state of committee organization was the existence or absence of statutes and internal regulations, as criteria susceptible of ensuring committee stability. Actually, we found that 50 percent of the committees did not have internal regulations, compared to 46 percent that declared having such regulation, but did not understand their content or role. The results showed that most of the committees have not acknowledged a moral and legal responsibility, on one hand, and that they face restrictions imposed by certain banks and agencies that require official recognition before opening a bank account or post office box, or to benefit from a loan, on the other.

EXHIBIT 2-3 MANDATE RENEWAL		
Response	Number	Frequency
No answer	0	
Less than a year	33	30 %
One year	17	15 %
Over two years	14	13 %
Never quit	47	42 %
TOTAL	111	100 %

EXHIBIT 2-4 GROUP MEMBERSHIP AND MANDATE DURATION							
Question 3 Question 10	No answer	< 1 year	1 year	2 years	Never quit	Other	Total
No answer	0	2	0	2	1	0	5
Professional	0	9	3	0	2	0	14
Denominational	0	15	5	5	16	0	41
Political	0	22	15	8	30	0	72
Ethnic	0	0	1	0	1	0	2
Other	0	3	2	3	1	0	9
None	0	3	1	1	8	0	13
TOTAL	0	54	24	19	59	0	156

2.2 FINANCIAL RESOURCE MANAGEMENT ACTIVITIES

Management activities seem to be the priority of tasks of the health committee, according to the sense of the participants. Let us begin by saying that when we began to produce the questionnaire, we were not able to determine the most essential components of management. We decided to use the indicators of tasks or management activities as they were set in regulatory texts on the operation of health committees (CF Decree No. 92118). In addition, our field experience during the survey also revealed other management tasks that could help in self-financing.

2.2.1 Collection of funds

Interviews showed that the main worry of health committees is the collection of funds generated by the sale of medication and coupons, which considerably reduced their other activities.

Accordingly to regulations, the management subcommittee—made up of the treasurer, the accountants, the representative of the health establishment, and delegates designated by the general assembly—should manage financial resources.

Actually, in 63 percent of cases, the subcommittee is limited to the president, treasurer, and accountant.

2.2.2 Maintenance of accounting documents

Accounting activities and maintenance of accounting books or journals to record receipts and expenses, if they exist, are handled as a cottage industry without strict control in most of the committee bureaus.

2.2.3 Resource control

Persons interviewed (75 percent) report the existence of a health committee account control. This control is often performed by accountants designated by general assemblies. A co-management committee, however, in the strictest sense, made up of health establishment representatives and the population, does not actually exist.

There seems to be a misunderstanding of the composition and role of this committee, which when in existence should limit mistakes.

No actual relationship seems to exist between the health committees at the post, center, and hospital levels. The health establishment committees operate independently from the management plan. Clarification, reflecting the pyramid-like organization of the health system, seems to be necessary.

The same way that the health center ensures a part of the operation of posts in the context of the state budget, post committees should support recurrent expenses they make.

An operational fund made up of a contribution of each post health committee (of percentage over income) could cover equipment repair and maintenance.

2.3 SOCIAL SENSITIZATION AND MOBILIZATION ACTIVITIES

2.3.1 Fundraising activities

These activities remain very marginal and are realized by 10 percent of the bureaus. These activities could have added to income and thus have become a financing source for other activities such as health education.

3.0 FACTORS FAVORING OR OBSTRUCTING HEALTH COMMITTEE PERFORMANCE

3.1 FACTORS LINKED TO MANAGEMENT

3.1.1 Organization

Meetings

Regular general assembly meetings can be considered a performance factor because they favor information circulation, reinforce relationships among members of the committee and the community, and reduce rumors and mistrust.

Designation of Committee Members and Substitution

Interviews held on designation and substitution have shown that election does not exist in the community studies; the phenomenon of voting, in the sense that we understand it, does not exist.

In some cases the choice of committee members had political and social hierarchical overtones. The idleness in most of the positions (10 in certain cases) is more understandable if the choice is made this way.

Access to a position in a committee is considered to be an honorary title and does not necessarily imply that the position-holder engage in concrete activities.

Women and youth, who are definitely dynamic in development activities, are not represented in the committees.

The educational level of health committee members is an important performance criteria in the sense that it facilitates the access to written information and makes for better acceptance in the facilities.

We have noted that the most dynamic health committees are those where the treasurer and the president have a certain level of education. This is especially evident where the entire committee structure rests on two persons (text interpretation, management and accounting, meeting organization, relations with health authorities).

Existence of regulatory texts

This criteria should be considered a factor that could influence health committee performance. Over half of the people surveyed state that their committees do not have any statutes and internal regulations. The regulations introduced by Decree No. 92-118 MSPAS in its articles 7 and 8, bestowing moral responsibilities on health committees, is difficult to apply.

