Awareness, implementation process and impact of a citizen's charter: A case study from a primary health care setting of Nepal

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Background: An informed citizenry is necessary for citizens to demand accountability from service providers. A citizen's charter is one approach intended to inform citizens about service entitlements and standards. The key assumption of a charter is to inform citizens about their rights so they can, in turn, exert pressure on service providers to improve performance. Nepal has recently implemented a charter program in its primary health care facilities. Despite some empirical findings on the effect of charters on awareness of rights and services, there is a scarcity of local literature about how charters have been implemented and their effect on health service delivery. The aim of this study is to gauge the level of awareness of the charter, explore the process of implementing it, and the perceived impact on transparency and accountability in a primary health care setting of Nepal.

Methods: Using a mixed methods case study design, a total of 400 service users, health facility committee members and service providers were recruited from 22 of 39 public health facilities in the Dang District. Interviewer-administered structured questionnaires were used to collect quantitative data. In addition, qualitative interviews with 39 key informants were conducted to provide more detailed and contextual information. Quantitative data were analyzed using SPSS 16; qualitative interviews were transcribed and then analyzed using QSR Nvivo 10. Ethical approval was obtained from the Human Ethics Committee of Otago University and Nepal Health Research Council, and written consent was granted by all participants.

Findings: There was low awareness (15%) among service users of existence of the charter. Literate respondents were more likely to be aware than illiterate (p

Interpretation: Poor implementation and low public awareness of the charter has limited it to a mere information tool suggesting the need for consultation with citizens in charter development. This study was limited to a single district of Nepal, but a thick description of the study context helped to provide detail of the charter implementation and its perceived effects.

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Impact of a district-wide health center strengthening intervention on healthcare utilization in rural Rwanda: An interrupted time series analysis

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Background: Health systems strengthening (HSS) interventions are needed in developing countries to improve service delivery and population health, but evidence on service uptake following these interventions is limited. In 2009, Partners In Health (PIH) and the Government of Rwanda (GoR) implemented a district-wide HSS intervention in two rural districts in Rwanda over a five-year period. Following a year-long evaluation and gap analysis to assess facility readiness across the six WHO building blocks, health centers (HC) received targeted instrumental support to improve service readiness. The aim of this study is to assess whether this HC strengthening intervention led to increased facility utilization in the intervention area.

Methods: We used a controlled quasi-experimental design to compare healthcare utilization at HC with complete data that received the intervention (13/14) to those in other rural areas of Rwanda (131/161) following implementation of the HC strengthening intervention over a period from January 2008 to December 2012. Our control group included HC in all rural districts that reported data that was more than 80% complete over the study period. HC support included infrastructure renovation, salary support for HC staff, provision of medical equipment, referral network strengthening, and clinical training. The intervention began in June 2010 and was rolled out over a twelve month period. We obtained monthly healthcare utilization data from the national Rwandan health management information system (RHMIS). Our outcome measures were differences in the number of facility deliveries per 10,000 women per quarter, number of outpatient (OPD) visits performed per 1,000 catchment population per quarter, and the number of referrals for high risk pregnancy per 100,000 women per quarter between the intervention HCs and control HCs.

Findings: There was an immediate, significant increase in the number of facility deliveries per quarter (5.5/10,000, 95% CI: [0.26-10.7], p=0.0487) and trend in facility deliveries per quarter (1.1/10,000, 95% CI: [0.25-2.0], p=0.017) relative to the comparison group following the intervention. No changes were found in level or trend for OPD visits per quarter post-intervention. The trend in high risk pregnancies per quarter increased significantly following the intervention (0.8/100,000, 95% CI: [0.2-1.5], p=0.0124).

Interpretation: High coverage of several health service indicators in Rwanda limited our choice of variables for this analysis. Increases in facility deliveries and referrals could have resulted from emergency obstetric care trainings and the strengthening of referral systems through provision of ambulances to HC. Our intervention occurred alongside a government initiative to enroll citizens into a community-based health insurance scheme, which may have discouraged outpatient healthcare utilization over the period of study. Our findings suggest that targeted HSS can lead to increases in health service uptake.

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Exposure to traumatic experiences among asylum seekers from Eritrea and Sudan during migration to Israel

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