



Governance, healthcare providers 'participation in decision-making, and performance in antenatal care services in North Kivu, DR Congo.

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Abstract: Poor governance remains a major challenge for the health sector in most countries in sub-Saharan Africa and more particularly in DR Congo with huge weaknesses in health services delivery resulting in a high number of maternal deaths. Thus the study aimed to analyze the influence of health care governance on the quality and performance of antenatal services focusing on participation of ANC providers within health structures management in DR Congo, North Kivu province, Goma, and Masisi health zones. Although literature exists on both health system governance and low use of ANC, gaps exist in this area as most studies have addressed health governance in terms of services provided and the perceptions of recipients of healthcare but little research have focused on the aspects concerning the working conditions of healthcare providers that have been analyzed in this study. The design of this study used quantitative and qualitative methods. A total of 411 questionnaires were answered by ANC providers (82) and pregnant women (329). Respondents replied that they don't participate in the management and decision-making of health structures. Some ANC providers have denounced opaque management, a lack of transparency and fraud. Most ANC providers reported that governance issues in health facilities affect their performance in adequately performing their work. These findings offer practical implications for DR Congo government and health system officials to improve leadership, management, and governance by increasing employee participation in decision making.

Key words: healthcare governance – participation -healthcare providers – antenatal care.

1. INTRODUCTION:

Since the 1990s, the English word governance has been brought to the stage again by Anglo-Saxon in the politic, scientific and economic ways by certain international institutions such as the United Nations, World Bank and IMF to refer to "the art or the way of governing ", but with two additional concerns; on the one hand, to mark the distinction with the government as an institution; on the other hand, under a term that is little used and therefore little connoted, to promote the modern ways of managing the public affairs based on participation of civil society at all levels (national, but also local, regional and international).

Governance thus designs this action and manner of governing within a State, a company or any organization or institution including health institutions, whether public or private. In health institutions, health care governance influences the quality of service delivery (Aranda, 2017). Governance applied to health systems is important especially in low-income countries, but remains a difficult area to conceptualize. Over the past decade, the issue of governance in this health sector has been the subject of much research in order to understand to what extent governance and its components affect the performance of health services (Siddiqi et al., 2009, Baez-Camargo and Jacobs, 2011).

Antenatal care (ANC) is an imminent determinant of maternal and perinatal mortality and ANC attendance is an essential component of maternal health care on which the health of mothers and newborns depend (Rurangirwa et al., 2017).

Performance of antenatal care services in health institutions refers to the health of women during pregnancy, childbirth, and the postpartum period. It includes the health care dimensions of family planning, preconception, antenatal, and postnatal care in order to reduce maternal morbidity and mortality (WHO, 2018).

2. LITERATURE REVIEW:

The concept of governance and healthcare governance in RD Congo



Definition of governance

Do date, no uniform definition of governance is available despite the fact that all the definitions given by different authors converge in the same direction. Originally, this English word governance derives from Latin and ancient Greek and originally meant control, guidance and manipulation. Its common meaning was to designate administrative and political activities related to national public affairs (Keping, 2017).

Governance is the method of decision-making and the way by which decisions are implemented. Governance therefore has several dimensions: international dimension, national dimension and local dimension depending on the context (Sheng in UN Economic and Social Commission for Asia and the Pacific, 2009).

Kamal (2020) defines the governance of a company or organization as a guarantee for transparency in the enterprise operations good performance in the services provided as well as all the good practices likely to rise up income.

Good governance also covers several meanings and dimensions of depending on the context of public or private sector. The different aspects taken into account are transparency, accountability, the participation of stakeholders in the decision-making process, the rule of law, equity and inclusiveness, responsibility, results, human resources management, productivity, training organized for staff, logistics, accountability, equity, internal control, free voice, conflict management, risk management, policies (Hijazi, 2021, Fiszbein *et al.* 2011).