Burdensome procedures discourage bureau members from taking the necessary steps to obtain legal recognition. The major obstacles are the restrictions imposed on committees in the execution of certain financial operations at the level of banks and the posts.

Committee members are obliged to keep large sums or to entrust them to a businessman –who could use them for his own means. As stated in the field, it is not rare that the businessman will be absent at a time when the committee has a need for its funds.

Motivation

Interviews revealed that among the committees that do not function, one of the causes often is bad allocation of generated funds; this is reflected by conflicts among members or among health personnel, showing the financial stakes involved. The implementation of a compensation system could improve motivation and competition. Sixty-six percent of committee members interviewed suggest the implementation of such a system. The members suggest the following:

- ▲ free consultations;
- ▲ rewards;
- ▲ integrating a prototype framework into the mission.

3.1.2 Mobilization and use of resources

Fund Collection

The sale of coupons and medication can be considered the most regular activity of health committees. This is generally well organized.

Accounting

A committee cannot perform without keeping simple accounts. In most of the committees, accounting is not strict; this explains the bad allocation of funds generated and the difficulty in maintaining control. From the discussions held, it seems that this lack of performance is explained by insufficient or even nonexistent education and a total absence of health committee supervision.

Fund Utilization

If the main activity of committees is to collect funds, the utilization of such funds determines to a large degree the feasibility of health facilities. In the field, we encountered the use of committee funds by health personnel, or by the president, for expenses other than those linked to facility operations. This constitutes an obstacle to the proper operation of the committee. In addition, compensation of ASC and vendors is not uniform; compensation allotted in certain cases is too high. Also, useless expenses are incurred by health committees.

Resource Control

In most of the committees interviewed, the lack of control over resources explains most of the inappropriate use of funds. Therefore, this is an essential performance criterion.

3.2 SOCIAL AND CULTURAL FACTORS

We have successively seen the performance criteria and their components as reflected by indicators in the questionnaire.

Analysis or comparison was performed with quantitative data, but this data seems insufficient to fill the gaps found between the regulations governing health committee organization and operations, and the concrete operations of committees in our survey. Our qualitative data from interviews allows us to integrate the analysis made of the organizational and operational state of committees, in a human, social, and cultural context:

- ▲ The communities in our survey were largely rural villages (50 percent of cases). They reflect the reality of Senegalese society with its social, political, and cultural heritage, although with certain alterations, which explains the hybrid character of actions and behavior in these communities.

The two following inequities continue to influence social relationships between groups and communities in the form of representation:

- ▲ Hierarchical inequities (political status);
- ▲ Generational (age) or gender (sex) inequities.

These two great social cultural inequities influence the relationship and interaction of individuals and determine their behavior toward modern institutions.

- ▲ Interviews show, especially through historical reconstruction, that during the establishment of committees' hierarchical criteria, membership in a political party, and references to traditional organizational models were not absent in the choice of members. The idleness of those who hold most positions can be understood if choices are made this way, where criteria and references constitute favorable or unfavorable factors. This is why common sense should be applied.
- ▲ The analysis made of "position occupied" and the "duration of mandate" shows that from the profusion of positions cited, three effectively turned over and that the irregularity of general assemblies imply the marginalization of women and youth, who are very dynamic in development activities.

Thus the philosophy of community participation (where the committee should have expression) implies a larger context of reference—or administrative and territorial reform—as a means to transfer power to rural communities. Also, the "administration" of such organizations (in the sense of organization and rational management of public affairs) has largely appeared as a outlandish phenomenon and seemed only to involve a minority of a large amount of citizens or groups that are members of rural communities. Thus, instead of community participation during the implementation of committees following regulatory procedures, it seems that certain committees were established by groups of well-known people who continue to profit from the inequities explained herein.

4.0 RECOMMENDATIONS

In view of the analyses from survey data, we are making the following recommendations. It seems to us that these could undergo certain corrections, in-depth studies, and adaptations according to a number of factors that could determine or influence proper operation of health committees. These factors are social, political, cultural, and managerial as shown by the analysis.

4.1 DETERMINANT FACTORS IN ORGANIZATIONAL AND OPERATIONAL EFFECTIVENESS

- ▲ A requirement that a certain educational level (elementary level, knowing how to read and write) or literacy (knowing how to read and write in the national language) must be achieved to retain a position in the committee;
- ▲ Description and definition of the different positions in the health committee;
- ▲ Precise description of the tasks of each position;
- ▲ Education and/or retraining for each elected health committee member about administrative tasks and activities;
- ▲ Official sanctioning of a specific period for the systematic renewal of committee bureaus at the national level with terms for the duration of legal mandates;
- ▲ Official establishment of a sensitization process to be implemented when a health committee is at the formed community level;
- ▲ Required participation of a "supervision service" at committee bureaus to supervise renewal and operational education, to oversee the regularity of meetings, and to prepare general assembly minutes, according to the decree;
- ▲ Allowing governors to recognize health committees by delegation of the Ministry of the Interior;
- ▲ Require official participation of the responsible party of the health establishment, according to legal dispositions in Article 20 of Decree 92-118.