Health system governance is defined as “the role of government in health and its relationship with other actors whose activities have an impact on health. This involves overseeing and guiding the entire health system, private and public, to protect the public interest” (WHO, 2018). Governance rules and functions help politicians and other decision-makers achieve health goals in their countries. (WHO, 2017, Taylor 2019).

Challenges in healthcare governance in DR Congo

In DR Congo, the governance of health structures at the peripheral level is one of the bottlenecks for a continuous and quality supply of care and services. The health situation in the DR Congo is characterized by the precariousness of the state of health of the populations and the poor performance of the health services which generally results in phenomena of morbidity and mortality, for example the maternal mortality rate which is 846 deaths per 100,000 deliveries that why the country is ranked at 4th position among the eight countries t that why the country is ranked at 4th position among the eight countries that are for more than 50% of maternal deaths in the world, behind India, Nigeria and Pakistan (Mafuta , 2015, Ramazani, 2022). The human resources development policy for health in the DR Congo is to provide all the structures of the health system, at all levels, with the required and competent multidisciplinary health teams, capable of making it operational. Unfortunately, they are insufficient and unequally distributed, with urban areas being favored to the detriment of rural areas. The DR Congo, which has long suffered the consequences of the relaxation of State authority, anarchy and non-respect of established rules, has put in place certain strategies, between the program Strategy for Strengthening Health Systems SRSS and national health development plans with a view to creating a reference framework in which to carry out synergistic interventions for health in order to channel the actions of the state and its partners (SRSS 2006, PNDS 2016 and PNDS 2018). In addition, the decrease in the quality of training due, among other things, to the proliferation of academic institutions offering medical education of questionable quality, the low motivation of health personnel, low health coverage, low quality of services and care offered, the low use of available services and low public accountability of health services to the community and the low financing of the health sector are major challenges. However, the development of human resources is one of the most important aspects of the Strategy for Strengthening the Health System in DR Congo.

Antenatal care (ANC)

Antenatal care is the point of entry for pregnant mothers to the healthcare system and is an important determinant of a continuum of care for safe delivery. Through this program, pregnant women will be aided in establishing a suitable birth plan and other programs such as vaccination, supplementation, and managing nutritional deficiencies. Antenatal care is essential because it enables providers to offer pregnant women care, support and information, including promoting the adoption of a healthy lifestyle, including good nutrition, detecting and prevent disease, provide family planning counseling, and help women who may be victims of intimate partner violence (WHO, The World Health Report, 2016).



Participation of antenatal healthcare providers in the health administration system within the health structure

Definition of participation

The definition of the concept ‘participation’ varies according many researchers. Researchers, institutional workers, health workers and policy makers may have their own idea, their thoughts on the definition of the concept can also differ according to their domain and their understanding; it might also vary from definitions. (Wilkinson and Fay 2009)

Practically, participation in the study is the process by which ANC providers are involved in the decision-making process within the administration of the health facilities. This is a process that considers their needs to participate constructively in the governance of the medical structure (development of internal rules of order, consideration of their requisitions for services, development strategies of the structure, consideration of aspects related to ANC within the management committee, etc.).

Nielsen and Randall (2012) indicated that participation of healthcare providers allow employees to exercise some control over their work and the conditions under which they work. Employees are encouraged to participate in the decision-making process that has an impact on the work environment. Employee participation in management makes work efficient.

When talking about participation in decision-making processes, it is about including employees, directly or indirectly, in the governance of their company. If we want to improve corporate governance, we must strengthen the three pillars of worker participation: financial participation, in decision-making processes and promotion of social dialogue (Jones and Kato, 2005).

Participation of healthcare providers to boards of directors, extended powers of works councils, right to transparency, right to veto on certain decisions, duty to consult.

Beardwell and Claydon (2007) define participation as an exercise involving both business owners, managers and providers in making decisions about the ways and means by which the business will progress socially and economically.

Participation of healthcare providers implies individuals or groups in the process. In this study, antenatal care providers should be involved in the management process of health facilities in order to improve their performance in rendering services to pregnant women. These kinds of participations are individual when an employee somehow affects a manager's decision-making. The actual degree of participation in management and decision-making ranges from one extreme where the manager makes the decision and does not ask anyone for any help or ideas, to the other extreme of full participation, where anyone related to the decision or affected by it is fully involved (Jones and Kato, 2005).

Indeed, participation is often influenced by years of experience of a person or a corporation of people and the task to be accomplished. When experience is more reduced, and so will be the participation (Luthans, 2005).

In addition, the antenatal healthcare providers may participate in health administration system through consultation. Consultation is seen as participation only in the sense that employees are consulted about decisions affecting their working lives. This doesn't imply that employers or managers take any notice of the employees 'views.

Participation can be through a consultation mechanism with employee representative groups through their union in order to improve social dialogue, working methods, job performance and productivity (Komal 2007).

We conclude this section by saying that participation of HCPs of ANC in decision making of in health institutions management may promote antenatal care service within the health structure located in Masisi and Goma in the province of North Kivu.

Benefits of antenatal healthcare providers to participate in health administration system

Healthcare providers participation in health governance offers various advantages at all levels of the organization of health structures. Indeed, participation creates a feeling of belonging to the company, a feeling of pride and the motivation of employees to increase their productivity in order to achieve their goals. Workers who participate in the administrative management of health care feel part of a team with a common goal and feel quite fulfilled and develop self-esteem (Luthans, 2005).

Participation in the health administration system helps employees better understand their organization's vision and make the most of their contribution. By giving access to a diverse group of employees to participate in decisions and other administrative processes, the organization gains the synergy that results from a greater choice of options. When all antenatal care providers and medical personnel in general have the opportunity to participate in the health administration system, the chances are increased that valuable and unique ideas will be suggested (Trinch *et al.*, 2007). Participation differs from mere consultation because it implies that representatives of employers' and workers' organizations play a more active role in decision-making than during consultation (Lartey 2021, Mbouna, 2010).



Moreover, many studies on the influence of employee participation in decision-making found a positive correlation between employee participation and job satisfaction. Also, Ahsanullah Mohsen (2020) found that there is a positive relationship between employee participation in decision-making and job satisfaction.

Onyinyeshi (2021), also in his study on employee participation in decision-making process at Dangote Cement dDCP in Nigeria, confirmed that employee participation in decision-making has a significant effect on productivity in the production of Dangote Cement.

Other researchers, such as Armstrong (2009) have indicated that the participation of employees in the decision-making process, the recruitment and selection process have a significant impact on productivity, employee satisfaction and job performance.

Ombui, Elegwa, Gichuhi and Watitu (2014) found in their study that the correlation coefficient (P) between employee performance and recruitment and employee participation in decision-making was 0.374 to (P = 0.000) . They found a fairly significant linear correlation between the variable of participation, recruitment and employee performance.

Research by Paul J. Gollan *et al* (2014) found evidence to suggest that where organizations have greater employee participation and involvement, it has been good for business in terms of improved performance and productivity. Onyinyeshi (2021), confirmed that workers/employees can work smarter if they are informed of the reasons and then the intent of decisions made in a participatory atmosphere.

3. METHOD AND MATERIALS:

As defined by Iphofen (2005), the research design is a plan of how the researcher plans to execute the formulated research problem. It is a set of guidelines and instructions to be followed in addressing the research. The design of this study was the mixed using quantitative and qualitative methods. In this research, the researcher investigated different sources from different respondents such as healthcare providers and pregnant women. Study population and study duration

The study population consists of antenatal healthcare providers and antenatal healthcare beneficiaries (pregnant women) from two health structures of Masisi and Goma in North Kivu Province. The province holds 34 health zones among them, there is Goma health zone located in Goma town and Masisi health zone located in Masisi, rural area.