4.2 DETERMINANTS OF MANAGEMENT RESOURCE MOBILIZATION AND UTILIZATION

- ▲ Education and/or retraining in management techniques of the person in charge of management activities;
- ▲ Elaboration of a management guide for health committees:
 - ▲ simple accounting techniques
 - ▲ activity planning techniques

- ▲ activity evaluation techniques
- ▲ Systematize and make official management subcommittees as defined by the decree;
- ▲ Define the composition and the role of management subcommittees;
- ▲ Determine procedures for managing resources generated by participation;
- ▲ Determine classifications of expenditures by the committee in the context of health facility support;
- ▲ Encourage the organization of fundraising activities that can generate resources;
- ▲ Require recreational and educational activities to:
 - ▲ invest in individuals
 - ▲ spur social/health discussions that reflect the epidemiological profile of the population
 - ▲ Retrain local departmental and regional health councils, and tegrates them into the national health structure, CRD, CDD, and CLD.

4.3 SOCIAL, POLITICAL, AND CULTURAL DETERMINANTS OF OVERALL HEALTH COMMITTEE ACTIVITIES

Overall Health Committee Activities

This involves categorizing operational research that could explain the human and social context into which the health committees are integrated.

Direction of qualitative research:

Document Research

Consultation of literature on social anthropology:

- ▲ family relationship
- ▲ social organization
- ▲ traditional political power (systems of inequity and domination)
- ▲ group dynamics
- ▲ generational, gender, and [birth] order relations.

Field research

- ▲ Update documentary data to see current evolution and tendencies;
- ▲ Conduct a survey on primary health care (PHC) and its different components;
- ▲ Survey health representatives facilities and professionals;
- ▲ Conduct a survey of traditional health facilities and professionals;
- ▲ Conduct a survey on the organizational logic of different social groups;
- ▲ Study economic and financial factors that favor or obstruct proper operations of health committees or self-financing;
 - ▲ the capacity of families to support their health expenses;
 - ▲ the solidarity of networks for health financing;
 - ▲ ability of the population to mobilize new resources, and
 - ▲ ability of health structures for self-financing.

5.0 CONCLUSION

The results of our surveys, although limited, allow us nevertheless to answer certain questions and to bring up others.

Our surveys conclude that health committees are necessary, but that their roles are still not well understood. Meanwhile, the financial function (collecting funds from the sale of coupons) remains their dominant activity. Also, the requirements for primary health care, as opposed to general health, largely surpasses financial means.

Given the importance of resources generated, it is time to reflect and find ways to a better follow-up and evaluative management activities. The organization and operation of committees should overcome their cottage-industry character and the improvisation from which they suffer. If the committees are actually to be an expression of the transfer of power and responsibility to local communities to conduct their own affairs, it is important to overhaul official in view of our field research. This operational research should take the form of qualitative analyses without disregarding quantitative data every time it seems necessary. In literature on community participation or "self-financing" primary health care, there is little information concerning health committees. The literature herein, in the Bibliography, thus is not an object of analysis or systematic study. In view of our field experience, it seems that in addition to research on "performance," health committees should be the object of autonomous qualitative research, especially research that considers group dynamics inherent to social and cultural organizations, in which health committees are established and integrated. This is to point out that self-financing strategies cannot rely on text, decrees, and laws on organization and operation. Thus, the dimension of community participation in health should benefit from analyses performed from field research through a participative method; this would show the mechanisms by which political relations are made and unmade, how the logic of all kinds of inequalities, the logic of consensus and contracts, is created. The participative method, by experience, seems outdated. Actually simply administering a questionnaire does not really produce anything other than traceable responses or answers prepared in advance. Also in this case, the only way to judge an activity as good or bad is to see it developed effectively and participating in it. That is why this method is better adapted to prove whether there is adequate performance or not; we would like to indicate that the terms of reference seemed to be based on the assumption that questions are implicit and impossible to resolve, because of constraints imposed on the sociological aspect of the global study. For example, one question to be addressed is why self-management works in certain facilities and regions better than in others.

To answer this question, data on cost recovery and utilization rates would have been necessary; the collection of such data was not in our terms of reference. The proper questions came up long after the field experience. These questions include the objectives and qualitative investigations that we proposed; they will allow us to find out what can be done to contribute to proper operations of committees and proceed to implement a "new order" (as indicated by Thomas, 1960) in relation to reform:

On one hand, in spite of all the reforms imposed, it is important to know traditional structures. Their own law, the functions they will fill before proceeding to the implementation of a new order; the latter should not simply substitute the old, or radically eliminate them. It is better to build upon the first to find the other. In the domain as well as on the cultural level, it should include a relationship among Mankind—it is better to adapt and build than to superimpose or destroy.

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