Sampling procedure and sample size determination

The population which is involved in this study is the pregnant women and antenatal healthcare providers at Masisi and Goma zones in North Kivu Province. The researcher used the data collected on the field and health information system, and primary qualitative questionnaire and interviews. For secondary data, the researcher adopted the methodology that was used. For primary data, facilities were classified according to ownership (Public, non-profit NGO, Private health structures...). The number of facilities to be included in the study was determined according to the proportion of ownership.

The sample size was calculated according to Fishers Formula as stated in Kothari (2007), to determine the respondents sample size of the population at 95% confidence level of significance and confidence margin error of 5%. N = 384 persons. This study used stratified random sampling and purposive selection techniques.

The questionnaire was distributed among the pregnant women living in two health zones (Masisi and Goma) and the antenatal healthcare providers working in health sector (hospitals, health centres, etc).

In order to collect data, the researcher used the following data collection techniques: face to-face interview, survey and observations. He used questionnaire, guides of interview, focus group discussion guidelines and observation.

4. FINDINGS:

The results show that the large number of antenatal care providers gave negative answers to the criterion of participation of ANC healthcare medical providers within the administration of the medical structures, i.e. 60% (49 employees).

At the 5% significance level, with p-values of more than 5% for the gender variable, the place of work, the age category to which the HCP belongs, his seniority and his field of work, we confirm that assertion that these socio-demographic characteristics do not influence the fact of being positive or negative in regard to the criterion of participation.

On the other hand, among HCPs working in health centers and public hospitals, the vast majority of them (i.e. 91% and 56% respectively) gave negative responses to the participation criterion, while fewer health care providers in private hospitals (i.e. 33%) gave negative responses to this criterion.



At the 5% significance level, with a p-value of 4%, we confirm that whether a service provider is positive or negative depends on whether the place he works for a private hospital or a public hospital. The level of dependence of negative responses to this criterion depends 26% on the work environment.

Among healthcare providers in urban areas, most of them (i.e. more than one out of two providers) gave positive answers, while nearly 4 out of 5 healthcare providers in rural areas gave negative answers in relation to these criteria. At the 5% significance level, with a p-value of less than one percent, we confirm that whether a healthcare provider is positive or negative depends on whether they are working in rural areas or in urban areas. Whether a healthcare provider agrees or disagrees depends 34% on their place they work.

Also, among healthcare providers with a secondary school education (state diploma), the minority of them (i.e. less than one out of two) gave negative answers, whereas nearly all (i.e. 100%) of health care providers with a level of study higher than a state diploma gave negative responses with respect to this criterion. At the 5% level of significance, with a p-value of less than one percent, we confirm that whether a HCP is positive or negative about participation in decision-making within their medical structure depends on whether he works in rural or urban areas; Whether a HCP agrees or disagrees depends 42% on his level of education.

Also, most pregnant women surveyed don't have a good interaction with the healthcare providers of antenatal cares given that 187 pregnant women, or 56.8% of the sample of women gave a negative response to the criterion against 142 (43, 2%) who gave a positive answer. Among pregnant women who did not give negative responses to good interaction with ANC providers, most are from rural areas (75%) compared to those from urban areas (50%). Among pregnant women who responded that they had a good interaction with ANC providers, the only age group that responded positively was between 40 and 49 years old, i.e. 68% of their total, the other age categories were more negative, including those whose age category is between 20 and 29 (60% of their total) and 30 and 39 (57%).

Among the pregnant women who responded negatively to the interaction between pregnant women and ANC providers, 89 pregnant women are traders, i.e. 68% of their total number, 36 are farmers, i.e. 68% of their total, 29 are pregnant women with no profession, i.e. 52% of their total number and the others (33 pregnant women) exercise other professions not listed, i.e. 54% of their number.

Additionally, the results show that among pregnant women who were not positive about the good interaction between pregnant women and antenatal care providers, 166 pregnant women are married, i.e 60% among their total number of married women and 88.7% of total pregnant women reported having a negative interaction. Most single (57% of their workforce) and widowed (80% of their workforce) pregnant women reported having a good interaction with antenatal care providers.

5. DISCUSSION:

This section outlines the process by which antenatal care providers participate in decision-making in health structures in Goma and Masisi health zones. The hypothesis indicated that there is effective participation of antenatal care providers in decision-making in terms of implementation of antenatal care services in two areas (Goma and Masisi). Indeed, the results of respondents indicated that antenatal care providers were not involved in decision-making in health facilities. The socio demographic profile of antenatal care providers positively affects their participation in antenatal care providers. Among urban healthcare providers, some gave positive responses, while rural providers gave negative responses to this criterion. It therefore emerged from this study that ANC providers in villages experience more challenges of non-participation in decision-making than those living in town with more or less improved living conditions. In addition, service meetings are rarely organized and do not deal with specific questions on antenatal consultations within their medical structures. Some medical structures organize quarterly staff consultation meetings and others do not even have a meeting agenda. Antenatal care providers are often looked down on for the reason that their services do not generate revenue, so their opinions are given less consideration.

The significance of these results is interpreted that antenatal care providers are dissatisfied and apathetic which is likely to negatively affect the performance of health facilities in providing proper ANC to pregnant women. It's recommended that employees' opinions be solicited on issues that affect their lives and work and that they are empowered to make decisions through which they will have a sense of self-worth and a sense of belonging. Other researchers, such as Armstrong (2009) have indicated that the recruitment and selection process has a great impact on productivity and job performance. If therefore the recruitment process is not right, service performance will also be compromised. Onyinyeshi found in his survey that workers / employees have ideas that can be useful to the company. Nearly 96% of participants agreed when combining the responses of participants who strongly favoured agree. Onyinyeshi stated found that workers/employees can work smarter if they are informed of the reasons and then the intention of the decisions taken in a participatory atmosphere, 94% of the participants answered in the affirmative while only 3% were not disagree and 3% remained neutral.



In another study on employee involvement and performance outcome in non-unionized workplaces, Gollan and Campling (2014) reported that satisfaction with management and employee commitment is improved by greater participation and involvement of employees. This study showed that the absence of a defined collective structure in workplaces puts more stress on the ability of management to implement change processes. Research done Bhatti (2007) found evidence to suggest that where organizations have greater employee participation and involvement, it has been good for business in terms of improved performance and the productivity. Furthermore, evidence also suggests that a lack of employee engagement, particularly representative participation or legitimate worker 'voice', could help explain low levels of worker engagement.

Onyinyeshi (2021) found that participation informal, consultative, representative or short-term jointly predict organizational performance in Dangote Cement Production. to those are volunteers or are not involved in decision making.

Theoretical implications

In view of this study's findings, the participation of ANC providers in decision-making in their medical structures influences their performance in ANC service provision. The performance of antenatal care in health zones depends on involvement of government in order to change what is ineffective in health structures. Theoretically, the data collected indicate that the place of residence (the fact of prestige lives in rural or urban areas) has a positive effect on participation in decision-making with a p value of lower than 0.05%. In rural areas, there is a lower participation than in urban areas and thus the ANC service is with many institutional challenges in medical structures leading to low presence of expectant women. Government should change the program of ANC by including the means that can be used by the employees to offer a good service. The employees do not participate properly in decision-making in the health facilities, which causes demotivation to provide quality services to expectant women.

Practical implications

Considering the interaction between antenatal health care providers and pregnant women in Masisi and Goma health zone, the national maternal healthcare program should develop different strategies for rural and urban areas. The strategies which must be elaborated should be based on two areas such as rural and urban. In rural areas, which are characterized by inadequate provision and utilization of ANC, government should focus on improving the quality of ANC through core ANC services, especially among poor women because the antenatal health is paid and the poor women are not able to pay. They prefer to abandon the antenatal care program. In urban areas, where this study observed a strong technology preference, the government program should maintain its high standards while working to reduce unnecessary use of high level care and technology in ANC and delivery care.

The results of this study also make another important contribution to literature when it confirms that informal participation of antenatal care providers in decision making jointly predict organizational performance in North Kivu Province. It has contributed new findings to enhance literature on the subject of the types of participation antenatal care providers and pregnant women. This contribution shows that management of health structures have a wide array of decision making participation models to engage their employees, in order to boost the performance of antenatal health care in health structures in North Kivu Province.

The study also makes and confirms previous studies which found that participation of antenatal health care providers in decision-making has significant relationship with providing a quality antenatal care. Thus, this current study has further expanded or extended literature in this regard. In addition, the study has made new findings that reveal that poor salary, poor leadership can limit or hinder participation of antenatal health care providers in decisionmaking.

In addition, efforts must be made to improve women's and health providers' awareness about ANC and delivery care. Women need more information about the importance of core ANC services, the limited benefits of antenatal ultrasound, and the risks and benefits of child birth. Antenatal health care providers must increase adherence to the national ANC recommendations regarding ANC content for core services and ultrasound, especially in the private sector. Hospitals and health centres must improve their adherence to national guidelines for ANC. In both cases, both positive and negative motivation techniques should be considered.

Policy implication

The policy implication of this study is based on the ways of examining the good ways of using antenatal health care providers in decision making in health structures. The intention is to provide a theoretical framework for understanding the use of and access to antenatal health care services in order to assist in development of policies that promote the use of antenatal health care in pregnant women. In addition, the main purpose of this study is to indicate



the good ways of promoting antenatal care by allowing the antenatal health care providers in management of health structures.

6. RECOMMENDATIONS:

- ✓ **Improve the participation of health committees and hospital boards of directors in the management of medical structures** : strengthen the skills of members of health committees and boards of directors on their roles in controlling the quality of services provided by the structures and their involvement in respecting the principles of good governance within health centers and hospitals
- ✓ **Promote the participation of health care providers in the management** of health structures: Promoting participation of ANC providers in health management will become a tool of motivating employees at workplace by giving them a sense of importance, pride and accomplishment, a sense of belonging to the health structure and a sense of creativity. Managers should improve the frequency of departmental meetings so that the various professional challenges are discussed in time and find solutions. The manager should also organize individual meetings with ANC providers in order to better understand the concerns of each, provide solutions and thus acquire their commitment and confidence.
- ✓ **Organize purposive meeting aiming to improve ANC services in the health structures**: it is suggested that at the level of the health structures, meetings focusing solely on ANC service be held to improve this service.
- ✓ **Encourage and promote good interaction between** service health care providers and patients and in particular good interaction between pregnant women and antenatal care providers.

Interaction with pregnant women

- ✓ **The health structures in DRC are recommended to use the competent employees especially in Antenatal services.** It means that they are eager to work with the health structures through qualified employees who understand their services, always grasp the pregnant women demand and consult them in term of their needs. In order to achieve these desires, health structures must spend more time and money on recruiting and training the antenatal care providers. ANC providers need to improve their attitude and become friendly to have a large number of loyal customers. In addition, ANC provides need to know that pregnant women need the quality services.

7. CONCLUSION :

This study adds to the body of knowledge on the major issues facing health systems in sub-Saharan Africa, where poor governance significantly affects socio-economic growth, by examining the factors that can hinder or support the delivery of high-quality healthcare. Current research has attempted to analyse the influence of ANC providers' participation on the performance of antenatal services. This is one of the few studies in DR Congo that seeks to understand how health care governance influences the use of ANC services by pregnant women, particularly in two health zones, one rural, Masisi and the other urban. Additionally, it allowed for the comprehension of the contextual variation of this influence in the peripheral context.

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